

The Ultimate Untruth

The Lie of Acculturation

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**To Our Children,
Nachiket and Tejaswinee**

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Part 1

Blackwaters and Hell

Chapter 1

When he shifted to that dilapidated and deeply isolated house, trouble started from the first night when he came out for food. The cold was biting. The thousand-foot-long *kaccha* road he had to walk to reach the main road, was thoroughly dark without a single electric pole. It was decorated by many ditches filled with rain water. A little away when he stepped out from the house, the electricity of the entire town vanished with the little general reflected light that was there. He had no torch. He could not see even the puddles in the ditches, catching and twisting his ankle half a dozen times. The water flowed and circled and swirled around his ankles. The strong wind and the mist had their combined scary effect.

‘I only hope there are no snakes in this darkness, forced out of their holes by the invading water. I only hope a snake does not bite me.’ He kept saying. ‘Reptiles, the only animal class I am afraid of. They move in two dimensions, extremely difficult to fight!! All the others are three-dimensional creatures; they can be fought with.’ Slowly he walked those four hundred steps in the pitch dark. When he returned after food with a new pack of cigarettes the electricity suddenly appeared.

In that first night with all windows closed he could make out all that was happening outside. He had seen cows appearing from nowhere and resting, a dozen pigs squeaking, moving around the house. An enormous number of insects of various sizes, shapes and mouths like needles were constantly hitting against the windowpanes. In the evening he had seen a lot of birds. And there was no man in sight.

‘From the lowest of plant and animal life to the man, I, the highest form of evolution, all present in the ascending order, within the perimeter of his house. Wah, Wah! What a conundrum of a situation. If I shout at the highest possible amplitude, the nearest man, who anyway, cannot hear me and is more than half a mile away.’

He changed to a much colder pajama, shivered, went on to the old cold bed, covered himself with the only one dark, cold blanket he had, and one bed sheet and started reading. The horrifying sound of increasingly stronger wind made up for the background music.

He was not afraid. He did not even think that he needed somebody to be there, to talk to, to keep company. No. He was quite contented with the books, cigarettes, a good volume of rice and fiber studded curry and the presence of electricity to read. He had a sense of adventure in his life he had started on. He wanted to be free from any obligations and attachments. He was free now. Free even from the project, the hospital, no longer under vision all the time, although it was much safer there. When he was not required by the hospital, he could be alone. Nagaraj was right.

Till late night, he went on reading. The floor got littered with the cigarette stubs as there was no ashtray. And who bothered?

The only thing that he felt revulsion for and was terribly irritating in these circumstances, was the frequent absence of electricity. It looked as if there was a loose wire connection in the electric pole. For a few minutes after a strong wind there would be darkness. Another strong wind and there would be light. He had faced it so far, even while he was staying in the hospital. It would disappear at any moment for any length of time, sometimes for hours and even for days together, he was told. In the twenty-two years of his in Bombay, he did not remember even twenty-two seconds in which electricity was not flowing. 'I am like a *Prakash Putra*, the son of light, who cannot tolerate darkness. And all those bastards in the electricity board, can't they run a bloody functioning show in as difficult a town like this?' He would then pick up a book, light a cigarette and start again.

In the absence of light, he would think.

'I am free and on my own, yes. I have to get accustomed to not seeing a human being more than twelve to thirteen hours a day. This is yogic? I do not know. Is it hardship? I do not think so. Is it madness? Is it all worth undertaking? For what? No. It does not really matter. Even during the day, you can't talk to anybody. Lady workers and ward boys smile at you, wish you and go away. The patients have that local language, a peculiar mixture of many tongues. They cannot speak anything other than their language. You sit there dumb. What can you do for them? Can you?'

Before joining The Hospital project, he had put only one request, a house as near the hospital, rent paid. After a couple of weeks of hospital stay Nagaraj had come again.

"Would you like to see the house we have in mind for you? You will have some privacy. Otherwise, you are all the time in the hospital. The house is near the hospital, as you had asked for. It is a walk of hardly five to seven minutes." Nagaraj wanted him to see the house.

They climbed the ramshackle Herald, turned left and started a really steep short climb of nearly forty-degree gradient. The Herald made it admirably, turned right on to the main road, crossed the state transport bus depot and then turned left from the main road. There was an absolutely muddy road, sloppy, slippery with deep ditches right from the beginning. As the car went through, the windings started immediately. On the right there was a thin hedge to protect somebody falling down into the deeply sloping valley with plenty of big trees. On the left an irregularly cut hillock made a wall along which the winding road skirted. The car was bumping up and down as it landed in the many deep ditches. Once the Doctor hit his head on the roof.

The long road was roughly perpendicular to the main intercity road. 'God only knows where this road goes,' the Doctor once interjected. In about two minutes the car stopped on a flat ground. On the right of where they stopped, there was a mud path, more beaten, and firmer that descended sharply to a beautiful red brick bungalow, where nobody was staying. On the flat of the land on the left there was an ancient old house, with a small porch. At the end of the flat land there was a deep and solemn valley with a makeshift hedge.

The rain for some reason had stopped. The evening was dusky. The mist was thick, weather cold and stiff. The flat ground was the size of about two volleyball grounds, side by side. They wandered to an opening in the hedge. The valley he saw below was a breath-taking beauty. A

large hill stood opposite the one they were standing on, dark green thickly wooded, deeply lush with blue-green thick foliage, dripping wet and fresh. An absolutely marvelous looking tar road was winding round it and descending over it, into the valley that was all around the hill and in between, easily a thousand feet in its depth.

“Richard Llewelyn, was it not, who wrote, ‘How Green was my Valley?’” The Doctor asked.

“Yes. There is no doubt that this is one of the most beautiful spots in the town of Greenville. The valley and the two roads you are seeing are in the westward direction. One road goes to the port city, the other one to the south of our district. In Greenspan you will see such beautiful places in plenty. Shall we see the house?”

The Doctor had another look at the valley before turning to the old house. The double door, not at all firm in the hinges, inadequately covered the entrance. The inside had false roofing in all the eleven large and small rooms of various dimensions and three toilet blocks. It had no architectural logic, connection or unity of purpose. Only one tap, which looked doubtful if it would ever spout water. The walls were bare. There was damp and cold with green fungus on the walls. There were neither a cupboard, nor shelves nor any small planks to keep things; the one room he liked was with large glass pane windows, none broken, covering two sides of the room, the first one on the left. There was a square imitation of a fireplace, not deep enough. He wandered around in the house.

“This is a good house, it will do. I accept it. I only hope that the rent is not high to put you under one more strain. I must thank you for taking so much care. As you said, I shall feel more relaxed, without any watch, at least a feeling of it.” The Doctor continued.

“I know it is not a convenient house. But we are unable to find one closer than this. If it is not going to change your decision, may I tell you that there were stables for cows and horses, in the little space you see just behind? Later on, slowly the house was constructed around that in thick, mud walls. There is no cement. Later on, one hand to mouth planter took it. He prospered after that. Then he gave it to Dr. Koppikar who no doubt has prospered after staying here.” Nagaraj spoke as usual, plainly, straight, without pretense, without any attempt at hiding anything. This was the quality of Nagaraj the Doctor had always felt happy about right from the first visit.

It was already three weeks since the Doctor finally landed in this place. He still remembered the train of events that had finally catapulted him to this place, before and after his first visit in April. He had been all over the country looking for a tribal medical project to join and work for. Late in his searches, he was told about this place, 1400 kilometers from Bombay.

The contrast between what he saw two months ago in April here and now was complete and devastating. In April he was then standing at the highest level of The Hospital with his back to the Ganesh temple. It was a cool rain-washed evening with a good breeze from west. The temple stood on an elevation of about twenty feet with a flat top of the size of a basketball ground. There was lush green grass all over the ground. The tall, numerous and fully grown trees had their fresh foliage with literally hundred shades of healthy green, without a speck of dust. The environment, unpolluted and healthy at four thousand feet above the sea level was beckoning. There was no

doubt that it was a beautiful place. He did not know it then that it was compared with Switzerland. The ground was firm under the foot then; there was some lovely scent in the atmosphere.

The five o'clock afternoon breeze, the enchanting cool, the beautiful greenery, brought home to him the sensation that for last three to four hours that he was in this town then, he had not sweated at all. It was striking to realize that a person, who has sweated continuously for all his life like a pig, in the sultry pollution of Bombay, was free from it completely. The journey of three hundred kilometers through The Capital, and the Garden City was cool in April. He had stopped sweating in the bus itself. When he reached Khushnagar, thirty kilometers from Greenville, the landscape had suddenly changed. Low mountain ridges had replaced the flat green. the first ridge giving rise to progressively higher ones, with valleys appearing in between. The wind had cooled the air further down. The jungle had thickened. Tall thick fresh green trees of a variety like Balanji, Teak, Matti and Lithos Pharma had started to appear, dense and thick. On the hills and its slopes, shoulder high trees spreading outwards with broad leaves were visible. They had a canopy of these taller trees over them. It was so thick that the sunlight could get through only in thin pencils. A variety of fruit trees were visible and he noticed that there was a lot of comfort to his eyes in this atmosphere.

The road below from Khushnagar to Greenville was winding continuously to left or right every hundred feet, up sloping while it wound around. A few small tanks were visible on either side. Flat soil showed rice fields ready to be planted. Concreted flat areas were visible in the compounds the purpose of which was unclear. Few shacks, shanties or *kachha* houses were visible every now and then, usually in the flattened notches on hill slopes. These were the houses of the labor force. The bungalows, bright colored and well maintained, at once had a gaiety, a British style and considerable richness that gave some enchantment to the viewer. The roads were without ditches, cracks and puddles. Well banked outward for smooth and safe turn of the huge buses, which ran through at a good speed even through this mountainous section. It was, the Doctor had then noted, a picturesque and an extremely beautiful district, anywhere and everywhere one cast his glance. He had never seen any hill station in his life except the bare, brown Matheran, nowhere comparable to Greenspan.

The total hospital area he had then seen was having at least four levels of ground each around fifteen to twenty feet in its progressive depth, finally giving over to a valley of about hundred meters in width and three hundred in length. The tall trees with their fresh green color indicated the healthy environment of that place, four thousand feet above the mean sea level. On the right of the elevation, a wasted sloping estate of a few acres with large tall trees merged into the valley. On the left the large state transport bus depot with its variety of levels and drastic slopes, red and blue buses, with the workshop in the lowest level stood quiet. Behind the temple, a tract of land rose slowly like a climb, with a few buildings on the slope, behind which, another hill appeared.

In front of the temple stood the building of The Hospital shaped like a horizontal H with two long wings and a connecting corridor. There was the connecting passage, about thirty feet wide and nearly seventy feet long, leading to two right and left wings of the next section of the

hospital. The cellar floor below it, which had the Xray Department, Drug Store and the OPD in the left wing and Gynecology with a labor ward on the right as one came down. It was a magnificent building; a hospital developed fully according to the needs of an MD in medicine like him. It was this infrastructure, more than anything else that had influenced the decision of the Doctor to join this project.

As the eye followed the ground further, a new level, a valley and hills appeared on all sides. The second or third hill range would block the farther view. Beyond that a valley of about hundred meters in width and three hundred in length was seen after three descending levels of land within the area.

He was a MD, doctor of medicine from Bombay. Just past twenty-eight years, he had stood there gazing down, both hands in the trouser pockets, feet a little apart. He had a serious, clean-shaven, metropolitan face, which contrasted rather noticeably with the rural surrounding. His seriousness had an element of flashing irritability, though he was quiet. His whole past life had come to converge on that point like a spot of some terrific fire which could burst out drastically, at a moment's notice. And yet, he felt an undefined coolness inside. He was not able to make out where he can place these surroundings now or later, in his mental existence. He did not receive a beckoning signal either but felt that whatever it is he is not really much ill at ease here.

A short and dark-complexioned man stood by him. He had an irregularly grown unkempt medium length beard with a few strands of white hair. He was forty-two with a torso, which indicated that he was a strongly built man in the past. The legs short and much thinner for his body and looked more so because of his rather narrow tight trousers. There was a big irregularly applied kumkumam between his eyebrows which caused discomfort. Next to it, most striking were the lusterless, lifeless protruding eyes. His name was Nagraj, whom he had met at about three, the same afternoon, for the first time in his life. Nagraj was considered to be one of the most starkly honest income tax officers. This was rarity in central income tax. His honesty was coupled with an incisively brilliant insight in detecting tax evasions and discrepancies in accounting.

With Nagraj standing beside him neither were saying anything to each other though Nagraj watched the boy keenly. Then they descended to see The Hospital.

In this earlier visit Nagraj had given him other details about the place. The population of Greenville was just about nineteen thousand. The district Greenspan was four hundred thousand, in all. Any one suburb in Bombay would be much larger than this. The entire district consisted of hills and valleys, the minimum elevation was 2700 feet above the sea level, the maximum 6000 feet. Greenville, where 'The Hospital' was situated, was the district headquarters of the District Greenspan, placed nearly at the center. It rained continuously from May end to end October, at an average of 150 inches. Sunshine would largely be absent, during this long period, enhancing the effects of bitter humid cold. Greenspan district was a remote, jungle-tribal area, with only high hills, hillocks and valleys in successive layers from the center to the periphery, far from everywhere, literally.

In the extreme humidity, even the firewood was soaked wet and would not burn easily. If you stand quietly for a couple of hours, it was said, fungus will grow on you. Bone cracking chill

for over ten months. Clothes would not dry. Telephone connections few and most would not work under such adverse rainy conditions. Under the low voltage extremely irregular electricity, the town would look more bizarre and terrible. The rest of the district It had one hundred thousand acres of under cultivation, under innumerable estates. The small ones of a few acres, and the middle sized dominated.

Nagaraj had given him many other details on his pointed questioning, the condition before The Hospital began and how it progressed. Under the activities of Bharat Seva, a substantial and well-off group with a standing in the Community had come together. The group began under the generous name Medical Welfare Project, as a Registered Public Charitable Trust. A Great Saint, head of many monasteries, and temples inspired them to do something more on a scale much larger and more solid in terms of its direct utility to the society at large, not just the religious activities. He had toured Greenspan for donations for the medical project.

For decades Greenspan did not have doctors in the periphery and only a handful in the three main small towns. The major cities were 150 to 250 kilometers away, with hardly anything, worth its while in medicine in between. There were schools every three to five kilometers but few teachers. Since there were no doctors in the deep, and difficult to approach periphery of the districts, the Trust had run mobile vans to go deep into many a place to reach out to all, tribals in particular. Then they built the hospital, ditched by all and sundry, languished and fell in the abyss. Nagaraj had enumerated many more difficulties candidly. Any one or two would have driven any sane doctor away from joining this hospital.

Yet, the Doctor had made his decision to join this service project mainly for two reasons. The infrastructure was what he needed and he had sensed the complete commitment of people like Nagaraj for this work; he had not it found anywhere else. Cold, was more welcome to the Doctor as there was no sweating round the year, like Bombay. He however had nothing much to do with its beauty of dense vegetations, trees, plants, valleys and hundreds of shades of green all over.

Dr. Vishnu Murthy, the double FRCS old man, the chief medical officer, had come in, shook hands with everybody and turned to him.

“So, you have come to see this place, isn’t it? You know all these people? Dr. Vasudev is our Resident Medical Officer, looks after the staff, arranges duties, the purchases for The Hospital drug store and other consumables. He is also the PRO, and the person responsible for everything to run The Hospital well. Dr. Vasanti is our gynecologist and gives anesthesia, whenever required. She was in Red Fort Christian Mission hospital, from where we have brought her here to look after the female patients, the gynecological cases, deliveries and anesthesia. Dr. Shivanand has been with us for a few years now as a Medical Officer, on the mobile van stationed in deep south of Greenspan, in a large enough small town. Now we have stopped that mobile van service. That is why he was asked to come here with the ambulance, which you must have seen on the top. These three share the night duties among themselves and help the patient management. Come along. I will show you around.”

They had then moved down the long corridor, and went to the X-Ray department. An old man with a long white apron, bald, typically Brahminical, was standing there. A few X-Rays

were hanging outside. The picture quality was bad. At least half a dozen cassette marks were there on each film, large enough to make it look ugly. The Doctor was an excellent radiographer, had exposed thousands of X-Rays, developed, fixed and reported on them. He did not like these X-Ray pictures.

“This is Doctor Srinivas, our radiologist and chest specialist. He stays about two kilometers from here. We bring him in the morning and leave him back in the evening. He takes his lunch here, rests in the afternoon here. And this is his assistant for taking X-Rays. He is a Mongoloid boy, was a waterman during the construction of the hospital. Then we took him as a ward boy and trained him for taking X-Rays.”

They climbed the ramp back and reached Dr. Vishnu Murthy’s chamber on top. A fairly tall, fair, bulky individual with a square face, like that of a Bombay local was standing there. He had closely cropped hair and a beard, a long over coat old, worn out and poor in its quality to protect him from cold. His big paunch was noticeable, even through the coat. He was smoking a beedi, tobacco wrapped in a leaf and was slowly stalking the corridors.

“Meet Krishnagovind, lawyer and one of the two secretaries of the Trust. He looks after the administration. He is a landowner in *Nivruttimala* and has done a great deal for this hospital especially during the drive for collection of the money, construction of The Hospital and so on, along with our Nagaraj. To an extent he ruined his practice of law doing all this.”

“Hello Doctor. I knew you were to visit this hospital today. I thought I should come down.”

After Dr. Vishnu Murthy it was nice to hear someone who was at home with English. Shivanand, Vasanti and Vasudev had that typical school boyish English. Against that background, Krishnagovind was a pleasantry.

“Thanks.”

The final stop was the Laboratory and meeting the lab man Atreya. It was a beautifully and imaginatively built lab, sparklingly clean and without work. He had a faint feeling that the lab man was eager to talk to him.

The Doctor could not get out of his mind, the central fact about this hospital. ‘There are non-medical people committed to run the hospital, a good infrastructure, even doctors, but no work. Uninterested doctors, not bothered about the fact that there is no work. None has created any for himself. The Hospital is idle. It is in the dumps. There is no money in it. I do not know how these doctors, who should be earning for The Hospital feel without it.’ But he did not say anything. This was his last exploratory visit to make a choice for leaving or not leaving Bombay. For the last fifteen months he had toured many tribal areas where medical projects were running. None had attracted him enough as this one, to leave Bombay. He decided then to throw his lot in for the hospital.

Even then the contrast between his April visit and now in June was complete and devastating. Now it was a deluge of water, thick mists, heavy rains, bone breaking cold and a pervasive wetness and high humidity all over.

He did not realize that he was shivering, when he stepped out of the red bus that carried him from the Capital City to Greenville. Large drops of rain were hitting the earth fast and thick. Torrential flows could be seen in all directions coming to or going away from the 'Bus Stop Terminal' already two inches deep in the rainwater. It was a round and flat area formed by the four roads merging. It was at the bottom of the deeply sloping in road from the eastern Garden City about one hundred and fifty kilometers from this place called Greenspan. The road diametrically opposite to the incoming one, plunged even more devastatingly in its steep downslope. Two more roads were visible in that area. An oblique one, that climbed down from the round area, with a cinema theater at the bottom. The other, straight and flat, went on to the main market; the only flat and straight road in Greenspan, he used to later say, jokingly. The deluge was mainly from the long downslope from the intercity road. The water spilled over on the other three which added their own share, gushing at a frightening speed.

The area was lined on all sides by shops, selling honey, newspapers, fruits, cassettes and what not. It was the bazaar area of the town called Greenville. The only shelter to name, was the corridor of the single-story building of '*Janata Bazaar*,' the common man's market, and was already thickly wet due to all kinds of people with dripping overalls and umbrellas huddled there, shivering due to the intense cold.

The bus instead of putting up its front near the *Janata Bazaar* passenger hold, from where people could get into the shelter of the Bazaar quickly, drenching less profusely, had stopped at some distance, eccentrically, the rump facing the shelter. Thus, it was already a by gone conclusion, that he with all others alighting were going to drench to their underclothes. There was hardly anything to say for sunlight on that day of 21st June in mid-afternoon and he briefly remembered the rains pouring down furiously in Bombay when he left it two days ago.

When he took the state transport bus at seven thirty in the morning to Greenville from The Capital, the stilled consciousness was his only numb sensation that he was able to perceive. When he advanced in the end, with his half a dozen bags he knew that Nagaraj will be there to receive him. There was one more person with him and a spare umbrella too, that Nagaraj had brought. The Herald he had seen in his earlier visit, was there to take him to The Hospital they drove to, quickly. As they stepped out, he saw the large and magnificent structure of The Hospital once again.

"Doctor Saheb, for the time being, till we find a house for you nearby, we have arranged for your residence in this ward number 5. In day time there will be some traffic. You can call somebody if you want something; the office is near this ward. Out of those you will normally find here, our Laboratory man Atreya can talk English. The ward is at the center of The Hospital building and I hope you won't mind it."

"Oh, me! Not at all! For a single man, it is too large a room of twenty-by-twenty feet. In our Bombay, three generations live in this much space, procreate and go through their life."

Even Nagaraj laughed over this and said, "May be, but our way of looking at it is little different."

There was a hospital cot, a white sheet spread, a blanket, a hospital table, pegs on the wall, a bathroom and toilet; in that space of twenty by twenty and he felt happy.

The next day, he joined The Hospital as a 'physician.' When he came out of the ward in which he was staying at nine in the morning on the next day, he was groggy in the head. The night had poured on Greenville at least four inches of continuous rain. He was shivering throughout the night and could not sleep at all. The predominantly rice and fibrous vegetable-based food that he had had, vanished by about mid-night and he was empty in the stomach and hungry. That added to the shiver, produced by severe cold. He had then plunged into the eternal work he had been doing from the age of four, and that was to read. He had brought Dead Sea Scrolls and a few more books, which had then occupied his mind. To keep warm, he went on smoking, his strong-smelling brand of Bristol. By three, he had dropped off to sleep, woke up at eight in the morning, prepared himself, bathed. There was the canteen of The Hospital near the *Ganesh* Temple. He poured down a series of cups of tea, ordered from that shabby and shaggy wooden hut, with water pouring through its roof. A Mongol boy had once peeped through, in the morning. One lady servant came in and had wordlessly cleaned the room and all the cigarette butts.

He had brought with him an electrocardiogram machine, from his private practice. He gave it away to The Hospital as a 'donation.' He had no particular work on the day he joined. There were in all six doctors now with full pay on the rolls. None of them had any work either. He just aimlessly roamed around The Hospital corridors, saw the people working in the various departments. He could merely smile at them, unable to communicate.

As naturally as the fish takes to water, he had gone to the wards seen the three patients that were there, with the help of a staff nurse, a trained sister, saw the papers examined them and finally finding no one else to see, he went down to OPD. One boy with a squint in the eye and with a foolish smile on his face was sitting on the OPD counter, with another, plump, widowed lady, who was doing something else. They rose. He acknowledged it by the bent of his head and came to OPD.

In the month and a half between this and the earlier visit here, he had decided to come to Greenspan, leaving his beloved Bombay for long years, may be forever. Nagaraj in this period was transferred to another city, one fifty kilometers from Greenville. Hearing about it, he had winced, seriously wondering if he should drop his plans to go to Greenspan, sensing that the difficulties had started appearing right from the beginning. He had got attracted to Nagaraj as a person during that three-day visit. He had a sense of an inward security, the idea that this Nagaraj will be there in Greenville, a difficult place, he was going. It was a feeling one has when a leaky boat from a turbulent sea sees a docking place, ready to receive it. It was a much more primitive, animal feeling, of the physical safety of one's body, in a strange place. Nagaraj, he thought will not let you starve or allow any physical injury or hardship to come to you.

In the next few days, he had made several trips to the town, under the heavy and erratic rains pouring down day and night, lashing, heavy and dense with a strong and disturbing gale. If it stopped, the thick fog prevailed. Humidity was extreme making everything wetter, even his spectacles would get covered with vapor. There was no sunshine at all since the day he finally

stepped in Greenville. These trips had a fixed path, wherein he had initially located several places to eat during the day or night. East Corner Hotel, Ambadevi Hotel, Top Hill, and then the eatery, in the basement in the bus terminal were the first testing grounds. The criterion was, which items would last the longest in the stomach in the night and are the cheapest and affordable.

The ill lighted eatery in a basement building in the bus stop area, with long benches and tin pot tables won the bet for food. The simple reason was that it served as much rice one wanted which was without the vitamins, minerals, carbohydrates, and the curries that had no protein. Absence of chapatis was a concern which he ignored. Volume and the longest possible satiety were, even then, more important to him. All of it for a fixed three rupees. The arrangement helped the need and desire to save money that could be of some use to his mother and the family.

The unusual looking, rustic villagers, wore a shirt and a lungi and had big moustaches; many wore trousers; some wore olive green army coats and sweaters below that. Some had army raincoats. Their bags were full of things they came to purchase from the town. The bags, the clothes, the people, everything dripped of rains. He would sit in the rows with them, without any qualms, revulsions, disgust and frustration, and swallow the rice and various types of curries in old rusty plates. Six months before, he would not have imagined talking to a villager, he was sitting next to. But there he was. He was too new to distinguish them, could hardly talk to them or the waiters, utterly unfamiliar with the language. In the metropolitan world of his with clear cut metropolitan faces, he had had no problems.

On way back, stretching a couple of kilometers of steep up and down slopes he would look at the Modern fashionable store, the daily needs shops, the marriage hall of the Greenspanians, the Bank, then the army general's statue square, overlooking the exceedingly beautiful westward road with its valleys to the Port City, the East Corner Hotel, and the ill-reputed District Government Hospital. Having smoked a couple of cigarettes, he would buy cigarettes for a day or two per availability, from a wooden shanty, to retire for hours before he could see or talk to anybody in the hospital.

He had a poor and apologetic imitation of a rexin rain overall that allowed a few inches of the trousers to project out, like the Phantom's picture in the comics. When the phantom came to the cities with a long overcoat and a hat, the description went, 'He moves around like a common man then.' 'Am I that phantom? Roaming around in a town of jungles. What am I doing?' This theme would soon vanish in the strong desire to smoke.

A few weeks had rolled by and he had not seen a single patient. There was nothing else to do. Strangely enough, a few things hardly ever bothered him; he did not even think of them. That he had a highly valued and coveted degree in hand, backed by the hard work he had put in, to justifiably acquire it, that his own batch-mates would make thousands of rupees, in a few years to come, go around in motor cars, as big doctors in big cities. He did realize that he had cut all his roads back to the city of Bombay and had set on a journey of no return, had permanently lost his opportunity to 'succeed' and settle in Bombay. That did not bother him much. Against this he had the background of the work he had undertaken and he used to think about. Days were slowly rolling by.

Against the utterly unfamiliar atmosphere, his endurance was proving grossly inadequate. He had lost the sense of touch, pain, pricking, hot or cold. He would frequently check whether the cigarette had dropped off his fingers. He would in between also verify if the feet and hands had gone deep blue or if any wounds out of chilblains or frostbite had developed. His awareness to appreciate his physical conditions, the effect it was having on his body, had collapsed under all these adversities, losing the sense that there was something abnormal and that some way can be and should be found out to reduce it; that he should speak about it to the people around. It did not strike anyone else either that the Doctor might be in need of some help. He did not even have any dry clothes. He then concluded in his own mind that this couldn't be helped.

After some days somebody brought in a square old kerosene tin box half filled with coal, burning bright red. The maid wanted to convey him something he could not understand. But he could guess that this was to keep him warm. He tried to sit near it and warm his hands and feet. As they got heated up, he became uncomfortable, felt giddy and nauseated. He then kept it in the farthest corner of the room and went about his smoking and reading on the empty stomach.

His numbed and stilled consciousness had arisen from the fact that he left the city he loved beyond his own self, his life; it formed the outwardly existing soul of his. His decision to opt for this work was deliberate, conscious and in line with his temperament. His departure from Bombay had proved to be more traumatic than he had ever imagined it could be. In the intervening one and a half month since his first visit to see Greenspan, he was completing a variety of formalities, to wind up his existence in Bombay and to start off for Greenville, never to return. The process of tearing himself off from the city had turned out to be highly depressive and as he went through those days in a frenzy, he had acquired a stilled consciousness that he could not shake in Greenspan, even after many days.

The Doctor was told that the district library was a good one and with only fifteen rupees he could become a life member. He promptly paid the subscription. It was a well-stuffed library with of course the usual riff-raff also sitting by the side of many really good books. But the most amazing was the volumes of 'The Story of Civilization' by Will Durant, all ten of them lined up. The moment he saw the series he picked up the first volume and went to the librarian.

"Do you want this book?"

"Why? Is it reference and cannot be taken out?"

"Yes. Partly. But the choice."

"Not many read it I guess."

"Since we bought these many years ago, the only person who has read them is our present district collector. Mrs. Seema. You are the second one." The voice of the librarian had obvious admiration, whether for him or for Mrs. Seema or both, he was not sure. He thought the librarian was regarding him a little queerly.

"You are from The Hospital, is it? Then in that case you can take the book."

With this he gladly took the book up and romped back to eagerly start reading it. For the first time he was actually glad after reaching Greenville.

Over one weekend Nagaraj had come over again. With him, the Doctor had once again gone to Nagaraj's favorite restaurant and eaten well. He did not notice that in the days between he had eaten indifferently and inadequately. He went with him once again to Radhesham's place, as in his last visit. During this stay of Nagaraj, he made another acquaintance. Achyut, a Goud Saraswat Brahmin, the richest and highly respected businessman in Greenspan, who was in his mid-forties and a good friend of Nagaraj.

"With Achyut you can talk your Marathi. Even Madam understands Marathi." Nagaraj for a change was a little jocular about it.

"But I understand what they are speaking among them in Konkani. They can't talk anything they feel like, in front of me, lest I know all the secrets."

The convivial and happy countenance of Achyut and the kindly, smiling, plump wife of his had eased him considerably to make this frivolous remark. The food was delicious and with coconut gratings spread and sprinkled on every item, or impregnated in all preparations, he ate gleefully.

"Achyutrao, at least a third of my friends are from Goud Saraswat community in Bombay, such nice and sweet people!"

"Doc," the expression that Achyut gave him then, had stuck for all the years to come, "then you will be familiar with our food."

"Yes. In fact, I like it. Fish is a regular feature on all Sundays in our house; it is the Saraswat style that dominates."

There was a flurry of activity in the kitchen and on the table, and fish was immediately and gleefully served. A Chittapavan Brahmin by name and complexion, if not by the famous eyes and mentality, a highly qualified doctor, with a metropolitan face, people would approach him hesitatingly and cautiously. The moment this liking of his was known, there would be a dramatic alteration in people's attitude, changing quickly to a friendly 'our man' attitude. He used to enjoy that and always felt that the one who wants to organize people and put them together in a band, fish and meat would be an important facilitating factor.

Chapter 2

Barring a few out-door patients seen by Vasanti, Shivanand or Vasudev there were no admissions, no emergencies, no deliveries, with its attendant tensions and anxieties. No operations either. With a bed capacity of thirty there were hardly any indoor patients. Hardly any X-Rays or laboratory investigations were done. Everyday Dr. Vishnu Murthy used to come with the same cheerfulness, unmindful of the fact that he was not operating, so much of staff had no work, the doctors idling, getting frustrated, the economic burden of all these people every month, constantly to be borne by somebody whose only fault was that they wanted to serve the society. He could not make out how much money had been gathered by way of collections or donations. He knew that Nagaraj had come down for the weekend and was busy running around for God only knew why.

In all his talk, Dr. Vishnu Murthy would talk incessantly, mentioning all kinds of things. Everyone would listen. Writing to Medical Council of India, Medical Colleges; ‘the project will pick up slowly, it takes time.’ There would not be any concrete ideas about how the work will pick up. Then he would take his ‘round,’ talk to Dr. Srinivas and go to his cabin chamber to be seen and appear again, only at five o’clock in the evening for an evening round, without any patients in the wards.

A few days later Dr. Shivanand called him to help take an electrocardiogram. One thin lady, trained as a staff nurse was taking it. There was a lot of electrical line pickup. The stylus was speedily vibrating and they did not know what to do.

“Don’t you know how to take an E.C.G., doctor?” He asked Shivanand. Shivanand was smiling and rubbing his hands. Without being abashed he said,

“Doctor, the only person who can take an E.C.G. in this entire hospital is this lady, Maithili sister. If she is there, we take ECG. If she is not there, no ECG.”

“Who has ordered this ECG?”

“Someone from Government Hospital. The Government hospital ECG machine must have been out of order. That is why he came here. We have taken the charge to do the ECG, but now this damned machine is not operating properly.”

The contrast of the situation in which he was or had brought himself to as against the one he came from, struck him like a bolt. This was the first time he had become so keenly aware, of a different aspect of the work, he had undertaken. Apparently, nothing went smoothly, small things not available at your fingertips, people pretending to care for people. And it was eighties. Not that primitive a time in India for the elementary technology.

“Do you mean to say that this hundred bed district hospital of Greenspan does not have this simple ECG machine also? How do you think they can or do take care of serious patients?” His voice was incredulous with anguish over the situation he was facing.

“Hundred beds? Sir, it is a four hundred bed hospital. It has a ‘district’ pathological laboratory, which does not do any investigations. The X-Ray machine is out of order for last god only knows how many months. Both the x-ray and the ECG machines that work anywhere in the district are in our hospital. We get some money to take a few X-Rays and the ECGs for them. There are two other x-ray machines in Greenville, of a very low power. Only a few limb x rays are taken on them.” Shivanand shrugged his shoulders. The smile had more or less faded. His tone was bitter.

“I can understand a primary health center not having an ECG machine. But not a district hospital!” He could not conceal his indignation.

“No sir, the rural India is different. This is how it is. Dr. Koppikar who has a popular nursing home here takes ECGs, send them to the Port city, 150 kilometers away for getting it reported and gives it to the patients after two days. Even educated people or rich planters, undergo this exercise, and wait for the report for days.”

By now the Doctor was floored. He could not think of saying anything. “An ECG needs to be reported as it is taken.” he said. He quietly adjusted the machine, grounded it with clamps to earth it, quickly took the ECG, labeled, reported it and turned away.

There was a couple waiting for the Doctor. The man had a fantastic alluring bass voice that was at once impressive and captivating. He was tall, bald, darkish brown with a big paunch. The lady was thin, with an angular jawbone, a square forehead and was extremely fair in her complexion. Looking at her, he was in some way reminded of his mother. Her sari was worn in a peculiar local way. He had seen that type while roaming around in the town.

“Hello. Please sit down. Tell me.”

“Well,” the bass voice spoke.

“I am Hemant. We saw the information about your having joined this hospital in the local daily. I thought I shall consult you for my wife. She has not been well at all for a year or so now.”

He was so overwhelmingly relieved to hear the fluent English and the absence of the necessity to try and get through to the person in any one of the four or five languages of the place. He then quickly went through his detailed questioning and full examination of the lady. He then fully explained the possibilities of what could have gone wrong to both and suggested a few baseline investigations to get the matter clarified.

The man did look as if he felt this investigative exercise unnecessary. He also probably expressed a feeling in his eyes – ‘Oh, that is going to cost money.’

“We shall see you again after the investigation.”

The lingering sensation in the Doctor’s mind continued to beat. ‘Did I make a mistake in getting her to do the investigation? This is a small place. The people here are more likely than not, accustomed to going to a doctor, tell only a few of their complaints and expect the doctors to give some treatment which will make them feel better. At least temporarily. They are probably not aware of this kind of questioning and examination. A male young doctor examining a lady in detail probably is anathema.

‘But then how can you confirm your diagnosis and then properly treat with exactitude? That should be the style! Will people resist? Will they shun this hospital and me? Will they go to the government hospital? Or to a quack and get themselves treated and get better also. This couple seemed to have visited a few from these categories. Will they talk about the new doctor being not really good? If that happens, it can result in a charge of unnecessarily subjecting people for investigation, just because The Hospital has a good lab. ‘What a bloody mess!’

The Doctor kept on wondering for two days what might happen. It did not strike him that he could have found out from the lab man if Hemant had got his wife investigated or not?

Two days later when Mrs. Hemant came, she was found to be markedly anemic, her eosinophil count was high as he had suspected, which also explained her many bizarre symptoms. Mr. Hemant was all praise.

“For last one year she is being treated by many but no one ever thought of investigating her for even these elementary tests. And you have the result staring in your face. This hospital needed a good physician since long. Thanks a lot Doc.” With that Hemant walked away, Mrs. Hemant did not take long to recover.

Dr. Vasanti had admitted one small child, nice chubby boy with curls, with gastroenteritis for three days. Some body was managing it, somewhere in *Nivruttimala* and God only knew how they could not judge the early deterioration. The child was toxic, had high degree of fever and had chest infection.

“Doctor, I have managed to give him fluid by intravenous line. But he is not doing well. Diarrhea continues. Will you have a look at him?” Forty-eight hours after the admission of the child, Dr. Vasanti had come to him.

“I have seen the child today as he did not look good to me, although without your permission. The problem looks to me upside down. He has had chest infection for some reason, airborne, contagious or hematogenous or a small aspirate while breast feeding in an ‘about to sleep’ time. This is or could be called parenteral diarrhea – that is diarrhea due to a cause outside the intestine. Did you examine his chest?”

“No. I never thought of that. He does not have anything to suggest a chest infection. Fever yes but diarrhea could be the cause for it, I thought. Not much of cough either.”

“Madam, excuse me. Look here, the rapid shallow breathing is a serious matter. He is drowsy and irritable. Rather too irritable; he is not breast feeding. That means his oxygen levels in blood become too low even while feeding itself. In that case he has to have a heart or a lung abnormality. It is not cardiac in this case. See, so many crackling sounds in both lungs.”

“Doctor, what do you suggest?”

“Madam, antibiotics should be changed to ones acting on the respiratory infections. Hardly any intravenous fluids have gone in so far in last four days. Dehydration, and especially the low Potassium needs correction. We shall have to give him Electrolyte mix solutions by vein. Then we will get a portable x ray done.”

“I have tried for these electrolyte mixes in our drug store. It is not there.”

“Did you enquire outside? There are a few chemist shops near the government hospital.”

Dr. Vasanti apparently had not used her imagination. She spoke something in the local language to the mother of the child, gave her a prescription of an electrolyte mixture. A dumb girl in white sari was standing there. Vasanti told her something in the local language again. She nodded, but did not seem to understand anything. They changed to a common but an effective antibiotic. The dumb girl had gone down and come up in few minutes saying that the drugs were not there. Another prescription was made out and given to the mother.

“Dr. Srinivas, there is sick child in the ward, we have secured an infusion line with great difficulty. We do not want to shift him to x-ray department since we are afraid of losing the line. We want a chest x-ray to be done in the ward, on the portable machine that we have.” The Doctor did not know why he was giving so much of an explanation, instead of saying that the portable x-ray should be done forthwith.

Dr. Vasanti seemed to have forgotten about the portable x-ray. Vasanti’s face clearly bore an expression of this being an unnecessary and fastidious way of managing a child. He looked at the old man Srinivas. His peculiar expression was to avoid the responsibility of taking a portable chest film.

“Why do you want a portable?” was Srinivas’s involuntary ejaculation despite the explanation the Doctor had already offered.

The Doctor was tremendously irritated at this. After years of no work, Srinivas was presented with an opportunity to do something spectacular. Something that he could achieve! A satisfaction of proper care extended to a seriously ill child. All that Srinivas responded with, was a negative attitude, his idleness, he did not want to break, a work he did not want to undertake. Something in the doctor’s manner struck Srinivas. He summoned the Mongol and asked him if the portable x-ray could be done.

“It is time now to go for lunch, Sir. We will see about it later.”

“Hey boy, it is at least forty-five minutes before lunch time. You people will return two hours after lunch. Then you will start the x-ray procedure, if at all. I want a portable x-ray and I want it urgently, right now.”

“Portable? Portable! I do not know.”

“Dr. Srinivas, tell me if you can take that x-ray.”

The Doctor, more furious by the minute, turned away as he could not bear it any longer. He would have started shouting and abusing foully at everybody in another minute. ‘What third class fellows these bloody *bhanchods* are. They keep complaining that the project is in bad shape. They complain that there is no work even when spectacular work is brought to them.’ He walked away.

In the evening, he learnt that Dr. Srinivas and the Mongol boy tried to move the portable machine with its accessories, in the ward and then gave up. Then they took the child to the department. The ANM did not carry the child. The mother did. The IV line snapped; the intravenous set came out. They had a full hour’s struggle before they could cut down on a

saphenous vein in one leg insert a plastic line and somehow start the intravenous line to give the life sustaining saline.

The Doctor was fuming.

‘Can’t Dr. Vasanti, who has only a constant complaining attitude for everything that these people, who have created this project are doing, use her imagination a little and get drugs from outside shop? One may not have much medical competence in every branch of it. No one minds that. But there can always be somebody, like Dr. Vishnu Murthy or myself who could be consulted. Why did she not go with the child for the x ray? But small things!’

The question of non-availability of the intravenous electrolyte infusion, nor a common effective antibiotic in the drug store of the hospital, haunted the Doctor through. The next day his feet automatically dragged him to the drug store. He was so preoccupied with it that he did not even notice Gopal, who stood up and said please come in and started looking up the store, imaginatively built. Open slotted flat racks of excellently painted steel, were fitted to the two long walls of the stores, went right up to the roof. The width of drug store was a bare ten feet. The back wall had a refrigerator. But besides this the drug store was a miserable affair.

There were heaps and heaps of unsaleable products of bizarre origin, lying here and there, completely mixed up. Nobody had separated the products in various classes for specific conditions. None could be identified quickly or counted correctly. There was no inventory. Large boxes of protein food supplements, milk powders, nutritional packs for children, were prominently visible, occupying bulk of stored good. Lots of vitamin bottles at least five to six different brands of only B Vitamins, a few of Vitamin A & D and then those beautiful liquid tonic bottles. That constituted the second largest bulk. Different kinds of common pain killers, different brands of the same painkiller, various fancy and rarely usable antibiotics of many different companies, were listlessly lying. The stock of intravenous solution bottles was low in number and belonged to some obscure unheard-of company. None of the ordered stuff appeared to have any particular justification, vis-à-vis the patient number, patient type, the number of admissions, the kind of admissions and so on - neither in quantity, nor the brand and the multiplicity of them.

“Who orders them all?” That was his only irritated ejaculation but he clamped on it immediately after it was uttered. He knew that Gopal would not understand anything that he had to say and also because he did not want to pass a verdict on drug store, before knowing the reason, why the ordering was done in this particular fashion. Thirdly if he were to start talking, his irritation would grow.

“Vasanti doctor and Vasudev doctor.” Gopal’s monosyllabic reply registered itself, uttered like some of the paralysis patients who lose their normal speech but utter telegraphic words.

‘But this is nonsensical. A hospital store, with no idea about the essential well tested generic drugs, indiscriminate orders was unthinkable.’

That reflected the way doctors around him worked. He had watched their cursory history taking; superficial, essentially irrelevant examination, if ever carried out. An imprecise undetailed process, missing the most likely cause or diagnosis. The medical practice of sub-cortical level,

without using the brain! These three doctors did not apply their mind to look for, to rule out or diagnose, the worst things, likely to afflict the patients first. Dishing out some treatment for the simplest or the least complicated conditions without explaining anything to the patient. The mind of a physician not at all disciplined alone could think of these unnecessary medications to be ordered in such large quantities, resulting into this kind of drug store. He rummaged through many articles and saw some of the receipts. There was no inward stock register, even if people had picked up by the dozen the tins of food and gone, without paying for, no one would have come to know. Secondly, it would have been impossible to know who could have done that. That would hold true for almost every item and person in the hospital.

Without uttering a word, the Doctor came up. The child with gastroenteritis was retching; his fever and toxicity had not come down, though the first administration of proper antibiotics was through. The electrolyte mixture the Doctor had ordered to be administered intravenously, at a particular rate, was started but the rate was much lower. The drip started 12 hours before, yesterday was barely a quarter way through. The girl, to whom the orders, as to how to give fluids and antibiotics had been given, was not present. Someone else, whom he had not seen there at all till yesterday, was standing dumb there.

The unintelligent plain faced girl was telling him that ‘I have joined The Hospital today, just now,’ as a plea of her ignorance of the orders, as a shield against any recrimination and as a defiance. ‘I don’t know. What can you do to me?’

“Where is the order book? Where is the indoor paper - where is the written order of the medicines?”

“There is no order book; indoor paper has gone down. Orders have not been written. Night people have not given any over. Others who are working here have gone somewhere. I do not know.”

The irritation of the Doctor had grown, his face had tensed up, the rage had started mounting. To get the meaning or what was it that he was asking for took another seven minutes to penetrate through. The short fuse of his anger would have burnt. Luckily, Vasanti came in. She took up the battle in a very mild manner as if she was afraid of saying any harsh words. The child had sickened, dry, he had not passed urine in last twenty-four hours. Vasanti had not seen the child in the night, although her house was only fifty yards from the wards.

“Dr. Vasanti the kidneys have shut down; in a less than one year old child because of low volume of intravenous fluids for three days.” Doctor’s irritation ultimately broke through. The nurse or whatever that white sari-clad, eighteen-year-old, female existence called Auxiliary Nurse Midwife meant, looked up with surprise. He could read so many things in it. ‘If the fluid has not gone properly or orders are not followed, what does it matter? Why are you getting upset over it? And shout? This is the way things happen. Nothing goes wrong even if then! Why are you boiling?’ The utter indifference on that face in contrast to what had happened was disgusting.

He barked the orders, briefly explaining Dr. Vasanti what they meant, how to achieve fluid balance, correct fluid abnormality, acid basic correction and then told her -

“Understand that I cannot talk this blessed language of this part. I cannot follow what they say. I cannot deal with them, extract work from them. See if you can. You will have to do it if you want the child saved. And for that you will have to see the child alternate hours if you want the orders followed properly.”

He turned away abruptly and walked out.

The Doctor had sauntered up to the office on one morning, around ten. Beyond him, he saw Mr. Atreya, the laboratory man giving some reports to a tall, splendidly built individual, in a well-cut coat, tie, trousers and boot, a military cap dangling elegantly by the fingers. The man was around sixty, a shock of gray hair mixed with black, hanging obliquely across the forehead like Gregory Peck, but had a well combed full crop of hair. Atreya was respectfully bowed, explaining him to pay the money for the reports. The Doctor felt himself dragged, attracted to the man, who turned his face, serene, cultured, intelligent and sharp, kindly, and as elegant, as only a well-groomed high-ranking military official can have.

“Doctor,” Atreya beckoned him.

“Meet Col. Nanda. Col. Nanda was an Artillery Gunner in Indian Army, one of the highly respected officers from among the Greenspanians, a distinguished soldier of 1965 and 1971 wars. This is our doctor, a physician, an M.D. from University of Bombay. He has joined this hospital recently. Is it one month now doctor?”

The Doctor met the glance of Col. Nanda even before he could respond to Atreya, squarely. He could distinctly sense the pity that the glance expressed. ‘What are you doing here young man? Here? You are wasting your time and life. The Hospital whose work you have taken up is in dumps. It is discredited in the minds of people; there is contempt in their eyes for this place. The disease has gone in too deep. The carcass remains to be thrown. Why are you wasting your precious life, intelligence and your prospects in a better or bigger city? What is wrong with you?’

“But why?”

Involuntarily the Colonel had jerked the words and then clamped over them. There was pain in the eyes of the colonel. There was love in it. There was wisdom in that face. There was concern, he could feel the intensity of. He just stood there, straight, without allowing any emotion to break through.

“I have come here. Let us see what happens.” That was his brief salute to the colonel. With that the Doctor turned away.

It was not that the Doctor had seen this emotion first time here. He was new to this place. Every day, constantly, he was being introduced to people. He did not even remember their names. He had become familiar with the march of expression on the faces of people. First the admiration on the rustic but well-educated faces that would deepen, when it was made known that he was a doctor, an M.D. in medicine, that too, from the University of Bombay! The introduction would continue. ‘He has come all the way to work for The Hospital.’ Wince, wince. Just as the colonel had winced. In those very faces the mixed feeling of disgust and contempt the people bore for The Hospital would become obvious. However, on the face of the Colonel, in

contrast, he had seen the concern for a good life, getting ruined here. That had become apparent for the first time.

This profounder significance, the poignancy of the situation of The Hospital had thus dawned on the Doctor repeatedly. The serial impacts were or at least should have shattered him inwardly. He however had faced that truth stoically and without flinching an eyelash, without allowing himself to be affected by it to the slightest extent. He had allowed the full significance of it to blaze in front of him, never attempting to suppress it in any way, the full realization of what it meant, within a microsecond. He did not even try to fortify himself against the likely effect. He simply allowed it to dash on his face like a quick sharp upper cut of a boxer! No pain, not even a bruise resulted. Like a spent force, a huge tide rushing in with a fierce face and the speed of a hound or wolf, came and crumbled to a pistol shot, well aimed by him.

After a few weeks, a few people talking in Hindi had come and met him, just as Hemant had done. All of them were Muslims, most of them traders in the Greenville bazaar. All of them wore black, velvet, faze cap, a *kurta* and pajama. They were openly voluble and enthusiastic to talk to him.

“You, a Bombay doctor has come here. That is good. No one understands Hindi here.”

There were some peculiar wordings they were using - *aako*, *jako*, *kyaki ba*, and so on. This resembled the Hyderabad Hindustani; the Doctor was familiar with. He asked Dr. Shivanand about them.

“These are Muslims from the adjacent province, are traders and grocery shop owners. Most of the bazaar is occupied by their shops. And they sell literally anything and everything you can imagine.”

“They must be quite enterprising.”

“No. But I will tell you.” Shivanand was no mean or ordinary talker. Any question put to him, any remark made, he would have something to say in full. He was a dilator. Even then Shivanand’s talk, was an enjoyable affair. A smile would be there, often derisive, sometimes happy. But he was a gesticulator, his eyes would dance, the neck jerk and white teeth would flash while both hands almost talked.

“Yes, they are all over the country, as here. First, they come with sundries in baskets. Gradually they spring up small shops of wooden boxes anywhere, that can be closed up. Then they gradually entrench. They are sweet talkers, will do anything for you. Even give you things on loan. But you cannot rely on them.” Shivanand paused.

“But look here sir, many of them have come and talked to you. You speak good Hindi. I have a feeling that they will want to be examined by you as patients.”

Shivanand looked sure and he proved correct. The Doctor did start seeing them as patients. For a change, he used to feel pleased to be talking in a language he knew well. Although the Doctor was brought up in Bombay, he spoke really good Hindi. Bombay Hindi is a special brand of Hindi, the national language. It is a terrible, disjointed, incongruous, and corrupted admixture

of Marathi, Hindi, Gujarati and English with some unacceptable, ungrammatical usage. *Bhel* and Hindi were most peculiar to Bombay.

Nearly two months after, he received duly referred to him, his first patient. In the outpatient, a relatively short, dark man with wiry hair, alcohol showing on his face, with a suspicious look, was waiting with his wife. She was a well-rounded, well-proportioned fair complexioned lady, with a broad forehead, a light colored, oily spot of vermillion, hairline, parted in the middle. Just a few small ear ornaments and a thin chain of gold around her neck; the jawbone was like that of the Gujarati ladies. But the bosom literally arrested him and his gaze. He had never seen a Greenspan lady at so close quarters, except Mrs. Hemant.

The blouse was not really 'low cut'. The arms crossed below the breasts only accentuated the effect. The ample and inviting breasts appeared to have been pushed up revealing a narrow deep cleavage not easy to take one's gaze away from. A part of the sari had come from below the left arm pit, gone over like a curtain, to the right shoulder. A portion of the sari had come from above the right shoulder and was pinned to the one from the left, with a golden, sparkling and beautiful brooch. The thin golden chain lying in the cleavage could only be envied. The pale pearl colored silk sari told of its class. As the lady advanced with the husband the pleats of the sari were seen over the back, the front of the sari being plain.

"Wanted see you. Wife, examination. Something wrong. We not know." The educated looking husband, could not talk coherent, ordinary English. Like a fellow on a soapy bathroom floor, he was constantly slipping into his native tongue.

"This is the Greenspan lady, the famed beauty, talked of by the prime minister. Wine and Women! Who had said that? It was that chaste Brahmin General Secretary of Bharat Seva. Fifteen years ago, when his father went to Nagaland on transfer, he mentioned the Wine and Women of Nagaland. Greenspan was also famous for its beautiful ladies and wines he was yet to know about.

With great difficulty the Doctor managed to get the story of the illness out of both. There was nothing really to suggest she had any serious physical illness. When the Doctor examined her with loosened cloths the lady took his hand and pressed it over a quite a few of parts of her body to indicate that there was pain. Yet he had a lingering sensation that her body yielded too easily to his touch and the sensation to the bachelor was not unpleasant.

There was more to come by way of these Greenspan beauties. Vikram, a six-footer with a bulky red nose, well-oiled neat full crop of hair was a trusty to The Hospital. He came in a car that looked compressed from the front to back, and bulging at the top. He shook hands firmly with the doctor.

"How are you? Are you able to adjust with the cold here and the rain?"

"Heavy rains do not bother me. I have had enough of continuous torrential rains for weeks together in Bombay as in Greenville. But it is warm there. Here the cold is so severe, without even a glimpse of sunshine. It becomes little difficult, if not unbearable."

"Doctor, if you have gone through the June and July, you will probably survive in Greenville. Have you been able to dry your clothes or take bath? Are they helping you?"

“Drying of clothes and a daily bath is not possible. While staying in the ward, it was alright. Here, in this house you are colder, wetter, hands and feet are frozen, numb and wet, never dry, for so long now.”

“You are as cold because you are not among people. In your house, you are all alone occupying it only in the night; there is no cooking. That is how it is, like a cold storage. You should be among or with people. Listen. I have a marriage to attend tomorrow. I shall pick you up from here after six in the evening and drop you back. You will be with people. I shall introduce you to various people and you will feel better. Hospital will also benefit, if more of our Greenspanians know you through me.”

Next day, when the Doctor entered the Greenspan marriage hall, it was all glittering gold on fair complexioned beautiful ladies in groups and groups. Each one of them had a beautiful well designed knitted cloth of silk with yellow, shining designs, tied to their head, covering it. They wore bangles rings and chains of gold, and *Mangalyas* - black beads in gold chains, confirming their married status. To him, who was looking at the bare walls of The Hospital, gloomy corridors, bleak and dark, moist, cold and fungating pillars, empty wards, empty cots, idle departments, a house so cold, that marriage hall looked heavenly, enveloping and embracing him warmly, the ladies looking like *Apsaras*, the beauties from the heaven.

The ladies had, all in common, those well cut, facial features, pleasant to look at. Each with the peculiar way they wore the saris of high-quality silk cloth. Each one with a pleasant smile, a ready greeting, without any undue inhibitions, or a redundant sense of being a female or of even being beautiful. There was nothing awkward talking to an unknown man, the newcomer. Vivacious in expression, with an enticing, enviable deep cleft, a lady proud of her possessions. He met many men, tall, well built, in their traditional dresses. Vikram untiringly gave a fairly long introduction repeatedly. Many knew of his joining the hospital. Many expressed joys over his arrival.

The marriage ceremony was over in the morning. The reception with a lot of foreign liquor flowing, was on. Each man had a sparkling glass of liquid, he was enjoying. The Doctor also got a glass pushed in to his hand and was offered several drinks, with an admonition that drink and food is never refused in a Greenspan house or a marriage. The buffet dinner with fish, chicken and pork followed, as was the custom. When the pandemonium over food subsided and the guests started leaving, the old ones started to dance to the tune of a local wind instrument, like a clarinet, more than three feet long.

“The dancing is to thank the host, for the honorably given invitation to the marriage and graciously treating them with food and liquor.” Vikram was prompt in supplying the information.

The Doctor had had a good fill and was delighted over what he saw and observed. He mused over the fusion of the traditional dress over the modern one. ‘These are the signs of an original tribal traditions and rituals carried to modern days and knew that he was not to express this to any one any time.

Since the incident of Colonel Nanda, the Doctor wanted to have a talk with Mr. Atreya. His first impression of Atreya was that of a man with a closed face. He was bald on top, with a thick

and wide rim of mixed gray and white hair. Medium height, dark brown complexion, he always came in a poor, old, buttoned sweater and shoes, a green old and worn pant and a shirt.

“I built the lab, specification laid out by me. I went to Indian army as an ordinary soldier and went to medical, beginning as a laboratory attendant. Later I got my lab technician training in Armed Forces Medical College Poona in Maharashtra. Then I worked in command laboratory in Lucknow. It is one of the finest and very large laboratories in the army and in the country. When The Hospital was being built, I met Nagarajji, Krishnagovind and Sharad sir whenever I came on yearly leave. We discussed about my coming back, to build the lab and work in this project. They put all trust in me.

“I worked in army at many places. Mrs. and children stayed in Greenspan. It was hard to remain separate. But army trains you in discipline, neatness, exactness and *pucca* work. I retired two months before the actual date and missed the pension of a higher rank. But Sharad sir wanted me to be here during construction. I designed the lab.”

“Mr. Atreya, it is really creditable, both you and the lab.”

It was a really beautiful lab, white tiled working platform running along all the four walls, spotlessly clean. Laboratories are always the weak and the strong point of all physicians. The two glass paneled windows, were extraordinarily large, covering the entire wall facing the outside. All the microscopy work was done there. In Greenspan with five to six months of poor, undependable or absent sunlight and gray atmosphere, they were designed to get as much light from outside as possible.

“Doctor, we also have a distilled water plant, incubators and culture media, a centrifuge and so on. This is the best laboratory in the district. Even the South Estates laboratory is not as good nor does so many investigations as we do.”

“What is the district hospital laboratory like? And incidentally, what is this South Estates lab?”

“District Hospital Lab? Useless. Nothing. Even properly done Hemoglobin, a urine examination, a blood sugar, such elementary things are not done there. God only knows how government hospital doctors manage to treat patients. If investigation becomes really important, they will send the patients here. Can you believe that their laboratory has remained closed for months now because there is no technician? When they need blood for transfusion, they get blood cross matched from the Port City 150 kilometers from here. Rarely, a doctor may do a cross matching and give blood. The district hospital, with its four hundred beds and seventeen doctors, ENT surgeons, physicians and a gynecologist, does not seem to need blood to be transfused as an emergency. *Thoo!*”

This ‘*Thoo!*’ the Doctor had heard frequently. It signified an ultimate contempt. The word was eloquent. Hearing of the state of the affairs of health services, he shuddered to think how he could have ever functioned in such a hospital. He would have quit.

“Atreya Saheb, I just cannot imagine how doctors work without even such simple elementary facilities. This ‘shots in the blind’ goes against the very grain of Bombay doctors like

us. This mortgage of brain, reasoning, insight! I can understand the quality of their service. Such a practice is just criminal against the patient.”

“Doctor, in spite of such a situation, we do not get any consistent, good or heavy load of work from the Government District Hospital. We can do so much for them.”

“There is nothing surprising in it. We have also seen what rural health system is in the Primary Health Centers in Maharashtra. In our country, barring a few medical colleges in major cities like Bombay, the training at undergraduate level is no good. At post Graduate level it improves a little. Doctors in their MBBS days do not work in labs. Many do not get post-graduation. The rigorously investigative, diagnostically oriented faculty does not develop among these doctors. The longer they serve in government, the more accustomed they grow, to the lack of laboratory facilities, coupled with their own defects. The sacrosanct clinical medicine goes to dogs. They merely become authorized vendors of drug prescription. The method and intelligence rest, are defunct, dead and extinct. Where will you get the work from?

“It is not limited to government doctors. By no means! Among the private practitioners also the sacred quartet of clinical medicine is extinct. That is why you do not get the work you deserve and the patients are entitled to. They must know what, where and how to look for. They do not. Their investigations, relevant or otherwise, needs interpretation, action and explanations for the future. They are either incapable or unwilling to offer it. Then the reversal, control and saving life, at times a possible cure, is a long way.”

The Doctor could not understand why he had become so harsh on the professional community. He paused for a while and spoke again.

“Atreya Sir, one of the reasons when I first came here, and why I was attracted to this hospital was the laboratory. Without adequate infrastructure, an M.D. sitting and active in my brain and intellect cannot function. I am not and cannot act like a general practitioner.”

Atreya took up the thread of conversation.

“I have never gone over in detail about unavailable kits, kits wanted, tests needed to be included and so on, for this laboratory. Here is the list. See if you can provide them.”

“Yes, Sir. I will do what I can.”

This was the first positive interaction anywhere in The Hospital. The Doctor had found someone who understood what a physician means and wanted to use his technical training to help him and in turn wanted to be helped in developing the lab further. The only bright spot was the laboratory on whose reports he could rely completely. His patients may suffer from the general slothful management of the reception and in wards. That was not at all easy to change. There was a general, widespread lack of awareness about how to work in a hospital. In fact, the situation was worst in the most crucial area, the wards. Vasanti’s child with kidney failure was illustrative of it. There were no trained staff nurses and the cases were to be more and more complicated, the patients coming under considerable danger.

Two additional factors made it even more difficult. His inability to understand speak the local language to get the work done. Second was the three shifts in which The Hospital worked,

as is everywhere. Transmission of instruction from one shift to another was zero. How was he to find a way, an answer to overcome these Himalayan obstacles, nowhere in sight.

After a brief spell of sunshine and warmth the Greenspan was cold again. Greenville was covered with thick fog, obscuring all the objects, big and small. During the few days of sunshine, he had seen many a times, a pure white cloud, bursting up from the bottom of the valley across his house, ballooning up like an atom bomb explosion and covered the entire valley in minutes, in fog. The supersaturated humid atmosphere with resulting drippings, was as depressing as without sunshine.

It was in such an atmosphere, two old Royal Enfield motor cycles thundered in The Hospital premises, halted and the riders put them on stand. Three figures alighted and removed their caps on seeing the Doctor. The Doctor's face broke in to a wide grin. They were his school and college mates. Dr Aniruddha, was the first to shout his greetings. Akash, a surgeon, was the next to be seen. Prabhas, the Mathematician Philosopher, as they called him in school, was the third to get down. Dr Aniruddha was a maverick, a general practitioner in the old suburb the Doctor lived. Their conversations used to be intellectual, hilarious and rapid-fire. Akash was an excellent surgeon but was not able to get an attachment in Bombay and was without much work. He spent most of his time with Aniruddha. Aniruddha had conceived the brilliant and hazardous idea of traveling from Bombay to Greenspan, Greenville on motorcycles and meet the Doctor. He had kicked Akash onto another Enfield. Prabhas agreed to join the ride of fourteen hundred kilometers. With one breakdown and two punctures they arrived after three days of driving and incessant smoking.

"The ass is so bloody tender that this cold weather also feels like a sharp hurtful dagger." That was how Aniruddha had opened his innings in Greenspan. Walking bent, with wide gait, Akash giggled forward, cigarette in hand, face all screwed up, that indicated severe pains in the loins and buttocks.

"The ride was damned fucking nice. Getting bumped over fourteen hundred kilometers. And to know we have to go back the same distance. But these national highways all along are like a glass."

The buoyancy of Aniruddha, Akash and Prabhas had touched the Doctor, laden with anxieties and worry. He was beaming all over. He introduced them to whoever was present in the Hospital. There was a question mark in the eyes of all. Not so much about the friends or for their boisterous approach and the dirty Bombay language. It was directed towards the Doctor. 'We did not know nor could have ever imagined that you have such funny friends, who come all the way to meet you and see the Greenville beauty?' That was it. On that bitterly cold, evening the Doctor had tended them well in the hospital; a hot bath, plentiful meat in the night in the East Corner hotel and the enjoyment of smoking together.

"Do you remember those days when you, Mahendra and Akash used to go to Pali? You were greatly interested in tribal work then also. Mad fellow you, you wanted to move the government to construct a dam, worth a few crores there."

“It was not madness but discovery of an ideal situation for the dam, between two narrowly adjacent hills. It would have benefitted the area immensely. I left Bombay and ...”

“I even remember your shirt made of a gunnysack cloth, which you used to wear on those trips. I have brought your photograph I took by my tele lens in one of those trips. You looking like an absolute bohemian. Hand raised to the lips with a cigarette and so on.”

“Arrey, you do not know about one more of my trip. I went with Mahendra, to attend the marriage of the tribal girl whom we schooled till matriculation. She was from the core area of Nasik district tribal belt. Mokhada is 150 kilometers from Bombay. On way to Mokhada we missed our way, had a long detour, finally arriving on the Hill Track leading to it. It was winter, the dark fell early and my scooter’s headlight conked. Unable to see anything around we had to stop where we were, wondering what can now happen.

“After about an hour a Jeep of the State Electricity Board came along and we stopped it. They granted our request to drive in front of it in its lights. Fortunately, they were also going to Mokhada. When we reached Mokhada, another hill top, finally, we discovered that the last drop of the Petrol was consumed. The officer told us that we were sitting like bloody fools in the dacoit infested area, only lucky enough not to be assaulted.”

After the loud and hilarious laughter Aniruddha said,

“You are a real bloody fool. On our trips, we have had to chase you down, intercept you to reduce the ninety-kilometer speed you drove that old Italian vespa. Once, the engine ceased, in midday burning heat, far from nowhere. Sometimes I wonder what was wrong with you then.”

“And now also, coming to this fucking godforsaken place.” Akash quipped.

Thus, they had chatted late in the night, with all the profanity and obscenity so common place in any two buoyant Bombaywala. They were re-living their immediate past, youth in the present, and time spent together in the school, science college and medical college precincts.

As if this was insufficient, on the third afternoon, fifteen strapping young boys in their early twenties with bicycles, rucksacks and tough clothing of jeans, wind cheaters, caps, descended on the hospital. Almost locust like, the Doctor thought. While he looked on with mild irritation what this could be, a new distraction, when he did not want the recent one disturbed or shared. All of them alighted and like the military with the striding legs matching, came to him as he stood with his friends, in front of Ashwini Kumar statues.

“We are a group calling ourselves ‘Hunters.’ My name is Arun. On our way on bicycles, we decided to deviate to Greenspan with the sole purpose of meeting the Field Marshal of Indian Army. The one hundred and thirty-five kilometers on bicycle, up four thousand feet from sea level was no joke, probably a wrong decision. But we have made it.”

“How did you come to this hospital and to me?” The surprise of the chaste Marathi and the incredible situation had yet not passed off for the Doctor.

“Doctor, the great leap that you have taken in leaving Bombay, for this kind of place for work and sacrifice has been noted in many places. Your father also wrote about it. When the word of our trip got around one of the guide posts given was your name, in case of difficulty.”

After due shelter, freshening up, food and relaxation of the Hunters and his punters, the Doctor had taken them to the Field Marshal, he used to visit for medical care. The famous General was a 'Britisher' to the core. His large house that stood on a plateau that over looked an exceedingly beautiful thousand feet deep valley, was painted white and looked like a pearl, against the background of blue and green, so intimately and intricately mixed. When the General came out and stood before them with "Khad" of his boots, erect as if to receive the military salute, the boys responded beautifully with it. He took them in. The large old house was a museum. An extremely large collection of arms, prize heads, decorations, swords, citations and mementoes gave it a surreal look. The General had showed them around and given them a British tea and biscuits, got himself photographed, and enjoyed himself. When he heard of the heroism of the boys there was undoubtedly an extra warm pat of his hand and praise in his eyes.

Chapter 3

On a Friday evening at about four when Dr Shivadas was brought to the outpatient department the Doctor could scarcely believe in what he saw. In a disheveled lungi, a vest, struggling for breath to the extreme, unable to lie down because of it. The skin was ashen gray blue, drenched in sweat. He was frothing at mouth. His pulse was thready and extremely fast, the heart racing, extremities cold and clammy! One look at him and the Doctor knew that he was in a life-threatening heart failure, whatever the cause. Will he survive this with limited facilities I can offer him? That was the next thought.

“Take him on the wheel chair. Fast. Rush him to the last ward. Put him on Oxygen, six liters. Shivanand, strap the electrocardiogram machine on him, the one I have brought from Bombay. Start oxygen and give him an upright position.” He literally barked the orders. The staff rushed; someone brought a wheel chair quickly. Yamini ran for Electrocardiogram, someone else ran for oxygen. Shivanand having seen Doctor’s face knew that he would have to translate the English orders to the staff and put them into action. He rushed up. The Doctor had rushed to the drug store to get the injection ampoules of diuretics, digoxin and morphia, the few he had procured with great difficulty and lot of effort, for just such an occasion. With the ampoules he ran to the wards; Vasanti’s friend, Shubha realized what had happened and materialized with some boiled syringes of glass and a blob of spirit, and was standing by his side and had started the oxygen, full and fast. Dr. Shivanand taking the electrocardiogram asked the doctor,

“What is wrong with the machine, sir?”

“Nothing is wrong with it, Shivanand. This is a complex rhythm called “Torsade de pointis.” It has come only once in the beginning. Keep running the E.C.G. and take all leads quickly. I must rule out a massive heart attack... No, there is not any. He has gone into sudden left ventricular heart failure. He is frothing. Turn the machine on and keep running it on lead II while I inject him, so that I can see.”

With a swift motion of hand, he swabbed the forearm, someone held the arm quickly, a vein was punctured, slowly, courageously he started pushing the mixture of drugs inside; Morphia, then Digitalis and a large dose of Frusemide went in, in two minutes. He then started a slow saline drip to keep the vein patent for additional injections. Shivadas was breathing with such great difficulty; the chest had expanded, inflated to such an extent that there was barely any further expansion possible.

‘Is he an asthmatic also? Will his lungs burst?’ It was only a fleeting thought. While this was going on the Doctor was trying to talk to Shivadas to calm him down. He had signaled Shubha to get the endotracheal tube to pass in his lungs if his respiration failed. Yamini on his command had filled the Adrenaline injection and kept it ready at hand in case the heart suddenly stopped. The atmosphere had grown extremely tense and totally silent; only the sounds of Dr. Shivadas breathing were audible.

The entire hospital had gathered. In the next five minutes he had repeated a couple of injections, morphia had taken its effect, frothing had come down, breathing had eased, the running E.C.G. had shown a marginal but a hopeful drop in the racing heart rate. Torsade de pointis had not reappeared. In the next fifteen minutes, Shivadas passed a large volume of urine. His breathing was much slower and deeper, better. In another half an hour from the start, he slept off. Keeping the vein open, with intravenous drip slowly, the Doctor gently got off the bed.

Dr Vishnu Murthy appeared and the Doctor explained to him.

“This was bad, he nearly died. Initial reversal has been satisfactory, he continues to be critical, and I cannot guarantee anything. There are so many things I cannot do here; enzymes, electrolytes, electro-conversion if the heart stops functioning, which it still can, at the most unexpected moment. Mechanical ventilation may not then help. He is not at all in a position to be shifted to a higher center. If it is in his destiny, he will survive with what medication I have given. They are the proper, first line defense medicines, age old, tested, reliable. Please make it known about the gravity of the situation and all that I said and be very clear. to his close relatives and whoever you think should be told.

“More than his death as such, I am worried about the repercussions The Hospital may have if something untoward happens! I am new here; I do not know how much people will trust me in such a situation!” The Doctor shrugged and went back in the ward.

“Place your faith in Him, the Almighty and do your work.” Dr Vishnu Murthy said and turned away to do what he should be doing and went in search of Dr. Shivadas’s son.

While the Doctor continued to have his vigil and intermittently took Shivadas’s electrocardiogram, little did he realize how fast the word had traveled to the epicenter of Greenville, the Market Square. Everyone had come to know that Dr Shivadas was extremely serious, that the new doctor was treating him and that the outcome could be grave. Briskly, the people started coming in. He hardly knew anybody. Even the owner of the basement eatery he did not know personally, was there. The tall boyish owner of the Restaurant that did not charge Nagaraj was there. Achyut, Radhesham had rushed. Many Muslim traders with their black velvet caps were there. Soon there were a few hundred, he could no longer keep any track. The large court yard of The Hospital was full with a hushed silence.

The Doctor was tense. He was whittling in and out, had asked Dr. Shivadas to take some tea. Two hours later the patient, after passing another large volume of urine had eased, ate a little. The large quantity of urine actually was the water accumulated in the patient’s lungs, drowning him in it. It had also caused the frothing at his mouth. Then the patient slept. The Doctor did not dare to leave the campus and the ward. The people had slowly dispersed. Many had nodded to him and gone. He did not know what to say. Somebody asked him something. In the usual sharp manner and pat came his Metropolitan reply in English. The man having understood nothing skulked away.

Late in the night, Vasanti called him aside for a cup of coffee and some small things to eat. Shubha was there to supervise the eating. He got an easy chair; lounging in it he slept uneasily, in the adjacent empty ward. Shivanand on duty, slept in the duty room. The Doctor made several

visits in the night. The next morning Shivadas had a revisitation of Torsade de pointis for about 15 seconds; few more shots of intravenous injections stabilized him. Another problem had started. Shivadas had severe diabetes. The Doctor started Insulin injections in graduated doses. For three days and nights, he kept his vigil without going home.

This was the first real test of the Doctor's clinical acumen. Its tension rose swiftly; the entire town of Greenville reverberated with its news and the miraculous recovery in the hands of the new doctor, and in two days' time the entire district of Greenspan shook. In two more days, there was nothing else that was being talked. The whole town was agog with that day's story. It was a Friday, the bazaar day, when people from all corners of Greenspan came to Greenville for Government work, payments, banks, courts, purchases for the week and the township had buzzed. All four corners of Greenspan had carried the news, the name of The Hospital and that of the Doctor.

Dr. Shivadas stayed in The Hospital for a long time. His diabetes took time to come under control. High blood pressure and his heart rhythm settled. He rested.

Later the Doctor thanked Shivanand, Vasanti, Shubha, and Yamini for their assistance. Shubha was raised an orphan in the Christian Mission which ran the Red Fort Hospital. Vasanti and Shubha were close friends and worked together. When Vasanti was asked to resign and join The Hospital, she had insisted on Shubha being appointed. She was comely, thin built, with an excellent line of teeth and a pleasant voice. The Doctor had observed her in the ward and found her quite efficient. Yamini technically was just a maid to the ward. She had however studied up to matriculation, could read and write English fairly well. Yamini took initiative on her own to learn the nursing techniques including starting the intravenous lines. The Doctor liked her for that and because she was singularly devoid of all the 'pock marks of worship' he found on all the faces around, except Shubha.

Dr. Shivadas was the VVIP of Greenspan. The Doctor had met him once in his dispensary in the Market Square. In his mid-sixty, he was a mildly obese, kind man, with a full crop of white hair and always a faint blue old coat. His kindness showed in every word he said. He was a planter having a fair amount of acreage under coffee and quite a lot under cardamom. He had several daughters and two sons, Vikas and, Pratap. Pratap was a captain in army. One of his daughters was married to one Raghu, a highly placed engineer in a foreign company. In fact, Dr. Shivadas had mentioned Sharad's name when the Doctor had not even seen him. Sharad was much younger but they were great friends; both were Brahmins of same caste.

Despite all this Shivadas was a Communist! In Greenspan, where the labor was organized, there were three ancient, long and old standing communists; one Mr. Deviraja, second Dr. Shantaram, and the third Dr. Shivadas! Each one of them was wealthy and employed the proletariat. On the other hand, here was an old man, highly respected in all the communities. The entire town of Greenville owed him pain relief, freeing them from the ailments he had treated and cured. His kind words had lasted. He was a counsel to them. All the Chowk shopkeepers and the traders had depended on him. It was not for nothing all of them had gathered in such large numbers.

Life after Shivadas episode changed quite swiftly. The Doctor noticed a certain briskness in all the workers especially if he were to call any one of them. It had, probably convinced them, that the Doctor has some sense and we could, should possibly be doing whatever he says. There was some awe, if not respect, in their eyes. The brusque, rude manner in which he had pressed all of them to work had not displeased the staff. Instead, all of them had run, fetched the items needed, and were to an extent basking later, in the rescue operations they had been a part of. It was as if the staff had discovered that this man's orders to treat a serious patient can actually help to regain life, as seen in Shivadas recovering fully.

Taking advantage of this the Doctor tried to push things a little further. He had organized an evening round of the wards with not just the nurses, but also the maids and ward boys included. It probably elated them a little, that they were also a part of care, now respected. They could be told there and there itself the work to be done for each patient. The ward boys and ward ayahs had earlier wandered here and there without any reference or knowledge of the instructions and, never available at the time of work. Each one had to run after them with a request to do some or the other work. That stopped. They had taken it positively. They followed the orders better; the improved overall performance level however remained far from desirable.

By that time the number of patients admitted under the Doctor had gone up. It was a round with detailed examination of patients, discussing the X rays, investigations, treatment and follow up orders, discussion of the case, a kind of teaching round that he was accustomed to, as a post graduate student, in his medical college. Vasudev attended that round once, left it half way never to return to it. Vasanti thought that it was after duty hours as did Shivanand and both gave it good bye.

Inside The Hospital, he had started seeing a different set of people visiting him as patients. Usually there would be a hint that they knew Sharad, that they were donors through Sharad, in some way related to him. Alternatively, there would be an oblique or direct reference to Shivadas episode. Many of them had problems, either imagined and non-existent, or of significance, some minor and some potentially dangerous. The real problem was that their doctors had never told them clearly so far, whether there was any problem at all, and how significant was it? There just was no definite diagnosis.

It took the Doctor few weeks to realize that they were a large number of Brahmins, Sharad and Shivadas included. After the Muslims this was another section added to his clientele. Once this link fell in place, it was easy to connect anyone through with a bit of questioning. It took him some more time to realize that these Brahmins came to him not only as Shivadas's savior but also because he was also a Brahmin, at least according to their perception. Indians have always sought the security of caste because of predictability of behavior, intelligence level, response, reception. And there was the likelihood that as fellows of same caste, one will get an interaction without tensions and fairness. That mattered a lot.

When free from work, the Doctor would go for a walk. He took time to realize that a large number of people would notice him on road, in shops where he purchased his cigarettes, and other daily needs or in the joints to eat. They would make some move to respectfully wish him,

or talk among them looking at him. He found it funny. To keep wishing people as you walked was a mild distraction, pleasurable, as it was a sign of recognition.

If episodes like Dr Shivadas and his success in saving him were an occasional matter. It could be chance or the destiny of both doctors. That was not so. Once he had returned to The Hospital after food in the night. There were many patients under him. The Doctor always thought it might be good to see them before retiring to his 'House' and have less worries through the night. He found Mr. and Mrs. Sudhir and a large number of people. Sudhir, a Trustee of the hospital, a planter worth many million, had brought his mother for treatment to him. He could have treated her anywhere. What prompted him to bring her to him, the Doctor could not understand. Sudhir spoke to him.

"My mother is old, more than eighty now. She is sick for over two months. I think you can look after her properly. I am neither impressed nor enamored of those visiting great specialists, seeing her once a day. I want you to treat her. I am prepared for the worst and will not have a word of complaint. Let whatever has to happen, happen here. God bless you."

Sudhir's mother had bloated with water everywhere. The skin was paper thin, had stretched over it to the point of water breaking through. The arms, the legs, the face had neither musculature nor fat, only water. The chest had water on it and inside the lungs. That made her unable to lie down. She was breathless. The tense abdomen had liters and liters of water. She was unable to eat, pass urine or move her bowel. She was confused, disoriented, unable to speak. She could not move. It was a very low Sodium state with at least around twenty liters of unwanted water all over. It had not taken the Doctor more than a minute to diagnose this relatively difficult condition.

In the dead of the night, using a large bore needle and a 50 mls injection, he had removed two liters of water from her abdomen and she had eased out on her breathing a little. A urine catheter had drained only fifty milliliters of dark yellow-brown concentrated urine. The diagnosis of low Sodium state needed treatment with high concentration saline, 1.8 or 3%, not the usual .9%. That would have helped reverse that condition to normal levels of Sodium much quicker. He had tried to procure it earlier and failed. That left him with other conservative measures which would take a long time, may be a few weeks, if the old lady held on.

In the morning the Doctor drew another two liters of water from her abdomen. That eased the old lady a little more. Then he set about whatever investigation the Doctor could undertake, after he explained to Sudhir what the condition was.

"Her kidneys are normal and so is her brain, heart, lungs and liver. The real tests I need but do not have are the estimation of Sodium and Potassium in the blood. There is little doubt that the low sodium state will be confirmed by these tests. I will then need special high concentration saline which also I do not have."

"How do we get it done? And where?"

"Nearest, it can be done in the Port City Christian Hospital. I am pretty sure we will get the special saline preparations we need, made on demand. We will contact Dr. Dixit. I have heard about him and I think he will be more than helpful."

Sudhir did not ask a single of the usual questions people ask, about the necessity, whether this rigmarole to travel the hundred and fifty kilometers and back would really help his mother, whether all the expenses are worth and if his mother really had any chance and so on. Sudhir told the Doctor,

“Give me the blood and urine samples and your prescriptions of the investigations and the special drugs you want. I will send my driver immediately. He is a smart fellow. He will get everything done and return quickly and without delay, once the work is over.”

In less than a day and nearly four hundred kilometers of travel the driver returned with all the reports and the high concentration saline infusion bottles. Unexpectedly, Dr. Dixit had sent him a note.

Dear Dr.

I am pleased by your clinical diagnosis, made without the support of the investigations, the steps you have taken and the detailed letter you sent about the patient's condition. You seem to have a good laboratory. We repeated all the investigations you did. They matched to the last decimal. The diagnosis of SIADH you have made, is confirmed.

I have sent you a liberal supply of high concentration saline. You may need it in future also.

I understand you are from Maharashtra. I am curious to know what made you land in this difficult terrain.

Best Wishes

Dr Dixit

PS: Most physicians do not diagnose SIADH, not even a single case in their lifetime. I am glad you made it, and must have made it earlier also. Do not hesitate to ask for any help any time. The person who collected the saline told me you are a young man. On behalf of the God, and taking advantage of my longer years in Medicine, I bless you.

Armed with the encouragement the Doctor intensified his instructions. Water in any form was withheld, to be given only if there was thirst, in sips. Only solid food in small quantities was to be given as frequently as possible. The only complication he was concerned about was the excessive water present in the body, breaking the brain barrier and cause severe swelling in the brain. That would be the end of the story. The high concentration saline had its own complications like pressure on the heart and sudden heart failure, as in Dr Shivadas's case. The huge difficulty was that the drugs used for Dr Shivadas were completely contraindicated here. The only way to treat was to see the patient for her vital signs every hour or two to judge the status, deteriorating, stable or improving.

It was during the admission of Dr Shivadas the Doctor had started sleeping in the hospital, going home only to change clothes. He continued the same when Sudhir's mother was admitted. Monitoring a patient was beyond all the doctors working there and getting it done by the paramedical staff was inviting death. In such situations he would get tensed up when such complicated cases were admitted. He had to be on the spot. He could not sleep in his house about ten minutes away with its steep road with curves, ditches and water pouring from above. If he

had to be called for, in emergencies to do something about the emerging situation the time loss would be large, and the deterioration might get beyond control, nullifying the efforts so far towards improvement.

He had not realized till then how closely knit a community the Greenspanians was. Sudhir in south was an influential and respected name. An enormous number of those who called upon to see his mother were educated, courteous, English speaking, stylized brown Britishers. Most of them were from army, retired as colonels, brigadiers or majors. They came to see the old lady and to commiserate with the family. The line of the incomers hardly ever got interrupted. They came with the expectation to hear that she was sinking and that nothing was going to help her. Many asked Sudhir why he did not go to the Port City; why rely on such a raw young doctor. Many wanted to know if the Doctor was really able to understand the situation he was dealing with.

On the contrary, they used to get a much better, almost flattering account of the diagnosis of the doctor, that the investigations had corroborated and of the continuous, definite improvement of their patient. The Doctor did not meet all of them. He had his own problems to solve elsewhere. But in his continuous whirlwind movement in all corners of the hospital, he did meet some of these gentlemen.

Much older, far too wealthier than him, the officers were polite to him and appreciated his painstaking care of his patient. Their decorated beautiful wives, also were nice to him. The Doctor was aware of the ‘curiosity’ in their gazes about this strange human being, descended in Greenspan from Bombay to work in this unspeakable hospital. That used to be the most dominant but thickly veiled sensation their gaze held. The Doctor never paid attention to all this. He used to speak to them civilly, explain a few things, only to restlessly get away to solve other problems. Sudhir would stand there in his mother’s room all afternoon and evening like a rock. That gave the Doctor a boost. Once in a while Sudhir would introduce him to a few in person or tell him about the reactions of the visitors.

At the end of a month’s stay the eighty-year-old lady walked home briskly. Dry, without a drop pf extra water, but stronger in bones and muscles, off with nearly twenty liters of water, and clear of perception.

As if this was not enough, on the next morning a potbellied bald man, with large up curling moustache and an unmistakable air of a high-ranking police officer with blue eyes, came rushing in.

“Doctor, my mother is serious. She has diabetes and has diarrhea and vomiting on top of that. Please examine her and admit her for treatment. She cannot be shifted anywhere.”

When he saw Subhabai, a frail looking but strongly built lady of seventy-five, he knew that her long uncontrolled diabetes has led to the formation of large number of acidic bodies, and was grossly anemic. There also was in addition an active patch of Tuberculosis, on the chest X ray. Her bones at seventy-five years were brittle without Calcium, dehydration was marked and the blood pressure on account of that, low. Taken together she could kick the bucket easily and anytime unless managed quickly and efficiently.

The most difficult was to hydrate her. Her heart could conk out or the brain may swell with water unless the fluid was infused judiciously. It meant checking her for pulse, blood pressure and heart rate, fluid overload on the lung, brain function and urine formation every hour. Taken together with these parameters the rate of intravenous infusions ought to be stepped up or slow down, hourly, to prevent brain swelling, heart failure and reduce the acid bodies. A little non judicious use of saline would be hell. Getting urine out of her would be another long wait. Such things required patient judgment and frequent examinations.

Like in the case of Dr Shivadas, the Doctor flitted in and out monitoring her conditions. He worked out an intricate schedule of intravenous saline with insulin and hourly monitoring of blood sugar, till evening, as long as the laboratory was open. He acted upon each glucose result, increasing the insulin doses. After that he could adjust the insulin till next morning without checking the glucose levels. By evening she was sufficiently hydrated, had passed good amount of urine, the blood pressure had come up and blood glucose was under control. One good thing about such acidic state was that it comes under control within a few hours. By evening full control was achieved and she was eating normally.

By early evening, he had informed the other son, cadaverous, with sharp blue and intelligent eyes, a lawyer, that the matters were under control and the first hurdles were through. He also said to him that he would like to go out for a little urgent work and will come back in about half an hour. He had not eaten anything since morning in frequent visits to Subhabai, and managing the outpatient department patients.

There was an episode of sudden sweating within minutes of his coming back which indicated that the blood glucose had dropped below normal and now the plain saline was to be changed to glucose saline and Potassium. With blood transfusions on the next day, and added calcium the strength of the hard-wired lady returned. Anti-tubercular treatment was started when adequate food was consumed without vomiting.

With Subhabai admitted, the same procession of those highly educated army officers of Greenspan and rich planters, along with their decorated wives had ensued. Just as it had happened when Sudhir's mother had got admitted. They all came to empathize with them with an intention to give them courage, certain that the bad news of death could come anytime. It would be difficult for these people to believe that she was restored to normalcy within two days, the health was rapidly improving, much beyond their expectations. Whenever a high class Greenspanian was admitted, Atreya was always on his side and became an interlocutor for the family. It was now a routine. The Doctor had become familiar with the process by now; the courtesy extended was always the same. He however realized this time that the curiosity of the visitors about him had sharpened. Respect and recognition were to follow soon.

Subhabai walked home after a week. The two sons had questioned him directly about whether such a serious case could be discharged so quickly. Atreya later told him how they could not accept that in such a short time their mother had recovered so well, when they had kept a coffin ready for her.

“Coffin? Are they Christians?”

“Oh, no! They are high class, blue blooded Greenspanians. Some of them bury their dead in their own estate. There are real high class Shaivites in Greenspan who also bury the dead. Both are staunchly Hindu minded though. In these Shaivites, it is a big show here, especially if an old man of the status of a chief of a large wealthy family dies. They will dress him fully after bath, perfume and anoint him, seat him on a chair and then bury him with the chair in a sitting position. Such priestly or family head, the virtuoso, does not die, he goes straight up!”

The Doctor had stopped counting the days since he started sleeping in The Hospital for days together, whenever a serious case was admitted. Additionally, he had a lot more to deal with every day to get the care delivered properly. Three reasons, as to why he had to do this were by now clearly established. Dr. Vasudev would never come to see the cases with him, nor talked to him, about such cases. However, he would rifle through the Doctor’s cases in his absence. Medicine cases were so complicated that he could not trust it to the indifference of Dr. Vasudev. Dr. Shivanand with his elementary understanding of medicine never thought that he should come forward and do some routine checking, ask the Doctor about the issues, try to understand how these cases were managed. Dr. Vasanti with her gynecological orientation was vocal about this sphere of medicine, as out of bounds for her.

The next support system of the paramedics, without a trained staff nurse around thus also was too precarious, even more so. How to make it somewhat better was the huge question he had uppermost in his mind in all the days he had so far spent in the hospital.

Time to take food, bath and change of clothes, was badly affected. Sometimes he counted the day as begun, when he took bath and came to The Hospital in the morning. The days and night had fused in one continuous procession, for days together. He had carried many of his books to the Hospital. He had put up a bed, a table and chair to sleep in the corner ward. The decision to improve these things was thrown up by his unconscious one evening; list out all the gross inadequacies he saw in the wards and other places and how to eliminate it by which correct actions on paper. It took a wider shape in the form of small pieces of the way each small thing should be done in the hospital, by whom, how, why and what would be the effects on patient care. Slowly these sheets increased in numbers. He was still nebulous about integrating them, think about things. Exhausted, he would lie down on the bed, read his books when possible, and sleep in that ward.

Every now and then aside of the routine admissions, something serious would come up. Another peak was reached when Lily and Soumya got admitted in a rapid succession.

Lily was a tall, well-built, well-educated and a good-looking girl of just twenty-two years with an angular face. She had a large swelling in the liver and was losing weight rapidly. He realized that this was a rapidly growing large cancerous growth, and that she would go downhill rapidly. Lily asked him whether the cancer diagnosis can be confirmed in The Hospital.

“It can be confirmed but I will have to take a biopsy from the tumor. It is with a considerable risk of bleeding inside the abdomen, for which I have no surgical back up. I would suggest to go to a large city hospital for the biopsy for confirmed diagnosis and treatment.”

“Sir, are you certain on examination that it is a liver cancer?”

“Yes, I am.”

“Then do the biopsy yourself, whatever the risk. I will take it. I will explain everything to the few family members I have. Please go ahead.”

With a broad Trocar and canula pushed through the tumor, the Doctor did the biopsy with a heavy heart, getting a good chunk of the liver tissue. Cancer tumors are often hard and without much blood flowing through them. Thus, there was no bleeding. The Pathologist from the Port City hospital confirmed from the tissue that it was a primary Liver Cancer.

Upon diagnosis Lily held the Doctor’s hands and asked.

“Do you really think that the big city doctors have a cure for this Doctor? Is the chemotherapy or surgical removal really effective?”

“Honestly, no! But your people will not keep you here even then. They have made up their mind to take you to Tata in Bombay. The days ahead would be difficult days.”

“Why do you not tell them to stay put?”

“I should not do it, but I have talked to them about it. But it is also proper that in such a situation, another opinion is taken to decide further action if there is any.”

“Doctor, you have been kind to me. Let me tell you that I am going home and die a peaceful death there. Bless me.”

Lily was gone and died shortly after that, leaving a painful area in the heart of the Doctor. Serious cases continued to get admitted, but death was rare.

Soumya was a plump, short, round-faced girl looking exactly like her mother’s sister who accompanied her. It was the fourth day of high degree fever. Neither of the parents was here. The high-grade fever clinically was typhoid, which Atreya confirmed. The first line, standard and effective antibiotics given through the vein did not show any response. Soumya could not eat much; hence large volumes of the intravenous fluid had to continue. By now, the Doctor had managed the kind of supply he needed for such situations. Soumya had thin veins. Within a few days they would become useless for further use. Newer antibiotics had to be changed to and administered. Getting new veins was becoming more difficult by the day.

For eighteen days from the start of fever, with every kind of antibiotic used for such cases available and given, she never responded. It was scary to think what might happen as she reached the third typhoid week with fever going on as before. The third week is typically prone to bleeding from the intestines or make a hole in it. It would be even worse and life threatening, because like in Lily’s case there was no surgical back up. The Doctor had had a tough time, thinking out a remedy and generally support her nutrition and morale. Somehow some of the newer drugs brought her around.

In all the eighteen days, her mother appeared on the scene only on the sixteenth day. The fever had not subsided, maintaining intravenous accesses was becoming more difficult but signs of full recovery were certain. Jayashree a high profile, blue blooded, Greenspan lady, immensely beautiful, had a benignity, poise and courage. The Doctor asked her two questions directly.

“I am somewhat befuddled as to why you did not come much earlier, immediately after the admission? Where is Soumya’s father?”

“We stay five hundred kilometers from here. But that was not the reason. We were getting daily information about her condition and whatever you were doing. Mr. Sharad is a close friend of my husband, a family friend. Every day he told us and we did not feel any need to come here as my younger sister was already looking after Soumya.”

“Her typhoid has been one of the most resistant I have ever seen or treated. She may have escaped by the skin of her teeth. Would you not like to shift her to a bigger referral center?”

Jayashree merely looked quizzically at him.

“You have to tell if shifting is necessary. She seems to be responding. And I am sure you will not keep any remedy available unused.”

That was all the short reply he had received.

The Doctor in his turn had gone to ask Sharad for the second time to meet him.

“What do *I do* next, now that the mother has arrived and why did she not come for so long? Who is the father? And where is he? Why is he not coming? It becomes an immense burden on me not to be able to talk to the parents. They have left to my care the piece of their heart.”

“You do not know Ratnakar. Like his name he is a sea of Jewel-like qualities. He is my best friend since our school days, and is an engineer like me. I will tell you more about him sometime later. A few days after Soumya was admitted he had called me and left this message; ‘tell that doctor that he only has to treat her, has full liberty and expense unlimited.’ I did not tell you that. I thought your tension might go up. He has not called since. I however called every other day and told him what is being done. On eighteenth day when I rang him up to tell him that fever has subsided and she will be discharged in a few days all he had said was, ‘I knew she was in safe and competent hands.’

“Sir, Ratnakar has not seen me. Jayashree does not know anything about me. How can they have that kind of implicit implacable faith? It becomes extremely burdensome.”

“Forget it, Doctor. Many people know about you, more than you think you do. Take it in its stride and let go.”

This was the second time the Doctor had called on Sharad on his own, considering that the situation was serious and complicated, likely to have many repercussions. First time it was Dr Shivadas, a VVIP and as the Doctor knew, close to Sharad. Sharad had appeared immediately with his man Friday Damodar. He had touched the Doctor’s shoulder to indicate that he was here and that the Doctor continues. That was a relief. On his way out of the ward with Dr Vishnu Murthy, Sharad had heard everything the Doctor wanted to be conveyed to any and everybody concerned. After the pandemonium had settled and the people had walked away Sharad had told him to do his work without deflecting, steadfastly, unattached to its outcome, think and act in a *Sthitapradna* or equanimous attitude, with absolutely good intentions. The second time he met, Sharad had said more people know about him than he may ever imagine.

The Doctor was talking to an old patient for quite some time. He then suddenly stood up and saluted the old man. Everyone else stopped the work, astonished, looked at what was going on.

“Wrong hand to salute, Doctor.”

“Yes, I know but as a left hander, the left arm automatically goes up in salute.”

“Not bad. I am a left hander as well.”

The outpatient card bore the name SC Tara Nath, male 80 years. He was a tall hefty gentleman with muscles and a large belly, big hands and heavy arms. His Diabetes was completely out of control but his high blood pressure under good control. The fats were on much higher side as the investigation showed but otherwise matters were normal. The Doctor had as usual gone in to his daily routine, eating habits, the timing, details of what he ate and general life style.

“Sudhir told me about you and asked to see you. Sugar is high, isn’t it? I know why. My liquid diet has gone overboard. What can you do at eighty years? The Estate is looked after; I can at the most walk around a little. It all boils down to that bloody liquid diet.”

“Liquid diet? What is ...”

“Alcohol, my dear young man, the great invention of mankind. I go to the Club every evening. The gossip about what is happening, is delightful. We have an acronym. PCPN. In plain English, discuss and gossip about everything in bad terms and make all kinds of unkind remarks about those who are not there. Do you think it is possible to control the liquids getting in under such circumstances? Anyway, give me your final advise.”

“Go ahead sir with what you like to do. There is no indication of any harm likely to come to you in any way for say five years. You have not been harmed so far. Just a little change in the tablets, timing etc.”

“You are a Bombay Man. Know Vijay Merchant?”

“Who in Bombay does not know the three great Vs like the three great Ws of West Indies? Merchant, Hazare and Manjrekar.”

“I have played with Merchant in the Gymkhana cricket matches”

This was when the Doctor stood up and saluted as if he was seeing the greats, CK Naidu, Amar Singh, Mushtaq Ali or Mohammad Nisar or Hazare and Merchant.

It was a three-star hotel, with sparkled whiteness and color of that suite, a luxurious high quality leather sofa, wooden almirahs with a long clean and sparkling mirror. The Doctor was sitting opposite Ramesh, sprawled on the double bed, shoddily clad in a Mohammedan style striped lungi, looked unmindful of the richness around. He lay laughing with his Bulganin bearded jaw wide open. Ramesh, was one of his extremely close friends and an activist in the Students Movement ten years ago in Bombay. It was more than obvious that he was happy to have met the Doctor.

“Ramesh, since when have you started flying around the country and staying in three-star hotels?”

“Things start happening, once they do. In our company one day I was promoted to system’s manager. That necessitates our going about at various places where our computer software is under use. They have their difficulties, so we fly in. It happened a little after you left Bombay that I flew in the Capital for the first time in this vary hotel. I thought since I am coming as close to you as this, I should call you over. How did you manage to come down?”

“I have a friend by name Mr. Achyut. He asked me if I would like to come to with him here, for a day. I had already said yes. I had your telephone an hour after that. We left in his car after the outpatient and ward round was over. Five hours flat with a forty-five minutes halt for snacks and Tea.”

“That is fantastic. You have people to carry you around in a car. That is good auger.”

“They are not my cars. I remain a poor rat.”

“Bull shit. The planes that I fly in and hotels that I stay are not mine. But that determines my worth. Don’t eat your heart out; you have opted to be a man, earning nothing for himself and giving it to the institute and hence you are like this; no money to flash around on clothes and cars. Not many will do this. And still if someone remembers to bring you in his car and made you a little comfortable, that determines your worth and not worthlessness.”

“Ramesh, can I take bath here now. Is there any hot water here?”

“Oh sure. It is a three-starrer hotel baba! Twenty-four hours facilities! You are unlikely to know the operation of these hot taps. Wrap that white Turkish around your middle and I shall show you how to adjust the water temperature. There are oils, fragrances, powder and soap. Enjoy yourself.”

He had to learn how to use the magnificent bath room, a bath tub he had never seen; the use of the various lotions he could not even imagine, afraid of touching the Tino Paul white towels and the use of the shower. He found his plain clothes, definitely poor and his lean body without a trace of fat and long legs incongruous and shameful to the whole scenario. He was trying not to allow that sensation to overcome him; the images of his quarters with its cold, fungating and clammy walls, The Hospital corridors with little light than was here. He shaved, emptied his bowel in the spotless commode. Then he took a long and leisurely bath. Ramesh rapped the bathroom door as he was coming out.

“What were you doing for so long?”

“What else? I have not taken a real good bath for many months since I came to Greenspan. A scanty and irregular water supply, nothing to heat it up in the severe cold and hardly any sweat. That is why I enjoyed this luxury. It is neither greed nor a weakness for luxury. It is the physical necessity to cleanse oneself.”

“You, of all the persons don’t have to tell me this tailpiece. You and greed! Bullshit. Why don’t you tell those fellows who run that project to be more careful about your comforts? They might as well do that. Is it every day that they get people like you?”

“Don’t be so indignant and incriminating, Ramesh. They are nice well-meaning people. Burdened by their own work. In addition to that they do The Hospital work, along with other

social works. It is a surprise that they have carried this sinking project for so long with devotion. I have seen so many projects, with such a superficial commitment, doing lip service and are a mere show off. Why burden them with my problems? I shall solve them one by one.”

“How difficult is your situation?”

“Pretty stiff. I have only questions in front of me, no answers, and no solutions. I have a motley crowd to lead, if I may use that word. There are Trustees who are justifiably proud of their work. Other Trustees are halfhearted, still justifiable about it. There are doctors, optimistic without any basis. There are disgruntled contemptuous, condescending doctors who snicker all the time. Dr. Vasudev a hard-core die-hard volunteer, cannot be fathomed about. The staff is ignorant and utterly useless. And there is little or no work and work culture is absent. The image is extremely bad. Isn’t even the initial promise of humane and competent service to poor at low cost, achievable? Even I am not aware what other dimensions and paradigms the project can or had thought of?”

“Doctor, how do you propose to steer the ship?”

“I bank upon my hard-earned knowledge of medicine and my professor’s teaching, and what I received from the Founder. I have to deal with human psyche in this far away rural place. It is completely different from we Bombay people. Bombay gives all of us a general intelligence like no other city gives with which I have to tackle the people, their psyches, the numerous issues related to running a hospital well. Finance, systems of operation, training, cash flow balances, thrifty work.

“The Manpower issue is the greatest and the most severe limitation and I have no answers for. There is no one to train, nor have I some good ideas, in fact none. I need to muster originality / creativity to solve the problems but I doubt if I could bring it up for solutions. It is a rudderless ship, Ramesh. I have to steer it clear of all odds. I think I will win notwithstanding all the adversities.”

“I wish you all the best, my dear friend. If you need me, call on me. For you, anything.” Ramesh patted him with emotion.

Chapter 4

The Doctor had joined The Hospital with open eyes, having listened to all the details of the condition before The Hospital began and how it had progressed. Of that Nagaraj had given an account in his first visit to see the project. The creation of The Hospital was a story in itself. Greenspan was a religious place. The Saint went around with a begging bowl for the hospital. Large donations came forth, driven by the devotion of Greenspanians for the Saint and their innate trait to ‘give’ for a cause thought worthy. The emergency in between crippled it but Sharad went ahead with it. By then the donation collection was more or less complete. Inexperienced, the trustees spent more money on the building and equipment, leaving no reserve for rainy days.

“During these pre hospital years in late sixties we had a group, working in different capacities in the government and other establishments, and goldsmiths, from Greenspan with allegiance to our Movement. Vikram, Sudhir and a whole lot of well meaning, flourishing planters, was another pretty good group. We began work in late sixties and early seventies as Seva Medical Project.

“People were isolated in small to medium sized estates, under bitter cold, rain pouring over seven months. They could sustain themselves only with little food and with plenty of liquor, what else? Public transport or travel facilities if someone was sick enough, were too meager. If he had to be moved to any one of the three Government Hospitals, had only a few doctors, and poor facilities. Even today the means of transport are meagre. What must have been the situation seven years back? Greenspan was popularly and commonly called as the black waters of the state, for punishment transfers. There was no chance that a doctor would come and settle here.

“The Saint who collected donations for some form of medical work here inspired us to take the medical help to the doorstep of the people. The idea was to go with a doctor and the drugs in a mobile van. The first van was donated to us by Ashram from Madhya Pradesh.”

“From the Ashram, of all the places? How? I have been to the Ashram two years ago and have gone around with their Land Rover in the remote areas of Raajmahal.”

“Then you will surely know Mr. Nagnath Pandhare, a close friend of the Tripathy brothers. It was his initiative to get us the Land Rover you see at the top. During Mrs. Gandhi’s emergency clamped on the nation, banning several organizations, people abroad floated Hindustan Mitra Samiti International and Welfare Hermitage in America and England. Together they donated five Land Rover ambulances to the Madhya Pradesh Ashram to be given to agencies doing tribal welfare work. One of the five was given to us on request. We ran the ambulance for seven long years, over hundred and fifty thousand kilometers on all the mountainous ridges, valleys, tribal camps in all seasons.”

From his Raajmahal sojourn eighteen months before his joining The Hospital the Doctor knew that yearly only 12 Land Rovers used to be made on special order. A versatile ambulance fitted with a small operation theatre the oxygen cylinders, the dressings, the suture materials; it

also had a small refrigerator. There was a thick iron rope coiled in a box in the front of the vehicle with a powerful hook. On a tough and steep slope, the hook was to be hammered in a large tree for anchorage. Leveraging on it the Land Rover would drag itself up the slope.

“Our particular emphasis was on the peripheral colonies of tribals inseparable from Jungles, in the thick woods. Within a year of starting the Land rover, the father of our trust vice president donated one more ambulance. That covered south Greenspan, the Land Rover the North. We covered three remote Triable colonies each day, for six days. Not a single nook and corner was left unattended. Patients would throng. One day was reserved for maintenance of the vehicles, done free of cost by Sharad. The salaries of the doctors and the cost of diesel was met by public donations. We used to charge for the drugs.”

“A long journey, that calls for lot of tenacity you seem to have. You started The Hospital few months after the Emergency was liquidated but the mobile services overlapped for some time. Why did you stop it and started The Hospital?”

“The situation of Greenville in late seventies had begun to change after the emergency. Practitioners had started settling down in various small or bigger towns. We never competed with those doctors. We withdrew the mobile service from their area and went off to other needy places, where there were none. About the work of mobile hospitals under such severe conditions, I shall always be proud of it. Our mobile services have given a lot of relief to the suffering humanity under such circumstances.

“The reasons behind starting The Hospital?”

“The government hospitals had started deteriorating. A couple of private initiatives were coming up; certain other conflicts were surfacing. All of them, together, compelled us to go for the base hospital.”

“Conflicts?”

“When we mooted the idea of a referral hospital, we approached Rural Bharat Health Facility, twenty kilometers away and its main trustee, to ask if RBHF could be used as a base for it, to reduce initial costs. You can easily find snob, brown Britishers, in Greenspan. We met one with a cigar in the mouth, fingers around a whisky glass and a lot of accents. He asked us for our credentials first and remarked, ‘Come back only when you have two hundred grand in your savings account, if you want to talk about the RBHF.’ This enraged us. The town president of Bharat Seva, Achyut, our Trustee and his two brothers, jointly owned a saw mill which by then had burnt itself. Together they decided to donate that land for this hospital, we are sitting in. Smarting under that condescension of RBHF trustee we had decided to anyway build one. That is how the idea started shaping.”

The unusual acerbity in Nagaraj’s tone could surface so easily, detectable, and not surprising. The Doctor could well imagine that group. Enthusiastic, rustic, patriotic, ordinary looking gentry, well-meaning individuals of some strength, power and character, willing to work hard, in the name of Bharat Seva, unanimously accepting the snob challenge, and create the large base hospital. The Doctor also remembered the further conversation about the actual status of The Hospital with Nagaraj.

“But why is it that things are going bad? For The Hospital, whom did you have in mind to take the responsibility of running it?”

Nagaraj seemed to have rehearsed the tale often.

“In the entire district of four hundred thousand people there were only two doctors in Greenspan District Hospital worth the salt then. Dr Koppikar was a young and popular surgeon. His wife was trained in Gynecology. From the very beginning and during the formation of the Trust, Dr. Koppikar, our age group, was with us. He had given his backing to the Trust, saying that when the project comes up, he will quit the government service and join the project with his wife.

“The arduous task of collection of money, building the hospital, purchase of equipment took much longer than expected. Dr. Koppikar suddenly quit the service and said that he will start privately his own nursing home and join the project as soon as it comes up.” Dumb struck the Doctor listened. ‘An income tax officer of Nagaraj’s intelligence and his other colleagues who ran their trade so well, were they such abject fools to be taken for a ride, over so absurdly impossible an offer of Koppikar?’ He did not spare Nagaraj on this.

“But how the hell did you think that this would be possible? For starting his own nursing home, he must take loan, which he must repay. When he starts getting more than enough to repay, he would not be a benevolent, superhuman, good Samaritan. Would he have ever relinquished the extra money and undertake sacrifice for a new project, with no strength of its own, to produce work for it?”

“Doctor Saheb, I must confess that I was vaguely aware of this certainty. Those were the days of great camaraderie and honeymoon of all of us. The idealists who believed that one says what he means and means what he says. In our motley group we were prepared to overlook what you call the absurd, unrealistic promise of Koppikar. *Sui generis*, the peculiar fools we were! Sambashivrao, the District Head of the Movement, in particular, put in a lot of effort to build Dr. Koppikar, in his practice. From within our organizational circles, we also would promote him. Tell our people enthusiastically to go to him if they had an illness; sometimes physically accompanying them. That gave him a tremendous boost and by the time The Hospital building started coming up Koppikar lifted his hands up saying, no he cannot join us. That was just first of the big blows.

“There were many to come by. Dr. Kamlesh with a gold medal in M.D. was in service in the district government hospital Greenville with Dr Koppikar was one such. He was an excellent and popular physician. He was also enthusiastic and willing to join the Hospital, to give up government service. Koppikar and Kamlesh, a surgeon and a physician, what more could one want? The project looked secure and we went ahead with it and started looking for doctors and other personnel. Kamlesh one fine day, went away to Iraq, stayed there for many years, and made lots of money. Coming back as the war started, he decided to take up an employment with South Estates. Commands sixteen thousand acres under it, it is the largest in the world, situated deep south of our district. People having gone back on their word, the bad days started.”

“What a mess! What did you people do?”

“We had a few young MBBS doctors waiting in the wings, to get into government service or to start a practice after gathering some experience and confidence. We assured them employment as soon as The Hospital was ready. We were in a fix because we did not have a captain to lead the Hospital, a specialist, nowhere to be seen. We are believers of destiny. One Sujeet Kumar from the State office of our movement, sent me a word – ‘there is a highly experienced surgeon in the Capital City who could be sounded to come over.’

“Dr. Vishnu Murthy was the first private surgeon in the Capital practicing since 1955, and was professor of surgery in Government Medical College. His Nursing Home was a rented building of a leading industrial house of India. There was some dispute. The House purchased everybody, Dr. Vishnu Murthy’s lawyer and the judges of the court et al. Overnight, Dr. Vishnu Murthy was evicted from the building he used for over twenty years. His sons were in America and he decided to wind up and go there. We caught him in time. I evaluated all his surgical equipment, other medical property, beds, laboratory materials, whatever that was, at book value and offered him a contract for five years as the Chief Medical Officer”

“Amazing! Destiny, yes! Only destiny can explain this.”

“We opened The Hospital with a fanfare. The young doctors we had spotted were quite enthusiastic and responded well to the plenty of work that developed. Eight doctors, worked round the clock. Some of them went on mobile vans. Madhur was a young dynamic doctor who used to anesthetize patients. Dr Vishnu Murthy, a double FRCS, his seniority in the surgical world well respected, led to immediate response right from the beginning. We could get the nurses and other paramedics far more easily then. That phase lasted for about 18 months, then the work languished. For the last three and a half years, Dr Vishnu Murthy has stood by us, and would much like to continue here.

“We never had a qualified physician and a gynecologist for long. That also affected the work. The young doctors got government appointments, much earlier than expected. The newer ones did not appear. Madhur turned out to be Pethidine addict who stole the stocks and had to be relieved.

Nagaraj continued,

“Things languished. One late evening, the district head of our movement, came here, fully drunk, unable to even maintain his clothes. He had spotted a really beautiful nurse, in the day. In presence of all of us he went after her, tried to grab her and molest her. The poor girl ran and he ran after her. The clothes fell down exposing his private parts. There was great difficulty in catching hold of him. Sharad ultimately grabbed him, dumped him in a vehicle and sent him home.”

“The District Head?”

“Yes. He is also a lifelong trustee with Dr Koppikar. Since then, our only success is to effectively ban him from entering The Hospital premises and trust meetings. Sometimes I do believe that the bad omens were set then. Now the work is extremely low key for more than two years. We are not medical men. We do not know what to do. Dr. Vishnu Murthy does not suggest

any particular ways to improve the work. He keeps saying, ‘It will pick up. It is always slow. Do not worry. It will pick up.’

“Dr Vasanti has been there for a year or so, but the Gynecology department has not produced any work. She can anesthetize the patients for surgery but Dr Vishnu Murthy does not operate at all. The last operation was nearly three years ago. Dr Vasudev has experience of over 15 years. He is extremely popular in our circles. Even then hardly anybody comes here for getting treated by him. None of these doctors however say a word about why they cannot attract patients and we cannot attribute it as their failure to them directly. The radiologist Srinivas is just the same.”

His three doctor colleagues, Vasanti, Shivanand and Vasudev, were disinterested, grossly deficient in the practice of clinical medicine, without empathy for patients. Absolutely. That was why none of them had attracted the patients. This was a widespread malady of the profession. He linked it to the bankrupt state it led to and told Nagaraj to be the case. The paradox of a double FRCS Vishnu Murthy not just unwilling but refusing to operate was also an additional answer explaining the state of affairs.

It was the complete absence of shame among these four that they cannot build the patient base. That was the most nauseating part. There were no self-respect and no self-pride. That individuals with high standing were going around to beg for money to meet their salaries did not affect them in any way. The enviable infrastructure here was the most relevant reason why he had joined this project. There could not be a greater tragedy if four of them could not or did not utilize these facilities and improve care. The charges were much lower than outside, because there was no burden of loan repayment on capital. What else was needed?

The Hospital sprang from the donations of the generous gentry, that too from a single district. That should have been an added inspiration to work it up. It was impossible the quartet did not understand the value generated; but that was the truth. Instead, they complained. The three doctors had turned out to be the prototype of how the medical practice was undertaken, something he had narrated to Atreya some time back. If there were any other reasons for the way they worked, the Doctor did not as yet know.

“My Dear Doctor, when the discussions take place outside The Hospital, the donors and people talk as if the lack of work is the creation of we the trustees but not a failure of the doctors. That leads to some heated exchanges. It hurts. That there is hardly any work, is the starting point of complaints from the doctors and end of the discussion even before it begins. Absence of work sets a place in downward spiral, and is unstoppable. It would cut down enthusiasm to work, progressively and does. What little work that may come up, it will still be handled in the lackadaisical manner, leading to further decline. Demoralization prevails all over, staff, trustees, well-wishers, our Bharat Seva bosses. It depresses us also. But we have taken it as a challenge and we persist with it.

“The lack of work leads to non-utilization of the consumables like x rays, drugs and laboratory, we have in plenty, affecting revenue even more. Things are used up so slowly that the expiries, are high in money terms. A lot of stuff utilized so slowly, remain on the shelf itself, the money sunk and the interest on it we lose, is no small. Conscience will not permit us use of

expired items. Then it is impossible to replace the consumables creating further deficits. It is a vicious cycle we have got caught in to.”

“How much is the monthly deficit?”

“Fifteen thousand rupees per month, every month, sometimes more, but never less.”

“Oh my God. How do you make up for that?”

“Some of Sharad’s relations, friends, like Dr. Shivadas, a few of our trustees like Uttam of the East Corner Hotel help. I always come here in the last week of each month to help Sharad to do the financial adjustment. Sometimes I pay from my savings.”

“Why you? Aren’t what you people have already done, not enough?”

“What can you do? If we have already taken so much effort for this work, why not a little more?”

“And these people you mentioned cannot go on giving money to you like this forever. Can they?”

“No, no, it is not like that. This operates as a loan account. As we gather money in the month, we pay them back, in the next month. Sometimes it is difficult, sometimes it is delayed. Sometimes we ask them to convert it into donation and waive it. But the operation of this loan account is becoming more difficult by the day.”

The Doctor was severely conscious of the utter humiliation Nagaraj must have undergone in doing this circus. As an Income tax officer, he could have made a hell of a lot of money. The entire planter community was at his mercy. But he had chosen not to utilize the advantage. Instead, he preferred this humiliation.

“We have had nightmares. The Hospital will fold up, die one day, given the situation. The Rural Bharat Health Foundation has folded several times and restarted after long gaps. But we have kept this one going. Not a single day due to the absence money or doctors The Hospital was closed. Every single month we have paid all the staff and the doctors in time, in full. We have managed somehow. We have brought people from outstation, got them treated, investigated and got money. But I must tell that not once, an unnecessary investigation has been carried out or any unnecessary treatment given.”

The Doctor was at once severely pained, pained so painfully as if his heart was being wrung off blood. What has caused these virtuous people to do this kind of sacrifice with humiliation as its price? His heart ran out to Nagaraj. He watched Nagaraj silently. The man also sat silently facing him squarely, eye to eye. The Doctor was trying to see if there was any hidden anger, fierce but controlled, against the humiliation, for regret or repentance. He did not find any of it. He saw Nagaraj simply sit there, almost nonchalant, unattached. He tried to trace fear of what might happen if the whole bloody project collapses and closes. He did not find that either.

“We have willingly undertaken this work for the love of our countrymen. There is no anger, revulsion, regret, or fear over it. Despite the difficulties we shall continue as long as we can. Now a days, the donors ask, ‘Has not that hospital of ‘yours’ picked up? Do you still need to go round

asking for donations? How can we go on giving? Not only you, so many of our related works come, with programs and programs.' It hurts, to be called 'your' hospital.

"We beg like kings but things have reached a nadir and almost every one of us expects it to close down any moment, permanently. Some of us, I would say are eagerly waiting for that to happen. It will free them of the moral responsibility for its continuance."

"What do you think will happen?"

"As Nagaraj, the income tax officer, I have no idea. I need not have one. As a human being who worked for this venture, I have not done anything sinful for or over it or because of it. I have not thought badly about anything, wished anyone bad; that is to say that I have been fair to the government that pays me and to the assesses whom I assess. I am doing it with a purity of purpose. Sometime or the other I suppose, our penance should give us some good result. At the same time, I humbly state that I do not work with a desire for its success. It is the Song Celestial Doctor, the Bhagavat Geeta, which says and inspires us.

"Do you work, do it unattached to the fruit of it

Do not work for result, do not claim it,

Do not attach yourself to the expectations

Of any kind for yourself or even others."

"With fifteen thousand rupees as your monthly deficit, can you maintain this attitude?"

"So far, we have succeeded in making the two ends meet. The future will be dealt with in future. But it is difficult."

"What do you propose to do?"

"Try."

"Try what?"

"Anything that flashes up. You say or do something, someone else suggests some other ideas."

"Any funds from anywhere?"

"No! No chance! We do not expect any help from the alien state government; we cannot and will not provide the inert and corrupt bureaucracy what it is interested in. They probably have no means of helping us. No funds from foreign countries. With a sworn opposition of the New Delhi government, it will not give us anything.

"We have not been able to penetrate the rank and file of our own province or country looking for the manpower, especially specialist doctors who will deliver the goods. That is because such people even after extensive search do not seem to exist. Full attention to be paid to find and get them is not possible because a lot of our energy gets locked up, in maintaining the project. Making people donate under the section of 80 G for income tax exemption in the two months of March and April is a solution, neither adequate nor lasting in time.

“Our own enterprises of the movement are not well off to support such a resource intensive venture, month after month. The local donor community gave us everything for the infrastructure. It stands there. But now their expectation is higher. We cannot fulfill that. On the contrary we are asking them money for bare existence. Dr. Vishnu Murthy has made it clear that he will not be interested in financial management. The doctors who should earn are mute and moot. They don’t suggest or do anything. Slowly our answers are running out.”

The Doctor stood up, lit a cigarette, started to smoke and as the fire flared, he also flared inside.

“If you are doing so much, count on me. I shall stop this rut.”

“Thank you.” That was all Nagaraj said.

The typical and classic beauty described in medicine was writhing with severe pain on the outpatient table when the Doctor was called in to see her. The Fat, Fertile, Female of Forty. She was clutching the area just below the rib cage on the right side. A brief pressure in the area and a quick examination told the inevitable diagnosis, stones under the liver, in the Gall Bladder. Fortunately, she had no fever, chills or violent rigors like in Malaria. She had vomited only once. It was her first attack of the Gall Bladder pain due to stones. The Doctor admitted her, ordered the staff not to give anything by mouth, food or fluid, for the next three days. He also started intravenous antibiotics; intravenous fluids also were ordered for all the three days with anti-spasm injections. A stomach tube was passed and all stomach contents were sucked out. It had to be done every hour for full three days. Anything fed by mouth earlier than that would have caused the pains to come back with greater severity. In the evening the relevant investigations were at hand and were normal. The pains subsided completely by the evening.

The next day the Doctor went to Dr Vishnu Murthy and requested him to see the patient which he reluctantly saw. He made no comment, did not issue any instructions, did not even tell the Doctor to continue the same treatment. He simply went back to his office.

“Sir, there could not a better or safer case to operate and remove the gall bladder as this one. You know all the reasons why she is ideal and safe. Can I tell the relatives that she needs operation and that you will do it? Shall I send them to you to discuss further?”

“Doctor, she does not need surgery, now or later. You should know you are talking to an experienced surgeon who should know better than you, when not to operate. Once the pain subsides, discharge her and do not rake the issue of surgery with her relatives. That is an order.”

Crestfallen, the Doctor came out of his chamber. In all these months he had never asked Dr Vishnu Murthy any advice for any patients. The argument put up for not doing the surgery he knew, was completely false, and incorrect. With Dr. Vasanti around, anesthesia was not an issue. If any medical assistance was needed, he was there. Apparently, Vishnu Murthy did not have any particularly positive opinion of his abilities nor the diagnosis. Never had he expressed his appreciation when Sudhir’s mother or Dr Shivadas was treated. It was a great opportunity to break the cold, long trail of dormant surgeries by undertaking a major and a safest possible case. Why was it that Vishnu Murthy had refused? He had to find the answer himself; no one else could or would give the answer.

On the third day morning, the Doctor found all these orders cancelled, the patient was started on semisolids and intravenous fluid stopped abruptly, under Vasudev's instruction. He was angered not because the orders were changed without asking him, but because these were patently wrong. Such orders would certainly bring back the pains. He searched for the Dr Vasudev to talk to him, but he was nowhere to be seen in the Hospital. The other doctors did not know where he could have gone and how many hours after he will return. It was common knowledge that Vasudev almost daily went out of The Hospital at every possible hour, including the outpatient hours. Even the hours of his arrival back in to The Hospital would vary as well as unpredictable.

Seething with anger the Doctor reversed all orders, rewrote the same regime in clear cut writing. This game of first reversal had predictably brought the pains back. He was blunt and clear to the relatives why the pains had come back and how things happened. He also said that with the renewed treatment schedule she will be able to eat without pain but will definitely need surgery in the next few weeks. On the rounds next morning he found the patient was discharged by Vasudev in the middle of treatment when the pain had not fully subsided. The patient's relatives came begging to the doctor. Vasudev had played mischief again and discharged her in his baseless capacity as a superior officer over the physician and without consulting him.

This time the Doctor did not go in search for Vasudev. He went straight to Vishnu Murthy and in angry tone he described the whole event. Further he said,

"If Vasudev wants to interfere this way and if you do not address or question it and reprimand him, he will certainly repeat this, spoiling my cases and cleverly direct the blame on me, to discredit me."

Vishnu Murthy, upset by his tirade and angered at the same time, tried to placate the doctor.

"No, no, listen, there is some misunderstanding, Doctor. Don't get angry. Let me see what has happened and I will talk to Vasudev."

"There is no misunderstanding, sir. We know enough about what Vasudev has been up to on many occasions. You seem to have done nothing about it. This is the first time he has directly interfered in my work. If the orders given by him made more sense than the ones I had given, I would have gone and thanked him for the help. It is not that. It is a deliberate, well thought out mischief. His orders are contrary to each basic tenet of management of such a case. Go and see the patient and the papers and see for yourself."

"Doctor, you are crossing the limit. I told you I will talk to Vasudev. Now go."

"I am sorry if I have crossed the limit. But let me also tell you, as the final authority here. If you do not do this, then be sure that I will not admit a single case under me and tell all such patients the reasons why I do so."

Disgusted with the plop, plop of Dr. Vishnu Murthy's wet lips the Doctor had turned away.

The Doctor's promise was neither vague, emotional nor hollow. In the few months he was there, he had managed many serious patients. His outpatient work had gone up. The routine admissions which had to stay just for a few days had gone up. The Muslims and the Brahmin

communities had made a good number of patients whom he treated well. Without doubt he was already well known in the high houses of the blue blooded Greenspanians. Other communities existing in Greenspan had also given him a fair amount of work. The money flow had increased. The number of laboratory investigations and the number of X rays he ordered had gone up with it considerably. Medicine does not give as much money as the surgical and gynecological and delivery work gives. Still, he had produced quite a bit of revenue on his own.

The difficulties were not just lack of work. No trained staff nurses except Shubha was a principal one. If fortune smiled on them, they would get one or a couple at the best. These God gifted nurses, never lasted for more than a month, sometimes even less. There were no answers as to how the nursing and the paramedical manpower could be built. Giving an order for managing a patient would not last through a single shift. There had to be a solution about how the orders should be carried on properly, over the few days that his patients would stay. A sound work culture was needed. Quality to the work done was needed. A total of forty people worked in three shifts, randomly absent, abruptly disappearing had to carry on work properly. How do I teach them, in three shifts with varying compositions? Was there an effective way which could achieve better quality work output? Something that could attract people more easily and spontaneously to come here. A rude shock was soon to come his way explaining the tragedy.

On another occasion, Nagaraj had explained a couple of additional reasons which pushed them further to build the Hospital. The population of Greenspan consisted mostly of the estate owners, small or big, their families and their permanently employed labor and their families. Fifty thousand tribals also had full employments with the estates at least four months a year. Tribals had additionally the work of Forest Department, adding to money earned. The estate labor in Greenville was well organized, paid standard wages, also received things that grew in the estates in kind and were looked after fairly well. Degrees of exploitation were varying, but low. Half the labor, tribal and connected population was in North and half in South Greenville. The Plantation Labor Ruling took care of them quite well.

The one big lacuna for all of them was delivery of adequate health care in complex health care issues as they arose, in the tough living conditions and poor transport. The population and the planter community both, were deeply disappointed with the deteriorating and careless exploitative government health care. To get their patients treated, the owners had to spend a lot of time begging and bribing the government doctors, reducing their time for the estate work. The richer planters could afford the Private Nursing Homes for them and their families for their sicknesses but were reluctant to spend on their labor by using it.

All these factors together, had led to a tripartite agreement between the Planter's body, the Board and government. The produce being under excise, it had to be sold to the Board of the state government only. The Board also dealt with paying planters for their yields. The idea was to initiate arrangements with some other health care agencies outside government, which could give all the basic and a few specialist health care services, not driven by the profit motive alone. The arrangement was that the planters for every acre will give such an agency substantial lien money, and the agency would provide health care with a concessional tariff. Two such health care

agencies were already functioning under this arrangement, each located one hundred kilometers from Greenspan.

In Greenspan however, it worked only partially. The RBHF was a much smaller hospital. Compared to The Hospital in Greenville, it had far too less capabilities of infrastructure with only one physician, the great Dr. Kamlesh. He came to see the patients from a distance of fifty kilometers and sparingly. But it was raised without any donations from the Southern planters. Hence these planters gave the lien money for RBHF without much hesitation. RBHF became responsible for all the health care and the planters' headaches was much reduced. Meanwhile the Medical Welfare Project was also approached by these three bodies before the infamous emergency, to see if it could come up with a hospital, as a referral service for the plantation labor in North Greenspan. Substantial lien money to the tune of Rs. three million was offered. It gave a boost to intensify the effort to build a hospital, to run it well and comfortably.

A couple of years later, a gazette notification was issued approving The Hospital for a referral status. That bound the planters to give the lien money to The Hospital and also refer patients. The planters ignored it. The Hospital Trustees were in a fix. There was no way they could pressurize the planters to pay this money because these very planters had already donated munificently for the Hospital. The planters also extended the argument in reverse order, demanding service, free, against the donations they had given. That was impossible. The same planters irrespective of their political affinities, would gush forward to participate in big programs the Movement, or its affiliates like Bharat Seva, undertook. They could simply not be pressurized.

Four years had passed in this impasse and no money nor the patients were sent. The Doctor had heard about this optimism of Nagaraj in his earlier, first visit, which was clearly without much basis. However, over the months since then, the optimism had not completely vanished. Their idea was to build The Hospital with such competence within and by itself, that planters would not have a choice but to send their labor here and nowhere else. The competence should convince labor as well, to demand that they wanted to go to The Hospital. That over time, even the planters, rich or poor would understand the benefit of The Hospital and may even give it lien money. With Dr. Vishnu Murthy and others, they did succeed in creating the competence for about a year, but labor was not referred to for it.

The Hospital opened eight months after the emergency was overthrown, did well in the first year and languished to its present state. The Trust never got those three million but at least The Hospital started. Now it was for the Doctor alone to find solutions for its problems.

Chapter 5

On one side his work had picked up considerably and well. On the other side, there was something else, or several things really, that were happening within the twenty thousand square feet hospital building. The Doctor had but little knowledge about the complexity of it. All he could feel was a sensation that things were not all right. Vasudev had since then become evasive and mum over everything. Not once did he speak to the Doctor. One volunteer man so disdainful of talking to the other. It was puzzling. It was becoming difficult to talk to the other four doctors also.

He also came across Shivanand and Vasanti talking some mumble-bumble in low tones and frequently. It would stop as soon as they saw the Doctor approaching and would scatter away. They would look at him, with an expression which conveyed, 'We want to talk to you.' But equally vivid was the shadow of doubtless certainty that 'they cannot.' He did not know what was the matter. The OPD as it was, was always a quiet affair. It had become even quieter now. There was some kind of disquietude on the face of Dr. Srinivas the radiologist.

He had seen Sharad coming far more frequently than before. While he would just acknowledge the Doctor and excuse himself and go to the drug store every time. This, the Doctor thought was a little peculiar. But he did not take it up with Sharad. He had enough to think on hand. Nagaraj had come a couple of times and gone to Sharad's house, disappearing early next morning back, by that ramshackle red bus of the state road transport. This also, he thought was peculiar. In the wards, the slow discipline that the Doctor had tried to implement through and with a little help of Dr. Vasanti had broken. There were complaints about the drug store also. All this quagmire could not touch him directly as it was being discussed secretly in the local language.

The Doctor decided to find out. He did not have to wait long or do anything actively.

The fourth time Nagaraj came was on a second Saturday, a central government holiday. Achyut accompanied him. The moment they isolated the Doctor from OPD and other people the conversation began, with Achyut taking the lead.

"Doc, something is troubling us all greatly. In fact, it is producing more complications than can be handled by us at this moment. We have tried to sort it out among ourselves but could not arrive at any definite action to be taken. We have spoken to Sharad and Krishnagovind also but to no avail." Achyut looked a little exasperated.

"Something so bad and yet I don't know about it?" The Doctor asked in an irritated tone.

"You would not come to know from anybody so soon as the whole affair would be talked of in the local language. You still do not know its nuances. Secondly, people will not know, if they should or should not approach you, also because you have no authority in administration,

particularly over Vasudev. Third, you are all the time busy in trying to manage the admitted patients and OPD. People would not know how to deal with you!”

“I am glad that someone has noticed enough of what I am doing and say so appreciatively. Thanks for the same.” The Doctor said.

“But leave aside that! There are lots of problems.” Nagaraj broke in.

“Some time back one of our donors and a good friend came to The Hospital just after the outpatient had closed. He has donated one ECG machine to the hospital, at the beginning. He is a bad asthmatic for years. His wheezing could be heard over the entire cellar floor. Naturally, he wanted to be seen by some doctor. He waited. His sons went around and informed the staff that his father needs attention and to call the doctor. For forty-five minutes, no doctor came. He took his father to another establishment. Then he came to us and told everything that happened. We had no face to show or say anything to him.”

“We were stupefied that a greatly troubled asthmatic comes wheezing to The Hospital on a Saturday evening and was not attended. The version we got was the doctor on duty was sent a message. The door was opened after twenty minutes. Then the ward boy was told to tell the patient that the Outpatient time is over and to come to OPD on Monday since the next day was Sunday, and during the OPD timing.”

“Another bomb shell landed on us two days later.” Nagaraj said.

“That bad, is it?”

“Yes. Pretty bad, in fact much worse. It appears a lady was admitted with labor pains. She was not progressing in labor. Dr Shivanand was attending her. He had some doubt that the matter was much more serious than met the eyes. He sent a call for help. Twice the ward boy went and came back. No reply. Then Shivanand himself went to explain and ask to come down and help. The door was opened after a long time. On finding that a doctor had personally come to call, it was said- ‘I thought it was just a ward boy; so, I thought of leisurely opening the door.’

“Subsequently, after a further delay the, the greatly experienced sage of a doctor appeared, did some cursory examination and said to the nurse, ‘You can deliver her. What is so difficult? Don’t disturb me again.’”

“Shivanand was exasperated, but he struggled. The birth was difficult because the baby had obstructed the delivery passage. and the baby died inside the uterus. The woman died a little after that, in the dead of the night. We asked people what could be cause? They said the uterus was torn under so much effort to deliver, because the baby had obstructed the passage. Massive internal bleeding must have occurred as it happens in such cases. We had a lot of difficulty in keeping the whole thing quiet. This was reported to someone outside The Hospital and that person came to me.”

“Who was on duty of that day? Did you ask any explanation of what had happened and the effects there from?”

“What happened? We met this doctor explaining and demanding an explanation. He did not even accept that anything wrong had happened at all, for him to regret over it. That he was

anyway not on duty which was a lie. The indifferent and callous attitude was so total that we were left speechless. We never expected that. The question of demanding an explanation failing, the issue of seeking an apology just could not leave our lips. It was impossible. In both these cases as you will now know it was Dr. Vasudev responsible for this.”

The Doctor sat quietly. He was trying to control the exploding anger inside him knowing well that it is a losing battle. Yet he managed to keep his tone level when he said, ‘Bastard.’ The emotions that had welled up inside him had several facets, layers and levels. To see that there was an operator here, in their midst, an officer, a doctor, who did not seem to have even the most elementary sense of duty. That concern for human life, the force, which alone propels doctors to overwork to great fatigue. An officer, supposedly from the Great Movement, was behaving in so disgusting a manner. The same person who had caused so much trouble over the gall bladder case, Vishnu Murty was not able to control. It was this element, the negation, the counter attack, of all his incessant effort to improve things that angered him most, when he said, ‘Bastard.’

“If you do not want to do anything on your own for the improvement of The Hospital, do at least the work that comes to your doorstep properly. Let that not suffer. If we get hit like this, every now and then, how can we sustain?”

“We are the Trustees and we face the public. No one will come and talk to you because they do not know you, you are new and you are not the chief. But we felt that we should let you know this.” Achyut said.

“That is okay. The point is, is this all or something more has happened?” The Doctor said.

“There is one more instance, Doc. My accountant had come to this hospital about four days back late in the night. He was shit scared because he had blood in his cough. It appears nobody attended to him. There was no doctor around. The staff on duty did not respond to his knocks for quite some time. Then they called Vasudev, because he was on duty. There was no response as usual. The accountant went away. He told me after a few days – ‘This is your hospital Sir, in which we have no hope now.’

Achyut had tried to keep his tone neutral with great effort. It was equally obvious that he knew that such things were not impossible here. Rather the contrary! There was a hint of his emotions breaking through. ‘Oh, this hospital has meant a lot to many. But we are being let down.’ Other outfits, not even comparable in capacity to The Hospital within Greenville, would have done better in such cases. The lady could have been saved or at least a gallant effort could be put up by calling Vasanti, attempt a caesarian section to save both. He could have been called to look at the blood spitting accountant, knowing well that he would do everything possible as he had done in so many cases.

Achyut could not help hide his disgust over it. It was with a great effort the Doctor could control his flaring anger that had surged instantaneously, but kept quiet. ‘Is Achyut accusing me of this instance, as if I am responsible that such things happen?’ He met Achyut’s eyes and he could read the spectrum of emotions in them. Disgust, pain, pity. Strangely, he did not find any accusation. ‘Can you at least do something about it?’ That was all the glance was asking.

“We had to tell all this to somebody. We feel it should be told to you, because Dr. Vishnu Murty will not do anything about all this. You can imagine Dr. Vishnu Murthy and what he would have said after hearing this. We are more than sure of that. We have told Sharad also about these events. That drug store fellow is a confidante of Sharad. He will be in a position to inform Sharad about many things that are happening which we may not even know. That should help us know more about such matters. Let us see.”

Once again, the Doctor felt disturbed. ‘If Sharad wishes to use Gopal for collecting information, he will tend to exaggerate, falsify events and develop an inflated ego; yet Sharad will tend to believe him. He could have done the same with a more reliable fellow like me, or another doctor may be. This is tantamount to spying. He had a feeling that a cockroach was crawling on his back. Even he would be spied upon.’ He did not like that. Openly, he did say something, they did not know.

“I had appointed for a couple of days a sister to particularly look after a sick patient. Couple of hours later we found that she had not even turned up for her routine duty. When she turned up two days later, no explanation was asked and no action was taken. Later I came to know that she had been ordered to stay away from my patient and work, by Vasudev.”

“You will never know this, but both of them belong to the same caste, among other things. She has to obey.” Nagaraj said.

“Please tell the staff that in such cases, even if they are not medical, they have to get me here from my house. They know about the countless nights I have spent in The Hospital.”

The matters hung in the air without any action.

If such a coveted doctor like Vasudev has no concern about human life and the courtesy, what could one expect from the staff? Over months now, all the work he was directly doing or physically supervising especially in complicated cases, had now somewhat eased because with Shubha he had one more staff nurse. That had given him more time to continue to write out those small pieces of the issues and solutions. An attempt he did not know clearly whether it will help to systematizing the work of The Hospital as a whole, so that it is done properly.

Now it dawned on him that those papers have not taken any account of these dastardly actions, arising out of the attitudes of Vasudev. It did not include how to deal with these disgusting aspects of human behavior. He clearly saw that the Vasudev culture would quickly seep down. His being the Resident Medical Officer, whatever he does or says or orders will be carried out implicitly, without it being questioned or talked about. The issues of good working had deeper problems of The Hospital culture, he had to now consider.

Within the span of a second his mind flashed through these repercussions. His primary plea in those sheets was an appeal to do their best for each patient who came to the hospital, to exert their best to serve them. It was detailed but yet piecemeal. It was being shattered. Nobody seemed to understand the selfless emotions of sacrifice and service that had gone in to create this place, not even Vasudev. There was no gratitude for the humiliating efforts being taken to even meet the bloody salaries that filled their belly! In such circumstances how to expect that more

patients would come? If they do not, then how do we become self-sufficient and grow? His papers had to address that as well.

He had noticed this languid, limpid, unhurried, not bothered and callous indifference to the work in almost everybody. Dr. Vasanti would come to The Hospital as if she was obliging all those who had created it. The scorn and condescension, the Doctor had noticed so often on her leucodermic lips was, 'Ah, what a third-class place,' Her considerable bulk would slowly drag across the corridor. Her patients never felt happy after seeing her.

Shivanand would come in, as if on a picnic, with a smile. Yet every sentence of his was deprecating of anything and everything that happened. The Doctor was a fast walker. The slow speed with which Dr. Srinivas would come in was most unbearable. Then was the way Vasudev would walk in. It was another site that irritated him greatly. Vasudev's up turned face with that perpetual benign understanding smile, indicating, 'why is everybody so disturbed? I understand about it more and better than all others. Things are under control.' The well-oiled thick hair, the full shirt sleeves and the gingerly walk was at its least, unbearable. If he stayed in the outpatient long enough, he would dispose of his one or two patients with lightning speed and start reading the newspapers. Dr. Vishnu Murthy's with his plop, plops and drooling mouth, and the 'round' was always a purpose less one.

The Doctor had decided to probe further in to the situation of The Hospital in more aspects than he had so far come across. The malady lied inside. That is why one evening he went to the office and sat down. Krishnagovind for what little administration there was to be was there, as was Prasannababu, the person in charge of the accounts.

"When I retired, The Hospital was about to begin. Krishnagovind, Sudhir, Prasanna Sir all came to my house and requested me that I should look after the accounts. I thought it would be a good thing to work for some social cause. I have decided to give 10 years of service here. If I can do something for the society it is fine."

Krishnagovind from his beedi smoking and his usual glum and quietude, came to life.

"Doctor, Prasannababu keeps accounts in shape. Every day's business completed the same day, the cashbook and the ledger, the money that comes to him is safe. On the next day, the cash goes to the bank without fail. He has made his own filing system for The Hospital correspondence, payments, bills, departments and so on. That way we are fairly organized.

"What matters is that a certified auditor should do it, with quality, competence and honesty." The Doctor retorted.

"To the extent our receipts and books will permit. Our own money collection, sales, stock, inventory, turnover, ordering, all these procedures have too many problems and loopholes. In fact, many or most areas have no basic organization as yet, except Prasannababu's office. Whatever reaches here is pucca and accounted for, is all that we are sure about."

"I have a good idea of the organization of drug store since I need it every now and then. It is not adequate. That is a year's understatement. When we do not have basic organization, to say that we have loopholes of course is just meaningless. Shouldn't somebody look into it or get it done." Doctor would not give up his blunt response.

“We should, but have not been able to. I come here only for an hour or so. Dr. Vishnu Murthy, our CMO, has made it clear that he will not look after the financial and administrative matters.”

“You should add surgery and disciplining errant staff to CMOs account and its denials, Mr. Krishnagovind.”

Ignoring his remark, Krishnagovind went on.

“Sharad, for quite some time has been coming only occasionally, usually at month end, when salaries are to be met. Prasannababu is busy. Dr. Vasudev looks after most things of immediate relevance”

The explanation Krishnagovind gave sounded a bit too ready and had clearly shown a larger spectrum of the maladies.

His probing got an unexpected chance when Dr. Vasanti once called him for food in the evening. Given the listlessness, lack of any interest in the work, the constant low volume whining about something or the other, everything having gone wrong utterly, this was a complete surprise. On a heavily raining evening he went to her quarter situated on a level lower by about twenty feet than the cellar wing of the hospital.

“Red Fort was an excellent Christian Mission Hospital, with unending work, day in and day out. Still, it ran efficiently. It worked so well mainly because of the service motivation. This non-Christian Mission Hospital are not-so-well-functioning at all. No service motivation. Service minded staff is the base for any hospital. You must learn service from Christians! *Thoooh*. What service here! Nothing.”

“Yes, I can see that. But I am not able to find a solution or how to correct that. How do you invoke that service culture. That is my concern.” The Doctor continued.

Called for dinner, the Doctor had thought of sounding her on what ideas she had and to breach with her his ideas of written sheets based on which The Hospital could be run. His nebulous ideas of working through a written system. Vasanti had suddenly shifted to service, humane service for the patients. She did not seem to think of anything else as an equal necessity or a priori condition for that. Such an idea was too alien or unheard of or too far away, for anyone to think or imagine about it. He was puzzled. The Doctor decided to probe a little further to see what Vasanti and others thought.

“Dr. Vasanti, we do not have a well-trained nursing staff. The hugely expanding government health care absorbs them as soon as they come out of the training. I have no answer as to how to get them, the most essential cadre to work here, where no substitute is simply acceptable. Auxiliary nurses, midwives, are thoroughly useless for indoor care. The salaries here are one sixth of the Government. There is no enthusiasm to do even the work that comes to us, say as in X-ray department. Dr Vishnu Murthy does not operate, even when you can anesthetize a patient. The reason for that is completely beyond me. At such low levels of motivation where will the ‘service’ motive come from?”

“No Doctor, I see it the other way. Service minded people first, motivating them is the second which will follow automatically. Doctor, Red Fort hospital functioned so well, mainly because of the service motivation of the staff. I have heard from you briefly, earlier, that you have pieces of paper on which are written the problem and how to solve it. Such things will not work, unless the service motives are there.”

The situation inside The Hospital was so unorganized. It was chaotic. The Doctor was unable to see why Dr. Vasanti could not understand that in such conditions a system was needed first. People were afraid to come in for treatment, or get admitted. They still had a terrible contempt for this hospital. The Doctor had been told about the contempt circulating as, ‘where did the patient die? In The Hospital? What else do you expect to happen there?’

The next question was, from where and through which mechanism do the Christian Institutes like Red Fort get their excellent staff in adequate numbers, year after year? From where and through which mechanisms do the service motive get installed deeply? There was another converse he had to deal with. In a hospital setting, skills for patient care mattered most, with a service mind or without. How to improve the skills? Equally hugely contradicting was the listlessness, apathy, sluggishness and negligence harming human life here in The Hospital.

The excellent dinner at Vasanti’s place had gone topsy-turvy the sequence, confusing him further.

A few weeks after Achyut and Nagaraj narrated the misdeeds of Vasudev, the trio of Radhesham, Achyut and Nagaraj had entered his huge dilapidated quarter on a wet evening. By now the Doctor had acquired a rock oil stove on which he prepared tea, which tasted rather difficult. But they drank it.

Radhesham the rustic, after the preliminaries came direct to the point.

“We have come to know from outside also about your good work and of the several difficult cases. The relatives are just too grateful to you. The monthly deficit has narrowed to eight thousand from fifteen. But there is no work under others. How to increase the work? We do not understand much about running the hospital. That is why we want to ask you how to make things better.”

“What we want is the service mindedness among our doctors, to serve people. We have to convince people that this is a Hindu Mission Hospital, built for the service of the poor in humane manner. We should actually do yeoman service.” Nagaraj added.

Achyut also said,

“We must attract people. Nothing else really matters. What can we do for that?”

“I shall answer your questions, concerns and thinking, one by one.” The Doctor began.

“The first is that people should come. Why should they and how will they come to us? And when? We should have doctors more accomplished than all other specialist doctors, surgeons who are around and outside our hospital. Dr. Vishnu Murthy has been an outstanding surgeon but he has made himself inert. He has not been accepted by people. Dr. Koppikar, Dr Salkar and several other surgeons much less competent than Vishnu Murty are established figures in

different branches of surgery. People naturally and automatically go there because Dr Vishnu Murthy will not operate.

“There is Dr Sameera, who calls herself a gynecologist but is obsessed with removing the uteri of even young women of 28 and 30 years. It is criminal to deprive a woman of her physiological function. Mania apart, but as it appears to me, that is the only operation she is confident of doing. Even then she has built up her clientele. Vasanti has leukoderma. But her clientele in Red Fort Hospital was large; no one thought ill of her there. Vasanti however does not seem to have taken enough effort to establish herself above Sameera. Her excellent career in Red Fort was rooted in service, which does not show in the way she treats the patients here. Patients do not feel happy at all after visiting her. Contrarily, she emphasized the service minded doctors as a must in this mess.

“Dr. Vignesh is known as physician cardiologist and is recognized as such. I am well known by now but the work I create as compared to him is still much less, in numbers and value.

“Then there is our Vasudev. He is steeped in the lore of service to the poor, praised for his service motivation across the state. This golden boy has twelve years of experience in the field. People have praised his abilities to cure and comfort patients over years. He has numerous contacts within the district with the people from various enterprises of ours. None of it has resulted in Vasudev getting a large number of patients, to the hospital, cases that I could handle much better, which he by now should know. Not a single case referred to me.

“In fact, he should be able to bring in a much larger number than all of us put together. The way he and Shivanand see the few, fall short of all his declared virtues and potentialities. He has shown no concern for the hospital. All he is interested in and goes out for is the so called other social work of our Great Movement. That is all he is up to. To put it shortly, the negative balance of physicians, surgeons, competent medical officers and gynecologists we have, is large and prominent.

“Hence the question is, is a service minded doctor the real answer? To my mind it is putting the cart before the horse. I am sorry for being blunt but it will help me explain further.

“No one presently with us has a genius to create work. So where do the doctors show their service or service mindedness as you call it? Secondly, from what I gather from the previous experience of our hospital is that the MBBS graduates are going to use this for one, getting some experience, two to gain some name, and go from here as a stepping stone for the government service. To expect these graduates to do anything of the Christian service would be utterly naïve, wasteful and useless.

“Such raw doctors are highly immature to handle the human body. They need specialists to guide and get the work done. We have drawn a blank there. I know how immature and utterly inadequate I was as a Bombay university graduate MBBS. I thought it necessary to undergo the rigors of MD to start feeling that I understand something of the human body and have also enough competence to do some advising. What competence do you expect from these fresh MBBS in every department of care, which are many? Still, you say, you want service on top it all and should certainly precede the work. It is a tall order. No, it won't happen. What is more, even

if they do become greatly service minded, what is the use, when there is no work? Limited competence and a mindset of leaving within months will never generate that. All they can oblige us with is to do the work honestly and with concern for patient. Period.”

“The second point in favor for more patients to come in is the cost structure. it is much lower than anyone else around. Yet it does not seem to attract patients in much larger number. Why?”

Nagaraj listening silently, spoke.

“Our costs are much less than even the bribes paid for the same work in the Government Hospital, situated just by our side. The doctors behave like demigods, humiliating the patients deeply. The Nurses, the sweepers the Ward boys will not lift a finger to help unless paid for; every time something is asked of the patient. In spite of that, the patients do not come to us. I have never understood why.”

The Doctor cut in.

“It is the psyche of the patients. If you provide a service free, however good, people will treat it as valueless as a newspaper three days old. If you provide a service with Low Cost, the patients will be paranoid about the quality, for no reason whatsoever! Just meanness I suppose. If a service is high cost, the patients will want to be treated there, assuming the quality to be excellent. This is called the Glamor-Attraction-Cycle or Psyche. It however pushes the patients and their families in a debt trap for life.

“That the declared service motto, or low-cost structure you thought will work, does not seem to. The difficulties with Service projects are many more. We have declared to serve them in their difficult times. Serve. Not obliging them. It places the people on a higher pedestal and leave you on a lower level, without much value in their eyes, because we have taken a servile role.

“Arrogance in such needy people will and does develop quickly. Their expectations are heightened. Any or even the meagerest shortcoming will be commented upon frequently, it will be blown out of proportion, will get distorted. That goes through many versions, gets further distorted en route and creates a general awareness in the minds of people that everything is not alright here. You cannot fight that.

“There is another common tendency in people. Benefactor abuse as I call it. It is widespread. Persistent. Contrarily, if they are booted in the back while providing help, they will put their tail in their legs and docilely accept all that is done to them. And here we are carrying them, the beneficiaries, on our shoulders, lest they do have to walk.”

“We never thought the issue of our little work could be so complex.”

“What remains finally is our Image. It is already bad. I know about the decline after the first enviable year. I do not know, but there is something much deeper, probably a single cause that gave us the bad image. Let us not think about it. Over time it will surface.

All three had listened with admirable patience.

“Each and every planter knows about the rescue of Sudhir’s mother and a string of such cases. I just do not understand why the planters do not come here to see you. Nor do they send

their labor. Who can or will, advise people to come here? Why do they not? Some other agency, like our own contacts, our entire enterprise seems to be busy sending all these people, rich and poor to Koppikar. Even more uncanny is, why even then the estate laborers of all these well-to-do planters go or are sent to the government hospital.”

Nagaraj’s helplessness was distinctly apparent.

“What does it come to, Doctor? After hearing all this I have started wondering if we made a collective Himalayan error, blunder in starting this venture.” Achyut spoke for all three.

The Doctor spoke again.

“Hello sirs; hello, let me be clear; I do not think it to be such a big blunder; in fact, not even an error. No false hopes here. I swear by this on my mother. In a few years we will come to know if I was right and what you are thinking about your Himalayan blunder was wrong. Even as of now, I can give you a long answer in my support as to why we have to undergo the full course of our venture over years, but let us reserve it for a later day.”

Achyut and Radhesham started laughing.

“So far, we thought we were talking to an MD doctor and about running a hospital. You look like a fortune teller, a magician, a psychologist or one making prophecies.” Achyut said. That eased the atmosphere considerably.

“I think I was talking to myself, trying to get the situation clarified to me.”

Again, they laughed saying, ‘do we add a ventriloquist to your adjectives?’

The Doctor continued with a smile.

“All the causes, their effects, opinions we have held and discussed, have damaged us in many ways. It may or may not be repairable. At this late stage, we do not have any control on any of it. Let us therefore talk about the only factor within, and the only one, we can set right. That such a factor exists is a morale booster and calls for work. It is our system of working.

“With unqualified ward staff changing every day or a week, without a trained staff nurse, fifty people working in three shifts, whatever we may attempt currently have not and will not work. Only an on-paper system of code of conduct of performing technical duties by hospital employees, say laboratory, x-ray or drug stores are concerned, will work. I am sure of that and it should be tried. I do not see any other way of making these untrained people follow a certain norm of practice. I am sure it will work.

“Let us admit that our system of working is not good. In fact, there is no system at all. I am the only person creating work for the last couple of months. As the patient moves through or particularly if he gets admitted he goes through several stages and steps. Most of the staff do not have a clear idea as to what should be done, and how. I cannot tell them in full, what I want. Do you think there is any possibility that the usual, and casual, oral instruction will help give the patients a good experience? I have told you about the child Dr. Vasanti was treating and its mess sometime back.

“I stay in The Hospital days together for my complicated cases. It is because I must supervise and see each and every step of patient care is carried out correctly, or do it myself. I do

not get help from below nor any relief from the doctors. A hospital is dynamic. It is in complete contrast with your businesses. Here the life is directly at stake, among other things. I want to pull up the working system to the level of least of my expectations and requirements. I do not say that everywhere else around us, the system of working is exemplary or utopian or enchanting to the patients. It is not. Far from it.

“We should have one good working system that will satisfy the patient, give him a feeling that they have not had such good experience so far, elsewhere. That is the Alpha and the Omega of what we must do. If we can build such a system, it will work for long with these consistent results. It is with that infinitesimally small number who gets filtered, through all the obstructive sieves of government, private and our workers diverting them or planters, that we have to work on.

Radhesham broke in.

“Do we really have to go about the running of The Hospital in so tortuous, arduous or complicated way? No one complains about the bad service quality of all the establishments you mentioned. But they go on, even do well, at least financially. Why then should we do all this? How long will it take for it to get built up, and the patients convinced that this is a better place? And then, when will we flourish! Leave it Doctor, forget it.”

“Radhesham, I do not think it will take more than just a few months, may be three. However, what I am going to say may look even more phantasmagorical. The working system should be a written code of how each one should conduct the duties. Earlier I mentioned ‘on paper’ which you missed. Let me emphasize. It is a written system, on paper which tells everyone in detail, their work.”

All of them almost jumped in their seats.

“A hospital run by a written system of work? That is madness. Doctor, I and Radhesham do business worth crores every year. We have not needed anything more than a few things. Outward-inward entries, challans, a few receipts for lorries and banks. Period. Still, we have never lost anything in our transactions. To govern this hugely miniscule, tiny outfit, you need a written system? I do not think it can be created and applied and that it will work.”

“Gentlemen, a hospital is like a machine and it should work like a well-oiled one. Then only we will be able to treat a patient properly without hitches, without unwarranted reversals and confusions over treatment or improper investigations or the overall administration, etc. After four months here, I find that is the only way, which will work. I have already started building the system on paper in the last two months and put it partly in action around my patients. It has produced results. The basic problem in our hospital is, hardly do they know how to exactly conduct themselves around, doing what work, why do that work, how to do that work and the implications it has on the total functioning of The Hospital and mainly patient care, if they do not do it properly.

“A system is made of parts, functioning parts, they should fit into each other, screwed or welded, and oiled, so that they work smoothly. We will have to literally build the hospital, give it a character, a style of functioning and treat people by imposing such an on paper system.”

“You say it will be ready in three months. How long will it take to actually implement it? Suppose it works, but after how many months will it become effective? How long will it take to see the results? All of it looks impossible to achieve.”

“My dear friend, it will be ready in less than three months, because quite a bit of it has already been written. It will take one day to implement it. Just one day. Its effects will be manifest in less than two weeks, and the functioning will continue to improve over months and years. The patients will realize quickly that his care was smooth, without any inconveniences, once implemented.”

“How can you be so cocksure? If it took longer? I am afraid we will not last till then. Here, every day we get up wondering how long will The Hospital be able to continue? We meet people and being trustees, we are told things day in and day out which are rarely complimentary. We have no way of defending The Hospital. Nagaraj and Sharad undergo the circus of meeting the salaries. We feel ashamed of their having to do it and help a wee bit. The specter that it will fold up one day is so constant. We are tired. Afraid of the ridicule we face. In this writing business you have sprung an unbelievable idea.”

“Believe me, is all that I can say. It will happen as I said. Radhesham, within a minute after Nagaraj introduced me in my earlier visit, what did you say? ‘Come over, Doctor.’ Then believe me. Signs of improvement are already there despite detractions we know. Just hold on Sir and believe me.”

“Doc,” it was Achyut, “a few more months and we can reassess. We are lay people. Most of what you say about hospitals, we just cannot understand. We started running one but did not find anyone who knows what hospitals are or what we should do. I quite agree that things are little better than a few months ago and need to and probably will improve faster. Whatever we can do, we will do. You tell us.”

Achyut further said,

“I understand what you say to some extent. But I have no way of imagining how such descriptions on paper can be translated in the action of people.”

“My dear Doctor. Upon your word. Now stop this hazardous discussion. Come Doctor, we will have a spot of Whiskey and then eat. Come Nagaraj. This Achyut sleeps at nine like a baby. Let him go.” Radhesham concluded.

His empty days were often filled in by the visits of Nagaraj. Nagaraj would come in on weekends. They would then visit Nagaraj’s favorite restaurant and eat heartily. Many a times Achyut and Radhesham would come in to have small talk, and give the Doctor company, but their aim would be to take the Doctor and Nagaraj to their homes for food. Radhesham generally won by telling Achyut that he would provide them with high class Whiskey and other delicacies which Achyut cannot, since he did not drink.

Radhesham’s house, close to The Hospital was a sparkling, lavish but a little too gaudy for the taste of the Doctor. Yet, it had so much welcoming warmth; the entire family would affectionately attend them. Every time there was a shining unopened whiskey bottle to greet them to be followed by all kinds of delicious meats which the Doctor liked greatly. The Doctor had

never even seen such high-priced foreign liquor bottles, leave aside drinking them. Having no background of it, still he had accepted the convention that in Greenspan one never refuses food and drink. Right from his first visit he had noticed Nagaraj, with his huge kumkumam and the religious activities, taking to drinks as naturally as fish takes to water. Nagaraj however did not smoke, nor did Radhesham.

Over the months, there were times when the Doctor would question himself. He had come to work as social service in a hospital started by a highly religious-ritualistic body, where smoking, drinking and meat eating was a big taboo. Should he not stop his pretty heavy smoking as well as drinking intermittently like this? It was incongruous to the circumstances. The Doctor however had not carried this 'moral turpitude' further and in fact had thrown it away.

In his next visit, Nagaraj brought up the issue of written system again. Apparently, the idea still rankled him somewhere and he spoke.

"I still cannot see the how of this idea of written code of conduct will work, much less how it could be written. Although, I may agree that a systematic approach can be a priority or is 'the' priority to improve the working."

The Doctor spoke at length.

"I have not seen any kind of written description which guided me about what I should have been doing as a house officer when I was an MD student, or as a registrar when I became a senior. I really do not know if such a thing exists. If it exists whether and how it works and so on. We worked on the basis and the strengths of oral tradition. But then our college-hospitals there, are institutions of large size, of 80 years of standing where traditions have built up. That is why I did not need a written system. There was no dearth of trained manpower there, like we have here. And we are just a few years old and riddled by every kind of disadvantage."

Nagaraj interrupted saying,

"Yours is the hardest way among all that I have heard, anyone saying anything, so far, especially about the hospital. About life also in general. Things have to move fast, else...."

"Nagaraj, I have realized one more thing. Our nation in general does not have a work culture propounded by Max Weber, the German, for the white men of Europe. System carries in it inherently development of a culture for work. Take our own 'Enterprise' we swear by. The Founder developed an impeccable method to create men with capital M. It worked.

"Harold Lasky said, the problem of Democracy is the problem of availability of good men. Do we think that there is any substitute to character building to the problems of our society? No. Even after decades of efforts, with limited success, we still think that it is the fundamental remedy. Don't we? Then why go chicken hearted over this approach I am talking about in a tiny place like this? Now we have emphasized the basic twin problem of lack of a method of working, and a hospital work culture, vis-à-vis our lack of work to be taken up for correction. As we progress the work will come.

"One more thing. I do not need all the money that you have promised me. Seventy five percent of it should be retained for buying items like drugs, lab tests, x-rays, every month. It will

create some saleable inputs. Once the earnings pick up and more patients come in, with this money, the wheels of sale, purchase and sale moving a little faster, a little more work and I suppose you can start seeing the difference. I will take what I have left for The Hospital to use, back, when I go home once in a while, whenever that happens. My family needs that money.”

“You are a fundamentalist, Doctor.” Looking at him with his lifeless eyes steadily, Nagaraj said they have to acquaint Sharad about this discussion.

Chapter 6

Some days after, the festival of the Foundation Day of their Movement came. The cadre were seated in neat rows. To those critical of it, it was a matter of ridicule but they had their own smartness about it.

That year Vasudev spoke on the occasion. Immaculately and faultlessly attired, Vasudev seemed to be the automatic choice of any large gathering in Greenspan. But it was not just that. It was the way Vasudev spoke; it was the masterly presentation of the its culture and creed of their Movement that gave him the laurel of becoming the chief lecturer, organizer, director of any big function. He spoke about the love for the Nation, sacrifice to restore its glory back, again. Service, about the forgotten awareness of the great race they were, of the homogeneity, not uniformity, of the society needed without any cast consideration, no sense of high and low, affluence and poverty within it and so on. Doctor listened to him, standing on the side lines and could not help admiring it, temporarily forgetting the Vasudev, he was seeing in the hospital. The persona of Vasudev had become the fountainhead of all wisest understanding of the Movement in Greenspan. His image in it was high all over the state as well.

The story of how Vasudev had joined The Hospital was quite interesting in many ways. The word, that this dynamic worker had given up the lucrative state government service in a city for the sake of this ‘service project,’ was around. That he could then devote rest of his life for such a sacrifice had added to the hallow around him. This was something unheard of in medical circles, across the country. That was the greater reason for the adoration he had found in Greenspan.

Vasudev’s entry in the project was at a crucial stage. One of the dependable lieutenants of Dr. Vishnu Murthy, one Narasimhraj had done yeomen’s service on the mobile vans. He quit The Hospital project suddenly, to start his private practice in Khushnagar. Despite the pleadings and request of Sharad, he did not want to stay on, for even that one month of the notice period. Sharad and Nagaraj had run up and down the blessed province and could not find even one motivated, devoted, the so called ‘service minded doctor’ in the entire organization. They had gone to the then important person, way high up in the Movement, pleading to find for them somebody who could come and fill the gap for a few years or at least a few months. Sharad was given the name of Vasudev who could be talked to. It also came with a warning, ‘He is head strong. He will not listen to you.’

Vasudev came in November alone. He was placed in the quarter by the side of Dr. Vasanti, who had already joined. Shivanand had been brought back and installed in a house near the Brahmin’s Marriage Hall, in the center of the town. Sharad in all his enthusiasm and to make Vasudev happy and ‘belong’, to make him feel at home, had carried his morning tea, breakfast, lunch and dinner for three months after that, till Vasudev finally brought his family. Sharad was at least twelve years older than Vasudev. Vasudev never uttered a word of thanks nor expressed his embarrassment and made no effort for his own boarding.

On the very first day of joining, he had refused to see a patient saying that the time is up. He had immediately established his routine. Wednesday morning, he would visit the morning meeting of adult members, well placed in the society. Evenings, he would go to other places, for many hours. Then those weekly meetings in the town, the tehsil and district level would go on in circles. The Doctor knew from his experience the interminable boredom and much non-sense of such meetings. Vasudev would go out for such nonsense even in the working hours of the Hospital. He had paid all attention to this work, and hardly any to The Hospital for which he had 'resigned' a government job. The dealing with him then had become tentative, nobody being sure about the man, and how to deal with him. An uncertainty always loomed around him.

He was made the R.M.O. the Resident Medical Officer. Dr. Vishnu Murthy had given him all the powers of the Chief Medical Officer that he was, and the blessing to execute them at will. It included discipline, personnel, drugs and other consumable purchase, patient care, authority over the other doctors and what not. After a consistently good breakfast, he would appear in OPD with the newspaper. Making extremely brief notes and briefer examination he would finish the patients to plunge his head in the newspaper.

He saw the representatives of pharmaceutical concerns, placed orders, the result of which was the completely irrelevant drug store as the Doctor had seen. Not a single drug of therapeutic value, leave aside the lifesaving drugs. He had no regard to the available money because he never bothered to find out before ordering. Afternoon food and siesta, the evening OPD always bunked. No ward rounds for him or anybody since there would be no patients. If there ever was a patient, he or she never had the benefit of his knowledge. The question therefore of joint round did not ever arise after the Doctor joined and admitted quite a few patients, some critical. Off to meetings anytime, no guaranty of return time, food and closed for the night.

He might have had his own method of getting the work done and doing his own work. That was what everyone thought initially. But as days rolled into months it was apparent that he had only a few outpatients, countable on less than fingers of one hand. Nor did he ever admit a patient. He had not tried to even understand, leave alone analyze, a single issue about the hospital. Nor had he done anything himself to at least address it, leave aside solving it. He had not brought any of it for discussion. It was unpredictable if he would attend The Hospital management committee meeting, if it ever took place, wherein he was supposed to be a key functionary.

It was also quite noticeable, increasingly so, that he became more and more uncommunicative with Dr. Vasanti, Dr. Shivanand and Dr. Vishnu Murthy in particular. Even in company, he would never talk, discuss, or propose. His typical perpetual, benevolent smile directed to all other lesser mortals, the all understanding, all forgiving smile, was his most effective facade for the external world, from knowing what was going on his mind. But he was Vasudev, the mightily well-known disciple of the pioneer of the Movement who had spent forty years in the state in this area. He had mentored countless disciples like Vasudev, a name highly respected all over India.

Vasudev's life as a State Government Primary Health Centre officer was quite different, at least apparently. He was the nephew and the son in law of the great disciplinarian, in whose

name, the most reputed science college of the Garden City stood. Joining government service, he worked initially in the Tehsil or sub-district level and various other small places. He was an extremely popular doctor and was considered to have a healing hand. In the old princely state, it was a common practice for the average villager to deposit a rupee or two on the Primary Health Centre officer's table or a few eggs, or a chicken if something more has been done. Vegetables and fruits were common offerings. This would remove completely any burden of spending the government salary on one's own household. Vasudev did think it proper that the offerings of villagers indicating gratitude they felt, should not be thrown away or rejected. In the thirteen years of government service therefore he had a substantial 'double earnings.'

In The Hospital, there was none.

There was however one shortcoming. Vasudev was not an M.D. in medicine that he wanted to be. While offering himself for 'service' he had insisted with Dr. Vishnu Murthy that a contract be drawn, by which he should be sent for training for M.D. in medicine to a particular medical college. The fee for admission amount was an extremely huge sum. The Hospital management was to raise that sum. In return he would serve The Hospital for 15 years. Doctors had ditched The Hospital management earlier. But they could not afford to learn any lessons. They were willing to raise the sum, probably not fully aware of the disadvantageous, unenforceable, hence meaningless contract, once Vasudev was sent for training, and the strong possibility of his never returning to The Hospital.

Lo and behold! Eight months after Vasudev joined, things had changed. With their good luck The Hospital had a brand-new sparkling MD in medicine from the great University of Bombay, who had survived the rain and the cold of Greenspan! The implication of it could not have been lost on Vasudev. The patient inflow for the new Doctor had gone up, laboratory use was up, more X-rays were done. Work was developing in the wards. With it, greater disturbance was coming up from Vasudev from within the hospital.

Once it was said of Vasudev that belonged to a Kshatriya caste known for the haughty, shrewd, tightly caste conscious superiority complex and an even stronger ego. As a type, these Kshatriyas were considered as formidable. In India, a Kshatriya is basically Brahmin hater, thinking no end of themselves. Yet, nobody thought in these terms, at least consciously, a testimony of the cast independent thinking of its people, within the organization. The Brahmin Kshatriya combine of Ananda Coomaraswamy, the axis of Hindu Society, in the form of the Doctor and Vasudev was also not viewed in that manner.

Unfortunately, all the disturbing occurrences of The Hospital Achyut and Nagaraj had narrated to the doctor, were finally traced to Vasudev. It was against this 'great public background' of Dr Vasudev these happenings made the utterly vile contrast.

The word that the Doctor was writing some system of organizing The Hospital and its works had leaked. In the OPD some discussion between Dr. Vasudev, Dr. Vishnu Murthy, Dr. Vasanti and Dr. Shivanand was going on. Vasudev was talking.

"I do not understand why the Doctor wants to create a written code for their duties for the workers? By making laws, people do not become law abiding. By making rules they do not

follow them. It should all come from within. The motivation, the sacrifice, the action! We were never taught by any code, of love for the motherland, or tenets of character, personal or private, or shown charts of dos and don'ts, good and bad, right and wrong. We understood those things by instincts. In the massive sprawling Movement structure, there is no paper. It is all tradition, oral tradition at that! And yet see how wonderfully it works. This code of conduct, the paper work, they are all western ways and means of management. We have learnt a superior way of management. We should give that to the hospital."

Dr Vasanti also spoke.

"I told the Doctor sometime back the need for service minded doctors, to learn service from the Christians. He did not seem to agree. Now this."

Dr Vishnu Murthy's tone was also contemptuous.

"I do not understand this man at all after so many months, and what he is up to. The other day he came up telling me to operate on a case, it being safe and ideal. What a cheek!"

The Doctor watched Vasudev with a fixed stare, which Vasudev did not notice. After his speech he ducked his head in the newspaper, giving an indication that he was not in a mood to discuss this issue any further. The Doctor was not surprised at his analysis of the working and the buildup of their movement. He was intimately familiar with it. Vasudev also knew about it well enough and it was no surprise he would invoke that.

He was even then a bit disappointed by the application of this understanding to The Hospital and its situation. He was not able to see why Vasudev cannot see this mismatch or incompatible situation between The Hospital and the other works he was so deeply attached to. It was even more difficult to understand the obvious condescension at the attempt, by all other doctors. The four of them either did not know what the 'western management techniques' mean, or were comfortable in the conventional wisdom.

Vasudev was from that peculiar breed, where all of them would react exactly as Vasudev did. To them, the whole world was explained by the behavior, as required on the open grounds, or in their congregations. It was applicable to all life situations. The stereo typed lectures and repetitive meetings at different levels completed the remaining necessities of the guideposts to thinking, expression and actions. All of it together had led to a lithic and strongly resistant psyche for anything new.

Resistance to know more, to knowledge, information, anything that will make one understand life on a wider canvas better! Be it economics or physics, or its implications, or about Communism or its critiques like Milovan Djilas. Western literature was an anathema. Hemingway's Fiesta had no 'a priori' reason to exist and Gone with The Wind signified nothing. They had a fixed Brahminical world of tradition and strong rituals to which their learned behavior was an addendum, period.

The Doctor turned away. He did not want to discuss or argue. 'This is another view point, strongly brought out, making me more handicapped in pushing everybody through and putting them and their complacency, through the eye of the needle of the new system.'

There were several contrasts between The Hospital work and the Movement, the Vasudev doctrine of disdain for the western management techniques, notwithstanding, the method he talked of was not applicable here. First, The Hospital was an economic activity, expected to deliver goods in the form of patient welfare, immediately, by acting upon his situation. The Movement in its essence did not have any immediate compulsions to achieve. There, was no premium nor demand on performing to achieve something specific, concrete for their esoteric goals in a definite time frame, days, months or years in the Movement. On the other hand, The Hospital, dealt with human life. Every minute counted in saving a life. It demanded appropriate performance, in a 'time bound manner,' structured, sequential and simultaneous pattern of working. That was essential to save life if possible and give good care. It had to be properly delivered to be appreciated for its immediate, good, or favorable results. In Vasudev's world this demand was absent. In such a situation, without killing a hundred patients, one could not expect to build oral traditions in a three-year-old hospital leading to smooth work. And the one person who understood this could not talk to his doctor colleagues, already in strong opposition to it, explain the theory, its fineries, and nuances.

In the debates that he had with Nagaraj, Achyut, and Radhesham, over the issue of codifying the rules, their lack of precise understanding reflected in the set of questions they raised or the priorities they had. Yet, the quartet was open to listen. Here, being a doctor, having served in rural areas, the understanding of Vasudev should have been more cogent, practical. His attitude was like a boulder in the neck, a burden, which the Doctor knew he will have to accept but also overcome ruthlessly in as short a time as possible.

On another Sunday morning, all washed and clean clad as usual, with the square buckled broad belt, fastened to his narrow waste, Nagaraj came in the huge quarters of the Doctor.

"Doctor Saheb," In the normal Hindustani Hindi parlance this suffix Saheb meant a person greater or taller in stature than the one addressing with. Why was it that Nagaraj used it so often was beyond the Doctor! He was younger than Nagaraj by fourteen years. Initially he tried to object to it. But then Nagaraj seemed to mean it so thoroughly, disallowing him to use it will torture Nagaraj's inner being, the Doctor thought. After that he stopped getting perturbed over it. In turn he also started calling him Saheb or just Nagaraj.

"Today we will go to Sharad's house. He has asked me to bring you to his house for lunch." Nagaraj made the purpose of his visit immediately clear.

"Nagaraj, Sharad is the..." the Doctor was trying to recollect his exact designation and role in the entire affair.

"Sharad is an automobile engineer, a garage owner, an estate owner, secretary finance, to the Trust. He drove the Land Rover to Greenspan 800 kms at a stretch. During the emergency when most of our comrades were in jail, Sharad was looking after the construction of the hospital, trafficking activists and officers, secretly published anti emergency pamphlets." Nagaraj, appearing matter of fact, had a touch of pride and genuine gratitude in his voice.

"Why should Sharad, who had so much to risk, should do all this? But he did and remained in the background. He was not even a formal member. We are three brothers and I am the

youngest, a bachelor, sharing family responsibilities. If I do something daredevil like this, only I will be affected. If Sharad was to be affected so much more would get affected. That is why we do feel gratitude for him.”

“Where does he stay? How are we going in this rain and cold; how far is his house?” The Doctor was a bit eager to know.

“We go in our Herald. Rain is not a problem. The side windows and doors might leak a little, but that does not matter.”

“That is a great relief, Nagaraj. For many months now, always with sodden underclothes, drenched pants, soggy, cold frosty feet, I am walking these interminable distances in Greenville under heavy rains. A twice daily walk of seven minutes to and from the hospital, two kilometers twice for food, cigarettes, for even a toothpaste a kilometer! On this background, if you are taking me there by a machine, my feet will bless you all along.

“This is not a complaint. My aching cold feet, give a sickly, deathly feeling. By the laws of calorie, food is inadequate. Tomorrow if we start doing better as a project, we can at least boast of this hardship.”

“Doctor, I am sorry for not paying enough attention to your comforts. To cut it all short, why don’t you cook yourself?”

“There are two things which I will never do. Cook my own food and marry. Rest is okay. Making tea, heating milk, boiling eggs, as I am doing for some time now is the limit. Marriage! Humph. For the work I have undertaken, it is better that I do not, should not marry.”

“Doctor, I am a pretty good and an enthusiastic cook. I will keep a few utensils and rice, pulses and some masala here. I can cook and both of us can eat. At least whenever I come.”

“Sir, do you know the story of *Sanyasi samsara*?” The Doctor interposed.

“There was a Sanyasi, an ascetic, went to the forest and lived in a hut. He thought that there are too many rats, so I will keep a cat. The cat ate rats. Will my good cat not need some milk? For that milk, I will keep a cow. But for that cow I will need a person to look after and love the animal. A servant will not love the animal. Only a lady will. He married a lady, and forgot the ascetic life, of relinquishing the world and enjoyed this life heartily. Why bother, when problems are bound to come in? I do not want to be the *Sanyasi*. I want the cat to be away.” At this Nagaraj laughed rather full throated and long. He looked at Nagaraj mildly surprised that he can express the enjoyment of a joke so well.

The road to Sharad’s house was a trickily concealed bye-lane to the main road of Greenville. It was about four kilometers away from the Doctor’s quarter. It tumbled down a steep slope and some close curves for about a kilometer, deep in the hillside. The Doctor had never been to that side of Greenville since there were no shops for cigarettes, no eateries. He was also not sure if he would remember concealed tricky bye lane, or find it if he came this way again or even remember the direction.

The winding road finally made it to an old bungalow with tiled and sloping roofs. At least twenty-five different varieties of flowers of absolute beauty, great size, unimaginable freshness,

exotic shapes, with great abandonment of wildly sprayed and splayed colors greeted them. Ordinarily not a man for Nature, even the Doctor could not fail to notice this. By the side of the gate, he saw a marvelous blue flower made of at least thirty flowerets with numerous smaller flowerets within them. He remembered having seen in Bombay, the red variety with its rhizode buried in ground, called the Brahma Kamal, the flower of Brahma.

“Six months, it is called here! It lasts for six months.” Nagaraj supplemented him with that information. Just by its side, roses began, yellow, bright yellow, red, dark black red, orange, white, super white and mixed. And what a size! As much as the square of his palm! Just beyond the large roses, were a few creepers, He had seen the creepers before but these ones looked as if juice would burst forth from them. Then there was lily, then many varieties of small flowers in petals of all shapes and sizes, following no taxonomic forms of botanical classification. They were like some genetically mutant varieties, not catalogued. With the intoxicated abandonment of the nature and the wild promiscuous pollination and cross-pollination likely to occur with droves of small insects and bees they could see, mutations did not have to be a rarity. In fact, the abundant genetic mixing during procreation seemed to be the key to Greenspan’s nature.

Instead of following the path to the porch, they had taken a round of the whole courtyard and come back to enter the porch. What literally arrested the Doctor was the Anthuria. Bracketed by the thick, fleshy, large, oval, rubber leaves, the Anthuria, all four in line were with a light yellow, mixed with deep orange in large petals. The female stock with its arrangements for cross-pollination and fertilization, projecting in the air, in a long, delicate, stocky curve, bending at the top had a resemblance of an eager bulbous penis projecting for an entry. The Doctor somehow retained this imagery all through his life later. It was not anything crude like sex. It was elated, exalted beauty, oblivious to everything, except its introverted-extroverted existence.

Sharad was standing in the doorway.

“Welcome to the Doctor and Nagaraj.” With hands folded, in well-accented English, he welcomed them. Automatically they both folded the hands and said thank you. Sharad was short, in early fifties, balding gray, the temporal recession of hair on both sides already evident, with a back-turned middle strand. Clean shaven, fair by all standards, a small paunch and a benign smile. As they entered, a lady, taller than Sharad with thick myopic concave glasses, a kindly face and a smile appeared with folded hands.

“Namaskar Nagaraj, Namaskar Doctor.”

“Mrs. Saroj Sharad.” Sharad’s introduction was brief. Once again, they greeted back.

It was an old house inside, the early fifties style, far too large, by Bombay standards, the Doctor thought. A seating hall, a master bedroom behind it, dining in the center, a small sit out as they entered, two more bedrooms, a kitchen, servants place, washing place, drying place and so on was immediately visible. A well and a steeply rising hill behind, guarding the whole outfit that gave the impression of the protective cover of the hood of a giant snake.

“How are you going along? We met briefly when Dr Shivadas was admitted. A great job, I should say with my gratitude for saving my close friend. Sudhir, Pramod, the lone dandy we have in the district, another close friend; they had given up all hope but the results were gratifying. So

was Soumya. But I also did think that I should not bother you or interfere with your time because of your heavy work and your nights in the Hospital.

“I left you to these people, to allow you to make and receive your own impressions. I was also extremely busy. June, July is the time for transplantation of rice. Then there are a lot of different works in the estate. Bordeaux, managing weeds, shade lopping and what not! I had a rough time in the garage. Many workers were absent and the work heavy. I also worked in the garage till late in the nights. But these are lame excuses. I should not have stayed away.” Sharad, the Doctor noticed spoke good English haltingly. He would say aa, om, me, but he was choosing his words well, though probably without obvious care.

“Thank you so much Mr. Sharad for inviting me with Nagaraj for food. I only hope I am not troubling you and madam over this lone relatively quiet Sunday you get.”

“Oh, no, no trouble indeed. You have stayed on in these terrible months in Greenspan. Survived and worked. We should have taken better care of yours than we did. You are now an integral part of this project. I won’t call it a venture but a mission. We have started it and you have joined it. Hereafter whenever you feel like coming down just drop in my garage; it is at the top of the road emerging from the hospital, meeting the main road.”

“Thanks. Yes, I have survived in the bitter conditions. The language barrier has also diminished considerably. I think I have a full grasp of the situation we are in. I have reached to a decision as to what should be done to improve our situation.”

“Doctor, this is too precious a mission. Our impression is that humane attitude, service motive, competent care at low cost, is a necessity of this district. Greenspan is one place, tucked in the hills, has remained pure in many ways. Air, water, lack of industry, and not invaded by the outside urban world, including Christian activities. The Hospital is a deterrent, at least intended to be so, to prevent the proselytization by Christians. The reason among other things to serve the tribals with mobile medical help was also to prevent the Christians from getting to them.”

“I had not thought of this. Somehow it did not come up in the many discussions I have had with Nagaraj ji. In our country I do not think such a proactive and preventive effort has ever been done. Congratulations.”

“The converted Muslims, the influential traders who have come here from many different places, are still a minority. One other thing they try and often succeed is pirating Hindu girls for their lust. Other than that, there is no organized large-scale proselytization to Islam here. Christians are a minuscule minority number in Greenspan. But it is the coastal and some other landlocked areas they have organized proselytization which has met with limited success. Not in Greenspan. In fact, Greenspan might be one of those rare districts, which does not have a regular influential ‘Christian Missionary Hospital.’

“Doctor, it was one of the reasons why we decided to start a hospital and a school. Unfortunately, The Hospital has not done well, the school situated in the most difficult terrain has. I often wonder from where the so-called Christian Mission Hospitals get their doctors to work in their hospitals.”

“I have moved around in our country a lot. Hundreds of such hospitals are at work, many in difficult situations as in Madhya Pradesh; Kunkuri, Pathalgaon, Patia and many more elsewhere. I have seen their good work in health care. We will have to find out how they manage it. As Vasanti told me the other day, ‘Service? You must learn from Christians.’”

“Do you have any idea how many Hindu-minded Mission Hospitals are there in India?”

“Not many. And fewer, as well equipped as this. I have no idea whether there are specialists or even General Hindu Doctors working there in the missionary spirit.”

A new aspect of their work had come up. Sharad was much more committed to these ideas; others had not voiced or hinted about it even remotely. But the conversation was taking a different turn, other than what the Doctor wanted. He was wondering how to steer the conversation to it.

“Sir, my problem here is different. As we see now, service minded sacrificing doctors will remain an issue for a long time and so far, we have not been able to do much about it. Let us forget about that. Whatever may be our objective, and there can be dozens together, we need two things to translate these theoretical objectives into forceful practical realities. One is plenty of work; every substantial thing follows from work, which we have not been able to create so far. Let us forget that as well. The second thing is how well we do our work to help those few patients who come to us.”

“Doctor, The Hospital is somewhat away from the concentrated population areas of the town. It is like, if you do not see it, it does not exist. It is not getting etched in the memory of the town. It does not occur to people, if they are sick to automatically come here. Many would even come to the wretched government Hospital half a kilometer away from ours, but refuse to walk that extra half. I have a feeling that we need more publicity for the Hospital. All basic specialists already present, such good infrastructure, must be made known to people.”

Sharad seemed to have thought of this option for some time. The Doctor took up the thread again.

“I do not disagree with you about the publicity of the base hospital and the past work that we have done. What would be the modus operandi, the instrument which will do it? As an institution we have limitations of publicity. Like the Great Roman Circus, we cannot drum about it in an autorickshaw in the bazaar. Newspaper advertisements or publications have to skirt the narrow edge of ethical conduct. It should have dignity. Not just that. Saying that publicity is necessary, creates more difficulties.”

The Doctor did not want to contradict Sharad in his first real meeting with him. But he saw no way to avoid it for his own particular reasons. He went on.

“Assuming we did a good job of publicity, the immediate fall out could be a larger number of patients coming here with greater expectations. When they experience our internal work environment, the way our doctors treat them, it will not please them. That will negatively affect both their health and the attempt on publicity. The bad news travels fast, makes rounds, gets distorted as I was telling Nagaraj. It will boomerang on us. We need to internally become better first.”

There was a silence. Sharad knew that his idea was not relevant for the times. Having antagonized Sharad to such an extent the Doctor decided to press further. Briefly he told the stories of complicated cases where the back up for even the slightest extent was either not available or could not be trusted to the other doctors.

“There are quite a few patients coming in for the past months. As I said we may cure but they will not appreciate that. Not all of them at least. The poor service environment will still be talked about.

“I worked as a Medical Director to a pharmaceutical company in Bombay before coming here. One thing which I used to stress upon the field service representatives was, ‘real sell’ is the one originating from prescription of the doctor. When a doctor actually writes your product, by his own hand, he is much more likely to write it again. All other sale, government orders, tenders, over the counter sale, is only an uncertain bonus, not to be relied upon for calculation.

“Likewise, the best way to publicity is to more than satisfy whoever comes in to be treated. Make his hospital experience a concretely happy one. That may make him to talk about it to the others. Make him an ambassador of ours. Only this ‘word of mouth’ publicity from our patients like the prescriptions can build lasting, durable reputation. All other publicity is a line over the water.”

“My Dear Doctor, you are a fundamentalist.” Sharad’s remark made him look up sharply.

“This is the second time in last few weeks that I have been called this. That surprises me a little.” The Doctor said.

“Is it so? Curious. It must be Nagaraj to say that.”

“You are right, Sharad. I called him that.”

“Sharad, I will tell you what Radhesham and Achyut said about it just a while ago.” Nagaraj went on to describe all that had transpired in that visit, the written code of conduct included. Sharad’s expression conveyed that he agreed with what was said so far.

“The question is, is running a hospital so complicated? Does every one undertake this exercise in such a hard way? We have probably assumed that a patient comes, because we have provided a facility to relieve him of his pains. If we do that, he should feel obliged. You are pushing the boundary further away. And both Nagaraj and I do not understand how you want to reach the new boundary. I cannot let you away from this, my dear Doctor. You will have to explain.”

Ready for the challenge the Doctor started again.

“What makes a patient happy? Cure or relief of his pains, obviously. But cure does not come so easily. We doctors have to meticulously go through the sacrosanct fiver of clinical medicine. History, examination, likely diagnoses, investigation and then appropriate treatment.”

“Is this not too time consuming and strenuous if the numbers are large? I suppose patients are or likely to be reluctant to go through this drill; all they may want is some quick fix and get away.” What Sharad meant was obvious. This could turn the patients away.

“As a hospital somewhat remote from the town, we are likely to get patients with longer standing, severer or more debilitating disorders, when their usual professionals have not been able to relive them for long. The numbers may not be large. For them, this rigor of medicine will be needed most and will make them relieved to a large extent even if their future is bleak because they have been told everything. It is time consuming, may be even a little strenuous, but I do not see any other more appropriate way of doing it, to achieve cure.”

“Did this happen here?”

“Yes. After Dr Shivadas’s revival many more patients came. What I realized sharply was, they were never given a full examination or a diagnosis in full, nor was the future explained about what are the more likely events and how to prevent or postpone them. I also realize that this is an ‘undiagnosed’ population, not to say underserved. There is another advantage in spending time over these cases. People will tell their mates who have chronic complaints to come here, because the treating doctor has spent time on them, listened to them and gave a good examination, etc. it will also reduce the number of frivolous patients not serious about their health. It is already happening in my cases if not in others’.”

“Yes. The hospitals are meant for them.”

“The part the doctors should play is only a part of the process of making people happy. You talked about the cases I have dealt with. Each one has noticed that I was doing most of the work and running after the available staff to get things done. Each one of them told me that the working of the staff is poor, to sum up. I will not recount all its aspects; there are simply too many. It is that reality that we have to change.”

“How and who should do this upgradation, if I may use the word?”

“Let me tell you how the things should work. Let us start with the patient who has come in to the outpatient. The reception should get to him and ask him warmly, what he wants, direct him to make a card and take him personally to the Doctor he wants to see or seat him in the waiting line. When they come out from the doctor’s chamber, they should be asked if any laboratory or X Ray investigation is ordered. Guide them to these departments. If they look confused, accompany them to the place and inform the concerned person about what she has come there for. The in charge should then tell the patient when he will get the report.”

“Is this not the most obvious way to do things?”

“It is, but it is not done this way, even remotely. Why go far? Check your own two establishments for this; the garage and the IT office.”

The Doctor regretted his words as soon as they left his mouth. Nagaraj and Sharad did not say anything; they appeared to be reflecting over it. The Doctor pressed on.

“There would be around 150 to 200 such interactions, doctors included, that the patients may undergo under different situations. At each step, this sort of behavior will have to be taught, to make the experience starkly different from what a patient may get elsewhere. It has to be explicitly stated in the written system.”

“We have had far too many downs than ups in this work. The works that go in The Hospital are beyond our experience. On top of it, you have presented the ‘cure’ for our ills which is complex. It will take too long. In addition, we do not see how you will accomplish this in three months’ time. We may even believe you, but let me be frank. We are still not fully convinced about its success, duration apart.”

“Thanks for being candid. I have started to write down a system which addresses each of those two hundred plus interactions and how the staff should put it in practice for last many months. I have promised three months to complete it. And I will.”

“Isn’t the confidence a little misplaced? Two hundred situations!”

“I gave my word with all considerations. I do not like to fail on my promises. During those fitful nights I have spent in The Hospital and in my house, I wrote down the difficulties I faced then. It gave me an idea about how to address them in the system I would write. My training has been sound. I worked hard in the wards for the patients. The effort I had put in then, gave me tremendous insights. It is not that difficult to address two hundred issues. We Doctors naturally understand, how things should be done or got done. I am aware that I have chosen a more difficult path, no one seems to have done so far.”

“This might then be a unique work.”

“I hope so. Let the foundation be solid. Over time we may see many things sprouting from it. What has our Movement asked us to do, is a stupendous task. Build the National Character in eight hundred million. We are convinced that to be the only way and have never questioned the premise and the ways. Nor the duration to achieve it. The same applies here. Rome was not built in a day, but our Rome will be built in a much shorter time. You have built your businesses carefully and solidly over years. Nagaraj has an impeccable reputation; that has also taken years of honest work. Be with me, if you can. Count on me. In the fifteen years to follow it will be a work of repute, Mr. Sharad. I shall leave The Hospital, only when it no longer needs me, but runs on its own steam and name.”

“If the fundamentalist has finished then let us adjourn for the lunch. Mrs. Sharad is fretting over our delay for the last half an hour.” They rose.

Chapter 7

One issue of considerable difficulty was the language barrier, especially because the number of patients the Doctor had to see daily had gone up. One of these days Dr. Shivanand came to him and sat down, indicating he had something to say.

“Doctor, you speak Hindi rather well, not the corrupted Hyderabad Hindi the Muslims use here. My Hindi is no good but I can appreciate a good language.” The Doctor was pleased and mildly surprised at the candid comments of Shivanand.

“Doctor Shivanand, I have always been good at languages. I love them. That is why I am good in Hindi, Marathi and also in English.”

“I have often heard your English. It rather flashes. Why don’t you learn the native tongues here?” Dr. Shivanand was once again candid and open.

“Well, thanks doctor. For me it will not be as difficult as you might think. I have stayed in this state in 1964 as a seventh standard schoolboy. In three months, I learnt to read, write and talk. But that was seventeen years ago. I have forgotten the language completely but I have retained the script in my head, which I can read even today.” Doctor replied.

“Do you mean to say that you read it without understanding it? Amazing. Read this.” Shivanand pushed a newspaper across to him. The Doctor easily read the headlines. Shivanand’s pleasure was very visible. The widowed old fat lady who used to sit at the counter suddenly came alive. She came forward and said, “Can you really read it?”

“Yes of course! When I first came to Greenville, I could read the name on the bus, climbed in it and came here without asking anybody even one question.”

“That is fantastic sir!” Shivanand was looking not only visibly pleased but had an intention of suddenly cutting down the distance between the two. The squinting boy, Bawara, with curly, unkempt hair and the perpetual foolish smile projecting through the teeth, also had come near. The Doctor could feel that the distance between them, the feeling surrounding him for so long, of his being a stranger, had diminished quickly. It was as if the first step towards accepting this young man from Bombay was taken. He will now belong to them. Doctor was a metropolitan boy and he knew that it was a major event. Once he leaves the outpatient, the people, the workers will gather. They will talk over his reading abilities and go on discussing.

Shivanand did not move.

“What about those numerous natives who are unable to speak to you in English or Hindi?”

“I suppose the only way is to take a translator. I can go on asking questions and so one can translate them, and translate the answers back. Now-a-days I have started seeing more patients and I do feel the need for some arrangement. Who do you think can do it?”

“Why? I will do it for you.” Shivanand spontaneously had resolved the issue. They started in right earnest.

The Doctor and Shivanand had evolved a formula. The questions consisted of just three words. Often it would be a single word. ‘Fever?’ Yes or No. Cough, sputum, how much sputum? What color? What smell, its production increased by lying on which side? Is there blood, is there fever, does it relate to season, is there any weight loss, chills, diarrhea, constipation, excessive urination or burning in the urine, boils, headaches, visual disturbances, hair loss, pain in abdomen, joints pain. This is how it used to go on. Whoever may come with whatever problem, however trivial or unimportant, but Doctor had a habit of questioning each patient in full whatever the presenting symptom. He inquired about all symptoms that related to various other systems as well.

Shivanand translated it but the feeling of the Doctor was that it was not adequately accurate and full. Shivanand at times did not understand what he was expected to elicit from each question. That is why the translation used to become literal. But that was acceptable. The patients for some reason did not find it funny or strange that the questioning was going in this manner. They would answer Shivanand’s questions which were translated back to him. Possibly Shivanand had made the situation clear and may be, had put in one or two flattering remarks about his being a Bombay doctor or so.

Once he did ask Shivanand.

“Don’t the patients find this method strange?”

“No sir, here, the tendency of the people of Greenspan is different. They have more praise and trust for people who have come from outside Greenspan, even outside the state, and work in Greenspan. They tend to take to such people more often. Even this indirect process which we have used will be viewed with some admiration.”

He had accepted Shivanand’s verdict and persisted in the weeks to follow.

Sometimes it was obvious that patients had not thought of things nor observed them in all the details, that the Doctor demanded of them, but had suffered from it. Although it gave a good idea of what was happening to the patient, it did not give them the satisfaction of having ‘talked’ to each other. The greatest difficulty arose in convincing the patient that the investigations hold a lot of meaning. That the investigations clarified the hazy problem, pinpointed the disease or its absence in some cases. That it also ruled out many other possibilities likely to be present. That it made the treatment pertinent, focused, hence simple, rational and less costly. Shivanand, the Doctor thought made short work of these explanations also, despite repeated requests. He would just send the patient packing to get the investigations done.

Once the diagnosis was at hand and explanation of the diagnosis, what would happen in future - the treatment, the aims of treatment, potentialities and limitation of treatment, what should the patient expect, by way of relief, control or eradication of the disease, became important issues. The various precautions to be taken, how to take treatment, what not to do, the time of review, why review, had all to be explained for the patient’s ease. But Shivanand would

make short work of that also and the Doctor would feel that he has not done his work as well as he should have done!

The feeling that the Doctor has talked to the patient directly was important. The Doctor found a way to cut his dependence on Shivanand. He quickly memorized the short pithy sentences, learning half a dozen each day. The questions and responses were recurrent, more or less the same, yes or no, not difficult to understand and memorize. They were bound to elicit correct answers which he could then understand. It was not a routine learning with study of grammar or forms of speeches or the tenses etc. It was speech itself. Within a month, more than a two hundred sentences including the answers were mastered. Surprisingly, there were not many mistakes and consequent laughter or any one feeling hurt or shy over the inappropriate usages. The patients used to smile over his attempts at speaking the local language. In a month's time he dispensed with Shivanand's help.

Once the diagnosis was reached after examination and investigation, the Doctor would put down the treatment and precautions, date of review on the hospital's prescription pad, he also asked the patients, who their doctor was in their village or town. In case of more complicated or multi-faceted cases he would then attach a detailed letter to the practitioner, discussing the presentation of the case, the examination findings and what the investigation really suggested. He would give a short summary of differential diagnosis and what should be monitored, the likely side effects of drugs etc. Not all cases needed this extensive exercise but a fair number of cases did.

"Why do you spend so much of your time over these long letters, especially when those doctors have not even referred the case to you, in writing?" Dr. Shivanand had crossed him.

"Dr. Shivanand, this is a matter of professional courtesy."

"Courtesy? My foot! Who do you think needs this courtesy or value it? Their real interest is not the knowledge; they want to give medicines and take as much money as they can for that." Shivanand flared up.

"Whatever that may be Shivanand, but I think I should write. Apart from courtesy there are several facets of this letter writing. For one, it clarifies my own thinking further. Secondly, I am well aware about the low level of knowledge of these peripheral practitioners. The insight in medicine and human problem is gone. Clarity of thinking and what to look for, in dealing with a case, is at a big discount. So suffers the examination, then the diagnosis. That usually gives rise to blanket cover therapies. They are blameworthy to about fifty percent. But then they don't have an atmosphere, or the infrastructure, to do things in a better way. And we have that. If we share our wisdom with them, they are certainly going to be better off." The Doctor tried to convince Shivanand further.

"I do not know in which kind of world you are, Doctor. The practitioners will not have any value of this kind of letter." Shivanand was not prepared to accept any of his arguments.

"If they do not appreciate even the value of this exercise, it will only speak of their accentuated degeneration. That makes this exercise even more necessary." The Doctor also was persistent.

“Do you really think it will help them, Doctor?” Shivanand asked.

“You can be sure of that Shivanand. For one, I am an effective writer. Secondly, it will teach them how to write and read English. It will teach them how a specialist doctor thinks and diagnoses his cases. Their ability to think better will change slowly and only to some extent overall. Yet, they will understand somewhat better the particular case about which I write. That will lead to less interference with my prescription. That will make them monitor my treatment a little better. That will also tell them, hopefully, where things would go wrong.” The Doctor said.

“If you give them so much to understand then these fellows will not refer the case back to you or to the hospital. That will be a loss to your practice and The Hospital revenue. These letters are counterproductive.”

The Doctor laughed.

“I see your point quite clearly Shivanand. Initially it will be true. But not in the long run. But suppose it remains true later also. Do you think that is harmful? I don’t. If they do not refer back it essentially means that the patient is doing well. You have made somebody healthy! He has, hopefully become productive in the economic sense. That improves him and the society. And don’t be worried over the ‘no return reference.’ Bhavabhuti, a Sanskrit poet has said – ‘Infinite is the time and earth large enough for all of us.’ That is our prize. We are a ‘service project.’”

“I am surprised at you Sir. I am from the main business community of the state. I essentially think of money. It is a long time since I joined this project. The project is seeing quite a bit of money lately. To think of losing that, over or due to our own effort makes me a little nervous. That is about all.” Shivanand was really candid but had certainly mellowed.

“Remember Shivanand, this process of re-education that I have undertaken spontaneously will yield far better results. About the so called ‘degenerated’ practitioners, you must remember one thing. They are the ones in the villages, at the end of the world, the relievers of pain and agony. I cannot reach them everywhere, nor can they come to me or to you every time. They need not. This process will strengthen them quite a bit. The fact that I have asked that practitioner to look after a villager will increase his prestige in the eyes of the villagers. The meaning of this cannot be lost over him. Be sure of that. This will sooner or later make that peripheral doctor our friend.” The Doctor said.

“Friends? Really? I doubt. They are a self-seeking lot. They will use you and The Hospital to their advantage only.” Shivanand said.

“They cannot do it without taking the advantage of this place and giving it to the patient. For that advantage, people must come here at least once, or even only once for that matter. That is sufficient. The advantage then is ours to begin with. And these practitioners are the ones, who will finally send more of their patients to us. They will have to. We need and will get their friendship, Shivanand! Let the wheels of our work start moving, escaping the rut and the rot that it got has fastened in to! That is the primary need.”

“Doctor, will it not take too, too long, this way? We, as a project may be finished or go broke in between.” Shivanand said.

“I quite see that it might take long, Shivanand. But can you help it? You can’t. So let us not worry over it but continue. My personal view over the experience of the last many months is that, for us to start moving, just a couple of months more is all that will be necessary. This is a small place. The word gets around.

“As regards the long route or the straight route I would also say this. If we collapse, okay we will wind up and go home and try to do something else. But now that we are at it, let us do a thorough job. This is what I have been taught. We have to build slowly, at a correct pace, so that we build solidly.” The Doctor concluded

But Shivanand would not let go. He was greatly interested in the debate as it was shaping.

“Look here! I am sure you are not aware of certain other things, Doctor. There is something like ‘hoarding’ a patient. I have seen it happening with the Garden City specialists and also here. The practitioner ‘hoards’ a patient by treatment, coercion, intimidation and belittlement. They even shout at them and subdue them. Our famous blue-eyed physician of the Garden City, does it regularly. They don’t write these letters and all that, for those peripheral practitioners.”

“Don’t they? They should. I am surprised that they don’t. In Bombay all the top specialists write these courteous letters. Actually, we learnt under them to write. It is a nice thing to do.

“Hoarding. It is there everywhere. I know it fully well. To ‘hoard’ patients to the limit, irrespective of whether they are able to take care of them, till they have bled the patient white, of his money, or till the case gets complicated, threatens to conk. It was out of disgust of those co-professionals and their practices which harmed the patients in so many ways that I ran away from Bombay. And tell me, my dear Shivanand, everywhere this dirty game is going on. Can we not make a beginning to halt it here? I want to. Let us create a different atmosphere here.” The Doctor said.

The conversation somehow halted there. But that gave the Doctor some kind of a renewed vigor to try to do for the patients the required ‘reaching out’ through the practitioners.

Within a few weeks, the Doctor’s prediction was borne out. There was a persistent and increased patient flow.

“There is one thing Mr. Sharad, I would like to tell you, Dr. Vasudev is not at all in favor of this kind of written system of work being prepared. Dr. Vasanti is also in opposition and Dr. Vishnu Murthy angry with me.”

The Doctor at a later date informed Sharad about what Vasudev had said in the outpatient department to all these doctors. At last, he had got it out of his chest.

“It is not a complaint and should not be taken as one, or as a bogie to create an opposite reaction. This is another point of view that should be respectfully considered and dealt with on its own merit. I hope you understand.”

“Doctor, I do. Let that fellow say anything. And he does not deserve the kind of courtesy you are extending by saying what you did just now.”

The sudden fury and the mention of Vasudev in singular, surprised the Doctor greatly.

“All those, swearing by the movement, day in and day out, do not even understand, what it really is. Forget all that crap this Vasudev talks. Continue the development of these systems. I am going to implement it and shove it down everybody’s throat as soon as it is ready. After all, it is we Trustees who collect fifteen thousand rupees every month; not Vasudev nor any other doctors. And to save The Hospital, anything I think may work, I will use, including their so called ‘methods.’ But I know for sure that the damn thing called ‘their culture’ will not help us.”

Sharad furiously banged the steel glass down and concluded.

“There is something else that is happening in The Hospital. I am trying to inculcate a certain way of how to carry out their work, specifically show how the scores and scores of tasks that they must do, have to be done and also why. Initially they responded to it. But do you know what I find? A smugness! The staff response is, they do not want to accept the training. They purposely and deliberately do not do their work properly! Not because they know they will not be staying here long; not because they do not belong to this institute also. It is smugness itself. Obstinacy!

“The message is clear. It is as if somebody has taught them not to accept this teaching, that they are ‘protected’ and nothing can or will be done against them. They have been, what is that word, ‘instigated.’

“Doctor, it does not need Sherlock Holmes’ deductive powers to implicate anyone else but Vasudev. I am fully aware of all the horrifying deeds he undertook and Nagaraj and Achyut have told you about. The gall bladder story has also reached me. Now Vasudev wants to sabotage the systemization you are attempting, has got the other doctors to antagonize it and you also. It is surprising, disgusting, unbelievable and vicious, and deliberate will for destruction. This is terrible, repulsive, and nauseating.

“Nagaraj, people generally make an automatic, involuntary, or reflex effort not to learn more. It is to avoid additional responsibility. Training means accountability, a demand on performance of higher level, with heavier duty. But what we are facing is not even that. The deliberate actual perpetration of such actions by someone from within, the core.

Sharad put it succinctly and clearly.

“We are trying to build this project brick by brick and Vasudev is trying to demolish it each time a few bricks get laid. Building something takes time, demolition or destruction does not. Vasudev hates your presence here Doctor and your success.”

“Sharad, we have had to see so much ugly turbulence in just about four months after the Doctor arrived here. We have not even found time to react to it. But act we will have to.”

“I am patient, and tenacious. It is our caste characteristic. In this case however, the question of toleration does not arise hereafter.” The Doctor said.

“It may not be easy to get bad mangoes thrown out, Doctor. We will talk about this later.” Nagaraj said.

“If one has not known evil in its pure form it is here. Look well gentlemen! Identify this evil correctly and throw it out! Lock stock and barrel!” Sudden vehemence broke out from the Doctor. Doctor stopped, and the meeting ended.

A couple of weeks went by. The Doctor wrote furiously. By then, Sharad had started picking him up at least once in a week, often from his house, after his garage work was over, at night and taking him home for food. They discussed the writing till late even a few hours beyond mid night. Sharad was a difficult proposition. He had his own ideas about the hospital. He was trying to understand, adjust and adopt to the new ideas the Doctor had floated. And it was during these discussions the Doctor discovered the amount of patience he could muster, when it came to getting people responsible for The Hospital in some way or the other, around to his view point. It was exhausting; repetitive since these people came singly and randomly, at their own convenience.

These people were committed to The Hospital in addition to their own responsibilities. The level of responsibility and commitment varied. He was the constant of the hospital. It had got established by now that each one wanted to talk to him and no one else. It was his moral responsibility to talk to them. He undoubtedly had a will to do. Sharad was the latest addition to these discussions.

The next two and a half months, his weeks were punctuated by these visits to Sharad's house in the night. They went over the major and some minor aspects of working in detail. For, practically every small sentence was subjected to all kinds of queries, some pointed and good, some irrelevant, some arising out of ignorance. The Doctor's patience reigned supreme.

"There is something called 'standing orders' in Industrial circles, the basic set of privileges and duties - the give and take. No one disputes that. That is the constitution of the industry, governed under a more universal set of Natural Justice and the 'Law of the Land.' This manual should give this hospital the same character." Sharad remarked on one such occasion.

"There is a subtle difference between what we are attempting here and the Industrial standing orders you are referring to. Those are rules of general conduct, as I understand it. Such rules will have to be added. This contrarily is a detailed account of the duties of each person, how to perform it, when to do what, why should it be done in the way prescribed and what are the consequences if it not done properly and in time. This has nothing much to do with the disciplinary actions, overtime calculations and so on. This is like telling a lathe operator, how, why and when of the work on his lathe. Do you understand?" The Doctor pointed out.

"I think I got you; you are right. We shall be teaching them how to work and not what their privileges are. This is assuming a different dimension now. Let it take some time Doctor. I like the idea. This hospital functioning automatically! Like an engine once started. Let us see if these methods help us go towards this goal." Sharad remarked.

"It is the Max Weber theory of bureaucracy where the work is divided among the staff based on competencies and functional abilities. That defines their role and worth in the organization. Here the staff competencies and functional abilities are low. And that is what we are going to teach first."

"How do you know about Weber?"

"I read all kinds of things. But let us put that aside."

"How old are you really?"

“Twenty-eight years.”

“Continue what you are doing. I will get it implemented as soon as they are ready.”

Some trouble had broken in the drug store. Many representatives of drug companies had arrived at The Hospital simultaneously, in the mid-morning, having probably discussed a joint offensive. They were angry over the bills unpaid for long months. All of them made a beeline for Vasudev. He coolly directed them to Dr. Vishnu Murthy, saying that he was the chief, not him. Then in front of all of them he coolly went out of The Hospital to disappear from the scene. From there, as directed, they had all gone to the office of Dr. Vishnu Murthy and were making their angered protests over those bills, outstanding for more than six to eight months. The voices had risen and there was a lot of commotion. Dr. Vishnu Murthy was feeling insulted but the angry reps were not letting go of him.

“But I, I do not know anything about this. I have not signed any of the orders. I do not know. Ask him. Ask him, that Vasudev. He ordered it. Prasannababu, what is this? Money? How much money pending? How do I know, from where the money has to come? I do not collect money or meet bills. I am a surgeon; I only look after medical part. Money? How much? Oh God! How many thousands? I do not know. I do not know.”

Vishnu Murthy asked Prasannababu to summon the squint eyed OPD boy to go and find where Vasudev was.

“He has gone out somewhere sir. I will try if you want but on two legs how much can I look for him?” The boy asked.

“Prasannababu, what do we do?”

The accounts man had assumed his inscrutable facemask. He stood there without moving, without uttering a single word giving an expression that he had nothing to do with this ruckus. Why is he being asked? He did not order the stuff, nor did he know about it. He did not volunteer, nor felt himself concerned, nor interested enough to quickly come forward and check and total the bills, flourished by the representatives. That would have at least established the magnitude of the problem. He did not volunteer to come forward even to give the position of the bank balance and the anticipated expenditure, including the salaries, and earnings in the preceding days of the month.

“What kind of set up are you running here, Mr. Vishnu Murthy?” One of the less angered representatives, who had refrained from flourishing his quite large bills, suddenly asked.

“We know you as one of the pioneer and leading surgeons in the state capital. We were told that this is a Medical Service project run for poor, on the lines of a Christian Mission Hospital. But that it is a Hindu Mission Hospital. We are certainly not unsympathetic to such a cause, but coming from an organized industrial set up we do not appreciate this kind of mess. Even Dr. Vasudev is not exactly unknown to us. We have supplied you drugs in good faith but do something at your end, to pay the costs sir!”

Dr. Vishnu Murthy’s face had flushed at being called Mr. Vishnu Murthy, something, which had never happened in last 35 years now. His voice rose.

“I am Dr. Vishnu Murthy. Not Mr. Vishnu Murthy. I do not need advice about how to do things. I am not responsible. Go to Sharad’s garage. He is our trustee, joint secretary, finance. He will answer your concerns.” The empty pride spoke!

The entourage filed out and went to Sharad. Prasannababu returned to his seat. The squint-eyed boy came back without finding Vasudev and was sent to the bank with a meager amount to deposit. Dr. Vishnu Murthy started wiping sweat.

The representatives repeated their insulting remarks to Sharad about the slipshod ways in which the whole affair was handled. It came to light that all the orders were signed by the RMO, sitting in OPD, in the regular format of the companies but not a single copy of the order reflected in the order book of the hospital. None were signed by Dr Vishnu Murty. Put together it was a sum of forty thousand rupees, a sum extremely difficult to pay at one go or even by many monthly instalments, piece by piece. Most of the stuff had come directly without recourse to the bank, the regular channel which guarantees full payment before release. Few more bills had come through the bank couple of weeks ago, which no one knew about, but were not cleared.

The bank by the time the representatives reached his place, had telephoned Sharad, demanding additional interests over unpaid money. The transporter also had telephoned Sharad saying that the goods were lying with him for too long and that he will slap demurrage over it. Sharad was largely responsible for establishing the transporter in Greenspan, supported and encouraged him for many years, even after getting established. He was the lone Hindu among the transporters in Greenspan. The same transporter had now raised a crescendo tone while talking to Sharad. Sharad had held his tongue since the project was involved but he had not liked this. Sharad had had enough of it at one go on a bright rainless morning, which he otherwise had begun well.

The pandemonium that had got established firmly and loudly, quietened somehow after a few hours. That money can simply not be pulled out from The Hospital chest and distributed was a reality, all of them knew.

Later in the day Sharad did descend on The Hospital in full rage and steam. He made a beeline to Dr. Vishnu Murthy’s chamber.

“Dr. Vishnu Murthy, I am not going to tolerate this nonsense of drug ordering by Vasudev and as it is going on. To run the show, I am going around with a begging bowl to get many thousands of rupees every month, because of which each one of you, Vasudev included, is getting his or her salary. Does he have or anyone else has any consideration for that? Except the new doctor, who keeps worrying about it.

“Leave aside any consideration of gratitude about it. We do not expect a *salaam* from each one since we pay them in time. We are indebted to all doctors, because you have joined hands in our mission, for the sake of our poor population. That does not mean that Vasudev runs amuck with ordering drugs and creating a big deficit and debt. It is equal to the total salary bill of The Hospital for more than three months. Has Vasudev shown any capacity to earn for the hospital? Not even one fiftieth of it. How am I to release goods? How are you people or Vasudev going to sell that horrible stuff in a span of say two months?

“Vasudev is unconcerned about the total picture and liabilities of the hospital. If he spends half as much time in The Hospital as he does with those useless comrades, shooting his mouth on serving the nation, he will do me a great favor. All of it is meaningless, unless someone creates and does some good patient related work.

“Dr. Vishnu Murthy, as a policy we will never talk to any of the doctors of The Hospital generally. I do not want to do it even at this impasse. I do not wish to talk to him, not because I am afraid of him or the consequences of it. But I would like Vasudev to understand the situation through you as the chief medical officer, as I have explained to you. Let him not feel hurt or dishonored or slighted.

“We are Trustees, because we are locals. We know the place and are the ones who started this hospital. We are not your employers in the routine sense. My attitude has been that you doctors look after The Hospital and we look after your needs. But then there should be reciprocation; not the kind Vasudev is dishing out. Let us treat it as a genuine mistake or a shortfall in the understanding, period. But at the same time, I want all purchase orders hereafter to be sent only after I have signed it. Do you get it right?” Sharad stopped.

“Sharad, Sharad, please do not get enraged. I, I will talk to him. He will understand. Surely, he will. I, I will put it to him. I was just wondering if the last part, you signing the drug orders as necessary. He may feel bad or offended about it. Then all the unnecessary acrimonious feeling will come in.” The blabbering, moist drooling, pout with lips working, Dr. Vishnu Murthy made an all-out effort to placate.

“No doctor. I have had enough trouble today with all the representatives you directed to me. I have a huge capacity to tackle pressures and take insults for this cause. But then I have no time nor capacity to allow deliberately created ravages to continue unbridled. There is a limit. If the cordiality is going to end, let it. Durable will be that relationship, if it persists even after that. If you are afraid to do it, I will take the cudgels and talk to Vasudev directly.”

Doctor Vishnu Murthy flushed.

But, the crowning achievement of Vasudev came on 27th December, the same year. Doctor had admitted three days before a patient with a severe heart attack. Shubhraj was the accountant in the local *Janata Bazaar* under the trustee Vikram. He was an extremely docile, God-fearing individual who only fortunately survived the initial heart attack. Three days had already passed. He had stabilized but was put under severe restrictions of movement, a light diet, and medicines to be taken. The Doctor had taken special time out to teach his wife the drug schedule and call the staff if there was a delay of 15 to 20 minutes in administration. There was no longer any pain or breathlessness. His blood pressure was stable and adequate for the present restrictions. The pulse rate was within range. In all probabilities, he was out of the woods. Everybody among The Hospital staff knew the treatment and the problems of his case.

Dr. Shivanand had examined him for a change at eight, on completing his night duty, in detail, expressed satisfaction over his condition and had gone home. The Doctor also had assessed him a few minutes after and had gone off to Khushnagar for a special exploration. This outing was the first of its kind for the Doctor and had been planned with the consent of everybody

including Vasudev. He had explained Shubhraj's case and the various possibilities of management to all the doctors including Vasudev.

As if to bring evidence for justice through eyewitness, Sharad had scheduled an extraordinary meeting of the Trust. It was to discuss and inform the recent trouble in drug store and its implications, along with all the other misdeeds of Dr. Vasudev. By ten thirty the Trust had gathered. In a short while Shubhraj started complaining of chest pain but it was of a mild degree. Dr. Vasudev, the emergency medical officer on duty on the Sunday was summoned. He did not come even after twenty minutes. The pain had increased, so another summon was sent. 'This case does not belong to me. It belongs to that Doctor. Call him from Khushnagar.' That was the reply.

Shubhraj's pain had further increased, anxiety writ large on the faces of everyone, even the Trustees, all of whom knew him, rushed to his side. But Vasudev did not come. A third summon went. He refused. The ward boy had the sense and went to Vasanti in the adjacent quarter. She came quickly in her nightgown without even changing it. By that time the sweating, gasping Shubhraj was no more.

The Trust was enraged. Vikram, the East Corner Hotel owner Uttam demanded Vasudev to be called to meet the trustees. He came, said nothing. As Vikram started to speak in his angry voice, Vasudev looked at him and walked out, leaving them wondering how to deal with him. When they returned to their senses, everybody started talking simultaneously out of a sense of an impotent rage, a shame, a peevish bravado. After a half hour of babble the Trust dispersed and went away. Sharad and Nagaraj went to Sharad's house.

"What do you propose to do Nagaraj? There is an ever-growing list of 'crimes' on Vasudev's name. In our impotent parliamentary world, it is termed misdemeanor, In the last two months it is becoming more disgusting. Each day we try to build this place up a little and every day he manages to perpetrate a big demolition somewhere or the other. He is not allowing us to work. It will create a fear complex as to what he might do next. These deeds are disastrous to our delicate and fragile project."

"I do not know what to say. Not able to get over the morning yet. Like you here, I do not stand in the firing line directed at The Hospital every day. The matters come to say my notice much later and its intensity get diluted. We have to now take it to the higher ups in Bharat Seva at least, to begin with. If we delay it the intensity will get diluted as happens with me. Let them at least be primed about it, as the first step." Nagaraj said.

"Vikram and Uttam spontaneously said, throw him out. There cannot be any two opinions about it. He must go out. I shall not allow him to run amuck. We must find a way out. Nagaraj. Can we give an ultimatum to be delivered? But to whom and how and under what time frame?"

"I think I will have to go and do the priming of Bharat seva chiefs first, immediately by tomorrow morning. Nothing short of eviction is the answer. But I am not sure the others, high up, will accept it easily. In fact, they will not accept it at all. That is what I am afraid of. As an immediate step, certainly not. Delivering an ultimatum will lead us to bigger trouble. For the last eight years we have taken so much pain to bring and keep the bosses of the 'Movement' close to us. The plan has crashed repeatedly. The relationship aborted in utero. Throwing Vasudev out is

not easy, because Mr. Giriraj, the high official, ‘lent’ him to us in the most difficult times. Now in ten months’ time if we turn around and say he is an abominable rascal, you can understand the reaction. The ouster will lead to a permanent and unbridgeable chasm in which only you, me and the project will fall in, for eternity.” Nagaraj explained.

“What about the disastrous consequences of allowing Vasudev to continue? How many more patients must die, before anybody is convinced and has the courage to say, ‘out with Vasudev’? The effect will be the same, the abyss with an additional blot on us that you and me were the impotent, who could do nothing, did nothing to Vasudev, and to save the hospital.”

“Any action in haste should not cause us to repent at leisure, Mr. Sharad. Afzal Khan smashed the very icon of Tulaja Bhavani, the goddess of Shivaji’s clan, on his way to Pratapgarrh. Could there have been a greater insult? Yet Shivaji kept quiet. He dramatized his nonexistent fear enormously to flatter and lull the Khan enter the inextricable forest of Jawali, come to Pratapgarrh and killed him in one-to-one combat, and liquidated his army. We need that patience of Shivaji and strategize the exit of Vasudev. Moral is, to try to achieve what we want, with least trauma and violence to The Hospital project and achieve it by diplomatic means. We may not be the strategists like Shivaji but hopefully they are not Afzal Khan, whatever else they may be.” Nagaraj pointed out.

“Sharad, try to understand. Procedurally speaking, we must go to Raghunath Pant. As the state working president of Bharat Seva, he is the link between us and the ‘bosses.’ I want to see our new doctor before I go. He has gone to the Mongol Colony, you told me. Let him come back; he is unaware of all this. He must be told. He is sincere and intelligent, has seen the baseness of human psyche. Fugitive from what he calls the ‘foully commercialized world of medical touts and prostitution.’ Today’s happenings are going to rock him, unlike anything before. One of the factors in influencing the Doctor to come here was the presence of Vasudev. It is sad Mr. Sharad that the combination of these two doctors has not worked nor will it anymore.”

“Sum and Substance, Nagaraj, is also to protect the new man from the shock, and hope he does not leave us, while we sort out our problems with higher ups.”

“Tomorrow early morning I shall leave for the Head Quarters of Bharat Seva. I will tell Raghunath Pant in detail, what happened so far. He will have to go the other concerned higher ups. In about twenty days we will get an inkling, about the thinking going on. That will indicate what we may do. I hope to convince Pantaji to demand for a dismissal of Vasudev or his permanent removal from The Hospital with the consent of bosses.”

“All other things apart, I cannot put the finger on the motive of Vasudev, behind all he does. Is it just a morbid psyche? Brahmin hatred? I do not know. Why should sacking him be so difficult?” Sharad said.

Another ten years had to elapse for Sharad to get the answer. They slept on this question. The next day morning, Nagaraj attempted to give some explanation.

“The explanation I am trying to put together about the question raised yesterday night, why Vasudev does what he does is twisted and complicated. It is quite inadequate also. But listen. It is not about motives if any, and of anybody in particular. The core of the ‘Movement’ is the only

thing sacrosanct. The people directly within the core of the main movement, are the best of people ever produced on earth, the honorable men. The best specimen of human race. Since such people can do no wrong, going in to the motive is pretty much irrelevant.

“Sambashivrao is the district head; Koppikar heads the Tehsil, Balraj a full timer, Vasudev a zonal secretary, are the best for the same reason. They are within the core structure and can do no wrong. I do not have to tell you how their Mutual Admiration Society, builds and boosts them for the same reasons irrespective of the depravity of each of them.

“All other peripheral enterprises like the one, we two are with, are either of secondary importance, or mere subsidiaries of little value, inferior works, when compared to the core work. But you and I, not being the core, do not come anywhere near their acceptance. Being suspect, being inferior by definition, even if we go to the higher ups with this story, backed by the entire Trust’s standing testimony to the farce in the morning, do you think anybody will believe us? No. We do not know Vasudev’s motives behind the murders. Instead, there will be definite counter-suspicion that we have some ulterior motive or design against Vasudev. They will not listen. Even if the proof is thrust down their gullets, the counteroffensive will start right from the stage of acceptance of the proofs. The redress will certainly not come or will come so late that it will be meaningless.”

“The Doctor was talking about Institutional Egoism some time back. The core movement, with all the related enterprises included, each one has a huge ego about themselves, he said. As a result, there are tussles going on between any two all the time. He was of the opinion that all of us, working variously, in principle are not different but expressions of the same core philosophy in different forms, but this elementary truth is now forgotten.”

“Did he say that? For his age, every now and then he says something, like this, completely unexpected. He has hit the core of the problem I was trying to explain so far. No one seems to understand this fundamental.”

“We are outcaste there, because we are not in the core. Here in Greenville also, we are outcast. For all our local friends, we are Brahmins, an element of contempt, which needs no justification. Sharad, I now understand what was disturbing me throughout. It was not the death. The man might have died from the second and lethal heart attack even if Vasudev had done everything available on earth. Even an insolent officer insulting the Trust and walking away could be tolerated. I could not name my fear, could not address the issue. It is the realization that you are impotent and powerless in front of Vasudev, because of the backing the core gives him, as another person in the core.” Nagaraj said.

It was four days after the death of Shubhraj, six months after the Doctor joined and the first day of the new year. Nagaraj had come back on 31st December with a neatly cyclostyled bundle on a thick cheap paper, containing one hundred copies of a fairly large document of the ‘written code of conduct.’ Dr. Vishnu Murthy ushered it in the hospital. Sharad had instructed Dr. Vishnu Murthy to hand over copies of it to all those who could read English and get their signature first, and explain to them briefly that this is our working frame. That each one should read and accordingly act. Even those who could not read English that well, were to sign and were to be told that it will be explained.

Dr. Vasudev at first refused to sign, then for some reason capitulated and erratically said ‘Who believes in all this junk and rubbish and how long does anybody think that it will continue or be allowed?’ There was a short, an unkempt dirty rag of a boy, who walked as if the feet could not be lifted off the ground but could only slide them in front; he made a show of not signing but signed when Atreya told him to sign without making any drama. Prasannababu the accountant was distinctly unhappy over it but long years of service and the prior army culture probably had some discipline still left in him. He signed. Dr. Srinivas the radiologist’s hand faltered; out the long winding signature came through.

The first few pages defined the various authorities, their duties and its infringements, the discipline of general conduct, punishable acts, method, and quantum of punishment and so on. Since these provisions are generally in accordance to the procedures of natural justice and the law of the land one could really do nothing about it but accept and obey. But that was also fearful enough.

The second much longer part defined the details of the work each one had to carry. To commit to any form of written document cannot be palatable to any Indian. It was because no Indian has ever had any working culture, to like such an attempt to make him perform the duty in a prescribed manner. What is more, to them charting of a duty is not facilitation caused by the management for better work. It is an attempt to catch the erring worker. However, the best uses the charting of a duty any staff anywhere could put to, was stranger. It was to tell one’s officer or management what one would not do because it is not in his or her duty descriptions, not referring at all to what he should be doing and has not done.

Yet, with all this, the rural psyche of the staff with its usual cautious cunning and cleverness still accepted this document. Whatever might have been the actual position of work in the hospital, everyone was feeling confused, had a sense of being rudderless, that they were a directionless and purposeless conglomeration. Possibly they wanted to come out of it. Especially, it was the meagre number of qualified nurses that picked it up in right earnest, leading to a cascade of more streamlined actions. The admission procedure from OPD and reception became quicker, the patients were eased on beds in the ward a wee bit more enthusiastically, the preparation of case papers, preliminary checks quickened. The collection of blood, labeling and starting intravenous lines through the needles were undertaken with some zest. They wanted something of this kind and grasped it eagerly.

What was more important and even more unexpected was that the change took place too quickly as if the cork of a soda water bottle comes off, only to be followed by the hiss of aerated water in its eagerness. And unlike the temporary hiss, the effusiveness of their enthusiasm and action persisted. In about two weeks’ time the things looked settled as far as this rod, Sharad and the Doctor had managed to shove down everybody’s throat.

After all, any hospital system gets its primary and ultimate test check when and how it handles a seriously ill, admitted patient well, that is, by taking timely and anticipated actions in a skillful, painless, aseptic, clean, and deft manner. The orders, if not anything, showed a shade more than expected, better care than before.

Little did anyone including the Doctor know then, that the idea they had opened in The Hospital, was a fine-tuned and greatly expandable system. All that remained was to keep feeding it with relevant changes and let it unfold its potential over years to come.

A tiny incidence had taken place in Bombay before he finally left it. His next-door neighbor, Dada, had given him two typed volumes about 150 pages each. They were titled “Medical College Manual for the Drug Store.’ He had said, ‘It will be useful for you in the field for systems development.’ Little did the Doctor realize then how important it was. But quite a few things from it had gone in the manuals of operations he had introduced. It would continue to remain useful, for long.

Dada was merely a superintendent in a hospital of a high security Central Government Enterprise in Bombay. But then destiny shapes itself in multiple forms. The Doctor had the tenacity to persist, patience to wait, ability to internalize all that was placed in front of him and to synthesize it in a new thesis, form an idea. He had the articulated thought and word, and ability to put pen to the paper. It was now etched black on white to be used as a model. A major positive step had been taken.

Part 2

Of Damages and Detriments

Chapter 1

The Doctor descended to the clean and dry reality of Khushnagar on the day Shubhraj's died, which he did not know. By the time he approached the petrol pump, he was feeling delighted. For one, he had felt the nauseating giddiness he experienced during the twists, turns, descends, and ascends on his bus journey of the interminable first fourteen kilometers. It had disappeared rather quickly in the next sixteen kilometers of relatively straight run. For another, he was unapproachable for the next eight hours or so, was away from the grim reality of The Hospital, which he had already carried for the last six months on his shoulders. The usual and persisting deathly chill of his feet had started to warm up, and stopped aching in this short time. He had felt the dry warmth of Khushnagar percolate and flow through his blood. He had a feeling of all the moisture from Greenville evaporating from his skin.

He had already seen Ajaykumar approaching him from his jeep halted in the petrol pump. Walking to the pump he had stopped to take out a surprising packet of the Charminar Gold cigarettes that he had been able to get lately in Greenville, and lit one. In the dry weather the cigarette was not soggy as in Greenville, the tobacco now dry and burnt better. In Greenville it had become a practice of too hard a drawing on the butt of that unwilling fire.

Cigarettes, he had always liked. He held in his mind a picture of the dangling cigarettes of Gregory Peck. He always felt nice over each drag. It was like a point of fire held under control by man, the burning indicator of his thinking mind. It had helped him during the difficult days when he gave up everything in Bombay. It had helped him endure the cold and the hunger in Greenville. It had helped him think, while awake, troubled with cold in the night. Thinking was necessary for he had only problems in front of him and they had to be sorted out. Except when he was in The Hospital building, or with Sharad he would abstain from smoking. Otherwise, it was his real constant companion. But today the bluish smoke it was emitting was apparently without any painful associations. It was joyous, freedom filled and free!

Ajaykumar had come at least five or six times to discuss his visit to the Mongolian colony thirty-five kilometers from Greenville. He had given the Doctor one after another, the various details of their life. This had prompted the visit for which he had obtained the necessary permission. Ajaykumar had talked over the last fifteen years to various doctors, including his Rotary members. Yet, he had not been able to engage the attention of anybody for more than a couple of minutes. The Doctor had asked Ajaykumar ever so many questions about this community having descended to India from the roof of the world, 15,000 feet above the mean sea levels. Ajay had then said,

“Doctor, I shall take you to their colonies one of these days. Our concern is the extremely high prevalence of tuberculosis there. They move about so much and have mixed so thoroughly in the neighboring populations of Hindus. That is another matter for worry; whether these people are transmitting the disease to the native population and vice versa.”

“But that is strange, Ajaykumar. I do not recollect in all the four volumes of Frazer on chest medicine, and other reading of medicine that a high incidence of tuberculosis was reported for this community. Normally I would not forget if I have come across that.” The Doctor said.

“But Doctor that is a fact. For years together, we have observed this high prevalence of tuberculosis in them. ‘If Mongols cough it is Koch’s, that is tuberculosis, and he falls, he has a fracture, as the saying goes.’” Ajaykumar insisted.

“Then how is it that no one has done anything about this? Nobody understood the significance? Ajaykumar, it may be worthwhile seeing their colonies and the way they live, in every small detail. The way they build their houses, the sun light that peeps in, to know how the families are clustered, the social structure, their aggregation patterns. We may get a better idea from where to start.”

That is how the trip was scheduled.

The jeep rode five kilometers away from Khushnagar before turning right. Once they turned, the Doctor realized that he had left the general civilization of the state behind. There was a series of shops, ‘Mongolian Carpets’, ‘Mongolian Cooperative Farmers Society’, ‘Mongol Tractors and Hardware,’ and ‘Mongol Hotel’. The boards over them were in English and a script that looked a hybrid between Chinese-Pekinese and the Indian Bengali. ‘That is the Mongolian script’ Ajaykumar told him. The two went in for about three kilometers more. The area and the sides of road became quiet, desolate. Not a single house, building, factory or farm was visible as the road in the flat of the land.

After a mile or so he had the first glimpse of Mongolians. Short, fat, tanned Mongolian faces with bodies bent with a huge load on the back that belied its weight. The women wore a thick blouse, a pair of straps across the shoulders to support the load and an ash blue overall-cum-gown wrapped around, thick shoes and socks. The two pleats of hair were tied across the skull like an arch. The puffed face, and chinked eyes seemed to hold a perpetually amused smile, with a benignity in them. They were heading to the general civilization. On their way he saw men, old and young, with trousers and an undershirt or a vest or a shirt but muscled, without any unnecessary extra fat. Around their necks were beads and strings of some kind of artificially made stones, or simple wood. Balls cut through for the thread to go in. Some had ornaments in the ears. The young ones had a brown tan over their Mongoloid yellow. The old ones were browner, looked far more haggard, more lifeless in the eyes and had almost a sagacious, understanding look on their faces.

“These are the Mongolians, the poor, the simple Mongolian. What we are going to is our first post, the Soul Savers Village, the settlement of poor orphaned children. This was one of the latest settlements that has come into existence by foreign aid.”

Barely had Ajaykumar uttered those words, when he saw the brightly colored board, and a gateway. It might have been a square area of about half a mile, flat with the red-brown soil, dry and firm below the jeep, and a colony of around 50 to 60 small houses each with a small compound and a wicket gate for the small single-story buildings. There was a notable attempt to develop a big garden and lawn. The well-cut pathways of red soil were firm. A small, flat three-

room house, one on the right as they entered, looked like a dispensary. The artificiality of the planning with a shade of foreign design was immediately apparent and gave the atmosphere a surreal look.

Having seen Ajaykumar, a man in a blue shirt with an educated look on his face and serenity, came forward. He shook hands with them.

“Mr. Norbu, this is our doctor. Told you about him. He is interested in the problem of Tuberculosis here, wanted to see the settlements, the people and how they live. That is why I brought him along.

“Mr. Norbu Doctor, is the overall in charge secretary of this Mongolian River Valley Project.”

“Our society makes wool and woolen garments of all kinds, types, and sizes, and the famous carpets. We produce tons of maize and other farm produce, the surplus of which we sell. We sell the Mongolian produce of all kinds in Indian and foreign market, try and get the best price for them. That is what we mainly do. I feel deeply about India for all it has done for us. We want to get rid of our Tuberculosis problem.

“The village we are standing in had been created for the orphaned Mongolian children. Orphan children mean more malnutrition and more disease. We feel that many of these children are already infected with tuberculosis. And they do need extra care. That is why we built this village to isolate them and look after their nutrition and education. We located the dispensary here because it is at the gateway for all adults as well who go out for work, can avail the facility, get treated for the already diagnosed Tuberculosis of the adults. It has become a major activity. Would you like to see the dispensary?”

With the Doctor’s quick assent, they crossed over. The dispensary consisted of an old mud building, with tiled roof and had three rooms. A long queue of about fifty women, children and men had formed, tight and close to each other and they were talking and musing to make a peculiar hum. The first room consisted of a young lady, call her an attendant, call her a nurse, who was taking out a card, trying to see the quota of medicines taken last, trying to find out if the medicine was used and then write today’s supply and give it to the next room for distribution. No examination of any kind was involved to assess if the tuberculosis status was in any way altered for better or for worse or was status quo, since the last quota of medicine was given. The second room was the counting chamber for medicine. The third room was the explanation chamber. Very little explanation however was being given there.

“These girls have been taught to continue with a treatment schedule over a period of nine months’ time. This has begun recently. The diagnosis is made elsewhere and the charted-out treatment is followed up here.” Norbu explained.

“What do you mean by diagnosis elsewhere?” The Doctor asked.

“We have only one doctor. He is generally staying at the other colony twenty kilometers from here. He comes here only occasionally. He may visit different camps and may examine new cases, or those who think they might have TB. Then they will be sent to the primary health center for sputum examination. If they are found positive for the tubercular bacilli on sputum they will

straight away be put on treatment. If the sputum is negative for TB, as is the case in most instances, but if symptoms are suggestive enough, they will be referred somewhere for an X Ray of the chest.”

“Somewhere means where?” The Doctor insisted.

“Most of these people are poor. Once they start feeling that they are ill and need diagnosis they go to the religious teacher, to whose denomination they belong. The head will then say “you go out and go left or go right.”

“What does it mean?”

“You see, Ajaykumar’s jeep turned right, leaving the Greenville to Garden City Road, to get in to the colony. That is the point they must reach. From there if you turn right, you reach the Garden City, nearly hundred kilometers. There you go to the Sanatorium and get an X Ray. If you have tuberculosis, you get the treatment, at least a prescription and get referred to the government primary health center allotted for us. If you turn left, you reach Greenville. You get an X Ray done somewhere, anywhere, wherever. May be the government hospital, or district tuberculosis center or at a private clinic.”

“This is a rather sketchy way of treating a chronic disease like Tuberculosis with a likely high incidence and prevalence, Mr. Norbu. Surprisingly I have not seen any of your people come to ‘The Hospital’ for getting X rays done or to examine the spittle for the last six months. You could get much better assessment there than elsewhere. That is assured.”

“Did not know this Hospital was still functioning. Will certainly send more people there. As it is, we do not you have any method of assessing the TB status. The monitoring by the nurses and to see that they continue the treatment is all we can do. Even that therefore is a welcome addition. But it is a completely inadequate addition. We are largely spread-out in fifteen different colonies, some too far from this place. Inside the settlement we can only walk. Few may have access to tractors or vehicles. We do not have enough centers over such a large area to treat people and all cannot come thus far, unless they are going out for work.”

“How are the settlement structured?”

“This should be an area of about 50 square miles. It is all flat ground with irrigation from a nearby dam. This is arable land. In it are located, twenty-two small colonies with a total of fifteen thousand Mongolians as on date. The settlements are numbered as camp number one to six. The houses are small, of wood, mud and brick with slanting, galvanized tin roof. They have an open gallery in front. Do you see that one at an angle from here? In the galleries do you see the beef hanging! The large legs, hips, thorax. It is all dry beef. Absolutely parch dry. It is preserved this way. They will eat it all the year round. The average Mongolian is a maize farmer. Though he may have two or three cattle pieces in addition for what they may be worth. Ladies will usually work within the farm. Girls often go to the carpet factory or manufacture woolen dresses. They are poor and are also clustered together.”

“Anywhere in the world, these are the ingredients for continuity of the transmission of tuberculosis. All over the world! Add malnutrition to it.” The Doctor observed.

“But Doctor, let me tell you. What you say is okay, but our trouble about tuberculosis lies near the religious schools.”

“How?” The Doctor asked rather sharply.

“I will tell you in a short while.” Norbu said.

They had moved and walked quite a distance. Ajaykumar brought the jeep along and they went ahead. Camp one had a small office of the Administrator.

“That was our Rotarian Keshav Rao’s office” Ajaykumar added. As they entered the camp a long tall mast with much faded rectangular flags of various colors, frayed at the edges, fluttered. All had the same hybrid script he had seen earlier.

“What is this?”

“These are the peculiar Mongolian flags, blue, orange, green, color and the script on all, now off color. I think this is to keep the Ghosts and other evil spirits away. We have in our culture, so many stories about all these spirits and ghosts and what not.” Norbu said.

From camp two to three the specter was the same. But when they entered camp four, they saw at the far end of it, a tall building with a linear tower with a pagoda roof, painted bright yellow. Rest of it was painted ash blue, uniformly, had a stonewall compound. In the squat houses the Doctor was seeing for so long, this had a distinctive character that immediately attracted attention and could not fail to raise the doctor’s curiosity.

“It looks to me too dark inside.” The Doctor made an absent-minded remark. There was no cause for him to do that in the broad daylight in the morning. Both Norbu and Ajaykumar looked at him curiously. The Doctor wandering around by himself then started moving towards the building.

As they approached the building a young yellow Mongoloid, getting tanned, came out with a serene face. On seeing them, recognizing Norbu and Ajaykumar, he folded his hands in a Namaste and smiled. They also returned the gesture. Rather short, stout and muscular, the man wore a bright yellow simple vest without sleeves, that was spitting light, and a dark crimson overall rapped around him. His feet were shod in ordinary thick and crude leather shoes and had a string of beads on which he was drawing and chanting something.

“Good morning. Want to meet somebody?” The stout fellow asked.

“Not really. We thought we will just show our Doctor these settlements. He wants to do something about the tuberculosis we have. We were just going around. This attracted his attention. We stopped.” Norbu said.

“Tuberculosis? Good. You do something. There is too much of it here., in every household. Why there is? I don’t know. Medical expert. Nice you do something, come.”

The stout fellow was jerking English as best as he could, sometimes slipping in Hindi, which also he spoke haltingly.

They moved inside to find an extraordinarily large Hall that could have seated around one thousand people without cramming. There was a dais and there were decorations on it. Having

toured the building, they relaxed on chairs in a non-descript room. Norbu started the explanations.

“This is number four Monastery. From his age, he may be a young teacher, or a senior student. We are Buddhists in the original sense of it. Belong to Mahayana Sect. Religion is central to our life. Therefore, the Monasteries also is central to it. This religious outfit anyhow is famous for its monasteries and for the caravanserais. The most important thing about our religion is that there is profuse writing available on it to study. But it is mostly in our script. Even then a lot of research has been done by Western as well as Indian scholars about our religion. The research is available in English.

“Another prominent matter is imparting the religious teachings to the younger generation and anyone else interested to learn it. The final aim of the study is to make them monks. The studies conducted in these Monasteries as is extensive and intensive and takes many years. There is a strong impulse among us to preserve the religion and transmit it, as it is, to the next generations. We are quite assiduous over it. For this purpose, there is a particular way in which every Monastery is organized. There are a large number of teachers and each will have about 10-12 students. These students are, 24 hours a day, the companions of the teacher. They will all sit, eat, pray, study, sleep as a group. Constantly, day after day, years after years.

“You saw the Monastery. It is dark inside. Just enough light. Along with the reading of the scriptures, there is a much longer time allotted to praying and recital of Mantras, both loudly and silently. It is a life secluded. It is taken seriously. Not that these Teachers do not come out in the open. They do. But the life still centers around the Monasteries. And the Monasteries center around the teacher student groups.”

“In our traditions, Mr. Norbu continued, “there is a lot of Tantra aspect. There are *chakras*, that is wheels, and those peculiar toys hung in the temples or monasteries, and other things to be rotated while praying.”

“There is a lot of foreign studentships in Buddhism. We have one book company which publishes a lot of Ph D thesis work by mainly foreign scholars, on Buddhism. What I mean is, that is about all that we know about the hoary traditional Buddhism.” The Doctor observed.

Norbu obviously felt a little pleased.

“Buddhism is a vast sea, sir, even as it exists among us. Our Monasteries are our cultural bastion. We will preserve our traditions anywhere on earth, through this transmission from teacher to students. Students are, from their very early age inducted in the Monasteries. We have some elements of clairvoyance in choosing the children for the training in Monasteries. We will look for wheels, conches, and all kinds of marks on the palms and soles, the way a face is constructed, the emanations from eyes, the behavior and so on, before we decide who should go for the monastic life. This is well established. It is these aspects that we are seeking in all our monks and monk-children. This is what we want to invoke, kindle, and inculcate to produce the high-powered Teachers who will keep our religion afloat and high. Religion is something we are very strong about.”

The Doctor was surprised at such an articulate speech in the average, but educated and a good-natured rustic that Norbu was. He was also thinking about the books of Lobsang Rampa's description of the seven levels of heaven. The stories about souls without their mortal bodies to which they belong on earth, meeting in those ethereal high levels. The Rampa stories were full of super conscious visions, abilities to traverse fantastic distances in infinitely small times. He also remembered the theosophist Leadbeater, Dr. Annie Besant in Home Rule, along with Mr. Tilak in 1900's. Funny, this whole business, he thought!

"Want to know about one thing. All your spirituality apart, how likely these Teachers and students are or could be suffering from tuberculosis? If yes, how?"

"No idea, Doctor." Norbu said very plainly.

"Doctor, I will tell you. Rotarian Keshav Rao, the smoker, whom you met the other day has been an administrator here for twenty long years. We both have come to believe that Teachers suffer from tuberculosis more frequently than general population." Ajaykumar's observation was spontaneous.

It immediately occurred to the Doctor that the vital, and cardinal link in this business of tuberculosis had fallen in place. In the spread of tuberculosis anywhere in the world, it is the close contact over a long time, between an actively infected patient and others. In this godly or godforsaken place, the Teachers with their round the clock, closely associated children-students could be the link of infection, continuing, and spreading it wider and wider. The older Teachers the transmitters, to the young children. The infection will produce a primary infection, some fever. Then the immune-protective response will follow and healing will occur. Then would come, the years of dormancy of the lurking bacillus of tuberculosis, in the lungs. And later in their youth, even more so in older people, in a state of immune compromised state or in some other devastating illness the lurking tuberculosis may flair up. That is why these people can never be free from Tuberculosis, if this was the cause and if they were to persist with the system of monasteries.

"Are these monasteries attended by people outside the monasteries, that is from your camps or settlements?" It looked a casual question as it left the doctors lips, but had a deeper possibility.

"Why not? We are a rural religious society. And what do you expect to happen? Religion is bound to festivals, festivals to congregations, congregations dominated by priesthood. Like everywhere else in the world, in all societies wherever priesthood exists. Ours no exception. These are small settlements, free, fluid, moving and mixing. There is a lot of mixing." Norbu said.

"Funny! In Bombay we know Gorkhas and North-Easterns; we never knew the existence of any other similar race in India at all. Now, being amid them, one feels empathy to their perpetual problem."

Ajaykumar had moved to the jeep and signaled others to come. As they moved through some more settlements it became obvious to the others that Ajaykumar had some plan that he was following. The jeep halted in camp six, in a stony outhouse with a large vacant place bound by three walls and no door. There were two smaller rooms without doors with a bare cot, and a

shelf. Some cooking materials, a stove, and vegetables were lying around in the main, outer room. The atmosphere was not that of a simple, stark serenity. It had an unkempt quality. The front large hall without a wall and door, had a table, a hammock and two easy chairs. The table had quite a bit of writing paper on it. It did look incongruous to the whole atmosphere, that anybody could be writing here, the most incredible of the functions to this locale.

Rice boiling, potatoes being baked, coriander leaves lying about and a kerosene brass stove making a strong phawwwwnnnn sound with a mixed yellow and blue flame that emanated the black soot on the vessel. There was a faint odor, some kind of musk of things rotting together, too many things lying around open. But what he saw there was much more incredible than that. It was a pink and marble, white skinned lady with a green faded Bermuda with a loose shirt on her. The complexion, the long linear angular face, the blue eyes, and a wide grin was unmistakable of the 'stamped European.' And with the tall lady was another European with a long face. He also wore a Bermuda and a kind of thin button less vest that left parts of his chest bare.

They were moving about with a clumsy attempt at cooking. Cooking the Indian way!! The two whites did not look mindful of this. Nor did they look as if they were enjoying it. There were faint lines of stress on their faces. Occupied as they were, they did not even notice the arrival of this trio immediately. It was as if on a cue when Ajaykumar was about to call him to declare their arrival that the man looked up and made a slow gesture of welcome.

They stepped in, Ajaykumar sat on a chair, Norbu found another, Doctor found a vacant space on the broad rectangular hiatus built by stone, that was the only semblance of a window, and perched himself on it. The briefest of introductions by names were over. Gerard Allen, Mrs. Gerard Allen.

"How are you doing, Gerard?" The informality of Ajaykumar's voice clearly indicated that he knew him well and long enough. The Doctor could feel the faint surprise he felt over this familiarity and the fact that Ajaykumar never mentioned about this couple in the several meetings he had with him. The meetings with Ajaykumar were mostly chance, snatched in between Rotary functions, during Ajaykumar's visits to Greenville for his own work. They were not systematic or linked discussions.

The meetings were the ones propelled by Ajaykumar's interest in the Mongolian Tuberculosis and for the Doctor sighting possibilities of a magnificent job of public health, of great epidemiological importance. Any sensible medical worker would have given his five years for it. The outlines of a project had started forming in the mind of the doctor. And yet he had not heard of the presence of a European, possibly a full-blooded German or English man. The surprise was of that.

"Well, we are here for the last two months, trying to understand the situation. Mrs. Gerard is a nurse but I am not a medical man. We have taken upon ourselves the task to help to solve the existing problem of Tuberculosis here. Mrs. Gerard, Patricia, has yet to form any ideas over it. Trying to make notes." Gerard reported in a nonchalant manner.

"Patricia as a nurse will have something to do or think. What do we have here for you, Gerard?" Ajaykumar asked him with the same familiarity.

“Occupied with their religion, quite interested in it. That is why I go to the camp six Monastery nearby, quite often, almost daily. Some of the monks can talk to me. There are things to read, to observe. Spend time in trying to see the practices they have had, the ones they follow, the rules of observation and all that. The Monastery’s world is a fascinating world. They are devoid of all the attractions outside the monastic world. They are not interested, appear to be happily settled in that form of life. Deeply immersed, and closeted! Almost incarcerated. That is funny.”

“Why are you so preoccupied with religion of these people? Any reason?” The Doctor could not withhold this question.

“Well Doctor, when people belonging to distant lands from where I come, get interested in India, Buddhism is something which they get drawn to first. I do not know why. For most foreign scholars, Buddhism is a ‘sine qua non’ of India. That is how I got attracted to it, started studying Buddhism even before coming here. Mongolians are the living example of Buddhist religion, like Japanese and other Far East nations. But Buddhist people in the Indian peninsula slowly aroused my attraction.

“I am a Rotarian there and connected to its world. It was a fortuitous coincidence that our club was matched, ‘internationally speaking’ with Khushnagar Club of this Ajaykumar. Matched clubs are generally similar in their constitution and locale; we are supposed to help each other. That is how the correspondence grew. The problem of Tuberculosis surfaced. Then I decided that I will spend my year or two for the cause and help them organize something for this disease with the help of Patricia, study Buddhism simultaneously and see things for myself.”

“How do you like it?” The question from the Doctor came as a definite probe into the motives of this white man, without being apparent. For years he had been warily aware of foreigners in India. The Doctor knew the enormous secessionist problem created by the foreign missionaries in the North Eastern Frontier Area of India, from 1900’s onward. Those people of NEFA area were long isolated from mainstream India. They had slowly lost the emotional, and traditional connection of four thousand years to India. What little of their original traditions they held on to, degenerated from generation to generation. The fault was of the mainland Hindus to allow it to happen. The steep hills, the jungles added to the failure of continuation.

The missionaries belonging to the Catholic faith, sensing the backwardness, poverty, in the inaccessible regions, had infiltrated the difficult terrain, had given medical help and education to the population there first. Then they gave them a new religion, the Christian religion, which the people accepted gratefully. But then, with it, had come the change of feelings towards the nation they were born in, belonged to for thousands of years, the land that had nourished and fed them. But the germ had entered. The slow alienation that took place in the sixty years of the mission’s work was at once too noticeable and deep rooted. Alienation gave rise to animosity, animosity to hostility, hostility to hatred, hatred to violence and killings, leading to the strong secessionist tendency. The Doctor was trained to interpret foreigners in this land in a different light; change of national loyalty, through change of religion. The doctor’s mind was bound to become suspicious.

“How do I like it? Well, quite a bit! In fact, sometimes I feel that I should get myself converted to Buddhism.” Gerard said.

This was a little too much. He could either be a foreign agent with real ulterior motive or else he might be like the ‘Radha Milind’ cult of monks. Those monks may have a streak of some nonsense emotion of escape from the unbearable reality or some such thing, revulsion over the world from which they sought refuge. Did Gerard belong to them? A weakling? He looked at this potential Buddhist monk carefully. There was no emotion. Throughout this conversation he had not smiled even once. Who was he? What was he up to? Or was he really a simpleton?

“Now, now Gerard, tell us something about your tuberculosis work here. The Doctor may be able to understand the situation better than us and discuss it in greater details. We have come basically for that to meet you.”

Gerard immediately responded to Ajaykumar.

“The dispensary in Soul Savers Village, then that doctor from the other far away settlement and a government doctor, in primary health center and a nurse, is all there for TB treatment by only oral drugs. No injections of Streptomycin. And beyond these three, whatever little help for this big problem, is given by Mrs. Patricia Allen! She has started administrating streptomycin here, in our house intramuscularly. Added to the oral drugs given streptomycin will, she thinks will help TB heal faster, more effectively. We have both, the nurse and the injections here.

“These are cases already diagnosed elsewhere, and given only tablets. We merely add injections to it. They buy the injections, come here to take them. In a short while they will start coming. The colonies are somewhat far flung and they have a rigorous agricultural schedule. They work hard even while harboring active Tuberculosis. I am not able to think out what more could be done about it.

The Doctor intervened.

“The real problem and great deficiency here is not what we talked about. If all of us feel that the numbers are high, a facility really close to the colonies should exist, where X rays could be taken and read properly, to decide if there is no TB, active TB or inactive healed TB. Active tuberculosis is not just treated but the instructions for a follow up X ray after three months, to decide if the treatment is working should be there. This is the minimum. And it is absent here. The second minimum is a facility to test spittle for the germs of TB, again absent nearby. In a place with so much tuberculosis, in eighties, it is a joke if the head monk decides that a sick person goes left or right, to get x rays done.

“The second most important step is to increase, much larger than you may think, the number of people diagnosed to have TB. Every person with TB symptoms should ideally be investigated, covering all the colonies. This should be accompanied or followed by the development of centers in all six Monasteries for people to reach easily; even to get the injections. The set up for that also is absent.

“The only way is to have a center for x rays and sputum examination, really close by. The government will not give one. We have to find a way for it. Without that you can never hope to solve this problem. In fact, it will continue to increase over time. This is a preliminary analysis. The required remedies could be even more complex. We will have to learn more.”

Patricia spoke.

“The second most important component is paramedics trained to inject, distribute and monitor the drug intake properly, maintain individual treatment and case records properly, able to follow up the instruction for x rays, etc., as you said. In these 50 square miles there are none so trained, the Soul Savers work is somewhat deficient. One Patricia tucked in to a corner of camp six is not the answer.”

“Uninterrupted availability of good quality medicines is a must. Non availability is common throughout India. Without it, neither the existing TB can be effectively controlled, nor the resistant cases that emerge from it.”

“Patricia, the first question to be answered is whether the incidence of this disease is really high, much higher than the surrounding populations. Is there a simpler way of a pilot study?”

“If you add discovering a link playing a key role in the spread and continuance, the teacher-student axis is one. Doctor, I cannot get away from an uneasy, disturbing feeling, a sense, that the Teachers suffer from TB more than the general population. The monasteries are dark, dingy and do not have a sunshine, the enemy of TB, penetrating deep any time of the year. The young students are bound to get infected, becoming the future reservoirs. TB breaking out later.”

The Monk in Monastery four had indicated the same thing. Now Patricia was worried over it. It made tremendous sense.

“Mr. Norbu, what is the number of teachers in Monastery six?” The Doctor asked.

“I do not know the definite number, but it is usually around 100.”

“Gerard, we have hit the right button. You are well acquainted with the teachers of camp six monastery. While we search for more lasting solutions, we could at least carry out a small, a pilot study with these monks. 100 teachers are an ideal number. If we investigate them full, it will give us enough information to go further. The Hospital has every facility needed to carry out the investigation. The costs are low. I cannot afford to do this work free from the hospital. The entire cost per person will be less than going to the sanatorium 100 kilometers away and getting halfhearted investigation and treatment.”

“Doctor, with Gerard, I will try to induce the camp six monks to spare some money and get it done.” Norbu added.

“Monday to Saturday, each day two or three teachers can come. If they have any records of the past treatments or illnesses, it will be great.”

“What will you be doing for them at The Hospital? What do you expect from this effort?”

“A detailed medical history and examination, a chest x ray, checking for diabetes and anemia, and a routine urine examination. That is all I need. If the prevalence is low, sunshine or no sunshine, they may not be the problem population. If the prevalence is higher than normal, we have a confirmation of our thesis. Either way, we will know how to proceed and look at solutions we could offer.

Gerard Allen rose. He extended his hand in a handshake. Patricia smiled. “You have given me a lot to act upon. Shall get in touch with you.”

Within a couple of days, the Doctor gave a detailed account of his trip to Sharad. He expressed his surprise about no one having done anything about it for so long and was pleased to find a much simpler solution was agreed upon by all. In the next meeting after two weeks, Ajaykumar and Keshav Rao, the smoking hill with voice of a buffalo, sincere to the core, Sharad and the doctor, again sat down to discuss.

“After our in-hospital work is over, it may be a step further, to develop a collaborative approach; Rotary Clubs of Greenville, Khushnagar, The Hospital and the affected Community. The Doctor is not a member of Greenville Rotary Club but many of us are. We will try to pull some strings.” Sharad said.

“Doctor, you have given us something to act on. Ajay and I will bring the Khushnagar club in it.”

“We have identified a few factors like poverty, malnutrition, congested small households without much sun light, patients with TB bacilli in sputum spilling all over the house, small children in it getting infected. Their disease remains dormant, flares up after many years, making it a generational continuance. I was wondering whether there are other causes for this continuation. We have to think about it also.” The Doctor concluded.

The Teachers from Monastery six had started coming in, in groups of three or four for the investigations. It was quite a task and strain for the Doctor to extract the information for the twenty-five questions in the proforma and enter examination findings in it. These teachers would not understand the questions immediately, which had to be explained in whatever way possible. They remembered only little about themselves, would laugh while at a loss to give information. All laughter though it so sounded, was not innocent. There was a guile. Then an examination, laboratory tests and an X-Ray of the chest, followed by treatment if needed completed the circus.

After fifty teachers were thus fully examined, they just stopped coming. The Doctor visited the colonies to find the reason. Gerard and Patricia had gone back to New Zealand for a few months with an assurance that he will return. Monastery six did not have a spokesman with whom he could continue with the program. The Doctor had banked a great deal upon this pilot study to achieve a more substantial size. Just fifty was too small to draw conclusions about the magnitude of the problem. At least one hundred would have provided an incisive insight into the whole problem. That would enable him to talk to higher authorities, and any other person concerned, with hard data, properly collected. He could have thrown figures to their face and formulated a program to eradicate tuberculosis among these people.

Thirty-six of fifty had history of tubercular symptoms, had large patches of active tuberculosis in their lungs, seen on the x rays. The treatment some of them had received in the past was patchy, with plenty of holes. These thirty-six represented either drug resistant tuberculosis, or recurrence of it from past infections. The percentage was alarming. Projected to all 100 teachers, a total of 72 people were not only at risk but were the potential transmitters of it. Projected further to the actual number of teachers, it was disaster lying in wait.

When a new Rotary team got installed in the month of June the Doctor was asked to look after the community service, a major portfolio in Rotary, thereby officially giving him a status to undertake some substantial program in that area. Ajaykumar managed to tie up Rotary Club of Khushnagar with Greenville as a joint venture. The Doctor received twin support.

Chapter 2

The Trust meeting, adjourned with the episode of Shubhraj's death was reconvened after a couple of weeks. As expected, most of the trustees were present. Trustees staying outside Greenville were by necessity and the habit came to Greenville at least once in a week for the Farm Society office and meetings, just a kilometer away. Nevertheless, the air of reluctance they put on persisted, if they had to deviate to the hospital. This time all of them came in a serious and angry mood. Dr. Vishnu Murthy was already seething under the insults brought upon them by Vasudev's doing, and the hammering he received from Sharad. Sharad was angry but for different reasons, the transporter, the bank officials' insulting talks on top of everything else.

Meetings of the society probably interested them more as it concerned their sole bread earner. What were probably equally interesting to them were the haggling, pulling legs, jabs, banter, some minor politicking that would go on in these meetings. This was singularly absent in the Trust Meetings, spruce and Spartan, focused, purposeful and without politics. Nagaraj would steer the meetings rather sharply, clear of all diversions and write the minutes with precision and brevity of an office draft. The only elements that would show up in Trust meetings were human weaknesses or disinterestedness on the part of most of the trustees.

The meeting, from the beginning, got into a row. They were first informed in detail about the high drama enacted by the drug company representatives, and all other matters in its entirety. It was impossible that they would not blurt off their anger, first chance. Sharad was particularly angry. But the de facto useless purchases already made was something beyond him to control. It had to be paid for.

"Canteens and drug stores, always create problems." Sudhir said.

"Add doctors to your list, Sudhir." Sharad interjected.

"Canteen mainly feeds those who run it. Drug stores feed those who order and fill it. I had kept one once. I know how much trouble it causes." Sudhir knew what he was talking about.

"The ordering of drugs, their reliability, the stock, the underhand dealing of representatives, the undercutting, the sample sales, expired drugs and dubious brands sold, adverse reactions that develop from fake drugs, unmade bills and cash pocketed, and then those sharks called drug inspectors. It is infinite trouble. Throw it out, Sharad. Throw it out. Give it to someone outside the campus. Let somebody else run it. Let him give service to us."

This was a blow from blue. It had thrown a sudden surprise and a problem.

Including Sharad, none was really prepared to entertain this most unexpected idea. It had not even occurred to them till then. For them drug store was a part of The Hospital. But Vikram then piped in.

"I strongly support the idea. Since I have become the president of Janata Bazar, I have controlled it with our own people. We will run it. Or else if you want it, closer by we can find

someone to run it. Let it go, Sharad. Do we not have enough headaches to sort out? Let this go and there will be calm.” There was an immediate consent to this solution.

For all the other Trustees, except Sharad and Nagaraj, drug store was an issue of much less intensity. As soon as a way out was brought in, they lapped it up. Being traders and businesspersons, they knew the problems. Abandonment of a vital service like the drug store did not seem to bother them at all. For them it would just be one big headache less.

Inevitably after this, it had to give way to the Shubhraj’s episode. Sharad after detailing all other misdeeds of Vasudev, asked in no uncertain terms, ‘what do the trustees propose to decide about Vasudev? Should he continue or not continue? Do you want to bear with this monster meekly, or brook no nonsense, absolutely no nonsense, and throw him out, no matter what happens?’

A long wrangle and pandemonium broke over this. Everyone started speaking simultaneously. Even Dr. Vishnu Murthy was at his best in this haranguing. They were keenly aware that as Trustees of this hospital, they had the first of the line of responsibility to make a decision, some decision about Vasudev. They were answerable to questions people had already asked them. What followed was what the human nature would dictate. The clear base was that ‘we do not want to be a physical part of solving the real problem, kicking Vasudev out.’ The Trustees had to then make so much noise, go on talking over all sorts of things in circles, in carefully couched phrases, coming out as a torrent of indignation, yet avoiding ‘the’ issue. Every one spoke; endlessly every one spoke. All, still carefully avoiding mention of Vasudev by name.

However, it was the clear trepidation, over actually naming him. No one wanted to be the first one to blame him, nor the first to suggest to throw him out. And there were strong reasons for it. They had so far wriggled out of it when people asked about the Shubhraj-Vasudev episode, saying that that they have admonished and streamlined the issue. That would not be sufficient here, to isolate them from becoming a part of the crucial decision, demanded of them by Sharad. But the real major issue was of a ‘highly respected volunteer worker’ and how could he be even touched. All the Trustees in some way or other were thickly connected with the ‘Movement,’ were substantial donors of it, therefore in good books of the bosses of the movement. If they consented for throwing Vasudev out, how would they then, face the higher ups of the movement? Who will want to risk himself with higher ups? They were shrewd enough not to compromise on their coveted position there. It was easy to see what was holding them back.

The fear to avoid making overt references to Vasudev was thus apparent. They had to then make noise, endlessly talk, harangue, express displeasure, shock, fear of hospital reputation, anger, roaring protests like tigers, to display this whole spectrum of emotions and cover their tracks and their back. Yet, not once naming the issue on the anvil clearly. Thus, they evaded the major issue all the time. ‘Who is to suggest first that he be thrown out?’ No one wanted to be that first; not even to be the one among others to appear on the list endorsing that. No one wanted to be the first one to squarely blame him. This went on for some time. One had a palpable feeling that, various issues had entangled themselves consciously, unconsciously, and so much had become apparent almost in a naked fashion.

For Nagaraj and Sharad, the only two, the movement bosses or their wrath were not the issues at all. Vasudev causing such enormous harm, episode by episode, was. The Movement, in principle at least, stood for unblemished character of its people. ‘Why should the blatant dichotomy of practice and preaching, that too by a blue-blooded boy of the bosses, be allowed, or tolerated in the hospital? They wanted the Trust to endorse that stand. And none of the Trustees were remotely supporting unconditional, immediate dismissal.

To Nagaraj being an insider of Bharat Seva at least, this was not surprising. On the other hand, consenting to throw Vasudev out meant additional responsibility for the trustees to keep The Hospital running, at least a moral responsibility. That was even more unwanted. Finally, a meek question came out.

“Without Vasudev, how will The Hospital run, who will run it?”

The outsourcing of the drug store had to be resolved more satisfactorily, in the same sitting. After the temporary defeat on Vasudev’s dismissal, the drug store topic was brought up again by Sharad. The trustees lapped it up, as it took them away from Vasudev. Sharad was genuinely concerned over the high drama of drug store and had thought about what might happen hereafter and how to go about it, before he came to the meeting. The talk of outsourcing the drug store was beyond his anticipation. But it would be a long process. He still had to press for two decisions. Removing Vasudev from placing orders and to take the drug store away from him, not knowing who would look after it.

“What is the decision? Do we proceed with drug store deployment to somebody outside? Should we advertise for it? Should we ask for a tender? How do I do it? When do I proceed? Dr. Vasudev is in-charge of the store presently by the written order of the trust. I shall need the Trust permission to put a counter order to stop him from interfering with the drug orders and drug store.” Sharad pressed on. There was a mumbling.

“Do something.”

“Something what? How does the Trust direct us to manage drug store and its relation to Vasudev? Do we undertake any disciplinary action? Do we put anything in writing? Give us some concrete directive. Otherwise, we remain powerless against his misdemeanor also. If it exceeds my limits of tolerance and decency or sense of justice by any further mishap of Vasudev, I will act and then the Trust will have to back me through thick and thin. It is a serious matter.” Sharad pressed on even more relentlessly.

“Talk to him. See. Do something, anything. Why unnecessarily create trouble.”

Sharad should have fumed at this. Instead, he smiled. This was the human weakness, when it came to action. These fellows, otherwise managing huge enterprises felt powerless against this man just because nobody wanted anything definite attached to his name or to any directive against him.

Sharad, and Nagaraj picked up the Doctor went to Sharad’s house.

“So that was it. No one has given a specific or binding decision over the drug store and Vasudev. Unaware, staying miles away, they have shown now, that difficulties of building

something in Greenspan, the enormous psychological tensions that build up, when the mischief is afoot every now and then, nothing of it touches them, understanding the agony is far away. This, coupled with their unwillingness to confront the issue is disgusting. Dr. Vishnu Murthy at the end was comfortable when no decisions were taken against his deputy.” Sitting there Sharad said.

It was March now.

“Nagaraj, I want to clear a couple of matters, before going from Greenspan. Vasudev has continued to behave like a mad man even after the first two disgraceful incidences. More disturbing than this is the move to shift the drug store outside the house.” The Doctor directly came to the point.

“What do you have to say about the drug store, Doctor?” Sharad asked.

“Drug store should not go out. The ordering of drugs, their reliability, the stock, the underhand dealing of representatives, the undercutting, the sample sales, expired drugs and dubious brands sold, adverse reactions that develop from fake drugs, unmade bills and cash pocketed, and then those sharks called drug inspectors. Weren’t these the reasons Sudhir extended to get rid of it? If I raise a counter to it, saying that in order to prevent each and every of this dangerous outcome, the drug store should be with the hospital, what do you want to say?

“In absence of surgery or gynecology and pediatric work, medicines are our only weapon in our set up in more than one-way. And a weapon should always be available in good form, so it acts the way it should, in adequate quantity so that no one is deprived of this. It cannot be fake. It should be accredited and we should have that confidence which only accreditation can give us. What we think we are giving to the patient is what is getting in to his body actually.

“I wonder if you have any idea about the fake drugs in circulation. It may look exactly like the company manufactured brand. Can you be sure of that? Hence a reliable source must be found out for genuine drugs, tested and certified. It is the company depots. A source from where certified genuine drugs of various companies should be ordered. The ordering pattern will have to change. Not by signing the order book the representatives have made a habit and Vasudev has willingly taken advantage of it.

“Not only that. It will be essential that lifesaving medicine be always available with us. The few I had procured somehow, saved Dr. Shivadas. People will blame us if we do not keep it with us. And I think they will be, for once, right. Can we depend on an outside source in such matters? We cannot. The outside drug stores may not have the authentic emergency drugs. They will also fleece our patient in turn over it, if they can and hold us for ransom.

“Credibility and safety are other issues to consider. Drug reactions, especially with injectables, intravenous fluid and other things can create a lot of problem. If there are drug reactions from drugs purchased from outside over which we have no control, even then we will be blamed. Rightly or wrongly! Why should this happen at all? If we can go for accredited drug, we can then utilize a whole chain existing in the pharmaceutical world to test and decide if such reactions did come out of it. From the drugs outside, this lane is blocked. We will thus be a wee bit safer!”

“We should have called you to the Trust meeting to discuss drug store retention. We never thought there will be such strong opinion on handing over the drug store to an outside agency. Completely befuddled, we had no counterarguments to defend its retention like you gave. Our problem is, the Trust is not giving us any clear directive to do what should be done next. Removing Vasudev from being in charge of the Drug store needs permission by the Trust. Dr. Vishnu Murthy is dead against it.”

Sharad looked unusually flustered and irritated.

“I wonder if you can convince the Trust. They have now formed a strong and a formidable opinion on it.” Nagaraj asked him.

“It was mainly Vikram and Sudhir who were strong over it. Others merely acquiesced as an escape route. I can easily convince them.”

“Is it not too ambitious Doctor, to claim this? Moreover, they will extract their price, Doctor.”

“How? They cannot. I shall offer them something they can neither resist nor deny! If you people do not mind it, I am going to look after the drug store myself and you will have to remove it by written order, from the hands of our great man and give it to me.”

When the Doctor spoke in presence of Nagaraj and Sharad with Vikram and Sudhir, it was difficult to say what cut through! The Doctor’s intense displeasure over the decision to shift drug store out, or the arguments he put forward or the offer backed by his own credibility that others had no way of denying or his powers of persuasions. After twenty minutes Vikram said yes.

When the order, clearly stating that the Doctor will be responsible for the drugs, the drug store in all aspects, hereafter and that Dr. Vasudev would not have any dealing with it, or ordering drugs, was passed, the normally inscrutable face of Vasudev had reddened, ashamed of the slap. Little did the Doctor know that this step is going to bring his entire relationship with that inscrutable face and his backers to a flash point through Sharad in a very short time. The short fuse of the dynamite had started burning.

Nagaraj took a deep breath, and spoke.

“What about the next question? Ouster. With the Trust giving us no specific orders, taking the matters to the bosses through Pant is one and the only way I can think of, following the protocol these people are so fond of. If I go to them directly, they will most certainly look at it in a distorted fashion; we being the complainant against a person whom they have, ‘so graciously given.’ The only accusation they will make is that we cannot take care of him and we are not grateful to him and to them. You can see how troublesome the issue can become.

“If Raghunath Pant goes to inform the bosses about the way Vasudev is behaving, their reaction might be more reasonable. They ‘might’ at least listen and suggest something, an acceptable remedial measure. Then they will not have anything to blame us. I however do not see this happening. I will also talk to Patavari, the seniormost after Gopalrao. If he decides to go and hit the nail on the head the bosses might listen. Yet, I am doubtful about this as well.” Nagaraj concluded.

“The second and as important message that needs to go up is that the fellow is unapproachable to us. He does not talk, discuss, or listen to us, just turns and goes away. His behavior indicates such contempt, as well as his unwillingness to talk with anybody whatever. He is neither traceable nor tractable. Someone will have to tell him that this is not the way one behaves in a hospital set up and to mend his way.” The Doctor said.

When the Doctor turned once again to The Hospital situation after the drug store was handed over to him, he felt lighter. The Hospital looked to be in a little more flurry and hurry. Sharad had come in at an odd time of four in the evening. Some accelerated cleaning of the entire premises was evident.

“Well, what is the matter, Mr. Sharad?” The Doctor asked.

“I had told you that Mrs. Samant would be coming shortly. She is the wife of the Managing Director of the Electric Company from up North and the Chairman of the Mahila Udyog, the female enterprise of the factory. The wives of the men working in the factory run some ancillary units to meet some other requirements of the Factory and run it well.

“My close friend Ratnakar, Soumya’s father, works as a Training Manager to the young recruit engineers and machine operators there. Mrs. Samant wanted to go for a holiday of few days. He packed them here. We have made arrangements for her and her daughter. Mr. Samant had to cancel the trip at the last moment. She has also cut down a few days from the original schedule. She will be coming along any minute.”

They lingered around and then walked up to the upper gate and the porch where the twin statues of Ashwini Kumaras were placed. Mrs. Samant was short, plump, with coarse features and a cynical disdainful expression in her shrewd eyes. The daughter was young and personable but a nondescript entity.

“Welcome Mrs. Samant, welcome to our small work of a hospital.” Sharad, with hands folded, held near the chin, with shoulders a bit up, bending forward, his characteristic posture, welcomed them.

With that the round of hospital had begun with the laboratory; Dr. Vishnu Murthy joined them, the empty special wards were shown, then the better filled general wards, the sparkling but unused and closed operation theatre, then the ramp, the dormant labor ward, the sparsely populated out patient, the reception counter, all with the smell of stale undisturbed air, the drug store and the X Ray department with the old Dr. Srinivas standing there with the Mongoloid assistant by his side.

“We are a service minded institution. A Mission Hospital. A Hindu Medical Service Project. We give the poor, some competent, low cost and humane service. We have raised donations, built this hospital, and combed the district with mobile vans when there were no medical men anywhere. Greenspan is not an easy place to work in. Tough. Yes, it is tough. But we, the trustees, are determined to see it through.”

Dr. Vasudev, Dr. Vasanti, Dr. Shivanand all had gathered. Shubha and a couple of sisters had joined the bandwagon. Vasudev had that perpetual smile on his upturned face, the expression of the kind of person, who understands the ‘inner meaning’ of all happenings. With his

forgiveness writ large on his face, his look and expression towards all these struggling, and lowly mortals was of condescension. ‘In vain,’ the expression said, ‘do you struggle, everything will be alright.’ It irritated the doctor. ‘Who does he think he is?’ Angrily he asked himself.

Dr. Vishnu Murthy had taken up the conversational, convincing effort on himself. “You see, we are all really working hard. This Sharad, Nagaraj, Vasudev. But it will take time before the work and The Hospital picks up. It will pick up. People do not understand its value. But they will.”

The Doctor turned away. The face of Mrs. Samant was even more inscrutable. ‘Can she not see through the hollowness of the claims these people are making? She runs an institution that makes profits, enormous profits, without exploitation and in fairness, in clean, hard, and honest way. Here we are making an appearance, trying to get something by donation for running this ‘service project.’ To make two ends meet. To keep going! Of course, all this effort is for the commoner. There is no shame in any of them. They see it as but the right thing, that the profits of city, the surplus in society be brought to this disadvantageous place. For that, they are projecting this place.’

‘This is shameful though. Why should we beg? Why should our work depend upon someone else’s charity for it? Why this damn thing is not picking up? Was it ill conceived? Where did things go wrong? Where is the bloody solution? And what is more, we must find the solution ourselves and fast. Fast. That is the word, the urgency. But how?’ The Doctor was fuming. He was disturbed. His answers were to still fructify.

The round continued. The symbolic presentation of Ashwini Kumar statues, the twin doctors of Gods, was done, as there was nothing else to show. Dutifully everyone followed. The Doctor was feeling all the disgust, humiliation, and the flaring rage that someone as successful as Sharad, as honest as Nagaraj, had to do this. Why? Why?

After a while without offering comment of a single word, declining to sign the visitor’s register, Mrs. Samant left. She spoke to Sharad something but no one could hear it. She did not wish anyone before going.

“Nagaraj, my parents are coming in about two weeks’ time. I do not want them to carry the real picture of our enormous difficulties here, that I have adequate protection here and capable people are behind this work and it will progress. My mother is a frail lady with diabetes, high blood pressure and it will hurt her extremely badly, if she finds out my difficulties.” The Doctor said.

“We will keep them engaged, meeting people. Show them the estates which you have also not seen. I will manage to be here, most days.”

“The resistance for my coming here will continue. It may not become overt. They cannot ask me to come back. My mother’s health is the only chink in my armor, my Achilles heel. But if they go back happy enough, my difficulties lessen. Incidentally, one Shri Ramachandraraao, member of Central Executive Committee, is coming.”

“Someone coming from the headquarters is good news. This will be an event. Hopefully the local and some state bosses may come to see him, and to see our work with him. They have

mostly avoided us, contact discontinuous, with an unwillingness to come to the hospital. The barrier may break a little.”

Vikram came to his house after a few days.

“Hello Doctor and Mr. Nagaraj. How do you do?”

“We are fine. How are you doing and what brings you here, Mr. Vikram?” Nagaraj asked.

“There is a talk going on in our Rotary Club that the Doctor should be asked to become a member. The category of the physicians is open. That will help him know people and these influential people to know him. I have been asked by the Club, to request him join it. Sharad is a member, I am, Shenoy, our well-wisher is another member. We are all there. What do you say doctor?”

“Mr. Vikram, thanks for the offer. But these clubs are costly. Secondly, the way they function is alien to my nature. We have been trained to surrender our work to the Movement, as an offering, without our nameplate attached to it. In Rotary it is less or little work and more of show, publicity, and platitudes. It is in majority of members a hollow lot.”

“Doctor, we know that. But this question has been discussed even in The Hospital Management Committee and all of us who are in that committee feel that your joining will benefit the hospital.”

“Doctor,” it was Nagaraj this time. “I agree with what you said about Rotary. But it will be an idea worth pursuing. If you just cannot tolerate it, resign after one year. But better accept it now. Vikram, Doctor’s parents are coming to Greenspan soon. If you can schedule the acceptance of the Doctor as a member, during their stay, they will feel happy. Do not worry over the costs, Doctor.”

Twenty-six hours of train journey with a change over, was bad enough for his frail mother. The State Office of the Movement had graciously sent the jeep and arranged their stay for a night in a member’s house. The pleasant weather and a sound sleep at night energized his mother enough to reach Greenville after a seven-hour bus journey. The Doctor was feeling a strange sensation of a small boy, without a worry, without tension, under the parental assurance that only children can feel when parents are around. That sense of animal fear of the existence vanishing, and a feeling of security coming over!

In his dilapidated quarters, Nagaraj welcomed them. Ramachandrarao was also looking pleased. Nagaraj had made the quarters quite habitable, had purchased a few utensils and had kept some eatables ready. It was raining outside and it was getting cold.

Next day after a brief round of The Hospital his parents, the Doctor, Ramachandrarao and Nagaraj left Greenspan on an extremely winding road, going down steeply. The first three kilometers on road set all of them on a spin, especially the Doctor and his mother, terribly prone to motion sickness. Noticing that, Nagaraj thoughtfully asked the driver to slow down. They met the flats of rice fields and other areas with flat lands after the first five kilometers from Greenspan. But that lasted for a few kilometers. Beyond that, again the familiar landscape of hillocks and slopes and valleys appearing in between, started. The greens deepened and became

once again numerous shades when the car turned on a mud road with dikes and ditches. The thick wood on both sides of the road seemed at once to engulf them and cut the rear of all habitation of human beings curtly and with finality. As they advanced, the jungle appeared to be even more thickly wooded, cool, dark, and frightening, at ten in the morning. The road gave rise to smaller and smaller bye lanes and once it appeared as if the large car, was literally pushing the trees sideways and dashing ahead.

“Is this the way the landscape always is, Mr. Nagaraj?”

“Yes, Ramachandrarao. From the main roads, once you deviate, and go interior and in bye-lanes, skirting hillocks, pushing your way through the foliage, it is so. You have come to this place, luckily when it is drizzling only occasionally but not the torrential rains the Doctor has faced. Things have cleared up; the ground water has seeped down and saturated the soil and the heat has made the earth firm. But imagine how people in Greenspan travel. It is much worse in and around Greenspan and in the deep interiors in South Greenspan and other places where the villagers must walk in rains and cold, miles after miles, one foot up and one foot down the hills.”

“That is lovely but still frightening. In Bombay, fifth minute of walking on flat road, I am in a local train. Thirty-eight minutes in it and I am at Churchgate. Another seven minutes of flat walk, where the crowd propels you, I am in the office. This rural spectrum is difficult.”

The car unexpectedly came to a halt. An extremely thin, cadaver like man, with a coat hanging on him, came forward, held his father’s hand, and welcomed them. Everyone could feel the genuine and the warm welcome.

“Sir, this is Pralhad, an income tax inspector, now resigned and looking after his estates. That is Jyotsna, Mrs. Pralhad. Their sons - Santosh and Subodh and the daughter Deepa, all are studying outside Greenspan. So, these two, with their labor, servants, animals, and trees, stay here, all alone.”

The attachment Nagaraj had for Pralhad was obvious. Affectionately, Pralhad asked everybody to be seated in the old, wood house, built linearly, in a row like a Borneo House or a train. Coffee was served.

“Nagarajji, this is the second time I am drinking coffee in this journey. It has an unmatched flavor we never have in cities.” His father remarked.

“Sir, your urban coffee is from the wastes of coffee seeds. This is the real plantation, unadulterated high-grade coffee. This is done in a percolator. It soaks, drips through, and matures in boiling water overnight and collects below, to which hot milk is added. That gives it the flavor.”

“Any varieties?” Ramachandrarao who normally never drank coffee or tea was enjoying his coffee, asked.

“Oh, sure. Let me tell you Greenspan is one of the few districts in the country that grows coffee. We have two of the world’s best varieties - Arabica and Robusta. Come on, I shall show you the estate.” Pralhad’s pride in his coffee was obvious.

The entourage filed out. Shortly, over a firm mud path the estate began. Pralhad showed them the short trees, with a central stem, shoulder high and horizontally spreading wing like branches, in rows and rows, geometrically organized in square or rectangular plots, with slender tapering dark green leaves. The trees were spaced six feet apart, roughly. On all the horizontal twigs and branches there were ‘nodes’ every four to six inches. At each node, stuck together were berry like fruits, about the same size, in bunches.

“These are Arabica coffee trees with the slender leaves. Yonder, do you see those broad leaves? That is the Robusta variety. Arabica is delicate but has a fantastic flavor. Robusta is robust, more resistant to water shortage, heat, but no less flavored. It will nearly match the flavor of Arabica.”

“Long ago, I had seen the actual coffee seeds. But I had never seen them on a tree. How nice they look. Why are they only shoulder high? Why don’t you allow them to grow? And what are those tall trees in between, like the Pangara we have, up there?” His mother’s botanical knowledge was any day better than the rest.

“Madam, coffee really is a large tree. It can grow up to one hundred and fifty feet also. But then, picking up the coffee seeds becomes uneconomical, yield wise as the height becomes an impediment. After all, how much up can the labor go?

“The Greenspan coffee is really the best. Brazil has an enormous but bulk yield of coffee. Where is the flavor? Where is the delicacy of coffee in it? You are city people, that too Bombay. What coffee you get will never give you even the faintest idea of what coffee really is!”

The entire plot of Coffee plants was on a slope of the side of the hillock, a part of the estate itself. The expanse of it gave a beautiful view. There was a canopy of tall trees with profuse foliage which had branches in all directions. Its leaves were shaped like a beetle leaf of a pale green color. It produced a whole carpet of thick shadow over the shoulder high coffee trees.

“Madam, coffee requires three things: sloping side of a hill, shade that is thick enough and at least seventy inches of rain. You said Pangara. Here it is called Pangara or Lithos pharma. The other with small silvery leaves is silver oak. They rise high above, spread wings over the coffee trees to provide thick shade. Both trees were planted barely four months ago. They grow quickly, provide in addition firewood for us and the laborers, that keeps our houses warm. It cooks our food. The leaves which fall down go to the soil to mulch, the required green and natural manure. It also protects the roots from excess heat. Lithos, by the time the winter starts and, in the summer, will be lopped to allow more sun to pierce and peep through. That will nourish the seeds of coffee on one side.”

Pralhad had spotted his mother’s interest in botany. The Doctor, his father, Ramachandrarao were by nature dry, as if they believed that you could eat cement to survive, having lived in the concrete jungles of Bombay.

“When and how do the seeds form?”

“Coffee yields seed only once a year, Madam. By the month of January every year we will start picking the coffee seeds. The mature large ripe ones will be dark red or deep brown; only those will be picked up in each round. By middle of March picking is over. From the last week of

March and up to the second week of April there will be a blossom shower of about an inch and a half of rain, the time and the quantum is most desirable. Nine days after that, there should be a backing shower of about half an inch. Then numerous flowers will sprout. The insects will cross pollinate and fertilize the flowers, forming seed. The flowers will wither away and the seeds will grow over the next ten months.”

“Do the flowers smell?”

“Heady. The smell is strong, like coffee. It gives a headache. It is a gorgeous smell. A good blossom and backing shower mean, the plantar is rich in that year. That makes us happy.”

‘*Bhoomi Putra!* The sons of the soil, the good mother earth, the mother earth! How intimate this cadaver like man is with it. This is the Indian peasant. The most loyal species of humans, loyal to the soil till the last, against all disadvantages.’

His mother had been caressing and observing the plants and went on. All the others followed. Slowly they made their way to the foot of the hillock and saw an altogether different plant. The foothill was soddened, soil was too soft and excess of mulch was covering the roots of the plants with long, slender, and sword like leaves.

“This is the second proud possession of Greenspan, Gentlemen!” The enthusiasm of all of them had enthused him further. He looks like Dev Anand in his famous ‘Guide’ the Doctor thought.

“This is cardamom. This is one of the sweetest, strongest flavors in the Indian condiments. It requires lot of moisture and the water must remain around the roots soaking the planted for as long as possible. So much water will rot the coffee. But on a hill slope the water does not remain at the roots of the coffee tree. It percolates down, collects at the foot, makes marsh. Cardamom grows in the marsh. Look here.”

Pralhad had bent down and had removed a lot of mulch from over the horizontally spreading roots of Cardamom. Tiny and delicate flowers with purple colored design on white irregular petals and a lot of cardamom seeds, pale green, pregnant, with full of water and the Cardamom flavor. They had seen Cardamom as a dried, shriveled and fungated fruit with hardly any flavor, yet so costly that their low budget life did not afford it.

“This cardamom looks stunningly beautiful.”

“The cardamom grows between June and October. By September we start picking it in rounds and then dry it by heating in kilns over there with the closed space. That will give us cardamom for sale, the one you see in the cities. Unlike coffee, this does not attract excise. It fetches extremely good price now-a-days and gives us poor planters some succor to indulge ourselves. Otherwise, we are hand to mouth people.”

“Mr. Pralhad, I have always wondered why some cardamom that we get is pale yellow and some has a dark green one. Which is better?” The female curiosity questioned again.

“Madam, we heat-dry the cardamom either in an open or a closed furnace. Closed kilns will give yellow cardamom. Open kilns green. There is nothing like one better than the other. Green cardamom of course looks better. What matters is the size of the seeds and the fruit.”

A long time had passed slowly. They turned and walked back. His mother raised her sari a little to wash her feet and shrieked. On the two white calves at least two dozen leaches were painlessly sucking her blood and becoming tumescent over it. It was horrible to look at.

Pralhad quickly flared a match and touched the leaches with the flame one by one, as quickly. The leaches fell dead. The blood continued to stream down because of Hirudoid like substance, the leeches release while sucking blood, that prevents blood from clotting. Jyotsna appeared and took his mother inside the house, to see if the leaches had climbed up on. Everyone was inspecting their own legs and feet. The Doctor also had several leaches. Others had not caught them.

“Sweet blooded fellows, you two.” Pralhad remarked.

Pralhad was extremely happy over his guests. The famous Greenspan hospitality was in full form.

“Mr. Pralhad, we have been hearing about Greenspan hospitality from Pandit Jawaharlal Nehru’s time. Now we are actually enjoying it.” His father remarked.

Pralhad had procured white tall glasses, poured whisky for himself, then for the Doctor’s father and Nagaraj. He offered Ramachandrarao a sherbet, looking probably at his large saffron kumkumam on his forehead. Ramachandrarao was obviously enjoying the atmosphere himself, was in a relaxed mood and smiling at his father’s indulgence.

“Sir, Nagaraj had told me that you don’t drink. But I say in the house of a hundred percent Greenspanian on both sides, how can you refuse a drink, coffee, and meat? I am extremely grateful that you have accepted the drink. You said something about Greenspan hospitality. Yes, we are proud of our hospitality, our liking for guests, people. We are drawn to people. After all, imagine this land of hills, valleys; no roads, no communication; cold, hundred and enormous rain in the eight out of twelve months a year. That leaves only four months free. Where do we see new people? If we see someone other than the routine, in weekly bazaars and marriage halls, we are bound to feel happy. And we will share it. We want to.”

His mother appeared with Jyotsna.

“I wanted to offer Madam our home-made rice wine, or the one made from fruit. But she has diabetes and blood pressure. She may not tolerate it.”

“I have already tasted a little of it with Jyotsna. It is beautiful. Cannot stand it. It will raise my blood pressure but thanks for the offer and the taste.” His candid, adoptable and no-nonsense mother replied without any sense of pressure.

With whisky, Jyotsna smiling quietly, was serving chicken pieces, eggs, and groundnut. The atmosphere had become enchanting. When they sat for food rice was served with pork. None of them had seen pork, the black flesh, and large square pieces with hardened fat. The Doctor hesitated. Pork was associated with a terrible disease of brain in his medical world; cysticercosis. At that time no specific or good remedy was available.

“Doctor, we take good care our pork. In Greenspan from before birth to death and after, nothing gets celebrated without liquor and pork. That is a must. Enjoy yourself.”

When they turned back, heavy, little did they realize that Jyotsna had packed some dinner for them, and sent planktons and some other fruits for them to enjoy.

Before he turned in for the day, his father made only one remark. ‘In what way are we all connected?’”

Chapter 3

If the visit to Pralhad's estate was enchanting, it was merely a prelude to the two places they went on to see in the next two days. The rounded, curving drive from Greenspan, was breath taking in its beauty. The descending road displayed on its left, a huge valley, so deep, it could give vertigo. Every now and then there were small falls of pure streams of white water, rushing down from the rocky hill on the right. The mud had washed down in rain for last three months. At every half kilometer the landscape changed. The initial unplanted valley gave way to planted estates bordered by huge trees of Balanji, of varying tree plantations and all kinds of flowers and fruits. Sapota, jack, orange, banana, papaya, guava, and mango. The jack tree was literally laden all over with huge thorny jackfruit.

"I have not seen jack as huge as this even in Bombay, where it comes from the coastal Konkan."

"In Greenspan, every living thing probably has an extra percent of vitality. Greenspan does not have too great a height. The air is pure, fresh, and livable and does not border all the time on extreme, except during rains. No industries, no tourists to pollute and commercialize it. Hence no pressure on cutting the fruit early. Secluded. This jack, is so abundant that the owner and his family members eat, then all his labor and their families eat it abundantly, then it is distributed around. Elephants, which roam around Greenspan rather freely, they also eat it in plenty. Jack is versatile. It can be made into a hundred varieties of vegetables, chips, sweet kheer."

The car had turned left and had started following a winding road in the flats. A deserted church stood by the side of the road on left. Gardens started appearing on both side which accentuated all the effects of dark green, thick shade, variety of trees and decorations of flowers in even more abundance, a kind of exalted beauty. If Greenspan was picturesque this was something breathtakingly marvelous. As they proceeded, they saw the board of Spices Research Center. A few more turns and they saw what none of them had seen in life.

A large area of land about a mile deep and unfolding unendingly, miles after miles presented itself. It had rows and rows of well grown, uniformly spread, planted in an organized manner, large trees with large leaves.

"This is the most coveted Saag or Teak Wood. This is a Teak plantation developed by the Forest Department; literally hundreds and thousands of trees."

The azure blue line of sky beyond, with these thousands of teaks were literally worth billions of rupees in terms of furniture wood. The plantation ended abruptly. The car turned into the Horticulture Research Center, developing new varieties of citrus fruit, sweeter and more resistant to diseases. They were greeted by rows of roses of superlative color and fantastic size. No one could believe their eyes. After seeing roses in Sharad's Garden, the Doctor had come to believe that greater beauty in roses could not exist. But he was floored by those roses! The others went berserk over them.

A well-proportioned attractive young lady came out and halted briefly on seeing the Doctor and then came forward. He immediately recollected that he had seen her for an undiagnosed pelvic and urinary trouble some time ago. She had not returned since, for follow up.

“Namaskar Doctor! I am Bindiya. You diagnosed a month back my ongoing trouble of months quickly. None of the many doctors I had seen could diagnose me. Now I am completely all right. In fact, everyone here has become aware that you have come to The Hospital. Many are thinking of coming there for treatment.”

“Thanks a lot lady, for the complement. I am happy you are all right.”

“Are they your parents? Namaskar. Come, I shall show you around. Ours is a beautiful place.”

With some familiarity, boldness, and intimacy she took all of them around.

“This is a research center for citrus and other fruits under Indian Agriculture Research, a central government undertaking. It sprawls over two hundred and thirty acres. Can you people take a stroll?”

The Horticultural Research Station was flat ground but had incomparable greenery, plants and flowers. On all its sides, hills rose in faraway distant horizons, blue, green, reddish, in the declining sun, cutting across rice fields and slowly rising coffee estates, beyond the rice fields, in the distance.

There were two hundred odd varieties of citrus fruits, oranges, lime trees, and two smaller plots of sapotas. These experimental farms were used to graft plants and using some other horticultural techniques, combined. The attempt was to discover a genetic union to see if better-quality trees could be developed. Then there were a few, dwarf, coffee plants. They were called either Sand Romans, newer varieties of coffee, short, yielding profusely and early, but with a relatively short life just thirty years. The main two varieties gave good yields for over sixty years, after which they were uprooted and new saplings had to be planted. Then there were sheets and sheets of creepers of Passion Flower, hung on barbed wires, as is done for grapes, making waves and sheets of passion fruit. Then they saw plots of Mangoes, then guavas.

“Elephants dash their way in, from the right side and destroy a lot of our plants and research. We have put up electric wire fences. But the elephants are clever. You know what they do? They break logs put them on the live wires, press them down to break them and then come in.” Bindiya was at once troubled by the elephants and could not help admire them. From her tone it appeared that she would not really want anything to be done to the elephants in any way.

And then as they turned left, they saw a dark green jungle, so attractively beckoning them, something, none of them could have imagined in their wildest dreams. Cement Pillars as tall as twenty feet were erected in rows after rows, in all the directions. Not randomly, but in well derived rows like the Chinese checkers, hundreds, in any one direction. On the pillars hung the creepers of ‘Black Pepper.’ The rain-washed misty atmosphere, dripping dew and the clusters and clusters of the seeds of green pepper full of juicy hot substances, in scores, on each plant, hanging indulgently and expectantly to be picked. Each one of the visitors simply rushed in and started roaming around freely. There was a pungent odor in the air and one could even feel the

breathing of those climbers. A long time passed in that charged atmosphere where the wet smell went deep.

Reluctantly they moved forward only to discover rows and rows of cloves followed by trees of Cinnamon, one of the prime flavors of Indian Condiments. The doctor's mother was so delighted to have seen so many plants at one go. The moisture, the faint drizzle had had a heavy effect on them all. The beauty was too much to drink, digest or appreciate. Bindiya produced a bottle of passion fruit juice and put a lot of fruits, flowers in the car boot, greeted his parents and turned away.

His father had taken the rounds of Greenspan town, alone when he wanted to smoke and at times with Ramachandrarao, who had gone back after a few days. His mother stayed at home. In The Hospital all the staff was smiling, the day his parents visited the hospital. Dr. Vasudev had invited all of them, for an evening high tea, the same day. Inevitably the conversation turned to the 'Movement' and its people. Doctor's father mentioned his decades long association, with the top hierarchy. The Doctor had not told them anything about Vasudev except that he was an old hand in the Movement.

"We have had great pleasure as part of the Movement for so long, nearly fifty years now. Hundreds of people know each other. They are with you in time of need. You are with them when they need you. Small things. They matter. We were ordinary lower middle-class people. The confidence, that you are not alone in this cruel and disadvantageous world was first given to us by the Movement." His father started the conversation.

"What I cannot understand is, there are Maharashtrians and that too Brahmins everywhere!" Evenly, without raising his voice, without trying to give any indication of what he meant or wished or felt, for himself and to his father, Vasudev delivered this.

His father was taken aback. He tried not to show it and fairly succeeded. The Doctor wondered as to what intent it should be taken with. He did not want to believe what he had guessed. The hatred that Vasudev had borne, this thoroughbred volunteer of the Movement felt, for that one caste of Brahmins was unmistakable as well as impossible to believe. Then what is it that the training and acculturation over these years had achieved? There was no doubt that the position the Movement had achieved in the public life of this country was on account of the enormous and unthinkable, almost inhuman sacrifice of Maharashtra Brahmins initially for a couple of decades, to get the Hindu society as a whole in the fold.

It dawned upon the Doctor that as a Brahmin hater Vasudev hated him also to the core. It was the unalterable fact that the Doctor was a Brahmin and an MD on top, and had come to this godforsaken place and joined, what Vasudev considered his terrain so far. That had upset all the equations rather badly.

The high tea had already lost its charm and taste. They filed out. Vasudev saw them off without even coming to the door.

The Doctor got inducted in the Rotary Club among its extremely well dressed, suited, booted, fashionable, rich, and well-groomed members in full attendance. The hall was decorated beautifully. Many ladies, wives of the Rotarians were also there. Some dignitary 'high up' in

Rotary world had come down to Greenspan, and was introduced as if he was Martin Luther King. Many people from other clubs had come, to witness the induction ceremony of four new members. The Doctor was ordained in Rotary by this King, or the bishop. Many people greeted him and his parents. He did not know them.

The hollow sermonizing in the ways service in Rotary was as intolerable as the sandal pastes and the other pock marks of worship the Doctor had seen for long now. The formal function ended. Bonhomie began and drinks were served. A fine dinner with plenty of non-vegetarian food was soon to follow.

One of the two people he met face to face first time was Dr. Koppikar, the short-bearded man, who had walked out on Nagaraj and company. He appeared a dominating and domineering person, pompous and pampered by almost everybody around him except Sharad and Vikram. When their eyes met, he knew his adversary, a cheat, a schemer, a scoundrel! To the Doctor's swift metropolitan mind, it did not take even a second to know that the adversary was a pitifully hollow man, who had entrenched himself in Greenspan as a savior of mankind and collected a whole lot of sycophants who had raised him to a level of merit, Koppikar did not deserve.

The greater difficulty was the other judgment the Doctor made. And however much he did try to tell himself not to utter that word, but it kept coming back to him. Whenever he saw the hand smoking 'State Express' and a glass of whisky in other he knew that the cheat is also a third rater, somebody who shudders in the presence of a better person!!

The other person he now saw at close quarters and for long enough was Sambashivrao, the district head of the Movement in a pious dhoti, sandal paste on his forehead and the eyes of the predator. He had the ugly habit of boring his gaze down on people. Especially ladies. The Doctor had a repulsion for him from the moment he heard about the ugly lust he had publicly shown during the opening ceremony of The Hospital. He knew many more things about Sambashivrao. The disgust now had personified.

As if the initial shocks of The Hospital and the rapidly unfolding Vasudev episodes were not enough, the Doctor had been in for some more trouble.

One day, couple of months before this Rotary induction, he was traveling in Sharad's car and had taken the right turn from the gate of The Hospital which like all roads in Greenville went up, steeply winding, and rising, to meet the interdistrict main road. As the car's lights flared past, he saw someone coming up and a lady he had seen on the counters of Janata Bazaar standing in the dark.

"This bloody fellow Sambashivrao will press and put his hands and body directly on her, right on this turn, get what he can and then go. She is also waiting for him."

Shocked and nauseated the Doctor felt like vomiting! He had seen Sambashivrao, from a long distance and fleetingly in a neatly organized dignified function of the 'Movement' in a kurta and the Maharashtrian type Dhoti, with an air of a monk or a sadhu. The district head in the Movement, in Doctor's mind was a representative of the Chief of it, endowed with many good qualities. It was too much for him to accept that the 'head' will be fornicating and lusting on a road like a dog in Bhadrpada heat.

“Doctor, not having good doctors is not our only liability. Doctor Koppikar and Sambashivrao were great friends. They still are. Mrs. Gandhi declared emergency and everyone was locked behind bars, Sambashivrao included. Doctor Koppikar relinquished his official post in the Movement, out of fear of being caught, and because he had a developing clientele of Muslims in his newly establishing practice. So, he slammed the doors on the face of all who belonged to the Movement, from top to bottom, all those who had helped to establish him.

“When Kalyanmurty and Balraj, our provincial head and sub head were in search of a person for the post for a district head, we had suggested a few real good Greenspanians for it. But Balraj was enamored of Sambashivrao because of his antics in Yoga, twisting his bare torso in all kinds of postures and that was the great qualification! You know very well the excessive affinity these people have for all this ancient claptrap! On learning that he has been tipped for the post, his twin brother and many others went to Balraj.”

“Why?”

“To plead not to make Sambashivrao the district head, because of his drunkenness and great debauchery. A man of this evil reputation to be the district head, no! But Balraj had made up his mind. When Balraj did go to give him the offer of this post, he was so drunk that he could not even stand up and talk properly or manage his attire. On the day The Hospital building was opened you know the incident the dead drunk Sambashivrao wanted that girl to sleep with.

“The bosses of the Movement, which started to cleanse the national character, wanted this man to be the district head. We had to under compulsions, make Sambashivrao lifelong trustee of the hospital, give the contract of its electrical work. He insisted on concealed wiring. Now with 150 inches of rains and a flat slab with seepage, short circuit has become a major headache. Most of the wiring in four years’ time already needs replacement and redoing. Whenever I did the replacement, I found hopeless material and fourth-class workmanship. This is what Sambashivrao is. He has also cheated the project by not giving any account of sixty-seven thousand rupees for over two years now.

“My Dear Sharad, and do you mean to say that you tolerate him and have routine transactions with him, maintain cordiality and talk? And that we have such people, of this kind on the board of The Hospital as Trustees? Kindly do not expect me to do that. Patient man, even tenacious I may be, but do not expect me tolerate him, keep him away from me lest I slap him.”

“What is the point of being so intolerant, Doctor? Whatever it is, he is a cousin of mine. That cannot go away. We need him for our garage.”

“Mr. Sharad, I am not a Godly or a saintly man myself. As a doctor of medicine, the physical elements of man and woman do not put bedrooms in our mind when we examine patients. I know what sex is, and can mean to people. I am not passing a value judgment, being a liberal myself, in thought if not in action. I am a Freudian, if you want to put it that way. But then as head of the Movement, you do not do certain things. At least do not boast about and make a virtue of it and go around in blatant shamelessness. A district head is supposedly an image of the chief who in his turn is a protégée, a reflection, the quintessence, penance, sacrifice and Godliness of the founder himself. In our own mind we cannot allow dogs to adorn that throne.

“Listen to me, Mr. Sharad. The string of crimes does not end but begins here. If this man has been made a district head knowingly, then I really wonder what my reaction to any Movement officer will hereafter be, who partake the hospitality of this man and go to ‘pay respects’ as they routinely do. My bloody foot! This Vasudev, in whom I had so much hope, faith and expectation, has already dashed them. This is the second one. You are right. You said I shall have to be protected from the shock and Vasudev.”

“Be it private life, social work, or our own profession. We are expected to be a cut above average. We should also be above suspicion, not by deception but by excellence. Have credibility above everything else, earned by our deed and person. The founder was a man with no means and far bigger disadvantages. The metal that capped the drill was his credibility. And this man has no regard for it?” Exhausted, the Doctor stopped.

“You are setting too high standards, in too small a place, or for too small a people.”

“My dear Sharad, how can you work, why should you work at all, if you do not want excellence in your work. I worked really hard for three years to get my M.D. I was not reading to pass my M.D. I could have passed that at much less or inferior effort. But I wanted to be a physician with the highest possible understanding of medicine when I appeared for my examination. The most important thing in my life is the work and how I do it. Everything else comes from that, including what you become. If I have to compare this with Sambashivrao, do you expect me to accept substandard material being put on the walls of The Hospital? For me this is a sacrilege, defiling a place of worship. I am finding it difficult to accept all this. Therefore, keep Sambashivrao away from me, else I repeat, I will slap him in public. It is another question what we do with Vasudev. We will discuss that sometime later.”

Nagaraj was back again. His mother had requested for no more outings or going to anyone’s house. The social curtsies and etiquettes require a lot of energy which she said she did not have.

His father came straight down to the point.

“Nagarajji, I have observed your project, work, and involvement. This is a semi charitable hospital, charging much lower, than private nursing homes. Then there are those large government hospital buildings. They must also be serving people. Do you think or do you not think that this establishment of yours is superfluous, redundant? Not necessary. Is it not something of a duplication of resources? Is it worth all the trouble you people take?”

Nagaraj met this assault with more equanimity that the Doctor thought he would be capable of. It was not an effort at it. There was just no shake up. It looked as if Nagaraj had prepared for this eventuality.

“Sir, sometimes even I think that it is reduplication. Not just duplication. Sometimes I do feel it superfluous. But some of the ground realities make us feel that it may be worthwhile to try this experiment. What we have realized, especially after the Doctor’s coming, is what a hospital should mean. Both the government setup and the private nursing homes lack in its essence the quality or feel of a hospital that we possess by the very nature we built it.”

“Do you mean to say that they don’t function well?”

“Yes, I do. Not at all. The private enterprises are fleecing people, without corresponding value of their treatments. They provide as little, they should be able to get away with, charging high. No complicated medical situation is tackled with any great competence, in both the government or the private initiative. There is no vision or aim of development in quality. It routinely entertains people who anyway do not have a serious illness. Ninety percent or even more of the patients need only entertainment and flattery. It is sycophancy both ways. Many rich people having nothing to do, treat this as an opportunity to enjoy and be entertained.

“The riches of private enterprise here have some unsavory sources. Sexual promiscuity is there, everywhere in the world. We seem to have some extra dose of it. While freer sex is not necessarily a taboo, getting pregnant before marriage is taken seriously and any price is okay to get rid of the conceptus. The doctors who can do that, charge heavily and people pay even if they cannot afford to. There are doctors who have a mania for removing uterus, once a woman has completed her family, as early as less than thirty years. The women feel cheated. Severe psychological trauma and physical ailments make them miserable. Somebody, some mechanism should stop this.”

His father looked dazed. His mother looked distinctly unwell hearing all this. Nagaraj pressed forward relentlessly.

“These government set ups are terrible, dirty, and loathsome. They are supposed to be free. They are not. The bribery is highly prevalent and the costs of it are very high. To be seen by a doctor, to be looked after in the wards, to get medicines, the patients must pay. This payment may be much cheaper than the private care. But our bills will be much less than the amounts given in bribery in Government and with much better results. There are no X rays, no drugs, no laboratory facilities, no service, no proper anesthetist. Only extortion. Unnecessary surgeries. Appendix can grow again and must be chopped off, second time. There is one surgeon, brash, demanding and a great extortionist. He behaves like a demigod. He is supposed to be a good surgeon. But the way he behaves, operates, he finally lands people and cases in such difficulties that people die. Cases coming for delivery bleed to death, the new born dies. Somebody, someone, an institute should stop this.”

His father asked, quite shaken, looked askance.

“Do they really operate when there are no indications? And appendix grows twice? Oh, my God!”

“Yes. Here they will make a superficial scar, stitch it and come pout. Patient is anyway without any trouble, in good health, safe for the scar. Reputation of the surgeon grows.

“There is a large segment of population, small land holders, moderately well-off people who value their life and life of their dependents like laborers or their family’s life. There are large estates, company estates. There the organized labor demands that money be spent on medical help for them. Yet, the service available to them does not meet their needs and they go to the far away larger cities, often come back without relief and with debts. The Planter-laborer combine has rejected Employees State Insurance Scheme, out of hand. They have rejected government hospitals. They do not want their company money slip off to privateers. They need such institutes

as ours. They need some kind of financial accountability. Some reasonably well functioning infrastructure. It is the midway path. That is a definite and valuable necessity for people.” Nagaraj paused.

“Then why are things not moving here in this hospital of ours for which my son has come?” His father was apparently unmoved.

“That is the most unfortunate part. We started well. Then slumped, as we were ditched by the professionals, who promised help and involvement. However, I would like to say one thing - unless we reach our full potential for treating largest numbers of patients with severe problems within basic specialties, the question of superfluity and redundancy is unjust.”

“I am sorry if I have hurt your sentiments. I did not mean to. What you said all along is understandable. The tailpiece is by far the most important. But you know, it is the heart of a father for his son, working in such horrendous circumstances. It is bound to look negatively at this enterprise and worry over the son. But in future I shall remember while worrying about him, that people like you are around!”

Whatever amenities that Nagaraj might have created in the house for his parents were still quite inadequate for them, compared to their Bombay house which his mother could have comfortably run, blindfolded. Here it was starkly different. Even the daily bath in this cold atmosphere was an adventure, to be finished in that small quantity of water that was available. She started showing signs of physical breakdown, blood pressure had shot up alarmingly, blood sugar had scaled high. Unable to get up, she was giddy, vomited and looked flushed. She was not able to tolerate the height of four thousand feet.

Quietly the rest was enforced, invitations were politely declined, food was arranged to be brought, medications stepped up and two days prior to their backward journey she was brought to the capital city in a spacious car and rested in a hotel. With better amenities she picked up her health and courage enough to go back with a twenty-six hours journey, a change of train and track to Bombay.

Little did the Doctor realize as he walked back from the railway station that this was the first of her journeys in ill health, to and from Greenspan, in the years to follow, forcing him to rush to Bombay every now and then.

The chink in the Doctor’s armor had widened enough to admit this sword.

The Doctor was tired within. He had endured the weather, the inhospitable house, the complicated cases without external help. He had to fight the inertia of people and overcome odds of a derelict system and manpower. The biggest drain he did not realize was that of talking to people who mattered, to overcome the doubts expressed by all about many things including the written system. It had been rammed down the throat of everybody, but the opposition to it the staff showed, the smug resistant was continuous, shown plainly, risking the life of patients greatly. It had given him shivers in the spine. Finally, the Doctor made a request to let him go home for a couple of weeks, explaining the reasons for his tiredness and even more his inability to tolerate continued destruction by Vasudev.

The tiredness further accentuated because Vasudev continued his manipulations. He longed to go to Bombay if not to go back to Bombay! No! Certainly, to Bombay, not back to Bombay. A short visit would give him some peace. He may feel revived and then be back. After all, whatever the reason or motive he could not allow Vasudev to run amuck and destroy the work. Together, with Sharad and Nagaraj he had to check the mischiefs. Vasudev, he was certain would create more mischief in his absence. However, suddenly, he did not feel like taking Vasudev on!

“Yes, it is the motive behind, even I cannot understand. Initially if Vasudev was frustrated because we could not send him for his M.D. immediately, it was understandable. Now after your coming he could always have gone and The Hospital would not be at a disadvantage. And now we have to go through Pant to the bosses to get some solution as fast as we can.” Nagaraj reiterated the position and continued.

“Should such a strong complaint not lead to demand an automatic ‘ouster’? Sharad asked.

“Before the ouster, a few more intermediate steps would be desirable and should be conveyed to Pant and Patavari. If I am the cause of Vasudev’s hatred, the symbol of Maharashtrian Brahmin dominance he does not like, let me go away for three weeks. Do allow Vasudev to do what he wants with patients. Take Vasanti and Shivanand in confidence, if possible, to see that our patients do not suffer. If I talk to these two characters it will not work at all. Let Vasudev feel free from the sense of operating under the scrutiny of an M.D. from Bombay. It can be a cause of tremendous inferiority complex and can irritate anyone who took his basic degree ten years ago. The only unpredictable thing is what will happen now, irrespective of all these alternatives discussed.”

“There is one more step we can include. Take them into confidence and work out a plan to send Vasudev on long leave. That can always result into petering away of Vasudev, if he does not want to change or come back. If he does come back, we would like him to be around. He is an experienced man; we can keep liaison with Movement through him. He can be a buffer, a peacemaker for adverse situations.”

“You are too generous, Doctor.”

“I do find it difficult to work with Vasudev around. The reality is it can be either of us for work. Either or survivors, like a bank account. If you want me to go back permanently, I will leave except that I think a lot more is possible for me here. On my way I intend to talk to Raghunath Pant and make my side of the whole affair clear.

“Earlier I did say that these gentlemen will manage this matter carefully. In last few weeks I have changed my opinion. These bosses will raise hell for us. For the Movement that is supposed to and is known to run, on trust, there is a pervasive paranoia and absence of faith in ‘others,’ outside their pail. It means only one thing. These people of high stature know that they will be getting exposed if our story is to be accepted. Whatever is happening must be reaching them. Why is it that we are not being sounded over it? They are afraid that they will be confronted and they cannot face it except by a counter-offensive, even if completely unjustified.”

Sharad and Nagaraj stared at the Doctor for a long time before the Doctor began again.

“The most likely response of the bosses, I will predict. Nothing ever goes wrong at their hands or any of their officers. They do not like to be shown in the wrong light and are too sensitive to accept it. That is why they will ignore the dichotomies of Vasudev, because he is deep within their internal structure. Therefore, the acceptance that something has gone wrong, will be impossible to come. They are good at blame game, ostracization and blotting individuals as persona non grata, and it will percolate to the lowest level. Do you see the contradiction? If the water flows high over the head, the next best thing they will do is to sacrifice one or all of us. Another response can be to ‘push below the carpet’ an episode like this, and continue with placid faces as if nothing has happened which is another of their well-honed practice.”

“How many years have you spent in the Movement, Doctor?”

“Fourteen out of twenty-eight years of my existence. I know them for what they are, Sir. Frankly I get bored of them, at their narrow outlooks and narrower horizons.”

“It is an extra ordinary series of statements you have made and we seem to agree with what you have said.”

His going to Bombay and return was well planned. His mother after going back was also not keeping well with fluctuating blood pressure and sugar with various troublesome and debilitating complaints. She needed a review from another physician of Doctor’s choice who could then take care of her and keep her relieved of as much trouble as possible. Dr Shivadas was not keeping well and did not want to stay in Greenville if the Doctor was to be away for such a long time.

The first thing the Doctor did was to take Dr Shivadas to Prof Vishwanath Mitra. He narrated the story of his admission and the way he had managed Dr Shivadas since, in all the details. He requested the Professor for a review of what he had been doing and modify or change whatever he wanted to.

“My Dear Doctor, there is nothing that I need to add, change, or delete. You will come to know of it shortly, but for his neuropathy pains, a new drug has come and is quite effective. I will leave samples with your patient and my old friend, which you can take back.”

Turning to Dr. Shivadas, Professor Mitra said,

“The large number of people from Greenspan coming to one of the three cities has noticeably come down in last one year. It is not good for my practice, isn’t it? Earlier they used to come for anything that scared them, rightly or wrongly, of serious indicators or unnecessary worries. In most of these cases we had to wrestle with the way they were managed, without a guarantee that our prescriptions would be followed. Those who come to me now, just because they have come to the capital city with this man’s prescriptions, no modifications are necessary. Dr Dixit from the Port City has been telling his patients from Greenspan to go to your doctor. I only wish this had happened earlier and faster.”

From the house Dr Shivadas’s son in law the Doctor had spoken to Raghunath Pant. He was acquainted with Pant but they did not know each other intimately. It had not taken the Doctor much time to realize his prestige in Bharat Seva as well as the Movement, how highly valued his word was. That was important. There was no spark in his talk, or any scintillating glitters. But a

quiet sensible intelligent pride in what he was, the Movement he belonged to and what the position he enjoyed, meant in moral terms.

“Nagaraj must have told you about Dr. Vasudev.” The Doctor began.

“Yes Doctor. He has. I am sorry that you have been put to considerable hardship in last eight months, and we do know about it. Nagaraj has outlined certain steps to deal with Vasudev. I shall be speaking to the higher ups. We are suggesting to send him on leave by first April. All actions to that effect are ‘Okayed’ at your end. It is my personal responsibility to convince others that this is the proper thing to do, even if they do not like it. I personally guarantee you that they will not hold it against you or all of us. Genuinely. Presently all of us are running around a great deal and it may take me sometime to properly meet Kalyanmurty. But it will be done.”

Raghunath Pant had directly come to the point, named the issue, and outlined its implications, ramifications, repercussions. This, the Doctor thought was a rarity among men whom he had met both inside and outside the Movement.

“Mr. Pant, let it be clear that it is not a feud between me and Vasudev. It is a matter of moral, ethical conduct expected from Vasudev. It is the severe damage he is causing to the project. We cannot sustain the damage and we cannot tolerate such behavior either. The feeling is intensified because a hardboiled blue eyed volunteer worker is doing it. I am not against keeping Vasudev if he decides to behave or the bosses can make him behave. That however is unlikely to happen.

“Yet, it is difficult, impossible to work with him, in the present situation. I admit that. Let it be clearly understood that his dismissal or removal from The Hospital is the only solution. Not that I care to be blamed over anything, including a demand for dismissal. I don’t give a damn. But not to say that, will be playing falsehood to my feeling. Rectify the situation with or without him, and that is about all.

“I hold a belief that on issues of principle, we do not compromise. I know that every damn fool will agree with it, in principle. Practically, the dismissal will have to be overseen, allowing every situation to unfold and become a self-explanatory, suggesting or demanding its own course, the right and only one. Even if it may not be the most or least palatable one.

“All kinds of concessions to the mediocrity and the personalized biases will have to be given, however unfortunate that may look. The action should be commensurate, carried in the name of truth, and rightness, and the uncompromising culture that we have imbibed under great adversities, If, some people do not like such decisions, they are not worth considering. And they will have to accept it come what may, with or without rancor or anger. I only hope that the veneer of principles is not thin.”

“My Dear Doctor, leave it to us. I understand everything of what you told me. We will do it. I want to know from you only one thing. You are coming back, aren’t you? And I want to tell you one more thing, all of us here want you to come back, notwithstanding any other conditions, solved or unsolved.”

“I shall be back. I love my work that I have taken up. I did not come here to give it up at flimsy pretenses, least of all, Vasudev’s behavior. Thanks for wanting me back.”

Little had the Doctor realized that he had indicted even Raghunath Pant in this process. The offense could have become unnoticeable because a lead role was being provided to him, a torchbearer of 'no nonsense.' Little did he stop to even wonder how much Pant was relishing it, if at all. It would be years before he learnt about what had happened with Pant and the rest of them.

Chapter 4

The Doctor had taken every precaution on his way to see that any likely ugly reaction is mitigated, subdued, does not produce a backlash nor widen the chasm, the ‘bosses already maintained from the hospital. Yet something had gone wrong and eight days before he came back, despite all these cautions and precautions, the game plan had busted. Vasudev had now managed to bungle finances, had once again ordered indiscriminately, defying the Trust order, neglected the work, corrupted the workers even in those three small weeks, while the deadline of the Doctor’s return approached.

Sharad had over read the Doctor, had become unduly preoccupied that the Doctor did not want to work with Vasudev, and overestimated the intolerable anguish of such a proposition. He probably felt guilty that for any one crime of Vasudev, he should have been out of The Hospital at least five times by now. He had probably fretted over the fact that he had either become or remained powerless against Vasudev, and against the ‘bosses’, and obliged to them only because he was a man ‘given’ to them as a favor. And that the whole god damned breed up there was involved. All this had welled up. The concern for the Doctor, needlessly overwhelmed, a strange feeling that I shall hammer all such cartoons like Vasudev at one go, whatever that had played on Sharad’s mind.

Vasudev was dismissed by Sharad, summarily, taking over the project also, summarily, superseding the authority of Dr. Vishnu Murthy who had refused to sign the order of dismissal.

But Vasudev was out! That was a relief and as the Doctor well knew the beginning of a huge feud with many. At this moment, a little uneasiness was all that he knew he had over it. He could imagine what exactly was going to happen in times to come. But Nagaraj had not materialized in Greenville and there was no way of knowing what was going on. All looked ‘Quiet on the Western Front.’

Within two days of the dismissal of Vasudev and the electric dispatch of his belongings, with bag and baggage, lock stock and barrel, The Hospital had suddenly perked up. Shivanand looked freer, Vasanti as if a heavy load was off, and workers moving around more naturally and able to smile. The relief was tantamount to the drainage of a big abscess, at least comparable. The working hassles inexplicably came down by themselves, and disappeared. The atmosphere breathed with an assurance that if an order is given a counter order will not be issued, a call for patient if sent will be promptly signed, answered, and attended to. There will not be any uncertainties over anything happening. Things will have a context, a set pattern, a fixed reliable framework, and that made all the change. Less than one week was enough for all to have forgotten that Vasudev ever existed and stalked the face of this part of the earth.

When Nagaraj finally arrived, he did not have any particularly wild or bad news. The decision to dismiss Vasudev was yet not conveyed to the top brass. Kalyanmurty was touring, Balraj was busy; Sujit, the next in line had been told. They waited and worked.

The first warning came with Patavari, the head of state for Bharat Seva. The Doctor had gone to the Garden City for attending a meeting. On his way back, a three-hour journey, he accompanied Patavari. A muscular, hefty, tall, bald and powerfully built man past fifty, Patavari was a Maharashtrian naturalized in this state. He had a faint accent because of the childhood influence of two equally strong forces of two equally strong languages. But that was not all. Patavari was the first volunteer, recruited in the earliest batch in 1941. Consequently, he was also one of the oldest full timers. A highly imaginative man, the imagination born due to the thoroughly imbued spirit from a total surrender to Movement, out of his total dedication to its ideals, methods, and functioning.

Twenty-six years after his entry in Movement he was asked to take over the unit of Bharat Seva newly formed. He had disliked it. Going away from Movement work was like being taken from the fountain of mother's love. He had fretted over it for first two years and then devoted his energies, the same imagination and initiative, to Bharat Seva. It grew into a movement of manifold activities, eclipsing the activities of the main Movement in Greenspan and a couple of other places and equaling the influence of the original movement in other places. It was this Patavari the Doctor was traveling back with.

Nagaraj had warned him of only one tender spot in Patavari.

"Patavari has not remained an admirer of the hierarchy any more. Having been brought up in stricter impact, he does not like bad words being spoken by anyone, about the local chiefs and the full timers in particular, for whatever they are. You may tend to be blunt over Vasudev and Sambashivrao, but be temperate."

"Do you have any idea about the reaction of the local workers over the dismissal of Vasudev? Has anyone approached you over this, expressed any opinions and or provided any information?" Patavari came directly to the point.

"My contact with the local workers is hardly any. Just to see that orders are carried out in time and nothing goes wrong with the patients, straightening out the problems that I face in the hospital, has not given me any spare time for the local workers. Added to that are the tensions created by Vasudev. The local workers do not come The Hospital to visit either."

"How many hours a day do you work?"

"Around twelve. A few times I have gone to see the preparations of the Ganesh festival; the only times I have seen the local volunteers. At the most, we smile at each other. The other difficulty is the volunteers do not speak good Hindi. It is meager, English is poor, my proficiency over the local language yet is not that good, except when I have a dialogue with the patients. Put together, none talks to me much, nor do I."

"Have you heard anything else from anywhere after the dismissal of Vasudev?"

"No sir. Neither Nagaraj nor Sharad have told me if there has been any reaction. All that Nagaraj has told me once was that everyone in Greenspan connected with Vasudev knew, many months before this April, that Vasudev has decided to quit The Hospital. None of us ever knew about it nor were passed any hint by anybody over it."

“Vasudev after his dismissal went to the bosses. He uttered only one sentence and walked out. ‘I have been dismissed from The Hospital.’ There is a furor in the higher circles over this summary termination. The long-term welfare of even The Hospital depends upon the continued and healthy association of the bosses of ours.”

“In my eight months here, neither the bosses nor the Movement has shown any indication and willingness to associate with The Hospital. In this period, the state officials came only once, talked to Vasudev and went away without seeing any of us. I do not think we can or should depend on the Movement; there is no hope from them that we could look for or cherish. We will have to do things on our own as Bharat Seva.” The enraged Doctor was blunt but polite.

“I know that and its implications. However, Bharat Seva alone is not sufficient, notwithstanding the fact that this project formally runs under it and not the Movement. The furor will lead to the further withdrawal of contact.”

The Doctor interrupted Patavari.

“This is conventional wisdom. It will not help. If they do not want any association, it is their choice. We continue on our own strength. In the last four years these people have anyway contributed nothing for the hospital.”

“Too bold a statement. Not correct.”

“It is correct. It does not matter even if you think it is ‘not correct.’ We are doing the work on our own strength. Why bother about these people?”

“Liasson, that is the bother. We must achieve it, at least attempt for it. First of all, you and Nagaraj must go and speak to Kalyanmurty, face to face. Explain the grievous hurt Dr. Vasudev caused. I will go to him after that. I know Kalyan too long. He will not listen, but blame you. Unjustifiably. Without losing temper, you have to take it. For us it is finally the Movement, for whose sake we have to do it.”

“If you say so, we will go. Let me see for myself what these people are worth.”

In the otherwise tense atmosphere however, there were days when at least for a few hours or days he was pleasantly distracted, a valve to release the steam that had gathered to blow the lid of the cooker of his situation. There were a few visits from his beloved Bombay and had enlivened his life.

In the afternoon on one rainy day a Christian family walked in to the hospital. On their faces was writ large, the Bombay, he was so familiar with. One Bombay face recognizes the other. The man came forward.

“Hello Doctor, I am Felix D’Souza. Wife Helen, and my children.”

“Which place from Bombay?”

“Andheri.”

“How did you think of visiting this godforsaken place and reach me?”

“Everyone comes to the famous cities in this state. In a casual discussion Greenspan was mentioned. We are here for three days. We will roam around here in the day, such a beautiful place. But I want you to join us for dinner every day that we are here. Let us start today.”

Felix seemed to know about the place well enough to say that they will meet in East Corner Hotel at seven. The Doctor complied with his wish.

“Doc, I envy you. Such a, such a lovely place. You enjoy this every day. No sweat, no heat, so much beauty around to cool your eyes, mind, and the heated brain of Bombay. I am glad we decided to come here.”

“The place has its own curses which I am blistered with, day in and day out. But what you say about the place is true. The cold probably compensates for the blistering.”

Felix offered him a Gold Charminar, his own brand and the Doctor felt delighted. Spontaneously they took to their enjoyment without bothering about how many they smoked in those two hours they were together.

“We are close to Mr. Pai, just a few buildings away and have known each other for long.”

“Who? My boss in the Industrial Corporation?”

“Exactly. He suggested to visit to this place.”

The D’Souza family was quite delightful. All sorts of talks came up. There was no end to liquor, smoking and incessant talk about Bombay. Having got out of it for several months the Doctor was keen to know all the developments in his company. Felix supplied him with it in ample measure. The company was doing much better but Mr. Pai, he said missed the Doctor greatly.

Next evening Felix came to The Hospital a little before seven and literally dragged the Doctor with him to a new hotel. All the Doctor’s pleas, interfering with their holidays and privacy were dashed out. Felix had not allowed to pay him the bills of yesterday’s dinner. The Doctor was anyway not able to foot that or today’s hefty bills, if he was to go with them. Felix however seemed oblivious to everything except dragging him, overcoming all the resistance to be with him. The enjoyment was great with the people the Doctor was with. It was repeated on the third day, Felix paying all the bills. The Doctor was unable to make out why he was doing so.

“My dear Doctor, let me tell you one important thing. Mr. Pai sent us here with one more task. To find out about your situation here and give you company as long as we were here. We know a lot more about you now that Mr. Pai would like to hear. More than once he has expressed his desire to come over to see you.”

The D’Souza family left; a drag, a desire to go back to Bombay from which he had just returned, at least for a few days was kindled in the Doctor’s heart he knew will become stronger.

The next morning the Doctor woke up with excruciating pain in his stomach. He dragged himself to The Hospital and went to Dr. Vishnu Murthy, who examined and admitted him in the same ward he had stayed when he finally arrived in Greenville. It was a stomach ulcer, acutely flared and extremely painful with strong spasms in the stomach. Luckily, it was not bleeding. That would have let lose the hell because then it would be necessary for Vishnu Murthy to take

him up for operation, to stop the bleeding by stitching the bleeding vessel; Vasanti would have to anesthetize him, and blood, if it had to be given, whose and how would be an enormity to solve. The Doctor was not sure whether any blood transfusion was ever given in this hospital. Providence saved him from bleeding but the agony lasted for two full days.

Dr. Vishnu Murthy asked a Nurse to pass a stomach tube through his nose, ordered injections to relieve the contractions and intermittently give cold milk through the stomach tube. There was no drug available to cut the high acid production which was causing all the trouble. He heard Dr Vishnu Murthy asking somebody if the Doctor smokes. He also heard the answer, 'hell of a lot.' Fortunately, the matter did not proceed to further enquiry about his meetings with Felix.

When the Doctor alighted from the off-white Ambassador which Nagaraj had taken from an income tax officer, the milestone on the road read exactly 18 km. What he saw on his left side was a well fenced, extraordinarily large piece of land with few large, sparsely erected buildings, one to two story high, with large tracts of land divided into broad roads, some fields to grow various agricultural products and large playgrounds. A solitary tall flagpole stood in the middle of the left side large playground, the place of daily evening activity. It had a puritanical and Spartan look. Even the air felt and smelt differently. Were the former *Tapovanas*, where ancient priests and sages undertook Yoga to attain *Moksha* or *Nirvana*, like this place? Were the ancient *Gurukuls* where boys of all classes were taught the life matters, like Shri Rama and Shri Krishna among others? The appeal of this place which the Doctor could not escape, was because it was able to stir the imagination. There was something else. A sense of beauty, an aesthetic outlook in the way the place was arranged. One met it rarely to match one's own taste. He felt it as a completion, fruition of so many things he was seeking in his life and in their Movement. A mark of achievement, a place, or an island of excellence, from where to churn out men with capital M.

As they coursed through, many persons who knew Nagaraj greeted the pair, got acquainted themselves with the Doctor. The same affection, the same love, brotherhood, the camaraderie. The place was a residential school of repute, erected, run, controlled by hardcore workers, steeped in the culture deeply understood, unwavering in their faith. People of influence, from far and wide, even those not connected with the Movement in any way, sought admission for their children in this school. They did not want their children corrupted by the influence of outside world, but to adopt a moral code.

From the instant he placed on his foot on the site, the place had appealed to the Doctor just as The Hospital had. Both were remote from the hubbub of the city. It required a special effort and genuine desire to reach both the places. It was like temples in India, characteristically situated on mountaintops. He saw both places as symbols of people, who wanted to achieve, from these projects, something of a great benefit to people. The tribal work initiated and inspired by the Movement all over India was another concrete proof of such direct, non-symbolic, concrete achievements that created the much-needed schools, hostels, self-reliant centers, ITI's, taught them various artisan trade, better agricultural methods and many related skills.

This place was a symbol of such, but few, 'blatantly successful' ventures. He wanted The Hospital to be recognized the same way. This was philosophy in practice, lived in the wicked dastardly world, with full faith that it cannot be corrupted by the world, and yet will be able to

allow one to live well and successfully. What he did not know then and was to come to know years later was, the creator of this place was sidelined since the reputation of that man rose high, which those others did not like. The creator had abandoned the Movement and became a successful industrialist in years to come.

The meeting with Kalyanmurty, the provincial chief was a great anticlimax to the promise this place showed. The pleasantries and preliminaries once over, Nagaraj started speaking.

“Mr. Kalyan, we regret to speak to you about the circumstances we feel ashamed of. It is now for over seven to eight months that we have had to bear with all the dirty acts that Dr. Vasudev performed.”

Nagaraj narrated each and every instance briefly and for any decent person it should have had a penetrating effect. Kalyanmurty was utterly unphased.

“We tried to keep the matter within ourselves. Several of our attempts to talk to Dr. Vasudev were in vain, because he would not come to meet or simply walked away. It was in itself insulting. This is no way to behave when you are working in a set up where fifty others are working and scores of patients come for relief.

“Then it became increasingly apparent that we cannot continue with Dr. Vasudev any longer, if we have to survive and save the project. In the first two weeks of March, we had several rounds of talk with Pant. He in turn talked to you, and others concerned, informing all about the suffering we have had to undergo. It was also decided to convey to you both our decision to send him on long leave from April first till the matter is discussed and then take suitable action.

“It had been a torture to endure all that he was doing. We were laying bricks of work and building every day, this man would demolish it. But what happened between 1st March to 24th March was a concentrated dose of all the seven prior months. It had embezzlement, it had public embarrassment that resulted in turning patients away from the hospital. There were a series of insubordinations, deliberate flouting of all discipline, personal favoritism, indiscriminate issues of memos, indiscriminate ordering without regard to financial position despite written orders against it. We had started to become a laughing stock in the eyes of public, patients, and acquaintances.

“If you want to see it, we have documented it in detail. We were trying to bear with him till the first of April, to be able to send him on leave as promised to us. We were powerless and impotent to even convey this to him since there were no communication links. A written memo sending him off by April one, to safeguard the institute may not have resulted in his permanently going away. He could have come back. We held on, because he belonged to the cadre and given to us by the Movement.

“On 24th March insolence reached its peak, Dr. Vishnu Murthy refused to act and things went beyond toleration. Sharad spoke to Pant, insisting on a permission to dismiss him. Pant was also convinced that the matter cannot be prolonged. We had also obtained a promise from Pant, his word of honor, that he will convince you that that was the right thing to do and it was with his

permission, on his word, that we did it to save the project and not so much to dishonor him or the Movement.”

“Nagaraj, first of all I cannot convince myself that Vasudev did all this.” Kalyan shot back.

“Mr. Kalyan, it is your pleasure if you do not want to believe that the sun sets every evening. Do you understand that Sharad and this Doctor have been ‘on the spot,’ in front of the firing squad, for a couple of months before and from December 27th onwards, from the death of Shubhraj? The entire trust was outraged against him. Many people came to us with a series of complaints I have already told you about. These were proved correct on investigation. We had no face to show and had to keep quiet.”

“I don’t believe that so much has happened. If it was going on for seven months, why was it not brought to us earlier? Everything was going on well and you mean to say that suddenly things changed? How do you expect me to believe you?”

“Of the many things we have narrated to you could be traced to Vasudev only after a couple of months from last year September onwards. The immediate reaction was of firefighting to reduce the damage. That is the reason we did not convey you anything about Vasudev. After just a few months, everything fell in place, when the drug store scandal broke out, when Sharad snatched it away from Vasudev and persuaded the Trust to hand it over to the Doctor.”

“Nagaraj, I am not bothered about Vasudev’s deeds. I am bothered about the way he was summarily dismissed. He is an officer, a well-versed, well-respected volunteer officer. He sacrificed a lucrative government job for you people! Did you have to dishonor him in this way! My sole and fierce objection is to this.”

“Yes, we know about his ‘lucrative career’ Kalyan, which you do not.”

Nagaraj described then what the ‘lucrative career’ meant. That he had never resigned from the service, that he had a huge second income which he did not have in The Hospital and many other things. He exposed all the links leading to the full explanation of his misdeeds, about everyone outside The Hospital knowing for months together that he was anyway not going to stay there.

“What we are stupefied at is, why was it necessary to damage The Hospital so severely, if he had made it known outside that he will not be staying for long? We will come back to you once we know. It will shock you enough to reconsider both, your opinion about Vasudev and what we did in these circumstances.”

Even this barrage did not deter Kalyan. His manner was an assumed cantankerous and truculent character, made up, deliberately; he had decided not to listen, not to accept but grind Nagaraj over the matter of protocol. There was no doubt left in Nagaraj’s mind that Kalyan had the knowledge of what Vasudev has been doing for long. It was therefore less shocking to hear Kalyan, the chief of a large province to say this.

‘As a human being, as a volunteer, as a doctor, Vasudev, in Kalyan’s view can behave abominably, kill people, embezzle money, destroy the project month after month, but his honor should be kept intact by those, booted by Vasudev every day, every moment. He is guarding that

man's honor, deliberately ignoring that the same person has already trampled over his own honor, the honor of a project and the Movement also? Has this Kalyan taken leave of his senses? Does he understand the shameful and disgraceful argument which would not look good even on a rogue in the street? What does he want to achieve through this? When the Doctor visited The Hospital first time, the same Kalyan had telephoned The Hospital to say, 'do not lose him. Keep him there at all costs.'

The double and deceitful nature of this Kalyan was now laid bare in front of the Doctor. When his parents walked in to the stately State Office on their way to Greenspan, the same Kalyanmurty had prostrated in front of his father, full length, weeping. The reason was, his father had seen the Founder, in flesh and blood and was the founder's ADC for a day. Kalyan may have been quite senior within the Movement. Yet he considered Doctor's father as the incarnation of the Founder, a fortune he could never have. His father, embarrassed beyond words, lifted Kalyan and sat him by his side and had somehow uttered a few words.

"Hey, I am a small man. I have done nothing much for the Movement. You have sacrificed your life for this cause." His father tried to protest.

"But I have not had the great fortune of seeing the Founder. You can understand what it means to even see a person who knew the Founder."

"I know what you mean and feel. In Maharashtra on *Ashadhi Ekadashi*, a holy day, millions of people walk and dance down, sing devotional songs to Pandharpur, to see the God Vitthal. When these people come back, people who stayed back, fall prostrate to them, seeing Vitthal in them. I am like that ordinary man, who has seen Vitthal." His father had then said.

What a drama Kalyan was playing out now! 'Look at this ape of a Kalyan. He wants to tell us that we should not have dishonored their officer by kicking him out? Then what about those many months, when patients died, and we suffered silently? That has now become a point held against us! If we had started complaining, from day one, then? Then the same people would have said, 'Can't you manage a man of his stature?' Whichever way we look at it or they look at it we are in the wrong. Seniority of Nagaraj does not matter. His sinless life does not matter. But we must accept that Vasudev is a saint!

'Oh God! Keep me from bursting in my anger against this colossal deliberate meanness! Is it an opportunity used by this Kalyan to whip Nagaraj, a vendetta of some past event, buried, attempted to be forgotten and yet surfacing? Some mindless hatred, a senseless abhorrence against all these people, who have gone from door to door, collecting money and begging every month to keep the work going? What is it that Kalyan wants to convey or achieve? Does he mean that Nagaraj is far too nothing to stand any comparison to Vasudev, is Nagaraj any less or not worthy a volunteer!'

The anger had started pounding in the Doctor's head. His fair and wan face had flushed. He was keeping quiet over all this. He was wondering about the motive. That gives away the game. But in his anger, he was unable to think. From his childhood days he had seen this tendency of double standard discrimination in the Movement. A bad man was not to be spoken against. He had to be reformed. But a good man will not be encouraged or praised, lest he gets spoilt, but

damn him for the slightest deviation. Kalyan was evincing the same weakness. But there was something far more vicious, dark, and black like his complexion. The Doctor was unable to fathom it; he would come to know about it, years after.

Nagaraj started speaking again.

“What would be our interest in throwing Dr. Vasudev out? He is an asset just as this doctor is; and for the sake of one favored asset, we will never sever or destroy the other. We have tried to tell Vasudev several times to use the powers given to him well, that we are not interested in interfering with professional work. We have tried to speak about complaints. He has, without exception, just walked away. It is so insulting. And you have taught that the elders should be respected and not to be insulted. But the rule does not seem to hold for those elders who work in the related Movements, like Bharat Seva or The Hospital. Do we seize to be a volunteer in allied works elsewhere, so that we could be insulted by the volunteers of the main stream, left, right and center, anywhere, everywhere, and anytime?

“You have challenged all that I have told you about Vasudev as unbelievable. We are not surprised. We had well anticipated it. Do you mean to say this Nagaraj, whom you know for so long, who could have maintained five Mercedes Benz cars, but has not made money in income tax department, is lying to you over Vasudev?

“Mr. Kalyanmurty, I think we do not have to be told or reminded of protocols. We laid out one for approval. It is not our fault that all of you were in this big crowded traveling transits, could not be or did not want to be contacted, could not or did not want to spare time for whatever reason, to listen even to Pant, or agree to the proposed action. At no step we have done something without conveying the real situation, without counsel, without asking for guidelines or permission, without obtaining a guarantee that the concerned will be made to accept the facts. If that does not happen for any reason, beyond our control and because the matters were purely in your territory and could wait, you need not roundly blame us.

“Even the dismissal was to reduce the extreme demoralizing situation that could not be allowed to be continued. You would not have any idea how clean the atmosphere has become from the venomous one that was prevailing for months. How smooth the working has become now, after Vasudev was asked to go away. We are men ‘on the spot.’ We have to survive over the sea in the hurricane. Can we keep on asking our untraceable bosses over disconnected radio, at what angle we should shoot our paddles to keep the canoe straight?” Nagaraj pressed relentlessly.

“Why did you dismiss him? That is my only objection.”

Kalyanmurty persisted. It was difficult to believe that a person could be so shameless to remain unmindful of such an unnerving tirade, not wanting to accept anything. The discussion continued for over one hour and went on in circles. The pounding anger continued in the head of the doctor. He had not uttered a single word in that hour but just silently sat there.

It was hopeless. The sun had angled down. They got up. Nagaraj talked to the Doctor when they were out of earshot,

“I knew I will fail to convince him, simply because he did not want to acknowledge the truth, because it shows all of them in bad light, as you had predicted. Kalyanmurthy will see to it that each one gets the wrong version. People are going to go against us, again as you had predicted. To retain an M.D. in medicine who pushed The Hospital forward, they have framed Vasudev and got him thrown out.”

“Nagaraj, don’t they have any sense of shame, truth, or justice? Should Vasudev be shamelessly defended like this? Do they not realize that ultimately you and me who are responsible and will be hauled up in courts or jailed for misbehavior of others, not this Kalyan? We must safeguard ourselves as much as the hospital.”

“Doctor, I understand. The world does not think in this manner. They will not bother Vasudev over it. Justice is the first casualty, everywhere, always, in situations like this.”

The rains started fairly heavily in June. The Doctor had two pleasant distractions. With a day’s notice, Anand Khare landed himself with his family of four in the sprawling, dilapidated house of his, with eleven rooms.

“We have come to see if you are all right and how your actual position is. And to extend a little help.” Sanyogita, wife of Anand had told him simply, as soon as they were inside the house.

“It was from Hyderabad that you made your launch in this perilous sea of social work, with no hopes of future assured, abandoning your family and the life of the city. I was the only one who told you to go ahead with it. Our ideals strongly dominated your thinking in undertaking this. Therefore, to a considerable extent, it was my responsibility to come, at least to see what happened to you after so many months.”

“Responsibility or otherwise, I am simply happy that all of you came.”

“Once in between I had been to Bombay and met your parents. They were apprehensive about your work, position, future possibilities, health and food. Since then, I was thinking of coming, initially all alone. But she insisted on coming and bringing the children also.”

Sanyogita was the prototype of the dozens of women he knew. They were the silent supporters of their husbands who devoted every spare minute to work for the Movement, leaving much less time for the family. The wives managed the rest, including number of people who came to the house, announced or unannounced, variable in number. These wives of such people, extended hospitality without resentment and always with a smile, years on end.

Sanyogita also liked the Doctor, like many of them the Doctor knew. They would talk about him to their husbands in flattering manner. The intensity of their feelings, he knew by experience, their husbands did not dislike. Affection, courtesy, admiration, help, reliability, predictability of character, an assurance that if harm was to come to them, he will be there to prevent it, whatever may be the situation, the sense of support that they thought, he would extend. With his naked soul, a transparent skull to show exactly what is going on in his mind and act it out the same way, no dichotomy between his thought and action existed. He was there for them and everyone. Sometimes the Doctor would feel uneasy under this emotion.

“Anand did tell me about your hardships as much as he learnt from your father. Since then, I was restless, unable to keep quiet over it, and wanted to see you in person, the surroundings, and the physical conditions. You have lost a great deal of weight. That is primarily less food and so much cold to bear with. You do not look ill but certainly one feels disturbed. Now that I have seen you, I will feel better.” Sanyogita blurted out.

True to her word, unnoticeably Sanyogita improved his household. Making for better amenities, and with help of Anand, she brought some more conveniences without producing bills. They then finalized and executed the purchase of a L.P.G. gas in the spare time when they were not moving around seeing Greenspan and while the Doctor was away in the hospital. Sanyogita even cooked food a couple of times. Having satisfied herself that he will be better off now, they went back as they came.

When he faced them all after eight days as they were to board the red and uncomfortable bus for the Capital City Sanyogita said,

“I know how you guys feel about being a full-time worker and about your work. I also know you guys do not think of marriage or often deny it for long. I do not think that the need for marriage has arisen yet. I wonder if it will. However, I want you to know from me, as a woman’s instinct and intelligence, that if you feel like it, it is better to marry than avoid it. God bless you.”

It was a damp, dark, humid, and cold day when the next surprise was waiting for him. The most unexpected arrival was of Mr. and Mrs. Pai. Mr. Pai was a small, tiny, puny, old looking young man of just fifty-five, white haired, a chronic Panama smoker. He was doctor’s ex-boss in the pharma company, for which the Doctor had saved eight hundred thousand rupees in the four months that he worked there and invigorated it. It was a formal contact as a managing director of the firm with the Doctor as the Medical Advisor. The differences between the Doctor and Pai, in age, temperament, life style, lack of sense of caution and abundance of recklessness, would look incompatible. In its depth however there hardly was any incompatibility. Pai however had developed affection for him, the Doctor was unaware of.

Mrs. Pai was half a foot taller than he was, and had a volume of two and a half times that of her husband. She had never seen the Doctor before, except what she heard from Pai about him. It was absolutely beyond the Doctor’s imagination or any plausible explanation as to what could have brought them to Greenspan. He was happy but curious.

As they settled and Pai started smoking those endless Panama cigarettes without filter for which the Doctor provided him with his own largest ashtray. Even the Doctor smoked. Pai started talking.

“I came to the Capital city and fell ill. High degree of temperature and complete loss of control over passing urine. They treated me, but I am still not all right. When I recovered enough, I decided to come to Greenville and get your advice. Once I am normal or near normal, then I will go over to my ancestral house; then I will fly back to Bombay!”

“He has become quite unwell. Exhausted, weak, no strength left in him. He tends to sleep off for long intervals, eats indifferently. He also has Diabetes and is on insulin injections.” Mrs. Pai explained.

The Doctor examined him with the usual thoroughness, sent the urine for culture and antibiotic sensitivity, and other investigations. Atreya had developed the culture facility recently. Without waiting for the results, a low-cost antibiotic was started and the insulin doses were adjusted in the first few days, immediately showing some relief from Pai's complaints. The number of problems, aside of high fever and severe urinary infection Pai had, were mostly related to the excessive use of tobacco and drink. The Doctor sorted them out gradually by the usual process of questioning, investigations, and explanations with treatment. In two weeks, Pai recovered considerably. He could not control his addiction for smoking but managed to reduce it considerably. Drinks however, he could stop completely. Pai now knew the sequence of events and the exact reasons for his suffering. That helped him to change and to face the problems.

"I was treated with antibiotics with huge cost; the investigations were any too many and cost a hell. Yet, no complete feeling of full recovery with energy. Here I am quite well, with your low-cost drugs, which worked better, Doctor."

Mrs. Pai with her affection, unreserved, fully flowing, prepared a number of delicacies, in huge quantities and had fed her husband, the Doctor, and Nagaraj who visited and stayed for a couple of days during that time. She engulfed all of them in her culinary skills and large hands. Even the doctor, hungry as he was and Nagaraj, capacious that he was, could not exhaust it. The cool and clean atmosphere, rest and food helped Pai to recover splendidly. With his capacity returned, they could now talk of the days gone by in Bombay.

"When you came to Greenville, I felt as if a part of my life was gone. I was miserable, wanted to know what is it that took you away from the city you were born for and loved beyond yourself. No one could tell. No one knew. We were helpless. When we told Bal he was shocked out of his wits. Pitre was also stunned. People at IRI have the same feeling. Mehta the chemist feels most affected. By the way, did Felix come here?"

"Yes, the family also came with him. He said he knew you. We had a hell of time and enjoyed his stay overwhelmingly." The Doctor refrained from telling him the after effects of Felix's departure and his illness.

"When Felix told me that he is going for a holiday in this region I had requested him to come here, to see what kind of situation you were in and get details of how to reach here someday."

"Felix did tell me about this. How is IRO doing? I know how Mehta would feel, after I left. Together we had streamlined the production process, improving the quality of the drugs we produced."

"Not only Mehta; even Ravi and Tinaikar say, 'He should have been around longer. Things had started gelling in, with him around.'"

"I am sorry that I left but I had no other way. It was under lot of pressure from different considerations. There was no way I could have continued in Bombay."

"Things have worked well. We have stabilized now. In the last six months after you left, your Delhi effect is still working." Pai said.

“I am happy to hear that, sir.”

The IRO story was quite profound.

Twelve days short of his 27th birthday, the Doctor had travelled to New Delhi with Pai. Ravi and Tinaikar, next to Pai in pecking order were not keen on taking him with them. It was not without reason. There were so many subjects; products, the sale, returned stock problems of field, skepticism of the market, stockiest, retailers, the reasons for which they could not push the products, the graphs, presentations, figures, and dozens of field reports that were to come up in the annual sales meeting. Tinaikar was skeptical, and Ravi did not think the Doctor would understand anything of it, leave aside dealing with them. But Pai had insisted. It was his first ever flight in his life and had enjoyed it, alighting with a beautiful actress of Hindi Cinema.

“We had pooled our demoralized staff at its worst, in the Annual Sales Conference. A good hotel, good food, good booze, nothing was able to cheer them. You were an afterthought. You asked us for two hours’ session between you and the staff, we reluctantly approved, fearing your inability to handle the staff.

“You took the field staff over, starting with the products, owning every responsibility as their medical advisor, over what they were asked to sell. ‘Come clean. Tell me your difficulties,’ you asked. The first hour was interminable and even more demoralizing, full of stormy protests, complaints, grievances, and frustration over the most important activity of sale and promotion. From one man who unloaded himself, you went on to another, to make him also unload.

“We were afraid. You had stirred the hornet’s nest. This avalanche would drown you and all of us, we thought. You took in all of it without a line of tension or irritation on your face. I however sensed it early that you wanted them to see the common pattern of their difficulties and understand it. They also saw it halfway down. Rest of them had nothing extra to say; everything pent up within them burst out like an abscess discharging all the pus.

“Then you spoke with courage and confidence of products, which you had just inherited as a Medical Advisor. You had changed several them, designed some newly, developed product literature, improved on them. Their feelings assuaged, confidence in the products regained; they went off with renewed vigor.

“For a person of twenty-seven years, with hardly any background of the industry it was a great performance. Not performance, it was a direct, hard, concrete action plan that you meant to implement in reality, believed in its existence in reality and that it will work. That did it. As a follow up after a year I must say that IRO has improved so much that we have separated our injection division.”

“I am glad that I was of some use to you, Mr. Pai.”

“Now we can carry on for a year. That way, you made yourself redundant by the time you left us, at least temporarily. If I need to call you, again for a few days or a couple of weeks, you will come.” Pai finished.

“Yes, Sir, I will.” The Doctor said.

“The last thing I have come to talk to you about is Pitresaab. He is deteriorating in his health and I have decided to send him here for as much time as required, for you to put him together. Integrate him, so to say. Pitresaab has agreed and says that you alone could do that, and he would trust only you in this world.”

The Doctor knew Pitre, Mrs. Pitre and their daughter Nutan well. In fact, the first acquaintance of Pai and Pitre had been simultaneous. It was on the day when IRO’s own workers took over the company from the owner, for managing it. It was symbolic of the victory of the proletariat over the unjust Bourgeoise Lords squeezing the labor and the company dry. The workers and more qualified staff like Mehta would otherwise have been on road in another year, if this was not done.

Pitresaab was then the president of All India Union of Pharmaceutical Companies. Pai had been in and out of the Schering and Bal, a PRO of an extremely high-profile circle had initiated the move. The taking over had been marked by a party in a hotel that he, as a person connected with Bal had attended. Both Pai and Pitresaab had enjoyed themselves and got drunk. Pitresaab had become hilarious, was making Marxist Socialist speeches, of proletariat victory. He was also happily spilling his liquor all over his white shirt that was unusually clean that day, when he came in. He had met Mrs. Pitre, the dark, middle-class woman of Bombay. She struggled in the limitlessly crowded Bombay Locals, held a well-paying job, and held her family together, especially when the husband was Pitresaab. Pitre, like Pai, was half the size, volume, and four inch shorter than Mrs. Pitre was.

The Doctor had met Pitre a couple of times since. Bal had taken him to his extraordinarily unkempt, somewhat dark, and small house, in the extremely posh locality. Pitre was a terribly affectionate man when drunk or not drunk. He had taken doctor as his friend right from the beginning. The Doctor wanted to join pharma industry as it suited for his temperament and abilities. Both Bal and Pitre, moved literally heaven and earth to get him a job. All efforts had gone in vain. Pitre, Pai and Bal finally adopted him for this pharma company, the IRO.

A series of events had finally catapulted him to Greenspan after his stint in the company. Later in life, he thought of himself as a football, under control of the extraordinarily and smoothly operating pair of legs, guiding it cleanly over the field, and then, immaculately kicking him into the goal. Circumstances kicked him into Greenspan. That was his destiny. He abandoned his beloved Bombay, but Bombay had not abandoned him.

In a short span of eight months, in quick succession, Bombay had come back for him in a somewhat bombastic manner. First Felix. Anand and Sanyogita belonged to the heartland of Bombay. Pai and Pitre equally avidly attached to Bombay. He felt a longing for the place he had given up completely for his life. He wondered when he might be able to go there again.

And now Pitresaab. He also wanted to come down for his own treatment just as Pai had. It was a nice feeling for an ordinary MD placed thousand miles from the best city of medical treatment in India. The Doctor had a terrible desire to ask Pai where was Nutan? Nutan had impressed him greatly, in fact had tempted him to break ice and to get acquainted with her as a friend to begin with. She was a slim, smart, upright figure and the intelligence for overseeing the financial affairs shown on her. Nutan worked for a few hours daily for the company. For the

reason and fear of exposing the intensity of this desire, he had not dared to meet her. Now he wanted to know but controlled himself.

On his way to The Hospital on the winding road there was a small arch and niche with two stone idols of Muneeshwar, a form of Shiva and his consort. The Doctor never even turned to look at it nor folded his hands in prayer to it, once he inspected them with curiosity, like any other sculpture. Yet several times he had seen a tall, well-built girl about his age with a homely comely intelligent face, part metropolitan, part small town, with a square forehead. The first time he saw her, she was running towards the small temple. As she ran, her ample, firm breasts literally burst forth, heaved, and jumped. The instant embarrassment halted her, the moment their eyes met. It was difficult to hide the attraction they felt for each other and could not resist from showing. The glance had held for some time. Not willing, they pulled themselves apart. He tried to coincide his going to The Hospital to her appearance at the temple since then. His mind kept reverting to her. After one month she disappeared. He never saw her till many years later when he realized to his shock and dismay that she was the daughter of Mrs. Hemant, his first patient in Greenspan.

Chapter 5

When the Doctor and Nagaraj returned after meeting Kalyanmurty, they knew the shape of things to come. The next couple of months resulted in total silence of all concerned people in the provincial level and in Greenspan over The Hospital. The name of The Hospital was blotted out. Each one came to know that Kalyanmurty was unhappy over this episode. Therefore, each one became unhappy over it. They made it their personal displeasure and battle and wanted to fight it. They had deadly weapons. Silence, indicting the person as non-grata. Ostracism! Boycott! Two boys fought in a class! They and their backers stopped talking to each other. That was loyalty and intelligence of sheep! It was childish.

The silence, the ostracism, the boycott spread, deepened, became more deadly. The sensitivity of the Doctor and information that reached him, told him that the vibrations of this act have gone to remote areas of the state as well. 'Dismissed? How can that be? The victim had to be found and consoled. The executioner had to be located, sighted, and condemned.' For some funny or uncanny reason Nagaraj dropped out of their purview. Sharad was never known much beyond the select few. The cadre did not know Sharad had dismissed Vasudev. He also fell out of view or never appeared in the episode afterwards.

The news of a Bombay doctor had been received all through the State eight months ago. He had persisted, remained, and went about doing the work as usual. But Vasudev has gone. The Hospital runs; is doing quite well. The executioner had been sighted and had to be condemned. Slowly the Doctor became the sole person, marked, boycotted, condemned, and ostracized. All the men of the Movement on one side, the lone man on the other, made as much or much more, of their own bone, blood, and muscles.

Sharad was not unconcerned over this isolation. He had sensed it. Sharad took it up with Nagaraj and the Doctor many days later.

"Nagaraj, I have dismissed Vasudev because he could not be tolerated any more. I did not want the Doctor to start suffering again at the hands of Vasudev, as he came back. The Doctor wanted me to either make him behave or see that they do not have to work together. I did this for him among many other equally important reasons. Today, the Doctor stands accused and I acquitted. I do not like this. I did not engineer it that way. I do not have that kind of a mean bone in me."

The Doctor made it as plain as he could, what he thought.

"My Dear Sharad, the dismissal may have come from an overconcern for me or from the insulting feeling of utter impotent helplessness against Vasudev and to avoid our working together. But notwithstanding that his crimes anyway deserved dismissal much earlier. There has been so much of suffering from his acts was the added justification to what you finally did.

“My isolation is bothering you a great deal. You do not have to take it to heart for a person like me. Ordinarily, it should be killing to anyone within. Not me. The so-called loneliness does not cause any disturbance of any kind to me. I know our ‘friends’ too well. Their capabilities are extremely limited and ability to understand issues even lesser. To me they just don’t matter, they don’t exist. You heard it right. They do not even exist in my world.

“As regard the question of bosses, like Kalyan, they cannot rise to fight the manly war we have started. Neither frontally, nor by tactic. Instead, they will impose such childish boycotts and whispering campaigns and so on. Let us enjoy it. It cannot shake me, even a wee bit, if that is what they want and you should know this.”

“That is a surprising series of statements like before.”

“Not really. If the officers think that I shall leave Greenville and go back, because of this isolation, or injustices perpetrated on me, they are wrong. If they think that I shall give up, they are woefully inadequate in their knowledge about me. And if they think that I will go to them with folded hands of apology, it will never happen. I will stick to this forte. Our forte. Continue in the frame of reference and the manner, in which the work should be done. This ostracization, defaming and blotting the name in their circles, frighten me, these are their set techniques. I know this game inside out.

“In the long run, they will and will have to come and accept me as theirs. They will have to swallow their words eventually. They will have to realize that in this and other issues, accept that the wrong done was on and by their side. Once they can cope up with its acceptance, they will realize what I have survived from in the first ten months, the period of ostracism included. They will come back to me; they will have no other way out.”

“Doctor, these statements are even more surprising than your previous ones. More difficult to digest and understand. Boys at your age do not speak such language.”

“I do. You will have to get used to my thinking. The major difference comes from one of the few central facts. I am a Bombay man. That too an MD in Medicine from Bombay. We are a different lot. Bombay is where the Occident meets the Orient first in our country. Endowed with a free flowing multi-cultural, multi-linguistic, cosmopolitan and metropolitan world. I was raised in such a place for twenty-two long and formative years of mine, that too in a medical college. We absorb millions of impacts, internalize them, grow with it.

“None of the people I have met so far, before and after coming here, have even an elementary brush of what Bombay is. And they want to tyrannize me with their superior positions and such narrow outlooks; I don’t give a damn about. The cartoons we are dealing with have no idea what a person like me is and how to interact with and work with me. These people can never come even close to my Bombay spirit even if they try for one hundred years. Just forget it and them as well.

“The wide exposure of the whole world we have apart, what we see and learn and imbibe about our Movement in Bombay is unmatched. If you think that Kalyanmurty or Balraj understand it better than me, no, they are far behind me. A whole lot of them today have gone against me, like a flock of sheep. But eight days after the termination of our ‘great man,’ see how

the functioning within The Hospital has improved and continues to do so. That is the validation that we were right. Something these cartoons will never even remotely understand. We live the idealism this way.

“Ire or no ire, Vasudevs cannot survive in this kind of work. Let them realize this. They may be weak, mediocre, men of limited understanding; even if they are vicious, their fangs are weak and the sting has no much power. But they are good men. Better than most others all over the country outside of the movement. We will not discard them, because then there will be none after them. We will hold on to the boat they are riding even if they want our fingers crushed and us to drown. Let them do what they want.”

Sharad and Nagaraj sat looking at the Doctor, speechless.

The problem of lack of trained manpower had intensified because the Doctor’s work now had really and greatly increased, assuming a profile. Most cases had already landed in some complications elsewhere. A proper diagnosis was always the casualty. Symptomatic, blunderbuss, shot gun therapies abounded. Complications arose from the treatments as the diagnosis had essentially remained untouched by the treatment. Laboratory workup was woefully inadequate; treatment therefore would have far more hazardous consequences. To take care of these two sets of complications first, to reverse them and then go on to treat the main problem demanded that at all levels of care and in all aspects of care, more competence was needed.

There were many other ‘issues’, the Doctor was unable to understand how to solve. They related to some of the basic problems with which this project was beset for a long time now. The most central and the most crucially difficult was the problem of paramedical and medical personnel; paramedics that were most difficult to get were the nurses, lab, X Ray, operation theatre technicians, assistants, those who could sterilize the equipment required for operations, dressers, drug store pharmacists, and the gynecological and obstetric attendants. The ayahs and ward boys would not solve the problem. It required the presence of persons who have worked in the respective departments and had an eye for works that are normally done in each area of work.

There was no possibility of the proper patient care without them. Any mishap would come to the throat of the doctor. In a private nursing home, the situation of trained staff was much worse than The Hospital. But, to them these stricter laws, which they did not follow, did not seem to apply. Institutes had to do the works properly that others escaped from the necessity of doing. Institutes were under microscopic scrutiny. They had to abide. Anything could go wrong at any time. How much can you go on monitoring? You can’t. Then what to do?

The state chief minister in a populist move had greatly expanded the health sector. All types of paramedical staff were picked up by the government immediately, as soon as they passed out. A government job was every such person’s life’s mission, where one need not work hard and still got two types of money? The salary and the bribes, that made life easy. For a private trust hospital, paying far less than the government salary and much greater demand to work, who will be foolish enough to go and work? That was by and large the attitude that they were facing and had no solutions. The only solace was the occasional nurse who for the love of the profession and because she did not want to leave Greenspan would opt out of the government job and join. The

Doctor, Sharad and Nagraj had decided that it was urgent to find a short term and a long-term answer to all this.

Dr. Vishnu Murthy had thrown in another problem. The old man had braved the cold and fury of Greenville for five years. At sixty-seven he wanted to go for a six-month tour and see his three sons in America. Who is to head the project, till he comes back? Where do we procure another surgeon and preferably an anesthetist? That problem also had to be answered. Dr Vishnu Murthy was to leave from July 1st. If anything had to be done it had to be done in these forty remaining days before he went away. The reason was simple. They needed a surgeon as well, and as much as they needed the trained workers.

Slowly a plan emerged. Akash was a surgeon, Doctor's contemporary, a good boy, a good surgeon, unable to make a headway in Bombay, because he refused to pay commission to general practitioners to send him cases. He used to lounge around in the dispensary of Aniruddha, another old friend, and a batch mate of the Doctor, practically doing nothing. They were the two who had miraculously appeared on the two Enfield bikes, thundering in to The Hospital long back.

Akash did not know what to do with his life, what and how to plan for his life and had no ideas about either of it. Getting a job in various Municipality hospitals in teaching positions was impossible under the rules. Akash did not have a bone in his body for administrative work and the money you could make on that side. To bring him here, another trip to Bombay was essential. There were other considerations also.

The X-ray machine of The Hospital was better than all others in the district but it's up-gradation was an absolute must. Dr. Srinivas had refused to change developers, fixers, nor ever changed the water for interminably long periods, making the x ray quality much worse over the last ten months. He knew how to do it, but never cleaned the cassettes, nor the screens. It was urgent that the Doctor meets an affectionate close friend, a radiologist now, and another batch mate, to discuss this problem. Qualitative up-gradation meant money. Those who do not understand what quality of an X-ray is, also do not know its interpretation. The Doctor was unable to allow such X-rays as were taken by the Hospital, to pass.

Bombay however was unable to give him answers for his more fundamental, perpetual and most troublesome problem of finding manpower for all the paramedical work. He needed workers to do the work of good quality, meticulously, and painstakingly, in proper time, abide in the discipline of a hospital, fit himself in the system. How to do it was beyond him. He had no idea if anyone had found an answer for it. And the manpower available was so woefully inadequate in Greenspan. The available one was terrible.

At that time, the Doctor had no idea of any other people who were running competent, hospital-based, service medical projects in the country, having as much or more infrastructure and complexity of work than the Greenspan hospital. He had to turn to someone who had a background of running a hospital and solving its problems in that narrow area of 'voluntary, charitable, service medical projects.' Slowly but steadily only one name had surfaced - "Narendra Dutt Hospital."

It was not easy to convince Sharad and to an extent Nagaraj to allow him to undertake another trip to Bombay in three months' time. The earlier was to stay away from Vasudev. That was not the issue. It was the break in the work in his absence that would hit The Hospital somewhat badly. But at the end of a year of enormous problems, and his resolve to solve them and win had intensified and he wanted to go to people of his own kith, kin, caste, color, with the same grain of thinking, who would give him the answer, at the least a key to the answer. He had that faith. He had a notion that he would get his answers from these people.

The Doctor had not seen the great 'Narendra Dutt Hospital.' It was a large institute. In fact, he had avoided seeing it or meeting the people throughout the year, prior to his tumbling down in Greenspan. He still distinctly remembered the quiet somber evening when he sat reclined leisurely on a school bench, as the medical officer in-charge of the one thousand volunteer strong, thirty days long, officers training camp. An M.D. for a medical officer for all thirty days was a luxury none had ever known. It was towards the fag end of this camp in which the Doctor had done his work remarkably well, giving the camp a tight fitness, it happened. His month-long presence and his intentions to go out for work of service, had become generally known in the circles.

On that quiet evening a tall, slender, and bald individual with thick glasses and most incongruously a white Gandhi cap on his head, came to him.

"Dr. Raghav. Narendra Dutt Hospital."

The Doctor from his leisurely reclining posture stood up in a single sweep, folded his hands in the traditional namaskar. He felt warmth towards Dr. Raghav. He did not know much about him, just a few sketchy details about his hospital, but there seemed to be some bond, an identification of the same wavelength, a similar pattern of thinking and ability to understand each other more easily.

"I have come here with the sole purpose of asking you to join Narendra Dutt, if you have, as we came to know, decided to leave Bombay and spend your life for the sake of society."

If it was a surprise or a shock as it should have been, the Doctor did not show it. In fact, he felt at ease. Without having even met him before, Raghav had made up his mind, to come to see him and demand his joining their hospital. On seeing him in the setting and having watched the single sweep of the doctor's movement to come up to stand, he declared what he had come to ask. That was enough. Recognitions did not need words or fencing. They are instant. Lifelong friendships are thus made. This had happened in his life ever so often before.

"All of us at Narendra Dutt Hospital, wish that you should come to stay with us, familiarize yourself, discuss, understand our needs, your capabilities and decide to join us." Unhesitatingly, without undue emphasis Raghav had spoken.

"I want to tell you about Narendra Dutt Hospital. You have time. The boys from the parade ground are not due for another one and a half hours. We can talk. It won't take that much. Narendra Dutt Hospital was a dream of mine."

Raghav came to a halt in about twenty odd minutes, during which the Doctor had listened to him without uttering a word. A steady gaze had held them together. The trained mind of the

Doctor was trying to find out what the anesthetist was trying to hide from him, more than what he showed. He did not find anything. Except that, one fact stood out. If one viewed it from their side, that put them in a strong position if the Doctor was to join them. He would get everything. Immediate stability in academic atmosphere, a well-knit organized hospital, a load of work that demanded an extra competent hand. A secure future for him and substantial help for his family as well. And then there was just no looking back. There was nothing else that could argue against joining them. In fact, it would have been foolishness not to join them, when an open armed, warm, red-carpet welcome was spread for him. Yet there was something which the Doctor knew clearly, would prevent him from grabbing this opportunity, and to accept the offer.

The problem was, everything was ready, neatly laid out there. All he had to do was to fit himself in it. But was it that, that he had decided to set out for? To go to a place where the things had already come to exist? A need had been amply fulfilled; capable persons had already started operating over long years. Limitations had been explored and capabilities developed to its maximum, to overcome them. What about those hundreds of places, which cried for such individuals, who needed such culture to develop within their boundaries? A change had to be brought about, such places made better. That challenge was much harder. Needs far too greater.

This culture of Narendra Dutt had to be duplicated. That purpose would have ended if he joined it and he would have met his own end if he were to go to Raghav. Lesser persons could do that. He viewed himself as one who wanted to go to a place where he might be needed much more and create things that did not exist, *de novo*. Somewhere deep down he was convinced that he should do that, rather than just continue what others had already created. There was an additional matter of his personal freedom to do things. That would probably get significantly limited, even sacrificed. He could not accept that.

Outwardly he had merely said, "I shall visit your place in a short time. I have to get back to Bombay after this camp. Later on, in holidays I will try to come."

One year after that, without ever seeing Narendra Dutt Hospital, he had by passed it and catapulted himself in Greenspan. It was to this Narendra Dutt Hospital that he wished to go to find out a solution for his problems. Sharad finally permitted him to go to Bombay once again; Nagaraj decided to join him.

Nagaraj, Dr. Raghav, and the Doctor seated themselves on the bed and chairs of the top floor guest room of Narendra Dutt Hospital's old but compactly useful building. The Doctor was buoyant towards the anticipated discussion. The overnight clean railway journey from the capital was a complete contrast to the dusty four-hour travel by one of the horrible red buses on an inhospitable road to this place. That was followed by a good bath and a sumptuous meal. The Doctor with Nagaraj had immediately started on a quick tour meeting one after another, the doctors, the social workers, the paramedics, the ladies, the lady doctors associated with Narendra Dutt Hospital. It was a long day of continuous discussions and should have exhausted them. They had instead, fed themselves on the rigor of intelligence and spurred on. Both felt happy doing this.

It was the kind of happiness people of ability feel when they meet ability that had developed into success. Success met not only or exactly in material or monetary terms and consideration.

Success met with as an achievement of goals that one feels for and started with to fulfill. The more elusive, the more egalitarian, the more uncommon the achievements of an ideal in practice, a philosophy in action, an idealism working without hindrances, galloping at its own controlled speed decided by the achiever, the more enchanting and inspiring it became.

It was an extremely well-organized project on the location that was a little stand offish, in the town, like theirs in Greenville. Dr. Raghav had carefully taken them from the entrance, explaining every detail, the slopes of the outpatient department, the card and file system, numberings, retrieval, charging systems, collections, accounting, laboratories, X-Rays, reports, collections, timings and so on. The indoor was a matter of crowded but neatly arranged general wards, meeting the demands and addressing limitations of poverty, and special ones serving adequately to richness that demanded seclusion and got it.

The work was methodically arranged, each man doing his part finely, fully aware of all the links, chains, gears, and teeth of various work cycles that connected him to the system, creating a kind of enthusiasm, a dedication, almost a frenzy, bordered by a kind of attitude that said, 'Doing your work in this place well is the only thing that matters in the world.' The entire working pattern had the quality of a noiseless, well oiled, smoothly functioning, automatic machine with switch on and switch offs of its own. The whole project was programmed. It had the oral transmission of a culture at its base.

Years of practice led by the example and precept practiced by the leaders, especially Dr. Deshkar, who had given their work a methodical approach, a culture that made their work flawless; the work ethic, the enthusiasm, the involvement, initiative, and imagination was so obvious. If the Doctor had a vision of how a project developed in the name of his ideology should function, then this was the way it had to function, without doubt. Additionally, Nagaraj, whose lifeless but keen eyes and the unapparent, far keener intelligence, that escaped nothing, noted that everything was at work with its fullest intensity and quite a contrast with the way The Hospital worked.

Throughout the day discussions on work related issues had gone on. At some point the people with whom they were discussing, would say that Dr. Raghav would discuss more about it with them, in the night. Narendra Dutt had solved the issue of perpetual supply of all kinds of paramedics and had created systems that worked well. The purpose of their visit was more than amply served there, even if nothing else was discussed or exchanged.

The working ways had developed through an oral instruction, 'hands on training' and tradition and had served admirably for the last sixteen years. The Doctor now knew how to get around at least some of his problems in Greenspan. He would start a systematically drawn program to start training a paramedic cadre in The Hospital shaped mainly by the needs and the limitations of that place. In the night he was expecting to get more elaboration of these matters from Dr. Raghav.

They had not been overawed, just happy for what they had seen and identified methods which could be their problem solvers. Both had mainly tried to absorb the atmosphere. The recognition of the good work done here had been instant, the understanding quick and in a day,

they knew all that they wanted to, as far as their own project work was concerned. Even then Dr Raghav was insistent that he wanted to have a night session with them.

There were obviously other issues in the mind of Dr. Raghav, which he had indicated by the evening. These were a different set of issues which needed in-depth discussions. He had additionally proposed a meeting next day with the main four doctors of Narendra Dutt to discuss the same. Not as a superior person of great achievements and accomplishments, talking to the junior struggling for success, but as equal to discuss them. Neither Nagaraj nor the Doctor had any inkling about what these could be, when so much has already been known.

When they sat down for the night both the Doctor and Dr Raghav took out their cigarette packs almost instantly and simultaneously. The Doctor never smoked in front of Sharad but Nagaraj was a sport from the beginning. Raghav should have been Nagaraj's senior by about ten years and the doctor's senior by about twenty years but the cord that they had struck was such that smoking also became a gesture and the seal, a handshake of their friendship.

"If this rogue Doctor fellow had come here just one year ago, we would have grown much more in that one year. Nagarajji, how did you manage to get him so easily?"

Dr. Raghav recognized their sacrifice also as equal to Narendra Dutt. That was generous of him. Raghav's frequent mention that the Doctor deceived them, kept them waiting, left them high and dry, was at once a serious complaint but his admiration for the Doctor to have spurned such a great project of Narendra Dutt could not be hidden from the visitors.

"Our failures, frustrations, how people ditched us, making it a lost project; we hid nothing from him. He probably had pity on us." Nagaraj then briefly told Raghav all that had happened to the project.

"Not pity. Not from him. I now see him in a different light. Narendra Dutt could do without him. No damage would be done if the Doctor did not join us. Your need was far too greater. The Doctor must have sensed the challenge. To create de novo, a culture where it was needed badly."

Nagaraj then told Raghav briefly what had happened since the Doctor came on the scene. The challenges and the troubles he faced.

"Dr. Raghav, there are a few more reasons why I went over to Greenspan. I had gone to my professor to ask him whether I should undertake such work in some part of our country at all. To quote him verbatim. 'Go. Go with my blessings. Here in Bombay, nothing would add to the situation for better. As the Head of the Department of medicine, I cannot even ask my typist to stay five minutes longer for an urgent matter. By going to a place where medical competence is greatly needed, you will change the scenario, build better practices. These will percolate down over the district. It will lift the level of care much higher at all levels.' That is how I made the choice, where is the need greater?"

"You never told us about this, Doctor." Surprised, Nagaraj asked him.

"That is a better way of thinking I suppose. We also should think on these lines." Dr Raghav said.

“Dr Raghav, the infrastructure created by Nagaraj and company was the next factor. What finally won me over was their tenacity to continue under such adversities.”

Dr. Raghav’s admiration and happiness was now genuine. It was breaking thru in between, as could happen only with a man, great at the heart. He had found in them an equal, who could discuss complicated issues without difficulties

“Doctor, you are excused and exonerated.” Raghav said finally.

Their eyelids were drooping. The long exhaustive journey had taken its toll. Dr. Raghav wanted to talk but sensed the exhaustion and said,

“Do not wake up early tomorrow. Have a taste of our canteen for breakfast. We will have lunch in my house, then the four-o clock meeting and out by the night bus.”

Dr. Deshkar opened the dialogue. What came through for the discussion was a complete surprise, they had never thought existed and troubled these great men so deeply.

“You have seen our work. Liked the excellent state of the art work we have organized. We have told you about how we trained our own manpower, succeeding over years to stamp it with official recognition also. We are proud of it. Diagnostics, modern management, excellent paramedical care, cost containment, cross financing for the poor, and no falsehood anywhere, about anything. People have understood this and the benefit aplenty they received.

“Our much greater ‘Nationwide Movement for our Mission’ is of organizing and uniting the society at all levels, without discrimination of any kind. To achieve this, we have decided and worked for decades to create and send men with character. We deployed them in our different affiliates working in many fields of life. The idea was to create a better alternative to the existing. To improve those areas, making them more useful for the nation. All of it is not necessarily considered the mainstream work. At least we think and feel that way. The question in front of us is, ‘are we as Narendra Dutt hospital in any way contributing to that larger goal? Can it also be called ‘mainstream work’ in any meaningful and quantitatively adequate ways.”

Dr. Raghav picked the thread.

“The million-dollar counter question we have been constantly asking ourselves for the last 16 years and debating is, ‘if we are not in any way contributing to mainstream work, why should we be doing it at all? After all, we are primarily, volunteers of the Movement and should work directly for it. All else is secondary.”

“We asked this question to the chief of the movement himself. We did not receive any answer at all. It was a hell of effort we had to undertake to breach the barricades of people surrounding him. It was a simple request to pay a visit, even a short one to the hospital, run by his own volunteers and to address them. We received no response to our requests for long, except some indifferent, condescending, curt, dismissive answers, just a cold rebuff. We therefore did not get any opportunity to raise our concerns, nor got any advice. We had to finally and literally wrench him from others for a meagre fifteen-minute visit to see The Hospital cursorily, and to talk to our workers, many of whom belong to the Movement. It was not honored.

“With so much love, affection, faith, belief, and hope, we had waited for the chief’s reverential presence and guidance. The hurt has gone deep not just because of the way we were treated. This raised the question of whether this kind of work is of any consequence at all. It did not seem to be so.”

Dr. Rathi spoke a few words.

“By requesting a visit, we were not asking them money. That was fully clear. I think the request was considered to be an effort to make them own us or make them a party to all our good or especially bad deeds, if there were any. The latter in their view would malign their ‘white untarnished image.’ Something, not on our mind even remotely. We thought we were doing a good work and desired just a small pat on our shoulder. We thought we will be so told to continue it, other things do not matter as such, or for now.’ Even that did not happen. All we wanted was for them to hold us to themselves and say, ‘You are our own.’”

Nagaraj and the Doctor exchanged glances several times during this outpour. The story at two places, thousand kilometers apart was the same.

“Are we pariahs because we are doing work outside the pail of the Movement? We do not blame the chief. We only ask for one thing ‘tell us a better way to do the work, for it to become worthy of just your approval, not even ownership.’

“Since that time, we have been exploring this relationship between project work and all other work. It is implicitly, explicitly agreed that the Movement work is supreme, incomparable in its method, a unique answer to bring up the society to a greater height, by creating men with character, and competence, badly needed for the national rejuvenation. No other method can match in degree, accuracy, predictability, percentage, and tenacity about what the final product would be like. But then all of us cannot just go on doing only that. We are highly qualified, resolute, and dedicated doctors. The society must get its benefit in a just manner and we at least a decent livelihood, not becoming dependent on the Movement.”

Dr. Raghav took up the multilogue.

“For years we have heard the authorities saying that proselytization has been a big challenge in North Eastern India and elsewhere and needs to be combated, through our work. That is why we have medically oriented works, however few, in vulnerable tribal areas there. When we decided to do this work there were two choices. A highly backward area in Maharashtra or to go to North-East for stemming the challenge of proselytization. Our state authorities advised this backward place and not North East. Would these people have looked at us differently if we had gone there?”

The works in other national fields had a painful and pitiable origin in the post-independence era of the Movement, when it stood alone, friendless and badly beaten by the then Governments, with an aim to destroy it once for all. There was a clear division between those few who thought such other works as complimentary to the mainstream work, hence important and those who did not think so. Many such works started by those as additional, necessary, to further the main mission, always received chiding. The more creative and inventive minds were always thwarted. The creator of the school where they met Kalyanmurty had met the same fate, sidelined, deleted

from the hierarchy. The renegades who clashed with the ego of the higher ups, were brutally cut off. It could have been justified if diversification had not begun at the top for the next ten years. Contrarily it had begun almost immediately after this clash.

What had the Chief achieved by consigning people like Raghav to obscurity, the Doctor had never understood. This was one of his own uneasy concerns. A work started by someone from within the rank by an order would get all the licenses. For the lay people Narendra Dutt was a place of healing. And the unanswered question of their status in the eyes of Movement was legitimate.

“Is medical work so useless? What does the Movement from her perspective, expect in our work that will benefit the final endeavor for which we are all striving? We have been asking this question repeatedly to our peers for a long time. To date, we have had no answer. The matter is of great concern to us, but not for them or they cannot think of an explanation.

“Medicine is not the last thing. Is there something beyond that, but what else? We wanted to define the steps, the functions of our project, the type of work, to feel sure that doing even medical work should mean doing Movement work only. What should we do to achieve that? We are unclear over that as well. To shape the project work in the form of ‘Movement Work’ is something additional, to merely doing medical work. We have not been able to clearly think about it also; whether we are doing anything at all and doing it properly. And if we are not doing it, because of the demands of our project work, to maintain its high quality, what is the need for such medical work, when our work is not the real work?”

The long standing and deep-rooted emotions, the middle class intellectual and emotional cadre of Maharashtra Brahmins had, the Doctor without exception included, had spilled forth. They were now cursing themselves for abandoning the Original Work and needing recognition for the secondary. The haggling over it was incomprehensible. Yet these people were unwilling to sever the bond.

The Doctor and probably even Nagaraj were puzzled. Age, experience, or their standing was much lower than these stalwarts. What made them spill out their frustrations, even then? Dr. Raghav and others had revealed their implicit belief about the authorities; that ‘they know better.’ The Doctor never believed this to be the case, simply because authorities were not the experts on everything. He however did not say anything against or about it. The four Doctors looked at the visitors with an expectation to say something.

“The story seems to be constant all through the Movement’s expanse. We have also been meted out the same treatment. Cannot say anything more just now.” Nagaraj could not add anything more.

“Even I cannot give a cogent explanation as to what is right or wrong, whether a synthesis or change in the thinking and attitude is possible, or acceptable. The experience is live. One thing I realized here is, I have forgotten that I had come to do Movement work there, in Greenspan. I have had no time and leisure in the last one year to think of these matters in such clear terms as expressed here. That was because I was beset with the enormous problems draining all my

energies. I merely plunged headlong into what was around and started putting things right as they came and as could be corrected.

“I did not even remember I was not thinking about any direction, a long-term plan, and the verification of actual meaning of our actions. Obviously, I have not bothered to verify or check whatever we did there would qualify for that title, also a ‘Movement’s Work’. I promise you that I will try to think through the problem. If I get an answer satisfactory enough to me, I will then come here again and we will discuss again.”

The Doctor then compared the two situations, here and in Greenspan. The Narendra Dutt people, even after these frustrations, were well in contact, discussions and visits of at least the state level leadership of Movement. This was absent in Greenspan. He was an enemy to them. He had not paid any attention to the local Greenspan volunteers either. They merely enacted a routine drill, mouthed, or memorized words of which the meaning had yet not sunk in them, unlike a mango immersed in the syrup, years ago, its flavor imparted to the syrup itself. An elementary childishness was there about the Movement work in Greenspan. Their faces were permanently turned towards the headquarters for inspiration, words, concepts, mannerisms and even approval. The culture, had not saturated as it was here.

The isolation had freed the Doctor from thinking about the Movement work unlike Narendra Dutt. Vasudev compensated for it excessively and unreasonably. His own unconscious reference frame had not become hazy. To shape and project his thought, interpret the validity of his viewpoint, decide not only on his actions but also the right and wrong within the hospital, did not need fortification from outside. He decided to bundle the ‘Movement’ in Greenspan and throw it away over the shoulder.

After another long, interminable bus journey both Nagaraj and the Doctor reached Bombay. It was but natural having come so far from Greenspan to Maharashtra the Doctor wanted to go home to find how his mother was coping with her illnesses and to meet his father and his brother. The sleepless smoking nights with Dr. Raghav had not been compensated. Both were tired; the Doctor was a little irritable. They wanted to have a good bath and had waited for the water to start again in the evening so that a geyser could be used to heat it up. Nagaraj then had gone for a bath.

In the next two days the Doctor met Akash as was the plan, decided on the terms of his joining the hospital. Akash gave him an oral commitment of three years and that he would be joining The Hospital on 1st of August. The second thing the Doctor did was to meet his radiologist friend, detailed him what the situation is and what should be done, where to get materials and details about the X ray exposures and development, about fixers and developers. He received clear and detailed instructions on every problem had had in Greenspan with the X ray unit. He also met Pai and Pitresaab.

The bell rang and a couple appeared on their door on the third day evening. The slim man was with a square face, well-plastered plentiful dark well-oiled hair, and a persuasive manner of talk. He had also wondered, how at the end of the day in Bombay, the man had managed to keep his spotless white clothes, clean. The lady, obviously his wife, had a marked non-Maharashtrian

accent, fair complexion, and a beautiful face. By the time the Doctor had registered this intrusion on his privacy in Bombay and started getting irritated by it, the man burst forth.

“I am Purushottam, a physiotherapist in St. George’s Hospital. This is Nisha, my wife. We were told about your Bombay visit. That is why we have rushed to see you. My niece, Dr. Vijayini, is doing her Masters in Surgery. She is in fact, appearing for her surgery examinations right now. We have come to ask you to accept her hand. If you want to talk to her, I can bring her quickly from Poona in between the examination.”

“First of all, who told you that I want to marry? I do not want to!”

The existing irritation mounted. ‘The man wanted his niece to be his wife. Who does he think he is or she is? As a concession, the physiotherapist had said, you could talk to her before deciding! As if what is there to decide? Nothing. But even then! For that she will be brought and whisked back? What did the physiotherapist think she was, a piece of machinery? You could inspect it and if found it all right, tuck it in? This gentleman seems to have decided that this niece of his, should be my wife! A wife about whom he had thought nothing whatsoever? A wife he did not need? What the hell!’

“You may not want to marry. But each one should. You also will. So why not give that a thought?” The beautiful face of his wife Nisha, spoke in the typical Gujrati Marathi many speak in Bombay, as she fluttered around the house inspecting various things. The persuasive tone was meant to be a disarming way of putting things – a good tactic. But the subject of his own marriage was an anathema to him. He did not want to marry and spoil another life. He did not want to accept the additional responsibility of running a house, raising a family and children and struggle to see they become something. That would have put the mission that he had undertaken on a secondary place. The work would have suffered. Emphasis would have got diluted or scattered.

He had often thought about himself that he had either an immature or a perverted sense of and about marriage or he could not think properly in this matter. The fears had grown and he had grown increasingly averse to the idea of marriage. Akash was to come with a commitment of three years. There was no need for an additional surgeon. The work out there, had slowly geared up. To suddenly divert oneself with a wife was too much.

He looked at his father. He was sitting still on a broad easy chair, looking down with an anxious look and concern on his face. It was obvious that he had known about this couple and arranged for this intrusion. Which father would not like his precious son to get married to a good girl? His concern and anxiety were about how his son, would treat this couple. Even then he, his father had arranged for it, obviously prepared to endure his wrath. Then there was no point in flaring up. The Doctor decided to treat the couple kindly and get rid of them.

“Look here Sir, I know what it is to appear for an M.D. in Medicine or M.S. General Surgery examination. Do not, for God’s sake bring her, tearing across Poona to Bombay and whisk her back. I will never disturb anybody on such an occasion. You want me to meet her. I am in Bombay just one more day. I cannot and will not go to Poona. I will write to her, when

possible, once I go back to Greenville. I will clearly convey the impossibility of such an idea. Then it will be between two of us what to do. Will that be enough and all right? Okay?"

The way the words were uttered, had a tone of finality, which the couple grasped and decided to make good. Nagaraj emerged from bathroom. He did not know what had happened. The couple went away. Two days later they also tracked back to Greenville.

In between, his father had told the Doctor what all had happened. Dr Vijayini's mother was his class fellow in the Master of Arts in 1948. Long after, they had met again in a small place called Barshi. Her husband, a tall, extraordinarily handsome, and noble person was the Superintendent of Police looking after the huge gathering of literature lovers. It was a casual meeting ending with 'What does your son do? What does your daughter do?' It was four years ago. Then there was a query a few months back. Then, this visit.

Chapter 6

On their way back the Doctor parted ways with Nagaraj halfway, going in a different direction to attend a Rotary meeting and to meet the popularly known Rotarian Dr PDG. His huge project of Tuberculosis was now in the purview of PDG who had assured him substantial help in getting a big grant. Going straight to the typical coastal house of Mr. Pai's nephew, he had a real fine hot bath after 26 hours of bus journey, put on a pair of clothes, he had saved to participate in the Rotary function and met PDG. An assurance was given that the idea will be pursued in full vigor. He was dropped in Greenville by a Greenspanian Rotarian saving another jerky journey of hours on end, the same night.

Dr. Vishnu Murthy had gone by the time the Doctor came back from Bombay. He had missed Dr. Vishnu Murthy by only a few overnight hours. He did feel a little sorry about it. It would have been nice to bid adieu to the old man. Dr Vishnu Murthy was of no real consequence in any way, for him or for the hospital. The remaining doctors were of no consequence either. But Dr Vishnu Murthy was the head. Now he was left with only one sensation. He is now fully responsible for anything that happens or does not happen, good or bad. And that he is all alone. The mantle had not yet fallen on him. The sensation of loneliness intensified and relieved itself as he immersed himself in work. Dr. Vishnu Murthy was to come back after 6 months. For six months he had to be doing things. But who should be the captain of the ship? Now there was none. And the Doctor now felt morally responsible for anything that happened or did not.

Sharad and Nagaraj arrived within a day of his return to tell him that for the next six months, till Vishnu Murthy comes back, he will be the acting chief medical officer.

"I am the youngest of the lot. Others may not take kindly to it, if I take charge. But I do not think anybody else can handle so much of complexity around here. Might as well take it up, come what may, let others feel anything they want to."

He had stated it simply without any air, fear, or undue ostentation. They had made no comment. Atreya, the laboratory man told him - "Matters will move much faster now, they should, now that you are the boss." Prasannababu the accounts man had greeted him with a handshake and a '*Saheb*' meaning the boss. The workers had received it well. Vasanti and Shivanand did not look displeased. Dr. Srinivas gave him a quizzical look as if trying to decide what strategy to adopt to deal with this boy.

Events started taking place quickly.

A few days after he returned, the outpatient had closed and all the outpatient staff and the doctors had gone for quite some time. The Doctor found the X-ray department open. With Vasudev gone, Dr. Srinivas had moved in his quarters and offered to be on calls even on night. Nobody had disturbed him since. It had saved Sharad a lot of trouble and petrol to bring him and redeposit him in his house a few kilometers away, every day.

When the Doctor stepped in the dark outer room, at first, he could see nothing but hear sounds in the dark room where X rays were developed and fixed. He yanked it open only to see a white lady standing with her white sari well up and the Mongoloid technician, pants down. She was fondling his genitals and trying to push it inside herself. The large breasts had popped out.

“You bastard.” The Doctor shouted, Suddenly the proceeding came to a halt. The Mongol scurried away buttoning the pants, the lady ran managing to hide as much as she could from the Doctor. He told Sharad about this. They waited for the month to end, afraid to further scold the mad Mongol lest he damages the X-ray tube or transformer or cut through the cable wires. The bugger was a nasty one. Despite what happened, his insolence had shown up as frequent, deliberate eruptions of temper. On the first of next month Sharad put a month’s pay in his hand and equal amount for the for the notice period and kicked him out of the hospital. He also demolished the wooden shanty he occupied, at one go. and put the wood carefully away.

Five days after the instance, the Doctor received a written communication from Dr. Srinivas.

“My technician has been removed. Now I have to do work for both. The salary of the technician may be added to my payment or a new technician found.”

The former demand was irritating but the latter was impossible. If only people were available so easily, where was the botheration? Doctor had fumed inwardly over this letter. ‘For those six or eight plain X-rays he takes in those eight hours he wants additional money. Does not he feel like responding to the challenge? The Doctor did not respond to that letter.

Seventeen days after that, a second letter came from Srinivas. ‘Raise the salary 100%.’ Another letter was there with it saying, ‘if these conditions cannot be met, kindly treat this as my resignation.’ The functioning and earning of The Hospital depended a great deal on laboratory and X-rays. The Doctor relied heavily on X-ray investigations, chest X-rays, vertebral column X rays, intravenous pyelograms, Barium examinations. That was time consuming. A pyelogram could be dangerous if there was a dye reaction, that would need immediate help. Srinivas had calculated all this and loaded his letter to the new chief during his first month. It was a clever move. It was like trying to unsettle a new batsman by putting a cordon around him.

In the hitherto Dr. Vishnu Murthy’s office the Doctor now sat, looking at the letter. He was recollecting the conversation he had had with Alhad. It was nearly four years ago he had worked as a X Ray technician in his postgraduate years with him. Alhad during the recent visit to Bombay, discussing various problems related to better quality X-rays in their setting. The need to change the cassette screens itself, was costly. He had suggested changes in replacing developer and fixer much more frequently, many tips over the timers, voltage, the distance of the tube from the part to be x-rayed and so on. It was like a revision of radiography the Doctor was an expert at.

The challenge was thrown at him by Dr. Srinivas. The Doctor knew all that needed to be done in the X ray department, which Dr Srinivas would obstruct from being implemented. He sat looking at the letter trying to decide if he could give his own radiography skills a new go at it. Then all the reforms in radiology could easily be brought in. At the end of five minutes the Doctortook out his pen and wrote on the resignation letter, ‘Accepted with immediate effect as

desired by the staff.’ He sent it across to Prasannababu for further action, the next day. He did not show the letter nor reported the action even to Sharad. Eight days later with the help of his veterinary doctor nephew Srinivas was gone. No one noticed it. No one after that ever-remembered Srinivas. At one go he had also saved a few thousand per month for the project, and removed all hurdles in improving X-ray quality. Next day he stepped in the X-ray department to take charge of registers, remaining films, accounting, storage, and also the radiography thereafter for many years to come.

Two people reacted quickly. Prasannababu later asked him. “Will you dismiss me also like these two?” He merely looked at Prasannababu, registering the question. The typical clerical attitude of not doing any work on his own, trying to do as less as possible that can be gotten away with, the deliberate lack of initiative and imagination, lest one may have to work more, was particularly irritating to the doctor. The explosion in his brain was instant. ‘Had the money been not safe with you and because a high blooded Greenspanian is needed for this important, key, and respectable position, which will please the Greenspanians I would have thrown you out long ago for asking this question, also for not realizing why Srinivas was removed!’ He simply walked out, anger beating inside.

Nagaraj came to know about this dismissal.

“Doctor, as it is you have enough to look after. All branches of your blessed medicine, pediatrics, women, finances, supervision of the drug store, stocking of laboratory, dealing with indoor, running your system! All of it geared for development, and betterment of the working, which of course is now showing. Now an additional responsibility of the X-ray department and its development. It will be too much for you. We could have kept Srinivas haggling over the pay packet. He did not want to go but enjoy the peace and the place. A couple of hundred would have been enough. Why did you do this?”

“Nagaraj, the principal reason is, he was the obstacle to making x ray department better, all others important but secondary. I do not like to be burdened by obstinacy, stupidity and carry boulders in my neck.”

“I understand. It is just the additional strains on you which we don’t like.”

The quick succession of Vasudev, the Mongol, Dr. Vishnu Murthy and Dr. Srinivas going out did not fail to send repeated shock waves, the next more intense than the first, like an anamnestic reaction. The atmosphere in The Hospital though did not become acrimonious, hateful, or insolent. Every time, except when Dr. Vishnu Murthy went, the workers looked a little more relieved, more at ease, as if small abscesses had burst open and the toxin no longer entered the body. After each departure the functioning improved.

Dr. Akash from Bombay, joined The Hospital on 1st August with an assurance to work there for three years. The Doctor had managed to reach a figure for the salary, couple of hundreds higher than his own. He knew it was terribly less for a surgeon. But he knew that more could not be given. What he did not tell anyone was the fact that for two years after his M.S. in surgery Akash had not managed to get even the last three digits of what the Doctor offered him monthly.

‘He should be happy, be able to save money in a few years.’ That was what he had told Akash when he met him in Bombay.

Now, Akash was with them. When things start moving, they really do so and quickly. Akash’s joining had a multifold beneficial influence over the hospital. World over it is the medicine men, the physicians who are consulted by ailing humanity. It is they who must understand the real crux, or as Graham Greene would call, the heart of the matter. Patients have long and irrelevant stories their own fancies over the internal and external organs, and their sensations, feelings confused for symptoms, evasions of things, they know to be serious and self-deceit arising from it. Physicians have to diagnose, prognosticate and decide on a firm course of action. When they firmly direct, often, people would be willing to undergo even as terrible a thing as circumcision to even an operation of brain.

As a physician who had gained a reputation for diagnosis, several patients used to come with minor and major surgical problems. Thus far he had no answer. He had sent patients occasionally to Dr. Vishnu Murty. He never came to know what happened to them. But such patients would disappear. What had prompted them to run away, turn away from undergoing required operations, no one knew. With Akash’s coming a spurt in the small, minor, or more problematic surgical procedures had taken place. Akash was a complete fool with languages. Like many highly educated Bombay people, he was good only at English. And the village folk would merely gape at his outflow that tried to tell them that they needed surgery and understand nothing. But they used to yield and get operated.

Nobody knew, even the Doctor did not understand, from where so many patients, never seen before in The Hospital but having surgical conditions, had appeared. The Doctor had sent across to Akash only a few. Somehow people were coming directly for Akash. A particular group of cases had been noticed by all of them for long. They were called the *katti* injuries. *Katti* was a heavy iron blade, about ten inches long, with a handle. It used to be a constant companion of all the estate workers. With that they lopped the branches, took away climbers, uproot smaller shrubs. They would even cut off well-developed trees, if there was a disease called the borer that ate through the main stem.

Inadvertent chops would crush and cut muscles of arm, break the tibial bones of legs, especially around ankle, make ugly gashes and lacerate the arteries. Sometimes the bleeding would be terrible. Sometime the lacerated arteries would clamp down. It required a lot of patience, a good understanding of damaged anatomy, functioning muscles, contaminations, and salvageability of tissue. It was a common practice in Greenspan to pack any wound with coffee powder, available ubiquitously and in plenty. Many a times blood was required. If Atreya was around, cross matching the blood would not be difficult. If not, then either Akash, or the Doctor would do it in the dark densities of Greenville nights in the laboratory. It was a matter of tension. One mismatch and the recipient would be dead. Cold, out, dead, in minutes, due to massive breakdown of the red cells. But by being careful they had managed it.

Nagaraj sometimes produced miracles on his own. He had found a superannuated Rajeshwar, now retired from a large government hospital. For long years he had worked as an anesthetist’s assistant on the basis of a minor degree. Surgeries required a painless state. Local

anesthesia would have to be supplemented by some sedation sometimes. The bulk of Rajeshwar, would stand there, a breathing tube with the artificial respirator bag attached to it, in hand; just in case sedation became excessive and respiration depressed. The tube could then be passed in the breathing passages and patient saved. An adrenalin injection was always kept ready by Rajeshwar for every, even minor cases, fearing the heart could and would stop suddenly in each case. During this time Rajeshwar would sweat all the time, his lips moving at prayer and a look that expected only the worst to happen, one hundred percent of times. The shudder Rajeshwar underwent could be seen as big ripples on his immense body fat.

With this comedy around, it was pleasure to watch Akash treat the tissues with respect and care. A surgeon is no surgeon, if he has not, any tenderness and respect towards the tissues he handled. Patiently, skillfully, he would bring back the mangled tissue to normal anatomical planes, make the necessary connections by suturing, repairing arteries. He would often put plaster casts and slabs, all by himself, for broken, displaced or undisplaced bones.

Drawn almost automatically to surgery, the surprising and the satisfying thing was, Dr Vasanti would assist him in all ways, even if Akash did not call her. It was certainly not a spinster-bachelor problem. She genuinely liked operating. With Vasanti her friend Shubha, the orphan sister had started assisting her and Akash. The Doctor had noted these things and the quartet with immense relief and satisfaction. He did not like surgery a wee bit, in fact hated to be a part of it and would be immensely happy if he could put a great distance between it and him, would thank his stars and the god in whose existence he did not believe. Whatever these four did, the best part was that from day one they had got together, leaving for the Doctor nothing to get tensed over.

There was no denying that there was a second and a much stronger stream of inflow of money created by Akash. Far more than the Doctor ever managed to. Akash made a remark once.

“It does not matter even if we do not do any major surgery for some months. All we have to do is to keep looking for these minor works as they come. These small surgeries also give a lot of money. Some of our money problems will reduce considerably.”

Despite the declaration, major surgery had also come their way. On one of those nights Akash came back very late. The Doctor, asleep, did not know where he had gone after food. He had not heard the ambulance, the braying voice of the ex-military driver, Dr. Rajeshwar going and being dropped back. It was in the morning of next day he knew of a sixteen-year-old girl by name Kalawati, a beautiful face, admitted in agony over pain in abdomen. Her stomach had developed a hole; all the stomach juice and food had gone all over the abdomen. That produced pain like hell.

Akash had got Vasanti and Shubha out of bed, to help him in surgery. Vasanti and Shubha had checked on the sterilized instruments, and prepared for operation theatre. A bottle of blood was arranged and transfused. The girl was operated upon for the perforation that was closed with a patch of fat from within the abdomen. Late in the night they had all gone back. All of them wore a smile of pleasure, pride, and accomplishment next day. Even Rajeshwar basked around a little. They had all waited for his appreciation. It came. Bountifully, unreserved, the Doctor

appreciated what they had done. It was an acknowledgment of gratitude he felt and not the chief's condescension over the subordinates.

"I have never enjoyed a moment like this since I came here, when independent of me things are done to resolve a serious situation and I don't even know. First time in the last one year." The Doctor had said. This instance in about fifteen days was followed by another perforation. He did not know about it either, till the next morning.

Akash had started getting along well with Atreya, Prasannababu and a little surprisingly with Sharad also. He would even smoke in front of Sharad. He had a carefree, happy countenance, an irreverent style of conversation that did not care about maintaining ordinary etiquette. But none could have accused him of disrespect to anyone. He was frank and yet friendly. Sharad also would enjoy conversations with him. Akash never bothered about putting things properly. He blurted them out as they occurred to him. Many a times he was right. Some people are uncanny about the correctness of their understanding of situations and people. Akash was like them. He needed tea frequently and something to eat in between. One of his constant postures was that of shivering.

The Doctor having got accustomed to cold, had given him his thick full sleeve sweater, he no longer needed. Atreya had given him a typical 'Pea Cap.' Even then he would shiver, dither, move about. Talk. Screw up his face in that typical childlike delight with a kind of hollow laughter, a swerving motion of his neck and slapping his hands together in a clap a bit too noisily. If he could get along with Sharad, Nagaraj was just no problem. Nagaraj used to come frequently and they used to go around. Radhesham was another favorite of Akash's. He enjoyed his company notwithstanding the surprising fact that he never drank liquor. He had gone to Radhesham's estate, had procured a badminton racket and was a partner to both Radhesham and Achyut in North Club. He was a fair player. He dashed across the court, had plenty of breath in the lungs despite his smoking. He had a funny way of walking with his legs being constantly thrown up forward. Nagaraj had once remarked, "Dr. Akash walks like how Wodehouse has described, a man with two left legs."

The Doctor's own life had changed subtly. Rajeshwar's family was across the wall. But they kept to themselves. He was happy and relieved when they did not flood him and Akash with all kinds of things to eat. Young bachelors often become targets of middle-aged ladies. The notion these ladies get is that they should be fed well. Akash's living with him had made that unwanted possibility even more remote.

"Mrs. Hemant, can you help me out of this on a more continuous basis?" The Doctor had gone and asked her, explaining that now two of them had to be fed and his partner would do nothing about it. He had availed of her services temporarily when his parents, Anand, Pai and Pitresaab had visited.

"I shall ask my cook Irene to come to your house daily early in the morning with milk. She will do all the cooking, even buy groceries for you, wash clothes and be off in an hour's time and come to my house. She is clean, honest, and quick. Pay her what I tell you. She has been after me to get her an ayah's job through you in your hospital. She will only be too glad to work for you. She has three rather grown-up children, who have not shown much promise yet, and a drunkard

husband beyond redemption. Her brother and sisters are much better placed. I think it will be a good idea. She stays just behind your own house on that small hillock.”

That is how Irene had entered his life and later was to play a part in The Hospital life and its drama. Short and dark like a Negress, nice looking, illiterate lady with flashing smile, and sparkling white teeth. Her face bore marks of raw, hard intelligence and some understanding. She had become their cook, washerwoman, and purchaser. The Doctor had one botheration less. It gave him more energy as his food intake improved and became regular.

Akash would be least bothered about what was cooked. Sometimes he ate in the hospital, sometimes he would roam around, especially as the rains had petered out in September itself and subsided early in October fully. What the Doctor got cooked tended to get wasted some times. Expenditure had doubled but Akash had shown no inclination to share it. While the Doctor was alone, it was possible to manage his time. But Akash staying with him, had left him with some constraint, which came in the way of his hospital work and the freedom to which he had grown accustomed.

Another peculiar thing about Akash was that he could sleep almost continuously, hours on end, would never make outpatient timing. Every time he had to be hauled out of the bed when patients came. Initially the Doctor was sympathetic towards the boy and the cold he was completely unaccustomed to, remembering how he had suffered. It was as if Akash had not slept for years adequately and was now compensating for it. But then that sleeping had also become a drag to doctor who was of far more regular habits.

In one of those unpredictable, dark damp night with rain lashing the dark town Sameerchand was brought to The Hospital late in the night. He was a tall, obese man, a continuous beedi smoker, a fifty-five-year-old Sindhi chap, a cardamom merchant and one of wealthiest fellows in Greenspan. A refugee from Pakistan to India, how he had managed to reach the doctor's home town, migrated to Greenspan in sixties, when it was a much more horrible place, was an enigma. But he had had a long inning in Greenspan, had made it his home, married a Sindhi lady who after a few deliveries had become so huge that she was like an iceberg with her head seen somewhat separately on top. As if her ampleness was not sufficient for him, Sameerchand had taken one more wife, a local Muslim lady of abundant but well-shaped proportions, distinguishing various planes. He had begotten children who had started handling his business.

Sameerchand had a terrible, blaring, bass voice, roughened due to years of smoking. He used to wear a white Terri cotton old styled loose shirt and loose pajamas in all seasons of Greenspan. The Doctor had known Sameerchand because Achyut's shop was adjacent to this man's and Achyut had introduced him. It was a pleasant thing to hear his Hindi in a familiar accent and fair accuracy, if one could ignore the voice. The Doctor had also observed the functioning of his cardamom business. Sameerchand would be standing in the shop without any furniture; it was more like an open veranda and a large room behind, stalked with Cardamom bags. He would always be standing with his back to the shop, looking at the passersby of the main market incessantly smoking. Or he would be looking above the Vysya Bank building, opposite his shop into some abstractions, God only knew what.

The one, two or three-acre landholders would come in a poor attire and an uneducated face, unload their cardamom bags. Sameerchand would inspect the quality of cardamom, get it weighed, pronounce a rate, and immediately pay the money. That was important to the small laboring farmer. Sameerchand was closely in touch with the market fluctuation. The cardamom export to gulf countries was at a high boom then. The Arabs probably believed in the sex stimulating, 'hot' effects of cardamom propelling them towards greater sexual acrobatics and arousals. That money which Sameerchand paid was the crisis money to the farmer. It attracted no excise, no taxes; it was theirs to use for daily necessities or to add some little luxuries. Once the cardamom was dumped, ladies employed by Sameerchand would start cleaning and sifting the cardamom to categorize it in various types. The big fruit of green and yellow being the principal, then big, medium, and small cardamom. Sameerchand would watch them surreptitiously, probably getting inwardly stimulated.

It was this smoking mountain of a man with sexual excess, that was brought to him by another cardamom merchant. Sameerchand was having severe chest pain, he was sweating and was unable to even stand. The diagnosis of a heart attack with low blood pressure, indicating heart failure had started. The ECG they managed to take was so bizarre that it took them time to decide whether the machine was not recording it properly, but that was not the case. His heart rhythm had degenerated in an inexplicable pattern and there were long pauses in which the heart was not beating. Fortunately, both the Doctor and Akash were in the hospital. They first put Sameerchand flat, started him with oxygen, and started intravenous fluid.

He had no useful drug for irregular heart rhythms. Lidocaine, was available but of no use here. He had only digoxin injection, saved for emergencies like Dr Shivadas which also would not work wonders in this failure. The Doctor also had no answer for the heart stopping in between for long. It needed a heart defibrillator he did not have then, to restore normal rhythm. He had no pacemaker wire, to regularize the rhythm. Akash and the Doctor took station by the two sides intermittently recording the ECG when the patients pulse disappeared, and then trying to think of the non-available alternatives. Whenever there was a straight line one of them would jump on him and give cardio-pulmonary resuscitation. In all, in the first two hours they repeated this mad exercise eight times.

Sameerchand, repeatedly lost consciousness because of the absence of heart action, resulting in failure of pumping blood to the brain. For some unknown, unfathomable reason, he survived the catastrophe that should have killed him at least three times by then. It did not. He continued to vacillate between life and death. He kept on saying, 'call Dr. Dixit, call Dr. Dixit.'

As was usual in Greenville, even in that late hour, about hundred people had gathered to watch the proceedings. At least six of the prominent merchants were around the patient all the time. They seemed to be too anxious and willingly responsible for getting anything done that was needed. Having heard Sameerchand, they started urging the Doctor to call the Dr. Dixit, the 'physician extra ordinaire' from the Port City from the prestigious Catholic Christian institute practicing high quality medicine. One of the merchants connected the call and gave it to the Doctor to speak to Dr Dixit.

After listening on phone for full ten minutes of all that had happened and what was done in the dead of the night, he was surprised to find Dr Dixit saying - “I am starting for your place. Tell those guys there not to create any panic and acrimony.”

At two in the night, in arduous uphill journey from mean sea level zero, of one hundred and forty kilometers of curvaceous and continuously climbing winding roads, ghats, in pouring rain, Dr Dixit had driven the car himself to four thousand feet height. By the time he reached there the rhythm had somehow reverted to normal. Dr Dixit saw all the ECGs, heard the use of ‘thump versions’ they had undertaken so many times when the heart would not revive and start, the use of insulin, glucose, potassium, and record keeping. He, after assuring Sameerchand that he will be fine, came out and went around the place.

“That is a nice place you are trying to build here doc. Greenspan needed a good center and a good physician. They unnecessarily keep coming to me and others for anything and everything. Try to build it up quickly so that people can be competently looked after here, locally.”

Prof. Vishwanath Mitra had said exactly the same thing when the Doctor had handed over Dr. Shivadas to him.

“Another thing. You are familiar with techniques of treating diabetes, electrolytes, and acid base balance. Not many young physicians are and they usually make a mess out of it. I have not forgotten the illness of Sudhir’s mother for which you had first come to me for help. The SIADH business.

“I would like you to have an electrolyte machine as soon as you can. I will tell you the make, cost and its availability as soon as I go back. I shall also leave some of the drugs that I have brought for rhythm correction, which obviously you are not able to procure. They should stand you in good stead, in emergencies. Young men, it is no small wonder you have come to this Andaman, the black waters of the state. I bless and order you that any of your difficulty should come to me first for solutions.

“I am not talking only of patients who are complicated, or cannot be tackled here. I am talking about your logistical, infra-structural backups. I am about twenty years older than you, in a much bigger and a safer place. We know many people, and establishments. We can help. Keep in touch or else I shall have to do that.”

“Sir, we are immensely grateful to you. We will follow it. Dr. Dixit, how much the drugs you are leaving here likely to cost? I will send you the money later. Presently I do have much money on me.”

“It should cost you around three hundred rupees. Make a bill and a donation receipt in my name. It is my gift to you.”

Dr. Dixit had patted him on the shoulder. In the dark, dimly lit rainy ramparts of The Hospital, the English-white-complexioned, gold rimmed bespectacled Dixit, went around to see the support systems and all the other patients they had. Suited in richly cultured cloth, speaking with that slight Gujarati accent in English and exuberating all the culture of the Nagar-Anavil Brahmins of Gujarat, he looked like a Farishta, a fantasia, an angel, or a surreal spirit.

“That is quite a collection you have Doctor of patients with good number of complexities. It will keep you sharp.”

He then turned to the crowd and said,

“Believe this young man, stand by him. It is in your interest. He has saved Sameerchand from the gallows of death, not me.” Then he walked out.

Sameerchand started recovering quickly after that fateful night. In the periods of his loss of consciousness, he used to have some strange experiences. He narrated them to the Doctor one day.

“During my illness I used to assume the form of a small thumb sized body that looked exactly like myself. That used to soar high in the heavens. There I met your grandfather who is now long dead. I told him that I stay in the same place as your grandson stays. He told me to look after your welfare and I have promised him that.”

The Doctor was reminded of the spirits of Lobsang Rampa, once again, depicted in his novels and descriptions of other spiritual, astral bodies. It was some fun, listening to all this, specially knowing that Sameerchand was no fool.

“Any difficulty you have, come to me. And if you ever want to start your private practice in Greenspan, I shall give you fifty thousand rupees on my own, not to be returned.”

On the next Sunday, seventh day after his admission, Sameerchand got angry over his servant, driver, his both wives, beat them up and the servant in the ward itself, took the keys of his ambassador and went home despite the caution the Doctor had sounded. The sweating terrified merchants came to him saying Sameerchand is boozing, sweating, having a ‘*Darbar*’ of his own, in his house, surrounded by his underlings and friends. The dazed Doctor aroused out of his catnap in the afternoon, rang up Sameerchand.

“I received an order from heavens above that it is no longer necessary to remain in the hospital. I shall settle your bill tomorrow.”

The Doctor put down the phone, told the merchants to forget about Sameerchand, saying, he will be around for many years to come.

Later he expressed his heartfelt thanks to Akash for having stood by him, mentioning that neither Vasanti, Rajeshwar nor Shivanand would have understood anything that was happening and would have walked out on him immediately, anyway.

Within days Akash and the Doctor came together again when a plump, white complexioned lady, in her sixties, Mrs. Chitralekha, from a high Greenspan house was admitted in the evening. She was deeply unconscious. The most painful stimuli, deep pressures on the leg bone and the bony eye orbit did not cause any response. Her breathing was noisy, deep, and slow. Her pulse rate was just about fifty, against the expected eighty, or even more, in such a situation. The torch flicked across her eyes showed the eyes turned on the left and the left pupil were larger than usual. She had high blood pressure for a long time but no other illnesses; nobody knew whether her blood pressure was well under control or not.

The Doctor rushed her to a special ward where he would get space to deal with the patient more freely. The first thing he did was to see through her eyes with an old rusty ophthalmoscope. The visual disc had started showing swelling, its sharp circular edge was blurred. It was the sure sign of brain having come under huge pressure from its own swelling, or of massive bleeding in the brain because of uncontrolled blood pressure. It could also be because of the big middle artery of brain had got blocked, two thirds of the left big brain dead and swelling. Or it could be tumor which bled inside it.

Akash having just finished plastering a crack fractured bone had seen the Doctor rushing up with the patient on the trolley. He also came up.

“Akash, the pressure on the brain of this lady has increased immensely.”

Akash went out briefly and called Surashree and Seema. This was a time when they had in addition to Shubha four other wonderful sisters, Geeta and Sucheta with these two. As the Doctor prattled out the orders one of them wrote it down, the other went off to get a ten percent solution of a Mannitol and steroid injections, to reduce the excessive pressure on the brain in such cases. A urine catheter was passed to see if these drugs would get the brain water out in to the urine. Oxygen was started without any reminders, quickly and efficiently.

As was usual, many high class Greenspanians had gathered within an hour of Chitralkha getting admitted. It fell upon the Doctor to make the explanations understood by the anxious crowd. After three hours, it was clear that the drugs given to reduce pressure were not having adequate response. He was being repeatedly asked what was the diagnosis. Was it hemorrhage or the block and reason for either. As time went by the swollen brain had started pressing on the lower centers which control the breathing and hear rate and would soon have compromised life.

“Akash, I have to establish a diagnosis and somehow reduce the pressure on the brain. Else these people will have all kinds of stories woven around our failure to establish it. I know how their minds work.”

“Agreed, but what will you establish the diagnosis with?”

“Lumbar Puncture.”

“What? With a brain loaded with fluid which should not be there, a release in the lumbar puncture will squeeze the brain stem and all the vital functions will disappear. Don’t be mad.”

“No Akash. If you can pass a tube in her windpipe, we could force excessive air and Oxygen to reduce water in the brain to some extent. The tube will be also helpful if, after the lumbar puncture, the breathing stopped. We could revive it. Much depends upon what we get in the puncture. If it is clear fluid, it is a block in the big artery. If we get frank blood, we can tell the onlookers that it is hemorrhage and it is fatal, that shifting her to the Port City was not an option. She will konk in between. They must know that she has a life of just a few hours.”

“Makes sense. Go out and tell these onlookers what we have discussed in detail. Till then I will pass a tube in the windpipe. Her neck is too short and is rigid. That indicates hemorrhage but we will go the devilish path and establish the diagnosis for eternity.”

After all the explanations, the Doctor asked the onlookers to go and see the condition of the patient for themselves. Scared they came out. To turn the lady on her left side and holding her in the position for a lumbar puncture was a job the sisters could not do. Akash climbed the bed, held her by the neck and hips, bent her with quite a force to give the right position. The sisters helped to sterilize the back and the needle went in swiftly. The red bloody fluid came out gushing. The needle was removed after a while with a hope that the pressures would reduce, and not to allow more fluid under pressure to come out with immediate fatality. The breathing however stopped.

With the tube in the throat, with whoever could understand how to give artificial respiration took turns for eight long hours. They once again brought all the onlookers to show them what they were doing. After eight hours Mrs. Chitralekha died, in full view of the onlookers. Nobody had a word of complaint but that of gratitude with which these two doctors and their sisters had struggled to save the life of their patient.

“Akash, when I was staying in the number 5 ward, a young sportsman, son of a rich planter came with intense headache and vomiting. He was hit by a hockey stick on the back of his head. I had used this rickety ophthalmoscope then also to find the same high pressure due to internal hemorrhage. He had a faint line of fracture on the back of the skull. Luckily, the relatives agreed to shift him to a neurology center for surgery, to get rid of the blood. He survived, intact and in one piece came back fully functioning. Small things tell you so much.”

Within months of Dr. Vishnu Murthy gone, Atreya had come with a big order for virtually all the lab test kits in various quantities.

“Did I not tell you Doctor, that the things will move fast now. Our surgeon friend has also boosted the work, money, and the morale.”

The Doctor smilingly shook hands with Atreya.

Dr. Dixit was to be proved prophetic. The tall, handsome, well-built Trustee Sudhir, appeared with Sharad in an afternoon.

“Doctor, here is a blank cheque. Please go ahead and buy an Electrolyte Machine from wherever you can, a good one. Then get the cheque encashed for the cost. When my mother was admitted it was for these investigations, I had to send my driver on a three-hundred-kilometer journey. It saved her. I am aware of the complicated stuff you deal with here. I do not want patients who cannot afford the luxury of sending their drivers to get these matters sorted out. It should be available here for them.”

The relief of having this much needed machine and the generosity and even the greater concern of Sudhir for the poor patients touched both the Doctor and Sharad. They shook hands with Sudhir and said thank you. Sudhir got up to go, turned back and said,

“This will be Hospital property. You are not to put my name as donor on to it.”

Chapter 7

Within four months of Akash's coming certain strains had become obvious. The considerably increased hospital work was one continuous strain and someone who understood enough was required to be more regularly available within the hospital, to help as well as relieve the Doctor for a few hours. Vasanti was the only one staying in The Hospital campus, Shivanand, about a kilometer and half away from the hospital. The Doctor had persuaded Nagaraj and Sharad to accommodate Rajeshwar who had come with his wife and the college going daughter in the other unused part of his house to reduce the burden of rent.

Akash slept for hours on end. It would have been helpful if Akash was available on the campus for doctor's help, every time complexities arose. Routinely, during outpatient hours also he had to be dragged from his quarters, to attend surgical cases. Though the Doctor slept very often in the hospital, he was getting tired over the circus. But he did not say anything about it to anyone.

Nagaraj and Sharad however had noticed the need for Akash to be shifted to the campus, more for his own rising work. They tried to persuade Akash to shift in The Hospital complex to the nice quarter by the side of Vasanti, with much better in amenities than the doctor's quarters, he was reluctant to even see it. Srinivas had lived there. In the nights particularly the Doctor could get Akash quickly by his side if it was accepted. It would be a great help to assist him look after emergencies or admissions. The Doctor had done it month after month.

They had also tried to put it across to Akash that for various of other reasons connected with The Hospital and its development, he should shift. The Doctor had been going out often in connection with donations, talking to company estates, estate owners, officers in government, banks, trying to get some projects from the tribal departments, government machinery and District Health Officers. If Akash's food and shelter was to be in The Hospital premises the strain on each would be less and there should not be any increase in strains on Akash. The surgical emergencies also had also increased and it would be in the interest of Akash to be staying nearby instead of being woken up with difficulty any time of the day and night, walking up and down all the time in these rainy dark and hazardous nights.

Akash had taken all of it adversely. He had expressed with obvious displeasure that the Doctor wants to merely use him as another medical officer, wants to get rid of him from his house and wants to relax and make others work. Nagaraj objected to that saying this was not the case, that they did not even have a count of days and nights the Doctor had spent in the hospital, for his cases, and the sketchy food he ate.

"Take Sameerchand or Mrs. Chitralekha. You were of such tremendous help to the Doctor. Had you been in the Doctor's quarters, he would never have called you, be sure of that. He has expressed his pleasure for having you with him on such difficult cases, which he has been

handling all alone, for more than a year now, without any help for Vasanti, Shivanand or one great Doctor Vasudev we had.”

These battles persisted for two weeks. Once Sharad told him to at least have a look at the quarters. Akash went there with Sharad with great reluctance and had to admit that this one was much better.

“There is nothing we can possibly do to keep the Doctor’s quarter well heated. You must have by now experienced the severe paucity of water for bath and daily uses. In here, we can keep yourself warmer and water will not be an issue.”

“Then shift both of us here.”

“I am sorry Dr. Akash, but we will not do that. You have no idea about the strains he has undertaken since he came here over fifteen months ago. It is limitless. He needs a little privacy for the few hours he gets. Be kind to him. If you are around Vasanti and Shivanand will also have a fall back in those emergencies that come our way. The Doctor alone has been responding to all such cases since beginning.”

The Doctor was aware of Akash’s reluctance to shift. He had never spoken about the strain Akash had put on him financially and had never participated in these discussions. He had accepted that in the interest of the project. He had not withdrawn any of his courtesy of food and shelter to Akash, or ever suggested to share Irene’s pay who was serving Akash as well, or the other expenses. Akash either did not realize or did not want to, that he had not spent a single penny over it. The Doctor had somehow managed for both. The Doctor did not complain about it saying ‘if I have to spend for him also, in order to keep him working as a surgeon here, it does not matter. This is an additional burden that I will take. After all I have not come here to earn and save, but to give.’ The Doctor did understand Akash’s reluctance to shift, but did not have any knowledge of the counter arguments that Akash had posed to Nagaraj, and the reasons for the reluctance.

Somehow, Nagaraj had persisted and, on a Sunday, he succeeded in shifting the Akash’s outfit to the duplex.

For many months now, the Doctor had delayed, postponed drawing his full salary or the subsistence money, from The Hospital but they had managed to pay every one, on the first day of each month including Akash. Before Akash came, his relationship with Shivanand also was cordial that when Shivanand asked for ten thousand rupees help, for his farms up north, he agreed. Keenly aware of the difficulties of getting even the paramedical staff, the Doctor was even more afraid of losing what medical manpower he had and that he would be prepared to undergo personal loss to keep the medical manpower on.

He borrowed money from his father, something he would never ever want to do, to give it to Shivanand. Sensing that, Nagaraj had intervened, saying that he would contribute at least half of it if this was the purpose and reason of this help. He had not got it in writing from Shivanand on IOU. Shivanand never offered to give one. ‘Good faith,’ and its stupidity the Doctor had criticized before about Koppikar and Kamlesh, continued with him also.

They had made an exception even in case of Vasanti for the same reason, not to lose her, fearing no one might turn up if these two Doctors go. Vasanti had demanded contributory provident fund of a whopping 10% when the current official rate was 6.33% and despite the fact that the institute was exempt from the provisions of provident fund for a few more years to come. They wanted to keep her also in good humor. Her continuance mattered. It was of paramount importance. The fear ‘who will come here to work if these people also leave,’ was so gripping that on this point each one of them had surrendered.

If there were any other difficulties the Doctor always stepped forward and took it on himself so that the one who had difficulty could be relieved. He had never once called these two characters if he slept in The Hospital for his serious patients. By his own clock and biorhythm, hourly, two hourly he would see his serious patients. He had gone to every trouble and sacrifice to make them happy. If some additional emergencies came in the night when he was sleeping in the hospital, he would get up and deal with it, still without calling any of the two.

Akash, when the proposition to shift him to The Hospital came up had revolted. The relationship with Shivanand was also cracking. The Doctor had the growing and gnawing feeling that Shivanand had started viewing things differently. He had a suspicion about everything the Doctor was doing. Asking Shivanand to do something also had become difficult. It was being ascribed some kind of motive; a selfishness attached to it. A mild arrogance had crept in a kind of tentative manner to see if and how the chief officer of the project reacts to it. There was carelessness about timings, rounds, daily notes, an attempt to convey a sense that this kind of infernal jobs are being dumped on them while the Doctor was merely enjoying his position and doing nothing.

The big issue that had propped up was when the Doctor asked Shivanand to write a couple of discharges because he was going out for some work. On his return he found nothing was done. Shivanand who had so enthusiastically translated for him and for patients what the patients had to say, convey what the Doctor wanted to tell the patients, assist in examination and had taught him the local language was now showing plain insubordination. Shivanand had vehemently argued against the long letters the Doctor wrote to the referring physician, now was refusing writing discharges.

The Doctor had not lost his medical sense. He continued to make his notes on all his patients, writing discharge cards for them in his own hand. He made it clear that writing discharges was not a mean and lowly job but the most important matter, next to curing a patient. He had told Shivanand and all others the several advantages writing a discharge card gives to any clinician. Finally, when a patient stands cured, improved and in balance, you were sending forth to the community an ambassador of your hospital with a fine discharge card. Shivanand had not accepted that, and had rebelled, the relationship deteriorating further. The Doctor did not know, nor could gather any idea over why this was happening.

A strain had come in his relationship with Vasanti and Akash also. He did not know what was going wrong. As far as the Doctor could recollect, he had not asked of anyone anything, that he himself had not done in the past, continued to do in present and had not stopped doing. Even then there were clouds. All he could think of was to continue to bear with it.

Akash was arguing with Sharad.

“All I find is, whatever happens, happens as the Doctor says. He is the one who speaks to the management committee, the trust board, visitors and almost everything that goes. He wants me to shift to the hospital, I do. You think he can understand about everything, even about us. Shivanand, or Vasanti simply are like lay workers. The on duty, off duty.”

“How does it trouble anyone Doctor? He is the one who speaks to all those you mentioned because all of them know him and he knows what they are and how to deal with them. There is familiarity between them, not with any of you. There are dozens and dozens of rich and influential people who are obliged to him for saving them or their relatives from the gallows of death right here. If he had refused to treat them on grounds that these cases cannot be managed here, all of them would be dead before they crossed twenty kilometers from Greenville. For us, he is our ambassador.

“You must know that he did not initiate the idea of shifting you to the campus. We did. Rise to his stature and you will get the same honors as he does. You said it right. He understands the matters and the issues nobody seemed to have in the last five years of this hospital. If you so desire, I will give you a full account of that. Let me add, he values you much more than Vasanti and Shivanand. Your competence stands out against these two, less than mediocre doctors. They have been of little assistance to him, not even hundredth of what you have been.

“A positive, self-initiated, imaginative, dashing attitude to develop her own department, we did not find in Vasanti. We tried to push her into a self-driving, into higher, responsible position. She did not respond. We did not find the initiative or imagination to solve problems of all of them who have worked here. Helpless derogatory remarks Vasanti makes over how bad the situation is or how hopeless this hospital project is, has not helped. We know about that, much more than them or you. About Shivanand, less said the better.”

“You have too much of praise for the Doctor which we are fed up of hearing.”

“That is going too far Doctor Akash. If you have anything to suggest to improve things do so. If we do not think or act upon that, then complain. Some things cannot be helped. But the response in solving the problem we see in the Doctor; we would like to see in you. Don’t detract him. Strengthen him. If you want anything done, tell us. He will not obstruct. He is too plain and simple living fellow, not able to hide anything. He says what he means, he means what he says. This, in today’s world is a dangerous thing. But the Doctor as I have now been seeing him is unmindful of that danger.”

The rebellion of Shivanand or Vasanti did not stop. It slowly increased. The feeling of too poor a pay for too big a work came up repeatedly and the attitude to do as less as possible was evident. The one good thing Vasanti and Shubha continued to do was to assist Akash willingly and gleefully in his frequent surgeries, big and small. Otherwise, the stupidity of Vasanti and Shivanand reigned supreme.

The Doctor had to spend a lot of time to sort the imbecility of the drug purchase. After the drug store was removed from the hands of Vasudev, Sharad had called upon all those

representatives who had created a scene and politely asked them for a visit. Each time he asked the representatives which of the items, especially the food supplements, vitamins and tonics, The Hospital had no use of, could be taken back, and if the amount due could be cancelled, without violating the company policy and in good faith. About thirty percent of the items has thus gone off. The burden of money to be paid also lessened to that extent. The bigger and more urgent issue was to replenish the store with the items most frequently needed for surgeries and his medical works.

With messages sent to Nagaraj and with the help of those very representatives they had found half a dozen sources to procure the authentic drugs they wanted from the companies directly. The representatives were assured that payment will precede the orders. This single step gained their confidence and one bald man gave the routine antibiotics, both injectable and oral, with an additional twenty percent discount because it was a social work connected with his emotions.

The Doctor ordered a huge quantity of different types of intravenous fluids the surgical cases particularly needed. The ratio of the cost he paid on purchase and the Maximum Retail Price printed on the glass bottles was one to four. They were floored. The Doctor made a decision to charge ten percent extra over the cost of purchase for The Hospital and not to charge by MRPs. Akash noticed it and asked him why should this be done when MRP costs levied are legal. It took him a long time to convince everyone, to operate on a small profit, based on procurement cost and not the MRP, they could legitimately charge. He argued and the Trustees agreed that it will further reduce the patient bills, especially for the poor.

The cycles of quicker overturn of the inventory, low profit margin, more frequent orders with substantial increases, brought in ten percent profit for each order. Orders were optimized against the duration of consumption so that every second month a large number of items could be ordered at one go. The Hospital had started showing accumulation and greater capital availability.

Similarly, the Doctor started paying attention to the cash flow, he never knew anything about. He was taking decisions, yes. But it had the same painstaking quality and way. Discuss it with Atreya, check with Prasannababu the money in kitty, keep Sharad posted. Sharad soon revoked his decision that every order should be signed by him and authorized the Doctor for it. Akash was his key person for rapid and considerable turn over in the consumables he used.

The much larger and more frequent orders did not go unnoticed with the medical reps. The Hospital tariff was already ridiculously low. Even then the clean dealing in money was appreciated, bringing the overall cost of this 'paraphernalia of care,' further down. The same criterion was used to decide the cost of investigations in the laboratory, or on the X Rays. In both places for the additional labor, they charged fifteen percent extra. Atreya had found a service engineer for maintaining his instruments spick and span and frequently calibrated it.

They had decided on a hierarchy of expenditure. First came the salaries. After that as soon as there was enough money for it for the next month also, they would start ordering by priorities, what cannot be made available locally, came first, the x rays and laboratory materials, and then drugs. At times they juggled the money, the Doctor withholding his salary and putting his money

in to the hospital. However, soon it became unnecessary. As an MD in medicine, he was completely unfamiliar in this commerce but learnt under Sharad quickly enough to reach a state where the outside local purchases became nearly zero.

For many months he avoided writing to Dr. (Miss) Vijayini a letter that he had promised her physiotherapist uncle. While he was firm that he did not need to marry he wanted to keep his word. Keeping the word and writing a formal letter was merely to say ‘no’ to her. It was to explain the why of it. She may not feel anything about it. What he had gathered later about her was her definite aversion towards marriage. But to write only to say that he is not interested was not so simple. He had to find time and mental piece. Akash’s coming to Greenville and joining his quarters had completed the rout on his privacy. In his Chief Medical Officer’s cabin people would come and go randomly; Akash frequented it before leaving The Hospital calling it the Railway Station master’s room.

In his quarters a letter of such importance could not be written with Akash chattering away and look over his shoulder with the curiosity of a cat about what he was doing. Akash had then shifted to The Hospital quarters. He now had some much-needed privacy. For the first time he realized how public his life had been, and become, full of people over long years, all privacy had gone away and how much he wanted some now. His activism in Bombay was once described by his cousin as ‘hectic, haphazard, limitless and incomprehensible.’ He had prided on that. To give away, give over so completely to your ideals, to the Society for whose betterment all of them stood in the face of all adversity. He waited. Once he was alone, after the great skirmish over Akash shifting to The Hospital was over, he decided to finally give it a go. It was a Sunday, pouring cats and dogs but he was alone, The Hospital situation quiet.

“My Dear Dr. (Miss) Vijayini,

“For two people in direct and dire opposition to the way marriages are either proposed or fixed, the approach your uncle took was, to the say the least, unpalatable. I think you will agree to that. To begin with let me be clear that I have no intention of getting married now or later. I am wedded to a work and a project, the future of which after several years of work by many individuals is still much uncertain. More so, the relevance of such a project is still not established. The likelihood is that it will take years before the decision will go in favor of the need of such a project or its complete irrelevance, the latter more likely.

“Moreover, I seem to be the only constant immovable feature and person here as is evident from the experience of the last fourteen months. The place I have landed myself in is called the Andamans or the Black Waters of this state, where no one wishes to go. It is a punishment transfer. People will go to any length to avoid it. Most succeed; some do not. I think they are not necessarily wrong. It rains here for seven months, a total of one hundred and fifty inches a year. It is always cold or colder, never warm, always damp, and humid. Here we say, if you stand still for a day there will be fungus all over you, like the anthill that grew around the Sage Valmiki.

“I am not exaggerating the situation. It is a place quite backward, civic amenities like electricity are absent too often and too frequently. Availability of day-to-day items of survival are absent for a week or ten days in those months when the rain pours, the trees fall, electric poles are uprooted and the regular communicating roads get blocked for several days.

“I understand you are working in a medical social service project somewhere in Maharashtra. I would like to know about what your work is like. The simple reason is, we have here difficulties, for which we have found answers to some but not many. It is a hospital which wishes to give competent, humane, low cost but quality service to those who have fallen ill, seriously, or otherwise, in this remote, far from everywhere hilly terrain. After such a long time, we have had some precarious, unstable, and meagre success. How long this situation will continue or take a reverse turn again is anybody’s guess.

“We have had severe difficulties which I do not wish to narrate, but certainly we do not seem to have clearer ideas about what are we going to do with this enterprise. Earlier, it was an issue whether we will survive or not. After my stint and Dr Akash, my surgeon friend coming here, we are now thinking of stability, leaving behind the terror of drowning and folding up. The sum and substance are, neither being interested in marriage, I would like to become your acquaintance as a fellow medical social worker and want you to limit the relationship to that. Going further would be completely ruining a good life like yours forever, which my conscience will never allow me to undertake by enticing somebody to marry me.

“Sincerely,”

Once he completed the letter at one go, he felt relieved. Over and above his unwillingness to marry, he had stated in plain and no uncertain words how bad and how difficult was the place, the purpose, the task and the situation to which he was married. He was clear that she had no place here; Vijayini was a surgeon. Akash as a surgeon had given a commitment of three years. He was clear about the great deal of injustice on his part to bring her over and commit her to a horrendous task of not doing anything or just play a second fiddle to Akash. He had mentioned Akash but not the other two doctors, Vasanti, and Shivanand. These three together with Shubha had formed a coterie by now and stood in opposition to him. That would have added to the gravity and impossibility of bringing in another surgeon. But for some reason he did not do that.

He sat over the letter for about one week, trying to decide the course the letter should take. Finally, he decided that his parents must know the exact contents and how unwilling he was and how impossible the situation would be. He wrote a small covering note to his mother, stating that she could either write a letter to Vijayini’s mother and send this letter across with that note on the impossibility, if she finds this letter worth sending across to. That would have halted the proceedings for ever, as he desired. If his mother was to send it to Vijayini’s parents, it was for them to decide whether they should forward it to Vijayini, wherever she was, working in the other backward godforsaken village of Marathwada in a similar social medical service project. He did not want to give the letter to somebody going to the bank every day to deposit the cash, even when the post office was just two hundred meters from there. On one night when he found no one around, he went to the post office to drop the letter.

Nearly three weeks elapsed. Then four passed. The Doctor started feeling relieved that his plain words and statements had probably dissuaded his and her parents together from venturing into this formidable adventure. The foolishness of one man is enough, he thought, hoped they also think about it the same way. He hoped that they were wise enough to understand to what they would be committing their girl to. He did not know that his parents had posted the letter

without altering a single word. Nor did he know that her parents had forwarded it to her the same way. A little over a month on a Saturday he found a letter in a long, broad, white manila envelope and the name of sender, Vijayini, in bold and beautiful Marathi script. His heart nearly skipped a few beats. ‘Damn it, the girl has persisted in writing back, I only hope that she has thanked me and cold shelved it.’

It took him two days to find enough privacy and assurance that no one will peep in to find out when he was reading a letter.

“Dear Dr,

“First of all, I must thank you for the frankness and openness with which you wrote the letter. I fully appreciate the great difficulties you have got yourself in. I doubt if people ever admit their failures or mistakes, more so the unclear path they set them on, as openly as you have done. I can faintly guess things that could have gone wrong, but I do not know in details about the travel your project has undergone.

“In response, I think I should write about me, the project I am with here and the work we are doing. As you may be aware, I passed my Masters in Surgery in June this year. Since childhood I had decided to go to medicine and do post-graduation in surgery. Surgery can give extra answers where needed when only medicine does not work. That was my reason to do so. I had also decided to use my surgical knowledge and competence in the service of the poor; I have never placed money as my priority and I do not think I will ever do that.

“Our work here has two foci. On one side it is treating patients who have fallen seriously ill. To that we have added a few areas of work. Health is not just the absence of disease. People should be able to prevent themselves from falling ill. Health also means promoting and acquiring positive health. Lastly as the WHO says – the spiritual health of people should also be a sub focus within health. Our project thinks that ability to cure disease and save people from dying is a small or the smallest part of the work in the health spectrum.

“The second automatic focus is on education, with respect to health. Physical health needs to be, one, attained and second, maintained. For that you need the right kind of habits, food, sanitation. Among the poor people these needs may be fulfilled if at all, only inadequately. But there is a simultaneous need of imparting knowledge of good habits, of how to maintain and attain physical health even within their highly inadequate means to survive. In fact, it is all the more important for them that they achieve it.

“Do the people as a whole know about these matters? No, they don't. Take the nutrition business as a first. There are many others. It begins with making every woman healthy to bear healthy children. When the mother is carrying the child, both need more food, and nutrients from the beginning. Then comes the child, the adolescent, the man / woman. Imparting this education in as many spheres as possible is the much more prominent or fundamental part of health focus.

“Ours is a community health project, with a fifty-bed capacity, where most of the routine and serious illnesses can be treated efficiently. It is a model, worth studying, as a part of the solution to rural health problems.

“I will not load or bore you with more details. If you do not mind, we can continue to exchange more details about our respective works and thoughts about them. Parents are parents and their eagerness has to be understood even if it cannot be accepted.”

“Sincerely,”

When he put the letter down, he was relieved of the impending danger of getting entangled in the marriage business. ‘She seems to be a nice girl, understanding and rational enough, unlike most other girls I have seen in my medical college days. She can become a good friend to write to. Nothing more. Nothing less.

The generator so generously donated by Mrs. Samant when she went back, had arrived in two months of Akash’s arrival. Six large boxes carried its switchgears which would connect the generator to the electrical circuit of the hospital. It would overcome with it the unpredictable absence of electricity when most needed. Then came the cables, its meters, the railings on which the generator was to be mounted. With the help of Ratnakar, Sharad had managed with Mrs. Samant to juggle the price in such a way that she had in effect donated around Rs.10,000 extra. That money was utilized for building a room around the generator, to be lodged by the side of the X-ray room.

A great many steps were necessary within the new room to create a muffling system so that the sounds of its motor capable of generating 20KVA would be at a least disturbing level. Within a few hours the generator got installed and all the switch gear boxes were in place. Peery and company’s engineers did a fine job saying the cables from the generator to the switch gears and from there to the electric circuit should be done by the electrical engineers and left.

On a Sunday the great Sambashivrao came, invited by Sharad to complete the connections. To wire the thick cables in place he went behind the large electric meter board fitted behind the switch gears in admirable yogic flexions and extensions abductions and adduction of thighs, arms and chest. For about an hour he wired everything in place. Sharad, Murari, the building contractor of the hospital, his thickly bespectacled cousin Hari, Akash and the Doctor watched. The Doctor was there as part of his duty and courtesy, Akash with his mechanically oriented surgical attitude. In between, the bulky Murari on his bandy legs and Akash went out to smoke and came back. When the operation was about to be over, Vasanti, flustered but pleased about herself appeared at the generator site.

“Doctor,” she called Akash.

“There is a pregnant lady in an obstructed labor. She needs to be operated upon immediately by caesarian. The contractions are so severe that the uterus might now rupture. There is no electricity in the hospital. What to do?”

“Vasanti, take her up for the Caesar. I will give her the spinal anesthesia and assist you in operation. Akash promptly had jumped to the prospects of operating.

“But we have no electricity, the operation theatre lights cannot be switched on. We cannot see while operating, no suctioning is possible.” Vasanti said.

Sambashivrao wriggled himself out of all the switch gears and meter boards in the same yogic fashion - obviously intending to show off his physical prowess or suppleness before Vasanti and a couple of lady workers who had come with her. Boring his eyes in Vasanti's he said,

"I shall put the generator on by the time you take the lady for the operation. You will get the electricity. You can run it for hours if you want."

"Thank you very much. I will need the generator only for about two hours, all told."

"Yes. You will get it." Sambashivrao busied himself with cables after boring his eyes into Vasanti's again. The patient was taken up to prepare for the operation, was shifted to the operation theatre to cut her open. Spinal anesthesia was fluently and quickly given, the abdomen was cut open. The word came down to start the generator. The generator started without any significant noise. The switchgears were put down. The current passed and in a series of blasts all the lights, power lines of all wards and departments blew, glass pieces spluttered, wires burnt and smoke rose. A general panic ensued. The operating team sent a word as to why there was no current. The Doctor rushed up to tell them what had happened.

All of them were panicked. None was able to react, except Akash. He told Vasanti to cut through the uterus and get child out. Simultaneously he dispatched a ward boy to collect every torch from the wards, departments, patients, whoever had them. Vasanti cut through, the baby was out, Akash took up the hand suction to get the baby's lungs cleared and then to suck out the blood from the uterus. Vasanti liberally used the flat headed Green Armitage forceps on the cut edges under the torch lights and started suturing the uterus, swiftly completing the caesarian. Suddenly the operation theatre got the lights and the state electricity power line came on. It remained till all the post-operative work to restore the theater for the next operation and disappeared. It did not return for 24 more hours.

Among the wrecks he had caused Sambashivrao stood there shamelessly telling Sharad,

"I must have put the connections incorrectly. Switch off the generator."

Without a word of regret, any indication of what could be done now, the extent of damage, how it could be rewired, what could have gone wrong or any concern over the blown-up bulbs, burnt wires, Sambashivrao walked off with Hari, whose wife the Doctor knew Sambashivrao was screwing regularly, and Murari.

That was the second time the Doctor was angry beyond control from the time he came to Greenspan. He could not tolerate the blatant intrusion of this slothful bastard, nearly blasting the holy place by electric power and walking away. 'Supposing, just supposing, the electric blast had gone into the theatre?'

"Don't you get angry over this third-class character?" The Doctor stormed Sharad the moment he had finished helping Vasanti and Akash to bring the operated patient out and settling her.

"What will you achieve if you were to be angrier? The damage is done. Yes, I made a mistake in calling him. I never imagined that he will screw up the simple job so badly. This is a

place where common, every day competence, is lacking. You have to tolerate and try to build up.”

“Tolerate I am not going to. I have already told you once, to keep this man out of my path, lest I slap him in public. I have to tolerate him in the functions in Rotary, that is bad enough. I do not want him to step on The Hospital premises again and defile the place. Understand that there are things that are against my grain and I demand that they be kept out of bounds of this mother-fucker, even if is a district head. Or maybe because he is a head, he has no right to enter. I want this place to belong to heroes like you, like Nagaraj. Get this right, Mr. Sharad. If you can’t get a competent person in Greenspan, get him from any damn place! Pay him! Let us pay them their fees and screw them to get the best quality work. Not their best! The required best! The only best.”

The Doctor walked out! He fumed, raged in the day. It took him three days to cool down.

The next Sunday Nagaraj materialized carrying one electric contractor and his aide, a small man. The contractor seemed to have the strength of a bear. They set about getting the wreckage right. In three hours, they had fired the generator, the loads evenly distributed. The Doctor even managed to take an X-ray of a ward patient on generator electricity. One of the major problems of The Hospital had been solved. Now they had their own electricity to use if electricity board continued to fail them at every crucial moment. He would no longer be afraid for the life of a patient or do an emergency investigation or an X-ray. One of the great tensions of running the place was gone. He felt so happy and relieved that he took these two men to East Corner Hotel and fed them with his own money on the muscular chicken legs of the hotel coming from its own farm. After paying the bill he realized that he had just scraped thru the bill. Two rupees and seventy-five paisa were all that was left in his pocket then.

“Sharad, the medical cases in particular that we get, in outpatient and as admissions seems to be more substantial stuff than we thought so far.”

“In what way?”

“I met our great Rudrakumar, the other day. He has been active in Bharat Seva, especially in the Ganesh festival since last year. With that dastardly government surgeon as his chum, I never thought he had anything to do with our hospital. His wife had some chronic troubles for which she came to us. She is doing well and quite happy after a specific diagnosis, little investigation, and a small operation undertaken for that here. More importantly, Rudrakumar had brought her sister here. She was suffering, harassed for over three years, primarily because there was no diagnosis. She was diagnosed in less than an hour, treated, and is fully cured. Rudrakumar is going all over the town, telling everyone that ours is the only place in Greenspan and around where one gets a proper and *pucca* diagnosis, full explanation to allay all anxieties, and treatment, only if required.” Nagaraj supplemented.

“That is heartening. Proper diagnosis, minimum necessary treatment will be our slogan to build our public relation. So many influential people come to the garage. The tone and tenor of what they were saying one year back and now are widely different. The people have softened towards our work. These two points are good to talk about.”

“Sharad, it just does not end there. For the work of Bharat Seva, I travel a lot, meet many people from all over India who ask about the hospital. One dominant trait in their thinking is medical voluntary social work should be free. Or else it is profiteering; it is neither seva, service nor is it holy nor sacred. It is valued less, much less, than most others, who do not have our competence but give paltry free service. These are notions inherited from free service offered by Christian work. Rajasthanis in particular, some of the religious sects and the health workers of different creeds and castes in many states including ours, have this dominant trait.

“Our leadership wants such projects to be a deterrent to proselytization; an aim we have forethought long ago. The funny part is, our high complexity medical work and its quality, least possible costly medical treatment, as near to the homes of the patient, does not appeal to them. Only proselytization or serving the slum dwellers, that too free of cost is all that matters to them. We will have to think about how to defeat them on all these unrealistic ideas which we may soon be facing and how to defend ourselves.”

“Nagaraj, we are in isolation, far from everywhere. We have no knowledge of who is doing what kind of work, worth noting, where, on which lines even within our overall fold, except Narendra Dutt which place still charges but reasonably. We do not know if there are any other works, both within and outside the state, all over the country. We do not know how many Christian Centers are there, their areas of influence in proselytizing activities, modus operandi of running their hospitals. There is so much that we need to know if we have to analyze our work. Isn't there?”

“Sharad, I thought growth was a happier state. It does not seem to be so. It is too much of a headache. Let us ask the Doctor about it. He will have something to say about all this.”

The first letter that the Doctor wrote to Dr. (Miss) Vijayini had traveled a great deal before reaching Vijayini. The response letter did not travel back the same route. It had come directly to him. He liked its direct dispatch. The handwriting of the letter that wrote his name and address was round, large, open, straight and full of character conviction, openness, and firmness. He had not failed to notice the striking similarity of his handwriting to hers.

It was with a definite eagerness that he pocketed the letter lest someone else sees it, to read, when alone. He had never received a letter from any girl. He had several girls as close friends from his medical college, all from Bombay with a daily encounter. This letter was like a handshake.

Vijayini had sent with her letter three pamphlets which talked about the matters mentioned in her letter, in more detailed manner; one of those contained her article on women's plight. He did not like the emotionalism in it and conveyed the same. In another letter Vijayini had described him as a self-actualizing person, his first acquaintance with Abraham Maslow. In a week's time his letter had gone. To keep the correspondence strictly unnoticed was the only issue he had to be careful about.

He received a reply in another week. It was nice to know somebody who thinks so well, so clearly, with altogether different thinking about health. Clearly, she was not whining for him, was direct and upright. She did not seem to believe that only one relationship of a male husband and a

female wife exist between people. On the contrary, she seemed to believe that males and females were capable of forging a lot many more, diverse relationships which did have an emotional, logical, reasonable, intellectual content and did not need the bed rock of sex.

This was something he had not experienced. He recollected so many empty relationships he had seen floundering within weeks or rarely lasting more than a couple months in his college days. Not healthy, nor meaningful, without much content. His relationship with the mad, freckled, chatterbox, priestly middle class Parsee girl was his only healthy relationship. That is why the Doctor had remained unattached in all these years. With the letter his hand, he had read several times, he was thinking. 'Such promising acquaintance, and friendship, I have never got. The work is novel. It may be a good idea to see it.'

I shall have to write to her as early as I can. It is nice to know somebody who thinks so well, so clearly, has so much of conviction, has so much variety of interest. Clearly, she was not whining for him. She was direct and upright. She did not seem to believe that only one relationship of a male husband and a female wife can exist between people. On the contrary, she seemed to believe that males and females were capable of forging a lot many more, diverse relationships which did have an emotional, logical, reasonable, intellectual content and did not need the bed rock of sex.

Deciding to go and see their medical work in the barren Marathwada, he dropped a letter to Dr. Vijayini, telling her that he is coming to meet her to see the work. He could not help adding, 'Keep everyone under the impression that the visit is for study of the project and I shall be staying for a day or two.'

Chapter 8

When the Doctor got down at the imitation and apology of a bus stand of that very small village where Vijayini worked it was four in the morning. It was a long journey; seven hours by bus to the Capital City, another twelve hours by train, immediately catching as unlikely a bus from there, travelling for another seven hours. The air was neither warm nor cool. It was pitch dark on that November morning. The barely visible bus stop was a small cement rectangle cut out of with a seating capacity of about 15 people and a name board of the place. There were no pan or tobacco shops, or small teashop *taparis*. With his lone bag in hand and a small shoulder one, he got down, dazed from the sudden waking up by the bus conductor in a rough manner.

Cautiously and gingerly, he made his way to the seating arrangement of the stand, afraid that he may unseeingly put his foot in a lump of turd, bound to have been deposited by a dog or some person late in the night. Bus stands are, for various reasons favorite spots of people and animals. When he finally sat down, he was clear headed and did not need of sleep anymore. Settling down he opened his new pack of those unusually, delightfully, strong cigarettes of Charminar Gold and started smoking. He started looking for the place in which Dr. Vijayini worked at six when the light had just broken.

It was a secret journey. It was quite a job to keep the letters of Dr. Vijayini and his own from being seen by anybody. He dropped his letters personally in the post office nearly two kilometers of up and down in Greenville late in the night. He had many reasons to advance, to not allow them surface.

Somewhere deep down he was afraid. If the people concerned were to know and enquire whose letters were these, to know that she was a surgeon, it might create some unwarranted, unsavory reaction or insinuations, especially from Vasanti or Akash. But it would be founded based on untruthful assumptions. Secondly, having done all that he had done for the project and the Doctors, he would have reacted badly and violently over such a reaction. That would have disturbed the already precarious and disequibrated relations between Shivanand, Vasanti, Akash and him. To even know that some Doctor Vijayini wrote letters to him, speculations would be limitless, including that it might be for their replacement, or to displace or evict them in near future.

The atmosphere was already pervaded with distrust, acrimony, belligerence and what not! He did not want Akash to go away! He wanted to keep Vasanti and Shivanand, at any cost, for fear no one may come here after them! And the Doctor from the first had dissuaded her from coming over to Greenville. But he knew it could still happen.

From September onwards, despite the odds and antagonism, he had maintained an uneasy calm over his face, concealing all the disturbances and the troubles that he had around him. Allegations, complaints and dissatisfactions for one. His face and behavior showed no signs of

these disturbances, derecognizing their existence. So was the matter with his desire to go and see the kind of work her project and she was doing.

The Doctor thought he knew the root and causes of the belligerency! Akash did not want to fend for himself but was forced to. Vasanti and Shivanand were the plain, eternal, unerringly recurring, crude, and ungrateful examples of those whining brothers. Their only pastime and achievement were that of ‘benefactor abuse.’ The Doctor was the eternal, recurring, unerring and the utmost foolish example of that benefactor, who refused to put them down from his shoulders, on the contrary willing to carry them despite all the secret, silent, and overt abuses and stones they hurled at him. It was the eternal contrast of what Somerset Maugham had said, ‘that the sense of gratitude is strongest in those who give rather than those who receive a favor.’ It was also the eternal theme of behavior of individuals who spite those who treat them respectfully, equally, and with human dignity. The same people would bend backward if someone was to kick them roundly. As one poet had said-

‘Is it all the fruit of my penance?’

But that is what it was, and there was no escape!

It was a matter of some difficulty to tell Sharad that he wanted to go home for some days, within four months from the earlier one, heavy on work, not a holiday. It was around Diwali times; the festival of lights and the second request would look genuine or would be viewed with suspicion. He knew Sharad would not accept it so easily.

Sharad had absolutely no idea of any correspondence he recently had. So, there would be no suspicion that meeting Vijayini might be his main purpose. But Nagaraj on the other hand was definitely surprised when his request to book a ticket half way to Bombay came to the Bharat Seva office. If the Doctor was going home, why this half way ticket? Nagaraj even talked about this trip to Patavari. But both had believed the Doctor’s version that he wanted to visit a few friends in that area, go to Poona and meet some medicos who were about to finish post-graduation and see if he could get anyone for a few years to work here, go to Bombay for Diwali and come back.

A little after six in the morning he stood outside the small quarter with a grid of narrow wooden plates covering a veranda leading in to a small anteroom of Dr. Vijayini. Vijayini opened the door. ‘She is tall, slender, has dark black eyes! Deep dark eyes to drown!’ The Doctor thought. Without even asking him who he was, she asked him to come in. The Doctor knew that she knew who had come.

In a flash several events passed through the Doctor’s mind. A fortnight ago, he had informed his parents that he might be going to see her. There had been strict instructions that he should meet her only in the house of his father’s friend, Vijayini’s *mama*. The reason was not male ego, but the middle-class orthodoxy, propriety and of sexual purity and chastity. He did not bother about those reminders, bye passed everybody and landed himself at her door directly.

By the time he entered the quarter, put his abominable wire bag down and sat on one of the two quite comfortable chairs, the third thought struck him with a lot of clarity, certainty, and force! ‘She is bored over here and would like to get out. It is not the social work that she is bored

with, definitely not, nor is she disillusioned or frustrated over it. But for all else that a lady would like to have around her, she has none, the immediacy of certain atmosphere so to say, is not here.’

She sat opposite to him on her cot, in a long blue printed cotton gown with short arms. She had large, thickly curled, flared, bobbed hair. There was something very competent, ebullient and energetic about her. By any standards she was not conventionally beautiful, but then there was something quite engaging in her. They looked at each other steadily. There was no uncertainty, there was no strain, no awkwardness of any kind, no embarrassment. It was as natural a meeting as could have taken place between people who had known each other for a long time.

“Would you like to have tea?” The utter femininity that her voice and body possessed! The voice fitted to that. To him utter femininity meant an absolute irrevocable, undisturbed balance of hormones. She was a complete woman.

“Certainly! But I would like to clean myself up. Already travelled an arduous nonstop twenty-eight hours. Mind if I smoke?”

“How much do you smoke? Quite a bit! That is not good.”

“It has been a long time this habit is with me!”

She arranged for all his toiletry and said,

“I am going over to Amita, our nutritionist and get you something by the time you are ready. I have also to be ready and go over to the hospital. There is a caesarian I must assist.”

It was a bare quarter of irregularly surfaced Shahabad stone floor. The bathroom was cozy but dingy and dark with a traditional sloping stone to sit, to bathe, and wash the clothes on. The kitchen and sleeping room had a table and chairs. It was a quarter fitting for a social medical worker. Sparse but comfortable enough! Refreshed, they had their tea together. It struck the Doctor second time that she had not asked him who he was but the conversation had been without a single reference out of place. The tea was followed by a little breakfast while they talked about his journey and what she had in her day’s engagement today. Once she was out, he stretched himself on the cot, her cot, and slept, only to wake up a few hours later as she came in. Neither felt that there was anything abnormal or awkward in it.

“Here is your letter stating that you are coming here, on 6th of November, that is today. Posted two days before you left. It should have reached before, not that it matters.”

“That is a bit odd. And you never asked me who I am? Did you?” The Doctor teased a little.

“No. I realized that, when I was assisting Madhumita for the caesarian. But I think I knew. Not that it matters either way now.”

Over the quickly cooked food they started talking.

“For us here, health is for the community as a whole. In most health care projects, the work starts and ends by treating the disease, not always with complete relief. We are the only ones, competent at treating even serious diseases, immediately threatening the life within a perimeter of thirty-five villages. On the right-side building, we have our operation theater, our outdoor, wards, a small laboratory, a small X-Ray unit, a drug store. Today morning’s Caesarian for

example. Had it not been for this hospital she would either be dead at home or landed up in a medical college, seventy kilometers away, even more dead. However, we here have gone much beyond saving life from the disease onslaught.”

“How?”

“A person with a health problem that comes to you is an individual representing presence of a wide-spread disease prevailing in the Community he comes from. Caring and curing her is so small a part. Removal, mitigation, prevention of various diseases from within the community is the real and worthwhile work. We do mainly that, the preventive health paradigm.”

“I understand this part only to an extent. You will have to explain.”

“Oh yes, sure, in fact that is the beauty of the project that we run here. Let us start with physical wellbeing. It needs good food, proper sanitation, adequate water for cleanliness; the thirty-five villages are lacking all this in various degrees. Much greater is their lack of proper knowledge of habits that maintain health, and how various elementary things they do not know affect them adversely. That means they must be taught. Who will teach them then? We here say, ‘We will teach them. Who are these ‘we?’ As Doctors we are the ones grappling the serious medical problems trying to save individual life, the retail. But somebody else has taken up teaching this community, how to avoid falling ill, to avoid the life-threatening disease situations affecting them in numerous ways.

“A small request. Could you first outline the meaning and aspects of a ‘community?’”

“Community is the key word in the parlance of preventive health at the most elementary levels. But it crosses many other, higher levels also. This is a tehsil town. There are thirty-five smaller and larger villages in it with populations varying from one to five thousand. There are several such tehsils under the large district. In the vocabulary of Primary or Community Health Care as it is most appropriately called, a cluster of one thousand people is taken to be a community. I will tell you more about it a little later.”

“Now the question of who will teach these people?”

“The ingenious answer found was to teach people from within each such community. There are twenty other common health issues which can be prevented to a large extent by the people thus chosen and trained in prevention and if the message goes deep enough and for long enough. It can and does reduce the frequency and severity of such say, twenty illnesses. It takes a long time to percolate these educative messages do take roots within; it needs patience. Each of these twenty issues have to be taken up one by one. It’s a long road but we have succeeded fairly in achieving what we want. We do the teaching regularly here.

“The exercise or the process can be illustrated by the example of ubiquitous recurrent endemic child diarrheas in particular, in any community. The common practice in India is to stop feeding, stop giving water, salt, sugar for children. The result, dehydration, formation of undue levels of acid, and death; or the children are brought here, seriously sick. Such serious children then will need intravenous fluids, antibiotics the people cannot afford. The numbers of children brought for this illness is quite low in this center, after a tenacious effort of four years.

“The simple solution therefore was to teach all these people to energetically administer oral rehydration solutions, as soon as diarrhea starts. That alone will stop the diarrhea in over 90% cases within a day. Each one in the community should know about this. People will get convinced if they see that it helps a great deal.

“I know the magnitude of mortality, arising from diarrheal disease. But it never entered my head to think of it this way. How does it work, the imparting of knowledge?”

“To achieve that we have gone around the 35 villages, of which we are the nerve center. From among the villagers one or two middle aged, somewhat brighter ladies who we thought can understand were selected. We brought them over for one day initially and gave them only one message of oral rehydration technique for diarrhea. We taught them showed them how it works. Told them to tell the villagers, to give oral rehydration solution, made in home, if a child gets diarrhea.

“Initially they did not speak to the villagers in such a situation at all. We had to visit the villages to see if they are speaking up. Slowly they started. The awareness that the children need not become sick due to diarrheal disease, if oral rehydration is used vigorously, got around slowly, initially. Now people use it, many, a lot many more use it. Now we have far too few sick children with diarrhea coming in.

“One such teaching program is going on right now! Amita and Mohini are taking the class. If you want to see how it is done, we can go there.”

“Oh, sure.”

They walked out side by side. By the main hospital building there was another old-fashioned building with old boggy wooden doors. They peeped through a side window. A group of about 30-35 village women, typically clad in the Marathwada ‘ilkal’ saris, some using nine yards and some using five yards of it, were seated in the room. The saris shining pale with green, brick red, yellow colors and broad squares, wrapped over the heads made quite a dazzle, however old and faded they were. Many women had children in their laps, less than a year old. Some women were breastfeeding the children while they listened.

He had briefly seen the dark, robust, comely but committed Amita, during the morning tea. Any lady who refused to put on that kumkumam on her forehead would become the Doctor’s favorite as a “modern girl.” So had Amita become. Mohini was also the same in that respect but fairer and slenderer, a much fiercer commitment in her eyes, a bohemianism in the way she carried herself around. They both were taking a class on some advances in the Iron and Calcium supplementation in pregnancy. One was talking, the other demonstrating, repeating the message, and demonstrating. The process of education was moving at a slow pace but that obviously was the way. It had to sink in, for that, it had to hang in the air for long enough, repeatedly.

“How did you manage to collect these ladies at all? How many times have they come like this? How many batches have you collected and taught like this?”

“It was not easy. The male dominance and their antagonism over this idea and was formidable. We took a side track, by telling them that they will be paid for the travel to and from, will be given food free, after the session and pay them a day’s wages also. That, over time,

worked. Separation from children was sorted out by telling them to bring their breast feeding and other smaller children along with them. The greatest difficulty was to convince them that there was something worthwhile to learn that will benefit them and their children for a long, long time. Slowly they realized it. Initially the number used to be small. The matters taught were elementary. Later it expanded. We have stopped counting the number of sessions as it is a regular feature now, with the group you see and a few more groups.”

“Expanded to what?”

“Children with diarrhea was the beginning. But this is again curative medicine at a nonprofessional level. More fundamental was the knowledge to prevent diarrhea. Once oral rehydration started producing results, we built on that advantage by telling them about boiling water for drinking; keeping food closed, cutting nails, washing hands with soap after toilet and before sitting for food. That might look easy, but it was not. Having enough water for all of them to use, was, in itself, a problem. But slowly we brought the frequency and severity of diarrhea under control but ten percent children still needed to come here.

“To prevent them reaching here in a serious state of dehydration, we built one more program. How to recognize the seriousness and when to bring them here without losing time. We taught them the signs of dehydration, to watch for blood in stool, falling urine output, drowsiness in a child despite oral rehydration. They understood that as well. It had to be told, repeatedly, but it is now routine.

“Are there other problems that could be dealt with on these lines?”

Having come away from the classroom, they were sauntering in the four-acre campus of the project.

“There are many issues, treated with the same modus operandi. Calcium and Iron supplementation of pregnancy was quickly picked up by these groups. Respiratory infection was another similar issue. The tougher issue was that of Nutrition. Not exactly only some paucity of food but how to eat properly within available resources. Mohini and Amita proved particularly useful in bringing about better understanding about it. Today in these thirty-five villages preventable diseases have reduced greatly and deaths far too less.

“One of the unusual attempts was to encourage home delivery. ‘Dai’ or the traditional birth attendants of the villagers is universal in India. The village old lady is skilled at attending births by the natural route. The dai does what they have seen being done by the elder dais. There has not been any upgrading of the skills, no new knowledge for the last thousand years. The problem of Tetanus, affecting the new born and their mothers however was frequent, including other post-delivery infections

“We taught them in these ‘classrooms’ you are so impressed with. The umbilical cord traditionally is crushed by using two stones, instead of making a clean cut. That was the prime cause for neonatal Tetanus. The ungloved hands and the unclean water used during childbirth was the cause of post-delivery infections. We made attempts to learn how they do it. That reduced their reservation. Then we collected a few and managed to bring them to the new modern obstetric ward here and the labor room to watch the way in which modern deliveries are

conducted, cords are cut, tied, and antiseptic techniques used. They liked it. They adopted it. The kit we gave them had new blades, to cut the baby's cord, sterile threads to tie the cord at child's end, use of boiled water and clean gloved hands while delivering. To a few brighter and young ones, we even taught the use of how to put a cut in the vagina to broaden the passage to facilitate the child delivery.

"When births became safer it was necessary to bring home the knowledge that modern obstetrics is far more capable of taking care of those five to ten percent of complicated pregnancies, beyond the abilities and ego of the dais, especially the newly trained one. We then taught them to notice swelling over legs, testing urine for sugar, albumin, taking blood pressure or recognizing obstructed labor early and to not send, but come with them here, early to the hospital. Even that worked well."

"This is amazing and fascinating."

"Many of these experiments are now entering the text books. Albert Schweitzer much earlier, David Warner in the last decade, trailblazed care where there were no Doctors. Christian Medical College, Vellore has taken a tremendous lead in this respect. When we meet Aryan Deol and Madhumita Roy, they will tell you more about it."

They had completed the round and had come back to her quarter. It was now heating up and was nearing one in the afternoon. Vijayini had to go back to OPD in the afternoon. By five o'clock when she came back the Doctor had to be woken up again. He was terribly tired and equally relaxed in the atmosphere. Dimensions of medical work, beyond his wildest imagination that unfolded here was bewildering as well as pleasing.

"Amita will be coming in shortly, so will Mohini and soon after, we shall be going to Suleman Kadri's house, have dinner either with Kadri or Aryan, it depends. I have told them about the remote place in which you work and they are eager to know a different aspect of work from you."

On the low square stools tautly bound by strong thick crisscross coconut strings to seat, the Doctor was enjoying his company. Suleman Kadri was a typical Marathwada Muslim outwardly, but had the keen, penetrating, intelligent eyesight, only a statistician or an epidemiologist could have. These two categories are people of, with, by and for figures, the Doctor thought. The simple question of how long had he been around, broke the dam.

"I did my sociology and epidemiology masters. I came in contact with Aryan and Madhumita, by chance. We talked about the hybrid primary secondary health care. We talked about the needs and how to define them. I will talk more about needs to you Doctor, a little later. We discussed how to set up the evaluation machinery and when to decide on the relevance or otherwise of the project as The Hospital buildings were coming up and equipment was purchased."

"Can you be a little clearer?" The Doctor asked.

"I think I should begin at the beginning. On the heels of starting of this project, I came here. The question of what should the project do, which illnesses need much stronger curative support, and which we should choose, came up. It was obvious that we must choose from among the

greatest need of people. I suggested that instead of deciding among ourselves, we will find out from the people what did they think their greatest health needs were and are likely to benefit from our work and. Hence came the idea of surveys of what obtains in the area of operation.

“Surveys are a powerful tool. Ours covered the population, occupations, incomes, land and agricultural patterns, irrigation facilities, transport means, idle months, side occupations, differential in incomes between the most well off and the least well off, how people spend their time, especially those who have to or can leave home for work elsewhere during fallow times.

“Then came health statistics: water, food, round the year availability of the same, indebtedness, patterns of illnesses, child deaths, obstetric deaths, epidemics if any, health facilities, and mother-and-child. This work went on for two years as the project was coming up in its physical form, trying to get money from wherever possible, trying to get workers from wherever possible to complete it. Look there they come! Amita from a social work school and Mohini from her nutrition institute were prize catches. They also plunged head long in the survey work. These surveys defined the needs of people. The idea of trying to help people prevent diseases from occurring got defined first.

“Needs is a funny word. They are looked upon differently by different people, are not they, Dr. Kadri?” Amita interjected.

“Needs are viewed differently by any two people at the same time, by the same two people differently over other times, separate from each other. Needs mean nothing. The needs should be understood, as we have done, far more precisely, despite these variations.”

Mohini interjected. The Doctor looked at Kadri, Amita and Mohini. He had an uneasy feeling that Mohini was the kind who may hurl herself across to almost any wild plan that may come to her head without regard to future or past or anything whatsoever in its full context. Vijayini was busy helping Kadri’s wife prepare something, yet he knew that she was all eyes and ears to hear her colleagues and to know what effect it was having on the novice newcomer.

“There are various needs and priorities. We found health to be the nineteenth priority in the twenty that we assessed.”

“My goodness! That is terrible.” The words simply ejected from the Doctor’s mouth.

“Why Doctor! What is so terrible about that? This is what you will find in all the poverty-stricken areas. The question and problems of day-to-day survival, week-to-week survival and months and years of survival are a constant weight on mind and the major draw on people’s strength. How can you think of health when you need money you might have borrowed. You have to repay or raise some more money. Oh, ever so many concerns. Yet you are not ready to plan family, allow children as they come and what not.” Kadri rested.

“I quite understand that but nineteenth is too much to take in, so quickly. Nineteenth in a list of twenty!”

“Doctor, all the reasons for the nineteenth priority are not poverty related. The crass ignorance about health as an achievable, improvable commodity irrespective of their poverty status has to get drilled in. These people are happy as long as disease is absent and disability does

not show up, at least does not stop work. Slowing of work does not matter. After all, the work needs to be stretched over the full year. It should last. There must be something, however little, but something to do. So long as the woman is able to produce a kid yearly, a few kids taken away by cholera or a few born weaklings die, do not matter, as long as the others survive and grow.

“The point is, there are needs felt by the people themselves, needs projected on them by the society, and their real needs, they would not necessarily be aware. Most were not. Our surveys found out their real needs. The population did not really agree upon those. An arrack shop, selling country liquor, is a need projected on them by the society. The population often feels that it is their real need also. The moment they feel that to be able to sustain the strains of poverty they must drink, it becomes a felt need also. But the real need is that they stay away from drinking and identify the things they should do.”

The Doctor had briefly lapsed in his own childhood memory. In the hot summer he was reading two books on this same Marathwada region. Bangarwadi, the classic marvel of the dry land without irrigation. The life of the farmers depicted with such vivid details, clarity, and deep understanding of their total dependence on land, rain and its vagaries, their animals, their old ones, their women, and plants. It was a heart-rending novel of human starvation and deprivation.

There was another, *People of Mandesh*, that had sketched the life of individuals of this place. As persons, individually, they were alive but had dried up, by lack of water, lack of money, lack of food. They had dried up from inside. Yet, by some uncanny resolve and, or a miracle they were surviving, living, going on. He had felt his heart wrung out, parched dried of any blood, from the pain that he had felt to know how people had to live. What was even more shocking was the tranquility with which these people had learned to live. Now, he was sitting in that area, in a different era, where those very people were still living, in more or less the same way, with that unshakable faith in the god and that of the indestructibility of human beings even under him.

He shook himself to attention and found everyone watching him keenly.

Kadri went on speaking.

“Identifying real needs is merely the first step and is fairly easy. To convince people that these are your real needs is the most difficult. Unless that happens, you cannot really help them, whatever program you may undertake. A wife crying herself hoarse over an obstructed childbirth is a real, felt and projected need for which a man may rush to the hospital. But to also look after the wife during pregnancy equally well for a better child, he will not care much about.

“You saw these ladies who came and went just now? Did you see the large marks on their foreheads where they used to put the large vermilion spot for years, but no longer now? The vermilion spot is wiped off; the mark is left. That is the sign of their converted Christianity. But what did this Christianity teach them? Begging. The lady who ran this project earlier gave them food, clothes, blankets, everything; eatables, free medicine and what not. The price? Become a Christian. We have inherited the same large-scale converts.

“We believe in raising money by many means. One of them is that people who avail of the services also pay for it. But the villagers would not even pay for this ridiculously low tariff of the

hospital, not because they do not have any money to give but because the earlier governors of this hospital taught them not to pay, but to beg for free. Even the drugs that we made available for four programs of intervention for mother and child health were ridiculously cheap. But they would not pay. That was because they were always taught to get these without an effort on their part.

“But we persisted. Gradually our programs of educating people about health in all its forms, nutrition, cleanliness, infective or simpler diarrheas, need for Iron and Calcium tablets in pregnancy and so on, got accepted. Leaders in health work developed in each village, the ladies you saw in the morning, the ‘community health workers,’ developed as a cadre and community work, primary health care work started.

“As I say it, it is compressed in time. It took us many years to achieve that goal. This project is a peculiar blend of secondary, or curative and primary health care activity to prevent disease from occurring or reaching serious proportion. You will not find more than two or three such projects in our country, outside the Christian activities in health. We soon realized that there were many factors that would fail to mitigate a primary, simpler disease state through primary health efforts. Many cases still would progress which would need the second level care unit to back the primary health care whenever it failed.

“The secondary health care level program ready to tackle the life-threatening situation, a competent center to take care of them, a humane service at low cost-effective therapy with all the required facility was what we built. Our chief areas still continue to be complicated deliveries and childhood illnesses. It also covers a larger spectrum of all kinds of disorders that need second level care though. Our efforts, both in the primary health care and second level solutions in last five years have taken roots in the minds of people. Now it is their project. But Kadri did something wonderful in the middle of it all.” Vijayini who had suddenly come alive said. Kadri went on.

“Once all primary care programs had taken roots with medical surgical, gynecological, pediatric and other possible back up over two years, I then decided to make a mid-term assessment of the actual impact all this work had made on the lives of the people and what is more important, the perception of the beneficiary people. When you go from here, I shall give you to read the copies of all the documentations we have made. But it was a methodically done work. We assessed each village by samples. We determined death rates for various illnesses we had targeted, The Hospital admissions from each village, obstetrical complications and so on.”

Kadri, the Doctor noticed did not talk in platitudinal terms of massive impact, great reduction which most social service projects were fond of talking.

“I analyzed the surveys, data available and reduced it, to percentages, correlation coefficients and co-relational determinants. While the work did show a good impact, what was more important was that we did not have to withdraw from the priorities we had decided after our first survey assessment. This is important as it saves resources. Elsewhere this does not happen because nobody takes the steps to find out first what they should actually be doing and then do it.”

“Why go far, Dr Kadri? The project I have chosen to work for started three and a half years before I went there. They never did nor do they have even now, any of these ideas either, even remotely or systematically.” The Doctor confessed.

“That is okay Doctor. You need not feel bad, once you have realized it. Most people would not even be able to grasp what I am saying. You did it so easily. And even confessed. Again, the good thing was that we did not have to change the areas, the qualitative change, having taken place. We have had to add a couple of priorities to the first ones. That was a gain. Add, not delete anything we started. The one thing we proved, probably to ourselves was that our targeted priorities were right and needed. I say this because, you are the first one to have come all the way, listened, accepted all of it. Assessment of your own work, how it is affecting the lives of people is essential. Most people, most projects as you said do not do this exercise and hence become obsolete, outmoded, and irrelevant to their situations.” Kadri continued.

“I do not think in terms of serving the people or sacrificing for their sake. I think in terms of helping them by assessing their situation, assessing the degree of change that is taking place in their situation, over years. It becomes particularly important when something as noticeable as the community work this Trust had decided to impinge upon, on their lives. I think I give concrete forms to the various work these people do. Sometimes I feel I am a killjoy or puncture the ideas people, all kinds of people have, about their roles. But majority of the times I am convinced that I am just an assessor and try to be impartial, and immune to emotions I may unleash.”

The Doctor’s head had almost come to a bursting point by now. Despite the sleep in the bus, and the long and deep slumbers on Vijayini’s cot, he was not able to cope up with the flood of statements, experiments, and truths. First, he was finding it difficult to internalize the idea that village women could be convinced to come to learn parts of prevention and initial management of medication. How can that be done? But he had seen it happening, Mohini and Amita doing it. Secondly, he was not able to perceive, how the illiterate village women were going to appreciate the nexus of poverty, diseases and poverty and the idea that it needs to be broken and that it could be broken; a new way of living to be adopted. He was still finding it difficult that one Vijayini, one Madhumita Roy, a Bengali woman Doctor whom he had not yet seen and a thin cadaverous looking but a Punjabi Aryan are all here, an Amita, a Mohini and a Suleman Kadri, of all the people in the world, as their statistician epidemiologist.

How carefully they had surveyed the area, how carefully they had identified the needs, chalked out the programs and produced a mid-term assessment. The project he had wedded himself to, was devoid of every single form, every approach, he had seen here and knew was right. What a bloody chaos of ideas in Greenspan. If they did not have a team, why did they start? Devotion does not mean a damn! Your ability to serve meaningfully counts. Minus this ability, can it make any impact whatsoever on the life of Greenspan? They did not have any real community-based work, no statistics on change. But their tribal medical vans were no doubt a remarkable feat of achievement.

They had a loosely structured organization of which The Hospital was a miniscule part. There was nothing concrete. Damn the bloody place! He had no such people as he was able to see in Amita, Mohini, Madhumita, Kadri, even the unaffected nonchalant looking wife of Kadri who

was cooking chicken for everybody in the impoverished looking dark house. Involuntarily he started smoking, deep in his own thought, unaware that all the people were watching him and conversation had halted. Projects make themselves obsolete irrelevant and outmoded! Damn her. But she was right! For the first time in his life, he did not relish even the tasteful chicken he ate.

Chapter 9

Stretching his legs in the late evening November cool, he sat in the drawing room of Aryan, The Director. The Green upholstery was neither bright nor new. Nor did it go well with the dark colored sofas, but as old-style furniture goes, they were comfortable. Vijayini sat in a corner. Madhumita Roy right in front of him and Aryan smoked his pipe on his left. Madhumita was short, plain faced but attractive, her cross hanging over her tiny breasts. She had the long fingers of a good surgeon.

“Both of us, Aryan, and myself, are Christians. We are graduates of Vellore’s Christian Medical College. I am from Bengal and he is from Punjab. During graduation we were taught all kinds of skills and procedures individually, be it the elementary cardiopulmonary resuscitation or passing a tube in the breathing passage if respiration failed, or if anesthesia had to be given. Both of us can anesthetize a patient, do the cesarian or open an abdomen or assist it. For a few years after our post graduate degrees, we went off to field where from childbirth on, we had to do everything. We learnt how to interact with communities, how to draw them to us, make them listen to us, learn from them, how to give help, assess their needs, surveying techniques, and actual participation. Not so much as doctors but as human beings, in community programs.

“That is why we could, with Kadri around, implement so many of these ideas, so well and so easily here. We are familiar with them. Your government colleges do not teach you all this. They do not ‘make’ you do all this. In Vellore is created, a highly competent jack-of-all-trades. Today morning, Vijayini and myself did a caesarian. Aryan anesthetized the lady. But remember that by training, he is an ophthalmologist. Yet he could have done the Caesar, at least assisted Vijayini if I was not there. Anyone of us could do any of the jobs involved in surgery. Vijayini incidentally did her first Caesar today as I assisted her. This was her 8th totally in last four months. That is how we are trained.”

“We really feel relaxed in such atmosphere and the kind of work we are doing.” Aryan in between his pipes started to talk. For a Punjabi he was an extremely cadaverous looking; serene, and sedate, the one accustomed to choose and balance his words.

“There is so much to do and enjoy. I do not know how much you are exposed to this rural, service, social medical side of such projects. As time goes by you will find a string of such projects manned by Vellore graduates, supported by Catholic Hospital Association of India, Churches, even the Government of India and others.

“Vellore has a strong community orientation. In fact, Vellore and their graduates are the ones who have developed by themselves these approaches before the beginning of the community orientation. They do get their funding from so many sources I indicated and more because they are able to clearly define and show their work. CHAI alone probably has over 2000 institutes all over the country.”

“How do you look to the future of this approach to your work and yourself?” The Doctor asked.

“I think for a long time to come, this community approach will remain relevant, may be for another fifty years. As the living standards and conditions of people improve, privation and needs get diluted, it will probably change in its content but the form will remain. Population is not only a problem but it is a curse. It needs to be contained. As an individual I do not know, nor do I bother what is going to happen to me. I am married, my wife and children do not stay here and are independent of me, financially. Madhumita is unlikely to marry but is going to another place to start it all over again. Vijayini was the real pick of the lot. We had thirty-five applications. Only she was called for the interview, with an intention to select her even before we saw her. She is well versed with the community work due to her own medical background. She will be here for some years to come and is going to be an asset. Why should we bother Doctor, the earth is vast, the work aplenty and needs abounding!

“Doctor, remember one thing. Works develop. Paths open. You should be there to walk.”

“That was exactly what my professor said. ‘My going there will elevate the care quality of the entire district.’”

“I am happy to hear that. Viju has told me about the enormous difficulties and contradictions your project has landed itself in, in detail. Your face clearly shows that many of the things we do here, are unfamiliar to you. But let me say something I consider important about you. I have hardly ever seen anyone, in this health field, going out of their way, taking so much trouble, undertake such long and uncomfortable journeys to learn of others’ work, methods. It is rare but it is great to see an extremely qualified and sharp enough individual Doctor doing it. It will see you through most of your difficulties and may be develop something which, this now getting established path of community medicine, has missed.”

“Thank you.” The Doctor said.

“I talked about people not going out to learn from others. Why go far? I and Madhumita have not done that either for the last four years. We could never think of somebody coming here from the circumstances you come from. The sum and substance are, even we need to learn from you, how you managed things. God bless.

“There is something more I want to tell you Doctor. We agree that Primary or the Community driven health care attacks the fundamental problem of ignorance. You may be thinking that its absence in your work makes it inadequate or inferior. Do not think so please. Over time, some primary health activities, messages to the community about how to adopt and conduct these will get incorporated in your work also.”

Aryan continued.

“It is easy for us to give more concrete form to express the ideas of primary-secondary care. It takes great courage to plunge in to a completely alien area, hundreds of kilometers away from home, that too from Bombay, beset only with problems and unknown future, not bothering about the likely waste of the best years of one’s life. As best as I can guess, despite these aspects, there must be many success stories you have not told us so far. You have worked with grossly

inadequate manpower since such projects, even the Primary Care ones do, and will always face this problem. I need not detail other things. Compared to you, we are much better off in this area. We have set up a model and are happy with it. We have not done any more thinking. We also should pay attention to this as well.”

Strange Creatures! Half-dazed, the Doctor walked to Vijayini’s quarter, he was thinking. He was happy that he had come to meet her all the way. To see a person in the context of his or her own work environment was important. This journey had taught him so many things, enough for him to think, understand, internalize, and practice, experiment and conclude, for may be the next few years. Just as Narendra Dutt had given him new approaches, he will also have to work on for the next few years. In addition, Narendra Dutt had opened a box full of questions he had not thought of, but had to find answers. And yet he realized that Vijayini herself had not said much about anything, including herself so far. Of course, they had had no opportunity to talk to each other so far. She was all the time there, quiet, not hovering around him, not trying to catch the eye, watching him only with some detachment, if at all. She was the reason for him to be here. She had brought him and had just turned him over to others to fend for himself.

Was Vijayini amused at all his bewilderment? Yes, it was so apparent! He had started becoming unsure of everything. He only peripherally made a note about Vijayini, was going to see her Caesarian patient, before going to bed. He changed and fell flat on the cot oblivious to everything in the world. He was not in a habit of dreaming. But that day, the whole of the night, he dreamed and dreamed of everything that happened in the day and all the persons he met.

“I think I should now talk something about me although both of us seem pretty familiar to each other.” Dr. Vijayini began.

She had woken him up with a cup of tea and breakfast of eggs, Amita’s kitchen had sent with her. He looked fresh, rested and yet some torment was going on somewhere.

“I can quite clearly see that you have seen too much in two days. It is better that I tell you the remaining and tie the loose threads to complete the picture.

“I graduated from Sewagram Medical College, the place from where Mahatma Gandhi’s ashram and his HQ emanated. Always felt deeply influenced by the ideals and the deeds of Mahatma Gandhi. I used to practice silence, prayers, fasts and also wore the thick khaddar, till it produced severe allergy. It is under the influence of Sewagram Medical College and Sewagram Ashram that I strengthened my desire to use my medical degree and ability in the service of poor, working in a social service project like this. We are not rich. My father happens to be a Superintendent of Police but we do not even have a house to call our own. My two brothers are in Defense Services, one an army officer and the other a submariner.

“The attraction towards the cause of poor has another cause or source. In Sewagram we had a friend called Subhash. Something original struck to him one day when he said, ‘Medicine cannot be and should not be practiced in isolation of its socio-economic backdrop. The disease does not occur in isolation due to medical reasons alone, but also due to its accompanying poverty, ignorance, illiteracy, and unemployment. It is also due to a social order that does not

create harmony, allows for exploitation and undesirable methods of competition leading to confrontation among people that reigns over the disharmony.’

“The present health care delivery model does not answer the needs, he said. It needs a critique; it needs a reorientation, on all fronts. Then he wrote to another friend of ours by name Aishvarya. Then they started writing out parts of this thesis to each other and others who knew them or came in contact with, having obvious resonance with these ideas. Thus started, what Subhash and Aishvarya called an open circle. Many like me joined and also contributed to its ideational and ideological content. We started a small newsletter for our own internal communication of ideas.

“Various aspects of health care delivery came under the critique. They were critically analyzed and the problems with which they were beset. They were laid out, bare and open. We assumed the role of a watchdog. From there arose a small loose, non-hierarchical organization. There were debates whether we should confine ourselves to critique and watchdog role or should actively fling ourselves to work and try to experiment with models, try out solution. Youth is youth. It cannot but get to work. Now almost all of us in that circle in some way or the other are physically involved in such works.” Vijayini paused.

“From where did this brilliant idea of primary health care get into your circle? I find that all of you talk this language quite uniformly.”

“Primary health care, community health, community education through community health workers for preventing the disease, are concepts which have a few different origins. In 1949 it started as a scheme that employed Uni-purpose workers for malaria, small pox and other diseases. Each of these workers were supposed to deal with the preventive aspects or were involved with detecting the cases of one disease, so that it could then be attempted to be contained. These diseases were widely prevalent and typically having a high potential for either infestation or spread by contact. These conditions were typically quite suitable for undertaking measures for prevention or curative actions. Soon it was realized that each one did not have adequate load to take care of and threatened to fragment. That is how it culminated in multipurpose workers, one doing many jobs of a similar nature. But it stagnated there in the primary health care model in independent India.”

“Then what happened?”

“I think the full credit of its further development in form should go to a Chilean South American Doctor by name David Werner. He worked out the lines of action for health workers; on all the examples we have given you yesterday and many more. But he was not satisfied. He was acutely aware of the Chilean populations that were never able to see a doctor. And he realized that this situation could not change in recent future. What is it they can do if they can’t see a doctor? The answer was to teach them how to manage at least some of the simpler problems by themselves and not allowing them to become complicated. The other answer was that they are taught enough to be able to detect early and avoid getting into medical complications.

“For twelve long years Dr Werner experimented with this. It developed slowly in the community health worker, now formalized. He authored a book, ‘Where There Is No Doctor.’ It

teaches a great deal about all these matters. Practical things that can be understood by anyone with common intelligence. Even the ways to immobilize fractures are depicted there. I think the whole concept developed in that place and then in various forms and selected aspects, it was taken up world over, including the World Health Organization. That is how its present form and development evolved.”

The morning had risen. The Doctor sat there, his tea finished, breakfast over. This last monologue also had turned out to be heavy. The morning cleaning was awaiting him. Vijayini looked all clean, dressed, and ready to go. He looked at himself, his unkempt self.

“I could not sleep most of the night. But Miss, you look all ready and fresh! What is the plan today? I wish to understand more from you before I leave. Get better perception.”

“Today you are not going back, even if your letter says so. A lot remains to be told and asked also. That is point number one. Today is a bazaar day and the outpatients would be full. We will have a long day and we will be busy till late afternoon. Then food. Then we will go for a long walk. I have told both Amita and Mohini to take you to the weekly bazaar. They will be here by about eleven o’clock. Okay, bye.” She was gone.

“Well, on the rack a lot many interesting reading materials are kept. One book you may like is Jonathan Livingston Seagull.”

She came back for a moment and was gone again. He slept again.

In the evening cool when they sauntered out, he continued to experience the absence of tension, strain, awkwardness that he had not felt so far since he first came in Vijayini’s quarter yesterday morning. There was some kind of warmth and frankness.

“What is exactly the nature of your problems at Greenspan?”

The Doctor briefly narrated the history of The Hospital beginning with the acquisition of the Mobile Medical Van and their tenacious work to provide medical aid where none existed in early seventies. He went on to narrate the reasons and their experiences, that led them to start a hospital. He also told Vijayini the story of the betrayal by Dr Koppikar and Dr Kamalesh and the rest of the story till he joined.

“Admirable. Your Nagaraj and Sharad appear to be devoted to the cause. Courageous people. Against all adversities. One question. Where exactly you think the problem, The Hospital lies in today and even earlier, is?”

“They spent all their money in the huge building and equipment but did not have a doctor who could exploit it, till I came around. Many young MBBS Doctors left, for Government jobs, leaving The Hospital in a lurch after the first good year. The manpower issue of paramedics, not just the nurses, is still acute. In their absence there could not have been any expectation that work carried out will have any system, efficiency, concern, or a work culture. After nearly two years now, I have been given some idea about how to solve. I have not yet started to do that.

Then he narrated the misdeeds of Vasudev, and failure of all other Doctors to create work. Vijayini reacted to it with horror writ large on her face.

“Consequently, there was no money. ‘Humane, low-cost service to the poor’ is too inadequate a motto to run a hospital. The one sensible thing they have done is to charge the patient. The kind of things you are telling me since yesterday, are unheard of. These concepts and their practical bearing are just beyond anybody’s imagination and capability to understand it there.”

“I still find it strange Doctor, that somebody like you should be so utterly unfamiliar with these ideas of community health.”

“Madam, I trained myself as a physician, a *pucca* diagnostician. I have never taken seriously any other aspects of medicine. In fact, I abhor them. If you ask me to deliver a baby, I shall start shuddering. If I have to assist in anesthesia I will all the time be wondering how the patient is not yet dead or has continued to live. Diagnosis, investigation, and medical treatment are my forte. Outside that even your preventive social medicine never appealed to me. In fact, we ran away from our rural posting because we were engrossed in fighting against Mrs. Gandhi’s infamous emergency. We missed it there. In fact, in medicine, I think I am a misanthrope.”

“What is that?”

“Misanthrope is a misfit person. Like you, medicine was never my first love or any love. I have been forced into it. I don’t like it a wee bit, I hate it, as compared to my love affairs like literature, history, economics and philosophy, and so many others, but I do practice it. I do not like to deal with people; they irritate me. I would like to go touring in a boat around the South Pacific Sea Islands, or in Europe like Somerset Maugham or write books. Read and study esoteric subjects like sub-atomic physics, lounge around. But not work. Even then I do it. I do it so well, sincerely, thoroughly and painstakingly that sometimes I also wonder.”

Vijayini laughed.

“It cannot be so uniformly bad there in Greenspan. There must be at least a few brighter parts of the story.”

“Thanks for the question. Despite such negativity there are four areas in which I think I have done fairly well; more however needs to be done. I am the X Ray technician and have improved the x ray unit greatly. The pathetically and unintelligently organized drug store, pushed us in debt of thousands of rupees. I have made it much more relevant and better organized for our needs. I have had much more than considerable complicated medical work fit probably only for a medical college. Aryan referred to that. I could salvage them without much lab or human backup, but I did. Our Chief Surgeon Dr Vishnu Murthy left us to visit his three sons in America. On August first Dr Akash from Bombay, my old college mate joined us with a commitment of three years. He has done excellent work, galvanizing even Vasanti to help him. He is an excellent surgeon.

“By now, our thinking has shifted from we getting extinguished, to survival and now to reach stability and faint hopes of growth by benefitting people in dire trouble.”

“The last of my achievement was to implement a written, detailed and coded system of how and why everyone should work in a particular manner including Doctors; if not what will happen. The antagonism to accept it, viewed as weird to run a hospital, was hard. It was an unheard-of system. No one thought it would be effective, that it will not work. However, it did.”

“A written system? None of us have ever heard of such a thing.”

“The good parts end here. Over the last sixteen months, I have a large collection of disgruntled souls, Akash, Vasanti, Shivanand within The Hospital who think I am exploiting them, keep hindering me from doing more. The chasm and the distrust have gone down deep. Majority of the Trustees do not wish to take any responsibility for the hospital, do not have any good word, constantly complain over trivialities which do not exist. In short, they do not own it.”

“After Vasudev’s dismissal, my own Movement, whatever you may call it, is against me state wide; boycott, ostracization, slander, everything. It is nothing but cowardice on their part. The strains I have gone to, to keep the flock together has been severe. Vasudev turned out to be a rabid Brahmin hater. That is what I have been telling you from the beginning. It is not a nice place to work in. I have got myself holed up in it. I do not think anybody else should. Especially, you should not waste your time in that project. Waste your life in that project.”

“Have you not felt frustrated over such a situation?”

“I generally do not tend to frustrate over things. At best I become furious over it and I go for solutions, overcoming hurdles and throwing away boulders around my neck as soon as possible. I have had to pay a heavy price for that. Sometimes it is enormous effort, sometimes it is an endless stretch of waiting patiently; everything alludes you, slipping out and you start wondering if you will ever get it. Sometimes you have a grip on it but feel it is going to slip out. The grasp is not secure. I direct my efforts at correction of the root cause. It does not pay off immediately, adding to the burden. Reared in the persecuting Maharashtra, we are accustomed to obstacles, ridicule, hatred, and for being a Brahmin, and in many other ways. Compared to that, what happens in Greenspan is small fry.”

“Are you not apprehensive about your project being superfluous there?”

“My father clearly and unambiguously told Nagaraj that it is superfluous. We also have thought of it being so but are not convinced yet, by our own logic. I may however say that till all its potential is exploited fully, it would be illogical, even unjust to call it superfluous. It is a necessary middle path, between the horribly corrupt, sinful, and extortionist government hospital care is highly sub-optimal in quality as well. And there is an economically exploiting private sector, also not that competent. The poor, the largest percentage of the four hundred thousand population of our district, tribals included, cannot afford either but have no alternatives. They have to have an alternative, viable, and acceptable. A center which offers care in the basic specialties, to sort out majority issues without much expenses, is needed. We think people there and everywhere in our country are in need of such projects, walking the middle path. ‘The Hospital’ fulfills these conditions eminently.

“If I am not there, Akash is not there, it is useless, superfluous. Akash has done lot of surgeries. Without doubt, the work will increase further if he stays on. I do not think it is superfluous.”

“That is not bad to hear! Supposing you do not get colleagues for surgery, gynecology or pediatrics over long years, what will you do? Go away? Fold it up?”

“I have thought of that also. One of my ideas in coming out of the routine rut of Bombay was to try and work out some research-based evaluation of India’s age-old science of health, Ayurved. Greenspan conditions are ideal for growing medicinal herbs. Our infrastructure suited for such research. If curative services do not work, I will convert the whole institute into a Medical Research Institute and do research. Research suits me.

“I have in fact made a detailed report about how to develop a cancer research center using Ayurvedically prepared medicines to deal with various aspects of cancer care. It was for our bosses in the Movement. When I decided to go to Greenspan, this idea remained with me. Under the deluge of problems, it is all but forgotten now. I do not think it is possible to revive that in the near future, unless we change the course fully.”

They had walked nearly two miles. Having come across the canal under the road with embankments, they sat on that.

“Dr Vijayini, I think in a matter of few months, say sometime in May next year, you can visit our project. Just as I have visited this. You can give us some advice, see things for yourself and help us. May is a nice season there. Once you decide maybe you can come with a couple of friends, your people. We have place to stay there.”

“I will consider that. I want to ask you about how do you assess people, especially in such adverse circumstances and so much of antagonism, before you act.”

“Every human being possesses an external form we see, kindly, evil, or calculating or even false. Elements innumerable. Inside them is a huge content, capabilities, ability to contribute; and certainly, many negative or even dangerous elements. I do not go by the form, not alone, always more concerned about the content within human beings. The benefits or the dangers that may arise therefrom have to be weighed against the immediate situation or surroundings and what these people can still contribute, if at all. Then you get the ability to tolerate or deal with both content and the forms. If the contents are helpful, contributory, and form appealing, then it is sugar in ghee.

“On the other hand, if contents are overwhelmingly good, the form then does not matter. The form will also improve under the contents operating. An extremely enchanting form, minus the content is the most horrible deception. George Bernard Shaw told the beautiful actress who wanted to marry him. ‘What if the reverse happens to the children of our marriage, your brains and my looks. Contents are important.’”

“That is an unusual way of thinking. But I like your theory of container, contents and the form.”

Moments passed into minutes and for nearly half an hour a silence was maintained. Then they got up and came back.

The next morning the Doctor prepared to leave.

“Madam, I must leave now. Having come so far, I must see my mother suffering for the last six years from many a health issue.”

“If you do not mind, I wish to come with you to the District Headquarters. Today we work only half day. We can go by the one pm bus. You will anyhow not get a decent enough coach from there to Bombay till nine in the night. It will take you there by 5.30 early morning. That gives us plenty of time to discuss. Letters cannot convey as much as talking to each other does. My mama is a superintending engineer there. I will stay with him and come back tomorrow early morning for OPD. It is hardly one and a half hour from here.”

“As you say. I was persistently barraged by my parents, to meet you and talk to you in your mama’s house. ‘Under vision’, so to say. I chose not to. I never thought of myself as conventional or a conformist. I wanted to meet you in your work environment. Now I don’t mind meeting any of your mamas.”

They laughed.

After the ninety minutes hot journey by bus, of which only a part they could spend, sitting by the side of each other, the most rapidly growing and industrializing city looked pleasant. He liked it instantly. The bus stand looked organized and clean, if crowded. When they came out, they were greeted with raindrops, which they allowed to fall on them, while loitering in the not so green garden by the side of the bus stand. Then they wandered around in the streets of the city for miles together as the weather had suddenly cooled after the little rain.

Later, in the afternoon they sat down in a relatively posh hotel for food when the Doctor once again felt how bored Vijayini had become in her work place. Her work satisfied her a great deal. But she ‘was’ bored. She enjoys food, hotels. A radical soul, seems to be laced with some humor, frills, and fun. After food, they had gone on to see the famous water wheel, a tomb of some Mughal King’s wife. The water wheel was a cool, moist, pleasant place.

“What do you expect from your life partner if you ever decide on one?” The question blurted out itself involuntarily without even his knowledge. What answer he received was even more stunning than the fact that the question had escaped his mouth.

“Growth.”

She meant everything that an intelligent capable surgeon with ideals of service, could mean. It meant growth as a professional as well as a person. As a person of all those values of mind and intellect, the masses are generally unaware of or only occasionally be able to glimpse at. The stunning reply did hit him but the elation of having received this reply was the more satisfactory in all the moments he had spent here. It did not even remotely hint at growth in the worldly pleasures.

He had seen in his ten years in medicine, intelligence with shrewdness, intelligence with an otherwise empty mind, intelligence with horribly inadequate personalities, intelligence with cramped ideas and narrow horizons, intelligence with dumb visions, intelligence for naked selfish ends, wicked intelligence, crooked intelligence. He wanted to but had never seen intelligence and largesse, positivism, nobility, goals, and growth together. And suddenly this tall freckled lady, with a large wide curly hairdo had said ‘growth.’ It had epitomized her entire character, orientation and tendency. No wonder she had indicated to him to go through Jonathan Livingston Seagull.

He was terrified. Had he found something he wanted? Or did he till now even know that this was what he had been searching for? Can you have something you want, so easily, so effortlessly, sitting not more than an arm's length, in the now deserted waterwheel, in a city where no one knew him.

He did not dare to ask her anything more. The moment was too precious to be destroyed by touching it by word or deed, in trying to implant anything on to it, or risk the fear of explanting something from it. Its latent potentialities had to be left untouched, its potential uncertainties, if there are any likely, he had no desire to face. He wanted it to hang in air just like this.

They walked back, wordlessly for about an hour. The telephone to the mama's place did not answer several calls at different times. He also realized that she had all along avoided getting in touch with her mama even when he had hinted her to call. 'We shall do it later.' She had said. She, he thought, felt relieved that none of them were there. Wordlessly they ate food once again. He conceded when she said, "I am also an earner, and equal. This time I will pay."

When they returned to the bus stand, he had trouble avoiding the suspicious gaze of an old hand in the movement, Madhusudan Rege, who knew the Doctor well. The gaze had clearly told him, asked him, 'You, the sober boy, what are you doing with a girl, of all the places in the world, on this bus stand at night.' Kusum, his wife was an MLA, member of legislative council, could not believe her eyes; they almost seemed to pop out from behind her thick glasses. He coolly avoided them and thanked his stars that they boarded another bus to Bombay.

"Come to Greenspan. See for yourself. I think it is essential that you see the place and help us. You should." As neutral and as noncommittal as a judge, he was trying to tell her, deep down, somewhere, afraid that she had rejected him by now. Also, deep-down was the strong feeling, that unless she sees for herself how unjust it is for two of us to ask each other for anything more than being colleagues working at different places. She should clearly know that it is a waste of one's life in Greenville. And that she should give up here, right now at this point, my existence for good.

"I will. I promise."

The words 'do not decide till you have come and seen' whether uttered, heard, not uttered but heard, not uttered not heard, had become meaningless as the bus moved.

Five days after he came to Bombay from this visit, he was called to the neighbor's telephone in the morning. Vijayini had come to Bombay and had asked if they could meet. They had proceeded from the Big Ben of Dadar railway Station to the beach in the milling crowd of Bombay, each utterly conscious of the presence of other.

"I have made up my mind. I am not going to visit Greenspan as you have insisted. I have decided to marry you if you can accept me." The directness of Vijayini's voice still had a slight tremor.

The Doctor had not really prepared himself for anything like this to happen. In fact, he had not imagined this to happen at all and certainly not in so short a period. His own thinking and reaction pattern were slow. He had believed that for a couple or even for about four to five months there would be an interval. She may not come, things will stall, halt, come to naught for

good. Somewhere he had a strong feeling that to like her and to take her had a moral issue between. He would be wasting of a young nice life, a deliberate act of commission, leading to injustice, something he should not be guilty of. He had therefore extracted a promise that she will first visit. And here she was, suddenly appearing from nowhere, telling him that she wanted to marry him and ruled out that visiting Greenspan was an essentiality.

He simply sat there, a few feet away looking at sea, looking at her, not knowing what to say. When the bus to Bombay left, he had concluded that he was a reject. He did not know that she had concluded that she was a reject. And now this!

After many more minutes passed, he spoke.

“I had prepared for this encounter without any propositions a few months from now. I wanted you to personally see the horrible conditions there and I would have strongly desired that you make up your mind not to join me. I wanted my visit to grow on me, to find out if my need for you remains unabated after months. I like to be dead sure of things. I am a slow thinker; I act even more slowly. Now you have cut short everything and forced me to the rim of the decision. I do find it difficult.”

“I reached my decision the day after you left. It took a great strength to restrain myself in starting immediately. Madhumita also had to return. Even then a few eyebrows were raised, when I said Bombay and five days leave.”

He sat there, debating if it was justified in taking her to Greenspan for life as a partner. That is a bad place. It is not just. She will suffer. She will be under such tremendous strains that her life will be spoiled. And a fellow like me! He had always doubted his sanity in these matrimonial matters greatly.

“Look here. It is not simply a question of saying yes or no. It will hurt you and me also if I say no. To avoid that, I will continue to insist that you must visit the place, before we decide anything further. If I say yes, then there are a few matters I have not spoken, because I never thought that things will come to such development so quickly. Now I will have to make it clear, without a definitive yes before that.

“The atmosphere in The Hospital is of intrigue, suspicion and distrust, over and above everything else I have told you. Vasanti and Shivanand have stayed on and no new Doctors have ever applied to work in the hospital. It is always a big question as to who else will come if these two people go away for some reason. I do not want them thrown out from The Hospital due to their behavior. I am therefore ready to tolerate them. Akash has given me his word that he will be there for three years. He has done good work, notwithstanding all his dissatisfactions and accusations. I will honor his word of promise. Aside of all the other drawbacks, one important matter is clear. As of now there is no place for a second surgeon.

“It is not just that. Even if you come over, I can tell you of the immediate reactions. Each one of these three characters will construe it as a threat, a hanging sword that they can be now dismissed any moment. I can never even think of it. Even if I try to convince them about it, these three will never understand that I mean it. Such a situation will then have to follow one of the

two paths. We marry, without the knowledge of anyone there, but we stay separate for a couple of years, hundreds of kilometers away as it is now, doing our present work.”

“I quite see the shape of things. You have repeatedly told me in your letters also that you are wedded to that place first. The other alternative I see is that we get married, I come there but I do not join the hospital.” Vijayini responded.

“Miss Vijayini, can there be any greater in justice, second only to your coming over, than to make you an idle housewife? Can we not allow it to just hang in the air for some time? Do we need to push the matters so quickly?”

“I can see your difficulties and your consideration for my life as well. Please take your own time before we proceed. I am not going to force myself on you. The only reason I came all the way was to tell you in person about the why of my decision. I have found everything I wanted in my partner in you, as I have never found it in anyone else. I have been asked in marriage by any number of excellent, talented Doctors, colleagues, those who like me, have that strong will to serve the society. Doctors known to me for long years. Something held me back. Even if you were to say ‘no’ I won’t mind. And you are not saying ‘no.’ My search for my partner has come to an end, and so is yours. How we go about it is all that remains to be thought out. Am I right?”

After some time, he looked at her, extended his hand and said,

“Okay. We will go ahead with it and sort out things as they appear. I want you!”

“You do not have to worry over what difficulties you have raised. I will talk to my parents. I am sure they will understand. The fact that we have decided to marry each other will be overpowering against all the obstacles. I will work out a way.”

The Doctor went back to Greenspan.

Chapter 10

The work in The Hospital had become swifter. Things were moving along smoothly as far as patient care was concerned. Following on the advice of Narendra Dutt Hospital, the management had decided to float the first batch for paramedical training. Something he was eager to start since he had seen how good the results can be in Narendra Dutt, who had developed this training to perfection. Their working experience was excellent. It had produced extensively good results, year after year, in all the departments giving the working of The Hospital a smooth and reliable character.

With folded hands, he had requested Shivanand and Vasanti to teach them. They would work in the wards and see what the qualified sisters, the four beauties of Akash, were doing. These four would be leaving in a couple of months and some fall back however immature, was needed. He had given a broad sketch of what all the subjects that need to be taught for the ward assistants training as he had called it. The idea was to try and teach them largely in the native tongue. Akash on account of serious language barrier was incompetent to do that. The Doctor's language capabilities had till then not risen to the level of teaching in the same.

These two months, after his return from Bombay with his word given to Vijayini, were, by even moderate assessment, a nightmare. He had not told of his decision to marry Vijayini to anyone. The real trouble he had was with his own colleagues. Vasanti and Shivanand had a great deal of complaints to make in the last twenty-one months about auxiliary nurse midwives from the district hospital that they were employing. These girls did not know one word of hospital nursing. Qualified staff nurses were not routinely available. Even then, the way Shivanand and Vasanti spoke about this idea of training was as if, the Doctor was at fault, that he had come up with such an 'absurd' idea. Vasanti was quick to realize that the solution is found and if accepted, will entail more work than she was doing so far. That had immediately changed first Vasanti's and consequently Shivanand's attitude.

They could not say 'do not train people.' But they did protest that it would not work. This is Greenspan and no one will take the trouble, enroll, come daily, and learn. Yet he had managed to catch hold of three straws in the adversely blowing wind. After three advertisements, three girls enlisted. Maithili was quite short and plump but would understand if something was taught. Akshara was a stupid girl in whose head nothing of nursing was likely to enter. Vanaja was the buxom girl who had good brains.

Shivanand and Vasanti had treated the entire training schedule cursorily and badly. Both, for some reason or the other, would not teach. If they taught, they would teach extremely badly, cut the entire training time of ninety minutes to about ten or less. The Doctor had several times told them even the points on which they should lecture, how to lecture, and how much to lecture! But none would be of any avail. They had behaved as if they were obliging the Doctor at great pains

to themselves. The very people who complained that their days had no work, did not want to utilize their time well in working out the solution offered.

This had hurt the Doctor a great deal but he kept his cool. After taking ten thousand rupees from him and Nagaraj, Shivanand's behavior had queered a great deal. He could face them with impunity and make almost any lewd, biting and insulting remark. Greatly surprised and pained, but the Doctor still would not talk back.

The relationship with Akash had become more formal. Without telling anybody, without even giving a formal application, he had disappeared twice, once when the Doctor had gone to meet Vijayini and earlier within a couple of months after his joining. Each time it was over seven days at a stretch. The Doctor was finding it difficult to talk to him or draw him out as a friend or a fellow Maharashtrian and find out what is it that he had on mind, the reasons for these disappearances? Could he help Akash if he needed any? What was it that these characters were discussing all the time in low tones? His running away or something else? The unmistakable feeling was that everyone wanted to avoid him. Each had some secret world they wanted to avoid him from coming in to. He did not know what they talked.

The Doctor had noticed one more thing happening frequently. Sister Shubha staying with Vasanti from the beginning in the quarters adjacent to Akash, was frequently found in Akash's quarters at all times and at all odd times, frequently in her gowns or informal clothes. It was obvious that Akash and Shubha had become good friends. When he had gone to meet Vijayini, Shubha had also taken a leave for a week. The tango of three in every operation at all times, whether they were on duty or not. None had raised this matter in any discussion. It was not very difficult to imagine to what length and extent the relationship could have gone. The Doctor had seen these affairs between nurses and doctors dime a dozen times to have any interrupting opinion on that. The one faint apprehension was how and where will it lead to or halt. Except for the few good staff nurses, who had stuck to The Hospital and did all his ward work superbly, the Doctor was isolated by everyone else.

As if the existing troubles about nurse training program were not enough, one day Vanaja, one of the trainees, came with her mother. Dressed typically like one, Vanaja's mother was an auxiliary nurse midwife in the government hospital. She had a face of an extremely tired housewife. She also had extremely thick glasses. He had seen her, slowly dragging her body to and from the work, from the government hospital building through the Brahmin's compound below it. She looked tired, tired to the bone, having dragged her family, for years and years. Vanaja had joined the training two months ago. The Doctor wondered what had now gone wrong.

"This is my daughter, being trained for nursing here. She has now brought shame and blackened my face in the town. She is pregnant, two months. I do not know who the boy is." The mother started crying in big sobs.

"What do you want me to do, Madam?" That was all that the Doctor could ask. There were more sobs, more crying. There was no change on Vanaja's face. There was no shame, no guilt. She looked at her mother as if it was a stupid object.

After crying her heart out the mother said, “I am terribly tired Doctor. I do not know why I came to you and why I cried like this. I am taking her with me. I do not think she will return to the course. I thank you for giving her a life time opportunity. But this worthless girl has messed it up. Namaskar.”

In this strained situation where no one was sure about anything and anybody, the days were passing. He had his own troubles about arranging for his own marriage secretly. The plans would formulate between her place and Bombay. Then it would go over to Vijayini and float to Greenville. His replies would travel back to three places, simultaneously. This was the time the Doctor formed his remarkable habit of keeping copies of all his correspondence, without exception. He had received the registration forms for the marriage had signed and dispatched them. Vijayini’s frantic letters were arriving. Her anxiety was, whether this man in his preoccupation will send the registration forms in time or not at all. Not justified, but the anxiety was natural.

He did not dare to open the topic of his marriage to anyone including Sharad or Nagaraj. That would have become public in no time. He did not want to disturb The Hospital and its staff in any way. He had written to Vijayini again saying that they may have to remain away from each other till the situation in Greenville clears and she can come over in a cleaner and much more open and cooperative atmosphere. The telephonic conversations and correspondence had become hectic. Days were passing out quickly. The marriage date had been fixed. He wanted his railway tickets booked for a dreadful twenty-six-hour journey by a direct train. He could not ask the Bharat Seva Office to do that lest the whole thing comes out. He did not know when he could meet Nagaraj or when he could talk to him.

Akash for some strange and obviously unknowable reasons had gone to Bombay once again in mid-January. The Doctor was just unable to understand what was happening. The situation was strange and stifling. The Doctor did not even have adequate enthusiasm to stitch a new pant or a shirt for his marriage. He had once spread all his clothes on a cot, most of them old, some positively moldy and worn thin. He selected a brown pant he had his favorite Bombay Christian tailor had stitched, the like of whom he never found in his life after. Well fitting, it had served him the eighteen Greenspan months of rain and had gone old, if not torn or worn. He was not particularly rattled. ‘I would wear that pant and the other white favorite shirt of mine for the marriage,’ he thought. ‘After all, it is me who should feel comfortable in my clothes during my marriage,’ he had said to himself.

In the month of January, barely ten days away from his marriage, Akash struck his blow. On one of those relatively free and rare Sunday evening, they were sitting in his Chief Medical Officer’s office, smoking. Akash as usual with his legs on the Doctor’s working table and his cap at a rakish angle was smoking rather absent mindedly.

“I am sorry to tell you this, my dear friend, but I am leaving this project, and you shortly! I am really sorry for that. I am sorry for not having told you earlier, given you some notice, some indication for you to be prepared, or make alternate arrangements.”

The Doctor could not believe what he was hearing. He simply stared at him, dumb, yet not showing any sign of disturbance.

“I am going to Nigeria. Even before I came here six months ago, I had made some attempts to go there. I knew from the authorities that I am likely to get my turn in about two or three years. That is why I promised you three years. My father twice called me recently to tell me that the chance has matured. I know I am ditching you. I know this is going to increase your difficulties; surgical work having increased quite a bit. Suddenly people who are coming with some assurance will find themselves jilted. That is bad. But excuse me.”

“Have you told Sharad and Nagaraj about this? At least they should know.”

“I have informed both of them much earlier. They did not say anything. Sharad did say, ‘Best of luck.’ He also said, ‘I did good work here and it was nice to have me with all my unconventional behavior.’ To that extent I feel relieved.” Akash said.

“I should also thank you. You did a great job for The Hospital. We never imagined that there was so much of surgical work waiting for a good surgeon. You have a fantastic ability to create and deal with work. Even in so difficult and costly a discipline of surgery, Greenspan has plenty of work if there is a person like you to take care of. It has also made me realize that after all, this hospital is not a superfluous adventure or misadventure. There is really plenty of potential to help people who need it and for this hospital to develop further in more ways if there are well qualified people with character.”

“You are too pessimistic over your own achievements, my friend. You also grossly underestimate yourself and your achievements. You do not even realize that. Try to understand that this *is* a successful experiment. It successfully illustrates the required midway in health care with competence.”

“Can you say this generally, including Greenspan?”

“Of course! What the bloody hell! While you were busy constructing things here, Dr. Koppikar for example has hobnobbed with me. I had offered to do a couple of gall bladders with him. The moment he heard of T tube drainage, he got shit scared. He is an incompetent surgeon, good for illegal abortions and better in extracting the fat fee that he charges for it. Good for few occasional hysterectomies which his wife does with his assistance. He calls some anesthetist from the Port City to do the job. Incompetent to such an extent, he was shit scared of my competence, like all second handers, afraid of competence. After first two hobnobbing, he never called me. I know why. He thought I shall become too famous too quickly and may be, dwarf him.”

“I am glad to hear all that you have said. It is a pity that when you were developing so well, you are going away.”

In the recesses of his own remorse, the Doctor was thinking that for this opportunist, he had been so careful not to say anything about the marriage with a surgeon, lest he and the other two characters are hurt. In order to retain Akash, he had gone to the extent of preparing Vijayini to remain separated till such time the second surgeon was required. I have hidden all this from his accomplices like Vasanti, so that she should not feel disturbed that a surgeon well versed with gynecology and anesthesia work, also is being brought, as a threat to her. How much had he cared for all these people but was kicked in the back and Akash is now nearly gone!

After a few days the Doctor had his own revenge. As he was boarding the bus to depart, he told Akash about the accomplished lady surgeon who will replace him in another week's time.

Vijayini was the eldest child of the large clan of children from both her father's and her mother's side. Naturally, as the first born, she was the most prized one for everyone. She was a healthy, laughing, and vivacious child, full of girlish tendencies from the childhood, growing as a clever, studious girl in school. Vijayini and her brothers had had thirteen different schools before they graduated from their higher secondary education. Her father as a police officer had suffered from frequent transfers, in all, twenty-five in thirty-three years' service, just because he would not bribe anyone to get his transfer orders cancelled.

As children they had a lot of instability, having to make up everything anew every year or in six months; friendships, routes, roads, mostly the low-profile small towns, in Marathwada and Vidarbha; they had thus become quite flexible, open, happy, and confident children. Wherever they went, they made new friends, made their mark. Vijayini always the scholar of the class, played many games well, sang songs, took part in dramas.

In the 10th grade even when her police officer father was not able to afford it, her mother had insisted on putting her up for the last two years of school in a famous residential school in Poona. Her mother, her mother's mother and all her mother's maternal aunts were a product of this school. There, for two years she had a steady atmosphere without those yearly and half yearly transfers leading to the development of new and severance to old ties. The school had a rigorous discipline under truly motivated, social service oriented, and dedicated teachers, wardens and matrons. They were the icons of affection, with keen eye to know the chaff from grain, a diamond and graphite. She was picked up by them and further cultivated to the very virtues of prayer, discipline, dedication, selflessness, study, and elegance. That was the most stabilizing and the most lasting influence on her life, after her mother's.

The poverty, the inequality among men, women and men and women, started hurting her. The lowly animalistic life, the squalor, the filth in which men lived, the abominable inhuman face of life, the innocent children of poor with whom she grew, had started tormenting her. The plight of women, dominated and exploited by women, dominated by men and dominated by society, was another aspect of life that bothered her a great deal. The plight of women as a sex object, as an object of trade, exchange, even in the glossy glittering marriage rituals of Hindus, disturbed her.

The discrimination of treatment between boys and girls even in better level houses was not lost on her by the time Vijayini came to college. Her perpetual melancholia since then was generated by her profound sympathies towards all grieved, bereaved and the sad scenarios of the world left a mark on her countenance. This melancholia never left her, in her later years also. In her college days she participated in debates and vehemently put forward her feminist views. She was a matter of envy to all girls and the boys held a little awe about her. The later years though had brought on a change. It brought to fore some fundamental philosophical problems. 'Who am I? Why was I born? What is the purpose to which I am to answer?'

Her mother was a postgraduate degree holder in as ancient a year as 1948 when only few girls graduated and fewer post graduated. She came from a well-off family of a chief engineer

with a car and a telephone in those days. She had education on her either side with a mathematician grandfather who had close association with Tilak, the father of Indian unrest against British Raj. Her mother also held strong, similar and definite views on women's status, about the subjugated status, and the custom of dowry. She was a liberal as regards women's education, job, career, and accomplishment. Strangely, she had her own conformist attitude towards the ritualistic religion and her own emotions and feeling as regards her own status of life.

It was not for nothing that the spirit of adventure seemed so abundant in that household. The superintending engineer mama of Vijayini had nurtured in her brothers the spirit of armed forces, which he had not been able to undertake. Vijayini's brother had passed out from National Defense Academy and soon became a Captain. Her younger brother an electrical engineer, also, like the elder, had joined the relatively much tougher branch of submarines in Navy.

Her mother's youngest sister had once asked Vijayini's mother.

"How can you allow your children such abundant freedom and such terrible choices? A lady surgeon, an army captain, and a submariner! Who will stay with you? Whom will you look to in your old age!"

Her mother had merely smiled and said,

"Probably our instinct for survival is weak! Our children, wherever they are, they will do for us everything. Probably and hopefully!"

Jubilation literally broke in a massive tide across all these houses after the telephonic and telegraphic messages were relayed across to all. Vijayini has decided to marry a physician. A large gathering was taking place in the superintendent engineer mama's house.

'Vijayini getting married! Ha, Ha, one sweet.'

'He is a physician. Ha, Ha one more sweet.'

'He is a worker and an activist in the movement. Ha, Ha. One more sweet.'

'He has the same ideals of service. Great. One more sweet.'

'She will be going to Greenspan! One more sweet.'

Relatives literally had relished the news. Her uncles had put her parents on plane, however ill afforded, and dispatched them to meet the boy and the girl. The anxious mother had taken her in arms. The only question the parents had to ask was,

"What happened to all the conditions you had laid down, over which you had refused to even meet any of the Doctors, and ones we had suggested?"

"All my conditions were agreed to, fulfilled in its entirety and more."

"We never thought that we would ever be able to find a husband for you and even you for yourself. In fact, we had given up all hope of your marriage and committed ourselves to the misery of not getting you married, but to a life like the one you were living in central Maharashtra."

The battle of how to celebrate the marriage ensued almost immediately, between the Doctor and Vijayini on one side and the four parents and several others from both sides on the other.

“We want a registered, simple, unostentatious marriage with only a few relatives, the ones very close. We want a marriage without any unnecessary ceremonies and waste of money by way of each party giving the other gifts of no necessity, and the consequences of having given or received more or less and its lifelong hurts.”

“I do not want anything other than your daughter as she is, in marriage. No other matter is expected. I may add that you have our word for it. There is no need to go for that engagement ceremony spending a lot of money, just to make everybody know that we have pledged to marry each other.”

“I am not going to wear the black beaded gold chain, the marriage symbol of a lady – why should the lady alone need to wear something to indicate that she is married or otherwise? Why don’t the men in this society have to wear something to indicate if they are married or not! I will defy this male dominance, in my own marriage!”

The parents, the uncles present on both sides, looked at each other and the Doctor. In chaste Hindu Brahminical families on both the sides, this was sacrilege. All of them could have accepted almost anything, even an absence of marriage but not the absence of that black beaded gold chain. Emotions were strong on both sides. The age-old tradition, the belief, the self-respect, the self-image, the status that society gave to a married lady, with all her ornaments indicating a married status, were strong, almost irrationally and domineeringly strong. The abhorrence of widowhood, the denial of any status in any ceremonies, the misfortune writ large, the denial to wear the marriage ornaments demanded by religion in Hindu societies also is so strong! Anyone from any culture and land other than this blessed Hindustan just cannot imagine, the impact such a statement can have.

“What is more, I am not going to wear that vermilion spot on my forehead as the sign of marriage for the same reason as that of black beaded gold chain.”

This was the culmination that anyone of them could take. The mothers, radical as they were, the fathers, liberal as they were, the uncles, modern as they were, none could stomach this. After voluminous protests from each of the members present singly, multiply and collectively, Vijayini, unbent, refused to accept anything at all on these two counts. As a last hope they all looked at the Doctor.

“I don’t care a hoot for the ritualistic religion and all the ceremonies of which all of you are so fond. I care even less for these unnecessary signs and ornaments of marriages. In fact I detest them, that even a marriage ceremony, as essential. When we talked about the discrepancies of your views with ours, I had clearly told Vijayini that there was no need for marriage. She could come and we stay together as long as matters were going smooth. If such an arrangement was not workable, we could part ways. She did not mind the idea. Both of us have talked about these things and we find that we are quite clear and in union on this with each other.”

Vijayini had also spoken about the possibility of having to stay separately for an indefinite time before moving to Greenspan. That was the last blow. Like animals stunned and pithed, everyone sat still.

The same battle had ensued about the size of invitees, the grandness of the marriage. The words simple, unostentatious were being repeated often. The marriage was to take at a place convenient to the girl's father. It would also take care of most of the relatives of both sides. Doctor's father further insisted that the suburb and the city, which supported and knew them so intimately, should also have a celebration. The words few guests, very few guests were frequently uttered and were finally flown over the wind.

After that, things went smoothly and bombastically. A grand marriage took place with four hundred people taking meals and a police band in attendance with 'all exchanges of gifts of honors.' Nagaraj who had 'witnessed' their registered marriage and had gone off for further preparations to 'receive' the newlyweds.

Alighting in Bombay from a first-class carriage, four days after spending their 'honeymoon' nights in the Doctor's ancient, somewhat dilapidated parental house, another reception of four hundred strong took place. There was no stage, only scores of circles of many chairs around tables where each one could find his group, move around in different groups, sit and chat as long as he wanted to. The married couple was moving from group to group. No one was in a mood to go, enjoying this arrangement. There was a time when late comers found it difficult to enter.

As was the custom in many 'progressive' thinking then, presents were strictly disallowed. Yet, the crowd at the entrance trying to get in, suddenly separated, to allow two huge cartons, followed by Pitresaab and Mrs. Pitre. A full set of all kinds of vessels of high quality that adorned their kitchen in a grand manner for a long time was there in those cartons.

Fifteen days after the marriage Vijayini had found herself in Greenspan. There was no honeymoon. The Doctor had said,

"That place, a marvelous hill station in itself is the best place for honeymoon. No one goes there for it. We will be the first ones. The situation over there is so bad that earliest we go there the better." She had followed.

The emotions of a rational girl had remained unfulfilled. The Doctor never realized for quite some years that Vijayini had many of this kind.

Part 3

The Story of Vijayini

Chapter 1

When the last of the guests went away, it was already late night. Past midnight, the full moon had crossed its midline meridian but was no less shining than at the beginning of the night. It had made its appearance a little late in the night but when it did it had flooded the courtyard of his famous eleven roomed bungalow, like day's sun. The courtyard was otherwise without any illumination and two volleyball grounds that it could have accommodated, now vividly showed all the evidences of a grand liquored and lacquered party.

It had all happened in the day's work and had come as a culmination of nearly a month-long story of the Doctor's marriage with Dr. Vijayini. There had been nearly a hundred guests for this third and the last marriage party. In the nineteen months of his stay as a bachelor in Greenspan the Doctor had eaten food at many households, had gone to high class royal blue-blooded North Greenspan houses, had high tea with many, officials' residence and made friends, and had had a drink at many places. He had visited the rustic but high-class families of South Greenspan, many a Brahmin house, with many a different sub-caste, people from the warrior class, now plantation owners, even toddy tapper community people who had grown rich in Greenspan.

He had some Smarta, or Shaivite and Vaishnavite friends. All of them were as much a part of Greenspan as the original Greenspanians. He had contacted each and every person who had been good to him, fed him in this strange land and had invited all of them, picked and chosen, for his marriage party. Strangely, he had found he had Christian planters in his list and also the characteristic dark Marwari class of this area.

It was a communal confluence. He had thought of the party carefully. The menu had to fit the tastes of Brahmins of various denominations and other vegetarians with two sweets. For this Nagaraj had dug out a superlative vegetarian cook who had long given up cooking for parties. Had it not been for Nagaraj he would not have agreed.

He had all the others, die hard meat eaters and hard drinkers. He wanted them to have three varieties of hard liquors, a beautifully blended Golconda wine for the high-class Greenspan ladies and three varieties, meat, chicken and pork, following the Greenspan traditions. It was all there. Nagaraj had not voiced but he was a little disturbed over it, because he thought Vijayini a strict vegetarian would not like it. Sharad had positively voiced his view against the liquors and non-vegetarian. The Doctor had tried to persuade and then ignored him. It was Atreya, the lab man, who had procured the large array of drinks with the help of his army canteen. East Corner Uttam had specially seen to it that the best-made non-vegetarian stuffs are provided. The doctor's father was stunned when the plan was relayed to him.

"This is the land of liquor and meat. If I have chosen to be a part of this land and people, then let me be like them in their observances of the festivals. Let them feel that I am a part of them, their culture. There is no point in being suddenly Brahminical because it is a marriage

celebration and should have priestly grandeur.” The Doctor had clearly told his father, Nagaraj, Sharad and Vijayini.

None had come in his way.

Atreya, Krishnagovind, Nagaraj had toiled hard to make the party a success. Atreya had taken charge of the liquor. As was customary to his army training, he took aside each guest as he came, asked his choice, pour a large one, mix it and give. He also kept a count and his expert eye noted the level and percentage of alcohol in each one’s blood. The moment the liquor was sniffed the guests would suddenly relax, open up, come in a mood and like the English who become voluble and energetic. And they did. They came in, apprehensive, knowing the Brahminical antecedents of both, the Doctor and his new wife, the sure presence of Nagaraj and Sharad, wondering, nay, sure that no such things will be available. Many were chagrined and feared that they had to have a fast drink, elsewhere and then come to the party, worried, they today night may have nothing of the kind. On arrival when they found suddenly, the stuff in front of them in a row of bottles and the unmistakable odor of pork, they knew that it would unlock the secrets of all their pleasures.

The guests had become a happy lot. The Brahmins had separated away themselves in a loose group. The Greenspanians and others were freely mixing, having refills and chatting. The full moon had poured his light, cold but brilliant on the extra ordinarily clear night. The group of ladies had separated and the Greenspan ladies sat in his house having pretty sumptuous wine glasses in their hands. Atreya was hovering over all of them. Krishnagovind was drinking, mixing with people and enjoying. Sharad and Nagaraj had stood quietly, helping.

Vijayini was an instant success with everybody. The Army General’s brother had held her close, placed a hand on her head and said, ‘You are going to be my doctor.’ The ladies had gathered near her. They were asking her about her being a surgeon or a gynecologist. They were asking her in Greenspan fashion about her parents. On being told of her Superintendent of Police father and her two brothers in Army and Navy the respect immediately jumped up several degrees. Mrs. Hemant had made bold and stated, “You are wonderful. You have chosen to work here and live with ‘him’. The Hospital will have a great future.” Most ladies, looking at her had wondered if she was a Greenspanian herself. The height, the hair, the lean but strong built, the Christian face, straight out of a mission hospital, as they perceived it, made somebody even ask, “You are a Greenspanian or a Christian?” On being somewhat sadly negated on both counts the lady who had so liked her said, “But you are one of us, now, after and before.”

Sudhir, the vice president had come up to her and in folded hands implored,

“We have built many things for heroes like you. Make full use of it and take this place to great heights. All of us are there with you.”

Mrs. Sheila, a beautiful lady with a face and a hairdo like the famous cine actress Simi Grewal was a crippled lady. She had come up to her. With rheumatoid arthritis with bent fingers and stiffened joints she had shaken her hand with Vijayini and said,

“Our house is open to you, girl. We are a spiritually oriented gang here. Jack will tell you more about it. We have links, strong spiritual links, with Maharashtra, your land and we admire,

adore and like Maharashtrians. We like that doctor husband of your also. Come, come to our house. Bring the Doctor also. He works a little too hard. I know that.” Mr. Sheila had retired as a big boss from Lipton, Calcutta. He was an extremely affectionate bald old man. He also had blessed her.

Vijayini had spoken very little. But she had conveyed a lot of feeling through her eyes and her vivid, energetic smile and subdued demeanor. Her surprise to see women drinking wine was spotted by Atreya. He came to her.

“Our Greenspan ladies do not drink wine outside a Greenspan function on both sides. Even I am surprised to see this happening, for the first time in my life of fifty years. But madam, this can happen only in one other situation. If they think that, the hosts belong to us and we to them. This is the surest sign that Greenspanians have accepted you both as theirs.”

Like this, the party had gone on and on. The food was finished to a great extent. Some of it had remained. Irene had organized a helping force from the place where she lived. Help needed, in some way or the other, more than half The Hospital staff among the lower ranks had made their appearance and had food. The remains were neatly packed and carted away. When the cleaning of every utensil, and the place was over, Irene told him,

“Tomorrow I will get for you some more pork.” And then she was gone, the last one to go.

The moon continued to pour brilliant cold night and the Doctor and Vijayini continued to sit in the courtyard till the wee hours of morning. For the last three weeks, he had never met her so leisurely. He was conscious of that. Not a very demonstrative man, he wanted to make up for that. Looking at his wife, his wife looking at him he thought, ‘She is there for me, that is more than I can want and need.’

“How would you like to have a surgeon who is well versed in a large variety of surgery, can handle all gynecology and obstetrics work, can anesthetize a patient, has a great background of community work and is a lady, to come here and work in your place?”

Sharad, Krishnagovind, Prasannababu were all there in the late morning hours in the office probably to discuss what to do, now that Akash had departed, heard this question from the doctor.

“Such descriptions in our ancient scriptures have been attributed to coconut trees. It is called a *Kalpavriksha*, a tree below which you stand and wish for anything you want. The *Kalpavriksha* will fulfill your wishes, so much power it has got to make you rich.”

The eternal moorings of Sharad in the Hindu, culture as usual had come to fore.

“Such people probably do not exist, Doctor. If they do, then they are not likely to come our way and work like this, as you do, for this rural population of ours.” Sharad continued.

“The despondency of Dr. Akash’s departure and the way he has ditched us, can easily lead to such an attitude. But then what I am telling you is the description of the lady surgeon whom I am going to marry 13 days from today.”

No one spoke. None of them had expected such an announcement from the Doctor. He had after all, kept the whole thing so secret, so successfully. It could not be believed. Nagaraj,

eternally clad in his kurta, and lungi and the eternal, black, maligned, dirty and dreary shoulder bag had come in and had listened to the conversation.

“But why did you keep it so secret?” His tone bordered on anger.

The Doctor told them all that had been going in his mind over the secrecy he had maintained, about not making the Doctor’s apprehensive over Vijayini joining. He told them about their decision to work separately till she could join.

“You are mad, a thoroughly untreatable, unbeatable, uncannily mad, Doctor.”

“Oh, he is mad, sure as anything. What nonsense, and why?” Krishnagovind responded to Sharad.

“In that case we have to get down to work. We have to get The Hospital further cleaned up, get it painted and it should look well for the new person coming, Mr. Sharad.” Nagaraj, still standing at the office window said.

“Anything, you say! A Kalpavriksha of a noble nature is coming. We must look after her well.”

Krishnagovind stood up and firmly patted the Doctor on the shoulder.

“We had always hoped that you would not marry so that no obligations would take you away from us and our project in which so much effort has gone in. We saw new vigor, hope, stability and even growth for the first time in last many years. We had your assurance that you will not go away. The public had started developing a feeling of safety, after you came around.

“Please do not think we were or are selfish over this work. It can be labeled as egalitarian selfishness. Let me also tell you that we had also discussed about your marriage collectively and always prayed to God individually that someday you will marry, marry well to fulfill all obligations to yourself. And I am happy that both you and all of us are going to have best of both the worlds!”

“I still cannot understand one thing Doctor. However, you finally thought of doing this. I remember your early days here when you used to say, two things I shall never do, cook for myself and marry. Under this Nagaraj’s influence and with your Hyderabad friend purchasing a liquid petroleum gas cylinder, you started with making tea in the morning, boiling eggs, and then cooking, at least when Nagaraj was around. Even then, we never thought you would decide to marry. We always felt that you would be the ‘confirmed bachelor’ that you looked.” Sharad said.

“Actually, my suspicion began when I came to know that the Doctor had purchased a ticket half way to Bombay in November, just five months after our return from Narendra Dutt Hospital. I was wondering about the kind of provocations that could be, and to which place he was going. Some place in Marathwada to meet his friends who could be brought down to work here, and then to Bombay for Diwali celebrations. He has told me so much about his life in Bombay that I found it strange that he could have friends in Marathwada, which apparently had not existed in the narratives till then.

“But then as is my habit not to actively pursue matters especially with an open and shut life like that of our doctor. Surprisingly Patavari had raised a questioning eye brow and I had to brow beat him down.”

Nagaraj at once was seemingly happy, a kind of reminiscence in his eyes and face almost lost in the past. He seemed to be thinking.

“What I still cannot understand is why did you not tell us if you had decided to marry nearly two months ago, 14th November, to be precise.”

“The feelings in this place had become so much twisted, tangled, and stretched that I did not want to introduce a fresh strain. Not many liked me here. My to be wife, an accomplished surgeon, a gynecology expert and a Maharashtrian Brahmin on top, would have caused even greater tensions, enough to antagonize my adversaries, Akash, Vasanti and Shivanand further.

“We had agreed to remain separate after marriage because there was no place for a second surgeon here. I did not want our already precarious balance disturbed. Luckily, Akash broke away. Akash was probably thinking that he has taught me a lesson. I hit Akash with this piece of news when he was climbing the bus to leave Greenspan. Now the marriage has become a reality so close in time.”

“Doctor, I first thought that you were incurably mad. Now I think you are no better than a donkey.” Krishnagovind said. Everyone laughed out loud and the Doctor spoke.

“I want to know clearly from all of you about a matter I think is important. One Maharashtrian came. Then one more came and went away. A third is coming. Is she welcome? If she is not going to be tolerated, by circumstances here and outside, we can still get married and work separately. I won’t feel hurt. She won’t feel hurt. I have given my word for this project that I will carry on with it as my first priority. Some waiting, even prolonged waiting before coming together is not a problem. Tomorrow none should say, the problem of Maharashtrians coming here and the local reaction that it may cause, was not considered and a clearance obtained.”

“You are being too careful and overly concerned over this parochial and provincial matter. And I am pained, but much more surprised at it. You are contradicting both, the basic tenet of the law of this land and the fundamentals of our Movement. This land belongs to everyone. Each has an equal right to go and work wherever one wants. We are not separatists. We are one people. Do I have to say that to convince anyone here? No such narrow consideration should ever be allowed to be even mentioned, harbored, and allowed to operate. That is a bad way of putting it. No such considerations have ever existed in our hearts. She is most welcome.”

Nagaraj said with so much genuineness that he did not doubt the emotions expressed.

“What I am considering is how to adjust my program so that I can come with you to your marriage. After all you are going to get married from here and your wife is going to come here and stay. There should be someone to accompany you from here.” Nagaraj said.

The Doctor’s heart was touched. After all, he a metropolitan Bombayite had thrown his whole lot and future, youth, and energy for them and they had reciprocated it so beautifully.

“If we do not do even this much then what is the use of talking about our creed? I am a married man, already a father of two children who have grown out of college. I shall stay behind to receive her, the daughter in all grandeur.”

Sharad apparently could not control himself.

The Doctor had taken up this argument with the whole and sole of Bharat Seva, Shri Patavari. Patavari addressed the issue squarely.

“In 1940's Gopalrao, a Maharashtrian Chittapavan Brahmin like you, came to the North of this state. I shall be the last person to believe that our people will not welcome Dr. Mrs. Vijayini, or bear any positive bias or antagonism. They did not have it for Gopalrao either. I am sure their creed of one culture, one people, one nation, is not only strong but is effortlessly practiced at all the three levels, the Chitta, the mind; the Buddhi, intellect and *Vyavahar*, practice. Don't ever think of it, don't ever talk of it again. Don't carry unnecessary burdens of imaginary nature.”

“What about Bharat Seva?” The Doctor asked.

“All the first workers of Bharat Seva are from the original Movement. You have been meeting them off and on. They are more buoyant, jocular, open, elastic, with big hearts. You will know them more and more. I think you should start staying here in Bharat Seva office only, whenever you come here. Not in the State Office of the Movement. Here the acceptability of Dr. Mrs. Vijayini will be far, far greater.”

The next day after the party, and in days to follow, he had plunged headlong in The Hospital affair. Vijayini stayed at home doing nothing. For a surgeon it did not take much time to cook. He had merely told her to fetch supplies from the nearby places and was gone. Managing hospital situation after the sudden departure of Akash and his absence for nearly three weeks was a problem. Keeping Vasanti and Shivanand in good humor was a problem. They were in such sour and foul mood after the departure of Akash and after hearing of the marriage, that no dialogue was possible. He kept placating them, kept getting rebuffed. But the situation had deteriorated so much that he had no heart to invite at least some of The Hospital staff like Vasanti, Shubha and Shivanand to that third and the last marriage party. The Doctor was planning a party to all The Hospital staff later. That was held against him. The fact was, anything that he did or did not do, was held against him by these two characters.

Sharad would drop in at the most inopportune time and his work would get prolonged, interrupted, and delayed. These discussions would be long, Sharad being not particular about the length. Different people came at different times to discuss something or the other. He would go over all the required ground again and again and would fatigue him. After that, he would take up his work and finish it. That caused delay in going back home to Vijayini. As was his attitude throughout, he would sacrifice anything when it came to hospital work or problems to be tackled or discussed. He failed to realize that these delays hurt his wife deeply. It also illustrated a fact he learnt later about himself, that he ultimately pleased no one, despite doing more for everybody than any other person would do for them. This went on for four weeks.

On all fool's day Dr Mrs. Vijayini joined the hospital. She had a smattering knowledge of a dialect of the local tongue that nobody understood, but she became quickly known as a Hindi

speaking lady doctor. Within a matter of weeks, her out patient became full by the black burka clad Muslim women of the town. For them it was like a god sent. Males having surgical conditions did not shy or flinch from getting examined by her and some even underwent minor operations. She picked up where Akash had left and did it much better than he did. Scrupulously she asked all patients having gynecological or obstetric conditions to be seen by Dr. Vasanti. Those whom Vasanti had seen earlier and also the new patients who came with gynecological disorders and pregnancy, both were referred to Vasanti. Vasanti did not acknowledge either the rightfulness of this act or the courtesy of the gesture.

Vasanti held even more fiercely against Vijayini, the fact that many women refused to go to Vasanti, despite referral. Many of them paid the consultation fee of ten rupees again and wanted Vijayini to examine them, after Vasanti had seen them. Their chambers were side by side. Such a thing could not have escaped Vasanti. The women openly said that they were unhappy because the other lady Doctor did not talk to them, they did not feel relieved on seeing Vasanti, in fact got scared. The women went to the extent saying that the new lady Doctor must examine them first. They will go to the older lady Doctor only if the new one said so. The unfortunate thing was Vijayini was well versed with gynecological and routine obstetric practice. Vasanti did not have the courtesy to even greet her in the morning, nor did Shivanand.

Vijayini had started coming for surgical cases in March when she had not joined The Hospital. It was done more as a precaution, not to let the tempers flare up, in addition to the desire of Vijayini to rest without too much of work for a while. Vijayini had to set a fracture at the wrist of an elderly female. She made a request to Vasanti to give short time anesthesia lasting just for a few minutes. Vasanti refused on the grounds that she was not an anesthetist and was appointed to look after only gynecological work. Administering the anesthetic on her own, Vijayini set the fracture within minutes, applied a plaster cast and let go.

“Don’t you get angry over this kind of behavior?” The Doctor asked her after a few days.

“No, not really, never. Vasanti has the capacity to do many things, but, her overall capacities are somewhat limited. Such people quickly identify their colleagues who have much superior skills and start hating them. Common human behavior. Don’t worry. Such trivialities are far from even touching me.”

The Doctor had gone out of the way to unambiguously tell Dr Vasanti and Dr Shivanand that Vijayini’s coming was not a threat to them. In fact, with their help, she may be able to do so much more and with her help they could do so much more. Even then everything was held against her. Her ability to deliver babies was witnessed when Vasanti was on leave for a couple of days. Her ability to anesthetize patients, her ability to do a caesarian section, the onrush of women to her out patient became the steps of increasing antagonism.

From nonchalance to sullenness to antagonism to confrontation and to non-cooperation to flagrant opposition from Vasanti and Shivanand, the Doctor endured everything for one month and eleven days and then he decided that continuation of both these people would be an exercise in futility. If these two continued it would be an endeavor that will result in spending all his energies and creativity to free himself from the same chains, which he had fastened upon himself and refused to let go or break. He was not interested in executions. But he had no time. He had to

achieve everything he needed to, as fast as he could, for the sake of these people for whom he had come all the way. He wanted answers. He wanted results.

As Vijayini and the Doctor came to stay in Greenspan their first visitor was none other than Ramachandraro who had come to Greenspan with his parents earlier last year. It was enjoyable to talk to him for those brief four hours that he stayed. Pitresaab had come to Greenspan a month after Mr. Pai left. He stayed to detoxify himself and get rid of the alcohol. The Antabuse treatment to free him had lasted for eighteen hours, during which Pitresaab had gone in shock and was revived. That is why, the most unexpected was the visit of Pitre's daughter Nutan and her husband. They came, had food, talked for a couple of hours and went away, adding to the Doctor's knowledge that Nutan was now married. On their heels, Nagaraj had come. Ordinarily Nagaraj was in the habit of staying with Sharad. This time he stayed on in their house. Their newly wed status did not seem to enter his head. The Doctor did not mind his staying with him. In fact, was happy to have Nagaraj around. Neither had any idea of how Vijayini took it but apparently, she also seemed to welcome it. It was a bit peculiar and funny. Nagaraj ever since their marriage, continued to stay with him, whenever he came to Greenspan.

"Doctor, it is already six months and more that Dr Vishnu Murthy is out. He has not returned from America and will not for another few months. Sharad and I have decided to give him rest now. Sharad in his letters has given him a hint that he need not return to Greenspan but Dr. Vishnu Murthy wants to. Probably that is why he is not able to or wishes not to take the hint. But eventually he would be able to catch up."

"A rather raw deal for the old man, for all his donation of X ray machines, operation theatre equipment and his standing by you for five difficult years, albeit doing nothing."

"What can you do? It is necessary that we move forward. Consequently, we have also decided that you will hereafter occupy the house Dr Vishnu Murthy did for the last five years. We have been maintaining it since he joined, till now. Now you are a married man and are going to be the chief of our project. You should live well. There will be visitors who will come and stay for short periods. Your relations from both sides will come. Your friends will come. A married man is a solid man. People view it differently. A proportionate and appropriate improvement in life style is necessary."

"I do not wish to go there because of the distance involved. Two kilometers of steep ups and downs, over the hills, within one town daily twice, is too much of nuisance. In the day we may go home only after the evening work is over. That is not an issue. But nights in case of emergencies would be rather difficult if not impossible to come to The Hospital walking and then go back. You can't reach quickly enough; by the time you reach it could be late, and there will be fatigue. Vijayini alone cannot go to The Hospital in the night. I have to go with her. And in the night, no vehicles will be available."

"We have thought of all that. The Herald in which we have gone around in the last two years is going to be given to you. I will teach you driving. It is for you to use it for all your needs. It is yours now onwards. I keep moving around in the state. I do not need it in any of those places. And there is no sense in keeping it somewhere else. When I am here, I will share it with

you. You are going to be far busier in future. You need to be provided with better housing and travel comfort.”

“The petrol and the repairs will cost me quite a deal. I am sure I cannot afford it.”

“If you think that we are paying you a salary with which you can afford such expenses you are grossly mistaken. You have abandoned money. What you get is far too less than you earn for The Hospital and deserve. We think we are paying you a subsistence allowance, for your day-to-day existence. Your efforts and now Dr Vijayini’s work is getting in to the revenue of The Hospital as surplus that cannot be used for you. We have to take care of these items. All I want you to understand is, it is not a debt you are incurring to whoever pays for petrol and does repair, gratis or at cost. We are only using your money and only a very small part of it, for you. Rest is being usurped by the project. So let us not argue over that.”

That is how they had moved to the beautiful bungalow. It had a big sit out in front, four extremely well-proportioned big bedrooms, a huge hall in the middle connecting all rooms, a dining, a kitchen, a storage and a drying room. Beyond, there was a washing room, a bathroom, a small pump on the well with abundant water supply and an overhead tank. The road to the house was a beautiful curve, going steeply down into a big courtyard and a porch for the car.

“How much is the rent for this bungalow?”

“Much less than you imagine. We have to merely pay the taxes, maintenance and electricity. There has not been any rent for it. You know Prasanna, our vice president. His father-in-law has given this house to us to keep and maintain, since The Hospital opened. It is his contribution to the project.”

“I am relieved that it does not cost us, you, to keep me in a little luxury. Incidentally, I want to pay for the ambulance of The Hospital I used for transportation of the luggage and furniture.” The Doctor said.

“That is not necessary.”

When they settled down in the house, after a few days the Doctor told Vijayini,

“In my clan, I am the eldest, the first one to get a car, a bungalow like this. It is so big and so beautiful that I feel like celebrating our marriage once again and call all our relatives and friends.”

Vijayini blushed and said, “Let us call our parents first.”

On that fateful day of 11th May the Doctor was addressing Nagaraj, Sharad, Krishnagovind, Radhesham and Achyut in his house.

“I have given you the trouble to come here because I do not wish to talk to all of you separately, and that too in the hospital. I am finding it impossible to understand the open antagonism and uncooperative attitude of both Vasanti and Shivanand. You know about it. I have practically laid myself at their feet, trying to tell them that Vijayini’s coming is an addition and not the beginning of subtractions. I have even gone to the extent of saying that if you do not wish her to be here, we can remain separate. She can go back to the old project.

“I will tell you what happened just yesterday. Vijayini was operating upon a badly crushed foot of a laborer from a plantation. A blood vessel had ruptured in the foot and the muscles of calf were completely mangled. Blood was spurting and the laborer had lost a lot of it. Atreya was arranging the blood and she was grappling with the problem alone. Vasanti and Shivanand who would have naturally flocked with Shubha, if Akash was to operate, sat in the outpatient nearby and did nothing. Vasanti, sitting in the very next room did not turn up for help because Shivanand was on duty. Shivanand was reading a newspaper. He had not gone to assist, probably because Vijayini had not gone and invited him personally to come and help. Such most ungracious responses are a daily occurrence.

“I do not believe in carrying unnecessary burdens over my shoulder and waste my limited energy and limited time. All of us know that the long list of executions, Srinivas, his Mongolian assistant, Vasudev was fully justified. I have now appointed one Dr. Pramod who has joined on May 1, to prove to these two characters my point that it is a process of addition. It has been disrespectfully dismissed, assuming it to be preparation to dismiss them. Now I request that Vasanti and Shivanand be terminated forthwith like others before. Or else, Vijayini and I will remain separate for as long as is necessary. I cannot function by allowing people to raise barricades against me; but I can do so in a much more productive way by destroying the barricades and those who erect them so that we move forward.

“I understand the cost of terminating them forthwith and not by giving a month’s notice. It is considerable. The project need not pay it. It can be recovered from my salary over a period. To me what I pay for their notice period is insignificant as compared to the freedom I will have for the next twenty days, and thereafter. In these twenty days I can achieve far more than all this money I will pay.”

“Go ahead and do it Doctor. The cost will be borne by us.” Sharad declared on behalf of all.

The next day the termination orders were given as the outpatient was about to end. No one saw them again anywhere nearby. When they left, how they left, was not noticed. There were no ripples. Shubha stayed on.

That very night, their house telephone rang as they were preparing to go to sleep. Dr Pramod called for Vijayini to come immediately. Both the Doctor and Vijayini had rushed to The Hospital driving over the steep winding roads. The rain was absent but the night was cold and misty in May. The roads were dark because of failure of the electricity board to keep the lights glowing. The rickety Herald ran as fast as it could. This was to become a truly nightmarish drive on innumerable occasions in the future as well. This was the first one.

There was a lady, obstructed in labor, not able to deliver the child since it was lying across the uterus and vaginal passage and not along its natural direction. The uterus was contracting vigorously. It had stretched itself thin and could have ruptured any moment, with fatal bleeding ensuing. The heart rate of the child had gone beyond two hundred and the birth waters had turned dark due to the motion of the distressed child. The woman was howling and tossing when she came in.

Vijayini did not lose time. Shubha fortunately was on duty. The brisk order to make the operation theatre ready went out. The patient was shifted to the corridor of operation theatre. An intravenous line was inserted and the fluid started running in quickly and fast. The woman woke up briefly. Blood was drawn for hemoglobin and blood group, to be cross-matched with the same blood group. The husband, an educated high caste, healthy man, to the utter dismay of all of them, just refused to give blood. The mother-in-law, a young enough healthy lady not only refused but did so with the remark, “Come what may. My blood will not be available for her.”

In about half an hour’s time for the preparations to operate, the woman had started fainting because of exhaustion of having to bear so much pain. The howls had suddenly become moans and the face had gone pale, a step away from impending shock.

That tall dark ayah with an intelligent cold face, Yamini was hovering around. While Vijayini was putting a Catheter to drain the urine, the bottle of intravenous fluid emptied. Yamini deftly changed it. Vijayini noticing that, asked Yamini to come to the theatre. A word was sent for the newly joined Pramod who was putting an IV line in a child, dehydrated and toxic. He sent words saying that he will be in the theatre in a few minutes.

The unclean patient, quickly shaved, was briskly cleaned and taken in. The Doctor watched, helped. She was turned to left in sideways position. Legs were drawn up and pressed over the abdomen. Vijayini’s needle deftly went in the two vertebrae and hit the spinal canal. Fluid started dripping clean. No blood. Quickly she injected local anesthetic and the needle was out. The patient was turned on the back again. It took two minutes to drape the abdomen with surgical towels. The anesthetic by then had acted. Equally deftly Vijayini took the incision from the navel to the pubis, cutting quickly through the layers of fat and peritoneum. She cut open the lower part of uterus in a half circle. It had stretched and could have ruptured any moment. The scissors cut it open. The flat Green Armitage clamps were applied. The blood stopped. The child had to be rotated in uterus to make it aligned with the uterine and vaginal passage. That itself was likely to cause tear in the uterus and could have resulted in shock first and then in fatal bleeding. Some deftness and the head popped through the lower segment.

“Doctor Pramod, the umbilical cord is around the neck. Clamps.”

Shubha supplied her with two clamps. The cord right in the middle was clamped. The blood supply to the baby stopped while baby was still not breathing. The cord was then cut and the child freed. The shoulders, the back, the rump, the legs, everything came out within seconds. Pramod, the new Doctor, took the baby, turning it upside down by holding the neck and the thighs. Some fluid spluttered through the month. In thirty seconds after the cord was cut the baby gave a lusty cry.

“Thank God.” The relief on Vijayini’s face was immense.

“Madam, the blood pressure of the patient is sixty millimeters of mercury.” The Doctor intoned.

“That will come up. Pitocin. Start running it.” The confident reply came. “Step up fluid.” Yamini stepped up the rate at which the intravenous fluid was going. Pitocin caused a good

uterine contraction, threw the placenta and a large clot of blood after it and the blood stopped. The cut segment was sutured. The blood pressure shot back.

The layers were sutured. Skin was closed. Pramod had sucked out the baby's lungs. The baby was breathing freely, crying freely and was moving all limbs. It was pink, and lustily greeting life. The drama was over in forty-five minutes.

By two in the night, the patient had settled. The baby was quietly sleeping. The blood pressure was even. The blood flowed through the veins evenly. Yamini, single handedly, cleaned the theater. The surgical steel instruments were washed sparkingly clean and under Vijayini's instructions, Shubha and Yamini had put the whole set for sterilization. Vijayini thanked Shubha for her deftness and appreciated Yamini's knowledge of processes and her manner of handling. Pramod had lumbered off.

As they opened the car door to get back home after an hour, Yamini came running to them.

"Madam, do not go. Another patient has come."

Devanjani was another high caste lady, quite well off. Her relatives looked honest. Pregnancy had brought out all the splendor of an already beautiful body. She had been in labor for long hours but the child had not descended down a wee bit. The pains were strong. The child was distressed and the birth waters, had stained with the child's motions. Devanjani was howling with pain.

It did not take Vijayini even quarter of a minute to decide that the baby was not going to come down through the narrow pelvic canal. Once more a Caesarian section was required. Blood had to cross matched and drawn. The husband came forward.

"Our blood groups are same. Match it and take it. I know there are any number of God damned fools in Greenspan who will refuse to give blood. I don't because I have been in army. Once this is over, put my name on your list. I will come and donate for others. Save her."

After the just concluded caesarian, this one looked like a cakewalk. Yet Vijayini was tense.

At four when they drove back, Vijayini was fresh like a lark.

"Why were you tensed up for the second caesarian?" The Doctor asked.

"He was an army man like my brothers. They are a real decent lot. I did not want any mishap. All this time I was recalling Madhumita Roy. When I did the first caesarian today it was for the first time without Madhumita. There was no anesthetist to support me during shock, if patient was to land up in one. The first one actually did. The new Doctor and myself we are not accustomed to each other and he was assisting me for the first time, that too in an emergency caesarian section. Ever so many factors for me to get tensed." Vijayini said.

"All these factors were common. Then why were you far too tense the second time?"

"The relatives of the lady operated first were prepared to accept death of both the mother and the child and would not flinch an eyelid nor protest if anything was to happen. They had refused all helps. The other one had laid everything of his at my feet, so to say. I would have felt extremely bad if anything had gone wrong."

“You are a *Bahadur*, a courageous lady.” He had said.

The next day the whole hospital was talking about the two caesarians done in a space of five hours. Sharad had clearly expressed himself. “In the dream of my dreams, I could not imagine that such a thing can happen in in this hospital. I am happy that four lives have been saved.”

If there was any trace of any feeling over Vasanti’s dismissal left, it was all washed out. Sharad made it a point to tell Achyut, Radhesham, Krishnagovind and asked a question. ‘What do they think would have happened if Vasanti was to deal with these two?’

Chapter 2

Within a couple of months, after they were married and settled in the Bungalow, Achyut's Lorry Service had carried a huge and heavy wooden box, and deposited it in their house. Vijayini's scores of books had arrived. Atlases of surgery, theoretically oriented large and heavy surgical volumes, illustrated, practical surgical volumes, a large number of books on physiology and obstetrics. Books on anatomy, pharmacology, medical and surgical pathology, ophthalmology, and others were in plenty. It had given the Doctor so much pleasure to see so many of them that he arranged them in various shelves in a cupboard.

He realized how few medical books he had possessed even now. His uncle had given him one large volume of Gray's Anatomy, three volumes of anatomy by Cunningham, as his Tiffin for the long journey of medical college. The Doctor had a lot of difficulty in purchasing for a bare eleven rupees, a book from one of his seniors who later became a noted psychiatrist. It was an older edition of Wright's physiology. After that he had not been able to buy a single book on medicine or any of its branches either. From his very first year in college he had managed to read several text books on each subject, sitting on them from morning till night, days, and months on end in the library.

There was no doubt that Vijayini had a richer background and family support than he had. But never once, by inadvertent chance or by implication, she had flouted it. She had a little carefree attitude towards money when it came to spending for others but not on her own self. On the mentioning of the Doctor that he never possessed more than four books she had merely said,

"That superintendent engineer mama, who always said that males will never allow surgery being done on them by me. Yet, he gave me plenty of books on Surgery on my birth days, or on passing an examination and going over to the next year. My father could not have afforded so many anyway."

But it was not only the medical books that attracted the Doctor's attention. It was the plethora of bulletins that had poured forth from the box. These bulletins belonged to that nonhierarchical organization of medicos of which Vijayini had spoken about during his visit and was a proud member of. She had great admiration for their work and thinking. The bulletins, not more than 8 to 10 pages were brought out fairly regularly. He had not seen any of them where she worked because she had not carried them there. He had only heard about the various things that these 'socially oriented medicos' did at many places when he went and met her there. There were a number of small books, anthologies, carrying titles like 'Health Care - Which Way to Go?' 'Under the Lens,' and so on. "Health for all by 2000 AD" was one of the books that attracted his attention.

As was characteristic of him, he collected, serialized, and neatly arranged them. He made up a mental schedule and decided to go through them and did. It was not easy to take time out to try and understand this alien language and concepts, despite his being primed by Vijayini and others

in his visit. Over the months his reading had progressed in a slow laborious way. He was wonderstruck by the diversity of the themes on which a large number of individuals were writing. The writings were always focused, structured, well researched and presented in the kind of English he liked. They were a little wordy, bordering on verbose at times, but he liked that too. After all words do have weight.

There was a detailed report on spastic paralysis of those who ate *Lakhori Daal*, something that he had learnt in preventive medicine and had forgotten. But the dimensions over which the nutritionist from South India, from a prestigious institute had sketched the whole issue were amazing. The bulletins argued for more calories to begin with, then the protein, then vitamins, minerals, metals; pregnancy as a cause of worsening of nutrition both ways, to the mother as well as the fetus, was really mind boggling. Nutrition situation in India made big in roads in his mind. The glaring specter of the malnutrition in India was enough to take away the night's sleep, and set one up to perpetually thinking with every new article that came on this subject. The way the subject had been dissected, depicted and with suggested solutions indicated that it required a lot of government action.

There was one issue on uselessness of tonics, vitamins, and readymade food stuffs. The greater tragedy was that sick people spent more money on it than the real drugs they needed. In Govind Patil's Drug Action meetings this had been brought out clearly. It was also a strong reminder of the stupidly organized drug store in the hospital.

A detailed article on community health workers by the originator of the concept Dr David Warner, had a neutral and open title, 'The lackey or the liberator?' To write such an article needed wisdom, experience, and a full grasp of the area and what was happening in it. It was a painful story of lack of medical personnel and facilities in rural Chile, where disease was used to control people, instead of controlling disease to free people. It was revealing, pleasing, as well as encouraging that non-governmental shoestring budgeted NGOs did better work than the internationally funded ones.

The most fascinating aspect was the people, the simple rural folk, illiterate and uneducated who took care of this spiraling phenomenon themselves, the community health workers. The project leaders developed them. Invariably they were mostly women, and but a few men, from the peasantry, interested and compassionate over their people were also there. They already had knowledge of the community customs, means, attitudes. She was like a friend, a person the community believed in. They could and did establish a balance between the curative and preventive needs and measures it required. It was so amazingly simple, accurate and efficient and it worked. He had seen in his visit to Vijayini's work place how Mohini and Amita and the facilities made it work.

With this well-trained community wealth worker, everything would fall in place, in focus, with solutions at hand. Whether it was a problem of feeding an infant in right manner, or treating diarrhea, immunization, managing the minimum required cold chain, to a point near them. All it needed was entrenching the awareness and benefits that followed, ease of getting things done for them. Once accepted, many interventions would be administrable.

One of the bulletins was about the crucial problem of how to identify, recruit train midwives or the traditional dais or the village birth attendant, then their deployment and the base support, to be developed. These were the issues he had at least heard from Vijayini during his visit. He had seen how the neonatal tetanus, severe infections after delivery had mostly disappeared. He had seen how the bleeding that killed thousands of women in India before, during or after delivery was reduced, simply by spotting early, women who would need caesarian sections. It would have appeared almost impossible that any one of these steps could be taken in practice effectively, had he not visited Vijayini. Yet, there were reports after reports of their success.

The bulletins had also revealed that health of people is more influenced, by politics, power groups, distribution of land and wealth, than by the diseases or mechanisms available or not available to treat them. It spoke of what the community health worker can do even in such adverse circumstances, for prevention of diseases. But prevention had so many aspects and activities within itself. It talked of this health worker as making her people work with them, to conscientize them, liberate them without revolution but evolution.

Every time he read on an article on any new subject, it always took him time before he could digest one large field experience before he was ready to try and get into a new one. It had, for example had never entered his head that health care had its own economics, either consumer oriented or schemes oriented. The way these characters dealt with it was alien.

The bulletin had begun in 1976 but within a year they had taken a stand against multinationals pharmaceutical corporation, had accused the Doctors being in their pockets. For one who never wrote brand names, the Doctor could see the boldness of the statements, and the ways of operations these corporations carried out in various areas.

He also realized how early these guys had diagnosed the poverty-illness-poverty cycle, worsened by the prevalence of alcohol in an unequal society structure. He also realized how early they had pointed at poverty being an outcome of government policies and politics, as one of the many factors. There appeared two diverging actions, early in seed form. One was to organize people to fight their battle with governments and hinted at the well concealed revolution and the Marxist-Leninist jargon. The other was emotional, bringing in a basic change in people, a kind of Sarvodaya, the Gandhian approach; yet the government, this way or that, was central to their ire or expectation.

Early on, he found that these people also had taken a definite and opposing stand on the costly and end stage, technology oriented and western model of high costs, impoverishing people, especially when even the not so well affording people turned to Western medical system, in severe or terminal illnesses. It was, as it appeared, was irrelevant to India then. That was little difficult to accept on many counts but the argument had merit, in cost benefit terms. That obviously was dismal because it was so skewed. It benefitted five percent of all illnesses, at least those of who needed indoor treatments, at extra-ordinarily huge costs, with spectacular success with some, a crippled life saved for many. Then there was a pointer at unquestioned, submissive acceptance of the technology, which was appealing. They decried slavery of doctors to machine in making clinical judgments; the writers strongly propagated human touch, history and examination of human beings first, before turning to machines, if at all required.

Given the way things went, it was inevitable that the primary health care was discussed with reference to the apparatus that the government developed over years. Starting with Bhore committee report in 1947 describing how the health care in India evolved, the matters in the bulletins always came back to Government's Primary Health Center. These centers were a disappointing specter, wherever they were, however they were, and whatever they did, or did not or could not do. A great many things were expected of that 'Rural Physician' in PHC, however impossible it looked, yet, in the eighties these guys did look hopeful on PHC, serving as the key factor.

The general tendency was to primarily fault the second and third level of curative services within the government health care delivery system. The pundits did not consider it as one of the key components of health care and were least bothered to think of an alternative to it or a modification within. These people however had an implicit belief in the concept and structure of the dysfunctional Primary or Community Health, in many ways but it was the system which somehow should work, because it is the only instrument that will deliver true care. The belief was the way it had been conceived; it was still and the best instrument which must work. Not confirmed by the reality, the belief appeared conspicuously in the bulletins. The poor will be served with it, notwithstanding the dismal stories appearing in the bulletin off and on. The Doctor however had a feeling that it will never work as was expected, despite their hopes and the other two layers were equally important and needed mending.

In these articles the disease and treating disease as a doctor, kept receding to the background, to a miniscule part, as if that was the simplest thing to do. The milieu, the environment, the privation, the societal structure, the economic means people did not have, cultural darkness, against which the disease arose, made the disease itself almost insignificant. Finally, what lent precision to the thinking and demonstrated the intensity of commitment were the counterpoints that followed everywhere, after any lead article.

To believe that they are thinking correctly about the overall structure, doing the right thing about community health and continued to do it, was, at least it so appeared, a mistakenly conceived job. The living example of the double job of primary and secondary level work, was seen in the project that Vijayini was working before coming to Greenspan. With it, in eighties there was another comprehensive rural health project in the same perpetually drought prone areas of rank poverty in Marathwada. Both were an unbelievable testimony that it was possible to change, physically change the circumstances. Both however came from the NGO fold, not government.

They had identified such simple problems but of colossal magnitude. They also had offered the simplest of the solutions that could mitigate to a very large extent the initial minor simpler problems from becoming complex. The serious issues could then be more easily identified, given more time for and brought for bigger centers for help and its other benefits; lessen the number of visits to the Doctors or the hospitals, minimizing expenses. In the miniscule economies of rural Indians, these savings would be big gains in terms of money. Freedom would be from the generational indebtedness invariably resulting, in such situations. A little honesty and

humanness, persistent training and education, and every program would be a grand success. Still, something overall was going wrong in the thinking of these Pundits Vijayini was so fond of.

For the first time the Doctor was getting acquainted with a different world of rural medicine. So many of them had gone to the villages, bound in highly dedicated groups in various combinations of a doctor, a nutritionist, an obstetrician and educators. How in the hell did they choose a locale, how did they survive, with what food, money from where? How did they ever cope with the wide cultural gap, cultural lag and continued to work there? What can he do here, in this ultra rural Greenspan area these people had already done? He was a metropolitan boy, his Bombay was a world in itself, never enamored of the village, not wanting to have any truck with them, afraid of the jarring cultural lag due to his westernized mind. And, even then he had lodged himself in a rural tribal village and had coped with it admirably.

A big matador was standing near their house. The convoy was a strange conglomerate of Krishnagovind's wife, their daughter who was going to perform in South Market. It was her first public recital dance of Bharatnatyam. In it also was the singing family of her Maestro; all of them practicing in the matador, today's music. Barring the long clarinet and the dance in Greenspan weddings after liquor and pork, he had not seen or heard of any music or dance activities in Greenspan. This was Vijayini's first 'outing' since she came to Greenspan.

It was typically the small town of Sinclair Lewis' Main Street and Grace Metallios's Peyton Place. People slowly gathered, rustics, sophisticates, educated, not so educated, the young boys on squares. All of them seemed to enjoy every bit of it. Young girls, well bedecked, appeared and took front place to attract the attention of other's and to see the dance. Vijayini was enjoying her freedom and 'inaccessibility' to phone calls for the serious patient. The program started late. Seeta danced to her heart's content for a full, solid two hours. There was a thunderous applause in the crowd every now and then. People had never seen anything like this. The beautiful evening had lulled both and the Doctor was silently hoping that they get back to wake up only tomorrow morning from this pleasantry.

All of them went to Dr Shantaram's place after the performance. It had the stamp of a typical, cultured, brahmin house. Dr Shantaram was a small-time licentiate medical practitioner of British times and had practiced for innumerable years since. More than that, he was a landholder, but also a 'Communist' like Dr. Shivadas and another union leader. In the comfortable recesses of Shantaram's house, they had their food, small talk, drank coffee, and ate some sweets. The Doctors were so relaxed; nearly drowsy, free from the always straining and tense hospital work.

The phone rang for the Doctors. Vijayini took it. Sharad was on phone.

"Doctor Vijayini, Sudhakar has got admitted and he seems to be seriously ill. He is having stomach pain, he is rest less and sweating, he is drunk, and God only knows what else is wrong with him."

"Give the phone to Dr Pramod."

Dr. Pramod narrated the whole story. Sudhakar had his abdomen swollen. He was vomiting. His blood pressure was extraordinarily low; he was in shock. It was an intra-abdominal

catastrophe and Dr Pramod did not know what it was. Sudhakar had drunk a great deal in the last two days and the trouble had started in the evening.

Sudhakar, the income tax clerk-cum-assistant Man Friday of Nagaraj, a person to get all kinds of odd jobs done. He had got the entire set of 'standing orders' cyclostyled with 100 copies. Sudhakar belonged to a caste of the goldsmiths. Goldsmiths of Greenspan were a powerful block numerically and financially. They were all uniformly in the folds of the Movement as well. Although an ordinary clerk but a badminton partner of Achyut, a friend to all, the Doctor knew he had a VIP on hand who was likely to kick the bucket.

Leaving Dr. Pramod with instructions for drawing blood for investigations to be done when Atreya comes in the morning, instructing in detail, administration of saline quantities, the entire party ate the food hurriedly and left, all pleasantries replaced by tensions.

There were at least fifty people at eleven in the night in The Hospital. It was routine in this place, whenever someone important was admitted irrespective of the time of the day and night. Most of them should have been drunk and in bed, whosoever's. A whole lot of young boys from jewelers' houses were there. Even Achyut ordinarily going to sleep at nine like a small child and Radhesham after bolstering himself with a couple, were there, underlining the VIP status of the patient.

Sudhakar had developed acute and severe inflammation in his pancreas, a big and solid gland, lying across the vertebral column behind the stomach. Pancreas is a nightmare of both surgeons and physicians. Blood was oozing out from it in considerable quantities, in addition to inflammatory fluids. All of it had collected in his abdomen in liters. He had also lost a great deal of water in vomiting and sweating, that too in the July cold of pouring rains. He had diabetes also. He was ashen blue, pale, and haggard. Having examined him, Vijayini took a hypodermic long, wide bore needle, and poked without locally anesthetizing the abdominal skin. Bloody fluid came out. She drained a considerable quantity from the abdomen. Sudhakar's breathing looked a wee bit more settled. She cut down on a vein and a polythene tube was inserted. Saline infusion with insulin added to it, was intensified.

It took both doctors sixteen bottles of saline and glucose in 12 hours to correct dehydration, Sodium-Potassium balance, and Calcium loss, to bring his pulse rate down and the blood pressure up. As it was, the Greenspan cold left an individual with no drive for drinking water, causing more dehydration. Top of it, Sudhakar as was gathered from the people around, was on an alcoholic binge for the last three days. All of it put together, led to this acute hemorrhagic pancreatitis, with shock. How he had survived the initial circulatory failure and shock, was a miracle of these massive infusions. These alone had helped correcting dehydration, neutralizing the formation of excessive acid in the body, brought up his blood pressure and all other basic vitals.

Eighty-five percent of people with acute hemorrhagic pancreatitis die soon after the attack. Sudhakar survived the initial phase. Next night, 24 hours after the treatment began his pulse had become steadier, the rate decreased, blood pressure lower than normal, but would catch up with treatment and normalize soon. The sweating and thirst were gone, breathing was even and he could sit up. For 5 days Sudhakar was not allowed anything by mouth. This would have caused

pancreatic digestive juices to pour out and caused further auto digestion and death of the whole of pancreas. The drug store had emptied quickly from the huge quantities that Sudhakar had required. An urgent order was rushed. After 2 days urine flowed satisfactorily, gases and stools were passed. The abdomen flattened out after drawing out a large quantity of bloody fluid again. Sudhakar became hungry.

Abnormalities of electrolytes like sodium and potassium were common problems not just in Greenspan, but all over the world where serious cases are treated. Sudhir had provided the machine for testing these electrolytes, which had cost them a mere Rs. 17000 and a trip to a metropolis to bring it to the hospital. Ability to test them had made an enormous difference and improvement in their patient management. They could administer the correct ingredients to the body, quick and fast. And the body is a wonderful mechanism. The moment correct ingredient is supplied it picks up, perks up.

Sudhakar that way was an ordinary, unkempt and unhealthy fellow, except for his badminton, but watching his body recoup and perform the daily miracles of passing motions normally, urinating profusely, eating normally without a sense of nausea, vomiting or loss of appetite, but with a healthy appetite was gratifying. He had not taken any drink in the hospital. It was well known in government hospitals that drink would be supplied through the vehicle of naturally occurring, green, un-dried opened coconut, but that had not happened.

Another marvel was the daily spectacle of the visitors, all round the day. The Doctor by the end of the fifth day had stopped wondering how many hundreds had come and gone. He by now had also stopped wondering about the rituals of visits these Greenspanians undertook so regularly. A dozen examples could easily come to his mind. Each one of such patients were VIPs, coming from the best families in Greenspan. The crowd of hundreds this time consisted of ordinary, not so well-off people, not so prominent in the life of Greenville, compared to the earlier lots. It was a thing to see, young boys of all types, as well as the few bests of the people, coming to see Sudhakar. Watching the visitors Sharad had remarked,

“Doctor, Madam, this is the best form of publicity we have. The economically lower classes that are coming in such huge numbers is the message of the day. With all your remarkable cases and the strong waves that they have created, the reinforcement has continued. Let the name of The Hospital be known everywhere. Let these poor people with all kinds of trouble, come to us. I recollect what you said sometime back. This is all medical college stuff. Let them avail the facilities.”

“It is great that this fellow had survived. But that is at least partially his own miracle or his destiny. We are instrumental. George Sava, the famous surgeon of antiquity said long ago, ‘I stitched the wound, God healed it.’” Vijayini said.

“Does not matter. I think the process that entrenches us in the minds of people is now firmly on. Now as a second-hand experience let people feel happy and assured that some such hospital where impossible looking things tackled successfully, exists.”

“Why did you stop? Go on!”

“Madam, it occurs to me that Sudhakar’s experience should be that of many more people. Firsthand experience has more lasting impression. This second-hand experience will get diluted more quickly. I don’t mean to say people should fall ill to come here. I say, if they fall significantly ill and remember us where so much is possible, they will be better off. We will have served our purpose.”

Within a few days, Sudhakar started getting fever and a large swelling developed in the upper abdomen. The moment Vijayini saw this she said,

“O my God, this is pancreatic pus; an abscess has formed. This will have to be drained. If it bursts inside, hell will be let loose. If it is left untouched and grows further it will be extremely uncomfortable for him and for me. As soon as it is ripe, I shall open him.”

She went to Sharad.

“I want a regular anesthetist for this operation. I cannot do both, anesthesia and surgery on my own, as I do in emergencies. Not in this case. Where can we get one?”

“Madam, for these many intervening months we have forgotten about the need for an anesthetist except for giving advertisements, to which no one has responded. Government Hospital does not have any at present. Even if there were any, they will not come. There is one Dr. Rajendra, a plantar and an anesthetist as well. He stays about ninety kilometers from here. We will talk to him and tell him what the situation is. He is a landholder, a rich Brahmin fellow. Reliable! A good anesthetist who has helped us once in all these years, as no other fellow from Greenspan has.”

The news that Sudhakar was undergoing major surgery at The Hospital and that the new lady surgeon Doctor Vijayini, the Doctor’s wife was going to perform it, spread like wild fire.

“Vijayini, sometimes I wonder if these people have no other busyness other than go gossiping and relaying news. It is like a trial in Perry Mason’s cases that gets undue publicity in press, prior to the hearing. It unnecessarily builds pressure on you and me.” The Doctor said.

“I know. We have saved him then, now I want to cure him of this messy affair. I am well versed with the procedure; I am confident of doing it well.”

The undue publicity did have its effects. Each and every one known to Sudhakar, any man of some substance, who thought that he was responsible for Sudhakar’s life, would contact Vijayini. None of them had contributed a single bloody rupee towards all the expenditures The Hospital had incurred and yet they had all the concern over it. The more stupid who did not understand what these words meant would ask her in the corridors.

“Will you do the operation?”

“Will you only be doing the operation?”

“Is it absolutely necessary?”

The shrewder and calculating would ask.

“Do you need help to operate? Does he need a larger center?”

Ordinarily, the Doctor would have reacted strongly. But Vijayini would only slightly raise her eyebrows and faintly furrow her forehead. A quizzical look would come to her eyes and she would size up the individuals quickly. Her answers would be monosyllabic yes or no. She was not curt. She was to the point. The fellows used to feel as if all their defenses and tactics were stripped, and with a feeling of nakedness in front of her direct and yet not so apparent, but penetrating gaze.

The culmination of it all was reached two days prior to the surgery date. Late in the evening, Achyut came to their house with a well-built, fair, cultured, obviously well-groomed and highly educated man with gold rimmed spectacles. A second look was not necessary to tell that he was a doctor and a physician.

“Namaskar, Madam. This is Dr. Kamalesh, my close friend and consulting physician, Chief Medical Officer of the Southern estates; he is a great friend of Sudhakar also.”

“I had been to The Hospital, Madam. I examined Sudhakar partly because he asked me, partly because my curiosity overcame me. I should have observed the formality of asking you.”

“No issue. In fact, it is good that you also examined him and both of us are agreed on the diagnosis. We can talk more easily now over his condition. Any suggestions or any lapses you have noticed in the management so far?”

The Doctor had put himself in the kitchen and was making coffee for all and wanted Vijayini to fend the tactics to follow, without being assisted. He could have written the dialogue to follow in advance, even in his sleep. He knew that one sentence Kamalesh had not uttered when he confessed having examined Sudhakar, ‘I wanted to know if your diagnosis of pancreatic abscess was correct.’ The Doctor was a young man. Kamalesh was much older. These older fellows would always, habitually, doubt the diagnosis of the young. It used to irk the Doctor.

What was more important even then, was the concern for diagnosis. That, without doubt Dr. Kamalesh had shown and reached the same conclusion as Vijayini. Kamalesh was not exactly simple or straightforward. He had made an early mistake when the Doctor came to Greenspan. He had started spreading rumors about alleged inaccuracy and the poor standards in the lab results of The Hospital’s laboratory. That had then irritated Atreya also. Dr. Koppikar also had joined the politics of destabilizing him by attacking the laboratory. They had used Achyut who was so close to him to voice the rumors. Many of the Greenspan people had refused to believe it and the Doctor had not reacted. It had fallen flat.

“That is all right. It is a pancreatic abscess.”

“What we wanted to know was, are you really going to drain it, all by yourself? Can it not be suppressed by more and longer use of antibiotics? Will it not be advisable to send Sudhakar to a higher center? After all, draining a pancreatic abscess is not a minor surgery.” Kamalesh had voiced most of his concerns, if not all, at one go.

“Antibiotics will not help. Draining the abscess is necessary. It is simply too big. Sudhakar wants to be operated here only, and nowhere else. Since this abscess has developed, I have asked him twice, thrice over, if he wants to go to a ‘higher’ center. He has refused. His family had refused.”

“No, but we will persuade them.”

“Go ahead and do it. If you can, a lot of tension will be off my mind. I don’t think they will go. But if he wants to be operated here and if he does not mind me operating upon him, then I will operate on him.”

“Madam, Sudhakar is a very popular man. If something untoward is to happen there will be a permanent problem for you on your name and for The Hospital. It is a big risk. Why do you wish to take it? He may want to be operated by you. But you should refuse. Then things can be managed.”

All the remaining concerns of Dr Kamalesh finally came out. He however refrained from saying that Sudhakar was certain to die here.

“I am worried about my name, career and The Hospital future as much or if you can accept, more than you are or can be. It may be pancreas but with patience, clinical acumen, adequate surgical skill, prior experience, and anesthesia support there should be no difficulty. Come to the brass tacks. It is just an abscess like anywhere else in the body. It may not be exactly the same as opening an injection abscess of the buttock but in both situations, it is only a question of degree, nothing more. I am sure as a doctor, you will appreciate it.

“The tube that I will leave in the cavity of the large pancreatic abscess is likely to remain there over a month, till the abscess cavity drains out and collapses on itself. If I had considered myself inadequate or incompetent, I would have been the first to refuse to operate him.”

“Suppose it get infected? You will be in trouble.”

“It is not already infected. But a cavity which collects digestive juices is not easily infected even after it is drained.”

“I am greatly worried about you, Madam.”

The dialogue went on for another half an hour. The one thing Kamalesh wanted to tell her that she is not competent to do it, in as remote an area as the Greenspan, did not leave his lips. Finally, Vijayini said,

“If he wants to be operated elsewhere or by someone else somewhere else in Greenspan or outside, I will not come in the way.”

She did not specify the converse of this.

Sudhakar was laid back on his cot in the special post-operative ward, and had opened his eyes, the first thing that went from his lips was, “Madam, I am hungry. I want to eat.”

The enormous relief on Vijayini’s face had to be seen to be believed. Rajendra, the anesthetist stood opposite, assessing Sudhakar. He looked up to Vijayini and a spontaneous smile creased his face. There was pride in the eyes of both. There was victory in the eyes of each. There was trust and friendship. The smile was like a handshake expressing the depths of their feeling.

“Mr. Doctor, hereafter all that is needed is to control his diabetes and that the cavity remains uninfected. I have drained out nearly two liters of the auto digested pus and pancreatic tissue.

There is no infection in it. It will be a matter of at least a month and half now, before the cavity collapses fully and healing starts. And remember you have to do all the work now on.”

The Doctor nodded.

Sudhakar had become quite a spectacle. He had gone down from his usual ninety kilo weight to about sixty or less at the best guess. His beard had grown. He was haggard. He had a tube passed into the stomach through his nose and was being sucked to remove the stomach contents every 5 to 10 minutes. There were two intravenous lines going in his arms, one for hydration and nutrition and the other with insulin in the bottle for controlling his diabetes.

Above the navel and little on the right, a large red rubber Malecot’s catheter jutted out at an angle of forty-five degrees, attached to a slow weak suction machine. The thick tube could have served as a hose pipe in a garden. For the next seven days, Sudhakar’s hunger could not be satisfied because he had to remain nil by mouth. The tube was to bring out one and a half liter of auto digested material over weeks to follow. After three weeks the drainage had started decreasing gradually but consistently.

Once again, the news had spread. The only difference was Vijayini had locked Sudhakar, out of contact with any visitor. She had her own prescribed set of people who could go in and others were supposed to only talk to her and look through the window at Sudhakar from a distance.

“No. No one will be allowed. Even the nurses will go with a mask and without footwear. I don’t want him to get infected. And that is final.”

All the Rotarians, Lions, Giants and Jaycees, all the goldsmiths, and Greenspanians, rich and poor acquiesced. Madam is very strict. The message gathered its own mass. People felt a little afraid.

The tube remained inside for 45 days. On the fifty-first day Sudhakar got discharged, having further lost weight. He walked home with 2 doses of insulin injections and nothing else.

Dr. Kamalesh never visited him during his stay. He never even spoke to Vijayini or the Doctor in person or on phone in, in all the fifty-one days, or later. The Doctors did not embarrass Achyut by asking why.

In the dark cinema hall Vijayini and the Doctor sat watching Superman II. The doorkeeper was searching in the lines of people with a battery torch. Having spotted them, he approached them with a staff from The Hospital. It was completely unexpected and they could not imagine what could have gone wrong, for them to be yanked off a cinema, they so rarely went to see.

Hurriedly they came out. The story also came out.

“Our Shekhar died. The night sisters had gone to the laboratory for something. They found the door open, lights on. They went in to find Shekhar sprawled on the floor. Cold. No pulse, blood pressure unrecordable, no breathing, no movement. He hit his head when he probably fell down. No blood.”

They both shot forward to the laboratory. Shekhar was lying sprawled; arms extended, face up, flaccid, dead. Cold dead. Vijayini held the Doctor back. The staff looked through.

“Do not touch anything. Call the police.” Inspecting the floor, the reagent table in the middle of the laboratory Vijayini advanced. As she approached Shekhar, lying on the other side of reagent table she saw a hypodermic injection syringe, injected, and empty. A little distance away an ampoule of Paffer was lying, broken open, dry, no Paffer inside. This was a small drop of blood clotted over one of the prominent veins Shekhar had on the forearm. He had injected himself; but why Paffer? All the staff had gathered. Everyone said that they had never seen Shekhar go to the lab. No one had given him the key.

“Doctor, he has injected himself with Paffer. Paffer paralyses all the muscles. Including the muscles of breathing. He died because of it. That is quite obvious. We had specially stocked a few ampoules, whenever a regular anesthetist comes over, for them to use. It is an excellent drug. What I cannot understand is why Shekhar used Paffer. He was a good boy, good of mood, even today. I just do not understand.”

Vijayini was disturbed. Two weeks back she had cut open a stone from ureter, where it just entered the urinary bladder. The ureter also got cut through. She had stitched it, joining the cut end and the small portion of the ureter entering the bladder. Unfortunately, instead of healing, a fistular connection had developed and the patient had started pouring urine from a different opening provided by a drain pipe. It was kept there to prevent contamination of the abdominal cavity with urine. The bladder catheter she had placed to drain the urine, showed only a little quantity coming out, the rest coming from the fistula. The fistula had not healed as expected. Vijayini wanted a reimplantation of ureter done. That would have taken a few hours and she wanted Dr. Rajendra, who had assisted her in Sudhakar’s operation to come for anesthetist support. The operation under full anesthesia that lasted four hours, was successful. Paffer was used as the preferred drug in operations lasting for more than two hours.

“Dr. Vijayini, I think I will leave the remaining four ampoules of Paffer here. You will not be able to get it in small quantities even if you order for them. If I have to come again, I will be sure about its availability.”

It was obvious that Shekhar had flicked the Paffer ampoule and injected himself. But why did he choose Paffer?

The police came. FIR was done, the staff on duty told the police what they knew. The body, the injection and the ampoules were collected. Post Mortem was ordered next day. Both Vijayini and the Doctor had gone to the district hospital to see the post mortem. Nothing was found.

Later, on a quiet evening Yamini, the operating theatre assistant, that tall girl with a closed face, had told Vijayini,

“He was used to taking Parvon injection containing diazepam. Then he would sleep in some room and not go home.”

“Why did you not tell us?” Vijayini had flared up in her disturbed state. Yamini kept quiet. Obviously, he had mistaken Paffer to be Parvon as diazepam, he had got addicted to. The case was universally the same. The parents always come to know about the affairs of their children

last. Everyone, except the authorities, knows addicts. With post mortem, the chapter was filed away for some time.

One long felt need had become more acute. The number of patients, with their relatives had increased a great deal. There was no mechanism from The Hospital side to provide them with anything, even the morning tea or coffee; breakfast and meals too distant a possibility. The people had to walk up and down long distances many a times to get these provisions.

Sharad one day came down with a couple, Jagannath and his wife, advanced in their age but looking fit enough.

“Jagannath Sharma is a superb cook, so is his wife, when it comes to traditional vegetarian cooking. He has been the main cook in the large household of our first Trust President, Mr. Neelkanth, for years together. He is not able to cater to that large household now. He has advanced in his age and wants to work on smaller scale. He has been after me for some time to come here as a hospital cook. If that was not possible, he wanted to get away from Greenspan. I did not want that to happen and lose him. I have given him the charge.”

Sharma had not paid any advance as security and for rent, water and electricity used but he served well. Round the clock availability of food, coffee and snacks was one of the important deterrents in admitting patients. The addition of Sharma within the working complex of The Hospital by and by served another useful purpose. Pramod and Swaroop, another medical officer, did not have to run around now for their food. The staff could pay subsidized price and get whatever they wanted.

That settled a big issue.

In The Hospital, things apparently did not move in a straight line. All of them knew that they were not incompetent. They also knew that the number of cases that came to them, spoiled outside was six out of ten. Only four out of ten came directly. Vijayini had gone to The Hospital by nine in the night. In an hour she had sent a message that the delivery would take place in about 10 minutes and she will be back in an hour. By midnight there was no message. Wondering what had happened the Doctor also came down.

A large framed obese lady with a huge pregnant abdomen, a face looking like a forty-five-year-old lady but the real age of thirty-two, was lying on the delivery cot with her legs bent backwards over her huge thighs and the enormous thighs pushed back on her abdomen on the two sides of the swollen stomach. The vaginal orifice had dilated to the limit, there were two cuts at four and eight o'clock positions in the vaginal canal Vijayini had given, to make the passage for the child roomier. A head was stuck in the canal in a transverse position as against the regular tilted one.

A drip of glucose was running with Pitocin to promote uterine contractions. The huge woman was lying in lithotomy and the uterine contractions and pains had completely failed.

Vijayini was bending at the vaginal orifice with two largest steel blades of forceps. Blood had spluttered on her face, gloves, delivery apron and Dr. Pramod was similarly and fully bloody,

as was the room. When the Doctor entered, Pramod was standing behind Vijayini, close to her. Taller, he was bending over the back of Vijayini, his hands on the handles of the forceps grasped by Vijayini. They both pulled together and stumbled backwards as the forceps slipped.

They looked up to see the Doctor standing there.

“Oh, my goodness, for last one hour the pains have suddenly failed. The baby is large; we are unable to grasp the head in the forceps by properly going over the round of the head. There is no room in the vagina and the head is across the vaginal passage, transverse. Pitocin has reached its limit. Enema had cleared the bowel, but there are no pains for the progress of the delivery. The baby is not moving down a wee bit.

“Now that you have come, we will apply two-way traction. Pramod and I, we pull on the forceps. You go over the other side, hold the right buttock by right hand put one arm between the uterus and the thighs and push the uterus up.”

They tried to coincide all the three movements twice. They failed. Twice Pramod and Vijayini almost fell over each other.

“Would you consider Caesarian?” Doctor asked.

“Out of question. Obesity, failed pains, and a quarter of the head out, at the introitus.”

“Come on. I think the head has slipped down a little, a centimeter or so. I think we will succeed. The baby is getting asphyxiated.”

They pulled in opposite direction once again. There was some contraction now. The movements were synchronized. And lo and behold the head popped out of the canal.

There were three rounds of the umbilical cord round the neck of the child. The child was blue. Vijayini and Pramod reacted quickly. The forceps were thrown away. They attempted to slip the cord over. They could not. The cords were grasped in two strong artery forceps. Pramod cut the cord with a scissor. The baby was delivered within a minute.

With a spreading smile Vijayini said,

“Once the head is out, delivery is not a problem.”

The placenta fell out, a huge clot with fresh blood poured out after it. Before the Doctor and Pramod realized it, Vijayini had put her hand through in the uterus and brought out placental pieces scraping the interior of the uterus by hand. The bleeding stopped. The huge lady lay exhausted for a few minutes. Pramod had resuscitated the baby who had grown pink. The cuts were stitched in place, refashioning the vagina as nearly normal as could be. It took Manju two full hours to clean the mess after shifting the patient.

Chapter 3

Dr. Pramod had come in ten days before Vasanti and Shivanand were dispatched. He never mixed with anybody, talked very little, did his work and sulked. Sometimes he used to talk to Vijayini but never to the Doctor, except when spoken to, as little as possible. What was it? Reticence, disregard, hatred, boredom or what else, the Doctor could never have told. Pramod spoke to Sharad a great deal, in that old Brahminical dialect of their caste. Sharad had not given any hint if Pramod was in anyway unhappy or if the Doctor should do something for Pramod. Hence, he assumed that things were under control and forgot about it. He was grateful to Pramod because he had taken good care of obstetric work of delivering babies, which had given some relief to Vijayini from night calls. He was a good surgical assistant and that was an additional solace.

Dr Swaroop Kumar was the new help. His joining The Hospital was pure chance. An extremely thin and dark boy and he had several health issues. His skin of pinhead size had toughened like a hide in many places all over. Just as Vasanti had leukoderma, he had dark pigmented elevations which made both uncomfortable to look at. That is why he always wore long sleeved shirts, hiding it in most parts. He suffered from severe acidity. He had a past history of now fully cured tuberculosis. The most debilitating was, he suffered from brittle bones. They could break with trivial trauma or hits. As such the boy had not come to much in life. He had a good training as an MBBS Doctor, and was much older than Pramod. He also had clarity of medical thinking.

Swaroop's father had come at the time of his son's interview. The classic middle-class, dark, servile Brahmin, used to speaking in a fallen tone, trying to sound as if he is perpetually requesting for some favor by habit, which actually was begging. These servile Brahmins came from a particular culture, residing in clusters occupying the land the King gave them. It also served to talk about all gossip and happenings, from the King's court to their localities. They did little else than conducting rituals of religion. A few tilled the land given to them. They educated themselves and tried relentlessly to get into the service of the King's Court or the Government service. Swaroop's father, although employed somewhere in modern state government, was mentally that court type. The whole attitude and aim to the Doctor at least, was not just pity but a revulsion at the father. It was singularly absent in Swaroop despite his minuses.

"Sharad, Swaroop is joining. I have given him the appointment."

"I am glad that you gave it. I expected you to do that. Those disadvantaged patients find solace with us and we in them, for we work for them. Similarly, a Doctor who can help, as well as wants help, must find a place here. Looks or no looks, advantages, or physical disadvantages."

"The boy will be okay; he will be helpful. It was our need that he is fulfilling. Incidentally he will get some help. It is we who are grateful."

The angular, wide based, waddling balance of Swaroop was marked by the general happiness the boy was feeling and soon spread around. His spotless large white teeth were a wonder. His work was good. His diagnosis was fair. He attended the night duties punctually, and looked after wards. Pramod teamed up well with him. Swaroop worked for many months. People had got accustomed to his presence. He wrote outpatient cards, discharge papers in his slightly tilted but clear and readable handwriting. Pramod's handwriting, was less said the better kind. They however complimented each other well.

Swaroop had gone to a movie one night and fell in the theatre bathroom, fracturing his both legs. He had to be brought back in ambulance. With his brittle bone disease, the fractures would take months before he could stand. His father came, cried over his fate, expressed his gratitude to The Hospital people for having given his unfortunate child such a good chance. The Hospital ambulance carried him to his place. Sharad told them not to charge for the fare.

It was on this background it was utterly surprising to find on a Sunday morning two strapping young graduates to come with their bag of clothes. After the morning Sunday round the Doctor was working in his office as usual, when they came in. Pradyumna was short, somewhat dark, hairy, a neatly trimmed moustache, wavy thick well-oiled hair, a face not particularly intelligent but determined. There was a faint shade of obstinacy well hidden, a young man of few words, strongly built.

Chandramouli was thin, short, with curly hair, an easy large laughter on his face, fully white teeth flashing, agile in his movements and more spontaneous and a profuse talker. They were Doctors of Ayurveda, the Indian Science of health and disease. They were not M.B.B.S. the then coveted degree in India. It was the first time that the Doctor had also seen Ayurved graduates in this place.

Chandramouli spoke first. He had a shrill voice. Otherwise, there wasn't anything jarring about it.

"I am a volunteer from the Movement, from the Garden City. I have come to know the need of doctors here. I have also come to know that it is a service project and I want to offer my services. I do not need to be paid anything."

Doctor was shocked. If there was anything he was expecting it was not this. He had ceased to believe that such people existed in the world. But the boy was standing in front of him saying it.

"From where, which college, are you two graduates from?" The Doctor asked.

"We graduated from the same college, as Bachelor of Ayurvedic Medicine and Surgery. We underwent a modern medicine course with it, taking seven years of study in all. We have thus learnt some allopathic medicine also. But we do not know modern medicine that well. We would like to learn that aspect here."

The cat is out I suppose, the Doctor thought. He had known Ayurvedic graduates and the dentistry students in Bombay also, who were perpetually sad, licking their painful wounds that they could not get into MBBS, the modern medicine course. He always had sympathy for them and knew how valuable his own course was. The possibility that this boy is giving his own

requirements of knowledge an ideological garb and wanted to serve here was obvious. But nothing appeared unfair about it. The boy had said that he did not need money. He will get money; about that the Doctor was very clear in his own mind. It will be forced on him. He was getting two hands to work with! There could be nothing else of any better importance.

Pradyumna spoke next. As the name suggested he was from the Northern districts.

“We hold a large fertile and irrigated land. Three of my brothers are all settled well on it. I am more interested in medicine. I want to learn, work, and serve. I came to know this place sometime back. I waited to get my pass in modern medicine course in addition. I want to stay here. Work.”

Pradyumna had something steadfast about him, bordering on a mulish obstinacy. But there was something else the Doctor’s mind was racing to. He spoke up.

“Look here, friends, I have never worked with ayurvedic graduates. I do not know at present how we will work together. I have good teaching knacks and can teach medicine quickly and effectively. You have certain background of allopathy. It will help to learn. And there is a condition I have, which you will have to fulfill.

“I want you two to teach me your Ayurvedic way of looking at illness and disease. It is a long time now. Let me recount. It was some years after the death of our chief of the Movement, by cancer. Some of its leading workers wanted some research to be done in Ayurved to find either a cancer cure, or at least additional drugs added to the modern drugs which may reduce the suffering. I wrote a long report for them about how to proceed all the way up, even detailed how to set up the venture.

“My limitation is, I know the methodology of research thoroughly. But I just do not know Ayurved and what it thinks about Cancer, and whether there are well described drugs, or methods for it. If you teach me basics of Ayurved, it will be a step forward.”

Both of them chose not to react. In fact, they wondered if their stay would really result in the learning they wanted. They were appointed.

One fine day, having worked well for the last several months, Dr Pramod left suddenly. In the morning, he was there. By the time the doctors came for the outpatient department in the afternoon, they were greeted with this news. The signs that things were not all right were obvious. Irregular in the outpatient, his ward attendance erratic. He was not a talker but had become obviously quieter and somewhat rude and abrupt. The concern had been voiced with Sharad, considering Pramod’s preference for Sharad.

“He has been talking to me. He wanted to apply for government job in Railways for which I encouraged him. There is no point in saying ‘don’t.’ They will anyhow do it. What is more, they cannot sustain themselves here. At least that is what they say. I do not know why one cannot make a life here. But the Doctors who have been working here for so long, for short periods, don’t seem to think so. I have seen this happening frequently.” Sharad told them later in the afternoon.

“What is it that they hold against me in particular? We both have been as considerate as one could be. We never ordered but requested him to come for help. Implore him to help.” The Doctor asked.

Vijayini was hurt, not so much over his leaving but the abrupt manner, without giving so much as a hint to them, no formal notice, and without even speaking a word of farewell.

“Was there anything, a strongly parochial attitude or dislike that both me and my husband are Maharashtrians coming to his state and working here? My husband, Mr. Sharad, has more or less merged his identity with the people of this state, their language, their ethos and their behavior. It is his training in the Movement that makes it possible for him to merge like how he has. I am not able to do it, for whatever reasons. I keep myself a bit separate. Was there anything of that? Then why?” Hurt and angered Vijayini burst out.

“Madam, the people are too narrow, too parochial to be able to accept an outsider. It needs a larger heart and much more intelligence to see somebody merge like this so easily, or even appreciate it. Appreciation of the work is too far away. They dislike all of it. They criticize. But let me tell you, the parochial consideration was not there. I know that he was dependable and you liked to have him around for surgery, appreciated it. However, I know for sure about why people behave in this manner and when. He knew his value in your eyes. He knew he would be leaving us high and dry. In order to buffer his guilt, he would become rude, aloof, show little respect for your requests. He built an image which you will dislike, to shelter his guilt and would not feel bad about his leaving. That is why he would not want to even come and tell you that he was leaving. Simple Human Psychology.

“There is one thing about you both, that you can’t change. You are born as Maharashtrians. There may be others who may pick on this. His trouble was that he could not find anything objectionable or obnoxious here or in you. Pramod wanted to leave much earlier. I held him back till he actually neared the joining date in railways.”

The tall burly man who descended from the car which had the nameplate of State Government, was also quite imposing. He was tall with a massive bulk. Giriraj was dark, had a full crop, a square face. He was muscular, not the flabby, bulky, drunken, lecherous looking government official. He was the Divisional Forest Officer in Greenspan.

“Is Sharad here? Where is he? If he is not here, let him come here. Tell him on phone, Giriraj has come. He will come down. We have made an appointment.” The orders shot out from him as soon as he saw the first human being in the premises. He was authoritative but not rude. He commanded but did not make you feel insulted.

Yamini was in front of him, scared she ran down to Prasannababu and asked him to communicate this message to Sharad.

Standing in the porch Giriraj started looking at The Hospital this way and that. His vision was riveted by the two Ashwini Kumar statues on bull like horses right at the entrance. He started studying them. The inscription on the black soft stone told him everything about the concept behind the twin Gods. Then he walked into the right wing where private special wards were situated. He observed all the occupants, then he came back, went inside both the ten-bed general

wards, male and female, noticed that both were full. He then briefly glanced around, came in the OPD saw the crowd, observed the work for a brief half a minute. Nobody knew who he was. He went back, climbing the stairs quickly and went to the office.

“Please come in Sir.” Prasannababu stood up and politely asked him to come and sit down.

“You have a good hospital here. Are both those ambulances in working condition? If they are, I want to use them for our tribals. That is what I have come here for.” Giriraj was direct, a little blunt, but he was sure of what he wanted.

“You can if you want to.” A voice came through the windows now. It was Sharad.

“Mr. Sharad, I have come here to your hospital purposely. In my official capacity I could have called you to my office for the discussions and you would have come. But before anything is said I wanted to see The Hospital and it’s working myself. I did it before you came. I am satisfied.”

“That is good to hear.” Sharad politely responded.

“I know all other medical establishments of all kinds in Greenspan by now. No one will work the way I want. Work for the good of all the tribals whose caretaker I happen to be. Ordinarily this caretaker should take good care of himself and not necessarily the tribals. But I won’t. I want things done for them. Government has funds. It does not have anything else, least of all the motivation; not even vehicles, except those of officials that they get massaged with you. I somehow cannot sit idle doing nothing about them. I shall be here for two years more now. I want to start certain schemes, and see that they continue.

“For example, I am going to repeat the Teakwood Plantations, the way it has been done on the way to Horticulture Research Station. Thousands of Teaks will be planted. As another example, I want to improve the condition and the numbers of elephants, in Greenspan. I want to see that distribution of tribal welfare funds is properly done. It is all lying idle.”

“What more do you have in mind Mr. Giriraj?”

“I want to start a mobile medical service for the scattered colonies located on the periphery of the district. There are so many of them. Can you take it up? Once we will go around to see them, to see how things could be organized. A day’s tour or even two days may be required. Then the trips will have to be organized on specific days for different colonies, near and far. Make up a report, including charges for doctors, nurses, as if everybody is a full-time employee under this scheme on government payroll, drugs that may be required, vehicle, petrol, maintenance. Do not hesitate to make it comprehensively big. Don’t bother about the final figures. I shall clear it or force everyone else responsible to clear it. Do not worry about that.”

“Mr. Giriraj, we have done this work for many years in the past on our own.”

“Did you? I did not know about that. I am surprised but happy also. You already have a good idea of what the conditions are. I am surprised that you managed without any government funds.”

“We are accustomed to raising our own finance. Both the State and Central governments, dead against all our beliefs have traditionally been unresponsive to all the work we have done in

Greenspan for last nine years. And that is why so many of our approaches in the past have succeeded partially and for short periods. Sharad was firm, clear, and polite but not without a hint of remorse; he also gave a brief account of the mobile vans that had served people for seven long years.

“In how many days would we get the clearance? And for how long? We will need time to prepare for it.”

“You are dealing with Giriraj and not exactly the Government, which is under my foot. I am a man committed over what I have said. It will not be long, once you submit the report and will last at least till I am around, say two years? Or maybe more.”

“The reason for so much of interest?”

“Oh, that is a long story. I shall tell you about all that when we go for a round of our colonies. Presently Shamsunder, our Chief Conservator of Forests from The Capital is coming tomorrow, for some work. I must rush.”

“I do not suppose you want the report over how to organize the tribal mobile medical work in collaboration with the state government for Mr. Shamsunder. How long will he be here?”

“You are right. You may begin your work on the report but unless we make a tour of many tribal colonies first, I do not want it to be finalized. Let us do things systematically, even in this backward region. We are already in the middle of July, in the middle of heavy rains. The downpour of *Hasta* constellation in mid-August is yet to be through. By September the weather will have cleared. We will go on our round then. At present, the season is such that transplantation of rice will occupy everybody including our targeted population of tribals. September is the time when, under more relaxed conditions after hard work, the Tribals also will want to be treated. There are many problems in treating them. It is not easy to gain their confidence, to keep them with us. They are funny. They are like rabbits, neither easy to catch nor hold. Oh no, I am getting late. Let me go. Let me go.”

Mr. Giriraj did get up. But his step was slow. He went slowly up to the statues of Ashwini Kumaras. It was obvious that he had something on his mind and he was reluctant to talk about it. At the same time, he could not extricate himself from it before going.

“I hear there is a good lady doctor here, highly committed to the social cause? A surgeon, who has rescued quite a few serious patients here in a rather short time and has become known. Can I meet her? Who is she?”

“Oh, you are talking about Dr. Vijayini.” Sharad was suddenly enthusiastic shedding his hitherto businessman’s cool negotiator role with a government officer.

“She is here only for a few months now and has literally transformed this hospital in something which we never believed it can ever become. She is a fine, stable, and cautious surgeon capable of handling many, widely different types of cases. With all these works she talks about community health, of minimum use of drugs, of as less and less cost to our patients. She has power in her hands and like her name, she is a winner.”

This was not unusual of Sharad; he could not talk miserly about Vijayini and did not feel embarrassed for the admiration he had for her and expressed. For him Vijayini meant a great deal. She meant a fulfillment or at least the beginning of the fulfillment that he wanted in this hospital. He could see the kind of individual he was looking for, to work with, to dream with, in her, a partner on this journey, the motor power that could drive with force the whole project, a prime mover, who initiates things and pushes others with her. Giriraj had got it confirmed what he had heard so far.

“Mr. Sharad, I am getting late. But if I could just get to know her, I shall go back happier. From what I saw and from what I hear, I think this Tribal Welfare Scheme is through. Only the details have to be worked out.”

Vijayini had emerged in the dark green operating gown in a facemask and a cap, peeling off her gloves. On seeing Sharad her face creased into an energetic smile that shown through her dark eyes.

“Hello, hello, whom did you knife today?” Sharad asked the usual question with the usual banter and she did not spare him.

“You know I don’t knife them without reason. This fellow had a little pus, about a liter in his abdomen from a burst appendix. I have managed to drain it and he should do well.”

On seeing a stranger keenly observing her she stopped. Sharad spoke up.

“Meet Mr. Giriraj, the Conservator of Forest, Greenspan Circle. He had come to see The Hospital and wanted to see you. He has plans for tribal welfare scheme he wanted to discuss.”

“I have heard many good things about you and therefore wanted to meet you. Sharad will give you all the details of our discussion but I wanted you to come for a tour of tribal colonies in September so that we can finalize the details.”

“Any time Mr. Giriraj, on any Sunday. I fumigate our operation theater on a Saturday-Sunday. We operate too many infected cases. I tried it once recently. But I had to open it in between, since a patient could neither be shifted nor denied surgery and postponement was not possible. Such days are very good for touring. Let me know. I will schedule fumigation for this trip, and we can go.”

Mr. Giriraj contentment was obvious on his face. He had found people. The kind he wanted to work with, those who could think in abstract, the higher kinds who discussed ideas rather than events and people, as most ordinary human beings do. He had a vision but he had not expected to come across such people, so quickly, for the kind of work he wanted to do.

His step had an abundance of bounce instead of the drag with which he had begun from the office.

It was a Forest Department Vehicle that carried Vijayini, Sharad and Giriraj. It could withstand all the hazards of driving on a jungle road. For some reason, Giriraj early in the morning made a beeline towards South Greenspan. The first three kilometers of twisting roads made the journey slow and nauseating. The Forest vehicle lurched and jumped. Sharad sat quietly behind, occasionally taking out his raw tightly coiled black tobacco leaves, a small knife to cut

the leaves in small fragments; then he would draw out a beetle leaf put some wet Calcium salts on it with the tobacco crack a beetle nut to add and start chewing. That would color his cheeks red due to dilatation of blood vessels of the face. Giriraj and Vijayini went on speaking to each other in front, occasionally noticing what Sharad was doing.

It took them two full hours to reach one of the colonies of the tribals of South Greenspan. On the roadside stood two long rows of tin shed shanties, bamboo and jute cloth thrown in, to cover them. The houses were marked. It was red soil unlike the black soil seen in other areas of Greenspan where it differed on account of estate mulch. The estate soil would be soft dark, moist, as years of green foliage rotted into it. Here was a jungle land, uncultivated for a thousand years, because tribals never till their land. Men and women, elephants and dogs might be the only creatures that may have ever walked on it. The ground was firm and without cracks.

The tribal women with a child on their hand and an infant slung in a long cloth, came forward. All of them had a single piece of long cloth covering the waist, low, the same piece stretching across the breasts leaving most of the legs, part of thighs, back and abdomen open. All had a uniform dark skin with a pale-yellow hue on their body and on the face due to chronic nutritional iron deficiency. Each had a few ornaments of cheap tin, had clean tin vessels on the head. There were hardly any clothes worth the name on men and male children. The vessels would be filled in by the cleanest possible river water or from a fall, sufficient for that day, not be stored for tomorrow. They had filed out when Devraj, the divisional forest officer, a strongly built man intervened and lined them up.

“This lady doctor has come to meet you. She will give you medicines. Now you have to talk to her. Tell her your complaints. Go for the medicines after you have fetched your water, come back and cook.”

Vijayini had got down. She sauntered around the colonies, inspecting the houses. They were clean. The vessels were clean. There was no soap in the houses. The toilet was the mother earth with woody enclosure. Two pucca toilets were unused and filled up with something else. Their nails were long, dirt filled, the hair dry, the skin had a wisp of fat under it, the muscles below it shapely but thin. Protruding tummies, probably filled with numerous worms. Nothing flabby about anybody.

Vijayini had started talking to them.

“How are you all? Happy? Do you have work in the forest? Or only these males go?”

“We are happy. We have work in the forest, we also go. We also work like men. We work more than men. Men drink, lie down, absent.”

“Do the men drink too much?”

“As much as we earn, they earn; they drink all of it. Our money gets food in the house. Children have food. On some days they may not have food. The children also then drink by 11th or 12th years of age: children drink even at night. No food, then drink. We also drink. What to do?”

“You think anything is wrong here, with all this?” Vijayini probed further.

“Is there? We in jungle, we lived like this and we will live like this only. Anything wrong? Nothing really! Is there? This is also a way of living. Carefree. No worry of tomorrow.”

“Do you have any body problems?”

“The real problem is we cannot see properly in the evening and night. Hence, we sleep early. We drink and then we sleep.”

“Where do you get the drink? Where do you get the money?”

“We make our drink. Money? We get it just there.” One woman pointed to the divisional forest officer. “Their department work gives us money. Another government arrack vendor takes it away and gives drink. It is fine.”

“What do you eat?”

“Roots, tubers, leaves, rice, fish, banana, honey, potato. So many things are available. Three miles from here there is a bazaar, weekly we go there. Little money we have. We buy.”

“Do you cook?”

“Yes. We cook rice, vegetables, many things, we have learnt to cook. We have estates to work in. There we get cooked food during transplantation season. We know. But we eat what jungle gives us also.”

“The clothes? From where do you get them?”

“Shandy, the weekly bazaar! Who needs so many clothes?”

A group had gathered around. They were all walking around with Vijayini. Children were trailing behind. The talk was going on.

Giriraj pulled Vijayini aside after an hour. “If you want anything tell me!” He had said.

“Can you get me some Vitamin A capsules and a medicine for treating worms?”

“Devraj, send our vehicle to nearby town and get this.” Giriraj yelled. The vehicle was dispatched.

“What I meant was, if you wanted something to eat, or drink.” Giriraj again came to her.

“No. Not really. On our way back we will give them mass deworming and Vitamin A. Each will have startling effect on them. Next time when we come back, we will be in a better position to talk to them. Anyway, we are going to some other place, I suppose?”

“Surely. To the second colony, to see the a particularly specific community of ours, the Mahouts of our elephants. It is their residences, with elephants nearby, I want to show you. The mahouts as a community are funny. They seem to have been born to tend elephants. They know the elephants instinctively. They talk to them. They know if the elephants are not well. They feed them. They clean them. Oh, see for yourself. Come now!” Giriraj was enjoying her company and having her around in his kingdom.

All the travelers of Forest Vehicle who had alighted to loosen their legs and bodies, got back in the vehicle. It was a jungle track road of firm, red, brown, yellow soil, may be eight to ten kilometers in length. It was all flat earth, without too many curves and no hills, unlike the main

Greenville and hilly Greenspan. When the Forest Vehicle stood by the bank of a river, with a flat and wide basin, the first thing that greeted her were large creepers stretching across, long and high, with tiny beautiful flowers in hundreds and hundreds of large bunches. That practically covered all the foliage of those creepers. Involuntarily and instinctively, she took the flowers and crushed, her hands assumed a bright, too bright a red that smelled beautifully. On a closer look she noticed that the red ones were not only flowers but also leaves that were also tender and bright red like the flowers. The smell was heady.

“These are the leaves and flowers of Mahua.”

“But that is a shrub used to make Desi liquor, the country brand, on our side.” Vijayini blurted out. Her puritanical mind could not tolerate the contrast of such beauty and such vulgarity of liquor

“Try to wade your way through this and come over.” Giriraj was guiding her.

With a hundred yards crossed, the ground opened. At least 30-40 elephants were moving around in that arena. There were old wrinkled elephants, with really long tusks and young ones without them. Then there were young children elephants running around. The “middle aged” ones, so to say, were engaged in moving with the help of ropes and iron chains extremely large trees of full length and full girth, fell and shaped that would have a weight of about a couple of tons.

It was with such ease that the elephants were kicking the long trees that they would start rolling, towards a destination where they would be stored.

“These two are the most highly priced woods. Teak and rosewood. Moving them without damage, chipping and pilferage would be impossible if human beings handle it. To move it by human strength is extremely difficult. But elephants do it well and easily over long distances. That is their principal work; we keep them for and look after them, mainly for this reason.

“In our State we have several large reserves of this magnificent animal. Another is on way to the Garden City to which you will be going by and by, later. Elephants need a lot of care. They also eat the same millet, *ragi* that we eat. See these big caldrons in which it is being cooked and made in to a big ball of a kilogram or so. And look there, in one swallow the elephant will finish it. Several such need be given daily. That is costly.”

“Elephants are fascinating. But presently we have come to also talk to your mahouts and where are they?” Vijayini asked.

One by one the mahouts were also lined up. Soon she was surrounded by the mahouts. Some were with their small children. They were all moving en masse towards the elephants. Vijayini started moving around among the elephants, touching them, scraping the hand over skins, touching the tusks and the trunk. And the mahouts were enthusiastically telling her about their elephants. She was trying to think about the way by which the mahouts may get contaminated and elephants getting infected by the mahouts, by asking questions. The enquiry then shifted to what she had asked the tribal women in the earlier camp, food, money, liquor, et al. The profile of the complaints here also was the same. The same story of night blindness,

alcohol and worms. After a while Devraj appeared with vitamin A capsules and deworming tablets. Vijayini gave them to each and explained how to take them.

When they finally moved out of the second colony, it was late afternoon. Passing through the first one, she again distributed the vitamin A capsules and the deworming tablets explaining them how to take the same. As she went along, a plan had started shaping in her mind to improve health wise, their lot.

September was going by as briskly as ever. Six months of her presence, emergency cesarians and other operations, Sudhakar, her return from Nagpur, arrival of her parents, a large bungalow and a car to drive her around had all buoyed her up. Vijayini was working hard. The day would invariably begin with the round of her patients in the wards. Many operated cases would lie around and patients would manage a happy smile, despite the surgical wounds causing some pain. They smiled because they used to wait for her in the morning and felt happy to see her. An examination, detailed questioning about how they felt, if pain was less, if they had passed gas, had motion, urine; whether they had fever, chills, breathlessness, headaches after spinal anesthesia, the questioning went on.

Her hands felt the operated parts gently; her examinations were soothing. The dressings that she would peel from the operation site would be done gently, using ether so as not to irritate the skin with plasters adhering to it. Lighter dressings would be put. Drains put in the abdomen to remove the muck and the drainage of pus, fluid, would be removed once the excreta stopped, assuring the patient that she will do it gently with minimum pain.

The number of men, who used to undergo surgery at her hands, was also large. They did not feel astonished, did not look to be unbelieving in her abilities, or doubtful that she can operate them. In fact, there had not been a single male who had refused surgery, even examination at her hands. Women on the other hand used to feel all the more relaxed having got a female surgeon, other female helpers, nurses, and no males during surgery, be it gynecological or visceral, that is, abdominal surgery.

The patients that lay in the wards were a diverse lot. An appendix removed, an intestinal obstruction with a three-foot intestine gangrenous and taken out. The pipe of the intestine restitched to maintain the continuity. A katti wound that would have torn half the calf and one or two major arteries, causing plentiful bleeding or a caesarian or a medical termination of pregnancy. A few deliveries, with their crying children. A mesenteric adenitis with volvulus, that is, twisting of the intestine around itself and obstruction in its normal passage. After a detailed round, instructions for treatment and the day's investigations Vijayini would come down to the outpatient generally full by then.

She performed at least one major surgery a day. Even the Doctor used to feel wonder struck as to where all these patients were coming from, and what was happening to them till then. Many were undiagnosed for long. To know that they have a surgical problem where medical solutions would not work, they would agree for surgery readily. The medical outpatient that the Doctor used to handle, was surprisingly, not the major supplier of surgical cases. Such cross referrals were small in numbers.

The patients who were already diagnosed to have a surgical problem also came to see her, in fair number. Ladies that came did have gynecological problems but as her sensitive fingers palpated the abdomen and the various paining parts, invariably more non-gynecological problems also would surface. Such patients would have chronic pelvic cavity inflammatory disease, the uterus having gone bad, ovaries having got painful, an appendix swollen, one or two chronic pus pockets either in the cavity or in tubes, at times tuberculosis complicating the whole picture.

“You seem to have serendipity to discover untold surgical problems. You discover more than one pathology, and conduct two, at times even three operations at one go. Like these radio and cassette players that have come in the market, you seem to operate two-in-one, three-in-one cases.” The Doctor used to often say to her.

“You should realize Mr. Doctor,” Vijayini used to say quite seriously, “that you are serving a rural population, not underserved but attended for long, yet, no one has seen them from a diagnostic point of view. People don’t apply their mind to diagnose. It requires some trained understanding of surgical conditions. They have lost it. The problem unattended, remains, involves other organs, adjacent or distant. Sometimes shotgun therapies are given. That alters the manifestation of the basic problem considerably but does not cure it, makes it only more complicated, especially to diagnose. I have to first rid them of these secondary complications and then take them up for surgery. That is why it is two-in-one or three-in-one operations.”

Such patients would lie in the wards. The females particularly had too many more complications compared to males. Uterus, urinary bladder infections, multiple pregnancies, multiple medical terminations of pregnancies in the same female, used to make it harder to diagnose and operate. It would create unexpected complications during surgery and prolong the surgery.

“But surgery is the easiest part to deal with Mr. Doctor. What I do not like is that there is no anesthetist at the headend to keep patient from feeling pain, during surgery, especially if spinal anesthesia wears out. Then I have to give thiopentone. That tenses me up. Thiopentone reactions, sudden deaths, respiratory depression, sudden and precipitous fall in blood pressure, and shock and innumerable such anesthesia related matters do cause tension. My heart is literally in my throat, when things get prolonged.”

“Any other reasons for delays that sometimes occur?” The Doctor asked.

“You should see the Pandora’s box that I open. The inflammations are so chronic and so many attacks have taken place that the job of separating organs adherent to each other thickly, needs care and time. The organs should not be pulled with force, should not get torn, their ligamentous attachments, their relative anatomical position should remain intact; many a times the distorted and displaced organs have to be brought back to their normal anatomical positions and stuck there by various surgical methods and maintain them there. Sometimes I have to remove them altogether. Newer channels have to be opened up, stitched and looked after. All this takes time.

“In addition, I feel patients do bleed a little longer than one would expect them to, in this area. I have worked in many places but such prolonged bleeding has never been much of a

concern. That also delays the surgical closure. There must be something wrong with the blood clotting system out here.”

“Look, a lot of patients I see have hypertension. They may ooze or bleed more.” The Doctor suggested.

“High blood pressure has not been much of a problem for me. Under spinal anesthesia I have to give, because there is no one to give general, I often land up with minor fall in the blood pressure, rarely a significant one. That will not contribute to bleeding.”

“I do not understand this bleeding business myself. The high incidence of acute exacerbation of stomach ulcers, for example, they bleed for too long.”

“It is more obvious in the deliveries that I conduct. They tend to bleed too much once the placenta is out. I just do not know why? No fetal or placental parts remain, curettage is done, the uterus contracts, not unsatisfactorily, under the methylethylgometrine. But still they bleed.”

This conversation between them actually was a gross understatement of the trouble the bleeding used to give to the entire team. Unless fresh blood, difficult to procure, cross match and transfuse was given in multiple of bottles the bleeding would not stop, and allow the team to rest or relax.

Vijayini had in between gone back to meet her parents. The trip however had soured because of her father’s illness. He was suffering from stones formed in the kidney again. He had had two major operations for the same in the past. Yet big stones had formed again. Some new keyhole surgical techniques had been developed in West Germany and the possibilities and feasibility of taking him to Germany were under consideration. Vijayini was to accompany him. Naturally. If that was to happen, there was uncertainty over the time and duration of her going and her coming back as well.

There were messages from Bombay that the Doctor’s mother had similarly taken ill. There were stones in her right kidney for quite a long time now. These stones made the right kidney severely dysfunctional and irremediable. The chance that it could be revived by the removal of stones by surgery was remote. Her spasmodic pains and recurring urinary infections had worsened a great deal. She also had to be looked after, in her deteriorated health. For so long, the Doctor had managed to keep her early end stage kidney disease under control with the help of an intact left kidney.

Towards the end of September, his mother had started complaining of pain in the left flank and back also. X rays had revealed that numerous small stones had been formed in the middle of left ureter. The stones had blocked the urinary passage, exerting backpressure on the left, the only intact kidney. The left kidney had also, naturally, started showing the signs of early failure. It was obvious that she will have to undergo a third operation to get rid of those stones. In ten years, she had already undergone two major operations for the same, four years apart. During the second operation, diabetes had surfaced, adding its complications to all her problems now. Nerves had gone raw and burning appeared, the vision went down because of diabetic eye disease, hypertension completing the picture.

After her return from her parental visit, she clearly told the Doctor that both their suffering parents have to undergo this easily tolerable key hole surgery. Her mother-in-law particularly, will not tolerate anything more stressful, only the new keyhole surgery, due to the frail condition she was in.

“Let me be frank. We cannot even remotely offer key hole surgery and going to Germany is therefore out of question. We can afford neither. The best is you go and get your father back to normal and then help me to see what we can do for my mother.”

Some solution had to be found. The matter had hung in the air for just a few days. The need to take her father to Germany and even the remotest unrealistic possibility of his mother going to Germany, had unexpectedly disappeared. One day Vijayini received a letter from Poona.

“Dear Dr. Vijayini,

“Two years back you had approached me to seek my advice regarding percutaneous nephrolithotomy, the new form of keyhole surgery for your father, to remove the large kidney stones. I had suggested that you take your father to Germany to get it done.

“Now, in the interim period I had gone to Germany, got trained and brought the instruments needed to do the key hole surgery to Poona. If the stones are not too large or too hard, we can get rid of any of these stones blocking the kidneys by this simpler, safer and easily tolerable technique. I may also state that I have crossed the learning curve and have already relieved many obstructed kidneys in Poona. If I could help your father, I will be only too glad. It will be as a gesture of appreciation towards the fine work one of my students is doing in such a small place.

“Let me see your father once!

“Yours Sincerely

“Vishveshwar.”

“Dr Vishveshwar is an extremely competent man. I shall most willingly trust my father as well as your mother to him. The best is to bring them both to Poona and get them operated.”

“That is sensible.”

They conveyed the matter in detail to Sharad. He agreed to their plan and asked them to fix the dates and go. The rapidly developing work in The Hospital was likely to get grounded. Wheels would go screeching. The tension had started mounting gradually in the minds of everybody. Under the considerations of the health of their parents, nobody was voicing it. Everybody waited and watched. All good things had to come to an end. Even the last eight wonderful months of work, apparently, were not going to last. By November there would be a breach of at least a month or two when all the speed that had been gathered was going to slow down to an oxcart's, trotting on a muddy road.

Letters from Bombay, from Vijayini's father-in-law were frequent and more frantic in their contents with each passing day. By third week of October, it became evident that matter had to be tackled and that both will have to leave, for the mother first and if possible, to get her and Vijayini's father to be operated in Poona.

To leave so much work that had built up around them, with the tribal project about to start, with the second batch of trainee nurses having been planned, there could not have been a worse and inopportune time to go. But there was no alternative. Sharad understood the situation and quickly made the travel arrangements for them.

On 30th October when they left in a hurry to Bombay, The Hospital account had enough money to run The Hospital for two months, even if it was not to earn a single paisa.

Chapter 4

Dr. Vishveshwar was a fine person, tall, bald, spruce, and elegant. He had a soft voice and his manner was gentle; but one glance at his long fingers would have told anyone that he was an artiste of a surgeon with butter fingers. Vijayini was his student in her masters of surgery and as with most of her peers and seniors, liked by him. Vishveshwar incidentally had become the first surgeon in India to bring the technique.

“But she is quite well-preserved, Doctor! When both of you met me yesterday to discuss her condition vis-a is the operation, I had great doubts about her ability to withstand surgery. I think she can of course stand keyhole percutaneous operation easily and if required even regular pyelolithotomy to get rid of the stones.” The moment Dr. Vishveshwar saw the Doctor’s mother, he had exclaimed.

In the four days that had gone by, a lot of upheaval had taken place in Bombay as they arrived. Within half an hour after the arrival of the pair of doctors, they had seen the latest X rays of his mother, found out that her diabetes and blood pressure were under control, and had made a decision.

“The stones are a bit too small and slightly lower than one would like them to be. For key hole surgery, the position of the stones may not be suitable, even when she can easily tolerate it. We will have to take a chance and see Dr. Vishveshwar. We are taking her to Poona tomorrow.”

The confident assessment and expression of a sound surgeon shown in the manner of Vijayini. His father was taken aback.

“How can you do this? Do you even realize how frail she has become? You people talk as if your medicine and the surgery is the be all and end all of all the health matters. You do not even seem to consider it necessary to prepare a patient mentally, physically, psychologically for such a major decision at such a speed. I am not going to allow all this.”

His father had thundered and went on in a harangue. After he was finished Vijayini spoke up to him, evenly, blunt, and direct, but neither offensive nor in any way disrespectful.

“We are Doctors not for nothing. We may be your children but we have a cool calculating head developed over our shoulders in the last twelve years. If you think we don’t understand her frailty, well, have your way. Let her go on suffering the colic, the severe spasmodic pains; let her continue to spoil her lone functioning kidney to a non-salvageable point and become even more frail, more unsuitable for any surgery. Let her and even you, gather courage. Take your time for that. You can let me know after that. I will take her then. We have come here to solve a problem. Surgery is far safer and much less troublesome than you think. Suffering ends, relief comes in, in a matter of just a couple of days. Let me take her as early as I can.”

His father had turned to her mother.

“Say, say something, you! What do you want to do?”

“I am going with them. Tomorrow, if they want. I am a science graduate. I understand what they say. I know my children. They will relieve me. This will be the last time in my life that I shall undergo any operation. Is that okay?”

The next day they had come to Poona.

As they landed in the house of his *mama*, his mother’s own brother, the Doctor was struck dumb and wondered if they should stay there at all to solve his mother’s problem. His mama was lying on bed, grossly anemic, thin, swollen in body, having fever. He was sick. He was having frequent bloody diarrhea for weeks. He was neither able to eat nor drink.

His *Mami*, mama’s wife came forward.

“Pramiltai has a problem. It needs to be relieved. If it can be done most suitably in Poona, as you seem to think, she stays here. Your mama also is not well. I will get the help of two Doctors to take care of him also. All of us are amidst suffering. Bank on my physical ability to run the house. Two of you look after these two illnesses.”

Mami was a tall, athletic sportswoman of yester years. She had immense capacity for hard work with equanimity. Her husband had developed an acute attack of ulcerative colitis that had produced massive, extensive, deep and bleeding ulcers along the entire length of his large intestine. The famous pathologist William Boyd had said of this illness, ‘Sorrow that has no vent in tears, makes an organ weep.’

His mama had seen extremely bad days when he ventured in steel business. His partner and his close friend had ditched him. With three growing children in his family, unemployed for two years, added by the business losses. Numerous relatives had sent money to them, saved from their own meager salaries, advances taken over from their own provident fund and any other sources as was possible. It was a fine example of help with honor. Those two years were horrible. Being a brilliant and methodical engineer, he ultimately managed to get a fitting job. He had returned all the money he had received over the next few years. The last one to receive the money by cheque, for two thousand rupees from him was the Doctor’s mother.

She showed it to her husband, the Doctor’s father and tore it to pieces.

The agony had taken its toll. The way the ulcerative colitis had fulminated, it could well become fatal.

These were the forty-five long days when the struggle had begun, continued, was valiantly fought was carried from to Bombay, revisited and conquered in the long run.

When they sat down to talk again, it was Mami who spoke once again.

“Tell me what made you to come to Poona rather than getting it done in the best centers in Bombay itself? A metropolis with so many more specialists and with your own house there itself?”

“We plan a key hole surgery by a German Technique available in India, only in Poona with Dr. Vishveshwar. That gamble might work or fail in which case regular operation will be done.”

“So, it is a matter of one day or ten days. We will all take care of that. Your Mama is having a dozen bloody diarrheas daily for three weeks. The last such attack was five years ago. Our

family Doctor is an old registered medical practitioner about 80 years of age. He prepares his own medicines, mixes them to be taken by mouth, three times a day for the last 10 –12 days. The frequency has come down from 20-24 bloody motions per day to about 8-12 motions per day. His medicines, he has promised will give relief in the next 10-12 days.”

“What about fever and anemia, lowering of blood Hemoglobin?”

“That he says are the manifestations of the disease clearing away. That will be all right. No worries. I suppose we can go with it for some more time.”

The Doctor could not escape noticing the impulse with which Vijayini wanted to speak, found that fortunately she suppressed it totally and kept quiet. He also did not offer any reaction. Hundred things passed through his mind.

From the time he joined modern medicine he was repeatedly disturbed over the unshakable, blind faith the Indians had in the twin sciences of Homeopathy and Ayurved, the ancient Indian Science of Health. Both sciences claimed that they cured the disease and uprooted it. He had never understood what this meant. These sciences had a peculiar theory of causality where body parameters like weight, blood pressure, atherosclerotic arteries, bacterial infections, tumors, genetics or electrical flows along nerves, cell voltages had no meaning. Yet they ‘cured and uprooted’ the disease. In the prevailing opinion, Allopathy either would merely suppress it or control it.

He had always been furious over these claims, if not on the sciences. And he always wondered why these claims enjoyed so much faith all over the country, not a thousandth of which the allopathic sciences could. The peculiar naturalistic psyche that the Hindu social order, economics, and philosophy created, had given rise to that. The rational, commonsense ways of monitoring progress of disease or otherwise was a downright absurdity then in these sciences. The mama was losing blood and the disease was being expunged! There were a hundred exceptions the Doctor could have taken to these statements but he kept quiet. It was not tactical to offend his Mami by saying that this kind of treatment was absurd and would kill him. What the hell do these eighty years old crankies think they are doing? He will be dead in the next week or two.

It was not the question of his mother being treated here and all of them staying in her house in such circumstances, adding to her difficulties. Mami was too noble a soul for such ugly considerations. Mami had settled on that. He did not want to disillusion her and her choice at one go, in their first encounter. He always remembered the Irish proverb, ‘Every man has an illusion around himself; to break it is tantamount to murder.’

When both the Doctors did not make any comments but merely kept looking at her, his Mami did feel a bit amiss. She was wondering if what she said, throwing in half a dozen opinions without asking these two experts about it. She continued.

“I know I should be giving him four salazopyrine tablets a day. But our doctor has said that it will interfere with his medicines, which will finally uproot the disease. I have seen his ulcerative colitis for too long. I have also become half Doctor. Let us see!”

Still, they did not say anything.

Unable to contain himself the Doctor examined his mama. His bowels had become tender, painful. He was toxic and had high fever. He had managed to eat just too little every day; that is how acid formation had not yet set in. The Doctor looked at his mama's face and made a decision. 'In 48 hours, I shall take in my own hands his treatment. He will pull on till then.'

"Mami, Vijayini and myself will not be eating anything at all in the house from tomorrow onwards. To arrange everything for my mother's operation, we will be out in the morning and may not return at all or till late night. We will eat outside. During work and tension, both of us eat little. Coming back all the way for food is pretty much useless. Day after tomorrow is the surgery. For three days and night we will be there. Thus, the only addition for you to look after is my father. My mother will be given food in the hospital only. We will arrange that. Take care of mama for the next, just a few days. That is absolutely vital."

He had won the first tactical round.

The struggle ensued as soon as his mother was wheeled in after the pre-operation X ray. The X-ray showed that stones had slipped further down. The key-hole surgery was not possible. A 12-inch-long incision in the flank had to be given. In an hour and three quarters Vishveshwar had opened the left kidney, gone down the ureter, cleared all stones, put a long stent in the ureter stitched it and came out. The marvelous anesthesia brought her out as awake as she was when she went in. The soft white skin was sutured and plastered. Diabetes management remained a major issue but in 8 days' time she came home.

On the third or fourth night of the operation when she was eating and was without drips, with some of her sisters and brother who had taken turns, Vijayini and the Doctor had gone out. On returning, they had been given a message that her father was having agonizing pain due to his kidney stones.

"I am going, right now, with or without any reservation, train or bus, whatever I get."

She was upset. But with an operated patient of complexity on their hand, and her helped needed for his mama, the Doctor just could not understand what to say. He could not believe the unreasonable headlong plunge she wanted to take. He knew it was the child of her father that was speaking and not the cool calculating competent surgeon that dealt and successfully rescued her mother-in-law. The suddenness, the enormity of this abandonment was almost paralyzing; the physical risks and adventures foolish.

"Are there no doctors in that big enough city, who can at least relieve his pains? Can he not be brought over? No one will like you walking out like this, in such a situation. Not even your parents. I can handle things here even without you, but this will be a black mark held against you for life by everyone. And the subsequent black mailing thereafter. I am more concerned about that."

"I am going. I don't care. My father is in pain." Again and again, she kept saying.

"*Are baba*, look, we anyway want him to come here for the key hole surgery. Then why go there? Let him come here with help."

The pleading and placating went on. They spoke to her mother. She forbade Vijayini to come there. On seventh day the six feet tall handsome man lay on the operation table face down. He could see the keyhole scope entering his kidney on television monitor; the drill just pulverized the hard stone. The plan succeeded. With his mother undischarged, both the parents lay in The Hospital waiting to go home.

On the ninth day the Doctor's mama sank further down with bleeding. They shifted him to the Medical College Hospital. The thick-glassed Bengali Professor of Medicine examined him. Four bottles of blood were transfused immediately. Salazopyrine and antibiotics were started. Gradually he climbed his way from hell, back to life. To shift him to the AFMC hospital where the only colon-seeing instrument was available in the entire region was a hell of a job. The colonoscope revealed the ravaged cobble stone terrain of his colon slowly healing. The elegant army Colonel Krishnan who did it and the Bengali thick glass professor who attended the colonoscopy had looked at the Doctor pair only once. The question mark clearly stated, "What the bloody hell were you doing for so long?" They did not have the heart to tell them. But Mami had realized what could have happened.

With two patients at home, so seriously sick, one month of day and night's work, her father convalescing in another house, the pair of doctors had braved each situation and brought things under control. The mornings, noon, evenings, and nights had blurred in one. Taking medical decisions and doing nursing also, had blurred the roles and the decisions also. His father had gone back in between to attend the most coveted marriage of the only son of his elder brother. The Doctor was planning to make a short trip to Greenville. But his mother after initial recovery was unable to eat much. It went unnoticed that diabetes had gone completely out of control and some of her anti stroke medicines had got omitted for just about two days. She developed a paralytic stroke.

After two hours of thinking the Doctor did something he had never done, nor seen anybody else doing it in his MD days. He started her on an anticoagulant drug, injections of heparin that stopped blood from clotting in brain. The extent of stroke decreased considerably to a mild in-coordination in hand, but she was able to do everything on her own. A miracle saved her from being crippled. The mama also recovered. Vijayini's father went back. Vijayini brought her mother-in-law by plane to their Bombay residence. They nursed her with their own hands, back to life.

Nearly two months had passed. Everyone knew the pair would have to go back.

The Doctor called one of his juniors, now an MD and a student to his mother in school. He handed her over to him.

An hour before, they left for Greenspan, the Doctor broke down. Uncontrollably he cried and cried and cried, lying on the bosom of his mother. He was crying, uninhibited, loud, without control. His father, his brother and his wife stood motionless there, unable to believe their eyes. Their elder brother, the tower of strength for them, for their house, his hero, a young handsome lean chap, a leader, a doctor who had taken such unusual strides in his young life, was crying like a child. Each of them realized how much he had worked, how much he had fought for her, his mother in the last two months. It was a revelation never manifest so far. It was of his deep-seated

anguish that he could not keep his mother free of these complications, surgeries, and all the torture to be restored to life, that she was suffering with the frail body for last thirteen years, the fact of the limitations of his or any other science to relieve her completely. It was sharpened by his unbounded love for his mother.

Vijayini sat by his side with her arms around his mother and him, for an interminably long, unbearable time.

“Let us go. We will bring her to Greenville as soon as she can travel.” She pulled him up and they went out. Little did he realize that he was to be back soon, frequently, to face more trouble his mother was to undergo. The year was about to end. The next two and a half years were going to be a fathomless pit of every conceivable difficulty, till they would finally lose her.

The new year dawned.

In the last two and a half years the Doctor had got accustomed to people coming over, working for some time, and going away. By now he had grown more confident that if one goes away, another will surface. His nightmarish initial fears, that if Shivanand and Vasanti would go away, who else will come, had gone. On the heels of the departure of Vasanti and Shivanand, Pramod and the brittle boned, horny-skinned Swaroop had appeared, stayed for long enough and helped well. After them, Pradyumna and Chandramouli came and continued.

Now for the first time, The Hospital had three more young and fresh graduate MBBS medical officers to take care of the patients and manage things and two Ayurvedic physicians trained in modern medicine to a fair extent. By the time the Doctor pair returned from Poona, for some strange reasons, four young fellows answered the routine advertisement in the various State level papers. What was even more surprising was that all of them came for the interview when called. The matter of interviewing them was even more pleasant.

“We are a second level referral center in Greenspan and work within our limits of competence. We try to give as excellent care as can be given, as excellent a service as possible. Anything that gets spoiled or complicated elsewhere, comes here; from all over the district, sometimes from yonder, including government hospitals, over a fifty-kilometer range, at least. You should see the amazing states in which people have been and will be brought to us. It is all medical college stuff demanding real well reasoned clinical work, and augment good clinical habits. It will also teach you how to use a standard laboratory and good X ray support, how clearly it can resolve issues. You will find it here, in a facilitated fashion as compared to medical colleges where it works with obstructive intent.”

The trio, equally meritorious Muni Raj, Prabhakar and Naresh joined the team and started working under them. They were not spoiled by the Capitation Fee College influences of money, drugs and so on. That was important. The Doctor literally fell for all of them.

Muni Raj was a tall lanky, bespectacled young boy of good clinical habits of history taking, not missing examination findings, and making good interpretation. Muni Raj was clearly cut out for medicine. The second one, Prabhakar, was from the mining town of the state. Prabhakar was action oriented. He would always be by the side of Vijayini to deliver babies, operate with Vijayini enthusiastically, irrespective of what time it was of the day and night, and bounded

around. Prabhakar was cut out for surgery and gynecology. The third one, Naresh from the same college, a fair delicate boy was well suited for the career of a good family physician.

With the boys on rotating duties the nights of Doctor and Vijayini were much less worried and more restful. The boys knew what to look for and how to manage. They knew when to call whom and meticulously gave the details of the situation and what they have done. New, fresh MBBS from college, they were able to discuss cases, interpret findings, offer differential diagnoses and would either argue or raised doubts about things they did not understand. It had become a routine. The Doctor had to also put in his might, in trying to defend his line of thinking, explaining their doubts, other possibilities, course, the diseases were likely to take.

It was not an occasional but a regular feature that the Doctor accepted their alternative treatment if he found it equally applicable to his own or even better. The Doctor did not think it as insulting or a blemish on his competence and would even go with establishing the alternative managements. Normally, in hospital medical practice a consultant would not accept it for a reason. None wanted to be responsible for any adverse outcome on the patient by accepting alternatives. It was particularly so because the responsibility could not be pinned on the juniors, the head being ultimately responsible. Arrogance that juniors cannot be better or as good and egos also came with this mindset.

All in all, the Doctor was repeating with them the training his professor had imparted in him during his post graduate days. The clinical rounds of the professor on the post emergency day would start by nine in the morning and stop by six or seven in the evening with a little break in between. What he was imparting on these five boys was a systematic clinical history of the patient in great detail, every symptom analyzed in all its relevant aspects. Some conclusions from it were also drawn, even before the patient was touched for examination. That in a way was the crux of the matter. He also taught them how to do a detailed examination of the systems which seemed affected, quick but adequate examination of systems likely not to be involved. A differential diagnosis following and laboratory tests ordered accordingly, initial treatment started and later modified in the light of the investigation findings was the full path for all the admitted patients.

They, despite the long rounds in the morning, and a shorter version of it in the evening never showed a sign of restlessness to go away or of boredom since they knew that this kind of training was never imparted, to them. They were probably thinking that they will not receive such training again in their life.

“Sir,” once Muni Raj did speak out, when four of them were there.

“We are enjoying our work here. We are seeing at its least, standard, basic clinical reasoning, extended to much complicated cases as well. We also see far more complicated clinical material as you had told earlier. Our patients are medical college stuff, being tackled here in this remote place with excellent results. We never imagined we can see all this. You have given us a far freer access to the investigative side of clinical medicine to use, as we feel fit. We have not had it in all the years of ours in our college. It teaches us whether it was relevant or unnecessary.”

“I am happy to hear this. How about surgery? Gynecology, OPD work?” the Doctor asked.

“Madam is a versatile surgeon. Clean and safe and it is nice to work with her in surgery or gynecological work. We have also seen many surgeons by now, who shout, throw away the instruments and abuse the staff during surgery even when the level of facilities is fairly high and there is nothing really to complain, shouting, unnecessary. Madam operates without an anesthetist, instructs us about supplementing it and teaches us when we assist. All of it goes so smoothly. In fact, it took us time to realize how different, pleasing, and educative this learning was.”

“I am happy. But soon you all will be going away as you get your postgraduate seats in your colleges. I hope this experience of about seven months helps you in making yourselves better consultants. The sad part is that I will miss you. I had hoped for one full year of your stay because you would have gone much further in your pursuits of your Post Graduate studies.”

“There is one more thing that I would like to say, Sir. You and Madam are fully open and freely accessible for discussions. You don’t boss over and do not thrust decisions without supporting arguments and evidence in its favor. All the five years in medical college, we have seen bosses doing exactly the reverse of this. We cannot argue back, we cannot even open our mouths, and still have to do what we don’t agree with, hence don’t feel like doing it. This dogmatism is absent here and that is the best part. What is more, you openly appreciate if we do a good diagnosis or put up a good argument or make good suggestions, which is also frequent. This is also something we have never seen.” Muni Raj said.

“My friends, this is the legacy of my professor to me. He did the same with us, just like this. We used to put to him anything that came to our mind. He would explain everything equally seriously, all our foolishness also. He never said to anyone, ‘This is wrong or ridiculous.’ He would merely put a counterpoint mildly and ask us, ‘Do you think this alternative is also possible? He was the one who trained me and got me to thinking in terms of shades. Not black and white. That is what physicians are for. Whatever you find me doing here is how he used to do.”

“You are quite a physician yourself, sir.”

“Four years after my passing MD in medicine, the toughest and the most difficult branch even now, whenever I do work or specially investigate a case, attempt a diagnosis, and treat a patient, I always verify in my own mind, would my professor have done it the same way? That sharpens and narrows my considerations of diagnosis and treatment to precise terms and usually yields good results. And yet I am aware that in these four years I degenerated a great deal as I am away from the academic atmosphere.”

Muni Raj, his most favorite pupil was about to say something. The Doctor could make out from his expression what he wanted to say, ‘if this is what you think about yourself, then most seniors that we have seen should probably be declared intellectually bankrupt by now.’

Out of these three who had by now worked here for over three months when this dialogue took place, Muni Raj was always the remarkable boy. He was so perceptive. He was so original. The Doctor used to feel very strongly for him.

On a gray Sunday evening, cold and misty after a terribly heavy rain throughout the day, four of them were standing outside the labor room. Vijayini had gone after extracting a difficult baby through a narrow birth canal and a non-contracting uterus, with Prabhakar's help. Suddenly Muni Raj asked.

"Sir, may I ask you, what is it that you think you are doing here, in this place? What do you think of this work? What are your plans, present and future? Why did you leave the city? Are you not going back?"

"I shall only tell you what I am doing here. This hospital has plenty of infra structure, as nowhere else in Greenspan that can be developed further. It has the capability of becoming a good institute, capable of handling over ninety five percent of problems of a population of about four hundred thousand. People like you will come and go. I want all such doctors to have an atmosphere to learn good habits, develop in sensible and well oriented Doctors and to prepare a base for them. With the presence of doctors like you I want to do other things like tribal medical work, which will expose them to new realities, new experiences which will without doubt leave deep impressions on them and they will do some or the other work for the deprived and poverty-stricken people in their life. During your time, the tribal work could not be started again but we have done it for long years earlier.

"How do I achieve this? My answer is to physically hold the institution up with my own hands, with what talent I have; high, as high as can be, raise it to that level of much better competence, as is not obtainable around. I want to do it for five years so that people like you continue to feel attracted to work here, and make it a tradition. Some of them will continue to work here much longer. They would be capable of supporting, some innovating something new, some may be creative in their approach. They will be helped to take over the institute. For that, with my own physique I am holding it up at as high level of competence as can be.

"I have had a deep affinity for tribals of the country. After a long search I selected this place as one with substantial tribal population. Where the necessity to develop a medical culture, was striking, and to see that it seeps down deep.

"I thus have a span of fifteen years in front of me. By then I would have achieved what I wanted. Then I can continue to sit back or do something else over here. I am talking about things as they come to my mind. Solve problems and keep going ahead. But I must admit that I have not yet found the most crucial reason to continue to work here. The Tuberculosis work among the Mongols I have told you about in detail, could have been a case in point. I had almost come to believe it to be my life's work for which I was catapulted in Greenspan. But those people are not interested in being helped. I know what they want. That the state of disease continues and they make money out of it without ever attempting to solve the problem. I have decided not to go back to Bombay. Hence my search will continue."

"Why this five-year limit to hold physically this institute high up on competence and excellence?"

"Five years span is my instinctive time limit. I cannot offer any rationale to it. If I not only survive but hold the institute up, people will get convinced that, one, it will survive longer, two, it

will do good work, three, if help is extended to us, we can take it, use it to make things better, four, we can digest the growth and five, be able to grow with it. I am not fully clear about what is going to happen. Also, not about how it will happen. I do not know how help will come. Help in one sense essentially will mean people of different capabilities come here, work and develop different dimensions, fostering the health work and other benefits.”

“We have not seen anyone like you. Anyone who thinks like you.”

“I do not know if you can appreciate this. I have come to believe that when our work stabilizes over years and if we reach a saturation point something much bigger will come our way to exert for.”

“Sir, we shall soon be getting our postings in post graduate courses. I don’t think it will be easy to forget these six months.”

“Just one request. Try to send your juniors and friends and others here.”

“Yes Sir. That is understood.”

After nearly eight months of working the boys left. Pradyumna and Chandramouli continued. When the trio was there the Doctor had a sense of being young, fresh, always an intellectual atmosphere. He was happy that for those twenty to thirty odd indoor patients he had any day, there were good people to take care of them. Once, he had by chance got into the Sharma’s canteen. All of them were there, typically young, and boisterous medical graduates, laughing, jesting and eating.

“One of the reasons why we have survived Greenspan is this Sharma’s canteen.”

“The boys really eat a great deal here. We have a concessional tariff on unlimited food. They make full use of it. It is extremely cold for them considering the places they come from. They should either eat or drink. They eat well. My satisfaction.” Sharma said.

The Doctor felt happy too. He remembered his famished, not even semi-starved days in Greenspan in the first nearly eighteen months, initially. He had survived with his iron will. His determination not to go back had seen him through. But he did not think that each available person, good of mind, capable of doing constructive work for national betterment, must be subjected to the tortures he had undergone. There was no need for such testing, no benefits and too many injustices. Physical comforts have their own benefits. The Church hospital projects always had an infrastructure comfortable to doctors and the staff below. The Hindu inspiration projects, especially those he had seen in the wilderness of Bihar were nowhere near the Christian Projects. They were just too poor in all respects.

As he looked at the boys eating, himself sipping tea, one of the first perceptions to dominate his thinking later, struck him. The rural India suffers from lack of doctors because we have highly inadequate facilities of residential and infrastructural elements, no clinical facilities decent enough for the Doctors to work, to face challenges, and because of that, no men. And because there are no men, no challenge would ever come about and therefore no facilities develop. Doctors feel a sense of inadequacy and frustrate and run away at least to the comforts of large towns and cities. He decided to study this matter more and write a paper on that in a short time.

Two issues were most noticeable. Muslim ladies were one. They lived in overcrowded houses which have its own nutritional problems and so many complaints arising therefrom. The other was a shamefaced young girl with an agitated mother and a restless father. It was almost always the young girl pregnant out of wedlock.

“From whom have you got this child?”

“...” The girl would not speak up.

Vijayini’s glance would bore down on all of them.

“There is a boy who is from our caste only.” Either the father or the mother would reluctantly confess.

“Bring him to me. I will convince him to marry you. Today. Right now. Let a young life be born, not destroyed. If the boy and the girl have done it for physical pleasure let their child not suffer for it. If what they have done is out of love for each other, let them get married.” Invariably Vijayini would take up this line.

The parents used to feel dumb struck. As the conventional wisdom went, if you are pregnant out of wedlock, terminate. People were ashamed of it but did not have any tenderness towards a life their wards had brought into existence. In Greenspan it was stupid and naive to assume that parents did not know their young children were having illicit sex. They had done the same thing. Promiscuity was common and connived at. But once pregnant, the typical Indian concerns of family name, honor, and blotches on it came in. Then they would at least try to behave as if they were deeply wronged, forgetting their own permissive role.

In any free sexing society, some parental consideration especially among the poorer ones would be obvious. If the girl manages to ensnare somebody for life, in exchange of a few intercourses, so much the better for the poor parents, their one responsibility less. At the same time there was honesty though, about this permissiveness. ‘If we had been like that in our youth, let our children be as they want. Even then, on this background, Vijayini’s line of action would be unthinkable for them.

Often, she used to send back the trio and call them in two or three days, with the boy. Most of them would neither confess nor would they accept or bring the boy along, but ran away, and never came back. Ten percent of such girls were able to bring the boys. Some would accept, and even marry. Two of the problems were difficult to address in this group of unwed mothers. Some were so advanced in pregnancy that terminating them would be a criminal offence, a medical murder. Hence to convince them to continue with pregnancy would be an ordeal. But according to Vijayini there was a greater ordeal.

“There are large numbers of quacks who will do these criminal abortions. Either the girls will go to them with the boy or her parents will take them. Some may even die. How many, one cannot say. That is difficult to prevent. You may talk to them ad nauseum about these possibilities, exhort them to retain the pregnancy and deliver normally at term, in The Hospital. But you cannot be sure that they will listen.”

The problem of medical termination of pregnancy in unwed mothers had assumed significant difference in the viewpoint initially with Sharad after Vijayini joined the project. The puritanical bend of her mind would not allow her to do this dirty work. The sentiment towards the young child in the womb would make it more difficult. But Sharad was firm.

“Look here, Madam, we have had an experience going back a few years. Dr. Vasanti had joined. The license for medical termination of pregnancy had been obtained. A young girl had come requesting for termination. Dr. Vishnu Murty refused and would not allow Dr. Vasanti to terminate her. In two days, the girl committed suicide in the High Falls. I did not know that she had come here. Dr. Vasanti told me about it. I was upset. I could not sleep for two days.

“Then I had a fight with Dr. Vishnu Murty. Dr. Vishnu Murty typically had said it is unethical. I said hell with your ethics. You are running a hospital to save life and not discuss ethical aspects of one’s behavior. Who of us have not debauched women? Physically or at least mentally? You will treat Syphilis if one gets afflicted with it or gonorrhea. That you don’t mind. Why then allow these girls to suffer for whatever happened just because they bear babies? Law is on our side. It wants that such children be not brought in the world if they cannot be sustained well or if they are a serious threat to psychic, intellectual and emotional wellbeing of a young girl. If we do not want to save them, I shall not only resign but close down the damned hospital.”

Sharad had thundered and roared, reddened in his face, sweat breaking out.

Vijayini had listened, accepted, not so much as a subordinate or an employee. But logically as the valid view point. She found her own ways and succeeded many a time, at which successes Sharad had given his acknowledgement.

“Do you see that temple of God in The Hospital premises up there? It is meant to witness and sanctify such unusual marriages. We have a priest, we have witnesses. We will marry you.”

Vijayini used to persist and often win the battle. The priest, was a short, pink-white colored Brahmin with gold ear lobe ornaments. He would perform and sanctify the marriages. Sharad always came down for such marriages, leaving his work. The names of the couple would be entered in a register in the office, kept for that purpose which the witnesses from around, even Sharad signed. Either Sharad, Prasannababu or Krishnagovind would do the formalities. Then the marriage used to be notified to the government authorities.

While the outpatient would run along, side by side, Vijayini would deliver a baby, do drainage of an abscess, or perform curettage, suture a crushed or cut or lacerated foot. The work would end only by three in the afternoon. Then she would turn towards home.

“I have an idea to discuss with you, my dear!” Vijayini once said to the Doctor.

“We have had too many unwed mothers. I could get a few married here. Some whom I could not get married were either delivered somewhere or underwent criminal abortions. No one knows where and if they survived. One such delivery however, did take place yesterday in our hospital. The parents do not want the child, but do not know where to keep the child. They will, in all probability, leave it at the doorsteps of some Christian monastery, which will rear it. Make a woman out of her. Many such girls become nuns or sisters in medical professions. Shubha who works with us, is an orphan like this.

“Why can’t we accept such children and start rearing them? After all, initially they may have to be fed through the bottle. Among our trained ward assistants, one is already a mother. The others can learn from her and from me also. We can do that. How to clean and sterilize the bottle can be taught to them. We can get some milk for it; it can be boiled. The need for milk alone will soon disappear within three months. The babies can then be fed with solids.

“In our general ward, there is a side room that is compact. One *Zoola*, a swing, can be kept there with the child. It is warm or can be kept warm easily. Once the children are between two to five months, they can be given in adoption.”

“Who will accept them in adoption? Would people not know whose child it is, at least the mother. If they don’t adopt such children, who will look after them after they grow? And suppose once it is known that we look after such children, wouldn’t there be too many. In that case our primary aim of high-quality diagnostic and therapeutic activity of The Hospital will get sidelined.” The Doctor objected.

“My God! Logically speaking everything you said can be possible. In practice I don’t think it will happen. First of all, there will not be too many such children. Often, the childless parents wish to rear somewhat older children from among their relatives. The biological parents may or may not find it easy to give such of their children away. If one wants a small child, just few days or few months old, such small children are just not available in the family. So many childless couples adopt such children from orphanages, with lot of enthusiasm. And in what kind of atmosphere are they reared in these orphanages? Horrible. That must leave indelible marks on the psyche of these children.

“On the contrary, we have a good atmosphere in The Hospital. The child will get food and affection here. These children will be healthy. The identity of the children’s parents will never be made open. There must be a legal way of doing all this. You are good at analyzing such situations, even study law books. You can see through the law, interpret it, discuss it with the lawyers. Establish a procedure.”

The Doctor had opened the topic with Sharad, a few days after this. Predictably Sharad was overjoyed. Barring dancing around to express his joy not so much towards the idea and the project but the attitude that Vijayini had evinced, he did everything to convey his happiness.

One of the major activities of The Hospital was born under the name – *Anath Shishu Sangopan Kendra* – a center to rear orphan newborn children.

Within a few days the girl born out of wedlock, delivered in The Hospital was adopted. She was barely four days old. She was given the name Chaitra, the first month of the Hindu calendar and the first entrant of the Orphanage.

Chapter 5

On 3rd January of the new year of 1984, the Doctor received a letter from Gujarat. It was in response to a letter he had earlier sent to an odd sounding pharmaceutical concern named Quality Low-Cost Medicines or QLCM for short. He had gleaned the name of this organization from one of the bulletins that came with all other books of Vijayini. The information clearly stated that the QLCM is an activist group, desirous of ‘Rational Drug Production’ of unimpeachable quality, at low cost. They wanted their medicines sold in generic name and were positively against branding their drug formulations and also combining different drugs.

These informal sectors of pharmaceutical industry were familiar to the Doctor. It was called the Spurious Market. When the Doctor was working as an adviser to Mr. Pai’s pharma company he had dealt with these suppliers and had been ruthless while scrutinizing them. He had prevented many purchases of sub-standard materials and rejected others, by instituting a strict quality control with his friend Mehta. He had opened the correspondence with QLCM but still was not sure if this could be another outfit in the spurious market. He confronted Vijayini.

“Tell me how I can be sure that this is not the Spurious Market?”

“There are several pointers Mr. Doctor the unfamiliar, to our organizational people. Have you ever seen any communiqué, in whatever form, from the Spurious Market any time, in last ten years that we are in Medicine? To imagine that Spurious Market will advertise through our organizational people is completely impossible. Secondly this company has a name. Spurious Market is a shady nameless, under cover operator. It is powerful, persuasive but faceless. They would not want to be identified as the QLCM wants for them. Third, they are talking of rational drug formulation, a concept to which the Spurious Market is either completely unfamiliar or unaware. It will never associate itself with us by a title. The cost may be considered as a similarity. But read on and you will know, or I will tell you.” Vijayini was generally a passionate talker when it came to *Usool*, or ‘norms of behavior’ of thinking, and purity of emotion and action.

Vijayini read on the information displayed by the activist pamphlet he had in his hand.

‘As a company we are not interested in promoting our products to general consumers, retailers. Doctors are our instrumental consumers. We are not interested in using the popular sales gimmicks; sales representatives, glossy, jazzy, pictorial, colorful material, gifts, samples, trips and parties to anyone. We are interested in saving this money and lowering the cost of the product so that it is made available to the poor of this country in a durable form. We are interested only in serving the needs of the ‘Service Projects’ that run in our country for the poor in rural, remote, and tribal belts.’

“Are you convinced, Mr. Doctor?” Vijayini taunted.

“Yes. I am. I have also received a letter which states all this and something more.”

“When did you write to them? After the Poona tour of illnesses?”

“It was within a few days after that. You are somewhat unhappy that I spend a lot of time after the evening round in the wards, in my office. But I keep on digging for information. Following almost any lead, as Perry Mason does, hoping that I will strike pay dirt.”

“You and your language. When and where did you read all this English stuff? Sometimes I feel I have married a western European, wrongly born in a chaste high class Brahmin family, wedded to your blessed Movement on top of it.”

“I have developed some talent to write good letters in fair English. At least I think so. I have also started to notice that my letters do produce some impact, even when these arise from a dingy, unglamorous, and unknown place, far from everywhere. This one letter is a proof of that.” The Doctor said, not at all displeased, at what Vijayini said.

“Whose letter is that?”

“It is written by one Dr. Aishwarya, M.D. in Pediatrics, Director QLCM, one of them.”

“Oh, is it Aishwarya, I know him and I had talked about him when you visited me. He was one year my senior in my college. He was been a good and a close friend all these years. However, I did not know where he was in the last few years. He is a sensitive, intense man, wedded to his ideological mix of Sarvodaya and socialism, committed to the upliftment of poor.” There was an unmistakable faint trace of pride and knowledge in Vijayini’s voice that the Doctor picked up.

“I am glad that such people exist even today.”

“My dear, in our group you will find such committed people by dozens. All of us are from the first and the only rural medical college, committed to Mahatma Gandhi’s ideals. The upliftment of the ‘Last Man’. Aishwarya was one of the pioneers of our Circle, as you have now come to call us.

“If Aishwarya is a director, I will not have any hesitation to talk to them about supplying drug to us over such a long-distance of 1700 kilometers, four thousand feet above MSL added. QLCM under him during the last few years, must have begun with a tableting and capsulation unit, with dry syrup formulations as well. The information indicates that they have avoided injections, IV fluids, saline with various combinations, and modern high cost second line antibiotics, as yet. We are now handling septic infections for a year. We have had very little difficulty in managing our sepsis with simple methods and simple first line antibiotics they have. That suits us.”

“Vijayini, there are a few more problems that I must sort out. One, the proper established legality of their plant and manufacturing norms

“My dear, you can be sure of that, without even asking them. All of us are strongly committed to the lawfulness of any activity and governmental norms.”

Vijayini continued.

“My dear, I find you view the law with utter contempt, because of the way the law is constituted and operates. You are angry over the fact that law operates adversely or interferes and

punishes only law-abiding people and the criminals use law, bend it and escape from it. We on the other hand have full faith in law and justice. As a referral hospital run by a charitable public trust, you need to be always on the right side of the law. You are enraged because other establishments do not follow the norms and can still get around it.

“You are worried as well as angry within that purchasing from QLCM shall make you liable to be caught by legal machinery unjustly, even when Spurious Market flourishes. I agree that to purchase from QLCM, we should be so sure that no one can point a finger that we are using bulk fake drugs. To that extent, you will demand the quality of drugs is certified by a reliable agency. I am sure you will get all of it.”

“Vijayini you are absolutely right. I have a huge contempt for the government, the unfavorable, archaic, law rooted in its psychology of 1760 when the industrial revolution and exploitation of labor started in England. Our law assumes that only exploitative mentality prevails. It works against law abiders. It does not come for support to those doing good work.”

“You just do not have to be worried about any of these matters. But what was your second point, my dear Doctor?”

“In the information they have sent me, it appears they will supply us in Tins and Plastic bottles of 1000 capsules or tablets. In Greenspan also, people are getting enamored of nicely packed and packaged aluminum foil medicines. If we were to wrap up our drugs in plain paper, that could be an anticlimax. It may not be able to generate enough faith in the patient to consume it. This might happen especially in the outdoor section. Indoor patients probably won’t mind.”

“Let us order a small sample and see how people react. I am worried about the cost difference. It will be so striking that people may think that we are using fake drugs. Unless we try it out, we will not know.”

It was not difficult to raise adequate money for a small enough sample order substantial in value terms. It had to be carted over 1700 kilometers through the cheapest possible but quick enough and reliable transport. As the correspondence proceeded, the QLCM had assured him on all these points and supplied them with their lawful standing, manufacturing quality control practices and certificates, rate lists, packing, with one month’s credit line. The rates were so low that they were astonished and knew that in the few thousand rupees that they had managed to separate, the quantity of drugs was disproportionately larger than the purchases they had made so far.

Another proof that peoples were coming over to The Hospital to work came when a pleasant looking, intelligent girl appeared on the scene. Sharad had sent her with a message. “Remove that person from the drug store and put this girl in charge.” Pradnyagouri uttered only two short sentences. ‘I am a B.Sc. in chemistry. I want to work here.’ The Doctor had liked that. He was also mildly surprised that such qualifications could have been obtained in as remote a place as Greenspan. By and large, barring high class Greenspanians, he had not come across many degree holders. Plantation, army, marriage, pensionable age retirement and back to plantation and the local customs, marriages, births, naming ceremonies with the invariable pork and liquor was the pattern. She was appointed.

Within a week, Sharad sent down a large steel box having a capacity of holding 750 cards for inventorying items stocked in any shop, garage, and drug store. It was a simple scheme to record existing stocks item wise, with its per unit selling cost in the right-side columns. There was provision to add the next stock received before the earlier one was over. On these cards there were columns to show the item sold, to whom, at what cost and the balance stock left behind. There were also three colored strips on each card to show if the stock position was high, medium, or low and at which point a new order could be placed.

It was a beautiful simple system. Even in absence of Pradnyagouri in the night, the ward sisters could get the drug needed for odd time admissions. All they needed to do was to enter the quantities and costs and a note as to which admitted patient the drug had gone, without having the patient to pay. How to account for these night time drugs taken was a major problem earlier. It was easy to know even in the dead of the night, of the quantity of an item available. This was something the Doctor had wanted, to stop pilferage, to achieve full stock position and availability, round the clock availability of everything he needed. Luckily Pradnyagouri grasped the system quickly. Painstakingly she entered each item on the cards, which took quite a few days.

Two large cartons of cardboard arrived on the scene, on the heels of this Cardex. They were opened, checked against the bills and were about to be put up wherever there were places, when a note popped out. It read, ‘You will find, dear partner, we do not call you customer, that at QLCM we believe in the chemical, generic names of drugs, not in brand names. All drugs ordered by you are under generic names. Store them in alphabetically designated areas on your stands in your drug store. If you have other drugs with the same ingredient as ours, you can store it in the same place. For example, if you have another only single content ampicillin but some different brand name you have to store it in section A. Brand names vary, but single ingredient ones are easy to handle and store. We have also sent the list of all the items we manufacture, with this order. You may choose the ones you need and can order them with us.

‘Brand names are costlier by a factor of 3 to 10, compared to generic drugs of the same quality. There are 36,000 brands in the country right now. However, in the essential and rational drugs listed by WHO for developing countries there are only 236 items. We manufacture most of those drugs. Brand names make the treatment unintelligible; if a patient moves to another place, it is difficult to know the drug in it and correspondingly prescribe one of the same ingredients. The thousands of brands merely confuse the patient and Doctors. The other disadvantage of brand names is, more than one drug, a combination is sold under it.’

The note read on -

‘There are only six drug combinations in the list of drugs we manufacture. These are the only six WHO has approved in combinations of two drugs. They have compatibility, rational pharmacotherapeutic basis behind it. All other drug combinations are irrational which you will never find in the QCLM practice. Two of which are in your order sent.

‘Multiple combined drugs act more like a shot gun, blunder bus therapy, with a hope that at least one of the drugs may work. Drug power thus takes away or dilutes the onus of diagnosing properly and using only minimum and truly needed drugs. It exposes human beings not only to

toxic, hazardous drugs, which may even have contradictory actions. There may be other chemical interactions, not at all desired, making the drug much less potent. It also adds to cost considerably for wrong reasons, when the drugs are combined. The annual turnover of drug industry saturated with combination is 8000-10,000 million rupees.

It struck a sympathetic chord. The Doctor did not take long to understand that it would be highly desirable to procure single ingredient drugs in acute shortage, from the reps. These would have a different brand name. But it could still be stored with the QLCM drug having the same content in the same alphabetical section. The quantities of such drugs could be entered on the same card and total stock of any QLCM and non QLCM drugs could be then viewed easily, on his new Cardex system. It ignored the brand names, only the composition name of the drug. If there was a price difference there was place for that as well. The Cardex system had reached its full potential.

It took them three days to group the drugs under generic names, separate them from A to Z. Spaces were created for each alphabet on the slotted angle racks and the drugs were properly stocked. Suddenly the drug store had started looking compact and almost beautiful. Simultaneously the rational therapeutics was given a shot in the arm. Pradnyagouri took charge not only of the drug store but of the new system as well.

The baby Chaitra was named so in the hospital, born in the first month of Hindu Callender. She was a truly orphan baby. The mother and the relations had not given her any name, naturally so, since she was born out of wedlock. There was no birth certificate; it was a home delivery the parents said. All the registrations had to be done by the hospital. She was given a recorded status in The Hospital and government.

But what literally got transformed was The Hospital atmosphere. When the baby was received finally, a cradle was procured from delivery ward. It was cleaned, decorated. The mosquito curtain was stretched over it. Some toy was hung.

The second batch of the nurses for training had begun by that time. With the earlier experience of Vasanti and Shivanand, the Doctor had this time decided that he would take the course in his own hand. He was a little surprised that he did not have much difficulty in having a bilingual to and from while educating them. The point was, Manju the labor room ayah, Yamini, the general-purpose operation theatre *ayah*, the maid servant, Shekhar, helping around in the operation theatre, they had all been promoted to ward assistant trainees. Vidyullata, Jyot and Padmagouri were inducted in the course. That made for quite a number. Vidyullata's sister, a fully qualified staff nurse had also joined the hospital. There was another Manju who had had her training in the orthopedic hospital of a famous orthopedic surgeon, strongly built and pock marked. She had some background of blood banking and was trained to assist orthopedic and other surgeries as well.

With so many girls and women, married and unmarried, it was natural that they will hover over the orphan baby with all the concern for it and letting free the need to express motherhood. Suddenly the darkish side room of the nurse's room lit up and had become the focal point of all movement of available nursing power. By evening a delegation approached Vijayini.

“The child is not sucking properly. We do not understand what to do.”

There was some discussion. After finishing outpatient, Vijayini went up and put a small tube into the nose, which curled down from the nose to the gullet into the food pipe, pushed further down in the stomach. A lot of gas and some stomach content came out. Vijayini was not entirely sure if the child could be fed through the tube with certainty that it will not regurgitate it back and into the mouth down the lungs, killing the child by aspiration. The other Manju, now christened as second Manju, was chosen for the task of feeding the child.

“Manju, we shall keep this tube open. Keep suctioning it lightly every half hour for the next 4 hours. I think it will dry up in about 5 – 6 hours or much earlier. Once that happens, we will slowly feed him with diluted cow’s milk available in local market after boiling it well. Just a teaspoon or two at a time. We will do the suction after two hours and see if the stomach empties. After that we will feed again. Slowly we have to increase the quantity and fix up the duration of feeding to two to four hours or so.”

“I will do that. I understand what has to be done.” Manju had responded to the task, catching the point that stomach contents should not regurgitate and that aspiration should not occur at all.

“But in between what should we be doing - allowing the child to starve?”

“6 to 8 hours of starvation does not have any risks. I shall start a small intravenous line and we will give her slowly some balanced salt solution with glucose of the pediatric variety.”

The child was weighed. It was two kg, plus minus something. Then a case paper was prepared. The charts for feeding, intravenous line was prepared. Vijayini showed all the trainees the way to thread a vein. The saline started dripping, the scalp vein was secured to the skin. Now even the rapid movements of this premature child could not dislodge it. An identification band was put so that the child would not get mixed with other children delivered, in the wedlock, incidentally, by the hospital.

Slowly a feed was tried through the nasal tube. The number 21 and 22 of the needles did not fit snugly. Then larger needles were tried. A sixteen number thick gauge injection needle fitted. To that a syringe was put. No one knew how much force would be required. For quite some time, since everything was being gently done, nothing could be pushed through. Then a little force and the milk rushed in with a fuss sound.

“Oh God, I pushed the feed through the tube but forgot to wash my hands. Madam had said to do that in particular.”

The next feeds were less tentative. Slowly one by one, the feeding protocol was established. Even 20 ml was too much. After the first twenty-four hours, there was no infection, regurgitation, aspiration, diarrhea, or fever. As the feeds became bigger the intravenous line was removed in a few days. The system dilated to be able to take in more and more feed. Each one was trained to feed the child through the nasal tube. Subsequently, the turns to look after the child were established. Slowly the child started actually growing under the eyes of all of them. One fine morning in about 35 to 40 days of feeding, the nasogastric tube came out. It was probably pulled

by the child out slowly and then yanked out or it came out by reverse peristalsis, rejected by the stomach.

Again, they went to Vijayini worried.

“What can we do madam?”

“Simple. Feed her by a very small spoon. Take care of the utensil and the milk. Fortunately, we are a cold country. Milk does not spoil easily. Even then we must be careful.”

At the end of the two months Vijayini decided to make a beginning of solid food. The ‘*Anna prashanam*’ that is the 1st intake of solid feed, is matter of great joy everywhere. Somebody objected.

“In our people it is done in the fifth month.”

“She is growing fast. Look at the way she gobbles things. In my doctor’s opinion we must start solids in a few days. We will be wise to try it at 2 ½ months and regularize it to its full at the fifth month.”

Eagerly all of them had waited. On the appointed day Irene brought from Vijayini’s place a thoroughly ground rice paste. The traditional lamp was moved around in circle around the face of Chaitra. A small *Kumkumam* was put on her forehead. Ladies in India take particular joy in all these rituals. They were overjoyed. Their collective child was undergoing “*anna prashanam*.” The second Manju and Padmagouri, being chief nurses for the child, even cried a little. Abruptly, somebody said,

“The mother’s brother must give the first solid food. Who?”

Again, there was deliberation. Finally, the foolish looking Bawara from counter was brought in.

“I am scared,” he started saying. His hand was held and he somehow managed to feed the child. Everybody clapped. Then onwards a variety of feeds were prepared every few days after the child got accustomed to the earlier ones.

Little had they all realized how well they had managed to rear the 48 hours old premature child, by such artificial means by so many of them by turns, and succeeded. No one among them knew then, that most orphanages accept children above 3 – 4 years, when they need much less help. Barring missionary hospitals, this was an unheard-of phenomenon, in any other establishment, least of all a hospital.

Within three months, another child was brought, a few days old, dark robust, well grown. He was called Mahadev – the big god.

By the fifth month a rich couple, a landed gentry arrived with Sharad. All the formalities were already completed. They had signed the undertaking that they will not be entitled to the birth background of the child, or parents; that they will make no efforts to uncover that; that they have to sign the adoption deed, that the child will be the legal heir of all the moveable and non-moveable property of the couple and so on. The adoption deed had also been registered. They came to take the child home. The ladies in one voice remonstrated.

“Sir, there should be a handing over ceremony.”

They made such a simple handover into a big function and everybody cried when the baby was taken. More than the tears and the psychology, what mattered to the Doctor was that they had started behaving like a team with common aspirations. Nothing could have been more appropriate and opportune than the newly born orphan child brought to The Hospital, when the second batch of trainees was fairly underway. The childcare had automatically emphasized the need for cleanliness, hand washing, infection awareness and its prevention. It had taught them how to cover the child, protect him from cold, wash her, clean, and clothe her. It had taught them gentleness of feeding, care of nasogastric tube, how to maintain records of feeding, contents, boiling milk, cooling it, keeping it clean, keeping the utensil clean and so on.

Their actual ward training was carried out in simple ways to gradually develop to somewhat complex topics and issues. From the first batch the pregnant Vanaja had been removed, the other imbecile went away on her own. Only Mithila remained. Her training at the hands of Shivanand and Vasanti was dismal. She again attended the training from the beginning and quickly made for her deficiencies and could be relied upon in the wards. It was begun with simple anatomy of the body parts, their internal gross structure, and the physiological function each organ served and the way they served it. It had evolved into what came to be called the functional anatomy of the body. The various systems in which the body could be compartmentalized, how various organs formed their own systems in the body, and what function they performed, singly and in collaboration with other organs. How the function and its end product, was received by the next organ, for which it was prepared, how the second organ did its modification and passed it on to the third. Then they were taught how the various systems came together, how they were interdependent. How one derived its function from the other and contributed to it, normally carrying out its work. It led to the understanding as a net result, how humans functioned as a body, as an organism.

It was not understood quickly but, taking time to explain, draw pictures, encourage questions was time consuming but pleasing in itself. Each day's teaching would slowly unfold the topic of the next. The teaching sessions were always held in the afternoons at two, when the morning batch trainees and the mid-day branch trainees could come together. All of them used to eagerly wait to learn. Barring that hour and a half, the trainees would work in the wards under supervision. Beginning with the preliminary of bed making for the patients, tucking them in blankets, measuring temperature, pulse rate, making simple entries, the training had gone on to assist in drawing blood for investigations, helping start intravenous lines.

It had further gone on to familiarizing them with the drugs that were being used for patients. The drugs were tied up with specific indication and use. To begin with, only little quanta of information were given, slowly more details were taught. Most importantly the ways of using drugs, liquids, ointments, wound care, disinfectants were ushered in, in practical setting. Gradually it came to ward procedures like giving steam inhalation, feeding by tube, measuring abdominal girth serially. Giving enemas was added. They were taught to observe the stools, smell and consistency, measuring quantity of urine passed, to enter total intake by saline, plasma expanders, blood transfusions and feeding quantities.

The initial part of the training itself spread and went on to four months, extended over one hundred and twenty odd lectures and numerous demonstrations and hands on experience. In contrast with the Community Health Workers or Dai training, this was training for The Hospital work. Nothing like this had ever happened, in so systematic and unfolding a manner in Greenspan and in any places around, in the country, outside the Christian pale, with the exception of Narendra Dutt, where trained, officially stamped manpower was scarce or unavailable. The way every one of the trainees was shaping, it was obvious that The Hospital had hit upon the solution of their perpetual manpower problem, in so convincing a manner. It was the experience of Narendra Dutt Hospital being retested, affirmed, and recertified, and probably expanded in a gratifying manner.

The bifurcation had taken place early. Vijayini hardly had any time to teach. But her requirements of the theatre personnel had gone up a great deal. She had taken over Shubha and second Manju as her chief assistants, taught them afresh, how to arrange for operations; the table, the trolleys, the bowls with hot water, the linen, the arrangements for hand wash, to clean and sterilize operation theatre footwear, the arrangement of light and so on. Their operation theatre table was just an iron table. Its lower end would fall off if vaginal surgery had to be done. It did not have any sophistication of turning a patient by turning the table itself; lowering or elevating it but all of them had shown a great propensity for improvisation. Shekhar, as long as he was there, was already active and energetically managing autoclaving with Manju and Shubha. Emergency surgery was a routine while planned day surgery was invariable. Hence Yamini also was taken over.

Vidyullata, Jyot and Padmagouri had shown good flair for ward work and did show signs of competence early.

In about six months' time, the ordinary workers had quickly developed in to well-trained ward assistants. As the rains that year receded early, in mid-September and the atmosphere had brightened, the Forest Conservator Mr. Giriraj appeared. The project that had been prepared and submitted, was accepted, sanctioned and was to be put through. Four colonies were identified for initial comprehensive health care and education.

"Mr. Giriraj, after visiting the colonies we visited in September, night blindness and worms with anemia will be common to all. Both conditions are highly treatable with spectacular results. We have stalked for these three conditions and other deficiencies well. Scabies, particularly malignant ones is a big issue, in some other tribal settlements. I think they are those cold European country variants. We will need jars of paste and lotions for them. Another common condition is pus in the skin in scabies and without scabies. That will need tons of antibiotics. With as few visits as needed you will see good improvement.

"We have already spent a great deal of money on these and many other medicines as soon as we learnt the schedule. My request to you is to release the money as soon as the first two colonies are over and the report is sent."

"Madam, I would have liked to pay in advance for these purchases. I am genuinely tied over it. This donkey of a government is obstinate. Make all the purchases full scale, for four colonies to be covered in one month. One colony, each Sunday. Send the report and bills Godspeed. I

assure you that the moment your first four trips, in one month are over, you will get the money on your expenditure report in less than a week. That will be an all-time record in the governments. That way you will have time to purchase things again before you visit the same colonies in the same sequence.”

“That is very thoughtful and kind of you, Mr. Giriraj. Thank you, Sir.”

“You do not have to. I do not know what kindness means. It is people’s money. As the custodian, I am using them properly. I have come to know under what hard and heroic efforts and conditions this Sharad has conducted mobile rural health service for several years. I was clean bowled to know that you people managed it without asking or getting a paisa from the government. That is incredible. Now, our hospital will also be benefited by this money; you can do better work, more work. Tribal benefits I think, are already laid out.”

Giriraj after a few paces came back.

“Yes, by the way remember that you must include in the bills, total kilometers the vehicle runs. Diesel, driver and maintenance, Sharad will tell you how to calculate and include it. We have apportioned money on a day wage basis for calculation for each nurse, ward boy, maid servants and clerks, dispensers that you will take with you. After the first cheque is issued you will have enough money to roll over your stock.

“As government officers, we are accustomed for all such frills, to the minutest extent. So, include all expense items truthfully, without hesitating. We are accustomed to give treasury money under orders from higher ups to people who do not do any actual work but manage accounts under various schemes and take money. Our officers are no sages. Yours for a change will be an authentic and honest billing. God bless.”

“Thanks again. Our plan is to start next Sunday. Will there be any forest department people to help us collect the tribals, queue them, talk to them, induce them to take medicine.?”

“Of course, Madam, they will be there. At times, you may find Giriraj also there. At least the first two times surely and then intermittently. That gives our buffoons the right message. Your work will be done.”

Having gone off, Giriraj turned back again. He had one more question.

“Dr. Vijayini, I am told by our foresters that in some colonies there is a phobia for injections. In others there is a morbid willingness for injections. How are you going to manage where injections are abhorred? I did not really get it.”

“Come and see for yourself. That is your incentive.” In her pleased mood Vijayini jested.

The Tribal mobile camp schedule had come with short notice. The number likely to be present could vary. Their drug requirement could vary. They had to quickly check on estimates for drugs already purchased. Since it was going to be a program which would go on for months, they placed an urgent and a large order with variety of drugs with QLCM, knowing well that it would not reach them before the first camp. To make up for what they did not have anything at all or did not have adequate stocks, the Doctor had run up and down with Bawara, the outpatient

clerk for three days, to the Garden and the Port Cities to collect more jars and jars of various medicines, lotions, ointments, capsules and what not.

Both came back every day, loaded with medicines, undertaking the God forsaken journey of a hundred and thirty-five kilometers of breath-taking beauty all the way and the horrifying nausea that lay coiled to spring ready in a vomit, up and down to the Port City. They would catch early morning buses, would not eat till they alighted four hours after and nausea went away. A long gap of food again before boarding the buses so that the stomach is empty of anything at all, that it could vomit.

In three days, they had collected everything they wanted, made contacts for assured deliveries subsequently in time, as the mobile tribal work would proceed. Had they depended on their regular suppliers, things would not have moved. The rewards of this running around were high.

The day the first batch was to leave for the camp, the atmosphere in The Hospital was festive. The Land Rover had been brought out after servicing. Loads of medicines were put in. Stethoscopes, torches, gloves, dispensing ounce measures, bandages, ointments lotions went up. No one wanted to be left behind. 'Madam, Madam, I want to come' was a constant exhortation by all of them. It was with great difficulty that lots were made, each group was assigned one colony.

Outpatient cards, registers for making entries, pens, went up. Bawara, and three more of the staff climbed up. Pradnyagouri came hurriedly and said, "I am coming. You cannot handle so much drug alone." Among the trainees Padmagouri had come in early finishing her household chores and had also taken care of her children. Among the two the better-trained, the first Manju climbed up. Vijayini sat down by driver's seat. All those left behind, envy in their eyes, turned to hospital chores as the Land Rover left.

The Hospital's Land Rover was a British, custom-built vehicle. Only 12 per year were built. It was like a small ambulance where small operations could also be carried out. Emergencies could be attended. It had a small classy refrigerator among other things.

The first was a forest tribal colony. The tribals had been lined up. Forest guards, rangers, range forest officers were all there. The registration table was set up. Medicines were lined up on other tables they had carried. It was a colony with a small school. Many other things like drinking water were available. The tribals would come up one by one; their card would be made. Brief questioning and a quick examination would follow. Prescription would be written; the disbursement of medicines would follow. The staff would give proper and detailed instructions about how to use medicines. The forest rangers were brought in with the tribals and the prescriptions explained to both instructing the rangers to reaffirm them with the tribals.

Due entries were made in columns and rows of papers they had prepared to show each medicine, to whom it was given, calculate the total quantity and cost of each medicine. The paper format was their own invention. It led to a good recording practice.

As had been anticipated and based on earlier work, the patients uniformly complained of night blindness. Worms were common. This colony had opted for injections. Each of them was

given one shot of 60,000 units of Vitamin A in the buttocks. It was followed up by a course of small bright oil balls of Vitamin A and D for about a month. A deworming medicine was poured in the throat of everybody. To some grossly anemic patients, iron and folic acid tablets and vitamins were given. They saw eighty-one patients. By two in the afternoon, they moved out.

Giriraj had appeared early with his insatiable curiosity of what were they doing for injections. He had expected some utterly useless placebo injection.

“These are vitamin A injections. By the time we return in a month, the night blindness would not be a problem. See if they can get access to avocados, with plenty of vitamin A to top it up. They will realize how much they benefited by a single shot. Ask your rangers to ask them about the worms fall out later.”

In between the plan of visiting one colony every Sunday was changed to two colonies every alternate Sunday. On the way to the second, the elephant colony, they ate what they had brought. By the time their Land Rover stood on the banks of the river they knew their difficulty. The rangers came forward.

“The colony is on the other side of the river, Doctor. We have an entire lot of patients lined up there. They will not come on this bank. We have to cross over.”

“How? With these loads of things?”

“Yes madam. Do you see the small dingy boats there? We will load the entire luggage in it and take it across first, with one of your boys. We will unload it and start lining up the patients while we send the boats for you.”

The boats went back and forth a few times. It was a stretch of just about 100 yards. The river was not shallow. It was in spate due to abundant, now receded rains.

This colony was scabies infested, worm infested and the far too many tribals grossly anemic. For the forty odd tribals, it required a broad paintbrush, smaller than the ones used in painting walls, to apply lotions all over their bodies because hardly a few square inches were free from Scabies. They did not have it and decided to get one of moderate size next time. All the large bottles of scabies lotions were exhausted first in somehow painting them. Then the small bottles which are sized for a single individual with scabies also exhausted. The deworming syrup cans went bottoms up. Injections were abhorred. The night blindness cases were fewer and could be managed with A and D oil balls.

Notwithstanding all that it was, the elephant colony had its own fun. The staff had had their glimpse and encounter with mahouts and elephants. Elephants were made to sit down, bending their legs, The Hospital staff climbed up and perched. The stomachs became a tremendous vacuum with an all-engulfing drag down, as the elephants rose to their nine feet height. Holding on to the sacs was a terrible adventure. The supportless feet would feel as if they will melt off from knees. The body moved in unthinkable angles and directions. Some had fed the elephants with a kilogram large ragi balls and felt their hand sucked in the moist and soft mouth. Everything was going great.

When they returned Vijayini briefly said, “I only hope the massive worm fall out that is expected, does not result into round worm obstruction in the intestines. That will be hell and counterproductive to the miracle they are about to witness.”

After fifteen days they went out again on a Sunday for the two other tribal colonies. This time another group got the opportunity to go with Vijayini.

Of these two colonies one was situated in Nivruttimala, which had the second largest rainfall in India, thirty kilometers from Greenville. It could be approached, only after traversing through the beautiful but nauseating curves on the Greenville to Nivruttimala road. The first few kilometers revealed huge deep and wide valleys with only tree tops visible, making the underlying estates impossible to see. The cauliflower like treetops would show various straps of colors; new leaves, old leaves, young and mature leaves, drinking the ever-awaited sun and converting everything to oxygen and carbohydrates.

Once they actually turned left from the main intercity road of Greenville westward, to go to the first colony the entire road was lined by bamboo compounds with a wicket Bamboo gate and a somewhat larger entrance by the side for their vehicle and estate produce to move out. The houses were small, roofs fitted with tiles, darkish, if not impoverished houses, clearly those of small landholders. In some of the compounds of these houses were beautiful small decorative flowers, a few coconut trees, a small poultry, a garden and some coffee trees. Beyond this beauty lay their sloping estates of which the enticing greenery was the sine qua non of that road. Twenty-seven kilometers travel brought them about a thousand five hundred feet down, to the base of a large bowl whose sides were defined on all sides by multilayered hills, one behind another. The weather warmed up, the roads became dusty and sweat made its faint appearance.

The first colony they had visited earlier had the early signs of some encroachment by the concrete culture but the second, the elephant colony was an impoverished scabies infested colony, much more ragged. These two new colonies were an utter if not stark contrast between them and the two the earlier ones.

Without stopping in the first colony, they made a beeline to the second, situated a further eighteen kilometers away, skirting round the Giribrahma hills and going in the deep, directionless, blind area of the jungles. Those woods were truly dark and deep, and the horizon was hill-locked. In and in they went beyond the last blocking hill. Then the road rose up, steeply, before they reached the second colony. At its border lay the next state, a few kilometers away. The landscape had changed. Now it was rubber trees all over. Thick, rubbery, dark green and pliable leaves appeared regularly. With all kinds of abundantly alive large flowers in their sexual exuberance and promiscuity giving them an extra vitality. It was the most thrilling and enchanting aspect spread besides, before and after them.

The tribal camp had similar arrangements. Children were covered with somewhat coarse dust-colored dresses. But the entire atmosphere gave all their effort a kind of serenity and made them almost speechless. On return the first bypassed colony was also attended.

When they went for their second visit to the first colony, exactly after four weeks, the number of patients had suddenly decreased to half. All of them were there but each one said, ‘we

are able to see in the twilight and in the dark, we have passed large number of worms, we feel fine.' Many had the apprehension of getting worms or the night blindness again. They were given a repeat course. This time all of them got more time with each patient. They tried to explain to them the fecal-oral recycling of worms, how the eggs enter from water and food, how they develop and how if the hands are not cleaned, one gets infected by the eggs in the stools as one eats food. From there they went on to teach them groups cleanliness. Iron tablets were given for a couple of months for pregnant women.

The reception in the elephant colony on the contrary was almost thunderous. The children were the first to run towards them as the troop alighted from the dinghy boats.

"Look madam, look madam, our '*Fodas*', abscesses have gone. Look our skin, how fine!!"

"Look madam, my 'tum, tum' - meaning stomach- is flat, worms out. Give me medicine. I want to drive them away. We feel fine."

The hygiene charts were then unfolded. The troupe went about sticking them on or nailing them in the huts to show them the basics of hygiene, oral re-hydration and so on. It was obvious that next visit could be only after a few months.

The other two colonies at the end of one more month were no exceptions.

The most important part was to prepare charts of patients, names, ages, sex, colony, ailment, making a grand total of all patients seen. On separate charts they entered the personnel expenditures, vehicles charges and so on. The cross-eyed, stupid looking Bawara neatly arranged every detail.

Bawara of course was merely one of the two. Pradnyagouri had kept impeccable accounts of the drugs; the drugs prescribed and its exact quantity multiplied by the cost of drugs. Others also knew how to record things. These two doctors were sticklers for details, method and exactness. Vijayini was more than that, she was compulsive about it. Their staff had started showing signs of developing.

Sharad took the whole bundle of charts to Giriraj. Giriraj was so pleased to see the systematically made charts, other information written down neatly, that when he signed the green treasury check it was more than happiness; it was a reckless pleasure to disburse that large amount to them.

An incident took place on one of the camp days after the third round was completed. When they were about to board, a young couple had come in with an extremely small child in their hands. The child was not well. When in a room it was opened up for examination what the few who saw was just cruel. The child did not have any outer wall of skin and muscles of the abdomen. His intestines lay outside in a large square red pink peristaltic mass.

Taken immediately to the operation theatre, with what they could for a minimally required anesthesia Vijayini tried to suture the remnants of the abdominal wall together. With some difficulty it could be done. The child was breathing evenly. She did not have the heart to go to the camp. Chandramouli, who had once accompanied her, climbed up. Vijayini kept her vigil on the

child. It started feeding itself, sucking, but the insult was too much. Under septicemia it suffered and died after two days.

Vijayini was numb. Her theatre staff much more so.

Thereafter they divided their camp times in three. Chandramouli was to go back to his house for a few days. To compensate for his absence, he went on a series of them, especially to the colonies situated at much longer distance in South Greenspan. Pradyumna had by then worked enough in wards. He also started going occasionally. If the wards were without any postoperative patients or unstable emergencies, Vijayini also went.

Among all those who went from the trainees, the first Manju, had posed one peculiar problem. She could speak five languages but could neither read nor write even in her own mother tongue. She used to find it difficult to handle medicine, as she could not read. In ward, during training she could not write fast enough, in fact not at all. She was intelligent, sharp and knew what was what and how and where to use it. Keeping her in wards was an impossibility.

Instead of any other formal training, everyone took turns to teach her English directly. It began with alphabet then common words, some elementary rules of how spellings were made and taught. From then on, they jumped straight to the names of the drugs and made her read and write them. In two months, she could fill registers and maintain them in operation theatre and labor room and still remained an illiterate in her own mother tongue and other languages.

The camps had charged the atmosphere. In the six dry months from September, they literally combed the tribal hamlets, the houses, went in and out, acquainted themselves with the conditions, acquainted them with The Hospital and had drawn them close to the hospital. The scheme had also eased out the difficulties of training as it provided more than enough work for each, filled out work hollows by creating scarcity of staff in wards and tightening everyone's efficiency to a pitch, it was taut and ready to plunge.

This second batch of trainees was to be the best of them.

Chapter 6

As obvious as the day, Vijayini had tired herself out after months of work. The biggest problem was the absence of an anesthetist at the head end. Every day she would do some major surgery for some reason or the other. It was a big circus to anesthetize a patient, hand it over for someone to keep him or her anesthetized, without paralyzing him. Then Vijayini would wash up again, perform the surgery as fast as can be and come out. Her heart would literally be in her mouth till everything settled down. And there was work, all kinds of works, including the training of ward assistants, specific to her areas.

The tribal visits however strenuous and physically tiring, these outings had relieved her from the pressures on that one day, not worried and tense about the patients coming in, in critical stages on Sundays. When she was out that stress of saving lives for even that one day was a great relief. That was the sole reason the Doctor had allowed her to go instead of sending only Pradyumna or Chandramouli or go himself. Things still however had come to an almost breaking point.

Knowing that Sharad would be awake and reading and Krishnagovind in his moderately intoxicated state would still be accessible, the Doctor lifted the phone.

“Mr. Sharad, there is nothing heavy or complicated in the wards for both. Pradyumna and Chandramouli can manage things. Anything new coming in, if they can manage let them take it in.”

“Why Doctor? What is the matter? Is there a call from Bombay? Do you have to go again?”

“No. No, Mr. Sharad. Nothing like that. We wish to go away for a brief two days. We have gone to Bombay and Poona too frequently and for long durations and I am somewhat ashamed to ask for leave again ...”

“Cut it out, Doctor. Vijayini has taken the burden six people. You also need some respite. Go to Hotel Das. I have the number of a person known to me. I will telephone him tomorrow before you reach. It is near the bus stand. Unless extra ordinary or of paramount importance, you will not be disturbed. Come back at your leisure.”

Next day morning they had walked up to the bus repairs depot near The Hospital and taken the bus to the Garden City. Hotel Das was a cultured outfit, clean, neat, respectful, and warm. They were enjoying the warmth of the city after months of chills that made their hands, feet, nose, and face blanched with cold. They had bathed not exactly separately and laid themselves on the cots. Arms around each other; for two hours they simply laid down, comforting, patting, stroking each other. God only knew what kind of assurance, acceptance, or the depth of feeling they wanted to communicate. The most relaxing was the inaccessibility to anyone in the world. They were not responsible for any lives, did not have to put their whole and soul in saving them, under the cruelest conditions. No one knew them in the city either.

Das was famous for its vegetarian foods. That in addition suited Vijayini greatly. After a sumptuous breakfast they set out. Located in the choicest main market area they moved slowly, looking in the shops, window-shopping, trying to see the new items that hit the markets. They did not dare to look at the prices if they liked something. They knew they could not afford it. They knew they could manage without them.

“My dear Doctor, take out the money for the room rent, food and backward journey. The remaining, we will spend. There are just two things I want to have particularly. That will ease me out. I need a small, crudest, cheapest available sandwich toaster, and a small iron to keep at least some of my clothes dry and in a somewhat better shape. Iron I suppose comes first.”

They had strolled the markets, shop after shop they went on seeing. From rupees one thirty-five they went on looking, to find an iron box of Rs. Eighty-five which was heavy enough and compact. She was about to give it up. The Doctor had it packed.

There was no remorse in either that they ill afforded even this. They had opted for a life of this kind. It was at times, not wrong, to need something for a little luxury.

They postponed the purchase of the toaster for tomorrow because they did not find one. They visited the Khadi emporium. The entire handicraft, woodwork, leatherwork, stone work was on a splendid display. A large Rosewood elephant with ivory laden decorations had a price tag of fourteen thousand rupees. They took in its beauty and then let it go. The black stone white ivory design works, was fascinating for its dark black and white contrast. It was a pleasure the artist in her was enjoying. He looked on.

“How long have you been using this stiff and unbending belt of yours?” She was pushing and poking at his middle, wanting to know.

“It is around six to eight years. I like it very much because it is just about a little less than an inch in width and long enough.”

“I want to find a softer one for you, dear.”

“I don’t need it. What is more, I bet you will not find this narrow width. I have already looked. The loops on my pants are small as required for this belt. Getting a bigger one will be of no use.”

She tried but did not get the right width. Unwilling to leave without a purchase a Sandalwood soap was purchased. One look at her told him, she wanted to be bathed by it.

The Landmark building situated two squares away was an unending affair of a single-story building. From one end to other it was all second-hand bookshops. Brightly colored magazines, newspapers, literature, western books of all descriptions, philosophical books, religious books, science, fiction, medicine, everything was there. Like two avid bookworms they noted the newer authors, older authors having produced something new. At the end of the shops, they saw at a little distance away, the famous art gallery of the city.

“Shall we go there? All your painting desires can get a boost and an impetus if you see the paintings, antiques, clocks, daggers, musical instruments and so on. Today I am thirty-one. I saw this gallery with my parents when I was thirteen. Have you seen it?”

“Never, my dear!”

It was a treat, a feast, a bonanza of everything that can go by the name of real good refined art. Right at the beginning a group of people stayed around a big clock. The clock’s gong had just been sounded. From two sides of it, red coated, black, and red turbaned soldiers, reminding him of the Guards of Buckingham palace, came forward in a march. A drummer’s hands were moving in a stiff manner, life like, without life. The march ended. They bowed and went back, tuck, tuck, tuck.

From then on there were old time and type of knives, barchis, khanjars, long and short swords, the Sikh kirpans, straight swords, double edged swords, the *dandpattas*, which are actually thinnest possible swords which could easily bend, chains, the primitive bandook or the gun, with its crude ‘*barood*’, the gun powder; then there was a score of musical instruments, then the paintings, the marvels on canvass.

“See how alive their eyes and the expressions in it, ever so difficult to bring alive. That is the best tribute to any artiste.”

But the crowning glory suddenly came alive as they stood opposite the “Lady with the Lamp.” A plain, cultured, royal aristocratic lady was holding an oil lamp with her hand in front of the flame trying to protect it. The reflection of the light had made her face quite clearly visible, despite some immaculate shadow play. Suddenly, a human hand switched off the light in that area. They turned back to see who did it and why?

“Please look ahead. You will see it now. It is as if the lamp in the picture is producing light, its own internal light, giving this lightedness to the picture by its own. This Haldankar painting is fascinating.”

They looked. It was so. The picture looked so much more lighted in the surrounding darkness than it was, when there was light around.

“How has he managed it Vijayini, any idea?”

“He has used gold for color. But it looks as if the color absorbs light and emits it again. I just can’t understand.”

When they sat opposite each other to eat again, she had two canvasses, a few brushes and paints with her. The Doctor knew that it was not the childish impetuous impulsive desire, to want to paint, having seen great paintings. He knew her to be a painter of abstracts. He knew that in this unjust marriage of theirs, she had got used up too cruelly to allow for all this leisure and relief she was rightfully entitled. He had seen several of her abstracts. He knew that it was the deepest unison with an emotion and an experience that she wanted to attain and obtain in her abstracts, where she found her deepest tranquility, a self-forgetting, innovating, and obsolescent release.

“I have cancelled the sandwich toaster.” She had said.

“We will see about that. After all, the world has not ended yet.”

“Do you recollect how we sat opposite each other like this when I had come to meet you?”

“Of course! Will I ever forget it? And the next day after you accepted to marry me, we had gone to Pritam in Dadar TT for food.”

“You were wearing that white saree with large chocolate colored design that I used to and still like so much.”

“I know. Incidentally I have not been able to locate your photograph, of the bohemian smoker, you sent me. That made me like you, almost instantly, without control.”

“We have been working too hard. The fact that we can count our sitting together like this, is a proof of that. We do not even pay attention to our own house hold.”

“I know. I know. Let us try again when we get back.”

That night had its own bliss. Free from the immediate, temporary worry of being called, had relaxed them rather disproportionately, knowing well that there was only one more night and half a morning of Monday before the work would start, and tensions would mount. But they were able to forget it in this short span and enjoy. Neither of them really had this tendency to relax. They were young. As a physician and a surgeon, they were powerful individually and combined they were much more so. Nothing practically could have produced terror in them, given their stature. But being tensed to a responsibility of another life was natural, born more out of their moral sense, than their incompetencies, that were few.

Probably, they needed the relaxation so much that they had succeeded in unconsciously forcing it on themselves and had internalized it also, quickly. For hours and hours, they walked in the warm salubrious weather. They slept and slept long on their return to Das, came down somewhat sleepily in the night and then next morning, compelled because they were hungry and the time for the delicious breakfast of Das would run out. They did not want it to happen. Eating properly was a problem with both. On the usual tensed up days, they would be particularly indifferent to food and would chew the food without interest, listlessly and as if it were a means for sustenance rather than for taste.

Fed, having lounged around and bathed with the sandal soap, they had again stirred out. They were walking and walking, they just wanted to do that together. They walked to the Palaces and Gardens for which the city was famous. Entering the palace from one side, they came out from the other end. Hungry again they decided to try a new joint.

“Look here. In my bachelor days in Greenspan, I have visited this PPP; I went to their Capital City branch with Achyut once. But we ate there heartily. I do not know the full name, but its cuisine is Andhra style. It is marvelous. At least the non-vegetarian food is superb. It did not bother my stomach, which any way is not very hardy.”

“I have never understood why only vegetarian food, chilly or not so chilly bothers you, while on meaty food however chilly it may be, you are like a lark.”

“My dear, Miss ..., I do not understand that either but I think my constitution is probably that of a meat eater.”

“There is another thing about you which surprises me. Your total abandonment of smoking after marriage.”

“That is not difficult to explain. Those were the times when I was lonely, cold, chilled, with no food inside, and only the wild nature and problems of wilder nature surrounding me. Now I am happy and have no such needs. All those things are gone.”

“The surprise is also on account of the fact that you made it a point to smoke when you came to see the project. Why so?”

“Ha, ha. I wanted to present a negative picture of mine, so that the matter about marriage does not progress further.”

“You rascal!”

“I may take to smoking occasionally because I like it greatly. However, I shall never smoke in front of you or my children if we are destined to have them. It is the same for drinks. I am pretty sure I have overcome my addictive nature. Now an occasional one will not lead to anything further.”

“There is still one more thing. You are so committed to the ideals of your Movement and yet you are so completely unlike all the people in your Movement that even we have seen and known. Liberal, highly westernized and so much more; that is something I have not been able to reconcile with.”

“It is a long story. You will take a long to know me. But be sure I will be there when our marriage achieves its full significance. It will continue to mature as years go by.”

PPP was a crowded restaurant. They were somehow accommodated on a table. Large fresh green banana leaves, well washed, were laid in front of them. The mid riff was pressed and crushed to flatness. The row of quick waiters deposited the small masala, pickles, salt, and chutney items in quick succession in a particular sequence, common to all the eaters. There was a rich misty fragrance to the place. It had a bar but nobody seemed drunk. It had its separate existence. Once the preliminaries were over, they were served steamed, cooked rice, soft, with each grain swollen with water, separate, whiter than any whiteness, even milk, then the curries, vegetables, and pappadam; then came the rich brown yellow chapattis and then the sweets. It had gustatory, autonomic, gastronomic, olfactory, and tactile, aesthetic pleasures all crowded into one. The crowd had given the whole thing effulgence, a religious and cultural mission of eating.

Beaming, they came out, secretly resolved individually, that they repeat the performance in the night. By evening they visited the colorful splendor of the fruit and vegetable market, loaded themselves for the next 15 days of provisions for Greenville and went in for another blissful locked in arms, oblivious sleep.

The illnesses of his mother after her Poona ordeal and the partial paralysis had stood like prominent punch marks in the first half of the year. He had returned with Vijayini towards the end of December and by January end his mother had been readmitted to a general hospital Medical College in Bombay again. It only meant that they could ill afford a private hospital or a nursing home. It was another matter that the extremely competent professor of surgery there, had great admiration and attachment to his Pramilmami. The blood sugar had shot up to six hundred and fifty, about five times the normal and with that the body was in a highly toxic potentially acidic environment. His father, then sixty-three would take all the eatables for her and him for the

day in a large Tiffin carrier and catch the two-thirty-four number double Decker bus to go to her. Going by Bombay locals even in the first class would be nightmarish with that Tiffin. The bus had an advantage; it started from the bus depot opposite their house and he would alight right in front of The Hospital about 25 kilometers away. In the evening, he would take the same bus back. His mother would lay awake in the night all alone, not afraid; she was not the kind, but was bored of her illness.

At the end of these 15 days ordeal, she had been brought back. Injections for diabetes were being administered but the sugar just would not yield to them. They remained high if not very high. On the fair and the soft skin, the injections would make red ant bite like marks even when the finest needles then available were used. She was allergic to the only one, crude, unpurified variety of insulin available then and it had to be withdrawn. Various combinations were being tried. Ultimately her old chlorpropamide tablets were given to her and the blood glucose came under control.

Within a few days after that, she developed strange symptoms. She became emotionally labile, would start crying and found it difficult to swallow food. Voiding urine was impossible. Her sphincters elsewhere choked her; she was severely constipated, the stomach distended. She started vomiting once or twice a day. Eating was indifferent. There was a fall in the blood pressure. All tablets were withdrawn. No one knew what was happening. He was summoned

The Doctor's disciple and her student Dr Raju had somehow thought out the matter even before the Doctor arrived. The diagnosis was of dangerously low Sodium content that was responsible for all the symptoms. Feeding with extra salt was begun. Lo and behold, in three days' time she normalized.

The principal of the school in which his mother taught, came to see her. He was a tall, lanky, diligent school teacher, a master administrator, a fine organizer, who would keep the persons connected with his work in good stead and was always out there when needed, yet feared and respected. He addressed them.

"I think Madam should retire this May. She has dragged the work, without compromising on its quality for many years now. For the last two years it was particularly difficult for her, yet she did it wonderfully.

"Had it not been for making her service pensionable, I would have retired her last year itself. Now it has become pensionable. That is something we are entitled to, I suppose, for having tirelessly worked to mold the generations of students. The pension amounts are reasonable, even respectable now a days. I have brought all her papers for you to go through and sign. I shall get them collected later.

"I am also retiring this year along with her. Hundreds of people have worked with me. She was one of those few, who was free from all smallness, of intellect, of mind, of emotions, of work, perception, and everything. I will come again, to meet her. She is better now."

The principal had a deep bond of understanding with his mother. As the kind of person he was, it was rare for him to have opened it.

On thirty-first of May Mr. Principal came again with a peon of the school, carrying a large register.

“Sign here. You, by rule, are supposed to attend the school for this last formality. The school is here for you to attend.”

Each one of them had stood askance! She signed.

All the paperwork was done by the principal on his own, without disturbing her. Within the next two months the principal had put her claim as ahead of all others who retired as possible, including his. What was he thinking? Certainly, his mother would start getting the pension much earlier now. Did the Principal know that he had to hurry for her? But for which reason that he thought of?

That completed the formality of retiring from the school and teachership that she liked so much. May as always was now unbearably humid and hot in Bombay. It could give her urinary tract infection, the Doctor dreaded most. He decided to bring his mother to Greenville. She was grossly anemic and had puffed up on account of that, low proteins in her blood and salt treatment, her early end stage kidney disease adding to it. She was slow, somewhat uncoordinated in her movements or ataxic but could manage on her own with some difficulty and some help.

When he met his parents at the Hill Top airport, she could not have walked up to the car. From the airplane, she boarded on a wheelchair and came down from sitting in another. She looked like a beauty, but extremely wan. In the large ambulance she was literally prostrate on the pillows and said, “I am going to steep. I do not want to eat or drink. The tortuous mountain roads will nauseate me.” And she slept for the next 2 hours. In between the Doctor palpated the pulse. The pressure, volume and tension of her pulse was good, her breathing even. At home Vijayini took her charge. Next morning in the cool invigorating pure air of Greenville she woke up fresh and refreshed.

“Today we will take your blood, investigate you, match your son’s blood with yours. Both have the same blood group. Then on Sunday, we will take you to The Hospital and transfuse you with his blood.” Vijayini announced.

His mother smiled.

This exercise was repeated three times. The second unit of blood came from Karan, the dark, smart, wily, and voluble ambulance driver that Sharad was trying to rehabilitate. Karan’s name was suggested by Sharad clearly stating that wastrel he may be, but he was not a man of bad habit. Shubha also gave her blood. They were all ‘B’ positives. When Karan came to meet her with his blood flowing in her veins, she folded her hands and expressed her gratitude.

Karan shot forward, separating her hands.

“You are our mother; you should not do this.”

When Shubha came, she caressed her lovely face with affection, made her sit near her.

With three vigorous blood bottles she came back to life better than the best as could be expected. All her puffiness, paleness, slowness disappeared and she became her lively and lovely self. Her presence in the large spacious beautiful bungalow gave deep satisfaction to her and her

son. There was his mother to whom he occasionally would go, to be touched, patted, to put his head of her bosom and sleep.

Irene had taken the charge of his mother. Punctually she would come, early in the morning. The food would be served timely, regularizing the timing of tablets. Bathing became enjoyable. She would comb her hair and say, ‘your hair is silky and beautiful. Our doctor is like you.’

Nagaraj and Sharad used to come often. She conversed with them freely in her slow English. Many others used to come to meet her. Achyut, Radhesham, Sharad, each took all of them home and gave lovely dinners. With the comely wife of Achyut, his mother talked in Marathi, their Konkani being a close dialect. She was extremely pleased. Characteristically, his father used to keep to himself worried over her, worried over the heavy duty and responsibility of his children.

“I am not at all worried like him.” She would point to her husband.

“My children are doing good work. Both of them have people like you around them. More than anyone, Vijayini has stabilized him. He feels deeply. Therefore, has a violent temperament. Fifty percent of my worries were over when he married her. Once a child is born, I will be totally carefree about him.”

She once spoke to her son.

“I now understand why you want to stick around this place, my son! Cool, pure air, no sweating and no irritations. I think that is it, more than your ideology and all that! What is left there in Bombay? Dirt, filth, people, sweat, crowds, and unhealthy pressures continue there.”

She had run away from the Bombay summer, which would have killed her. She had recovered. Now in June in the plentiful Bombay rain and never-failing electricity she could pull on for a year or ten months and come here again. Improved, she wanted to get back to her acquaintances, friends and her second son and his wife. She wanted to talk to them about her speedy recovery and recovered health. Her sisters were waiting. She wanted to proudly tell them about her son, his work and even more about her daughter-in-law, her surgeries, her daring and what not. His father was restless. He wanted to get back to his table and write. They had sensed that there was a small strain in the eyes of their children, always worried, wondering if any further troubles were likely.

“When you are around, we are much less worried, than when you are in Bombay. Here an entire hospital is at your fingertips. But go back I suppose, you must. Keep telephoning.”

Fully filled with petrol, Radhesham’s new off-white ambassador had come to take her back. Vijayini decided to come with them. As the Doctor and Vijayini left the rising air plane and the Hill Top airport, situated on a high hill, very few of the kind in their country, they were delighted over their victory.

Rest of the day they spent collecting instruments and some special rarely required emergency drugs, loaded the car, and came back, having spent a carefree day. Radhesham’s driver refused to allow the doctors to fill petrol in the car.

“Our struggle seems to be paying off now, my dear doctors. We had our generator set last year. Akash used it freely. Now Vijayini, you are using it left, right and center. There is so much work. Now another large offer has come our way. I am expecting my great friend Ratnakar to be here any moment. The Doc knows him, well acquainted with him. I want that you also meet him now.”

Sharad had walked in with his driver’s cap in hand. Since the time things had started moving, his involvement with The Hospital had grown from a caretaker’s role to a parent figure. At times he would just let go his work and spend a lot of time with them. Ratnakar was somewhat of a contrast to Sharad. Both were short and fair, but Ratnakar was stocky, an engineer to the toe. He smoked freely. Crushing his cigarettes on to a dustbin, as he saw Vijayini, he came forward.

“Namaskar Madam, I am happy to see you. I know so many things that you have wonderfully achieved here. I have come to do my part for you again.”

“What is it? We are eager to know.”

“As you may know I am an engineer, a training manager for new and older engineers in the huge factory of the famous Kirloskars of Maharashtra. In many ways I am a key person there, although not high in rank. My word carried when I suggested that the 20 KVA generator should be given to you. Some days back I suggested that the large number of laboratory equipment that Kirloskars have purchased should be donated to this hospital. All three of you should come and collect it.”

“How on earth did they agree?”

“Industry behavior is at times funny. All of us there, strangely, thought of having a good laboratory backup to whatever medical services we provide for our six thousand employees and their families. Spick and span, we purchased it, worth thousands of rupees. The competence of our medical manpower, we overestimated. They did not have the ability to exploit it. The laboratory never really started nor functioned. It became a headache. In our executive committee I mooted that it be given to a place where laboratory forms an important diagnostic tool for the Doctors. It was approved.”

“How did you know all this about The Hospital and even us, Mr. Ratnakar?” Vijayini wanted to know.

“I am also from Greenspan, come here often. I have my estates here. I have not come to The Hospital every time, I come here but I always meet Sharad. He tells me a whole lot of things going on in the hospital; about the precision you have given to your work. I have all the gratitude for the Doctor who saved by daughter Ramya three years back, all alone. The equipment is useful here, so take it.”

“I never heard my husband talking about your daughter’s illness.”

“He won’t.”

They fixed a date and a time. Sharad fitted the largest available vehicle to bring back the booty. They had another memorable outing. Early morning, they started with Sharad. From

Greenville to Khushnagar, the by now familiar landscape rolled by. From the hills they had come to the flat land, brown and dusty, in contrast with Greenville and hotter. From Khushnagar they deviated from main road towards the north west, towards one of the largest districts of the state. For a long time, it was a mix of Greenspan greens and the flats of the state. Nagaraj had reminded them to eat at one of the famous *Dhaba*, its famous food, at a particular roadside, thirty kilometers after the deviation.

They did eat. Sharad then called the Doctors' attention to a coconut tree at some distance. From a single stem, at a height of about fifteen feet, three stems had emerged, instead of the ubiquitous single one anywhere and everywhere. All of them made 120-degree angle with each other and each was loaded with large coconuts. Wondering they looked at it for long and got back to the vehicle again.

"This is one of its only kind. There is no record of any such tree anywhere else, in the world."

As the vehicle rolled past, they by passed many smaller towns. They went through district after district. Some lands looked fertile. Some others dry with plenty of low growing shrubs, on which hordes and hordes of sheep were being grazing. Plains were rolling by; coconut, banana, jawar, bajra, wheat and rice fields aplenty with its yields, were fleeing by.

"Mr. Sharad, these areas seem to have a good amount of money. Yet, these flat stone houses, these hamlets are showing little improvement in their style of living. The houses are still as they were before their present or recent prosperity. The people continue to be the same, the farmers, the village rustics. They have not shed that culture to urbanization."

"You are right. Culture lags behind, economic development precedes it. Urbanization is not exactly culture but life in it is much easier or better. These people have either not seen it or have rejected the urban life. Without doubt they are quite well off, even rich. Instead of spending on better amenities, they still horde their money in gold with the prime focus on using it on marriages, ruttled in old customs of caste and the honors associated with it. An optimal mix between agriculture and urban acculturation, is yet to be attained."

When they stood at the gates of the huge Kirloskar factory they had already traveled fourteen hours. Ratnakar took them to the premier guesthouse of the factory otherwise reserved for presidents and directors. The Doctor did voice his apprehension.

"You are no less than any president and director that may visit here!"

Ratnakar shot back, angry that Doctor should have even thought of such a mean position for himself. A fine bath, extremely good, tasty aromatic food led to a night of bliss only comparable to that of their recent trip of the two days holiday.

The breakfast table next day that was laid in Ratnakar's house was an unbelievable affair. It was laid down with unbelievably soft idalis, the coconut chutney, dosas, the deep-fried brown Vada, eggs, omelet's, breads, butter, varieties of fruits, robust, juicy, tasty and tempting. The aroma of the coffee, the Greenspan plantation coffee, ground with ghee, percolated in the night fresh, in the morning. Jayashree, Ratnakar's wife was the hostess, her Greenspan beauty at fifty

was at once benign yet mesmerizing. Ratnakar's two daughters and the young son were in attendance.

"How beautiful, she is and her household. Nothing short of superlative!"

Vijayini intended to whisper in the Doctor's ear but became audible enough in her exasperation of so much beauty.

The crowning glory of the day was the sparkling laboratory equipment, glass ware, flasks, test tubes, burettes, pipettes, centrifuges, decanters, water distillatory, burners and what not. The kits for the laboratory tests were plentiful, six months stock, without a penny to spend, the fleeting thought and a dart of imagination, how the lab man Atreya's face would look to have received it for his own kingdom. They had great difficulty in crowding it in. They themselves barely had space left for them to sit in.

They wanted to get back. The chairman, the managing directors, the school teachers, other important ladies, so many were coming to meet them. Mrs. Samant, wife of the Chairman was however absent. It was clear that they were proud of their gesture and acknowledged in the three visitors, not the clasped arm, meek, submissive beggars but heroes, rightfully taking to their battle, what was theirs. That had made them proud.

At three in the morning next day, they had come back and slept heavy. The things had started moving fast. Real fast.

Chapter 7

Whatever his worth, but Rajeshwar was of help in managing anesthesia even after Akash went away and Vijayini joined the project. One morning when they came to the OPD they found that Rajeshwar had vanished with his family. Surprised, the Doctor asked Sharad what made him go away?

“His college going daughter was indulging in sex with some filthy-rich boys of her college. The culture of bike and hike and drinking parties and sex in that college was the first Greenspan had seen. She became pregnant. To avoid any slander over termination of pregnancy he decided to leave, once for all. That was not all. Like mother, like daughter. This lady was a flirt and was sleeping with high ups in the Government regularly, probably for money. Enough reasons, isn’t it?”

Later this bike, hike, parties and sex culture came to be a norm in high costing other professional colleges all over the state.

As luck would have it, and before a major surgical problem cropped up Nagaraj once again miraculously had appeared with a short man, dark, of flattened curls on his head, very quiet, with a sweetish husky voice that showed that he was a smoker.

“Meet Dr. Shivpal. He is from a nearby city where he is a general practitioner. He also attends as a trained anesthetist the largest Nursing Home there.”

“Do you wish to see The Hospital?” The Doctor asked.

“I do not mind, but I have decided to join this hospital if you want to have me. I wish to stay here two to five years. I won’t mind giving a bond to do so.”

Dr. Shivpal was accepted.

In the last two and a half years the Doctor had got accustomed to people coming over, working for some time and going away. By now he had grown more confident that if one goes away, another will surface. His nightmarish initial fears, of who else will come to work here, had disappeared. After Vasanti and Shivanand, Pramod, Chandramouli and Pradyumna and then the brittle boned, horny Swaroop had come in. The trio of Muni Raj, Prabhakar and Narendra had come, did good work and went away for their postgraduate training in a decent manner, unlike Pramod. Now Shivpal had appeared.

Shivpal had many outstanding qualities. He was a quiet, solid, regular worker. He had the ability to maintain good anesthesia for many hours. Vijayini used to be always apprehensive over the smooth induction of anesthesia but he would generally manage to do it adequately well. If ever there was any real need of The Hospital after Vijayini had come, it was a safe, even if mediocre anesthetist to manage things at the head end. The only qualification Rajeshwar had was to be able intubate and keep the breathing of the anesthetized patient on. And with all his

quietness coupled with responsiveness and untiring attitude, she liked Shivpal. Shivpal had also merged with the atmosphere quickly.

Within days of his arrival, it was clear that he had his own fair abilities to help Vijayini even otherwise and he used to do it well. The length of the time that he had to work was no concern. He would appear in the morning when the day began, work around the wards, see his anesthetized patients, do the writing work, and make discharge summaries of postoperative cases before they went away. He had a peculiar oblique, brusque, running hand, tilting upward, slightly difficult to decipher, but his construction of English was good. Something, Chandramouli, Pradyumna, Pramod, Shivanand, Vasanti and Vasudev were not capable of.

Till the outpatient was over for everyone, Shivpal would usually lounge around. Help. In the afternoon he would come back promptly as the outpatient began. He would even assist deliveries, help sedate patients for curettage and dilatation and help induce an abortion, give thiopentone for draining an abscess or help Vijayini suture the ghastly wounds of Katti on the legs of laborers. Woken up in the night for a major surgical abdomen he would promptly be there, go to the lab for grouping and cross matching of blood, and report himself if the second Manju was not there. If she was around, he would still supervise the same.

“How come you look so unruffled, Dr. Shivpal, even in the dead of the night?” Having become familiar and friendly, Vijayini once asked him.

“I do not get sleep properly. What is more I do not feel tired because of that either. I enjoy lying around. I read all your English books I have taken from your house; I also collect books from everywhere.”

“I think there is something more Doctor Shivpal!”

“No madam, not really. I did not want to stay in that city. I did not like things the way I saw them; the surgery, the gynecology or orthopedics. Here is a nice place you have created. You have made diagnostics available and use them plentifully and properly. You understand it. You have a fine surgeon in you; safe, competent, neat, courageous, and even tempered, yet very cautious. You have tissue respect.”

“Thanks a lot for so many complements.”

“Now that you have opened up the topic, let me tell you! The city I have come from, is a much bigger place than Greenville with lot many more people and salubrious weather. But somehow, I have not found the kind of surgery you do, being done there, much less frequently, qualitatively not as good. Even orthopedics. I like it here and that is it.”

The Hospital had now become multifarious in its activities, but Doctor was still a bit apprehensive whether such good luck in the form of Shivpal was his to enjoy and if it continues, for how long. For him the most important thing was that his dear wife was relaxed now, despite her growing work and increasing number of surgeries. He had also quietly watched with his physician's eyes and the fine observational qualities, for any drug abuse by Shivpal. An occasional ill-timed drowsiness, a faint slur in the voice, thick tongue, an otherwise unnoticeable slowing down of Shivpal's hand skills, a sudden unexpected incoherence of his hand writing on outpatient cards or anesthesia notes, a faint tremor in the hands and such other things, for weeks.

He had not found any. He had checked on the morphine, pethidine and the diazepam stocks. He had not found any flicking. He had visited his quarters if there was to be any work or information to be delivered but had not found a wayward bottle of liquor. Nothing, nothing ever really. Finally, the Doctor had given up.

By April that year, with all round development of work and a fast turnover of everything, the Doctor decided to take an unusual step. He collected all the workers of his hospital and the Doctors, officers, and trainees. He spoke to them.

“I am extremely happy about the way our hospital is shaping. We are earning more money, more regularly, for the last one and a half year now. The extra money that we have been earning, we have put back in purchasing more drugs, more X Rays, and its accessories. We have purchased a lot more linen, sutures, anesthetics for the hospital. We have put in a lot of money and equipment in the laboratory as well as in the drug store so that we can continue to earn even more.

“We are earning quite a bit surplus because of our plentiful stocks of consumables. I have decided that this surplus should also be distributed to all of you, for your good work, by raising your salaries, which I shamefully acknowledge as dismally low.

“I am keenly aware that none of you have ever asked for any increase in your salaries. I could have waited till you dared to demand it. But I do not believe in that kind of manipulations in dealing. In the world, the basis of all relationship is not ‘give and take.’ Take but do not give is what prevails. I did not want you to ask for it, and then give. That will mean that our relation is that of employee and employer. At least in my mind I am clear that it is not so. We are united for the service of poor and ill people. We are the employers and employees both. Whatever we create, together and jointly, is all ours. We share it among ourselves; there is neither a giver nor any taker.

“I have increased all salaries by 100 to 200 rupees for each one of you, except myself and madam. I must also say that I cannot at present give anything more. You should pardon me for that. At the earliest opportunity, without your asking and when you expect it least, I promise I shall increase it.”

There was faint murmur. Everyone looked happy.

Somebody said – ‘you should also take more.’ The Doctor raised his hand.

“We create work here for all of you to do, and there is no doubt about it. But we cannot do it well unless you work well. You do work well. We are not here to earn more. What we get, at least presently, suffices. We are here to give.”

The tuberculosis connection had opened again. For some apparently strange but unknown reason Patricia and Gerard Allen had returned from New Zealand after a gap of nearly two years. Gerard had again started his initiative of training small time paramedical cadre. The same small-time dispensary of the Soul Savor’s village, near the Administrator’s office was being reactivated. The Viharas number four and six were being revamped. Gerard had also managed to reactivate the Rotary Connection. Money from New Zealand was likely to come in.

The Doctor's own Rotary Club had once again thrust him with the responsibility of Mongoloid Tuberculosis work, as a special representative. The Doctor had also taken the opportunity of the joint club meetings to initiate a wider networking effort. He got himself involved with Greenville and Khushnagar clubs, another Rotary Club near the second bigger settlement of Mongols. With half a dozen Mongoloid representatives from different colonies, the Mongoloid Doctor, and some fellows from the nearest TB Sanatorium, more than hundred kilometers away for those patients, now were part of a loose network working for TB. He had forced and forged a meeting of all of them through the Khushnagar Club in SOS guesthouse.

The Doctor made the opening speech. He pointed out that for three years of his efforts, nothing had changed, nothing had improved. The same figures of TB cases were being quoted. It should have been higher due to our paltry and ineffective ways of treating. Thus, it was a bogus figure. The infrastructural needs were worse than before. To add to the agony, any help from Rotary International was unlikely. The sixty-thousand-dollar Rotary project has been siphoned elsewhere, to the HQ of Mongol refugees.

"I am told by the central agency, the National Tuberculosis Trust that the mycobacterial cultures growing tubercular bacilli are showing 100% resistance to INH, thirty-six percent to Streptomycin and Rifampicin. If these figures are projected on our population, it is easy to see that we are far away from the solution.

"The National Tuberculosis Trust thinks it is a state and the corresponding district problem and not theirs. Their thirteen mobile x ray machines are not working. Even if they were, these would not be made available. My request to examine and culture the sputum we collect was denied saying that such samples must come from the District Hospital. The officer there has confidently claimed that irrespective of the care quality more than 60% get cured. This is absurd. The situation of the district tuberculosis center is useless; neither x rays nor sputum facilities exist, no one visits it.

"Our study of 50 teachers revealing high resistant numbers was dismissed by the officer, saying there is no need for a larger study on basis of my small study, that 'our study need not be taken seriously. Such random contentions cannot be accepted. Everyone in that case will want to be investigated.' You may be surprised but the officer did not know much about the gravity of Mongol Tuberculosis problem. Yet, he dismissed everything else I said about the experiences of so many intelligent people over thirty years.

"I request this house to consider all this and evolve in the further discussion a strategy that will fetch us results. the least of all is to establish an X ray unit in Khushnagar and discover as many more cases as we can and as fast as we can. I offer my services to do this work once every week by coming down to Khushnagar, take over all the nine-month long management of these newly diagnosed cases and the older ones which are on unmonitored, haphazard treatments that are going on. For establishing such a center, action to raise money will now have to come from within your own headquarters."

In the oblong hall with two long tables, the address of the Doctor was received in silence. It seemed to make sense to all. But what followed after that, was completely incomprehensible. Speaker after speaker rose, raised a rhetoric over suffering humanity, declared commitment to

help, avoiding the points of references and action in the Doctor's speech, circumventing it, or going off tangentially. Gerard, and others did not seem power hungry, authority hungry, or self-centered men. But they did not have anything to offer, or did not want to offer. Was it possible that they could not understand what the Doctor had laid down? It was difficult to accept. It could not really be so. Gerard, and others managed not to allow any proceedings to a specific direction, in particular, to raise funds for the alternatives suggested. The problem-solver elements had to be thought of, on a much higher level of organization of which Gerard and others were incapable.

Moving around, during lunch the Doctor was listening to what people were telling each other and noticed that no one wanted to talk to him in particular. After the lunch and closure of the meeting, Ajay and the Doctor went back to Ajay's house for coffee. Without any preamble Ajay opened the subject bluntly.

"Doc, these people get substantial foreign aid; blankets, jerkins, clothes, drugs, tinned foods aplenty, you name it, in the name of their Tuberculosis problem. This aid is dearer to them than solving the problem. These people will not give a damn about the suffering of their own people. They are more interested in the continuation of the problem and collect such aids plentifully in its name. That is why they have decided not to understand what you said, lest it forces them to act upon the genuineness and relevance of what we are proposing."

"Good, you got it out of you. Governments and politicians are responsible for improving the health of the people all over. All that they do is to convince people that they are doing so much to solve the problems and that people should have faith. Their base is clear. If a health issue is really solved, they will become redundant. As long as you have a problem, you have something coming in and someone is its beneficiary. The interest is in continuation of the problem for which people should come to them and their control over people will tighten further. It is not surprising. It is universal."

"That is why the prime characteristic of their speeches was circumlocution and tangentiality. Are there any other issues you see here?"

"Yes, I can. These people have a government in exile. The governance of it will always be stronger than the secular government of the country at large. Hence, all characteristics of it will be replicated here. I will count them for you one by one.

"Governments have many agencies within. There is serious interdepartmental antagonism. No agency will want the credit to go to any other. Hence every agency tries to cut at the root of others, even if it keeps the problem unsolved, even as it becomes even more complicated.

"In governments, there is an intelligently organized arrangement, leading to an intolerant mentality if their judgment, ability, perceptive intelligence, or initiative, motivation, and even involvement is challenged. They are clear that no one other than the government should be interested in solving a problem? Government will take care of everything sufficiently. It is the Welfare State face of the government.

"Within the governments additionally, the tendencies to obstruct, pacing it slow, non-adoptability, intelligently avoiding the decision making, and their non-inclusiveness are starkly visible.

“There are multilateral authorities with multilayered functionality. The right hand does not know what the left hand is doing, and neither are interested in finding it. The governments are smug, have a strong inborn attitude of not taking cognizance of anything outside the government; as if nothing else existed or mattered. As if, no one else was doing or could do anything other or better than what governments did or were doing. The same phenomenon may have repeated here.

“Governments progressively deteriorate, become bureaucratic, procedure oriented and work for a quota permit license system. It is never a good manager. It will neither do anything entrusted to them well, nor facilitate anything someone else may want to do. Government and bureaucratic corruption now are ubiquitous.

“The government also regards the private enterprise with suspicion, with an attitude of derecognizing, ignoring, slighting the privates and not allowing them to contribute to government effort nor supporting them, even if they were doing good work. Here we are, the private party, trying to do something good to these people which their government or the secular central government of this country is not going to like. As simple as that.

“Lastly, these people without doubt have many other vested interests, which we do not know. Continuation of the problem, serves those interests. Yet, you and me have no evidence to show for all this.”

“Doctor, promiscuity and corruption, do they ever have witnesses?”

“You are right, Ajay. Contradictions do not exist. Check your premises.”

He narrated the entire story to Vijayini.

After a few days Vijayini said to him,

“I have realized one thing. We need some new information of a startling nature to stimulate people to look at this problem of tuberculosis seriously. The seventeen dimensions you have uncovered so far in your initial report are now staid, and so also the fact of their tuberculosis. While going over all the documentation over this problem I found one dimension which needs more exploration.”

“What is that?”

“Your *Chhota* friend Ajay has been talking about it for quite some time. The locals from all the small towns around, and near their settlements have sold their own lands, to the refugees at high price. Now they are going to Mongol colonies and serving on their own land as laborers for them. Funny. This has given rise to a daily traffic of local villagers to and from the settlements of Mongoloids, who in turn go in to these small towns for business. Ajay has been saying that all infections, tuberculosis included, are traveling to and from and are likely to infect or have infected the local populations.

“What I suggest is that I shall survey this entire area, say 30 villages, door to door and try to decide the prevalence of all kinds of tuberculosis in the community, as best as I can. It is more or less established now that nothing can be done for these refugees. If this survey brings out an unacceptably high level of tuberculosis among the native villagers, the issue assumes importance at the state and national level because it now involves the natives. Once the exploration starts the

free mixing of these two different people will come under scrutiny. Both communities and the government hopefully will then be activated to work against TB and benefit from it. And our purpose will be served. Let us collect the information without bias.”

“Brilliant, absolutely brilliant. Ajay will jump up and down with joy. We will do it, most certainly.”

“Not we. I will do it.”

“As it is you are going frequently for the tribal camps. Surgical, gynecology and obstetrics works are heavy. It tenses you. How do you think you can undertake this work also? That is foolhardy.”

“Lately the works have become a matter of much less tension because of the fairly competent presence of Dr. Shivpal for anesthesia. Training will refine him further. Dr. Pradyumna and Chandramouli share the tribal work. The trainees are not only enthusiastic but understand things well and are quick. Tribal camps are their simple great joy. They also must be given some different work as a challenge. They will be very happy to do that. Their learning levels will improve a great deal.”

What followed was a strenuous exercise. For an epidemiological survey they had to decide on the population quanta, its geographical distribution, sample size, radius over which to go for it, the basic epidemiological inputs, the socio-economic cultural aspects, its framework, the details regarding actual problems, examination findings intervention details, results therefrom, likelihood of people’s resistance in cooperating, rates of prevalence of TB and other disorders and so on. It took them a few months, snatching their time out individually and together in writing, rewriting the proformas to collect the relevant information. Refining them and making them comprehensive and crisp, but not unduly lengthy, was the challenge. It was to be simple enough for the trainees to be able to fill them in easily and correctly. It also had to be short enough for the population to answer; it had to be easy and not burdensome.

Books were consulted. A whole lot of reading on tuberculosis went in to the exercise once again. The Circle bulletins were brought out. They went through the tuberculosis work that any of the Circle members might have done anywhere, scattered all over the country, through their community health projects. The Doctor even went through the volumes of epidemiological work Dr. Kadri had done where Vijayini had worked and had given him.

Gradually after half a dozen drafts, they made a survey proforma. This was an independent task, not related to Rotary, not related to government’s forest department and its official channels. They did not want any funding. They did not know how to extract it either. They however knew that they could meet the expenditure easily, and get the results at the earliest, if they worked on their own. They were clinicians, supposed to solve a problem and not linger with it. As a part of the exercise the Doctor did take a trip to see another brother-in-law of Sharad, a thin, cadaverous, high myopic statistician who made his money in Nigeria, came back one day, and retired, leaving his wife all the money and the job of rearing the three children. He went through the proforma and listened to other details of what was likely to happen, suggested further alterations and said,

“Now any statistician will be able to analyze it.”

What he meant was do not disturb me. The Lotus Eater, the Doctor thought as he turned back.

Vijayini had teamed up Padmagouri, Yamini and one more ward boy Jaising, whom they had recently appointed. He was the younger brother of Shekhar who died due to injecting himself with the wrong drug. It was a compensation to the family. The foolish looking OPD clerk Bawara voluntarily joined. These combinations would make two survey teams. Initially they started doing it on every alternate Sunday, when they did not go for the tribal project. Ajay had given them the layouts of villages, the contact persons and looked after their comforts in Khushnagar.

Beyond Khushnagar when the plains started it was dusty and hot, in complete contrast to Greenspan. At a stretch, the survey used to go on from morning till about four in the afternoon, when the survey team would return by five in the afternoon, dust covered, thirsty and exhausted. Most villages were small. They had increased the sample size on their own, making it more representative.

Then the surveyors started pushing off at random, even on weekdays. Whenever there was no work, they started going off, for a few hours, or half a day and return. They were not speaking much except for some occasional horrifying experience in the villages. They were getting their answers through the cooperation of the villagers and the information was collecting rapidly. It was getting arranged in a systematic manner. For three and half months they worked almost in a feverish manner like this.

“What is it that is drawing you to this horrible and boring task so frequently?” The Doctor had asked of each of the member. The sum of their reactions was simple.

“We actually see the village, the villager, the conditions, the poverty, the wretchedness due to the rampant diseases, as we have never seen before. We are seeing life. We want it to teach us the real India, what it is and what to do for it. It may look morbid but we feel that we should complete this task as early because then only we can think of change in the situation. But we are getting morbidly attracted by the situation and go and expose us to it.”

When the entire report was ready, for which Vijayini and the Doctor had to struggle over days together again, the simple conclusion expressed in one line was quite startling. The prevalence of tuberculosis was four times higher in this area as compared to the prevalence for population in general in India. While that stunned the Doctor himself, he knew that he had the required data to drive his whole point down and get things for the project.

Since the time he returned from Narendra Dutt Hospital two years back, he had had no occasion to establish any communication with them. The year after his visit was quite turbulent; his marriage with Vijayini, the spurt of growth, work and tensions, their two months in Poona on the ill home front, their rejoining the work, increasing their activities, had left them practically with no time to think of communicating with anyone at all outside. They were busy now solving their problems and establishing regular methods which could help others in similar situation.

After nearly eight months of working Dr. Shivpal had expressed himself. He had said that he would like to go to a center for getting more training in anesthesia. He had also said that

whatever he was doing, he was doing out of intuition and experience. It was not uncommon that he had to anesthetize a patient for hours together. That long a time, establishing repeated cycles of anesthetics and muscle relaxants, managing fluids, and assessing blood loss independently and replace, needed more exposure under a more experienced anesthetist. Shivpal had also expressed that Madam would be doing more complicated surgeries in times to come and that if he is better trained it would help the project.

Without much debate the name of Shivpal was suggested to Dr. Raghav of Narendra Dutt Hospital. The Doctor wrote a detailed letter, telling Dr. Raghav all that had happened since his visit with Nagaraj. He had drawn a clear picture of growth, their activities with tuberculosis, their experiments through QLCM, with Rational Therapeutics and the organization of their drug store, their efforts of training people for work in wards and in other departments. He had also gone on to say,

“Much of this development has become possible because we saw in Narendra Dutt Hospital, a practical realization of theoretical concepts, how work and people are organized together and multiply combined, at various levels, and differently can achieve much more, and in so effortless a manner. We had also seen how the *Vyavahar* or the behavior of project leaders inculcates a sense of belonging and togetherness for a common higher goal and how noiselessly a hospital can function with great ease, efficiency, and competence.

“In both Dr. Deshkar and you, we saw great examples. About your anesthetic competence and wizardry, I need not say anything. About the large and complicated surgical work of Dr. Deshkar also I need not say anything at all. Our surgical work here also is getting increasingly complicated. Our people need training. We will consider this an honor if one of our persons, Dr. Shivpal, looking after anesthesia here could be trained under both of you.”

The reply was delayed, unlike Dr Raghav’s normally quick replies. It was a rather surprising reply.

“We have no objection in training Dr. Shivpal. We have here a variety of surgery going on, on a daily basis and he will be benefited. At present we are unable to provide any accommodation to him within the campus, as all our extra rooms have been taken up and unlikely to be vacated immediately. Secondly, we have no formal eatery here, where he can have food.

“Meanwhile, I would like to know the areas in which Dr. Shivpal will be required to be trained. We wish that he writes to us about his own anesthetic career and his work experience in detail so that we can deliberate over all this and take improved decisions.”

The surprise was on account of many things. One, the delay in replying. Second, the Doctor could not imagine that for a 60-bed hospital, running overfull all the time with many a busy visiting faculty, and dignitaries coming in and going out all the time, accommodation and an eatery could be such a big issue to be mentioned so prominently. The routine and endourology surgical work of Dr. Deshkar, plenty of orthopedics work of Dr Mahabal, who also operated as a general surgeon. Dr Satavalekar did only orthopedic work. With Dr Shubhra Mahabal, and Dr Mrs. Deshkar, two competent gynecologists, the exposure would be tremendous, whatever the level of competence Dr. Shivpal had. Dr Mandaleker’s eye surgery was on the rise.

With so much work, Shivpal, already a fairly good anesthetist, Narendra Dutt could have an additional hand for anesthesia. To expect him to stay and eat outside the campus would reduce his anesthesia sessions. In the cohesive or congenial atmosphere of Narendra Dutt, it sounded a bit odd. It was uncanny, why Dr. Raghav had neither offered to find a room close to the hospital, nor help arrange his food, for a short period of two month. If they were trying to avoid Shivpal's coming, then of course the ball game was different.

The Doctor had wriggled out a deal with Sharad to financially help Shivpal to go across, stay in a hotel if necessary and manage to get trained. They started making that arrangement. Nagaraj spoke to Shivpal and they drew up a contract and a bond to serve The Hospital for a period of two years after the training. The whole thing went through like a hot knife in the butter making Shivpal happy. It took them nearly a month to convey these arrangements. Shivpal also wrote to Raghav as desired by him.

Ultimately, after two more months the green signal came when the Doctor finally wrote, 'We are prepared not only to bear all his expenses including a stay outside the campus, his food, but also paying the fees to Narendra Dutt, for training. You can name your price for training and it will be paid in advance in two, monthly installments.' That had sorted it out.

Shivpal left on a July morning.

The same afternoon Doctor was in his office. A young and without doubt a beautiful, well-educated, smiling lady walked in. There was culture on her face, a quasi-metropolitan face with its own confidence. As she walked those four steps to his table in the quick manner, he could see her slender body and a white and pink Kashmiri complexion. In the tradition of army, impregnated in Greenspan, influencing the Doctor also, he stood up, extended his hand and said, "Please sit down, Madam."

She was young, about twenty-six, a happy disposition, enjoying her arrival in this hospital.

"I am Dr. Madhuri." The sweet voice matched her name and her beauty. It had a slight, likeable husk.

"I am Dr. Madhuri." She repeated, probably finding the Doctor lost momentarily somewhere.

"I am a Greenspan girl, but born and brought up in The Capital. I did my Diploma in Anesthesia from the Government Medical College. Lately married, in a well-known and respected family here in Greenville. I have come here, to stay with them. My husband is working in the Garden City as an engineer.

"My in laws have their house near the hilltop in the main market place. I want to work in this hospital as an anesthetist as long as I am here. I have heard about the work of this hospital."

It took an extra ordinarily inhuman effort for the Doctor to hide his happiness. He knew that if he allowed himself an expression of it, then he would probably dance around, jump, would hold this beautiful girl and dance with her! Unable to believe what was happening to The Hospital, he asked for her certificates.

She took out an application with her testimonials from her purse, and gave him. Her competence showed through them.

“That will be very nice, when can you join? Will you take time to settle down?”

“Now, just now, if you need the help of an Anesthetist.”

“Need the help? Madam, we are always short of Anesthesia help. Come with me. I shall show you The Hospital and you can meet my wife, our principal surgeon.”

The meeting of Vijayini and Madhuri, in the sudden startle state was, to say the least, memorable. Much unlike her, Vijayini had stepped forward, extended her hand, took Madhuri's in her own and shook it. Vijayini then pulled Madhuri to her and embraced her. There was light in her eyes of happiness, reflected in those of Madhuri's.

“You are my friend, my anesthetist. Welcome.”

The day Madhuri joined an abdomen burst open. It was an old lady with flabby abdomen and muscles, mere slips, from which the sutures gave way and everything came out. Vijayini had operated her ten days ago for intestinal obstruction, in agony with severe stomach pain, continuously vomiting, with an abdomen swollen beyond imagination, tense and tender to touch. Shivpal had given the anesthesia. A large segment of intestine had twisted itself around and had dilated to the size of the tire of a car. It had popped out as soon as the abdomen was opened. It was dead, had to be twisted back and cut out. The two patent ends of the intestines had been sutured back, to reestablish the passage.

The lady had made herself a laughing stock. After the operation she started getting strong intestinal movements, causing pains and she would start saying loudly, ‘hi, hi, here it comes.’ Then she would pass gas loudly to be heard across the wards, saying again, ‘ha, ha, it has gone.’ After many of these loud miracles the Doctor gave her a small pill just once. A huge quantity of gas passed for the last time and she became quiet.

Vijayini had feared all along, in the uneventful post-operative course that the surface wound stitched with extra strong sutures would give way, and all the abdominal content would come out. It was a complication, one in ten thousand abdomens cut open in the midline, generally with long incisions. They took her in to stitch the abdomen again.

Madhuri was not only a competent but also a natural anesthetist. Her movements had fluidity and an effortlessness that went along with it. It took half an hour to ready the table and the trolleys, shift the patient to the operation theatre. In less than an hour, they came out a victorious pair, stitching the abdomen again. Their friendship was permanently sealed by the adversity they overcame with the help of each other. Everyone knew that great days were ahead.

As naturally as fish takes to water and flows in, Madhuri had gone over to Vijayini's outpatient. Without having to be told she started assisting in seeing patients, examining them making notes, entries, stood by Vijayini to assist deliveries, suture episiotomies to redefine vaginal passages that are cut during deliveries, resuscitating the babies born, sucking the secretions in their respiratory passages out, and what not. She would deftly sedate patients for

minor procedures like dilatation, curettage, or medical terminations of pregnancies. Her full splendor came out, inside the operating theatre with her reassuring presence.

Greenspan like any other place was a talking and gossiping district. Having Madhuri, a full-blooded Greenspan girl on both sides, rapidly made waves! So far only one Greenspan Doctor had worked here, who was found to be a Methadone addict later. Since then, only outsiders had worked. Having a Greenspan lady Doctor in The Hospital quickly had its effects. The sparkling Greenspan ladies also started lining up.

“As of now all surgical abdominal problems have started making a beeline to our hospital, Madhuri, since you joined. Now a days we are operating almost double the number than I operated so far. I can also be more daring, now that I have you, at the head end. So much happier to operate now a days.”

Madhuri could help it not, and blushed even more pink.

As if this was an understatement of the year, it so happened that these two ladies disappeared in the theatre on a Saturday morning with a list of a hernia and a hydrocoele, an appendix to be removed and stitching the stomach to a portion of small intestine on it, for a stomach ulcer, the same the Doctor had suffered from few years ago. They finished the first two, came down for an hour to finish their waiting outpatient. By five o'clock in the evening, they came out finishing the third. As they climbed down the stairs to the outpatient, a young fellow, doubled up, holding his painful abdomen was brought in.

“If it five o'clock in the evening, it is a hole in the stomach, a perforation.” Vijayini chimed in. It was. He was taken up for surgery as soon as an X ray film of abdomen was taken with the patient standing, to demonstrate gas under diaphragm establishing the diagnosis. It also lasted for two hours. Irene was hovering around the theatre. As they came out, she literally pushed them to one of the quarters where she had lined up food for them.

In the night, Madhuri had to be brought back from her hill top house, barely an hour after she reached there. A caesarian section was waiting for immediate operation. They both slept in the duty room for a few hours. The Doctor slept in his chamber. In the wee hours of morning another intestinal gangrene with obstruction had to be resuscitated back with fluids, plasma expanders, then blood, and was cut open and was relieved. In Greenspan everything appeared to be vigorous. The intestines had moved vigorously and twisted themselves around, causing obstructions. Too many babies were delivered with one to three rounds of umbilical cord around their necks, as if they were playing around inside and got trapped. After the deliveries it was more a rule than exception that the bleeding was also vigorous.

On Sunday mid-morning, a patient was lapsing in coma again and again due to excessive lowering of blood sugar. He could not be brought back to consciousness for more than a few minutes. Drinks without any substantial food intake, as was common, had depleted his sugar storage in the liver. The particularly notorious tablet he was taking, without food on that day added to the difficulty as it relentlessly drove insulin out and lowered the already precarious supply of glucose. The Doctor was scared that the patient's brain may die due to continuously lowering sugars.

On his side was another patient with organophosphorus poisoning, frothing at mouth, convulsing, cold skin, profuse sweating and having diarrhea. In the attempts to revive him, the Doctor had injected the patient with unprecedented quantities of 150 ampoules of atropine, and one of PAM. The aim of the treatment, the reversal of these symptoms and the opposite effects of atropine poisoning, needed to be established was not coming through. His stocks of atropine injection were already low and he had sent people to get as many of them as possible from the stores in and around the district hospital. Atropine poisoning would result in flushing, fast heart rate above 120 per minutes, the patient would become extremely fidgety, unable to be pinned down, the skin should be burning hot and red. ‘Mad as wet hen,’ the medical science called it. After a long wait he showed the signs of blockade of the organophosphorus poisoning indicating that he was out of danger.

In this pandemonium Vijayini and Madhuri had disappeared again, with an emergency appendicectomy on hand and decided that another patient with labor pains will have to be taken up immediately after that, for cesarian as the lady had not progressed. As a last straw, they amputated a leg in the late afternoon and then went back. In all they had finished eight cases.

No one knew exactly, what was going on. Each surgical case had a potential to result in a stormy postoperative course. The two medical cases could revert in complications impossible to reverse and had to be paid minute to minute attention and action. Over long hours, all these medical and surgical patients, finally showed signs of stability, without any fear for relapse or further complications. From Monday through Thursday, they were all nursed back.

“From where did you collect this bunch of young ladies who work so well in the wards? They know how to take blood pressure, start intravenous lines, adjust fluids, know when to push fluids, catheterize women to drain urine, give steam inhalations and generally keep following the instructions in a spick and span manner?” Recovered over the next few days to notice it, Madhuri had asked of them.

“None of them are graduate nurses. We trained them here.”

Vidyullata, Yamini, Shubha, the two Manjus, and the rest of them had risen to the occasion. In this week-long period, they did not look bothered about their duty hours. All of them simply went on and on, following the orders. They came in time, never went back after the duty hours ended, lingered, helped, reassured themselves that things were under control and could be handled by the next batch that came in, before leaving. This and the efficient execution of the work were going to be their chief characteristics over years to come.

All the Doctor could do was to see that all of them ate something in between from the subsidized canteen of The Hospital, Vijayini had started with the help of Irene. It was another adventure of Vijayini when Sharma left without notice and without paying his dues, as the Doctor had anticipated.

Chapter 8

The Hospital had become like Tolstoy's happy family. There were a number of lay workers now getting trained to the requirements of the patients by the methods of the Doctor and Vijayini. There was a lot of work. As happens in any hospital, The Hospital clientele had a pattern of illnesses. The repetitive exposure of the same pattern set the reflexes, thinking domains which earlier experiences confirmed, enlarged upon, and reinforced and then branched out. Small additions were made, every now and then, when variations arose in the basic pattern. The workers got tuned to it, and developed their skills, more and more by the passing day and then incorporated the new advances easily. These repetitive mechanical works shortened reaction time, refined skill and action and monitoring of the patients. They also started recognizing which case is serious, which needs attention first.

Time, when one is busy has a tendency to flit by rapidly without being noticed. Madhuri came, merged herself into the flow and the work shot up. Months went by quickly. She had acquired additional skills to deliver patients, even do minor gynecological surgeries and help her Madam out. No one seemed to remember that after these months the date of the return of Dr. Shivpal was near at hand. Then one day his letter came.

"I want to spend a month more in Narendra Dutt. I am staying in the campus with my food and stay arranged within it, since beginning. From morning till late evening, I am busy and there is hardly any night when I am not required to spend a few hours in the operating room. Dr. Raghav has taught me a great deal and says it would be wonderful if I could spend one or two months more and return later. Please let me know."

Dr. Raghav's letter followed.

"We want him to stay for further refinement, to become really versatile and helpful to Vijayini. He has been of great help in our busy surgical life for these four months. Ordinarily I would have stolen him and stowed him away from you. I cannot do that since I know your needs. He will be coming back, time a little uncertain."

The general tone of the rest of the letter was buoyant. Dr. Raghav seemed happy that they were training somebody for a younger project, a sister project of their ideology. Yet the last sentences he wrote did carry a lot of meaning.

"I have developed a desire to come and see the work you are carrying on. Shivpal has told me in many bits and pieces about what goes on. I would like to spend a few days there myself and assist Vijayini, talk to you, our fugitive friend. You ditched us, bye-passed us and still have created a lot of work on your own, married without our knowledge, and now has made us keen to come over. You have forced the mountain to come to Mohammad, albeit I am sure, not intentionally."

There certainly were banter and appreciation that was obvious. But there were those unmistakable salute and acknowledgements to the Doctor's pioneering effort that had brought the project to this level.

Vijayini, Sharad, Madhuri and the Doctor were discussing the letter.

"For the first year and eleven months, I brought about a lot of changes depending my own strength and power. It brought this place at least to some semblance of order, capacity and potential. All those who came worked and went away, have all contributed to the development of this hospital. Many like Srinivas, Vasanti and Shivanand in their negative contributions taught me a great deal. Then Pradyumna and Chandramouli have stayed. Shivpal came and went away for a while. And now Madhuri has come. I, at times, now a days, feel as if I was unconsciously sure that I am going to get my people, 'Smiley's People,' as Nagaraj's favorite author John Le Carre might enjoy calling it. I was probably unconsciously preparing for their arrival."

"That is a tribute at least I am not worthy of." Madhuri interjected.

"No madam. No, you should never think like that. You are invaluable. I know I built the work in this place. I may be the skeleton but you two, Shivpal, these newly developed workers doing so well are the muscles, the power, the motive power. Do not demean yourself. All my suffering has paid me off more than I could hope for."

"An idea is shaping up in my mind. We began as a Trust long back, on 17th November. This year we complete twelve years of the Trust and the seventh year of the Hospital. With as big a man as Dr Raghav, developer of a project as big as Narendra Dutt Hospital is desirous of coming here, fortunately at the time in November, coinciding with the dates. We will ask him to be here on that day, and a couple of days in addition. We will have celebration." Sharad suggested.

A meeting of all the workers including the doctors was summoned. Everyone came. This idea was enthusiastically and unanimously taken up. Vijayini, Madhuri and Padmagouri the married lady trainee, with Vidyullata were given the responsibility of arrangement. Sharad present, picked up a few deputies and said,

"I shall arrange the formal function."

They wrote back, giving Dr Raghav the dates to arrange their program.

In all this enthusiasm they had completely forgotten to tell Shivpal that Madhuri had arrived on the scene immediately after he went away. They decided to keep it as it is and wrote back to Dr Raghav that Shivpal can jolly well continue with them, but return with him.

Dr Raghav arrived with Shivpal in the cold, dusky evening hours a day prior. The preparations that were going on for two weeks had reached a full crescendo. Everyone was present after his or her duty hours to help. Buntings, flags, kalabattu decoration were being readied. A small stage was being arranged and decorated letters were being pasted on the backdrop. About 100 chairs were arranged. The electrician cum ward boy was fitting the bulb lines, tube-lights, and microphones. There was jubilation all around.

The Doctor was there, doing nothing; no one seemed to need him or his help. Standing in the front porch with his back to the statues of Ashwini Kumar's he was keenly aware that he had

no right to get away when all of them were working. Each one was intensely aware of the man and was secretly watching, if he is noticing what they were doing and if there were appreciation and happiness in his eyes. There was. 'I am the Monarch of all I survey.' That was the line repeatedly passing through his mind.

Shivpal and Dr Raghav were introduced to Madhuri. Shivpal met her not like an adversary but as a colleague. Dr Raghav was all admiration for Madhuri, but was seething with curiosity to see Vijayini, more than anything else. Finally, after a wait of half an hour, they met.

"He ran away from us, but now you are the one who has permanently stolen him from us, for this place. Vijayini, I am extremely happy to meet you. Shivpal never stopped talking about you there, in such high praise. I am proud of you. I am nostalgic also. This was the atmosphere a few years ago when we celebrated our fifteenth year. The same enthusiasm, the same oneness, the same application, for a goal, a higher goal. I, I just do not know what to say. I am an indomitable talker but I have no words, only admiration."

A small snag developed later in the still darker evening. Yamini and Shubha tentatively approached Vijayini.

"Madam, a pregnant woman has come. She has gone in labor on the expected date of delivery, but has more than severe pains. She is throwing fits every third or fifth minute. Generalized convulsions. Her whole body is hugely swollen. We think she is bad."

Vijayini and Madhuri had rushed. The lady was in a bad eclampsia or a serious and severe toxic state because of her pregnancy. She needed to be delivered by caesarian section urgently. With the blood pressure having skyrocketed, Madhuri was slightly hesitant to give anesthesia. Shivpal had trotted off earlier for a short walk. Dr Raghav sensed the trouble.

"Take her up. I am here. I shall give anesthesia. No, Madhuri will give anesthesia. I will assist her. Do not worry about your preparations for tomorrow. In an hour's time, things will settle down. We will work a little overtime."

Raghav's tall presence was reassuring. He checked on Boyle's Machine that gave anesthesia, found all drugs to be present. He asked for methadone.

"Small shots, repeatedly, they will do the trick, don't worry. I am here." Madhuri anesthetized as smoothly as ever.

Convulsions were controlled by the injected pentothal, deftly the breathing tube went in. Take her up now, Vijayini." The defiant order came. In twenty-two minutes, the Caesarian was over. The baby was out, breathing normally, Apgar score five out of five. The mother's blood pressure was steady. She had started pouring urine out, even before the anesthesia was reversed. Her body bloated with liters of fluid was being thrown out in the urine, and would continue for a few days more till she was dry. The moment the baby was out, Dr Raghav walked out with a wave of his hand for Madhuri, as Shivpal walked in trying to see what was the trouble.

When Sharad arrived, later in the evening, Dr Raghav went with him to the Doctor's office. They were instantly drawn to each other, men of same age, creators of establishments, successful in life, proud of themselves. They talked. Raghav was an indomitable talker and in conducive

circumstances Sharad no less, in his halting, faltering way of expression with good choice of words. They locked themselves in. Each one wanted to talk. Each one kept saying, “No, you listen.” By and large interrupting each other all the time, they talked of their life, of their respective projects, their difficulties, their achievements, their men, and their deeds.

No one realized that it was two am by the time the preparations for the function were over, to the last detail, verified and sewn up for good. All the dignitaries in the government all the rich plantar friends were in attendance, next day, a Sunday, in the morning. The Forester Mr. Giriraj having materialized from The Capital, gave an impetus to the function.

Dr Raghav lasted beyond the whole day and night, all of the next day as well, always around. He definitely had energy, to go over The Hospital with a magnifying lens, from laboratory, to office, accounts, filing system, wards, the work of the trainees, the type of cases, their management, the operation theatre, the labor room, the registers, the sister’s duty books, the out-patient system of cards, the drug store, running on Cardex system the x-rays, water sources, pumps, overhead tanks, the quarters, the Ganesh temple and the ambulances.

In the happy hours of evening and night, the Doctor had his share with him. This time the Doctor had given up his smoking, hence did not give Raghav any company on that count. But Dr Raghav did the talking and the Doctor listened. The sum and substance were, all the praise that Raghav bestowed on him, on Vijayini and now Sharad, his new acquaintance. In the background, it pointed to a woeful sentiment not uttered, ‘Why did you, so capable, so creative, not come to us? It would have been so terrific.’

One other remark that kept recurring in Raghav’ monologue was, “I have begun to understand this place, you, and Vijayini in some vague way. It appears that there is something in what you are doing here that inspires your staff. That is understandable. But there is an unerring sense of them being happy; plain and simply happy. Additionally, there is an element of pride. People change. Profoundly, somewhere deep down, they change. Even Shivpal never stopped saying that he wanted to go back. There is something wonderful in your wife. I can’t put my finger on that with which she seems to inspire in the staff. I have come not only to like her but also have a respect for her that I have given to very few people in my life from within. All the best. I don’t know how and where you found her.”

The Doctor kept quiet. The next morning at six he was there with a large flask of tea for Dr. Raghav to drink and carry with, who left by six thirty in the morning. He had to change the buses at three places to reach back.

“Projects are built when people like you, the head, brings the morning tea for a passenger. You have laid your systems well. You will succeed. We will be watching you and we will keep in touch with you. Convey my regards to all. Watch over Vijayini carefully, take her care. Good bye.”

As was obvious, the focus had shifted to Vijayini, Madhuri, Shivpal and Pradyumna who had shown some natural attraction towards surgery, anesthesia, in assisting operations and being around in the group. Their work was heavy, time consuming, irregular, and recurrently so. The presence of two anesthetists was a boon and it had not taken more than a few minutes to decide

that they will anesthetize alternate case and assist each other. Madhuri being more interested in gynecology and caesarian sections she used to jump in with one of two Manju's and Yamini to assist the operation and Pradyumna would assist Shivpal.

He was enjoying his association with the QLCM experiment in therapeutics. QLCM over months had come in handy. It had its own ways in conducting their business. They had recognized in him an early, strong, and a big supporter to their products, in a service project, as the QLCM desired. The orders placed by him were becoming larger than the previous and more frequent. His payment on the thirtieth day never failed. And above all the community had accepted the drugs, packed simply in paper or small bags, really low cost, nearly a third or even one sixth of the market price, which was unbelievable. The acceptance was because The Hospital Doctors had endorsed it, and these drugs worked.

Having reckoned an important partner, they had started passing on additional communiqués to him and his project as the days and months had rolled by. It had begun with pamphlets of rational therapeutics, irrational combinations and what it really meant. They had the theory of rationality in drug business; what is and should be. Information dissemination and getting more professionals to join their stream of thought. What they lacked was actual action. QLCM talked of drugs banned everywhere in the world and hence required to be banned in India. Jignyasa, Kamala, and Diya wrote courageous articles on spurious drug market and in India. The Doctor admired these ladies.

A lot was more happening and the Doctor was getting to know about that now. Links were getting established through his association with QLCM, one link leading to another. What he was happy about was the fact, that his cognizance was taken even when his work was in a set up far from everywhere, a small hospital project. Another current had joined the milieu. Material was coming forth from Health India, State Drug Action, and India Drug Action, all loosely affiliated but carried on their own, their actions. HI was waging war against using as Guinea Pigs, women for assessing for efficacy for contraception, had conducted 'Public Trials' of authorities. There was a definite feminist trend in them, but the issues contested were far more important than that.

Then there was Health and Community organization which had its major affiliation with the Christian Health works and the largely catholic hospital association. The Doctor working under Bharat Seva had no hesitation in joining hands with them. There was correspondence and it became clear that these activists would like him to be a part of them. He had also received a few pamphlets from Golden Health from Poona, which talked about contents for educating the masses in all the primary health initiatives as he had seen in Vijayini's place.

All these materials and information were making sense. About all the organizations one thing was clear. They were limited to information dissemination and gathering individuals to subscribe to their ideas and become partners. That is grow their individual outfit. The Hospital, like the project where Vijayini had worked before marriage, were the few who actually practiced these ideas, not only in the semi-urban but also in the tribal settlements, where the mobile van went. It had drastically reduced the morbidity and number of sick people. They had taken time

out to teach them all these ideas in many ways. That was a distinction and an achievement, few others could claim.

He wanted to know more about such projects. He wanted to know about any service projects, anywhere, where he could establish for them these contacts and benefit both. After some search he had established the QLCM connection with six of these. He however did not have time to find out what happened.

What the Doctor did not know about was the inside story of how QLCM had accepted him and his work and decided to support it. He was to know about it after just a few months.

Time and work had shown that The Hospital had become a power center in clinical medicine. The negativity had greatly reduced and the notions of superfluity of hospital, in all eyes, metamorphosed in to a greatly needed entity. They had more than enough work, but they also knew that the numbers who needed this hospital badly was much larger. The pain and paradox were, only a small percentage actually came to avail the services. They had some idea that there were or must be external forces which deterred the sick from coming here or directed them elsewhere lest they reach The Hospital, a suspicion since Vasudev's days, or even earlier.

Vijayini had put an invitation on his table. Her Circle friends were having the annual meet in The Capital and the theme was Tuberculosis in India. The participation was open and even more important for him, free.

"I think you should go to this meet. From all over the country these activists, vocal watch dogs, concerned about major issues that trouble them and the health care, will be there. Each one will have some important thing to say about tuberculosis in India. They will throw light on the present status of it and the related problems. Your thinking about Mongoloid tuberculosis will develop further and better. Unless I am completely wrong, I think you will be the only one who will bring about this dimension of Mongoloid tuberculosis in the meet.

"People will feel surprised and will express themselves if they like it, which I think they will. That will be excellent. Our friends that way are open minded people. When it comes to differing viewpoints, they will fight with each other tooth and nail. In the evening, they will again become friends, as they were before."

"Vijayini, to tell you frankly I will be nervous about going and speaking in front of them. In a way, these people are my guides and teachers in community medicine and primary health care. They are experts, I a novice. I can talk about this peculiar problem of Mongoloid tuberculosis no doubt. Yet, there are some factors that make me uneasy about going there."

"At least I can't see any."

"I have read all their literature thoroughly. Their language, their way of thinking, analysis of any individual problem is thorough, superb. Yet, each problem is taken as a single entity, dissected ad nauseas, in an isolated fashion. It does not come as an integral part of the whole of health care canvass; they fractionate the canvass in many ways. They dwell little on solutions, which if offered, also come in an isolated fashion. On top of it, their answer is three-words. Primary Health Care; the panacea for all the evils. I am distinctly uneasy over this. I do not think Primary Health Care is the only solution."

“Go on.”

“There are two ways of thinking. Deductive thinking isolates the issue, takes it deeper for analysis but in isolation. Then take another issue and do the same. The other is to use Inductive Logic. There is an issue. See if there are identical issues on the same level or on a higher one. Bring together several such issues, see the commonality of all of them and find a solution at higher and the highest level for all these problems which are similar, even identical, put together.

“My thinking adds another element to the inductive way. From the lowest to highest levels, fit all issues, successively in the total context till it reaches at its maximum. Solutions by continuous upward synthesis, at each different level, giving a total picture of the entire health effort in every aspect. Not just the single level of Primary Care in isolation.

“If I have to speak about Mongolian tuberculosis, the difficulties therein and their solutions will be in the context of the entire health care canvass. The idea will be to project each idea, each element, each work required for its solution, as a part of the whole, an integrated picture, approach, and the solution from bottom to top. Integrated, outlining the components. The difference is slight but comes from my training in life.

“The worst of my apprehension is that without doubt these friends will spot my long-standing associations of the Movement. They are good at that. I do not want to be identified in that forum with these associations but with my medical work. That, I do not think will happen. Nor will it be appreciated. It ‘smacks.’ The intellectual and political inclinations of your friends are antagonistic to ours. I do not wish to become a persona non grata at the very first meeting.”

“I do not think such a thing will happen, nor do I think that it matters much. No such animosity will be shown or reflected. Even if it is expressed, it will not hurt. I think going there and opening the topic up, is more important. You should go, make friends from all over India. I can spot the differences you have outlined well. Our friends spend more time on dissection of the problems. You spend more time on total solutions. Therefore, they will find it odd and wonder if you have identified the problem correctly. It will all be ironed out in the discussions. Don’t worry. I know them.”

During those three days of the tuberculosis meet the Doctor met his new friends in person. Each one of them knew his wife by her maiden name, and all of them expressed their happiness to meet him. Subhash in his Gandhian Khaddar, Kurta pajama and the typical shoulder bag of people with socialist and or Gandhian thinking was one such acquaintance. He was an epitome of decency, courtesy, gentleness. When he spoke, during the discussion sessions he spoke analytically, measured his words. He presented the viewpoint clearly. The thoroughness of his community health wisdom shown on him.

Aishwarya, the QLCM trustee met the Doctor for the first time. Thin, not cadaverous, he wore thick glasses. Aishwarya, Subhash’s greatest friend was a picture of intensity, commitment, and emotion, characteristics that the Doctor had seen accentuated in Gujaratis, more than any other communities in Bombay.

“QLCM has helped us reduce our outlays on drugs so much that we are in a happy position to build really large stocks, which we turn over quickly. The varied and extra information we

received from you is helping us develop a ‘model’ of a drug house.” The Doctor said to Aishwarya.

“I am really happy to hear this. When you think your drug store model is quasi-complete send us its outline; how you constructed it and run it. So many of our partners will benefit from them. There is a lot of erratic ordering, wastage because of unsold drugs, some getting expired. We send the same material as we send to you, to all of them. Not a single person has so far made the claim of a model being built.” Aishwarya had not hesitated a wee bit is saying this about his colleagues.

“We take a ten percent profit on the landing cost of the drugs from QLCM. We do not sell them at MRP. What we charge is much lower than the MRP. The surplus is just about 10% of all the costs. We have rotated the stocks four times in last one year, adding 40% profit on our initial investments in QLCM. By now, the capital I have put in is 15 % more as compared to the last year’s total outlays. Every six months we will add 10% of our profits to it. The orders will be larger.”

“That is nice to here. Again, the same thing. No one else have sold it less than MRP.”

During lunch Aishwarya came to the Doctor again.

“Doctor, you do not know the entire story, but somebody, someday, must tell you that. Hence, I will tell you that. Initially, when your letter came, we could easily make out that your project originated in which ideological folds. Ideologically, none of us even remotely belong to it, in fact opposed to it strongly. There was an intense opposition to supply drugs to you. ‘His is a communal movement.’ That was the point of opposition. However, there was a nagging feeling in me, that this opposition does not do justice to ‘you at least.’

“I had your letter with me then. It was a candid, open, unpretentious letter, dry, unemotional, clear, not ‘smacking’ of any religious chauvinism and fundamentalism. It carried with it a need for the poor masses living in such inhospitable terrain you were serving. I finally said to all of them who were opposed, ‘I think we should read the letter this man has written.’ I read it. There were clarity and character to your letter. It won. ‘Tentatively we will try this project out.’ That was the verdict.

“See the sea change? All of us, including those who opposed you, consider you an important partner, not just because your orders are continuously rising, higher in volume and value, hence financially. In total turnover, the value of your orders would be 5%, but you have already become a model for us at least. Model on how to order, how much to order, how frequently to order and in such an anticipatory manner that we get time to schedule manufacturing time. You always indicate your short supplies precisely. You pay in time. That helps us program our schedules of production. No one else does it the way you are doing. I want to say that again. No one.”

“Thanks for the information and the complements.

The Doctor liked Aishwarya. He had not forgotten that Aishwarya at one time wanted to marry Vijayini.

Two brothers, Uday and Sujay were of buoyant characters. They also knew Vijayini. As soon as the sessions were over, they would become horizontal, start singing some ideological songs, cut jokes, would start a chitchat, a mehfal, that is a concert and collect people around them.

“When the circulars, that is the members of this Circle, are horizontal they are thinking of their deepest and highest reflections.” Uday would say.

The Doctor was introduced to the robust Punjabi lady, Surinder, equally robust in her ways of putting things. She had done remarkable work through India Drug Action. In a short span of time, he was face to face with Ranjan, the fair, bespectacled Poona man of Golden Health. Ranjan was only a MBBS. He did not hold any postgraduate degree. In his writing, his communistic lineage was well hidden, but the Doctor had spotted it much earlier. That had given Ranjan a particular way of looking at the way the situations were. The Doctor often felt that in his writings Ranjan is trying to reach as a dream, Marxist-Leninist action plan, with bloody revolution, or organizing people in an up rise, without wanting to make it obvious in his writing.

“So, you have married Vijayini?” Ranjan had asked. Whether it was Subhash, Aishwarya, Ranjan, Uday or Sujay, this was the common question. There was in it, unmistakable warmth, a distinct feeling of somebody they liked greatly and admired, and the sense of a trusted colleague being mentioned, all in one.

“It is nice that she married. We always wanted her to. There was no problem as such. That is why we used to be a bit concerned. Nice meeting you Doctor!” Ranjan had summed it for all.

From then on each of them had asked him the kind of work the two were doing. The Doctor strictly avoided mentioning the names of the movements that had brought it into existence. He briefly outlined it to all. On learning that there was no community health paradigm, all of them would show lesser interest than initially. The value of the work in their estimation would simply touch a much lower mark. On further learning that charging the patient was necessary, the mark would slide further down, touching almost the bottom. All of them had a strong conviction that any medical work done for poor people, should have, not just the primary health care element, but it should be free. Otherwise, it is plain profiteering. The universality of this sharp but unseen jab from each of them was painful and the Doctor bore it stoically. The reactions were as if charging patient was some kind of sin.

Nagaraj had some time back had voiced the same concern about how their work was viewed in the Movement’s bigwigs. Nagaraj was to turn prophetic later. He had to face the same reaction in even his own circles later. The heated and hateful intensity of it, that, that one element of charging, would nullify the importance of everything else that they did and the unusual sacrifice that he and his wife had made.

The problem lay in the humility of the Doctor. He was so impressed by their overall scholarship even now, that he tended to give a lot of importance to this reaction, thinking that there must be stuff in it. On the other hand, he knew the sheer impracticability of running a curative service free. To expect someone to do that was stupidity. But to ascribe stupidity to these ‘thinking men’ was not in his genes. This set him wondering as to how he could raise the status of his work in the eyes of those whom he admired or had to deal with.

Barring this, the interaction in the various sessions of the annual meet was enjoyable. He enjoyed the frontal attacks on government officers and the machinery in the form of National Tuberculosis Trust, the tuberculosis directorates, district tuberculosis centers, and district hospitals who by invitation had participated in it. Non-availability of drugs, particularly rifampicin in the system, the corruption the free drug distribution entails, the ineffective roll film devise for MM Radiography and not the cut film devise and so on; none of them were spared. Excessive emphasis on sputum positivity when there were twenty x ray positives against one sputum negative or positive case. Somewhere in his mind the Doctor thought a score was being settled. He also had struggled with all these government fellows, tried so hard with them to do something for tuberculosis and yet those bureaucrats, who had turned him off, like all others were being attacked, hammer and tongs. He felt happy.

The pick of the lot in addition to Subhash was of course, Bhanu Pratap. He had been given the task of conducting sessions on the second day. He had a studious face with curly hair, was fair, bespectacled, much like Ranjan, and had sweetness about him. At the beginning of each session the way he outlined the key elements for discussion, it was easy to see how much he was able to compress, in so few words. That would set the tone for the discussion and Bhanu steered it to the required direction. He would not use a single harsh word. He would not allow acrimony to develop, emotion to rise ‘beyond a pitch’ and yet did not stop the frequent battles. There was skill. Clara, his wife, beautiful, persuasive, and soft-spoken, helped him.

The Doctor picked his chance on the third day, at a proper moment when the setting had become just right to bring out the Mongoloid Tuberculosis. He spoke at length, fluent, terse, compressed, and complete for forty-five long minutes. The biological issues, the atmospheric dynamics from 15,000 feet to 2000, the awfully high prevalence, within and even the surrounding communities, due to the two-way traffic, witnessing a shiver passing through them.

The state of affairs in his state, the responses of authorities and all the efforts he had undertaken, stung them. He brought out his woes over the unwillingness of Mongoloids to take help and the authorities to extend it. He could not resist raising the question – ‘Could there be a personal stake in the continuation of the disease in that community? Has similar question been raised in anyone’s experience as regards any other community in India with respect to TB or any such chronic and significant diseases?’ That had made things clear, and direct, but less affronting.

He was strongly applauded for his speech. His worst fears of not being acknowledged for the way he put his viewpoint had passed. Subhash spoke.

“One of our old friends, Vijayini, married this Doctor and they are doing hospital-based service to the poor in those geographically hard conditions in the area called Greenspan. He is also an excellent partner to QLCM, much to learn from. Congratulations for the Doctor! He has brought out something in tuberculosis, a matter so surprising, which none of us knew; so much disturbing to have a community so much infested with. It is startling. I can only assure help to him, in whichever form available and he may need from all of us.”

During the meet the Doctor had spotted two European ladies. One of them approached the Doctor after this session. She asked him a few details, not about Mongoloids, but of his own kind of work, and place. She had somewhat cruel eyes, not green, but a dirty shade of grey, hair that

were stiff, somewhat ugly and she had a thin body with a loose tea shirt and jeans covering it. She had introduced herself as Hilda. “I am from Germany,” She had said.

“I know these people you described. I have worked with them. They are highly political in their nature. And if you want to know it from me, let me tell you, they ‘have’ a personal stake in continuation of tuberculosis among themselves. Be sure of that and be careful about them.”

Within a week after the meet, Hilda had appeared in The Hospital, introduced herself and went around, took three photographs of his with a couple of Mongoloids having by coincidence arrived there, for treatment. Without much talk she went away. He wondered what her motives could be?

The meet had taught him a great many things aside of the disdain over charging and an absence of community health component. That had been an involuntary reaction of many even when his hospital’s second level curative service attended people in highly disadvantaged conditions. That had set him thinking. What makes a project? What gives it the value it is supposed to have in the eyes of people in general and in people assembled here? There was no point in telling anyone of the hard conditions of survival and still do competent and honest work at low price in a set-up of corrupted situation prevailing outside, all around them. It was all nullified. But then what was it that made a good project? It did not seem to occur to anybody that if QLCM was not supposed to give all drug free to the projects of human service for poor, why should his project do it free?

It was the primacy of Primary Health Care in the mental horizon of these thinking scholars. The total emphasis on it denied the fact that primary care can fail, frequently fail and that there was a dire as well as a common-sense need that there should a specialist center, accessible, with quality and justice, nearby. The Hospital was doing the second part. Vijayini’s earlier project, also charging minimally like his, was doing both. Did it not have any value? The difference the Doctor had pointed out to Vijayini of the deductive and the inductive methods of thinking had played out here fully in form. All issues should be dealt within the ambit of Primary Health Care and nothing beyond it, period.

What the Doctor was unable to decide, were the reasons behind this block out of the curative services, disdain added. How can these scholars not understand such a simple fact? Or was he wrong about the never-failing power of Primary Health Care, truly the panacea for all ill health? Many years had to go by before he would know the exact truth about the matter.

There was something more, and an altogether different stream of thinking to consider when it came to the value of any work aimed at the service of the suffering humanity, the poor in particular. It had recurred in Dr Raghav’s thoughts, briefly even in his recent short visit. Their medical work was for the society, with justice, equity, accessibility, affordability as well as quality. It had scrupulously avoided the gross commercialization, profit mongering. They had forced the price line in their area of operation low, and reduced bad practices. Was this much not enough?

The question Dr Raghav was asking was simple. Did such good work really connect, or at least contributed in any way, with the goals of their work in the Movement? Did their bosses

think so? Did they think that it must strongly connect with the overall wider goals of the organization? That it would then and then only be of value if it achieved these goals ‘in addition’? Or else, all such works simply did not count in the wider context of the organization work? Or, should it be seen as merely a good example where the professionals have chosen medical work in a backward area and accepted to live with disadvantages they may not face in big cities? Just so that the society benefits? All of these were the most disturbing questions.

What did all this mean? And what did the reactions of the Circle members about their work mean? He did not have an answer for either. He had an inner pressure to spell out answers for himself, for Dr Raghav, for the Circle members. He also had to find an answer for not just Narendra Dutt but also for the Movement, wherein he knew that not a single soul had any clear idea about what they should be able to get out of medical work as an organizational benefit.

Was it possible that he could synthesize into a “Grand Vision” the various ideas he had come across in the Tuberculosis meet, the shades of thinking on other issues and the works done by Narendra Dutt, adding his own work in it? The pressure had started developing to define this grand vision in some clear pithy terms that would be encompassing and compatible, to all the influences these elements were supposed to have. Something which will make them consonant, not only within the terms and concepts but also mutually compatible like different molecules in a solution that will not cause their precipitation into inert molecules.

The Doctor had become restless once again as the New Year opened.

Two letters came shortly after the week. One was signed by Govind Patil. The letterhead bore the name State Drug Action.

“We are preparing to build a forum on the lines of India Drug Network, in our state. Logistically, operating from New Delhi is not possible. If the line of thinking is the same, then the work could be carried on provincially. You are included in this Group and are hereby requested to attend its first meeting in early March in The Capital.”

There were a great many other things in it, also talking about what the group was doing. Vijayini felt happy.

“I had told you, you will be received and accepted well.”

Another letter came from Dr. Raghav.

“We have seen your work. We have a number of medical projects going on in Maharashtra and we think it is time now that all these projects come together and deliberate over the role they think, they should be playing. We have contacted over forty people and projects. We expect that they will come. It will be held in April in Narendra Dutt Hospital. Your presence will be valuable. Your experience will be valuable. So will be your guidance and active participation. Do not disappoint us.”

The Doctor thought his years were paying off. In all these years he had lain himself low, concentrated on his work, building the project from the bottom up, developing quality in it and shunned every publicity, public appearance, even talking about it to himself or Vijayini. The first

public appearance in the TB meet though was a step forward, giving him more confidence in himself as well as many doubts.

They both decided to go.

Part 4

Meteoric Ascent of The Phoenix

Chapter 1

“I think I am with a child.” On one quiet evening, Vijayini told the Doctor.

“I can sense the changes, although it is too early. There is no doubt about that.”

Happiness was natural. The worries that followed were also natural for several reasons. Theirs was a late marriage. Vijayini now was above thirty, he a year older than her. These two factors could affect the child’s development. The possibility of congenital deformities, some mild, some severe, affecting the viability itself, was a bit higher. A full nine months to go! They decided to wait for confirmation. It came a few days later. They were busy, as occupied as ever, even after the confirmation.

Four days after the confirmation the blow struck. Vijayini started vomiting excessively. Much more and much too early than it happens in the first three months of pregnancy to many. The stomach could hold nothing that went in. On 5th day she declared, “I think I have developed jaundice. My eyes have become yellow.”

She tested positive for jaundice and the worst form of jaundice that too in pregnancy, serum hepatitis B. She was on the verge of breaking down. He held her in his arms. The level of jaundice was high, from the beginning. Enzyme levels were higher, more than twenty times the normal. Atreya had called him to the laboratory.

“Give half the values you have got and then show her the report, yourself.” The verdict was coolly delivered. Vijayini saw the reports.

“Are you sure of your values?”

“Yes Madam.” Stojically Atreya gave the false reply without moving a muscle of his closed face. He was however not able to hide his anxiety and concerns over her illness.

Vijayini could not work. She could not eat. The postoperative ward was emptied, cleaned, washed, and fumigated. Her bed was put up to admit her. Glucose saline was started. Large doses of vitamins were added to it. The whole hospital gathered. There were tears in the eyes of everybody but they held them back. Irene took charge of her.

“Please tell me, what you can tolerate. I will prepare it cleanly and bring for you to eat.”

Every day she started preparing a different soft food. Vijayini would eat a few morsels and say enough. No one felt bad over what she abandoned. Newer stuffs were prepared. The second Manju, Madhuri, others by turn brought something. Sharad brought the choicest fruits of his estate. In five more days, the jaundice deepened much more. They again falsified the values and gave her the report.

“You are hiding from me the actual values. There is no need to do that.” Vijayini clearly charged Atreya and the Doctor. They swore on oath, over the child that they have not. She became quiet.

The Doctor watched her closely to see if she was showing early signs of liver failure. In Serum Hepatitis B, the greatest danger was complete destruction of the entire liver in the first week of the infection, and death following within days. There would develop first, deep, grade four coma, massive bleeding, and death, without exception, if it occurs. No one else knew the extreme severity of either complication as the Doctor did. He also watched for conditions indicating pre-coma, leading to coma. Even without coma, the chances and danger of bleeding were still high. Her bleeding and clotting time had prolonged over ten seconds that of control values; that was also a bad sign. Bleeding would push her in to coma; there would then be no chance that she would come back to life. For eight days they struggled with large amounts of intravenous fluids since her nausea would not allow the most meager of the intake. Slowly Vijayini's tremendous nausea came down, although aversion to food continued. She could not eat much. She lost weight.

On the tenth day the jaundice rose to a peak, the bilirubin values going eighteen times the normal. From his house the Doctor called their parents and told them about the seriousness of her condition. 'Bring her over,' was the reply. There were many dangers still. The travel in the heat of April and May would be extremely intolerable and exhausting. She did not have the strength for that. Inability to take food on the way could lead to low blood sugar levels and coma due to that. The child would then automatically come under mortal danger. There was a possibility of Vijayini bleeding at the slightest insult during travel and that would practically be her end, bleeding herself to death. The possibility of going in coma as the pregnancy would advance, was also real and would continue even if they reached safely to either parents' house. And yet going to one of their parents was necessary. He could not manage her alone, not here. Not his own wife.

Preceding her jaundice, she had performed 91 major surgeries in three months. Prabhu was one of them. He came to her ward. It was his fifteenth post-operative day. Vijayini had operated him for his jaundice. His bile system had obstructed completely. A complex operation had been performed. For a change Vijayini had the help of two anesthetists, Madhuri and Shivpal. Both Manjus had assisted her in the operation which had lasted for four hours. A part of small intestine was attached to the gall bladder to drain bile. The intestine was also joined to another part of intestine in a loop to allow food passages effectively. On the fourth day his jaundice had cleared. He was now normally eating. Lean, cadaverous, standing by her bed. Prabhu started crying loudly.

"You have got infected with jaundice because of me. You have cured me and you are seriously ill now." Prabhu could not stop crying.

"Your disease is different, Prabhu. It is not infective. We have tested you. You have not given this to me. Do not cry. You do not have to feel bad. I have got it somewhere in Bombay when we went there some months back. Do not feel bad." Vijayini kept on telling him.

"It is for my satisfaction you are telling me all this. I do not believe it. I will continue to blame myself all my life. You cured me. You fell ill."

Somehow, he was taken back to the wards.

Doctor's mother was partially paralyzed and the young sister-in-law could not have taken care of Vijayini in their small house. The preparations were made to leave for where Vijayini's mother was, a strong lady in good health and Vijayini's best friend. Her brother had also come to stay there for a month, on his annual leave from Navy. Despite the terrific heat, the city had its own ways of making itself comfortable at least indoors. Besides, it was a large enough house.

Several antecedents kept coming back to both of them. One night, lying near her husband Vijayini had said,

"We must have a child. We are advancing in age. A marriage is sealed only with a child. We are compatible. We must have one."

"It is a little early. The project is just about settling."

"The project will continue. Even in pregnancy I don't think my work will get affected till late. Many women work."

"That is not the point. In case of complications in the middle, with the kind of hectic work you do, who will manage the complications?"

"A girl usually takes after her mother in these matters of pregnancy and delivery. There are no antecedents in my mother to cause concerns. Nothing will happen." The matter had hung in air.

A few days later she had said,

"There is yet another point and I would say, the all-important reason, why we should have a child. We must bring in the world somebody like you and me. All our attributes combined. The way the world is going, selfish, insensitive, and roguish; there should be people in it, large hearted, sensitive, capable of action and sacrifice for it. Capable of being an ideal to a common man, who wishes to, but finds it difficult to mend his ways and gets frustrated. Good people like coal, burning steadily, need to be around."

The argument had held.

When Vijayini announced that she was pregnant, the first thought even before the happiness made its appearance was, 'Will this promise to bring someone in this world be fulfilled?' And then the development of jaundice had almost knocked them off their feet.

The Jaundice was most unfortunate. Without that the things would not have been bad. The work that was in full flourish would not have come to a dead halt. How much could Madhuri manage even with Shivpal around? Hardly ten percent of gynecology work. Surgery was out of question for them. That left The Hospital with only medicine work. Medicine does not pay as much as surgery or gynecology does. Not even a fifth. The staff salaries were much higher now, a commitment the Doctor would never go back on. How will they meet the expenditure?

The galloping project had halted suddenly; the setback threw them back by several difficult years. There was one question no one was raising, did not have the courage to raise. What can or will happen to the child?

“First things first. Let me remove her to a safe place. She wants to go to her mother. Naturally. I shall take her. Talk to people who will help me. But let me at least get her tested and decide in the next three weeks what turn the things may take. Then I will come back if I can.”

Sharad had listened quietly along with all the other important Hospital members. Radhesham came to meet her. Having heard that she needs to be shifted he offered his spacious car, as he had done many times before for the doctor’s mother.

“How many times should we trouble you, Sir. You have been so generous.” Vijayini pleaded.

“That is not your concern. It is our decision and will always be. We will take care of it. You do not have to worry about anything.” Radhesham had responded.

In the most spacious car four and a half hours flat, without even disturbing water in the stomach, the driver had brought both to the Capital City in the noon. They rested in the office of Bharat Seva in the relatively much less hot weather. Nagaraj was there. He tried to force some food and drink in Vijayini before boarding the plane to catch the connecting flight to her parent’s place. Vijayini refused to eat, refused to allow saline to go in. In April, the atmosphere of the second airport, for the connecting flight was going to be exceedingly hot, humid and intolerable, in utter contrast to the salubrious weather from which they had come to Bharat Seva office. The second flight had delayed by ninety minutes.

By sheer luck he found an air-conditioned room with a bed. They slept blissfully, for a few hours. Vijayini exhausted from her illness and the Doctor due to the heat and aware that he had now almost safely brought her home and to probable future safety. In both the flights she had wretched and wretched and became miserable. They reached home. Slowly the story was told and the shock felt and realized.

“My dear, let me tell you a few things. If I go through this ordeal, it is all right. Otherwise marry again. Secondly, if the child is born deformed, not normal we will not”

“Oh, no! You have endured so well, so far, in the most dangerous segment of the illness. The things will only straighten hereafter. Take my word for it. I have seen much more than enough of this monster and saved at least 20% of such patients, in contrast with the 100% mortality conceded to by the world experts. Secondly, remember, the child is not in danger from the virus at all. Only six viruses can and do cross placenta and can infect the child; Smallpox, Chicken pox, Syphilis, Red Measles, Toxoplasmosis, Cytomegalovirus. We will test for all of them. Believe me, they will all be negative. Hepatitis B virus does not cross placenta. Nothing will happen to the child till or unless you develop the severer complications of bleeding or coma in Hepatitis B. It is you who are in the danger, the child only secondarily.

“Don’t be pessimistic. I shall use every possible avenue to save you, even if it comes to borrowing hundreds of thousands of rupees from people. There is only one way. Rest. Preserve yourself by rest all along. No work. Just no work! And eat well.”

“I am so sorry that you could not attend the Narendra Dutt Hospital meet. This was the first-time, recognition had come to you for all the trouble you have taken to keep it alive and growing, bringing the project up, on your own. The recognition came, from your own, otherwise tight-

lipped and stiff upper lip people. You could have told them ever so many things, solved ever so many of their problems, given them a way of thinking. All of it you missed, because of me.”

“I have written to them in detail. The bus is missed, yes. But there will be other opportunities. Do you even remember that you wanted to come in this jaundiced state with me or wanted me to even leave you in Greenville for the meet? You would have been dead long before, if I had listened to you.”

In a few days they consulted an old friend of Vijayini.

“Terminate the pregnancy,” was her verdict. For the first time the Doctor lost his cool and was furious.

“What the hell. Terminate a pregnancy when the child is not in danger, when the bleeding time has doubled? Does she even understand what she is talking?”

In his fury, he wrote a letter to one of the world’s renowned gynecologists in Bombay asking him what should be done, about whether it was necessary to terminate the pregnancy.

The reply was quick, clear and succinct.

“The child is not in danger. Termination of pregnancy will kill her. Not just contraindicated but absolutely unnecessary.”

Those were the times when neither the availability, nor ability to afford telephones was easy and communications were quite slow. Vijayini contacted Sujata. Sujata asked them to come over to Bombay a few weeks later. Rest and food came to aid the basic good health and strong constitution of Vijayini. The initial signs of stability came in, in about eight days. The enzymes had dropped by about twenty percent. It was good news because it also indicated that the liver cells are injured, recovering, and not dying. The bilirubin and the jaundice levels were not rising any further.

In another three weeks with Sujata in Bombay, Vijayini’s dear and close friend, a gynecologist herself, they were watching an ultra-sound examination being performed. The small fetus was visible. Its heartbeats were visible. Things looked normal. They went to see the great man to whom the Doctor had earlier written.

“Rest. Eat well. Do not worry.” The Saint had replied.

Summer so far in her mother’s place was intolerable. In Bombay it was much worse. Her younger brother who had attended her had gone to Russia. Her immediate younger brother invited her to the salubrious Poona, with his parents.

The Doctor had won the first round of odds and went back to Greenville. It was more than apparent that Vijayini will take an unusually long period to recover fully from her jaundice but by each passing day the dangers would be less and lesser.

During the Rotary Governor, PDGs time, years ago, the Doctor’s work on Mongol tuberculosis had received a boost. Later it lost the momentum. The new Rotary Governor Manohar Babu had pitched upon this theme again and had managed to contact him in Bombay where the Doctor was then investigating Vijayini. The May District Rotary Meet near Greenville required his presence to detail to the press and laity the Mongol Tuberculosis problem. Dutifully

he had rushed back leaving now stabilized Vijayini, to the care of her younger brother, her parents with her. Again, it was thirty hours of journey in the May heat.

The open, clear, and unambiguous statement of the Doctor about the need for urgent, large scale, and high competent action to deal with the original problem of Mongol Tuberculosis was received in silence. He had given a short resume of all that he had tried to do for it and the cold response he had received by various Tuberculosis Control Agencies. He emphasized on the disturbing statistics, Vijayini and her band had collected, and the need to protect the people surrounding Mongol colonies also while solving the original problem. It also met with silence. He also outlined what needs to be done for that, mentioned the report he had submitted to the Rotary International and its failure to result in any action. He could not hold back to add,

“The unresponsiveness of the Mongol community and their unwillingness to undertake any suggested measure or even the feigned inability their leadership showed, is just beyond our understanding.”

All of it had hit the headlines in the newspapers all over the State with an uproar over it. Some of the voluntary agencies, making issue of charging a community for being dangerous to others as inhuman, were responsible for it. Next day the Doctor shot back, candidly and without apprehension.

“We are asking for a detailed and urgently required investigation in this problem. It is based on the evidence of two pilot studies, one from within the community and one from the periphery by an external agency. A four-fold increase in periphery above the national average is no joke. We are not unaware of emotions, but we are faced here with a cold danger of tuberculosis.”

The controversy came to an early end. But with that the Doctor knew that his efforts for so long had gone waste and however long he may work here, the Mongol connection, which he looked at as a life time work once, would never be revived.

He had a large number of outstanding matters to tackle. He attended the meeting of State Drug Action, had got acquainted with Govind Patil, the convener, an enthusiastic activist. Funnily enough, the Doctor had not met Govind Patil till then. He had drafted letters, exchanged notes with Govind and had shaped the meeting sitting in Greenville. The letters he had drafted to invite people had a message.

“The massive bulk of drugs, its numerous forms and combinations form part of our lives. All the combinations, with just six exceptions, are irrational. Single drugs are a boon nobody wants. The combination drugs work against the pharmacotherapeutic principles and the patient’s interests. All kinds of drugs are indiscriminately used, making them more hazardous. Drugs today are substitution for diagnosis, education and, care, the patient needs as much as the treatment. Drug fads increase. Multinational drugs industries are a separate danger. Drug advertisements catch the gullible, rural, and urban both, in its colorful web.

“There are various initiatives in our country trying to combat this problem. Health India focuses on dangerous, banned, or bannable drugs. QCML is a positive effort. The Circle friends alert the people. The activities in all these categories are applicable globally. But we need local action over it. Hence, we plan to form State Drug Action. Our focus will be irrational

combinations and useless drugs in use. Please come with your ideas and suggestion for concrete actions.”

He also met Bhanu Pratap and his wife again and met a young guy by name Chakradhar in it. After taking his basic medical degree from Government Medical College, he had taken spiritual discourse, was ordained in a well-known Spiritual order. After that he had gone to a big hilly area 200 miles from Greenville to work for a large tribal population. He had lived a difficult life. For the first time the Doctor was meeting a person who had seen days, probably harder, than he had.

The good number of attendees was an indication that the response to the Doctor’s letter was satisfactory. Surprisingly it included a few chemists, retailers and the fake drug manufactures who also operated in this field. There were some more startling revelations not known till then. The medical community as a whole such was not aware of these dangers. They had little idea of the way the Indian and Multinational Companies had built the drug system. There was no good system that would ever effectively check the quality of the drugs that reached numerous places in the market. Mushroom companies were on rise. The professionals were utterly unaware of irrational combinations of multiple drugs in particular but used them as shot gun therapies, with a hope and idea that ‘at least one of the many drugs must act.’

The issue of banned and bannable drugs was so confusing that the Doctor took it upon himself to present it lucidly, later in the meeting. The meeting had identified the postgraduate students as the best group for better awareness of the way the drug system operates, how it corrupts the prescription practices of the doctors. The ways to enable them to develop better habits of using drugs were outlined as part of general discussion. Holding a workshop in as many Medical Colleges as possible, and for private practitioners as well, on drug situation, was another idea that surfaced. Those who had gathered were so disturbed that the meeting resolved to establish more contacts with as many doctors as possible and sensitize them. The meeting decided to prepare an address list and start the movement. The Doctor was getting drawn into work, other than The Hospital project and was contributing his intellect and his experiences and also learning from new initiatives like this.

By the time he was out of the first State Drug Action, the second meeting of this network was brought up much earlier than decided in the first meeting. He had once again gone to the meeting held on a much larger scale this time and with more active, more focused, and intelligent participation. A demand for the publishing the findings and implementation of Jaysukhlal Hathi committee was made. The realization that as activist groups they are too powerless against the massive build up in drugs was a little disturbing to those who gathered. Zafarullah Chaudhuri’s daring experiment and political action in throwing out the multinationals from the adjacent Bangladesh was an unbelievably stunning feat. It had encouraged local drug manufacture there even if the raw material was to be brought from outside. Quality raw material purchase was marred as it was a matter of bargain and kickbacks. There it was but there was no way of knowing how many times it could have happened. All said and done, that could at least keep the multinational companies away from barging into the national scene.

Many groups had brought out newer evidence. D'Souza had shown that people believed that tonics, not good food, make their children healthy and chubby. It is done at the cost of food purchase. Tonics were used to achieve for their daughters, regularity, once menstruation started. Tonics were used with a belief that these restore potency in middle aged men under stress, or prevent degeneration in the older ones.

Chintan had organized with the help of local chemists and druggists an exhibition on drug abuse. It was attended by 3000 people. Rao had found that knowledge level of chemical names of drugs, including the banned and bannable drugs in most chemists was low. Doctors also could tell only few bannable or banned drugs.

Only about 20% doctors in government service wrote generic names. Prathamesh had managed to eliminate irrational drugs from local circulation, by getting the drug controller to act. He had also shown that the information carried with the drugs of even reputed companies was highly inadequate. Irrationality in allopathic practitioner's prescriptions was startling. People's education was absent. Mystification of medicine was the rule. Many people suggested that some way will have to found to clear mystification in practice. Undertaking exploration of the existing drug situation in their own localities and or undertake actions to educate, make people aware and do what else they thought would be useful in the context was also discussed.

The Doctor was enjoying his extra hospital activities. He had found access to a different lot of literature, courtesy Bhanu Pratap. He had some idea before, that it existed. It was about the structure of medical services of Christian mission activities prevalent in the country in full. His tribal field explorations before he came to Greenspan had showed him, how they had scattered all over. It was always the church, the school and the church hospital. The schools looked good. The fairly well-equipped hospitals did good service, resembling a second level care like The Hospital. Amazingly one doctor and a band of versatile, dedicated, sisters, majority of them Nuns, would always be there.

In the literature of Catholic Hospitals Union, intelligent young ones from Christian community were picked up to train them in medicine from the undergraduate to post graduate levels, then to work in reputed Christian medical institutions, as basic doctors. They were far superior to the absurdly foolish medical graduates of most medical colleges in India. So were the nursing schools. Each mission hospital of sizable bed strength would have one. And they turned out good products. Shubha was one such example.

Catholic Hospitals Union was a federation of over two thousand hospital bases scattered all over the country, particularly in the remote and tribal areas. They had an excellent network. They reached out among themselves, shared their personnel between them, deployed people at different places; they gathered regularly in larger and smaller groups, from annual conferences down to local gatherings. They had a way of sharing knowledge of the medical field. They were introduced to various themes and were set to think about them. The centers would be expected to implement them. From a large, decentralized scatter, arose two lines of authority. One trained for medicine in higher centers with a strong base for community work. The second was the religious, theological orientation of the worker, the nurse, and the padre, the religious teacher present in every hospital.

Their speeches were full of love of the Christ. More cynically, one could have treated them as naive and foolish; or denigrated as a benign ruse and facade to cover all the anti-national activities that allegedly went on. The Hindu chauvinist reaction looked at proselytization alone, ignoring the services, in places most needed, where the Hindus had never, ever gone. Not that these two reactions were totally false. It had some truth both ways.

Catholic Christians had created a magnificent outreach system for the poor of this country, the ideas of Primary Health Care in full swing. The people with nationalistic inspiration were eons away from these ideas; nor did they show willingness to learn something from that. Even more surprising was that many of the community health terms and terminology could have been developed there first, to become the lingo of community health care all over India, including the parlance in the state and central government of the country.

Their community or primary health care work was as carefully built. It was a two-way traffic on bridges built between the medical centers and the community around them. The nurses and the social workers regularly visited the communities, educated the community on and prevention of diseases, or immediate steps to be initiated, as was done elsewhere, and bring the more serious patients to the hospital, treated free of cost. The only demand would be to convert to Christianity. He had seen it in Vijayini's place.

They had identified the problems of isolation of the doctors and the nurses who worked in remote, difficult places. They had dealt with it squarely by taking good care of them, breaking their isolation every now and then by bringing them to the congregations. The system kept the peripheral doctors and nurses in good stead and fine fether. It also erased the deviating influences of city life, money, one's own private practice including the lures of drug companies. The message of Jesus in such congregations would effectively prevent them for swaying away.

There was a fine, smooth, and quiet professional quality about the way they worked, wrote, thought, spoke, and organized themselves over years. There were cleanliness and a sparkle. There was an abundance of foreign money that flowed in which gave these people an assurance for their safe future, in a somewhat difficult life situation. After all it was like an employment in a foreign company. The specter of abject poverty or unemployment was absent; the career choice would be easy. There were advantages in being minority institutes under the Indian secular constitution. But even then, the fact remained that at thousands of places, many more thousands of human beings, devoted, calm, not disgruntled, were there, and they worked well.

An MBBS or a postgraduate degree in medicine is a highway to a huge dowry in most Indian Hindu communities. A strong backing for a settled practice, a wife and wealth were the mechanisms in these communities, to ensnare the grooms with their gaseous inflation of ego, the level of intellect of the grooms notwithstanding. He also realized how few Christian doctors were practicing in urban Bombay and around. The nurses could have had lower educational family background or would be reared as orphans. Become a nun or a nurse; you are well provided with clothes, food, and passage all your life.

The love of Jesus and the message of service, was deeply ingrained; nursing then would be a coveted status. It lent endurance against unresponsiveness and ridicule by the people. The unbelievable and unlimited love for the Master could cushion for these adversities well. It would

make the boys and girls to join this stream; make it work and tick. Not love of Christ alone? Then what else was working? Nothing. All this had become a stunning experience for him during these days when Vijayini was out there in Poona.

The extent of the orphanages and the number of orphans therein was unknown. But the live example of Shubha would speak volumes about it. To leave an unwanted child for whatever reason at the doorstep of churches was commonplace, even in a remote place like Greenspan. Hindu Movements and the Governments also ran orphanages, but they would accept children around five years, as they were easier to manage. The conditions were unenviable and the numbers far fewer. None of these, with a lone exception of The Hospital, accepted newborn, the feeder population for Christians. The Hospital orphanage was to give them some unexpected recognition a few years later.

There was another side to the Christian Enterprise after conversion of swaths of population to Christianity by any and every agency available. Christianity could co-habit with Marxists or even Muslim agencies, particularly in the North Eastern areas of India to implant deeply secessionist tendencies. The Church did not seem to think that such associations were shameful to their own religion. The machinery of their propaganda drew a slothful picture of the traditions and thoughts of the native ancient religion. It led to foster the tendencies for secession. Their aims and efforts for proselytization for hundred years however had met with failure, with an average of 3% of population getting converted. So much for the toil, isolation, and huge amount of money spent.

Their hospital work had crumbled completely. Over the two months, once Vijayini was hospitalized for Jaundice the pace of the place was gone. The staff stared at each other more often than needed. Gradually the accumulated money and work in the wards went away as patients got discharged. The consultation declined as more men and women went back with the news that Vijayini had fallen ill and was removed to her mother's place. Madhuri checked women and did what she could. Pregnant women nearing term made a mental note to go elsewhere. Surgical patients miraculously dried up. How did the community know that the surgeon is away? But they did. The medical work of the Doctor continued but there was a little dent in it too! The wards gradually emptied; the flow of money declined. Occasional miracles however did take place.

Maheshwari was brought in, cold, clammy, sweating, in complete shock due to severe dehydration, because of gastroenteritis causing three days of massive vomiting and profuse diarrhea till all the water in the body drained out. She was delirious and heavy on breath. Circulation had collapsed. There was not a single vein that could be canulated to start the saline infusions or draw blood. All of them, Madhuri and Shivpal included, with their anesthetic skill, Yamini, and Vidyullata with their newly acquired skills with nimble hands, struggled. The Doctor tried. Maheshwari's eyes were bright. That was not the pre-terminal brightened eyes of a person about to die. The eyes pleaded. They still had plenty of life in them.

"Give me the venesection tray and the gloves." The Doctor asked Yamini.

On the left arm, at the junction of the middle and lower third, on the inside, he cut open the skin horizontally, about two inches. His small artery forceps called mosquitoes quickly dissected the axillary vein. It was isolated on two threads, passed below it, a centimeter apart. The small,

pointed scissors made a fine triangular opening. A stiff plastic catheter was passed six inches inside the vein. The thread at the distal end was tied. The proximal thread was tied over the catheter. Saline started flowing in, slowly initially. As the contracted venous system opened, the saline started flowing freely. Wound was closed. Two liters of it went in, in two hours, in the outpatient itself, before the Doctor dared to shift her to the ward.

In the ward, in the next two hours she was infused with glucose saline in large quantities and intravenous antibiotics which stopped the diarrhea. Maheshwari went into kidney failure the next day. There was no urine for the next twelve hours. They struggled with all kinds of tricks. The Doctor finally got the urine to flow and the kidney corrected itself. After that, she started pouring urine in liters, as happens sometimes. It was a big circus to replace the saline for what she was throwing out. Over the next several days even this was corrected. On tenth day the plastic canula was taken out but she was saved.

All that Madhuri said to somebody was, “I never thought he could do the venesection on the arm so well, so quickly and neatly. That was remarkable.”

Vijayini’s jaundice from a level eighteen times normal in the first ten days, was receding too slowly. The next two weeks did not register any significant fall. The virus continued to test positive. The next fifteen days saw a steady state level, the color deepened, jaundice rose, other enzymes rose. She had gone into obstruction of bile flow inside her liver.

“Rest. Eat well. This phase will pass by in five more days. Nothing more can or need be done.” He wrote to Vijayini.

By then the jaundice was two months old in her body. The virus was still there. Suppose it continues in blood to the end the third month and beyond? It may. Then she will have gone to a chronic liver ailment, with slow loss of function over years to come, to that stage of chronic hepatitis. Should a liver biopsy be done to conform chronicity? Can it be avoided? Should biopsy be done at all? The bleeding times were still little abnormal. Will she bleed? Without biopsy, with a carrier virus should she go for immunosuppressants? What will happen to the child in all this? How to keep the child from being infected at the time of delivery, by the virus the mother was carrying? How about transmission through the milk later?

He wrote a long letter to his dear friend, Dr. Zaidi, a gastroenterologist, raising all these questions. Zaidi wrote a much lengthier answer in record time, answering the percentage possibilities of all the adversities. The sum and substance were, the percentages of adverse events were relatively much too lower. If the virus persisted beyond three months, then the danger of chronic and continuing active liver injury would eat her up over the years, chronically debilitating her and an early demise. The consequences during the delivery would be unpredictable if the virus persisted, multiplying itself, but the worst must be assumed. But all this is theory. An extremely low incidence of all these complications is the reality.

The only good things that came through in her letters were. ‘I eat normally. The child is growing very well and appears to be active. The second ultrasound is normal. I am reading a great deal and indulging in painting.’

By now the antecedents of jaundice had fallen in place. In the extraordinarily cold November of last year, he had traveled back to Mumbai to sort out the problem of diabetic eye disease of his mother which had worsened a great deal. Her vision had gone down. A jovial and chattering Parsee doctor, an expert of Laser treatment for eyes, had treated her. Her eyes had then swollen red, and the vision was further occluded. Over the days her vision was restored more than expected. The disturbing knowledge that in the present-day technology she had only a few years of life left in her was very painful. She had taken it in her stride.

He had to also arrange for the heart valve operation opening the choked valve of a close relative. After his mother settled down, Vijayini had joined him to take care of the operation, conducted in the best Municipal Cardiovascular Thoracic Center, in Bombay. The two weeks spent, looking after their patient, eating outside was inevitable. Vijayini had caught the virus then, probably, through infected food or water. Those were the days of a yearly recurring hepatitis epidemic in Bombay. Scores of people and numbers of resident doctors died due to hepatitis, jaundice, liver failure and coma. The jaundice had developed, four months after incubation, as would be expected with Hepatitis B.

From a distance he could do nothing but try to talk to her on phone through two army exchanges; it worked only rarely. Else, he wrote.

“After the drug action meeting, I had no enthusiasm to go back to Greenville. I was lonely without you. What is the point on going back? Here, financially speaking things are quite bad. The canteen building with two quarters for residents and car park will need another Rs. 50,000/- We are going to lose the forest department vehicle and its assignment for tribal work sooner than we thought. It would have kept the staff busy, met the expenses to a considerable degree and drugs moving. Forester Giriraj has been transferred from here on a promotion. But he has not reached the top. The new district officer for tribals is a rogue. It is difficult to run the show. Without your power behind it, it limps severely.

“Krishnagovind is becoming a matter of shame. He has taken thirty-five thousand rupees from a partner for case expenditure and spent it elsewhere. There is a clamor to remove him. We have decided to change the trust constitution and trade Krishnagovind and Sambashivrao for each other and remove both.

“Shivpal and Madhuri appear to be in good mood and handle what work they can well enough. The staff has its small mischiefs. Yet, they sulk, because there is no work.

“Sharad has clearly said, under no circumstances you should bear the slightest strain and invite risks; you are not to return till you are normal, even if it means that he has to close the project temporarily. His concern for your health over and above the project really touched me. The only benefit of closing is, we will not feel guilty of taking too many leaves even when they were for genuine reasons.

“I had a phone call late in the night. From Russia with Love, your brother called from Moscow. He was relieved to know that at least the initial hurdles have been overcome, experts have indicated a likely smooth recovery and normalcy of the child and that you are safely lodged in the Military care.

“Irene is looking after the house, cooks for me and brings lunch to The Hospital. In late night I eat the remaining. I am planning to reduce my weight. I am not using the car. Instead, I walk.

“Everyone is asking about your welfare.

“By the way, these are some of the first letters in last 2 ½ years that I am writing to you. We have been so completely together in the entire thick and thin for these years. Now I am terribly lonely. Far more keenly aware that with you, I have become happy. From a stage of diffidence, when we did not know each other, to knowing what you are and what you mean to me and The Hospital I am even happier.

“These years of yours have not been happy. I have not been fair to you. But the dried-up Sahara of my existence is now developing green trees with new foliage. I am grateful.

“These letters begin a new era in our life. I want to make you happy. My happiness will lie in your happiness. Recover. There is much to happen still.”

Vijayini wrote back.

“I read your letters many times and still I do not feel satisfied. Do I really deserve the kind of sentiments you have for me? I cannot tolerate the parental feelings Sharad has for me. Do I really have so much good on my side for such an emotion?

“My Mama was here for two days. He said, ‘You are the finest person he has ever seen. You are far better a person than he ever thought, I would get as husband. People like the Doctor are rare in this world.’ Even the English Professor mama who was here regretted that he could not meet you.

“I came to know about one Doctor who runs a Leprosy rehabilitation center with 500 inmates. She gets grants from OXFAM, German Missions, and other Christian Missions for reconstructive surgery of hands for the patients. Why is it that only we do not get such help?

“Your letters before the marriage were more matter of fact. These ones stand in complete contrast. I am crying over it, every time I read it. Are these the tears of joy, happiness, gratitude? I cannot make out what it is.”

The letter also mentioned that after three months of jaundice her liver functions were normal and most importantly the virus had disappeared from the blood, a surety that no future complications were now possible, except those of pregnancy if there were to be any.

Chapter 2

The days in between had suddenly become hectic. The Doctor had admitted seven patients with bloody diarrheas and dysentery. The frequency of motions had taken more than 7 days to reduce to just tolerable but not normal levels, as happens in just about three days. With it the blood had continued to pass, despite the heavy antibiotics he used. He had debated in his own mind if the Acute Ulcerative Colitis could have precipitated infective dysenteries, his worst fears. His Poona Mama had suffered from and almost died with it, one and a half year back. Or, had these patients presented as Ulcerative Colitis from the beginning and he had wasted his time in treating them with heavy antibiotics as infective diarrheas?

These seven were admitted in a short span of time, not one more admitted after those 45 days period, both factors were against it being Ulcerative Colitis. Infective etiologies were not known to precipitate it, that too in crops of patients from different locale. He passed a rigid sigmoidoscope, made of surgical steel, up to 15 inches through the anal orifice of a patient. The picture was classic. He decided to treat all of them for Ulcerative Colitis, for which he had to send a person outside Greenspan to get salazopyrine in great quantities. Lo and behold, all of them recovered magically.

Kamala was one of first case of brain infection from a virus transmitted through animals. It was also the first case he had diagnosed and treated in Greenville. The epidemic had developed through these animals in the jungles in an adjacent district, which initially had a heavy forest coverage, and the animals were within it. As was inevitable, at some point of time, the trees were cut down, whole sale, likely for illegitimate reasons. As a result, it displaced the jungle fauna onto the civilization. They were the transmitters of the disease. One such victim, Kamala, from the peripheral area was brought in The Hospital.

For days she had remained in coma. A young beautiful lady with ample breasts, lay there, still. There was no response at all to all the painful pressures the Doctor applied to arouse her, to judge the brain status. The entire brain was silent. One observation that could not be explained was the persistently erect nipples. After two weeks of lying in the hospital, she started showing signs of brain activity and then recovered completely practically scratch free, except for a minor weakness in her left foot. Was it a self-limiting disease? It must have been. Was the care of feeding, keeping such patients away from bed sores, urinary infection despite the catheter or chest problems, was all, that was necessary? The Doctor did not have any answers.

After a long gap of three weeks Vijayini had mustered enough strength to write a letter.

“The jaundice has disappeared completely now. So has the virus. I am hungry all the time and eat well. There is a beautiful big lawn here. I can walk for half an hour every day. Phoning you up through two army exchanges, is impossible. Cannot go out. My brother and my sister-in-law have been punctilious and affectionate in their care. Your ulcerative colitis Mama and Mami

had come to see me. He is improved so much; you will not recognize him now. They have asked me to come and stay with them.

“I am fine here. But I want you. I want to come there. Once I feel energetic enough, I will travel down. I will not have any difficulty. If we do land up in trouble we will bear with it, together. We will live together with a hope that things will improve. We will live happily, no matter what happens. This illness has taught me a great deal. I want to be with you.”

The Doctor immediately wrote back.

“My Dear Vijayini,

“Whatever happens, you are not to travel over such a long distance, even after the jaundice clears. You still need to regain a lot of strength and normal weight. I write to you about finance or my general days not because I want you to come back. No! We will think of traveling later. If at all you have to travel, it will be with some trained gynecologist coming with you.

“Has any gynecologist been found, willing to help you out in this? You are tired. And the tiredness has gone deeper than bone. Memory has got affected. Intelligence is also temporarily tired. All your ebullience, innovativeness and imaginative thinking must come back. You should be as fresh as you were when we married. Complete rest and complete abstinence from work alone will achieve that.

“Shocked to receive your ‘Wire welfare’ telegram. My dear, what can really go wrong with me? I am okay.”

Despite the low level of finances, they were not allowing the canteen work to halt. Sharad was determined to finish it before the year went through. After 8 long years a new building was coming up in The Hospital campus. That was an achievement in the eyes of everyone. They had sorted out many plaguing problems of the hospital, but they did not have a solution to a permanent eatery, cafeteria, or a canteen where they could provide good food to patients, their relatives, and many bachelors were staying in the campus and did not want to cook. In the severe cold of Greenville people needed coffee, tea, eatables; staff, patients, and relatives alike.

The non-availability of cooked food within the campus had a long history. The make shift wooden shanty the Doctor took his multiple teas when he first joined was dismantled when Sharad had thrown out the fornicating Mongol, long ago. Then the brahmin cook Sharma had come, had cooked plentifully and had then disappeared one day. Vijayini had then risen to the occasion. She went out and purchased the required number of utensils to cook simple snacks, tea and coffee. She appointed Irene and another clean and competent ayah, Kalpana to do the cooking. A grinder was procured from with the help of the famous pediatrician who got it from a rich hotel owner. Sharad repaired it. This facility with Vijayini’s illness had crumbled. The problem of providing regular main meals remained unsolved. The only solace was, few patients suffered, since there were hardly any in the wards.

Most attendants had to go out several times to get food. They complained that the outside food was not half as good as The Hospital, though available only in the mornings. Vijayini had then insisted to have a regular canteen building. Sharad had extended the idea to include two resident quarters by its side and a car park to hold two of their ambulances and four more cars. It

had been designed large. Both Sharad and the Doctor somehow found money without disturbing The Hospital supplies, which anyway had plummeted down. It was quite a circus. He wanted it to be over before Vijayini finally would come here after the delivery.

Long before Vijayini left, Madhuri had shifted herself to the duplex quarter Vasanti had occupied, what looked like, years ago. Her husband away, it was much easier to stay in the campus. Her stay with the in-laws, four kilometers away on the steep hilltop was not happy. Madhuri also was pregnant. Shifting her to the campus had also avoided the daily up down four times, by autorickshaw on twisting and rising roads with ditches. She enjoyed her stay more with the staff than the in-laws. Pradyumna, Shivpal and Chandramouli occupied the other half of the duplex. These quarters could easily have occupied one more person in each.

Shivpal, Pradyumna, Chandramouli looked after the tribal camps for whatever remained of its last, uncertain sorties. Madhuri looked after the hospital. Yamini, the two Manjus, Vidyullata, Jyot, and other ward assistant trainees including Padmagouri, Mithila the one retrained from the first batch and Jaising, had appeared for their ‘examination’ to qualify themselves as regular ward assistants. They did well in fairly conducted, difficult examination held by The Hospital. A regular appointment boosted their self-image hence their confidence. Their white uniform of saris, white blouse and a dark blue sweater became their identification mark even outside the hospital. They reported back about their recognition outside by the people as ‘Nurses of The Hospital.’

Early August, the Doctor decided to write to Narendra Dutt Hospital.

“Dear Dr. Raghav,

“Vijayini’s condition is not good enough to come back and work here. Four months are gone. Five more months for delivery, a couple of more months for recuperation. That makes it another seven. In the absence of a competent gynecologist, the more sophisticated tests for the hepatitis virus, and a good coagulation lab, we cannot ask her to come here for rest, work, and for her own delivery. She has been an anesthetist, surgeon, and the gynecologist, all welded in one, with few additional jobs. The large legacy of work that she has left behind awaits a competent gynecologist and a surgeon.

“We request that someone from Narendra Dutt come here for these seven months or at least for few months, so that our main work does not hamper. With many people around in your institution, we do not think your work will suffer as much as ours. With two of our anesthetists, Shivpal and Dr. Madhuri, our manpower is just idle without support.”

For a painfully long time there was no response. Then a letter came stating that they were in full sympathy for the plight of a sister project of the Movement but are unable to meet this demand. Raghav’s letter had stated several reasons. Too much of work for all of them put together, no one can be spared were the main reasons for which they were sorry was the plea.

“Mr. Sharad, I cannot understand this inability to send any one of them.” The Doctor had confessed.

“Nor do I. May be their workload is really that heavy. Shivpal also was asked to continue longer, for the same reason.”

They had asked Shivpal if there was any reason.

“Doctor Mahabal is an exceptionally fine surgeon. But he does not get along well with any others. He could possibly come. But I cannot understand why they cannot send him. Dr. Shubhra, his wife, probably would insist to come over. Even then I can’t say why they are not deploying anyone at all.”

The Doctor had also asked the Bharat Seva Supremo Patavari to go there, to see the project and request them for help. Dr. Raghav had continued to write. His letters would skirt the problem of The Hospital. After the Patavari visit, Raghav had taken one more step by writing to the senior most person of the Movement, Sri Gopalrao. It was a matter completely out of step, breaching the ‘protocols.’ It was an insulting and unjust letter for all concerned. He had not mentioned his intention to write to Gopalrao when the Doctor made a detour leaving Vijayini back. The copy he received ran thus;

‘The Hospital’ needs an additional full time Anesthetist, Surgeon, Gynecologist, and a Physician, because of the frequent, long but legitimate absences of the Doctor and Vijayini. The Hospital suffers greatly, pushes them back couple of years every time in their absence. That is why the need and request, at least for brief periods in such times to you to find doctor specialists. Such doctors should come from the same state; sending doctors from other provinces, as the Doctor requested, is not a lasting solution, the difficulties of language and communication being an additional deterrent.”

Skillfully and cleverly, Dr. Raghav had exonerated himself and Narendra Dutt from the possibility of being asked as to why they did not send help asked for. The language of the letter was not that offensive till then, but the letter unfortunately did not stop there.

“The Movement of the State, the State Bharat Seva and the top persons of both, should maintain closer bonds, a sense of genuine kinship, keep a track of the difficulties of the Hospital, visit oftener and see how these doctors could work even better. The Hospital doctors should also reciprocate.”

The sermonizing was unmistakable. This was sacrilege which angered Gopalrao. Technically, The Hospital was under Bharat Seva and Patavari, the ultimate person responsible for it, and not Gopalrao. Narendra Dutt may be run by the volunteers of the Movement. How did they have the audacity to intone and point out as short falls what the State Movement was doing or not doing? He called Patavari, fired him left and right and ordered him to visit Narendra Dutt again. Along with the hospital’s own request, this had forced Patavariji to go to Narendra Dutt Hospital urgently. The mission failed. Dr. Raghav did not understand the displeasure of both Gopalrao and Patavari, failed to convince him that the same letter should have come to him. Patavariji however made his landmark observation when he came back to Greenville.

“Theirs is a trust alright, but the main four doctors there, are the owners of all the property, only a part of which they have transferred to the trust. They talk of taking as little as possible from the Trust and the hospital. What they do not give away or do not take is all their own. ‘The Hospital’ contrarily is a true model of selfless service, the Trustees and not even doctors here having any share in the property.”

The growth curve of Bharat Seva under Patavari had eclipsed the Movement in Greenspan in particular. It was also recognized, as at par with the Movement in the State as well if not better. With The Hospital, Bharat seva became the sine qua non of all Hindu work there in Greenspan. It had far greater traction among the people from all sections. The bosses of the Movement did not like it. A subtle intra-organizational ego conflict had arisen. Dr. Raghav's mistake had pushed the Movement further away from 'The Hospital.' The ire rose further because of the sermonizing. It was anybody's guess that the Vasudev episode still rankled the minds of these members. None concerned and involved knew how far this tussle was going to go in the years to come.

"Like that famous detective of Agatha Christi, Hercule Poirot, who asks, the motive, *Mon Ami*, the motive behind the murder."

The Doctor's remark after Patavari left, was intended to be just as a rhetoric. No one, even he did not realize that he had implicated Narendra Dutt Hospital, the two strong Movements and their people, motives that would do no credit to any. There were few additional reasons about the dislike, which The Hospital people were to know a few years later. A great tragic drama was to unfold half a dozen years later.

In the desperation for money Sharad and Nagaraj had turned to getting the referral status for The Hospital. Their repeated efforts before and after the Doctor joined had failed. The State Government, Planter's Association, and the Labor Unions, were uninterested, would not give them the referral status, money, and innumerable patients. Nagaraj visited the Rural India Health Project, RIHP for short, to see how they managed the referral status. The quality, facilities, the workload, and its complexities were far too inferior to the levels The Hospital had achieved. He came back with their tripartite agreement copy.

The agreement itself was disheartening. The uncouth labor unions and the even more uncouth state government, two of the three parties, would have full power to dictate the terms, to the doctors and the Trust as well. It would then lead to rank degradation and corruption of their sacred service motive, faith, and the absolute right of the doctors to treat patients. Their autonomy of decisions regarding patients and freedom to do their work, a sacred matter, would disappear. It would turn the hundreds and thousands of the beneficiaries, representing a quarter of the population of Greenspan away, in need of The Hospital, if they were to accept the terms of the tripartite agreement.

The future would be marred by the disagreements and fights between these four agencies. Even more undesirable was the outside, legally conferred dominance and interference from Labor Department, Government and even the Planter Community. It would lead to a gruesome atmosphere if something was to go wrong with the patients. They were inspired by the ideals of social service on their own strength, to the extent possible. The government money and interference particularly detested these ideas.

There were other easily foreseeable consequences, also extremely dangerous. If anything, untoward was to happen, the questions about the paramedical workers' legally required qualifications for the work they were doing, would be raised. The doctors who asked them to do the work would come under the sole and direct responsibility if patients died. Here the trust and

the doctors were, legally speaking, in a completely indefensible, criminal position. The Government, the Labor Leaders, would raise these issues for even one or every complication.

It would not matter whether the serious patients would have died even if the ancillary workers were qualified nurses. Deaths or serious adverse events is an inevitable in medical profession. Equally, it would be of no consequences that people, their own labor members died by droves in the nearby District Hospital of the same Government. The numerous cases with excellent outcome under the same ‘unqualified’ people of The Hospital and services would not even be remembered.

The development of the same manpower, which could lead the Doctors to Jail, was consequent to Narendra Dutt example which they had implemented and taken to a new height. The idea was that of quality before qualification. Neither the Government, nor the Law, nor the three parties had anything to do with the quality, and ideals. It just did not matter. Only the procedure, rules and law mattered. And the most precious thing? The Autonomy and Freedom of doctors? What about that?

“Let us let go of it, Nagaraj. We have lived by our own strength, our own effort. We will continue to live this way as long as we can. We cannot allow somebody else to come and deprive us of our autonomy and freedom and on top of that, starve us to death.”

None of them were aware that these forces they hated so much were to create unprecedented difficulties to them, a few years later. A worm had entered the fruit, threatening the throne of Indra.

When Vijayini was laid down by jaundice and The Hospital was seeing its worst days, Sharad proposed to Nagaraj that they will go to a great astrologer, they knew, to ask him about the future of The Hospital. The Doctor, neither interested in it, nor believed in it, did not want to go. He was persuaded that three of them could talk about many a thing in the five hours it will take to go and come back. The Doctor sat outside the room, saying that it is up to the two to tell or not tell him the predictions, good or bad. He could hear the chalk on a slate and the sound of cowries being thrown like a dice.

When the two came out, they related what had happened.

“We had not even opened our mouth when the Maharaj told us first thing, ‘we two were the first in many years, who did not want something for them but for the society. Everyone who comes here is for their own purpose, personal difficulties and to know their future. It is August now. The Maharaj told us that by the end of January, next year, The Hospital will make great progress and will continue to do so for the next five or six years.’”

“I already know that and so do you two. Vijayini comes back in January, what the Maharaj has said will happen. Why do we need this old astrologer to predict?”

Vijayini wanted to come; was too keen to come back towards the middle of her pregnancy, wanting to offer consultation and help Madhuri in maternity work, as much as possible. Assumption of working ‘as much as possible’ was false. The work would come in volumes, tumbling in one after the other. And Vijayini will not say ‘no’ to anyone. That was where the danger of an unfortunate event could lie.

Her mother seemed to be even keener that she should go back. He was wondering about the insistence on taking a twenty-hour train journey to the Capital, stay for a day and then take another six hours journey, to reach here, when she was not to be allowed to work at all. He was upset. Her jaundice and bleeding tendency had returned to normal just recently. He wondered if his in-laws thought he would go 'wayward' or if her brother had got tired of taking care. He placed the letter in front of Sharad and Nagaraj. It was Sharad, not the Doctor who wrote to her.

"You are like my daughter. I am adamant that you are not to travel. Firm, that one may work during pregnancy up to five or six months and then keep quiet. I am not going to listen. In two weeks, I am relieving the Doctor to be with you. I can perfectly understand the need for it, for both of you. These months incidentally are the months of disturbances of rail tracks, rail delays and are prone to accidents. The Hasta configuration will soon pour heavy rains all along and at the rate of eight to ten inches a day here, during the days you are planning to travel and reach.

"It will be in September and that too if your short friend Sujata comes with you. She can be admirably helped to do all the maternity work. In any case by the beginning of eighth month, you must reach safely to the place wherever delivery is to take place. That the Doctor will decide, not you."

Like Professor Higgins in *My Fair Lady*, the Doctor said to Sharad - 'but why can't she understand?'

The Doctor had returned from the Capital after attending a workshop on "Exploration and Cooperation in Areas Under Public Health and Environment between the Government and the NGOs." The Rotary District Governor Manohar Babu had written to the Doctor saying he was a key person in the entire Rotary district to the success of the Rotary programs and projects, inviting him to the dialogue at the prestigious legislative assembly of the state. He was specially asked to talk about the Mongol tuberculosis. Rotary International and the State Government both believed some meaningful work was still possible together. An uncommon initiative had brought about twenty people together with considerable difficulty.

Shortly after the meeting began, it was obvious the governments and the NGOs were an anti-thesis of each other. The former always shunned the latter. The lithic, rigid, unenthusiastic, uncommitted psyche and style of government machinery vis-a-vis the intense commitment of the voluntary works all through the discussions contrasted sharply. That was why the government, never liked juxtaposing themselves with voluntary effort, for fear of being exposed. It was the contrast of hierarchy, protocol and procedure against flexibility, motivation, involvement, and adaptation in approach. Its egoistic attitude, as the big and the only doer never even considered in practice, at least the voluntary agencies, if not the private doctors, and the work they did. It did not consider such works as complementary, but as competition, aimed at exposing the failures of government effort which anyway was true, as opposed to the outreach potential of NGOs.

Those few hours of discussion revealed the dismal conditions of the instruments, equipment, and the vehicles the government possessed everywhere, barring the officers' personal cars. No vehicles ran; refrigerators did not work. At one point of time, it looked as if the government wanted the refrigerators of the homes of the voluntary agency workers to store vaccines and use

their ambulances to do their work. He had drawn his own conclusion about the complete inability of the government to solve meaningfully the health problems of this country.

On one of those cold, clammy and wet nights, The Hospital accounts officer, Prasannababu got admitted with blood pressure dangerously low, frequent diarrhea, wheezing in the chest, and was profusely sweating. The ECG was completely normal. The symptoms resembled organophosphorus poisoning. It was not that. The combination of symptoms dumbfounded the Doctor. By the time he was through with the preliminaries with Prasannababu, his wife and two more relatives came in the same state. Now one thing was clear. It was food poisoning. Yet, it was completely unlike any of the dozens of food-poisonings he had seen. The preliminaries were started, anti-asthma injections were given and IV fluids were started.

After an hour there was no significant improvement. Prasannababu however called the Doctor and told him that all of them had eaten Mushrooms, and that wild Mushrooms are known to cause poisoning to some of the many who eat it. The patient had made the diagnosis. The Doctor rushed to his Harrison's textbook of medicine, bought by Vijayini. When he saw the remedy, he smiled. It would cost one rupee for each patient. Opening the drug store, he had gotten ten ampoules of Atropine, commonly used for organophosphorus poisoning. He had used it in hundreds for such patients. Here two ampoules were all that was needed for every patient. The recovery started within minutes and was complete in half an hour. All four said they could not see properly. It was the atropine effect. They were assured that it will disappear in twenty-four hours when they will be discharged.

When they finally met, with Dr. Sujata alighting with her, in mid-September, Nagaraj was also there, ready with a volunteer force of Bharat Seva to help, take away their luggage, also holding a car at their disposal. Vijayini looked fresh; her eyes had the usual sheen and luster which had an added effect to her happiness to have seen her husband. She had yet not started putting on the weight, pregnancy inevitably brings. She was still gaining what weight she had lost. The happiness over the safety of her person was more overwhelming and dominant than meeting her.

"Like your name, you have won the most difficult round of your deathly illness." Nagaraj said.

She walked slowly, a little wane still, he thought, as she walked with him. They were going to stay in the large building of Bharat Seva State HQ Office from where she was taken back to her mother later. Rooms had specially been arranged for comfort.

"Everyone wants to see Madam. They have seen you in the horrible condition in which you went from here four months ago. They have been greatly concerned about you. They will feel extremely happy. The top brass of Bharat Seva wants to see you. They will be here in the evening. Two new office secretaries, Srinath and Ramraj want to meet you. They have been hearing so much about the work you did here."

It had turned out to be union of friends, happy and joyous. In the evening, the big boss, Mr. Pant did say, "The Doctor has been without his most important colleague, the most important person, in The Hospital, for more than five months."

They had moved around, visited Khadi Village Industry shop, the Wood and Stone Craft Emporium. Having not to pay for hotel and food, was a large saving. Vijayini purchased small gifts for everyone in The Hospital and gave some condiments she had brought, for the office kitchen. Royally they proceeded to the Garden City, Sujata had never seen. They were housed with the famous pediatrician, who wisely provided them with a car and a driver. The Doctor and the wife, they re-lived their first visit last year when they had run away from The Hospital, tired and unable to work. Sujata was neither an intrusion nor a crowd in their company but a reassurance and a discrete presence.

The whole hospital had gathered. Seeing her, Yamini, both Manjus, Vidyullata, Irene openly wept and held her.

“We had wondered if we would ever be able to see you again.”

The news that ‘Madam has come back,’ spread all over in Greenspan fashion. It sent across the message that they both were here to stay, barring this intermediate period. Madhuri, Shivpal were happy, so was Chandramouli and Pradyumna. The new entrant Dr. Parag, a boy from the North of the State, working fairly and learning Medicine could not fail to notice that it was a welcome not only to their most beloved boss, but their heroin.

People and patients had come by hordes. Sujata was working with Madhuri; Vijayini’s mere presence had brought back work to the hospital. With the ease of a fish to water, Sujata had merged with the system and used it with the help of Madhuri effectively. The block that had occurred in the work pipe freed itself and the waters burst forth. The tottering project had woken up, was throbbing and alive. It had taken the Doctor two weeks before Sujata could feel free enough, to take her around the estates, to the falls, the wild life sanctuary, the Golf course, and several other places, to show her the district; the rains had abated and Greenville had become the most livable and enjoyable place.

Sujata did tell him.

“Doctor, I can see you have built The Hospital solidly from bottom to top. Our workers are quick, enthusiastic, and anticipatory in their behavior. You have trained them well. You have been able to arouse their emotional attachment to their work, for the project. There is no listlessness around. They jump on to do the work, for the project. What we face everywhere in Bombay, in general hospitals, municipal hospitals or even private hospitals, looks horrifying against this experience.”

He had not expected this kind of appreciation, that Sujata would so quickly grasp.

After a month when Vijayini and Sujata went back, Sharad had forced a check on Sujata’s hand despite all her unwillingness, for as substantial a sum as possible. The Hospital people felt sad but were now sure that Vijayini will come back with the child in a few more months. The work somehow, did not abate much after Sujata and Vijayini went back.

On seventeenth November, for the occasion of the eighth anniversary of The Hospital Nagaraj arrived. He had the decree copy of Dr. Shivpal’s divorce granted to him by court as per his contentions and conditions. No one knew till then, that the court proceedings were on for all these years. In Shivpal’s behavior and work, no one ever even suspected of the sub-judice matter.

On seventeenth November the Doctor's brother sent a telegram saying, 'Delivery imminent. Rush to Bombay.' The Doctor spoke on phone. There was no question that the Doctor must leave. He wanted to be there for the delivery, to take care of Vijayini, to give her the courage, to manage anything by way of medical complications, and emergencies. He wanted to take care of the child as he was born. There was work for him. Everyone in the house wanted him there to take the final burden, responsibility and to be there to see everything that would happen and take it through to safety.

On seventeenth, later in the morning, Shivpal came to the office with a single line resignation letter. No one could believe when he declared that he was leaving with immediate effect. Giving one month's notice was a decently established norm for anyone, having worked continuously in a place for such a long time in most dependable manner. Each one pleaded him to stay.

Leave aside decency. There were many other matters. Shivpal knew the time for the Doctor to leave had come. He knew that Vijayini's delivery was near at hand. For months they had all held the fort just for that safe happening. Parag was new. Pradyumna had not yet become that dependable to take over medical cases. Madhuri, late in her pregnancy without Shivpal would have been strained beyond her capabilities. Her managing anesthesia was out of question. Everyone was shocked.

No one could believe it was the same Shivpal who had adored his Madam in hundred different ways. How could he desert her, the project, the work, leaving everything in a lurch. What about the hundred great things he had told to Dr. Raghav about Vijayini? Moreover, no one could fathom the reason for his urgency to rush back, now that the divorce decree accepted totally, on all his conditions.

"Judicial separation was the reason why I came here. It took a little too long therefore I stayed. I am now going to the woman I want. I have nothing to do with your work hereafter. You can do what you want with my resignation and the 2-year bond for the training you gave me. Anyway, you can't do a damn!"

He lifted his two bags and marched out. Like pithed animals they all watched him. Human nature. You can't understand that.

"Doctor, you proceed to Bombay. Without that wretched fellow, I will manage the show with Parag, Chandramouli and Pradyumna as much as I can. I can easily work till February. Then for my delivery, I will have to go to my mother's place. I will go only after Madam comes back." Madhuri had said.

Her glowing countenance, the splendor of her beauty enhanced by her pregnancy, the swollen abdomen with her pink whiteness all struck the Doctor like a bolt.

"Doctor Madhuri, I only pray to you not to strain your own self beyond a point and harm yourself. I do not want accidents on my hand. Pradyumna, Chandramouli and Parag will not be able to help you much. I do not want mishaps on my hand in the name of the project. The project can stagnate for some more time. I will be back soon. Refuse anything you think you cannot manage. Pray take care of yourself."

With a heavy heart he was gone, injured his knees badly in the journey, which Vijayini dressed when he reached her uncle's place. Her parents had already come there. The Municipal Hospital they had identified with all the infrastructure needed to manage such a case was near to this place. Nineteenth November turned out to be a false alarm. The Doctor decided to stay on and wait.

They knew it was going to be a boy. The expected date of delivery was fourth of December. There were no signs of progress, pain or descent of the child that takes place two weeks prior. They waited. On one evening, night Vijayini vomited a little, then the abdomen looked flattened.

"Do not go home dear, tonight." Vijayini had hinted him. At three, early morning, the strong pains began suddenly. What a wonderful programmer the nature was. Vijayini was brought to the hospital labor room. The Doctor took the same taxi to Dr. Sujata's place, woke her up and brought her to Vijayini's side. He also stood by her in the labor room. It took her eight hours of strong unbearable pain. It was a large baby, struggling to be out.

"Doctor, there is no question of caesarian. It will be a normal delivery. Do not worry."

The pains had become unbearable again. Vijayini held him with both her arms, head on his chest.

"If I die during labor, marry again, for the sake of the child. I don't think I will survive. You have been good."

The Doctor smiled, held her more strongly, reassuring her that he was going to be one of those rare fathers who had guarded the mother and protected the child as he was getting born.

"Oho, the child is strong, large, normal, and handsome. Like his grandfather."

Sujata had spontaneously expressed herself as the child was born. He had no problems. Smile returned to Vijayini's face as the formalities of delivery got through quickly. Three kilograms and eight hundred and seventy-five grams. The nurse had reported as Vijayini held the boy, happy and proud.

"How much you have borne for him, for this moment!"

"You have borne the brunt much more than me, my dear. I would have been dead long ago had you not been around all these months!"

The child's blood was taken through the umbilical artery. He tested negative for jaundice and for all the other virus as well. He looked to be a bright, intelligent boy, opening his eyes, looking at the world around, quiet by the side of his mother.

He had won. There was relief everywhere. He phoned up Greenville. Sharad was overjoyed; after all a grandson was born to him also, while both his sons were nowhere near matrimony then. On seventh day, the Doctor left for Greenville to look after his work. On twelfth day his son's naming ceremony was performed and in one and a half months' time he was to arrive with his mother and her parents. To carry him home the Doctor had taken two huge vans to pick them up at an intermediate station to save the night stay and cut the journey through the Capital short. A tiny child with his big paraphernalia arrived in two huge vans. It was Vijayini's birthday as well. Or a rebirth day. The next day morning Sharad with his wife had appeared early and had pressed a gold coin in deference to the tradition of Greenville, in the child's hand.

Chapter 3

Couple of events had taken place while he was in Bombay at the time of Vijayini's delivery. Akash had appeared twice, surreptitiously, for a day each time. No one knew what he was up to since he never spoke to any of the staff. After his second visit, Shubha resigned and disappeared totally. No one knew where she had gone and how.

Dr. Parag's father had a severe heart attack and went in shock after that. He pleaded to go, assuring that he will come back and stay till Vijayini came. His father recovered. Parag came back. In January his father died. Everyone knew that Parag's seven months stint there had come to an end. They sympathized with him. In contrast to the disgraceful departure of Shivpal, his exit was honorable. Madhuri had neared her term. Within a few days after the arrival of Vijayini, she left.

The Doctor, Vijayini and Pradyumna were left. Chandramouli rejoined them after spending a longish interval to take care of some of his family problems. Despite this, the work had increased. For all surgeries, Vijayini would, like before anesthetize the patient and carry the strain of the surgery, the welfare of the patient and the worry over anesthesia. Pradyumna however could maintain the anesthesia he had learnt in the interim months. Vijayini continued to put her shoulder to every difficult case. She did not lose a single case. Everything had to be done by themselves. The strain was enormous.

A different drama was taking place in Bombay. There was an old hermitage of *Dharma Parivartan Math*, a place for reconverting Christians and Muslims back to the mother religion. It was setting right a huge historical error when such reconversions were banned. These conversions took place in retail with only one or two individuals, or wholesale, a village or large numbers reconverting. A couple had appeared in front of the celibate head. They wanted to be married there. The conversation began.

"My name is Akash. I am a surgeon. This is Shubha, a girl reared all her life as an orphan Christian. I want her to be converted to Hinduism and marry her."

It was natural that the couple came here.

"From where are you both, young ones?" The old Celibate asked of them.

"My parents stay in the next suburb." Akash did not wish to disclose anything more.

"I am a Nurse from The Hospital." Shubha had said.

"We must get all the details before we proceed. There should not be any foul play in the name of conversion attached with our institute, nor should it be of any trouble for you two, my dears. How did you meet? Who can vouch for her and for you?"

They haggled, procrastinated, tried to avoid details. Finally, the details came out. Akash gave the name of The Hospital, Greenville, Greenspan, that he had worked there for over eight months and that Shubha worked there as a nurse. He also disclosed that between January 1983 to

now January 86 he had worked in Nigeria, while Shubha stayed in Greenville. He was still desirous of her to become his wife.

The Celibate started laughing.

“But then Doctor Akash, you must be working with our old friend, the Doctor, about whose work we are so proud.”

Reluctantly Akash admitted that.

“She is an orphan you say. Who do you think can perform *Kanya dan*, the giving away of their daughter to their son in law, that is you! According to the Hindu Rituals this is a must, if you want to marry according to the sacred Vedic rights.”

“I want to, but I do not know what to do and how to arrange for it.” was Akash’s meek reply.

The Celibate sat in silence, scratching his beard. Suddenly he brightened.

“Now listen doctor, and you Shubha. Our Doctor you both worked with, is our good friend. His brother was married here, in this hermitage, four years ago. His proposed wife was a Muslim. We converted her. Would you have any objection if I ask this Doctor’s brother and his wife, do this *Kanya dan*, and be her foster parents? I think this is an admirable solution.”

“As you say. My parents will be around and a few friends, but we did not think of this. Do as you see fit.”

In all these years Akash had tried to keep this a secret from the Doctor and had succeeded. What was his reason? Did he feel embarrassed? Was he feeling guilty for having deserted the project rather suddenly and was now taking away another good staff? No one would know! Akash himself probably could not have known. The whole episode, from beginning to end, the commonest and simplest of a love affair, may have been one of the important reasons, or the sole reason as to why there was so much of secret talk going on between Vasanti, Shivanand, Akash and Shubha. Yes, there was enough to discuss. There could have risen serious objections on Akash’s home front. How to convince them? Whether Shubha should continue here, when Akash was to be away for a year or more before he could come back and marry her?

In all these matters, the opinions and insistence of Vasanti would matter a lot. After all, Shubha was her friend and a great support to her. The conspiracies or collection of grievances against the Doctor, now looked secondary. This issue might have preoccupied their minds, most of the time. And what did Akash think the Doctor’s reaction would be? Why did he not think that the Doctor would have wholeheartedly supported the idea. That there was no need to secrecy from the Doctor over this.

And now the big magic box had opened. With the Doctor’s brother doing the *kanya dan* of Shubha, the Doctor was bound to know. There was no go. Both yielded. When the Doctor heard the entire story from his brother he laughed. He quoted what W Somerset Maugham had written below the title of his beautiful novel, ‘The Narrow Corner.’ Small is the world and narrow the corner you are about to turn.

Within a few days after Vijayini's return a lanky, thin, almost cadaverous man appeared on a Sunday afternoon at their bungalow. One look at his white complexion and the typical blue eyes, only a Chittapavan Brahmin can have, they had asked him to come in.

"I am Bhaiya Gangal. I was a full-time worker for many years in Sangali and Miraj area. In late seventies I went away to North East. From the sixties, proselytization, and alienation of the folks from Manipur area had become noticeable. The student movement in Bombay had launched an interstate exchange program of Manipur, Tripura and Nagaland. Young boys and girls of middle school age were brought to the city of Bombay in large numbers. They were settled in the houses of the diehard members who had expressed their willingness to rear them as an additional child in the house, schooling, and everything. They were reared to develop affinity for the mainland India.

"Years later when that project halted, I decided to continue it. I went to Manipur. Collected nearly twenty children, brought them to the adjacent district place and settled them in a similar fashion. I had many connections with our workers in that place. They provided help. We started a hostel later and brought more of them."

"Where is your hostel? I am in this place now for over three years all told, I never knew this. I have gone to that city, several times with my husband but I did not know." Vijayini was surprised and also disappointed that she had missed these people. Her parents listened intently the story as told.

"I have met the Doctor many years ago. At that time, he was new here. Different people repeatedly told me about his work, his problems and his tensions. I did not meet him again, if not for anything, not to distract or disturb him. Today I have come here with twenty odd boys and girls."

"Where have you left them?"

"As we got down at the bus depot a couple of hours back, I took them to see The Hospital. I wanted them to see what service to human beings really means. How hard it is. How it is done in our style. I wanted to emphasize to them that two persons have come here thousands of kilometers, leaving their own homes to serve the people in this difficult district, with one belief that all over, this is one country, one people, my people. No barriers of caste, language, color, province, and customs. So is this country, yours. That is what I have been telling them and wanted to show them, its personification, so to say."

"Call them over. They must be hungry now." Vijayini's mother gave the invitation.

The typical Northeastern face and skin, bright white teeth, matched by their vivid spontaneous, and open smiles, twenty boys and girls filed in, politely bending in the Namaskar with joined hands. No one sat down till told. They settled all over the place, the introductions were made. The children moved around the bungalow. Inside. Outside. Some sat on the well. Some climbed the precarious guava tree by the side of the steeply curving, slope made for the vehicles to come to the house. Some played. Some girls took the child out of the cradle and played. They spoke to the family politely. They were obviously happy. A huge breakfast of Alu Powa and tea was made. A few hours after, they filed out.

“I will be meeting you here after. I will be coming to this place regularly because many people here have told me that they will help. Many estate owners help us a great deal in kind. I will feel happy to speak in my own language with you.”

In the night Vijayini could not contain her question.

“What causes such devotion, a deliberate adoption to hardships for as ethereal a goal as national unity. From where does this breed come? Are there many like this man?”

“Our moorings fire people to such deeds. You have seen a number of examples quoted by Gokhale when he came to our house to talk about the Tribal work we have done all over the country. There are thousands. Each one is a selfless, grass root worker. It is the love for their motherland and the society.”

“I must revise my opinion that only bourgeoisie and orthodox people, interested only in eating, populate your Movement. Without diluting that charge, I admit that there are heroes. You are also an exception to your general disagreeable mass.”

“The difference is about the basis of understanding. Majority of them have a strong, emotional basis towards our work and ideology. There is side by side, a bitter negativism arising from it. Generally, on the rabid side. But it does not lead to action. People like Gangal believe in action. Their basis of ideological allegiance is rational.”

“I have never heard such an interpretation about your people.”

“In general, the influences of Bombay, and western culture have given me an open, unorthodox, attitude. Like Gangal, my convictions are based on rationality, not emotionalism. It does not therefore need the struts of narrow, chauvinist considerations.”

“Next time we go there we will take something from here and stay with Mr. Gangal’s brats, as you call them.”

“We are not rich. But we will do what we can.”

Chandramouli had shaped well in the project culture. There were signs that he was a horse of long race. Quickly on his own, after knowing Gangal’s work, that boy had collected a few hundred coconuts that grew so well in so unnatural a weather in that district. He had gathered a few from each house that had coconut trees in his area of residence and carted them to the hostel. The hostel was a dark large old somewhat dilapidated building with a large courtyard. Chandramouli never told anyone about this.

One day he approached the Doctor to say that he had started yoga classes in the classical Indian yoga tradition. He wanted them to come and see it.

“But how the hell did you manage to get the Rotary Hall of all the places?”

“Sharad Sir took me to the club president. He fell for the idea. He has great faith in Hindu culture and tradition. He allowed me to use it as long as I want.”

“How long are you doing it?”

“I went around publicizing the idea about two months back. At 6 a.m. and 7 a.m. we have two batches going on for last fifteen days. I will be happy if you come to see them.”

“How come I did not know?”

“From the morning till night you work hard, sir. You get tired. Therefore. I did not tell.”

In a few days they had gone to see the yoga classes. Each batch had nearly thirty people. Young, old, middle-aged ladies and gentlemen. Nothing short of miracle, it was difficult to believe such an initiative could be successfully planted in Greenville. Chandramouli in his shorts was impressive and he seemed to have a body of rubber. He had a knack to teach how to get into the difficult postures gently. It was amazing. A little later, the local papers carried a story on “The Hospital Yog classes.” A new dimension was added.

From nowhere, four Ayurvedic graduates had appeared in front of the Doctor, Narahari, Vishnu, Sukumar and Ramhari.

“We want to learn allopathy. Many doctors from our Ayurvedic college told us to come here, to learn. Everyone said you are a fine teacher. That is why we have come. We do not want salaries or money, just some place to stay and eat, that is all. You teach us. That is sufficient.”

Chandramouli and Pradyumna, both had said the same thing. Why was this similarity, the Doctor wondered? All four joined. In the two small bachelor quarters of the new completed Canteen building, they were housed. The work that had again shot up after Vijayini’s return could now be better shared with these additional doctors. All of them enthusiastic in work, unbothered by long hours in cold nights and rain, always stood by the side of Vijayini, helping her. They did not obey the formality of one being on duty, others sleeping. If one came all the four came. Their joy was enhanced by the evening rounds when the Doctor talked in detail about each case, taught them the art and science of clinical practice. He would show them cases in the outpatient also. All of them could grasp well the details and were learning fast and quick.

It was as if the Doctor’s mother had held all her faculties together for the birth of his child. For the last nine months she had held her tensions back, never allowing any strain to show. But that had eroded her mental and physical strength a great deal more. From what the Doctor had told her, she had gathered that things would be all right. She was dearly hoping it to turn out to be so. She was bracing against any disappointments. Once during his brief visits, she had spoken to him.

“After you decided to marry her, I felt fully reassured that your life will not now be waste or wayward. She is a gem of a lady who will take care of you, all your life. Now your son will be born. I wanted to see you two with your child. That will also be so. With your child now born and normal, I feel that I have completed the entire task I had to finish in this life.

“Now if I continue to live or don’t, it does not matter. Take care of your father. He is still a wild young man, full of life. My life is waning. At the same time, I want two assurances from you. I have diabetic kidney disease. Even if kidneys fail, you will not put me on dialysis, not spend money on kidney transplant on me.

“I promise you both.”

“For one, I will not be able to tolerate that. Second, I do not have much life left in me now. I do not think I will ever reach the dialysis stage. You have taken care of me, my body for last

fifteen years. When I go, do not rush to Bombay all the way to see my dead body. What is there to see? Do not disturb your work. Do not desert the responsibilities of that place and for Vijayini.”

He had agreed.

After the birth of his child, she managed to come to see all three on the same day, enduring the twenty-five kilometers from their house. On twelfth day, during the naming ceremony she had held the child by herself for a few minutes. Within a few days her faculties snapped.

She had become like a slow automaton. She needed help for everything. Her beautiful silky hair also had to be done for her. Her eating had slowed. She would sit at the table and just keep pressing the fingers to the plate eating little, at long intervals. She could answer the questions with a delay. Life was ebbing out of her.

In April Vijayini’s parents decided to leave as their son was to have a child in June. It was decided to call the Doctor’s parents to avoid the summer scorch and sweating in Bombay. The same drill of picking them up from the airport and bringing them back to Greenville followed. Initially in the cool, pure air environment doctor’s mother perked up. Rains gave way early in May, the cold set in and she deteriorated in her mental faculties, lost control of her sphincters. She had to be helped for everything and cleaned several times a day. Irene shouldered the responsibility.

The doctors were exceedingly busy. To come to the house built by Sharad for them, within the campus, every now and then became difficult. It was becoming obvious to the Doctor each passing day that he was going to lose his mother. All his medical knowledge had become useless to prevent her downhill journey. It was his defeat, against death for the person of his most beloved, beautiful mother. He could not tolerate that and revolted. He started becoming angry against the world, and with himself, for being so utterly impotent against these odds and would express himself on her. Everyone was getting disturbed. Finally, his father said,

“I want to take her back. In the next forty-eight hours! Whatever has to happen, let it happen in our house, her house in Bombay. Arrange for the travels.”

“It is June now. Flights are overbooked as people return to Bombay. We will have to do a lot of string pulling to get them a seat on the airplane.” Sharad said. He took his car out and they went to the Port City. They used all kinds of agencies and influences till midafternoon. No success. Ultimately, they met the aerodrome authorities and explained her condition. In the application the Doctor wrote, he had enlisted half a dozen illnesses she carried. Even the aerodrome officer visibly shuddered with that. They had the tickets after 2 days.

She managed the journey to Hill Top Airport. Sitting by her side, looking at her lifeless eyes, the Doctor knew the end was near. The airport authorities called him to give an undertaking.

‘Even in the event of something most unwarranted, during the flight, I instruct that plane will not be brought back but taken to Bombay and no responsibility of it will be attached to the airline’s authorities. Any expenditure arising herein and hereafter will be borne by me.’

From where was he to bring the money if such an event took place? He did not know. He did not bother. The plane took off. He lounged around, not going back to Greenville immediately. In three hours as the plane left the Doctor called home. She had reached safely. On the fifth day a call came through. His brother called.

“She is bad. We have removed her to a nursing home. Start.”

It was ten twenty in the night. As he put down the phone he thought, ‘she will be no more by two thirty today night.’ He left with his younger brother-in-law who was visiting them to see his nephew, after his return from Russia. They gathered whatever little money they had and left by a late-night bus to the airport. A Special Message sent from Bombay with the pilot to board him under any circumstances, never reached the authorities. At six in the morning, he called his house from Bharat Seva office. His mother had passed away at two thirty in the night.

“I may or may not get a place on the four o’clock afternoon flight. Complete the cremation.”

He informed Greenville. He did not cry. He had a sense of immense relief that she died without suffering, without knowing what was happening to her. It was not the end of her life, but of her sufferings. In her coma she did not know she was going.

When he met all of them in the evening, he did not cry. His house was empty of her now. On the third day, he collected the ashes and poured it in the beautiful Ghodbundar river from the over bridge, a few kilometers away with his brother. He decided not to perform any rituals, conduct any religious function, even the sacred all-important thirteenth day ceremony. Fifth day after the death he went back. The continuous conscious, unconscious contact he had with his mother all these years that he was in Greenville became non-existent. She went out of his life and mind, or buried deep. For next several years he did not even mention her name.

Another batch of trainees had been recruited. By now their lecture content, curricular training, in-ward experience, had all taken good shape and the lines of training had been firmly laid down. The Doctor and Vijayini took time out for their initial running down and running in, so that the foundation could be well laid. The rest of the training especially the practical skills, needed for the ward work had all been taken care of by Yamini, the second Manju, Vidyullata. Drs. Chandramouli and Pradyumna alternately took a few of the older trainees for the Tribal camps, with two of the new doctors who had joined. They enjoyed it greatly and mentioned to the Doctor of having had an exceptional experience which in addition taught them so much. The unexpectedly still continuing tribal Mobile Project turned out to be another ground of training for all the new entrants.

Dhanno the thin, short, sprite and but tirelessly working girl, was the particularly good pick of this second lot. Sukesha was a mediocre, but could understand and work reasonably. In Bhaskar they had tried and succeeded in developing a good ‘Male Nurse.’ Shekhar who died due to injecting himself with a muscle relaxant, had a timid, thin, and shy brother, a complete contrast to the valorous name Jaising. He had been picked up for training in the previous batch was now being trained as an X Ray assistant to the Doctor. Jaising learnt the art quickly to give good quality X rays. He did not waste films. The Doctor had been relieved of his burden of X rays he had carried for four years. The Hospital had also begun paying overtime to all by the standard

rates. That had spread more satisfaction among the workers. The buildup was becoming stronger and more efficient.

One afternoon Vijayini called the Doctor to her outpatient. A lady with a face resembling the famous actress Nargis was lying on the examination couch with her abdomen fully uncovered. Without explaining anything Vijayini asked him to examine her. His trained eye went over the flat taut abdomen without a mark of pregnancy on it. He also noticed a small swelling in the right pelvic region.

“What is this swelling?” The Doctor asked Vijayini.

“I was sure you would also spot it. I did not want to tell. She seems to have a right side tubal ovarian mass. A mass with pain, big like an orange. The way it looks, it seems to be a tubercular mass.”

“What do you want to do?”

“We will test her with a Mantoux, and ESR. In two days, the reaction on the forearm skin should confirm it. Incidentally, she is the wife of our new office deputy, Manohar. Three years of marriage and no issues.”

“If she tests positive for TB, keep rifampicin on your list of multiple drugs first, pyrazinamide next and isoniazid after that. Healing takes place without much fibrosis in such a combination. It may keep the tubes completely free of blockage or the distortion during healing. It may help her to conceive.”

About two years back, a tall, hefty, small-time farmer had come to him with his quite robust wife and a child of about five years. He had many complaints which did not lead to any diagnosis directly. The examination however quickly revealed that the right lung was full of fluid. The Doctor had drained about a liter of fluid from his lung tested it and had put him on anti-Tubercular treatment and had forgotten about him. Eighteen months after, they reappeared with another child in arm to get his blessings. Tuberculosis for centuries, is also called Lupu, meaning a thief, surreptitiously entering the body, like a thief and cause any kind of mischief. It had been killed and resulted in the most unexpected outcome, a pregnancy, the couple desired and did not succeed in all these years for want of a simple physical examination and little investigation.

The story was universal. In times to come, both the Doctor and Vijayini were to see this Lupu in myriad forms affecting the body, debilitating it, and as always, undiagnosed over years. Massive collections of inflammatory fluid in the lung cavity and draining a liter or more were a commonplace occurrence. A hefty and strong Greenspan lady, most unlikely, but had it. Sitting on a stool when she saw the yellow bright fluid drained, she said, ‘Aye Doctor, looks like all the brandy I drank in my life has come out.’

Manohar’s wife conceived even before the anti-Tubercular treatment was over with a vigorous boy inside her. Manohar incidentally was a character. No one seemed to know his past well. He was tall, lanky, had a good and a persuasive voice and an extraordinary typing speed with great accuracy. He drafted well. He had come to stay with his father-in-law trying to get a job. Sharad had picked him up almost instantly and appointed him, for his obvious abilities.

“He seems to be good material Doctor. As an engineer, I am interested now a days, only in the quality of material. You have been writing long letters frequently, and freely. Manohar will do the typing for you. He is good at office work. I wanted someone more enthusiastic and energetic, with more brains and initiative in the office than our Prasannababu. I have also entrusted Manohar to do a thorough stock taking, inventorying the hospital, fixing things to individual rooms, track down their movement to different parts, see that things do not get legs to go out. Our accounts man did not do any of it, except warming the chair for the whole day for the last eight years.”

Manohar had lived up to his promise. At times initially and frequently later he used to draft letters for the office on drab, technical matters like group gratuity insurance, contributory provident fund, labor office and so on. Looking at his drafting Atreya, the lab man had even asked him once,

“Have you been in the Army? The way you draft letters indicate that. The army discipline.”

Manohar had shrugged, laughed, indicating a negative answer. Atreya’s question was more diabolical, suggesting that if you were, then for your age, you are either a deserter or have been thrown out, court martialled and all. No one knew. His father-in-law and the faithful driver of the Forester Giriraj, had said, ‘He was doing something, somewhere, so far,’ meaning that he had not amounted to anything substantial in life.

Despite this background, Manohar was quite different, and sharp. His importance grew with his capabilities. The Hospital beds with diarrheas, dysenteries, wounds and leaking rainwater used to hole out quickly. Getting better ones to replace such of them was costly and logistically somewhat difficult. Manohar got thick black plastic, made covers out of it. Day and night, Manohar worked and supervised the plastic covers, stitched on three sides to make a bag, to be pulled over beds. A great saving was made. ‘I have pulled underpants on the beds,’ he used to say. He managed the inventory of The Hospital neatly and made provision to check it frequently.

But the most peculiar was his adoration for Vijayini. He developed it after hearing from the staff about her. Not because this smiling young lady with bobbed curly hair had done something that Manohar could not believe. He was ready to do anything for her. When the Doctor went to pick Vijayini, their son and her parents, Manohar had insisted that he will come.

“Suppose you need help on way, in the night! I am coming. I must see her as she comes.”

The Doctor had a notion that their work was too isolated from the main currents in the State, as well as the country to be noticed by others. No one seemed to have noticed its progress, its ideas. The different leaders of diverse Movements and their important people never spoke about them, never a word of appreciation anywhere, which came back to them. It was impossible that their work was not known to these chieftains. He did not need any appreciation for his persona but for the ideas they were implementing and doing it successfully. But he was wrong on all counts.

Soon enough as these thoughts lingered in his mind, he was called by Patavari to participate in an ‘important discussion’ in the capital city. An imperious, tall, hefty, highly reputed but egoistic surgeon from one of the largest cities of his native state had hit upon the idea of

developing a high-level, multi-specialty, multi-super specialty, corporate type of hospital, with most modern equipment and with a research wing. Three hundred bed strong, with an initial outlay of fifty million rupees was the target. All the agencies connected with the Movement had agreed, were involved and determined to do it. Patavari wanted him to meet one of the important functionaries of the scheme, Shri Pandav, a former high-level officer in the state government. The scheme was detailed to him.

‘The hospital was to be raised by collecting 10,000 rupees from 5000 donors, giving in return, free medical treatment for life. Still, it was to be a low-cost hospital for the needy, within the city and around. The main Trust would look after the upkeep but will not own other departments, costing huge money. Instead, they will get half a dozen or more trusts to own them, agreeing that the cost differentials among those who could pay full and those who pay the subsidized tariff or the donors getting it free, will be structured in their tariffs, without any support from the main hospital trust. Sri Pandav who described the scheme in much greater details seemed half convinced and half apprehensive of most ideas. He had come to see Patavari, his old friend, to talk to him about it and Patavari had dragged the Doctor in it.

He was unwilling to speak, kept quiet for as long as he could and when he started disagreeing on most of the ideas, he spoke. The ideas he spoke about were the ideas of the fundamental blocks of his thinking about any health care delivery structure, which, in the long absence of Vijayini had started shaping in his mind.

‘In a metropolitan city where half a dozen such hospitals already exist for many years now, this is a repetition, a duplication. Why undertake it?

‘Pardon me, but whose need it is? The people’s or is it the Promoters who want it? Am I right, it is the promoters! Is it some sort of egoistic satisfaction that such a unit was developed and run? I do smell that. But do you smell it? Have we assessed if such a hospital is an unmet need of the huge number of people in and around the city in any sound manner? Apparently not. Certainly not.

‘What is the outstanding feature this hospital will have but no other hospitals in the metropolis will? Something, for which people should flock to it? Low costs? High complexity care at low cost is a paradox, an oxymoron.

‘The frequency incidence of those in need of such high gadgetry is never more than five percent of all the seriously ailing patient population. The costs to raise such complex facilities by another trust as you want for such a small percentage of patients. Such facilities already existing across the city plentifully, divided under these, many hospitals within the metropolis. With the differential tariffs you spoke of, the charges you will levy on your three categories of patients will have to be far too higher even if you do not want it to be so, just to recover the money sunk in. The numbers of such patients who come there will not be high enough, helping you to reduce the costs. The earning therefrom will never be enough to meet the investments, of the agency or the main trust. Added to that is the commitment of free care to about 5000 donors and their family members for life. Can you see the enormity of these absurd unreasonable ideas? I seriously doubt whether these agencies will, to begin with agree at all to such a proposal.

“Remember one thing. There are at least six more problem areas in this multi-trust business which I have not even touched, but are capable of ruining the atmosphere completely, among other things. If you want to take the idea further, unphased at all by what I told you, alternatively, let there be only one trust to shoulder everything. Inflations, depreciations, renewals, staff payments never reduce. Low cost for high complexity medicine is the last way to serve. It is the most absurd idea.

Patavari, Pandav, other responsible officers of Bharat Seva sat still. Their rising anger was detectable. He was asked to come to discuss it, for which he had to travel two consecutive nights in the buses. He did not want to speak but was forced to.

“Extremely high quality of the work, not so easily obtainable, with humane dealing is the best form of service, even if it entails a much larger higher tariff to meet the ends. High quality gadgetry is not an absolute need. The abilities of the professionals are. Moreover, if you want it to be recognized as the work of the Movement, the quality will have to be several notches above the rest of them, operating in your metropolis. The efforts should be aimed at maladies widely prevalent first and the sophistication should grow out of huge amount of work, when it is needed badly, under the same roof. Each such unit should be added as the need becomes too frequent.

“It also needs a committed core group of highly competent professionals, in a full-time capacity, ready to work under constraints of financial return for at least few initial years. No one will fold up his or her establishment and join it. Without it, take my word, you will not be able to assemble such a group and it will fail, because it is a metropolis. Part time specialists never create lasting clientele.

“One has to gauge how widely prevalent is the level of dissatisfaction people have or may have about the already existing hospitals, indicating the need for one which could give them much greater satisfaction. The percentage of these disgruntled souls, take it from me, will not be that high as you may think. I do not think you have explored that.

The Doctor spoke mercilessly. He could see the bleak future of this venture in front of his eyes. The way the case of Dr. Vasudev was dealt, he did not now care over another assault he had launched on the Movement involved deeply to support this venture in this form, because he wanted to stop the huge rout the whole work will undergo; wastage of enormous time, enormous energy, money, and frustrations, acrimony, blame games, maligning in the end, the name of the great thinker in whose name the venture was proposed. No one spoke. He continued.

“The venture must have its own credibility. Credibility takes a dozen years to establish. The affiliation and the name of the Movement will not give any, beyond the first six months. Who will establish that credibility by staying for long and doing excellent work? The honorable surgeon is the only pillar, as I see it. He alone is not enough. Where are the others and who are they? What about their commitment to time, terms of service? Have we assembled that group as Narendra Dutt did from day one, in an area where the great need was writ large on the faces of people of those backward areas?

“Even the donor families will already have their own arrangements with the existing establishments. For them to dare and break away to come to you, the hospital will have to put out

work, a cut well above the average, widely known and appreciated, a Herculean job, which will come to fruition only after long years. It may come from the new patients with complicated disease profiles so far unattached to any hospital, to come in, served and went back happily. Again, a long haul which this venture cannot sustain.

“Let me say something about the size of any venture at the beginning and should reach finally over years, in the promoters’ thinking. If you had said that three hundred beds were the target after twenty years, I would have more than congratulated you. Mark my words; more than seventy percent of your 300 beds will remain vacant forever if you start with three hundred. As Schumacher said, small is beautiful. Begin small. The additions and growth of services should be organic, a need that will have to be fulfilled over years. Added carefully.

“You may consider what I am about to say, absurd, me lacking courage for big achievements, if I say not to allow the initial bed strength to go beyond sixty. Large Metropolitan hospitals are typically Elitist, Corporate thinking. You are enamored by the glamor of such a venture, attracted to it without realizing, what and how much the Corporate Hospitals are unlike what you think. They have worked for years through severe and serious difficulties of running it and establish their credibility to a fair degree in the eye of the public they faced, investing huge money. You do not seem to have any idea of it.

“We *do not* need such big hospitals, especially if raised thru our Movement’s effort. We need to raise smaller hospitals in needy areas, built and run in a manner which is a reproducible model. That is the real need. The model you are proposing is not reproducible, not needed in a big city either. The small hospital models will have to be thought about, from the point of view of need, sustainability, as a sound and powerful alternative to the prevailing public and private structures. That is the need.

“Service motive can be achieved by these small highly power packed units, with just a few basic specialties. Not the ones you have come to talk about. Further, merely increasing the concentration in the city, with permutations and combinations of specialists shared with others, leaves the large hinterland empty of help. Tell me that you want this big a project in a distant area, Assam or Madhya Pradesh, and I will leave everything and join you. Look at Vellore Christian Mission Hospital.”

After a long silence, Sri Pandav spoke.

“Can you write a paper on this issue and send it to me?”

“I will and without any malice aforethought.”

Before the Doctor left for Greenville Patavari called him.

“What is this? Such a ruthless analysis and strongly insulting speech. Do you realize the consequences? There will be many unpleasant versions of what you said. It will be played up as insult to this great surgeon and to the Movement’s efforts and desires. It will reverberate in all the high and the highest of places. We and you in particular, are already in bad books of all top leadership. Why did you do it?”

“Patavari sir, one example of Vasudev is enough for me to see all the consequences you mention arising from such a frontal assault. No one, not even this person who came all the way, has understood that I come from Bombay, a city none of them have internalized like me. Be it our state leadership or people related to this new venture. It is a special gift and ability none of them have, to be able to foresee and say what I said. A small time MD in a remote village hated by all, is all that will be remembered about me.”

“Since the time I have seen you, you are always either at variance, strongly opposed or think fully tangentially. And least bothered about the consequences. Why so?”

“Five reasons. One - my attachment is rooted in my intellectually based convictions which do not need any emotional basis or backing. It is rooted in the hard struggles in Greenspan and the efforts I have taken to learn from ever so many people, projects and by interactions. It is rooted in the way our present chief thinks and the founder did. Hence, I look at things rationally. Two, I consider all other works and the main Movement as one. It means I do not like the institutional egoism and the rifts and dichotomies between these. These two factors are rampant in the higher echelons which I hate. Three, I am built to show the exact nature of the ubiquitous presence of the second raters, the mediocrity which we have enshrined which I hate. But I never hesitate from acknowledging greatness when I come across that. Most others do not. Yet, I will never stop hammering this pervasive mediocrity. Four, the deep-rooted influence I have imbibed from the Western Civilization, none of you have, and five, my training in medicine. All these have shaped my thinking. Our people are alien, unfamiliar to it and alienated from it.”

“You will face a lot of problems in times to come.”

“I already have. I do not care two pence about their reactions and talks. I have no expectations from our multiple Movements. People do not like to, nor have courage to be able to face the truth. I did it to avoid the wastages and unsavory happenings I saw in the next ten years to follow.”

“What do you think will happen?”

“The surgeon and the emissary Sri Pandav will not learn from it, but pursue the same dream and it will go the same way as I have predicted.”

Chapter 4

“An idea has come to my mind, my dear!” Vijayini, having tried to suppress it for many days from the Doctor could not contain it any longer.

“What is it this time?”

“I think we should take stalk of the situation of these service-oriented Hindu minded medical projects. Do you know if there are any such projects existing at all? At least in this province we have adopted ourselves to?” Vijayini continued.

“Oh yes. There are several. I have been in this place much longer than you, all told. You are invariably in the operating theatre. But many people come to see me. Many write to me. I write to many. What do you want me to do? Go and see their work?”

“No. For a change I want to call as many of them as possible here for them to see our work, to show them our methods, the way we are solving our problems, running our systems, meaningfully saving human lives.”

“There are several I have known for some time. People will come, if we call them. It will make a good crowd.”

“How will you collect all of them?”

“You think I spend a lot of time outside the house, in useless manner. Most of the time, I will be communicating with such people. It seems to have a favorable effect on them. And what would you want to listen to? And what would you want to tell them?”

“I want to listen to their work, method, status attained and their problems. To listen to how they are thinking of overcoming the problems? Make a judgment of their potentiality. I want to tell them what I and others like our Circulars have brought to your notice, many of which we are implementing.”

“But what will be the theme? And will they understand this language?”

“That is something we must think of. How to put these ideas across. I have thought of a few. One, the meaning and content of medical service for poor people. The exact role service projects and non-governmental initiatives in the total health system can play. Generation of a value system among them, something I am a little hazy about. Fighting commercialization, corruption and by involving ourselves in the fight and by alternate projection of good work, is another area. As regards understanding the language, I think they will.

“Draft a letter to all of them. You are good at it. Convey these ideas. Let us see the response. Fix up a date in November when people in this province are at ease after the crop is cut and we will also have time to prepare for this event.”

“If it is November then, around seventeenth will be a good idea, holding it on a Sunday near to seventeenth. This year is the ninth anniversary after The Hospital begun. Two years ago, you

organized a wonderful celebration. It was private but we had opened the project a little, for others to see. We shut it down as we became impoverished in your absence. Now is good time.”

“That will be fine. Quite acceptable to people, some reason for them also to come over.”

The lot that had collected for the one-day conference was quite diverse. As part of the initial introductions, they were also asked to first describe how their work started and has progressed; the difficulties they have in continuing it. But more importantly the two doctors asked them to narrate their success stories. Expecting to sit back and listen to these two doctors, this offer jolted them a little. After their initial hesitations they could tell their stories. Soon they realized that no one had ever asked them to speak about their ‘own’ work but had received some platitudinal sermonizing about the great nation and so on. Their happy gratification came through early. There was only one thing common to them. They all wanted to serve the poor as part of the cause of their Movement through the medium of medical service projects.

Dr. Sriram from Suvarna Hospital, seventeen kilometers from the Capital, with his wife, was a simple MBBS couple. They served the poor rural folk around having no means to go to a big city, to the extent possible. The place they worked in was ideal; rural, but not far away, nor too near. A non-resident Indian surgeon had poured his money to build The Hospital and bought its equipment, while he stayed in U.S.A. He wanted to come back and serve but the rural realities were too big a culture shock for him, and he had asked Sujit’s Seva Nyas to find a doctor and run it. They had a sweet naivety and humility.

Dr. Huparikar was a short, plump general practitioner, heading a hospital up North, where specialists came for but a few hours on just a couple of days a week, did the work, and left. His secretary of the Trust was Mr. Pandit, white full crop of hair decorating his obviously intelligent face, of a metropolitan variety. He was a chemist and druggist. From Mavali, doctor’s friend Parth, with his secretary had come. Parth was a thorough bred Movement man, a perceptive Ayurvedic physician with sound allopathic medicine in him. He was articulate in putting, clear, well-structured thoughts across the table. From the bigger cities a few non-medicos working in the projects, sent by Bharat Seva had come with their flair for bringing people together to do various activities. There were a few others including Dr Vyankat, who ran the leprosy center also up North, Kumar who worked in Greenspan under Ramakrishna Mutt hospital, situated forty kilometers away from The Hospital. There were a few others who listened.

The discussions had revealed many things.

Pandit had brought out the large-scale corrupt practices in chemists’ shops, perpetuated with the help of representatives of drug companies on one side, the chemists manipulating doctors, on the other. A nexus resulted in a ‘cut’ in all the prescriptions that reached the chemist. Naturally the incentive to write all kinds of required and unnecessary, contradictory, blunderbuss drugs in long lists of irrational prescriptions was strong. They were aware of the vast network of drug companies and their power to manipulate masses but felt powerless against them. Nor did they have any idea of how to deal with the drug situation effectively. That was something their humble simple service minds were unable to even think, hence perceive properly. The Doctor made a mental note to drag Pandit in the state Drug Action Network, and bringing these issues to the fore, not raised so clearly till then.

All of them had brought out the common fact of Hindu medical service projects were working hard but at a sub optimal or mediocre level. They were aware of it. Many projects, as could be gathered, were of the dispensary type, in a town where there was already a surfeit of doctors. That was why these projects were ineffective. The low cost was not attractive but a matter of disdain with the population they served. It was explicitly said that they were not making any impact.

The pick of the day was Dr. Vyankat's leprosy project where they housed and rehabilitated socially, culturally, economically, poor and outcaste leprous patients. They had another one running in a famous center for pilgrimage for the God Datta. The unaffected children of leprosy patients were segregated, put in a school there, given education and artisan skills to be able to stand on their own feet.

Many others brought out the dismal situation of the government hospitals, primary health centers, or dispensaries. They pointed out that too many poor people had gone there to take whatever was given to them by way of treatment. The private sector was just too costly and unaffordable. All of them then clearly expressed their belief that voluntary medical work as the only possible alternative, and the strong need of a second level specialist service in their area but did not have great hope of its being made available by any agency.

The Doctor could not help remembering the bitter doses of advice he had given to Mr. Pandav recently, in presence of Patavari, emphasizing on such units. He also wondered as to why the Primary Health Care people viewed such curative services so negatively.

Some more had criticized the western, lop sided, costly and hence unaffordable model that to them had no relevance to the dominant and literally overflowing needs of the serious but curable illnesses of the masses. Nor was it particularly concerned with numerous and serious enough day to day problems which did not need such high and costly gadgetry. Once again, it pointed to a second level powerful unit of specialists for these numerous illnesses. The western model was also completely divorced from any Primary Health Care considerations and its key elements; education leading to prevention, demystification leading to knowledge and empowerment of the beneficiary to handle his own problem well.

The corruption of the basic tenets of medicine was mentioned with vehemence. The suffering humanity was not the inspiring cause of action for medicos. They were just the beasts of prey for the professionals to earn money and huge sums at that, by playing with the illness. The patient was no longer the purpose of the profession but a matter of exploitation. Capitation fee colleges where money could buy an admission, get degrees were strongly condemned. Those degrees were the license to fleece the population, first to recover the money spent for degrees and second to become rich over the agonies of people while majority of these doctors were highly incompetent.

It was palpably apparent that no one who talked about all these ills had thought of or planned the content of their own service project in any particular manner nor in depth. Pandit though put it succinctly, saying that as service project our endeavors in relieving people of their problems should be a cut above the average. But he had not realized what the Doctor had. That it

needed power of knowledge and competence of basic specialists, which none of these projects assembled in Greenville, had.

No one had thought of how to deal with traditional Indian system of medicine of Ayurved. Opinions over it was two viewpoints, opposing each other; from not much use to a sacred hallow about it. The need for research in the old and now stagnated knowledge as the only way to resurrect it and develop it, however was accepted. They did not however know how that could be brought about. The idea of Integration such attempts would lead to, was not clearly visible to them.

Most of them were aware vaguely but had not grasped the poverty-disease-poverty cycle and had no idea how the social conditions could be improved through Community Health work. They were aware of the magnificent original doctrine of primary, preventive, educative health care that was required to be included in the method of working in the service projects, but did not have any idea about how each one could do it.

In the interval for lunch the Doctor took them around The Hospital. Aside of the basic needs like X Ray and Laboratory to any hospital, he showed them two things in particular. His drug store and his methods of training ordinary, tenth standard educated girls and boys to make them competent Ward Assistants. They had a detailed look of the 150 odd topics the syllabus contained, their sequence and witnessed the way they were taught and by whom. He did not fail to acknowledge that it was a transplant from the famous Narendra Dutt Hospital, giving them all the details, exhorting them to try that, all help extended.

He also explained to them all that had happened between the QLCM and The Hospital, their journey, now praised by QLCM, about how to organize medical store to benefit the poor people. The drug prices as expected, amazed them. He also assured them that he will write to the QLCM about all the projects assembled here and more of these, if their contact is made known to him. They could then procure the drugs as well as the methodology from QLCM. The last thing he showed them was the System's Manuals of Operation and how the Hospital, ran like a well-oiled engine once started, in accordance to it.

After each one of them had spoken without any constraint on time, Vijayini delivered interesting and inspiring information. A political party in power in an adjacent state had abolished capitation fee colleges overnight. They had shown the courage and shunned the money racket. There had been two agitations against the capitation fee system in Maharashtra which failed completely. The capitation continued. Elsewhere in their won province, they had a large number of capitation fee medical colleges, based on caste, spinning money, allowing the filthy rich boys on whose money the college owners made huge money, and ignored their hike and bike culture to defile their young girls. Such colleges increased the maldistribution of doctors leading to an urban-rural imbalance with a highly debatable quality of output. That did not change the health scenario even a wee bit. Six hundred thousand people died with tuberculosis yearly even with so much of infrastructure, manpower and money crested and available.

An adjacent newly liberated nation Bangladesh, had bundled up multinationals and produced their own drugs. Vast communist countries ran their medical services extraordinarily well and taught their medicos in their own language, producing world-class care and research.

China had dug up their ancient methods of treatment in a superior modern form and relieved people. The blatant, shameless, immoral and legalized corruption on the other hand was too agonizing. They had no means to stop that.

Nowhere, medicos were meeting to discuss these issues, nor to resolve to fight it by coming together for direct action and or by alternate projection. They felt too impotent against these vast designs. There was no one to stand up with them and take the battle to courts.

When Vijayini stood up again to summarize the discussion at the end of the day, she had gone on to narrate the remedies and how they could be practiced at individual project level. She had reiterated that the middle path of non-governmental Movements, throwing up powerful projects as an answer for two needs. That would solve majority of the common and serious health issues in any community of one or two hundred thousand accessible population around the project area. Such power will save people from resorting to the costly private sector on one, keeping them away from the debt trap for the rest of their lives. On the other hand, they could also stay away from the filthy, indifferent government system where no one was accountable for any incompetence, negligence, or deaths. She had gone on to visualize a string or a large network of such ethical, moral, power filled enterprises that could halt all that needed to be halted in its stride.

The day's work had revealed to all those who came from far and wide, the functioning of The Hospital, which had built in to its structure, and working, the various important threads, concepts they had raised. The precept was illustrated by this live example and the delegates did not fail to notice it.

At the end of the day when all the participants had gone back, Vijayini had come to him.

"My dear, in the first half all of them talked about themselves. To make the people talk in real great detail, about the issue on the anvil first, is to force clarity on issues in their own minds about their work. Make them relate to the issue in the context of their work as well as in a wider connect. Bring out the full spectrum.

"Once all the issues were illustrated and remanifested in the light of the experience of all others, only the foundation was laid. We have also shown them the solutions to all such issues. Demonstrate to them by examples from within The Hospital that it works and how does it do so. All those who had come had not bargained for such a flooding of the information, perspectives and details of problems and the solution. I think they have learnt a great deal." Vijayini had said.

"Yes, matters which have never appeared on their limited horizons and the span of their vision. What they have seen extends far beyond, which they will take time to understand in an elementary manner."

"I agree. They will need a lot more hand holding, as it is called. QLCM methods can be implemented on their own quickly enough. We can become the bridge between the two. However, I am not sure that QLCM will respond. The same reasons, social service actuated by a communal Hindu. I wonder if these people will try the training methods for the ancillary paramedical manpower. The System Manuals and their operations is simply beyond their

capacity. The heads of these projects are weak. Their specialist cadre, where it is present, will not respond.”

“To learn things, they will have to come here sparing a few days. They will not do that. We have moved far ahead. The gap is wide. It will now become another challenge to try and bring them up, somewhere near we are. It is difficult.”

“We have succeeded in creating awareness and some restlessness among them about many issues in a small field of health. I hope it remains in their mind; hope they will think over it. The challenge for them is to implement these ideas there in their work.”

They had opened The Hospital project to other agencies after five years. Both had put their heads down and laid low, deliberately. They were till now, a susceptible sapling, now grown and could sustain environmental exposure and the onslaught, publicity might bring. Publicity without solidity would have harmed these ends.

Little did they realize that both had undergone a dress rehearsal of something big that was to happen two years later.

A few weeks after their one-day conference, an unusual looking man had come to see Vijayini. Sheshraj was an out and out Tamilian Aiyar, in many ways out of place in that locale. He wore thick glasses, had somewhat disheveled hair and large protruding front teeth with big gaps in between. He was in his fifties, frail and intelligent, and spoke the classical British English. He had a fine voice dripping with affection and admiration. Vijayini welcomed him, not recollecting that he was a mute spectator in their one-day conference.

“Welcome, Sir. Have we met before? I do not think so. What brings you here! Please sit down.”

The fellow quietly took out a copy of a prestigious State English daily and spread it on the table. “The Surgeon Missionary of Hills.” The title had below it a photograph of Vijayini, and quite a bit of personal information of how Vijayini came from far away and was serving in the hills. He had made an elaborate comment as regards the comprehensive way in which they were looking at health, its full social, economic and even political implications by which health was affected. The item also carried a fairly detailed report of the 9th Anniversary conference.

“Wherefrom did you collect all this?” Vijayini asked him.

“I got your photograph from your hospital albums. Sharad, Nagaraj and your own staff gave rest of it on that day. I wrote it to do my bit to do justice to your work, bring you to some kind of lime light.”

“How come we did not meet before? Who are you?”

“But we met that day in the meeting you had convened of projects started under Hindu inspiration. I was a mute spectator. Is not that enough? I am a journalist. I write about all kinds of happenings. Rarely one feels satisfied for doing a good job where the subject you touch upon is worthy of description. I wanted to show you that.”

“We have not seen it ourselves. Truly.”

“I knew you would not even bother about it. You are more than busy in your work and patients’ welfare all the time. I have observed that during the few clandestine visits, if you want to call it, after the Conference. That was why I decided to come and show it to you myself.”

“All the same, thank you very much. No one ever wrote anything about me what so ever! I feel nice over it. Thanks again.”

He turned to the Doctor.

“I have something else to show you.”

He took one more copy of another English daily to show them, and spread across an article the Doctor had written recently. ‘Alternative Medicine; how do we treat it?’

One famous journalist lady had published a story extolling the virtues of Ayurved, the Traditional Indian Medicine, the holistic vision of it and so on. Till then there was no issue. But she could not control herself and had dragged Allopathy in it, for slander. There were too many baseless statements, too many large issues for a single newspaper article and was in general in bad scientific temper. The Doctor had been swallowing a lot of nonsense about Ayurveda, since the time he came to this religious and orthodox place years ago. He had revolted this time and sent a rejoinder to the lady’s article and arguments therein. Word by word, point by point he, as an allopathy physician had torn the articles to rags and pieces. He did not expect the daily to publish it at all, a piece against their star columnist! He had not known the daily had published it.

“Your article is a fine piece of scientific argument. I have never read anything so clear about our Ayurveda of which, for one, I am proud. It speaks of your erudition, scholarship, scientific temper and intelligence. It speaks of your balanced, unbiased attitude. My complements.”

Sheshraj had offered the paper as if it was a sacred document.

They had coffee with some dry snacks made of jack fruit, some dried banana chips, but Sheshraj would not get up. He obviously had something on his mind. At long last he spoke.

“I have already said a lot about the comprehensive views you two hold about health, the service projects, how these projects should be constructed, what should be the content, what work they should do, their ‘service’ and so on. I have now found out your own’s fully realized success.”

Sheshraj then addressed the Doctor.

“I gather you are a man from the Movement. I also gather from your thoughts that the strength of your Movement, is its ability to go to the grass roots and function there, helping people, to become better. It weighs heavily in your mind.

“I know the general intellectual fiber of the cadre of your Movement’s rank and file and those of your officers. I have a strong feeling that they need to be told in detail about how such things should be done, in health and in other spheres. They do not seem to have clarity over it, and would not know. You have to give that clarity. They would take time to understand it. When they do understand, and I think they will, they may get prompted to come forward, involve themselves and help all such works at grass root level. This project of yours entrenched so well in people now, will grow much further. I do not mean only monetarily. I mean in terms of actually

helping people to become stronger in their body and soul. You have to exploit this project and Movement nexus.”

“Continue. What do you think I should be doing?” The Doctor asked.

“I think it is necessary to deal with various aspects of a service project first, elaborating further on what you did a few weeks ago. Then you should be exploring the way the Movement reacts to such works and what you find there generally. I believe their reactions on the whole towards such of their activities are not supportive, reciprocal, nor conducive to help such works. Such works have great many requirements the Movement could and should be providing. There is a need to actually elaborate upon how the relationship between the two should be.”

“But How?”

“Write. You have a facile pen. Write. Take it to your officers. It is necessary.”

Long after Sheshraj went, Vijayini and the Doctor discussed it at length.

“You write well. That was an obvious trait seen in your letters even before our marriage. They made classic reading of the man you are, especially when you wrote, ‘Where is the need for a marriage ceremony? Come and stay with me, as long as it pleases you and me and the meaning continues.’ Your Movement people require to be taught about how to respond to projects like this. What Sheshraj is saying is almost verbatim what your friends in Narendra Dutt say. True, is it not? See what you can do!”

“It is a bit strange. The same issues were raised two years back. I promised Narendra Dutt but did nothing to put it down on paper. Did not get time. Now it appears I will have to think about it in detail.”

It appeared to the Doctor now, that their name had got around in his native state and more. There was no a priori reason why Govind should have pitched upon him for State Drug Action. Tuberculosis meeting and QLCM had given him a different status. His father’s six articles on what he was doing in Greenspan obviously were read by more people than he imagined in Maharashtra. Ramachandrarao in his second visit had mentioned it to be so. Sheshraj had also given them another status in this province. Both now knew that more visits of people may follow. And they did.

They soon received two families from Kolhapur seven hundred kilometers away from Greenspan and two from Bombay. A fine accomplished surgeon, Ramesh with his equally accomplished competent gynecologist wife, Jaya was one family. A physician of high caliber, Vishwas with his pathologist wife Reshma, was the other family. Vishwas was his co house officer in the WHO supported Infectious Disease Hospital for six months. That was their first mandatory post after both registered for MD in Medicine. He did not know Ramesh and Jaya. Ramesh spoke first.

“I and Jaya do not know you personally. Yet, we know about your work from Vishwas and from a few others. We are traveling in a car on a free undecided plan. We have taken this long detour, to come all the way to particularly see your work.”

The Doctor promptly settled them in their newly acquired house within the campus and took them for a round of the hospital, something that was to or had become a routine. Ramesh spoke again.

“It is great to see what you have created here to facilitate your work. We had heard about it a few months back but seeing is believing. The least we can say is, your work is harder than ours. And as good or in the context, even better than ours. In affluent cities where we stay, we are cushioned against all odds. We can summon two anesthetists for one case. A cardiologist can be made to stand by us. A neonatologist is there for a difficult baby. We have labs, blood banks, everything we need at our disposal within a few kilometers. Without any particularly great efforts, our bank balance goes up. We get tired; we tour our country in cars!

“And here you are, the two in one, three in one. You are the final word and the final level of support for people over a large territory, but you hardly have any back up or support from anywhere. And yet, all alone, you do it so well. It is not easy. It is a dream project. We are envious of you. How we wish we could do something similar.

“Don't think we are big people. Do not belittle yourself. Our car ran into trouble. This garage on top, set it right well. They identified the defect, corrected it and gave us the car in two hours. We had prepared for a major break down as well as lot of expenses. But no! The honesty and the competence with which it was done are pleasing.”

The doctors did not know what to say. Vijayini simply said,

“The garage owner is the secretary to our trust and The Hospital project. You had to get it this way only.”

Despite not knowing them Ramesh had much more information about them. This was unexpected and novel. He still wondered whether all that was said was meant to be so. Only a few had spoken so well of them for quite long, and over many years.

The second visit followed with two more doctor families, this time from Bombay. Like Ramesh and Vishwas, the Doctor made them stay in their house cancelling their hotel reservations. Vinayak and another Vishwas came after a few weeks; the Doctor was among friends from Bombay again. Vinayak was a general surgeon three years his junior, but they had become friends in that period. Vishwas an orthopedic surgeon and Vasumati, his gynecologist wife both were his classmates. These four worked together in Bombay, had settled well within three years of their practice. Like Ramesh and Vishwas, they had also taken a deviation and come to meet him. They were also shown around, given a brief summary of their work. Vinayak and Vishwas were reminiscing with Doctor, their old post-graduate days. Irene and Vijayini were cooking food.

“What kind of gutsy people you both are. Left everything you had or could have got, up there, to such a small and difficult place. Such a wonderful project under you. Such difficult surgeries. That too without an anesthetist half the time. O my god. I only wish I knew about this before I started my surgical practice. I would have come here to learn and practice surgery for a year or two. We really need to know something about how to organize ourselves, including our practices. No one has taught us what you have implemented here and shown us how to do it. And

such beautiful surroundings for you to enjoy every day, we envy you.” Vinayak had remained what he was in his post-graduate days, voluble, frank, open and honest about what he felt. Vishwas took up the conversation.

“Look, cities are a dirty outfit, my friend. Filthy and impersonal! It is a mad race, blind to etiquette, blind to humanness! It is full of tension. We earn much more than you, but we are not happy. We are here for a full day now. We do not find any unhappiness in you. People recognize your work. They are grateful. We also cure patients. We are not happy about it because it is transactional. I wish I could stay on. It is a dream project, of our dreams. But frankly we do not have this kind of courage to leave our city. We have to be in the rot. “

Vishwas had also uttered the same words Ramesh had, ‘dream project.’ The Doctor did feel surprised. For their inability to do this kind of work, he could not blame them. Bugged down by all kinds of pressures, medicos would never know this side of the profession. They had their candidness about it. They had genuine appreciation. That was enough.

“A large number of our friends know that we are travelling south and that we will be coming here. We were not prepared for this extra ordinary experience. We will want to talk about you, when we go back. Be sure, more of our friends will be coming.”

True to his words, his radiologist friend who had guided him a few years back about how to improve the X Ray department and his wife landed in Greenville. A famous cinema hero was shooting in Greenville and the Hotels were overbooked. Having found no room anywhere they had come to the Doctor to stay. For a change, he scolded them for even thinking that they wanted to stay in a hotel. The same drill of what they were doing repeated with the same results. The string of visitors was not going to end soon.

Their own bosses in Bharat Seva had realized that something substantial had developed in the form of The Hospital and that they could have a lot more confidence about it. That they should freely express about the outfit and make it known all over, than they had tried to do so far. As happens normally, they had started coming down to get themselves checked and treated by the Doctor. In particular were those who had already consulted highly reputed doctors in the Capital City but not fully satisfied, wanted an additional, sometimes a final opinion. Telephonic consultation also had begun.

One strong indication of their importance was an invitation from a well-known and respected ‘Yog Anusandhan Kendra’ Yoga Research Institute, run by a former visiting physician of The Hospital and her electronic engineer brother. Investigating Yoga and its possible uses in asthma, diabetes and hypertension was the aim, a tall order. They had sophisticated instrumentation, a good idea of how to do research in modern ways. The invitation was to see their work and suggest something more in detail about the research they were conducting. Given their slightly snobbish attitude and their unrelenting praise by Kalyanmurty and company, it was valuable and surprising.

The doctors in Narendra Dutt wanted the Doctor to compile an extensive dossier on the Capitation Fee Medical Colleges in each and every related aspect. Ideologically in strong opposition to it, they were now in a catch 22 situation. Their hospital management was under

tremendous pressure to get affiliated to an about to be opened Capitation Fee College, in the same city, backed by the local lobby of politicians, powerful at the state level and in the government itself. Narendra Dutt was in need for a reference frame to battle it out and exit.

There was an additional request, a cordial invitation to the Doctor and Vijayini to visit Narendra Dutt Hospital, with a mention about how the earlier occasion was missed on account of Vijayini's jaundice. Their desire was to continue dialogue on various issues and exchanging ideas. They had however kept mum about why they had not lifted a finger to help them during Vijayini's illness.

Raja Kodapale, heading their adopted state for the student's Movement had come after that. Being a college student's issue, the Doctor had raised the capitation fee college issue with him as well and requested for some kind of action against it from the student wing.

"Raja, like all other graduate colleges, MBBS is also a college degree. But we have never been there in medical colleges. Is it because we think an average medical student is just not a social activist? Capitation Fee colleges is a sensitive issue against which there is general consensus. I will soon send you a full dossier on it which I am preparing for Narendra Dutt. You could further refine our material because you people are directly in education. You could then use it in all kinds of ways to make big in roads in medical field."

Raja promised to study the material once received and circulate it around. He had mentioned the name of Tarun, the one-time friend and foe of the Doctor during Tarun's stewardship of the student wing in Bombay. He was a sharp and intelligent lawyer. The Doctor felt assured that the work would progress. It did not.

As Bharat Seva became more interested in The Hospital, the higher-level bosses were brought in. One fine day, one bald short North Indian gentleman arrived with Nagaraj and Sharad. His visit testified that the name of The Hospital had spread at and beyond the state, at various all-India levels and circles.

"Right Honorable Shri Radhakishan is the All-India Chief of all Service projects including ours within Bharat Seva. He had been touring the State for the past week and honoring our request, he has come to see this hospital."

They took Shri Radhakisan around. Sharad's entire emphasis during The Hospital tour was on quality work, highly complex problems and their ability to solve them. He had not failed to emphasize the 'low tariff,' and how well organized their hospital work was, in all respects. The people they had trained, doing exceptionally good work, their *pucca* accounts and records, their self-sufficiency and power. Nagaraj added the work of mobile vans in tribal areas for seven long years and many other achievements. During this tour of The Hospital Radhakisan did not utter a single word.

"Nagaraj, does this gentleman understand things properly? We do not seem to be cutting any ice with him."

"What can we do? He certainly does not seem impressed in any way. But our job is to tell them what we do and why we do it, truthfully, not what he would like to hear. About what he

may like to hear however, we have no idea. We will know soon. I am going back with him. I think he will not say anything now but give what is on his mind later. Let us see.”

To his credit, Radhakisan did see for himself everything in detail patiently. After a sumptuous high tea, he departed with Nagaraj. The unease did not leave the doctor. A month later he received a letter from Shri Radhakisan.

“Dear Dr,

“It was my privilege to have met you, Dr Vijayini, and the other trustees of The Hospital. I really appreciate the dedication with which you are running The Hospital, your personal touch is seen everywhere. I thank Mr. Sharad for devoting so much time for me.”

What followed however was really stunning.

“Your hospital undeniably is being run on “commercial lines” earning profit. Are you in this way really serving the poor who are likely to suffer religious conversion due to lack of medical facilities? You may also appoint compounders in remote areas and slums dwellers, ask doctors to oversee on a weekly basis what they are doing. Slums need help. I write only in order to fulfill the Bharat Seva objectives, of combating the proselytization in particular.”

These lines were in gross blazing contrast with ever so many people who had been visiting the place had understood and expressed themselves about what they thought of the work. Radhakisan's understanding of their work was so awfully misguided because it was ill-founded. Only one purpose, only one criterion to judge any such activities, amply demonstrated the intellectual bankruptcy of this high official and also possibly what the highly placed other people's equally bankrupt thinking. It was a severe blow. Soon after this letter Nagaraj himself had come down.

“Doctor, bringing Shri Radhakisan has boomeranged on us very badly. In our journey back, and till he left Bharat Seva Office, despite my probing as to what he feels about our work, he did not make any comments whatsoever. Patavari, Raghunath Pant and others, all tried to find out what he thought about The Hospital work. He would not say a thing. He would only say, *acchha hai, acchha hai*, the work is good. That made us uneasy.”

“Has anything happened since then? More than expected or meets the eye?”

“Yes, Radhakisan went to Delhi later on. He met the top Bharat Seva man, Shri Tatwadarshi, to whom he has given his report on all his tour. Radhakisan has made it a point to go out of the way to tell Shri Tatwadarshi many things about us, clearly charging us as being profiteers, commercially oriented people, making money, useless in helping poor, useless as far as the threats of religious conversions are concerned; everything he wrote in his letter. This turned out to be very dangerous. Tatwadarshi called Patavari on phone and banged him for running a profiteering project, doing no service.”

“What did Patavari say?”

“He tried to defend us. But he could not convince Tatwadarshi a wee bit. He just refused to accept anything whatsoever. It is a bigger blow than you can imagine. So far, it was the main Movement. Now even the Bharat Seva we work under has gone against us. Other affiliates also

will hear this and will be going against us, detest us, that too from the top down. Patavari, Raghunath Pant wanted that our proud work be known in the higher circles. It has fallen flat. Now this will also be talked about, will reverberate across all the Movements, in a manner that will create a dark negative image about us. It will be difficult to erase or to overcome that. That is going to be a setback. Patavari told me what happened after you lambasted Sri Pandav. Cutting the long story short, we are being pictured as some kind of monster. As you said, we have not cut any ice.”

“Profiteers. Thousands of rupees given, as concession to poor, was not registered and could not be seen by the wily old businessman gentleman. The tribal work that we are doing has not penetrated his skull. No one seems to realize the stupidity of the suggestion of appointing compounders when there are already doctors everywhere in the district.”

The Doctor was seething with anger.

“I don’t know what to do with this. Do you?” The Doctor had asked.

A few weeks later Nagaraj came back again.

“The wrought is now complete, dear Doctor!” he announced.

“Why? What happened?”

“Mr. Tatwadarshi himself came down to The Capital City. All of us were there. He banged us all left right and center. He was just not prepared to listen to all that we put before him as facts and figures. His main plank was, you are commercial, you do not help the cause of religious conversion, nor do you help slums.

“I just do not know what to make out of all this. No one is talking about those numerous small projects of such meager strengths, qualitatively just borderline or far below, without any impact on the social situation, unable to make any dent in the local situations! Operate with shoestring budgets! Having a total dependence on Bharat Seva for money. Symbolic activities! Religious sentimental elements, the *Sanskar*, the acculturation impact on masses, are the passwords of these projects with which they get all the recognition within the Movement, across the board. Everybody seems to do better work than us. I have never felt so bad.”

“But Mr. Nagaraj, this has been the consistent experience all these five years. Our great Right Honorable Kalyanmurty, if at all he meets me, talks of everyone else in the finest of terms. The two health-development-projects in the state or, Dr. Keshav’s some small time Ayurvedic dispensary in some godforsaken place seem to be doing yeoman’s service. Individuals, workers, groups, other than ours are talked of in glorious terms, repeatedly. I have no feedback that a good word is said about us anywhere else by him.”

“At times I feel we are a pack of morons who rightly deserve no praise. After all, they are our officers, they move all over the country. May be, they are right. I have almost come to believe that they are right. I don’t even feel like fighting over it. We may not be as good as they expect or we think. But we are not even at par with a small-time dispensary, some ineffective community work. Even that credit is not ours. I do not know why?”

Chapter 5

The Doctor, Sharad and Nagaraj met after a few days again. The Doctor showed him and Sharad the letter he had written and sent to Radhakisan on his own, without consulting them. Thus, it ran.

“Right Honorable Shri Radhakisan,

“In the short time we had with you, we have probably not been able to clarify various issues and aspects of our work as is evident from your letter. I will try to do it, so as to leave no ambiguity in our understanding and assessments.

“First of all, this is not a ‘Your hospital’ as your letter calls it. It is as much ours, as it is yours, of Bharat Seva and of everyone like us involved with it.

“Second, we run our service like a well-managed ethical business. That is not profiteering. This business-like outfit is motivated for service. You have failed to understand both these things in their correct perspectives. It is without any profit motivation.

“Third - Had profits been our concern we would have been much richer than we are, much earlier; *it is easy for us to make money*. If we are profiteers, with plenty of money, enquire in our State Circle why, not a single postgraduate doctor is willing to come here. It is because of our extremely low-cost tariff, under which the monetary expectations of a specialist can’t be fulfilled. Low-cost tariff has probably not registered on your mind. He cannot be given the kind of money he wants with it. We, who are serving here out of our own willingness with as minimum as we need to take to live decently enough. If you take inflation and depreciation, we are in an overall net loss and not profit.

“Forth: You talk of tribals. Have you failed to notice the huge work we have done to keep them with the mainstream in last nine years? And more. You suggest that compounders be placed in tribal areas. Do you mean to say that we do it in all the tribal places where *doctors are already serving for last many years now*? A compounder can give at the most some elementary medicines and nothing more.

“Five: Deploying community health workers and not compounders you spoke of are the right ways. It is not easy to get community workers for tribal colonies. It is a long-drawn work of recruiting them from within the estate labor, train them enough to address the elementary treatments. The even more important job they have to do, by definition is to impart knowledge of preventive strategies. Shri Sujit’s Seva Nyas typically selects and employs them for such works in hundreds all over the state. It has been tried but no one could survive here in this geographically hard terrain.

“Locally each tribal works in estates or forage in the jungles. The health education has been undertaken by us with much effort and materials which you would find in all the colonies we visit. Moreover, even if we take three or four colonies together the idea of a Community Health Worker is not feasible here. We are familiar with these ideas and the methodology for a much

longer time. These ideas which seem to have fascinated you are not universally applicable, as is the case here, which please note. You, I don't think will realize that in the first visit.

"Six: The estates, from large to smaller to smallest have been approached by us for developing a Community Health Worker Cadre for over two years by now. A certain number of people in a close community is required under it, to become effective. Many nearby estates taken together, it is inadequate. Again, the populations under groups of estates with a Community Worker has not appealed to the Estate Owners, which halts our progress in this.

"Seven: Our inability to implement the idea of Community Workers need *not in particular be regretted*. The simple reason for that is, most estates have liaison with some or the other Doctor within a few kilometers who looks after their day-to-day problems. There is no exploitation of estate workers or tribals in Greenspan. They are well protected and looked after.

"Eight: We are aware of conversions as a threat for over ten years now. The Hospital was started to prevent any other alien influences being brought in this area. This is the only 'proactive and preventive enterprise' in all our Movement set-ups, throughout the country. If there are other projects, medical or otherwise, they are post-facto to the conversions and the threat it has posed. The Christians of the district have accepted this hospital it as theirs. We have succeeded there also. Where is the need to prevent conversion, when we have seen to it that none takes place due to our existence? As I recollect, we had specifically emphasized this.

"Nine: Why are we being blamed when we have prevented conversions here. Why not blame instead all our Movements put together, when none have been able to counter the proselytization effectively enough, anywhere else in the country, nor can do a damn about it? Why leave them without any blame?

"It will be a great favor if you reconsider your stand about this project.

"Sincerely yours"

"The eternal, no nonsense rebel has spoken again, to this second Pandav. The rubble rousing will get a much stronger impetus." Sharad remarked. Nagaraj took up the thread again.

"It was a good tactic to write to this gentleman directly. If it was to go through the proper channel as it is called, Patavari, probably would not have forwarded it. He has already burnt his fingers after you spoke to Mr. Pandav. Let me bring up the rest of the tale.

"Radhakisan met Tatwadarshi before he received this letter after which Mr. Tatwadarshi came to see all of us to give us a good dressing. Radhakisan met Mr. Tatwadarshi again and showed your letter to him, knowing he has blundered and bungled up issues. The Boss was probably even more negative with him."

Sharad was also furious. Restraining himself he had said,

"Radhakisan comes from a big business house in his native state. The business people equate service with religious devotion, submission, slackness and symbolism. Platitudes, cliches, a trite thinking play a dominant part. They are not accustomed to highly organized, upright, concrete service, actually relieving people of their agony, service with achievement because there may not be any such."

“Sharad, Nagaraj, the real trouble is that we have set the terms of our service. We do not go asking these higher ups for guidance for setting the terms of our services. That irks them. They take offence to this service ‘at our terms,’ and not the ones set by them. It means success without their involvement at all. We should be, in their eyes the poor and slothful, begging them and the Movement for money all the time, and remain ineffective. Then they will show great pleasure and admiration about us, condescendingly give out alms, forcing their terms on us and satisfying their itch. In such a situation the least they ‘may’ do is not to say anything adverse. Our success, that is what they do not want to acknowledge. We have seen this at least twice by now. And still we have done extremely well.

“Will it help if the project is highly advanced and rich like Narendra Dutt Hospital? Even there, Dr Raghav has repeatedly voiced his impression that anything that they do, does not seem to impress the bosses. Sharad, Nagaraj, the question here is not how to satisfy these people and receive a small sliver of praise, or at least keep them quiet, as a favor. We have to defy them on their face, call a spade a spade. Counterattack. How? These are our, and certainly many others’, challenges.”

They had held their anger. The only remark Sharad made was – “Another installment of your way of thinking that belies your age.”

Sharad, Nagaraj and the Doctor met again after a couple of weeks.

“Anything more? Any action we can think of?”

“Action is taken. I have written a six-page long letter to Mr. Tatwadarshi. I have asked him where to meet him whenever he comes this side of the country. I did not expect a reply but it came forthwith and the date is set exactly a week from now. The place is about 400 kilometers from here.”

“Dear Doctor, do you think you can achieve what all of us, from Patavari and Pant down to the state level simply could not?”

“Yes, I think so.”

“Are you not too confident about yourself?”

“From Patavari down and many others have asked me this question before also, you two included. I will show you the letter I sent to Mr. Tatwadarshi.”

They read through it. It was a frontal attack in the first part of the letter as it was in case of Sri Pandav and the big metropolitan hospital. It also briefly included the contents of his earlier letter to Radhakisan, unhesitatingly pointing out the mess created. Sharad was pleased to read what he often said, ‘We should run our businesses like a service and our services with the strictness and transparency of business disciplines of money, service and quality and that is what we are precisely doing.’

He had also attached many of his written documents with lot of information about their work so far; The Hospital history, statistics, and its emotive content, the tribals and so on. He had then spent a couple of pages explaining the economics of curative services, contrasted it with the simpler activities. Nagaraj was pleased to read what he often said, ‘As long as money earned by

the sweat of numerous people does not land in the pockets of a single individual or family, accounted for properly, it is not profiteering.’

In the second part of the letter, he had narrated his past, affiliation of his father to the founder, the close affiliation his family had with many top leaders, its informality, his own relationship with the present chief, over ten years now, about the draft he had given to high ups in Bombay about how to construct a project, when they wanted to start an Ayurvedic Cancer Research Institute, his journeys in the Tribal belt and so on.

“Bold, as always, when it comes to the big ones. I get worried about you Doctor.”

The Doctor changed the first ordinary red bus after travelling 120 kilometers. The second similar bus traveled for 170 kilometers more, the third one 50 kilometers to reach the Maharajadhiraj Institute where considerable research on Ayurvedic drugs for diseases incurable by Allopathy was going on. To his surprise he had learnt that many national level top bosses were in a meeting there, including Patavari. Tatwadarshi came out quickly as the message of his arrival reached him. The first thing he said was,

“Are vah, vah, aap a gaye. Wonderful, really wonderful that you have come all the way. Welcome, welcome. Arey, there has been a gross misunderstanding about your excellent work. Even I got a little carried away. Forget that any such thing happened. It has gone out of our minds. The one good thing coming out of it is, I have come to know a great deal about you. It is heartening.”

As was the custom, the Doctor touched his feet. Tatwadarshi lifted him up. After that they spoke at length. He was then introduced to many of the higher ups, some of them he knew well. Many of them also talked to him. He spent a long time with Shankardev about his research of Rheumatoid Arthritis and other such difficult diseases with Ayurvedic remedies. Next morning, fully refreshed, he left for Greenville. After he reported what happened, Sharad asked him,

“Anything else?”

“Tatwadarshi will be traveling for one week in our state soon. He wants me to travel with him as his medical doctor, and also so that we could talk more about things.”

“I am really happy.”

“One of our restraints here is, no one within the district and around seems to know exactly what we are doing here for so long. Our patients go back happily and send their acquaintances. But the large donor community, the planters who hold their laborers from exposing them to better care, the population at large, none of them seem to know our greatly improved status. They may still be thinking that we are in the same despicable state, vastly inferior even to a lay general practitioner, a house of death, dumped around, in need of money all the time. Something will have to be done to correct this impression.”

Having spoken of the situation, Vijayini had suggested to Sharad and Nagaraj to start a newsletter for private circulation within the district, to reach a large number of influential people, organizations, banks, companies, planters and donors.

“We will call it The Voice of The Hospital and go ahead.” She had said.

They had acted quickly and produced the first number a little later. Sharad and Nagaraj wrote on behalf of the first president.

“You donors have blessed and given birth to an institute nine years back. It has passed through its infancy and became a toddler overcoming all the problems infants face. From a toddler now it is coming of age and calling you in its tender voice through The Voice of The Hospital.

“With your permission we nurtured this institute like a *dai*, the village midwife. In developing it, we found little time to convey its developments to you all, from time to time. We were facing serious problems, which we have now overcome. But like a nation at war, we found little respite for these normal communications. Apologies for the lapse of years.

“We have a deep satisfaction that we are discharging a responsibility you gave us to carry out, in good manner. By way of this communication, we are establishing the principle of social accountability to the Donor Community and the people. We request you to actively participate in the further growth of this institute as you receive this dossier.”

For the first time, they had given all the details of the facilities available at The Hospital, emphasizing the fact that being under one roof, the ailing person and his relations were greatly put to ease once a patient reached here. They had emphasized its various academic, social activities not failing to mention the controversial marriages being sanctified in front of Ganapathi. *Anath Shishu Sangopan Kendra*, the orphanage for the new born, abandoned by the mothers, and its due legal, correct procedure for giving the babies in adoption had been elaborated upon. All the effort that had gone on to fight Mongolian Tuberculosis challenge was detailed. The Doctor had insisted that the free polio vaccines The Hospital was giving is emphasized, for people to know that Dr. Koppikar and his clique who were being trumpeted and drummed up unjustifiably, as the only ones distributing free vaccines. Not that it made much difference but the Doctor wanted people to know that.

The calendar of events for all the nine years they had given carried impressive items like the visit of the Movement chief for one. On the whole, with detailed activity report and the financial accounts of all the years, included at the end, it made good reading. The feedback was immediate. Sharad had told Nagaraj and all the doctors a few days later what happened.

“Our bulletin has been read far and wide in the donor community and the other circles of people who matter. There have been several calls. This was something ‘long overdue and absolutely necessary,’ that was by and large the message. At the moment these truculent planters who otherwise do nothing to help me, will have to at least keep quiet.”

Sharad had left it half way. There was anger in his voice, but there was triumph as well.

A full five and a half years had gone by. He had succeeded. They had succeeded together. It was time the modus operandi of their way to success be brought to light. Success had to give way to growth. This growth had to be directed, modus operandi conceived beforehand and then actualized. There was work to do.

On a somewhat dark, cloudy evening, unusual for a January February weather Sharad’s old friend Ratnakar arrived in Greenville. He had been to Sharad’s garage and on finding that he will

take a long time to become free, Ratnakar decided to descend to the hospital. Occasional appearances of Ratnakar had become a routine affair for last three years since Ratnakar had managed to shift the entire laboratory equipment to The Hospital. Ratnakar used to come to talk to the Doctor. He was, incidentally, one of the few persons with whom the Doctor had resilience and resonance of discussion, temperament, thinking pattern and an eagerness to meet. Generally, the short square stalky figure of Ratnakar would come without carrying anything other than his cigarette pack. Today he was carrying two well-bound bulky documents, under his armpit.

“Hello, hello, welcome. Very nice to see you on a free evening with nobody to talk to, nothing to do and with my head empty.” The Doctor welcomed him.

“How are you doing? It is good to hear that you are empty in head and free. I have brought work for you. It will fill your head fully for the next few months. Sharad also may come down shortly, not that it matters.”

“That is his usual blessing. I do not know how short the shortly or how long it is or can be, but let us go the office. Have a cup of coffee.”

As if taking a cue Ratnakar pushed his bulk forward on the chair, took those two documents out and deposited them on the table in front of the Doctor.

“Doctor, I have come here on purpose. I have been watching this hospital for nearly five years now. I have been coming here regularly. The visits to Sharad’s place have been three times more frequent than to The Hospital. I have constructed the upward graph of the work in this place. I have also graphed in, the qualitative improvement in the services of this place. I have full admiration for the way the staff is developing. I have come to say this process can and must be heightened further up and I have come to aid you to achieve this.”

“How?”

“I belong to industry. Management Methods play an extremely important role in busy prosperous industries. In fact, that is what makes for their success. This hospital is showing signs like the functioning of a well-regulated manufacturing company.”

“I do not understand what you mean, Sir.”

“I will explain that shortly. Let me first tell you that the complexities and the sheer load of working, both have multiply increased here in the hospital. A lot many more patients, more complicated cases, many a newer situation, and most of all too many new interactions between The Hospital, its staff and the patients with their relatives have become routine. You created manuals of operations overcoming all the serious difficulties. It has helped greatly. They need a revision.”

“What do you want me do with it?”

“Revise them. I know about the entire process since the time it started. Endless discussions about it with Nagaraj, Sharad, Radhesham and Achyut. Your patience and tenacity are admirable, Doctor. All of them thought that it is not the solution to the problems of The Hospital and it was a wasteful, unnecessary exercise, even if it was a novel and unusual, unheard of. Vasudev and

many others tried to torpedo it from being implemented. But I think it was one of the most interesting, most important things you did in all these years, except throwing Vasudev out.”

The Doctor laughed, gleefully, joyfully. Ratnakar watched.

“There is somebody who appreciates it enough and give it a new perspective. Thanks. The huge abuse and the ostracization that followed, did not touch me, but that is another matter. Appreciation from a person like you is more difficult to accept.”

“At that time and till lately, in the written code you put in, job profiles, it was sufficient. Do you think that these job profiles are adequate even now?”

“No. I do not. Especially during the days, when the work is heavy. Most of the time, I am afraid the speed of replenishments of consumables, which threatens to run out all the time, would fall short, because the procurement time and distance for them are a little long. That we may run out on time. Patient care should not suffer. That is just one of the many concerns I have had since the work has gone up leaps and bound.”

“Go on, it will be clearer to you and me both that the ideas that I have brought for you will help you a great deal more.”

“In addition to that, I have an uneasy feeling that the staff is straining themselves, in an impromptu, improvising manner, carrying out the necessary actions. The sequences of prioritizing the activities sometimes could get derailed, and the care going a little haywire. That actually increases my psychological burden considerably, to see that nothing is going wrong, in addition to the patients we see or admit. The staff manages things well, but certainly are under stress. Frankly I do not have a solution.”

“I have come to give you that. I do have some idea about these elements and the people you have, with which you can get to the solution. I will tell you how. I am going to light a few street lamps but you will have to do the walking along the road. It involves a lot of donkeywork but you will have to expand your present system of working, in its details, in its contents and its precision considerably more. More training and further delegation, further automation than you have achieved so far is needed.

“Frankly, I do not understand what you are saying nor feel confident to do it. I don’t even know how I shall understand all this typically industrial business and techniques, expanding and implementation them a long way away.”

“Dear Doctor, you have already shown a flair for organizing the place. Do not worry. I do not think it will be difficult. You will take but a little time to internalize the concepts of managerial application, but you will.”

“Can we be more precise?”

“Yes of course. You began with standing orders. That included a lot of legal jargon in its first half. That stays. The second half that consists of how to do each job. That will have to be expanded. You might not have read your own manuals in last two or three years. Read and you will know. While you do it, study these manuals I wrote for the industry for which I work. One of them is titled as System’s Manual the other is called the Quality Manual.”

“Can you explain? It is a bit difficult for me.”

“Keep this in mind. Everything that happens here, has a parallel in the Manufacturing Industry. We run a factory. Let us begin at a point when the raw material we have ordered has come to the gate. Now we have to get it in. We must inspect it to see that the material delivered is what was ordered. We must then evaluate the grade of the material that the supplier has accorded it, then the quantity and then bring it in.

“We should have a predetermined space to have it located. The place should be known to all concerned. Then we will test samples. Then we will break up the material and send it to be fashioned, to each shop-floor-in-charge on say lathes for cutting, grinding, surfacing. Each machine operator should know what quantity he has got and how much he has to give us for that. Pieces will be made on different machines.

“They will then be listed and quantified, sent for assembly. An engine gets formed. We will establish the current it needs to run; check the power it generates and the actual output it gives and rectify the same if needed. Then we will plate it with required information for the buyer, pack it and send it. We will note everything connected with dispatch the number, type, the challan, the transporter, packing and the bank documents through which buyer will release it. Then we will, if required install it. The scrap that gets generated will be collected, quantified put to furnaces to make blocks that we may use or else throw it away or sell it.

“The whole operation, in its minutest details and steps and stages has been documented in my industry. That is the key. Each job has to be documented so that at each minute we must know what is happening with the received material. Then we are through. This manual will have the entire process; it is known to each and every worker, even if it is out of his area of operation. That is the second most important guarantee that the work will not halt but proceed smoothly till the final product is out of the factory. This is what an Industrial system manual is. That is what you have to adopt it as a hospital manual of operation.

“You apply it to a patient who has come in. It is the raw material which needs processing. No two patients will create the same situation, like different raw materials coming to us. Apply this to all the steps that follow. How will he be received at the counter, how will he get registered, who will see him and in how much time, what is the likely problem, how urgent is the problem, what investigations and what way it should be prioritized among so many works that are going on, being done, and when. Then he is treated or admitted and treated. Then we make him improved. When he goes out, we have to put down all we did for him and how he improved. How to do all this will be jotted down in the system manual at each step, through each department under the control of your doctor in charge of the case. This is the operational part. Can you draw a parallel?”

“Yes, I can. In fact, many of these actions are being taken more or less naturally, on the basis of the second half of our standing orders. Admittedly, our load and complexity of work have gone beyond it. And yet I can’t see how and where I could expand it.”

“Doctor, now you will have to go through each process outlined. Sit over it to think as to whether and what needs to be added. If you take up the role of a person heavily burdened or

having multifarious duties, it will immediately strike you the additions needed. List them out on paper at which further refinement or expansion has to come. For each worker, with a particular job profile, try to list out each of his or her duties, works. Then describe how to do each of the items.”

“You are becoming a little obstruse.”

“I will give you a few examples. A ward boy moves a patient on the wheel chair. It is his responsibility as well as his work. Yet, there are numerous parts to that one-line work item. Positioning the chair, lifting the patient, pushing it without rattling, bumping and so on. The patient types will differ; patient with a fracture has to be handled most carefully. A woman to be taken to the X ray department for an elective X Ray. These are two completely different situations. In the latter the prioritization of when to do it, against the background of the entire work in the wards, or in the outpatient matters. We assume that it is common sense and the work will be done accordingly and automatically. It does not happen in the most correct way, even if it is so assumed that it will be.

“The whole idea of the operational manual is to ‘*state the obvious as something to be learnt and taught, trained for*. Thus, and thereafter, break down each and every work independently, logically and sequentially in to its component steps and detail it.”

“This is much more strenuous than a rigorous imprisonment.”

“No. It is not. As a doctor you know and can and will do it with supreme efficiency, how each job has to be done, be it wheelchair or a stretcher. Start with the work profile of a junior Doctor joining. What will he do for the first day? What if a medico legal case comes in, or death occurs and so on and so forth? Once you start doing it, the pen will fly across the paper.

“Many industries however stop at this level of individual descriptions of duties, that too in too sketchy a manner. In fact, they often do not go beyond the one line, mentioning the work to be done, just as you have said. The next two steps to be included in each work profile are more difficult hence no one even attempts it. The logic extended for not doing it is, ‘but is it not so obvious?’

“Connectivity, Time, Wastage and Consequences are some of the terms around which the next two stages have to be compiled. Each employee must know to who all he is connected; at his own level, levels above and below where applicable. That each job he has to do has a time element, it should not be wasted, as each one normally wastes it. That he is connected with others in the sense that he needs others’ help and others also need his. If one procrastinates, the rest of the work also screeches to a halt. It is like a huge machine which runs on only one central gear wheel, to which are attached numerous other smaller gear wheels. Each connected with the others. And that the consequences of all imperfect actions finally make central wheel crash. The patient suffers.

“More importantly why, for what reasons should we do our work. A vague answer, for the patient, is elementary. That we do it the way it is to be done for efficiency, smooth working, minimizing patients’ agony, improve the quality of care, which will make the patient an ambassador of the hospital, many more patients will come and so on. These things, each one will

say are so obvious. Yes. But that obvious needs to be stated and entered in their consciousness, reflecting in their actions. This exercise, matters for these reasons as well as outcomes. Then you will find how you can code your system in far greater detail giving your worker a sense of belonging to the totality of working which his conscious and comprehension levels do not make manifest.

“Once you start doing it, I will come again. We will see how to make it neater. I am not willing to talk anything further because it will confuse you. Once you start to write it down, automatically many more things will occur to you and the flow will continue. You will come to know how it affects the system for better. More refinement, more ideas, more solutions, will automatically get woven in it. This is the volume connected with this work.”

Ratnakar handed him one of the two fat volumes.

“What is the second volume about?”

“That is a sequel of how to do still better work, beyond what the first volume achieves. Once our staff becomes more quality conscious, work as part of the whole, the idea of the second volume of ‘Quality Circle’ will come in and take The Hospital to a much greater height.”

“We have trained barely literate village and farmer boys and girls to suit our requirements, based on the work profile we have developed. Can they understand all this?”

“They will. You are writing down in a clearer way, what they are already doing daily, but are not aware of it fully. Most of the things I have talked about are already there in the culture here. They are doing it well. You are going to reinforce it simply because the work load has increased greatly and the time available is fixed. A much larger number of situations that keep coming up, every minute, every day and weeks. The written system will give them a sense of the totality of the environment and what is their part. *Stating the obvious*, will make it obvious to them suddenly.”

Ratnakar had thrown a challenge to make for the internal working more efficient and had illustrated a method. Sheshraj had thrown a challenge where the writing work had to be directed outwards, for diverse individuals, with diverse ways of thinking, or attitudes. Even if he was to do a lot of writing, create dossiers, answer all kinds of questions and more, other than Narendra Dutt, and Dr. Raghav, no one was concerned with it. No one in their vast stretches of scores of Movements and their chiefs seemed to have even remotely thought about it. On top of that, his position over such a task had no locus standi, in the minds of his people. Who was he, after all? Just another person doing fair work in a service project. The Doctor however decided that he would meet both the challenges, *Suo moto*, so to say. He made up his mind that he will expect nothing to come out of it, but the ideas at least will become clearer in his mind and will remain on paper for others if they are destined to read the same. Even if these buffalos do not get shaved, the razor of his ideas will sharpen.

Ratnakar’s expectations were top priority because it was directly responsible for much better care. In his anticipatory mind, anticipatory style of working, the Doctor was acutely aware of the growing work load within The Hospital and the uneasy feeling that it is going to grow much more. He knew it needed to be organized further. Else it would disintegrate. Confusion,

chaos! He did not want that. Here was a method he had begun to understand well enough, a little unsure about the time it may take to put it on paper.

Ratnakar during the talks had exhorted him to write, evincing obviously, the faith that the Doctor will write properly and that he alone will be able to write properly. He had to try. The more he thought, the more he realized that he was already running The Hospital with assembly line efficiency. But the scale of operations was no longer small. It had to be taken to a further, higher level of efficiency. And while doing it, the culture of humane attitude, concern for the suffering, straining for relief of agony of others, of working long hours, and struggling for the patient should enhance and should not go down by the slightest degree.

He had narrated the matter to Vijayini. She suggested that he should talk to the staff more often, sensitize them for newer developments likely. A sense of belonging to this place, owning this place needs to be seeded in their mind. That would be going even beyond Ratnakar. That meetings could be held more often with or without any special occasion, to give a sense of togetherness. Preparing them for a higher system is like topping up the radiator of a car for a longer and a faster journey.

That was how the regularly conducted collective meetings were born. These meetings were to serve them in more than highly satisfactory ways when large activities were to come to The Hospital on an unprecedented scale. The paradox was that all of them were utterly unaware of the future.

Sarvesh had finally settled down in Greenville for over six months now. In the last four odd years several full-time volunteers, from several Movements had come and run away to the salubrious places elsewhere shortly afterwards. None could tolerate the weather. None passed the test of survival in Greenspan which meant survival anywhere. One of them was malicious, another too non-descript, shallow in the ethos. None was able to strike a chord with the Doctor. None had brought the local cadre close to The Hospital, establishing cordiality, or camaraderie; not even a surface level working relationship. Even the local workers from all Movements had stayed away from the Doctor, sharing the antipathy of the higher ups like Kalyanmurty.

From among the local cadre the Doctor never liked any one much. The two important district level officers were too dwarf for the flight of the Doctor. The District Secretary, used to talk in a barking voice, was a duffer. Shatrughna, considered an important worker, always clad in full white, had a dark interior. His blue eyes were shifty. He was crafty and had always disliked the project of The Hospital, its work and its rise. He could not stomach the Doctor's presence. Reasons unknown. Each one of them would be playing a part in the destiny of The Hospital in the next few years to come, which was unknown to the Doctor.

As a result of all this, the rapport between the cadre and the project could never be established. For the cadre, Dr Vasudev was a demigod and Dr. Koppikar was a wonderful Movement man. The situation of the project being at the logger heads with the Movement and its men, could not have been helpful at any point of time, with or without a contact with the Movement. But Sarvesh had stuck, passed the survival test easily and struck a chord with both the Doctor and Vijayini. He was different. Tall, lean, muscled and intelligent, a science graduate, he established his rapport with the workers of the main and all the available and related Movements,

in a short time. He had a knack of bringing them together. He could get work done by most in a team fashion. He was sent for the purpose to establish some bridges of friendship among these people and The Hospital doctors as well as the project. The level of understanding he could reach with the Doctor was a delight. Even Vijayini, who did not accept people easily, had expressed that she liked him because he was straightforward and knew what he was doing.

During one of the many times when Sarvesh joined them for food in the evening Vijayini off loaded an idea she had for some time.

“Sarvesh, as a project we have come a long way. Altogether, it is only five and a half years since the Doctor came here but it looks such a long journey. Now the project has a substantial base and power to answer most of the health needs of the people. Since the dismissal of Vasudev, many bridges have been burnt and there has been bad blood. The project should have got help from outside from the various Movements. It would have helped many more people who are in need of it. Not that we do not have enough work. We have a lot to cope with. Even then. What I want is people should understand that this project helps them, that it belongs to an ideology people align with, that The Hospital stands for them for much better health care. This twin understanding is essential for them. We need to take it further.”

“How do you think we could achieve this?”

“I think we should identify the workers within the cadre who have been benefited by us. Those, who will be our willing and vocal supporters. These numbers may not be high. They should speak up on our behalf wherever and whenever required and possible. That will give us respect and greater stability, a sense of union of goals. You move around a lot, meet many, know many. Can you try this out?”

“I think I can. I will tell you about it, as and when I get some information.”

“The next subset of the population is quite large by now. They are ordinarily or otherwise not connected with the Movements, but were treated here. Now I am talking about the common man who comes to us. Do we really know what he thinks about us?”

Listening in, the Doctor gave a huge sigh and said,

“I have no idea. It never struck me to find that out. But, Sarvesh, I have just not had time to keep contacts outside, before and after our getting blacklisted. We have also been absent from here for long due to our personal difficulties. I do not have time nor the patience to attend any daily activity, those numerous stupid meetings every now and then.”

“Certainly, it is important to know about it, against all this background. But how?”

Vijayini interjected.

“Sarvesh, can you organize a survey? I will give you a list of places from where a large number of patients came, were admitted three years ago, for a minimum of seven days. You can carry the list; every place you go, try to meet these people. One, two, four as many as you can. We will ask them questions regarding their impressions about the service that we rendered. We can make a questionnaire.”

“Madam, I can do the job for you.”

“In three years, they are likely to forget many things that we did for them. If they remember anything at all will be a plus point. If they even remember their illness, it will be better. Another reason for separating this three-year period is, I was not here then. The project was not running all that well then. The work quality was not as good. The flow of people was erratic. It is good to pick up such a period.”

“Vijayini, tell Sarvesh about your earlier experience of such surveys, midterm evaluation, by Dr Kadri. He will understand the job on hand much better.”

“Yes, Sarvesh, we all were a part of that process.” Vijayini then narrated the experience in detail which seemed to benefit the understanding of Sarvesh.

“Can you tell me Madam, what is it we are likely to get from this exercise?”

“Yes, I can. How to do it comes first. There are two approaches to it. The first one is as if the parent body, governing The Hospital, is trying to find out if their hospital is doing things well or badly. The body is doing it independently, without The Hospital knowing anything about it. The advantage therein is, it will give people a sense of authenticity and accountability.

“The second approach is as if a body unconnected to The Hospital is trying to find out about the performance of The Hospital. Let the people have a sense of spying, conspiracy, and fault finding in the survey conducted. People like such things and would be delighted to talk openly about it. Depending upon the kind of people you meet either approach is as good, used appropriately. If they sense that The Hospital wants to find out about its own performance, people might not come out with their true feelings. This is step number one.

“We will prepare a questionnaire after some close thinking as to what all we would like to know about ourselves. We are not fishing for complements. We will frame the questions in a markedly negative or biased manner, raising doubts and negativity about The Hospital. People respond better and more easily to such negativity, faultfinding attitude to bad mouth somebody. It is much more pleasurable for people than saying good about and praise somebody. People will freely talk about the draw backs in that case. We want to know them. That is step number two.

For step number three, they had opened the admission register three clear years back. In addition to what they had decided earlier, none of them should be known or are in close contact to the Movement or to any persons attached to The Hospital project. They had to be from all castes and creeds, from all communities Hindus, Christians, Muslims, all must be there. Despite so many conditions and exclusions they had produced a native pure sample of sixty-seven patients, spread over twenty-eight places fulfilling these criteria.

‘Do you recollect your admission to a hospital in Greenville?

Remember the name? What your illness was? Who treated you?

Do you think that the services were not good, or inefficient, slow or down right useless?

Was The Hospital bill too high and unaffordable?

What was the attitude over the collection of money?

Were there other difficulties you faced, highly troublesome, inconvenient? Do you recollect any particular hardships?

Did you or your relations have to run around for investigations and drugs?

Do you really think you received proper help, badly needed by you then?

On and on, the questionnaire had gone.

Vijayini explained further.

“During these interactions another phenomenon might emerge. They will probably indicate that they really needed The Hospital help. Then it would be important to know if such needs exist in and around them for which The Hospital can help? If yes, then what we are doing, is what is required by people. If they do not think so, we have to think of how to satisfy these other requirements. The important element is, the needs strongly felt by the people may not be their real needs. But we must know about it. Work done by agencies are often based on their own perception of real needs of the population, which may not concur at all with its own perceptions. Such an assessment, may bring in these disparities strongly.

“Sarvesh, my woman’s instinct says that you will be able to handle this negative stance well. You have that balance and maturity to do it.” Vijayini meant it simply, as matter of fact.

Even then Sarvesh blushed. He picked up the gauntlet well and was gone.

Both the Doctor and Vijayini knew that they had disturbed a hornet’s nest and results could be disastrous, quite shaking. It was likely to destroy their own illusion around themselves that they were doing good work. It may indicate on the other hand that they were not even able to please anyone at all. The fact of the survey and results were bound to be known around. It could adversely affect the patient flow. They had violated every principle of conducting surveys, since they were more interested in provoking people and fault finding. It still was in the true spirit of community work. They decided to face it.

On one late and dark night, an ambassador brought two young boys from a nearby state. They were expected. There was a phone call from the Bharat Seva office saying that they will be brought clandestinely in the night. Dominantly, and routinely, in the nearby state it was violence, assaults, and killings by Communists and Naxalites. All of it was directed against Hindus who tended to break away from the Naxalite ideals. Rajashekhar and Rajaratna had fallen prey to the assault, because they refused to give up their Hindu inspiration. Both, as all young men then were Communist cardholders from young age. Gradually they had drifted to the Hindu fold, like the thousands had done since mid-sixties. Communists never tolerated this shift. Attacks on the open ground activities was a routine affair.

For years the Hindu Movements had kept quiet. Then the counter attack had begun. For one man hit or killed they would take two. That had quietened and tamed these attacks. For some reason, this now unusual flair of the Marxist rage had occurred, probably because both these Rajas were found isolated. They had been beaten and battered. A case was registered in Medical College they were admitted but treated indifferently. Their wounds were not healing. Patavari had arranged for their shifting to The Hospital.

When Vijayini examined them, both had half a dozen fractures in their ribs and arms, and feet threatening to become deformed as these could get irregularly united. Their wounds were

infected. They had high fever, were dehydrated and malnourished, unable to eat properly. In the dead of the night fifteen X rays were taken. They were admitted in isolation ward to shield them from the general public and police. Saline was given. Blood was arranged for next morning. Wounds were dressed. Vijayini decided not to call for an orthopedic surgeon lest the identity of these two boys gets known and spreads. She took it upon herself to put snugly fitting plasters stabilized their fractures. Rajaratna's right lung had punctured and collapsed under the assault. Within a few hours, a chest tube was put. The lung expanded. Rajaratna could breathe with much more ease. They tended them for a number of days, fed them from the canteen, till they recovered fully and discharged them. They could avoid making it a police case because one was already made in the medical college from which they were smuggled out.

Another student wing worker was sent from the North of the state by Raja Kodapale. Tall and handsome, the fellow was running fever for many months, was losing weight, had become greatly depressed. No one knew what was happening. He had seen a number of doctors, including the ones working in the medical colleges. He had been treated but the fever recurred every few days. No one had given any attention to pain in the urinary bladder area.

During his examination, customarily the Doctor had pulled his pants down. He did not know if he should laugh. The boy's penis had swollen. The fore skin was having pus, was severely inflamed, had been turned back and was bursting red. This was the cause of fever, weight loss, toxicity, inability to eat, and what not. The boy had not been telling about it out of sheer embarrassment. No one had thought of pulling down the pants. Under antibiotics, dressings, the foreskin had reduced in its inflammation. Vijayini circumcised him two days later. Lo and behold! The infection gone; the boy jumped back to health. He stayed on for some days gaining his weight and strength back.

Spurred by the success and development, Vijayini started another batch of trainees. This time they adopted a more professional approach to add value to their training program. The word about the excellent training and the work their staff was doing had gone around. Some of them rejected earlier for failing in the training had found employment as paramedics in other nursing homes. Their qualification was, they were trained at The Hospital, rejection notwithstanding.

"Mr. Sharad," Vijayini had suggested.

"In anticipation of work increasing further, we should start one more batch of paramedic trainees. Let us take a deposit of a thousand rupees, to be returned if we reject someone after training. We will guaranty them employment here if they learn well and pass the examination. This time there will be a bond to serve us after training for three or five years. We will return the deposit money after five years even if they continue to serve here."

Sharad was diffident.

"We are not a recognized training center. Unauthorized, so to say, although we are much better than most. Will we get anybody at all with such conditions? I know people will prostrate themselves, bend backwards, offer anything for the government run training of auxiliary nurse midwives. But there, there is guarantee of the coveted government service for many reasons. Here will it attract anyone at all? If they come, they will try to wriggle out of paying. Suppose if

we do not get anyone and have to retract, it will be damaging to our prestige. Think Madam, before we do it.”

“I have considered this. It will succeed. We have put up a value to our course. All conditions committed to on stamp paper. Few years ago, by being strict with bill payments, the value of our work went up in the eyes of the people. Count on my judgement. We will not fail.”

They had so advertised. There was good response. Of the eight that appeared they accepted five, for the course. Gunavanta was tall, fair and quiet, Shalini, short, dark and buxom, Kalawati strongly built but pale. Madhyama was Vidyullata's cousin. These four ultimately joined by paying one thousand rupees. Regular contracts were drawn.

“The bond money and those who pay this much, will be from better houses with little more culture and education. They are much less likely to flick, or be kleptomaniacs. On the contrary they will protect the system. These girls are good, pleasing and eager to learn. I think it will work out.” Vijayini had observed later.

Chapter 6

Vijayini fainted for the first time ever, while actually operating on obstructed bowel. The patient had developed it at least four to five days earlier. The management outside was utterly irrelevant to the actual problem. Misdiagnosed, as peptic ulcer he was being given milk drips, antispasmodics, opioid drugs but hardly any intravenous support. Abdomen had started distending, passage of stools and gas had stopped. Persistent vomiting and high degree fever ensued. Signs of infection spreading widely and heavily in the blood stream were strikingly obvious, unnoticed outside. The kidneys had gone on strike. The circulatory collapse and shock had set in.

This was the usual presentation, in sixty percent of their work. Anything that was getting spoiled elsewhere, going in to a serious condition, had landed here as a final resort, for five years now. Absence of full and correct diagnosis led to the life being threatened, they would finally, but not initially, thrust upon The Hospital. There were several reasons behind it.

People were not that poor. They had those few hundred of rupees they needed to pay in The Hospital with good results, much less than the bribes they paid in the Government hospital worsening the case. Everyone knew that The Hospital's cure rate was high and action for relief always fast and complete. But there was a resistance still. Many others regularly attempted barricading the patients from reaching The Hospital. Every professional had a fear that once a patient goes to The Hospital, it would be complete loss of the patient to them. Although this was far from true. Every discharged patient was sent back with long discharge summaries to the doctors. Still, there was a catch.

When this patient reached The Hospital, he was not in a position to even stand erect for one minute for a standing abdomen X ray. Yet they had managed a good film which clearly showed it to be a complete obstruction. Madhuri and Vijayini had struggled standing by for four hours, liters of saline, and a stomach tube to aspirate fluid from the stomach was pushed. The stomach had a few liters of bilious fluid, a place it was never to invade in normal conditions. Antibiotics were started. Blood was drawn for testing, grouping and cross matching. With all this the patient had become at least operable but still in serious conditions. A 'death on table' consent was taken.

Madhuri had just rejoined the squad after giving birth to a male child. This was the first case after that, with so many complications. With her usual courage and deftness, she had smoothly taken the patient under anesthesia and incision was placed. The obstructed, entangled, perforated and gangrenous bowel had burst forth. Hot pads were placed, entangled bowel was straightened, a large segment of about two feet gangrenous bowel was isolated, cut off and the open ends were joined to make it a continuous pipe as before. The abdominal cavity was literally washed with liters of saline and antibiotics, shaking the patient gently under anesthesia and sucking out all the turbid, putrid, purulent fluid from the cavity.

The strenuous surgery that had lasted for nearly four hours, adding to the strains of preoperative supporting care had drained and exhausted all of them. And suddenly, nearly at the end of surgery, Vijayini fainted and started falling. Most people had scrubbed themselves and wore sterile gloves. They could not think of getting away to hold her. Payoshni, the ayah sensed it quickly and had stepped out as did Madhuri and held her leaning away from the patient. A stool was brought and she was seated. Fans were started; cold water was given. Within a few but the most nightmarish seconds Vijayini stabilized.

“Yamini, Dr. Pradyumna cover the remaining open parts with hot pads, please see that sterility is maintained. I shall start closing the abdomen in a short while. Breathing deep, closing her eyes, she leaned against Madhuri. Amidst the fearful moments, Madhuri had put the respirator bag under her arm pit and was pumping rhythmically to supply oxygen and nitrous oxide to the patient to keep him alive and anesthetized, while holding Vijayini also.

Everyone had missed his or her heart beats. Their unbreakable, victorious and powerful Madam had fallen. That was the biggest shock. Whatever that could have happened to the patient came later, as a much lesser shock.

Soon, Vijayini completed the surgery, sutured the peritoneum, subcutaneous fat and fascia and the successive layers of abdomen and then skin. Wound was cleaned, antiseptic creams were applied and plasters were put by Yamini and Pradyumna. Patient was brought out of anesthesia and shifted after Vijayini was taken to the duty doctors’ room, and put on the bed. A cup of strong coffee and biscuits went in. She recovered slowly. Yamini, Madhuri, the two Manju’s, Payoshni and Pradyumna had responsibly managed the show.

“Do not tell the Doctor right now. He will get a shock.” Yamini instructed everyone. He came to know about it only two days later.

After Vijayini's jaundice, this was the second crisis. There were immediate reasons why she had fainted. A series of further complications were still to come, of which no one had any inkling. As if, smooth running is an anathema to people, one crisis had brewed for a long time to become a large abscess now. When the canteen building was completed, The Hospital had asked for tenders with regular earnest money deposits and then opened the half a dozen that came. Shashank, a man from the movement, a native of Greenspan was given the job, under considerable pressure from the various connected people, otherwise at loggerheads with The Hospital.

Shashank did not put any money or effort to meet the high demands. On an average day, nearly 150 snacks and forty meals were needed for the patients, their relatives and the staff. From the beginning the quality of food was poor and the serves more inadequate as each month passed. The canteen as a rule would be empty of foodstuff. Even an early tea or coffee for the patients that the eternal cold of all seasons rightfully demanded, was unavailable! Getting anything at odd times and for emergencies was out of question. The patients, their relatives and the staff also complained.

The most familiar scene was Shashank’s wife sitting in one of the window sills in the morning, doing her oiled, long hair, after every day’s head bath, spread to dry and being combed,

for intolerably long time. The broken hair found their way all over the canteen, and in the foodstuff also. It was becoming even more irritating. Sharad had frequently spoken to Shashank. He just would not respond; he would not improve.

“Hell with that fellow. I thought, as is common with people of his caste, he would not only bathe himself daily even in this cold, but also keep the canteen clean and serve well. I am fed up of his wife drying her hair all the time. Soon his contract will be over. I shall not renew it. but we need an alternative as well.”

“Alternative? I will give you that. Irene and Kalpana cooked under the staircase since we had no other place. They were doing an excellent job than this useless fellow. My pregnancy brought it to an end. We can now do the same thing again in the well-built canteen.” Vijayini assured Sharad.

When Shashank was finally told to vacate and that the contract will not be renewed, they expected him to vacate. For three weeks he did not stir. Sharad and the Doctor received a notice from Shashank’s lawyer, the square faced, enthusiastic Rudrakumar, the city secretary of Bharat Seva, in-charge of the Ganesha Festival and an admirer of the Doctor’s skills of diagnosis and treatment. Sharad, Doctor, Vijayini and Madhuri as well as all others were stunned and angry. Sharad made a bee line to his strongly built, fierce looking, brother-in-law, a noted lawyer himself.

“Shashank, that bastard, what does he think? That it is his father’s estate? I shall teach him a lesson. File a case for non-vacation with a caveat so that stay cannot be obtained. Cut the water supply and electricity to the canteen. The effect will be electric. I do not know how our good friend Rudrakumar had got into defending him?”

One full day went without anything being cooked and given to patients. Their relatives went all over and brought food.

The evening saw those who had pressured to get Shashank the contract in an assembly in the Doctor’s chambers. Sarvesh was there on behalf of The Hospital and Bharat Seva, notwithstanding Rudrakumar on the other side, who had come down with some of his own community aides and Shashank himself. The room had got packed. There were a dozen men from the organization to defend, if need be, physically, ‘their’ organizational man, Shashank.

The Movement as before had picked on an opportunity to avenge the ouster of Vasudev, once again defending an unworthy, downright malicious character, harming The Hospital. That Rudrakumar had taken up the case bolstered their confidence that they will win this time. None had any concern even remotely, for the patients’ suffering. History repeats, the Doctor thought.

“Sharad,” Rudrakumar began the proceedings. “I have taken up Shashank’s case against The Hospital, which I admire so much. My reasons are simple. It is our internal matter and conflict. I did not want it to leak outside. I felt relieved that he came to me. He could have gone to Lawyer Yusuf. Imagine an upset in the family being made public. getting blown up and caused bad publicity. I issued the notice immediately and deliberately, hoping that you will file a case. The Caveat which you leveled of course was a good and sensible step. I want a settlement here in

this room. Whatever it is. Technically Shashank is my client. I therefore have to say, he could be given a chance!”

Rudrakumar was in the right. It showed a so far unknown but noble side of his personality. Many voices broke up simultaneously. In the din, Sharad narrated his right not to renew a contract. He had called a couple of nurses and ward boys, Madhuri and Vijayini to narrate their experiences. Each one described all the details of third-class management and how it was desirable that someone else takes over and walked out.

Rudrakumar spoke up again,

“Give him a chance. That is all I ask. Let us bury the hatchet, find a solution and make piece.”

A tricky situation had developed. The strongest dislike for Shashank had been from Vijayini, Madhuri, and other women of the hospital. They had demanded a dismissal. They were justified. They could not be let down. On the other hand, Rudrakumar’s insistence could lead to in court litigation, dragged for months. Shashank then would have taken The Hospital for a ransom, holding them by the scruff of their neck. That would most certainly lead to unhealthy atmosphere and poor food. The Hospital staff and the patients would suffer, months on end.

Attempts to convince Rudrakumar to accept dismissal, failed. He was saying he would not force Shashank to go out to another lawyer because he wanted it to remain in ‘family.’ And he was right. Typically, the most recent full-time worker of the Movement also joined the pandemonium to defend Shashank. Many other so-called officers at the district level started crowding the chamber and mounting the pressure. The honor of Vijayini, Madhuri, Sharad and all others was at stake. The death of good practices established earlier so painstakingly were at stake. Balyogi, the protégé of Sharad’s brother-in-law, made it clear to Rudrakumar in his legal arguments that a caveat is registered. They will not win. Shashank will have to go out.

No one seemed to realize that a crucially important service was becoming unreliable, dangerous and unhealthy, damaging the patients’ simple needs and the reputation of hospital. An average of twenty odd patients with at least one relative, an outpatient with fifty patients and their attendants, eight Doctors, and three dozen staff were suffering day and night for months together. That did not matter. The ‘affiliation’ mattered more. The arguments went on.

The Doctor stood there fuming but not uttering a word. He had had enough of antagonism always developed around him whenever the Movement came in, invariably defending the wrong man at the cost of The Hospital Project. He was not afraid of that. Insisting on this dismissal would only result in a lawsuit, caveats notwithstanding. That was the main issue. The word had got around. More workers had gathered to defend Shashank. The room was chalk full and atmosphere most suffocating. Now it was obvious that Shashank’s case was getting strengthened with this emotional black mailing that was being carried out. A poor fellow, our own strong man, cruelty, what will he do for survival? There was a shrieking accusation that The Hospital was killing an honest worker, a poor man, by dismissing him from his livelihood.

When Vasudev was thrown out, no one bothered about patients dying because of his misbehavior. Years after the dismissal again, now no one bothered to talk about the people and patients kept starving in the most callous manner, day in and day out.

Vijayini, Madhuri and the women folk of The Hospital had fortunately left after making their case. If Vijayini had been there, and if she were to plead for removal of Shashank, the Doctor could not have endured that. She was in the right and just over her demand. She was ten thousand times more valuable to the work than a third rater like Shashank. For her to plead would have snapped all the patience the Doctor had shown so far. He would have flared up, violently beyond all ordinary rage. Vijayini and Madhuri against this scoundrel, armed to teeth with law and legality!

Or else, an even more terrible situation would have been, if Vijayini, Madhuri had become so angry, and shed tears. That would have been the most terrible thing to happen. The Doctor would have killed Shashank there and then if the slightest of the insult were hurled at either Vijayini or Madhuri. His anger, disgust, had mounted to a nauseating point. There was no way out. Sharad, Sarvesh, Balyogi, Rudrakumar had all come to their dead end. There were extreme tension and deadly silence. The Doctor finally spoke up.

“I and my wife came all the way to develop this place. We have caused it to progress, being helped by all who work here. It has become a noble place where only high moral values can operate. So far, we have weeded out ruthlessly each and every bad element from the project, including the most difficult, your most respected Vasudev, the evil incarnate, whom all the rank and file and the high officials defended. Vengeance against us was wreaked loose. Your district head was summarily removed from the Trust with your Koppikar. Each time we uproot an evil, I see defenders of the evil from within our own fold coming up, pitting them against us, guarding the evil so that it continues to operate. Now the story repeats.

“If you all want that for one bad man like Shashank, for his survival, this golden place may be allowed to defile, suffer from all its consequences, then all of you can have this project to run as you feel free. Protect and restore Shashank. In that case, from this minute onward, I will not work here. My wife who has shed her blood and sweat here, her rightful demand is pitted against this third-class fellow, she will also not work here, from this moment on. We will go away. Tomorrow. And if we two go, no one will want to stay here and work. Have it for yourself to fuck the place through all its orifices, to your hearts content, repeatedly, if you want.”

No one had been prepared for this. Even in the worst crisis the Doctor had never uttered that he will leave the place if Vasudev was to continue. Everyone fell silent, dead, realizing the enormity of the impending, emerging situation and the way all of them will appear in the court of ethics. No one wanted that. Shit scared they did not have the courage to face it. Their wallowing, like worms, trying to titillate a situation and enjoy fiddling their own genitals was dead. The problem was settled, fast and immediately and out of court.

Vijayini once again rose to the challenge of the canteen. Sharad and the Doctor had argued with her not to take this additional stain to her already strained schedule of work. She did not listen. With Irene and Kalpana, she opened up the canteen. Pleasing hot stuff started coming down to fulfil the dire need of the patients, helping their quicker recuperation. Madhuri with

Vidyullata and Yamini took interest in helping the canteen, for it to work more smoothly. The place revived itself. The cost of the food was much less than other places and food much better. With rates highly subsidized to the staff their energy increased. Quite a bit of additional money started rolling in. In the first month they purchased more utensils, cooked much more food and earned a great deal. At the end of the two months, they produced a net gain of two thousand rupees that was converted in a special earmarked fixed deposit. The place boomed.

Jayraj was a TATA manager. He had become a friend of the Doctor and Vijayini, since they had brought the childhood asthma of their elder son in control and the kid's health had improved. His lovely sweet wife, had fractured a vertebra and was managed conservatively leading to her full recovery. One day Jayraj drove a tractor himself, called Irene and a couple of ward boys and unloaded six large cauldrons and many small and sundry items needed to run a canteen, with their help. He donated all of it to The Hospital canteen. As an interim arrangement he helped Irene and Kalpana to run the canteen for a few weeks, and walked out.

Sitting in their house the Doctor was helplessly looking at Vijayini, over her fainting episode and the string of strains that could have caused it.

"The greatest stress you have is in insisting delivering women normally. You do not take the easy way out and do a caesarian especially with Madhuri around which would remove the stress greatly. Even twins and breeches, you want to deliver normally. The deliveries landing with us late, have lately been the most difficult. If the strain continues and such fainting occurs again, I will forbid you from doing at least the gynecology and delivery work."

Vijayini was adamant.

"I am a lady surgeon. These women come to me for deliverance. I cannot say no. Madhuri helps. Others help, stand by my side."

"Help? Don't talk about it at all. Madhuri is with a young child. In the nights you will hardly ever call her. You are kind to her. Madhuri tries to compensate for it. In the nights when you go out for deliveries I wait and wait and wait. For hours on end, I worry about the woman and the child and over the strain you are undergoing. I can't leave our child at home and come to help you. I agree that all the staff stays with you till everything is over. But you are the one finally responsible. After all, you are not a gynecologist. You have no bounden moral duty to do it."

Vijayini would not listen.

"Why blame deliveries alone? Is the surgical load any less?"

"Surgical strains and even strains of cesarian are meager since Madhuri is around."

This argument did not really hold much water. In fact, too true to argue against.

Vijayini just would not listen. Everyone was helpless. In the eighteen months after her return with their child, there had not been any let up in the work. Worst of the cases had been cured. And she had emerged victorious. Now the canteen had entered in her day. There was however a limit to endurance. Eating on time and properly was never a good trait with Vijayini. Everything was coming together. And she had fainted.

The case that really and stressfully tested their patience was of Kartik, a small twelve-year boy. He presented with the obstruction of the intestines, was sick and looked moribund, near death. Initial resuscitation with IV fluids, electrolytes and glucose did little to improve him. Vijayini desisted from operating him because she did not feel that a mechanical, correctible cause existed, but that the intestines were just paralyzed. After a few hours however, they decided to open him as the last resort to see what was wrong.

The surface of the intestines had numerous small round and bloody patches, a few millimeters in size, along the entire twenty-two feet of it. Each spot oozed blood. The intestines had distended a great deal. In a hurry they arranged blood to counter the bleeding, which turned out to be of only temporary help. Deflating the intestines through small puncture wounds in places led to the decrease in the distention. No mechanical obstruction that could be corrected was found. They decided to close the abdomen.

The muscles of the abdomen on both sides of the cut had contracted, had gone into a spasm. They were not yielding, to be brought near each other, to close the abdomen. Vijayini and Pradyumna tried to force the edges together and failed to stitch them together. Madhuri gave an extra dose of halothane, with her heart in the throat. No result. A muscle relaxant was already given. It had not produced any effect. Madhuri told Vijayini that she was going to use a second agent for muscle relaxation. It did not. Putting the hot packs on the gaping abdomen, they waited for an hour. Madhuri with her anesthesia bag to pump air continued rhythmically. Yamini took it from her intermittently to save fatigue. Then Vijayini could put three stitches with a strong thread and put the hot packs in the remaining wide gap. After another hour the muscles relaxed and the abdomen was sutured fully. Kartik survived and made an uneventful recovery. After the operation was over, going to the postoperative room after shifting the patient, Vijayini had a dizzy spell again and held Pradyumna to stabilize herself.

Several days after this second fainting episode Vijayini told him to take her to Dr. Papuri a kind hearted, eye Doctor, a good diagnostician, a great admirer of the hospital, of Vijayini and her work. He had also been a patient of the hospital. Struck by some peculiar fever and weight loss due to a blood cell abnormality, he had been treated as an admitted patient and was completely cured. Menaka, his wife had been delivered safely in the hospital. She had conceived after full five years their marriage. Papuri believed that procedures Vijayini did for her had ultimately resulted in the pregnancy. The child was a precious child. Papuri did not want his riches to go waste and wanted an heir. He had got one.

“What is wrong with you, my dear madam?” Papuri had asked her, not really believing that there could be anything wrong with this strong and strong-willed lady.

“I am unable to see properly when I am operating. In the beginning it is all right. Then, in a short and then variable interval, I can’t focus my eyes. In the visual fields, big holes appear in which I see nothing of the surgical areas. It is like a patchwork, unconnected. Then headache starts. Then I have to close my eyes for a few minutes. Then I can see again. This happens several times in a major surgery of few hours.”

Quietly Papuri had examined her. The eyes were perfectly normal. Papuri looked puzzled.

“How many surgeries you do a day?”

“One major at least and then one or two smaller surgeries or procedures after that. Deliveries and, caesarians not included. The days are full and night calls frequent.”

“How long since you are back with my nephew?”

“About eighteen months.”

“How old are you?”

“Thirty-three.”

“Will you listen to me if I say stop it all for a while?”

“I want to, but I can’t.”

“Why not?”

“Because a lot of our work is emergency; it usually comes, spoilt elsewhere. I cannot send them away. They have already been refused elsewhere, everywhere. They are not in a position to be shifted to the bigger cities involving a four-hour drive. They would die on the way. Can you say no?”

Papuri sat quietly. He thought. Minutes later he spoke.

“Mind you. Your eyes are so tired that they refuse to see anything after a while. The constant close work in addition, results in the eyes getting locked in convergence. This is called accommodation spasm. It gives you the headaches. You have to slow down, my dear lady. Space the work wherever you can. Slow down. That however is only a partial answer. Stopping surgery for a good, long enough interval is the real answer.

“The only way I can help you is to give you a convex lens so that the organs appear a shade larger and you have to accommodate less. But that is not the real thing. Less work, no reading, going out for a walk in the greens. Always look in a distance, infinite distance. That relieves accommodation spasm. Even during surgery keep looking out at a long distance, at green trees, intermittently. I only hope it helps.”

From there they had gone to the only and qualified optometrist of the town to get the convex lenses. Mrugesh was a short, fat, young man, smiling affably and genuinely towards all he served. He was an enthusiastic Lion member. He gave the required glasses. The half cut convex lenses looked funny on Vijayini. When the Doctor took out his wallet, to pay, Mrugesh folded his hands in a namaskar and said,

“From you? Never. Treat this as my gift. Half of the people in this Main Market where this shop is situated are alive today because of you two. Rudrakumar, Tilak, they will beat me if I take money from you. What will people say? No. Please.”

“Don’t we charge patients? Like others you have also paid for the services we offered for. Then why refuse it when you are serving us?”

“Okay. To whom has the money we paid gone? Do you think we do not know what you are getting, no, what you are ‘taking’? It is so little. You are giving all you earn to the hospital. You

are making The Hospital big. That is helping everyone. You have given me an opportunity to serve you. Don't force me."

There were tears in the eyes of Mrugesh. With tears in her own eyes Vijayini extended her hand for a handshake. Mrugesh took it, touched it to his two eyes, his brow and let go. A traditional Hindu gesture, reserved for revered saints. They had not expected it. The spectacles helped her, only partially. The problem was less acute but not gone. The work pressure never became less.

Vijayini fainted again although this time it was much less severe, mere giddiness. People around her had sensed it early. She had consequently recovered early. For twenty-four hours, with Madhuri, and all her assistants she had been in and out of surgeries. Then it had happened. Loud protests came from everyone. Vijayini did not really lose her nerve but too tired to argue, she kept quiet this time.

The most sinister problem developed within a short while. It began as an allergy over her hands. With the weather warming up, the operation theatre had become hot and sweating had become common. The pedestal fans had not helped. In the long surgeries there would be sweating under her surgical gloves. The hands itched. The itching gave rise to allergic rashes. Large pink-red, swollen oozing patches first appeared on the hands, then the fingers started peeling skin. Rapidly coming on, the large areas of rashes appeared on the wrists, forearms. The arms were affected then fully, within a few more days. Then the rashes appeared on the face and particularly where the mask and the surgical cap came in contact with the skin of her face. These patches were much uglier. They appeared on her chest, and in the V of her blouse also where the stethoscope came in contact with it. Vijayini had a beautiful soft skin. Its complexion got marred.

A search for the allergen was mounted. The gloves were changed. The glove powder was changed. A search for cotton gloves to be worn below the rubber gloves was undertaken. Pradyumna went to the Garden City for getting them. Nagaraj also searched for them in the Capital City. It took a long time to get two pairs. With the cotton gloves made sterile by autoclaving, she would first slip them on, and then the Latex rubber gloves.

"This arrangement has stopped the sweating and itching during operations. But it reduces the skill of my fingers. And it is not helping to reduce the rashes on the face, arms, forearm and elsewhere." Vijayini had observed, half complaining, half exasperated.

The rashes, in fact flared further on legs and abdomen. The Doctor tried anti-allergic and steroid tablets and lotions. The effect was marginal. The rashes had been too thick, involving the depth of the skin.

Chandramouli asked the Doctor,

"Will you permit me to go to my place for a day? I will bring lotions, oral medicines from our Ayurveda pharmacies. I will prepare them myself and come back."

Chandramouli came back. Daily, twice he would come and apply lotions. The ooze would not stop. He would bandage the arms, forearms and even the hands. There was no effect. He suggested a number of modifications in diet to remove the toxic agents from the body. That did

not help. Soft soaps were bought though they were quite costly for them. They had some softening effect but it was still marginal.

For the first time Vijayini refused work. Waves of the news went across; Madam is not well. People talked. People were shocked.

“Do you think I am suffering from something as terrible as leprosy?” Desperately she had asked the Doctor.

“No, my dear. It is a particularly bad allergy for a particularly sensitive skin. It is bad but not Leprosy. We have started refusing work too late. It is going to take a long time.”

She sat at home. It had become more and more intolerable, painful and frustrating to have to refuse work. Three weeks of agony. The allergy would just not go.

“My dear Doctors, I think it is high time that Vijayini should rest now. She cannot do it here. Her agony of having to refuse work when needy people want it so badly, cannot be controlled, if she stays here. That could also be the cause of continuation of the allergy. I suggest that she goes back to her parents, consult a good dermatologist there and get herself diagnosed, treated and cured, however long it may take.”

Sharad had finally broken the ice. Sharad knew that these two characters would never mention it. Vijayini managed to speak.

“His mother suffered over a long period and died. He had to go to her several times; I contracted jaundice I was away for eleven months. Now this. How long are we going to make you and the project suffer, Mr. Sharad? This time we will resign and go so that at least someone who may come can work continuously.” Vijayini was near tears and the Doctors at there not knowing what to say.

“You are being unnecessarily emotional and creating guilt when none really exists and should. If you think we are not aware that each of you is doing about four persons work and the strain you are undergoing, you have judged us badly. What do you think we are? Suckers of your blood and health for the prestige, power and money you are giving to this work and therefore should have no rest?

“Get out of here. Doctor, you are also going with her. The child will have to be taken care of. Get the required medicines, start the treatment. You may come back, at least this time, a little leisurely. During her jaundice you came back in less than three weeks’ time. You did not even attend the naming ceremony of your child on 12th day. When your revered mother passed away you came back in five days. What do you think you are doing? I have talked to Nagaraj. He has whole-heartedly agreed to this. Poor fellow, almost to tears, stoic as he is. He did not even know all this was happening. Go, get lost.”

Sharad had jocularly ended the matter.

Vijayini had become quite a spectacle. The anti-allergic tablets caused heavy sedation. Having rested, under drugs and otherwise, the swollen allergies all over the body added to the weight gain like a pregnant lady. She and Chandramouli were religiously putting on the muddy semisolid paste Chandramouli had prepared. Gauze bandage had to be put from the fingers to

arm pits. She was taking various drugs supposed to remove all the insulting agents from the body. The emollient soft glycerol soaps had apparently caused some relief. One day she had said,

“I think it is the soap which seems to have caused all this allergy. It is advertised so much and is much cheaper. That is why I had bought it. But that seems to me to be the culprit.”

They finally reached the state Bharat Seva office, and met the Bharat Seva officers, who had insisted that for skin conditions Ayurvedic drugs were better than allopathic. The insistence was to consult the most brilliant Ayurvedic Pandit in the city. Carrying all the medicines and the description Chandramouli had given of them, they went to see an old wizened man a few kilometers away from the office. The first forty-five minutes, after the Vaidya came to know that they were both Allopathy specialists, there was a harangue against it. How bad, misleading and terrible the allopathic system of drugs, disease and diagnosis was, it went on. Nagaraj had warned them of it. They had managed to keep quiet despite all this. These were opinions without logic, concrete reasoning or evidence. Many of the statements were contradictory.

The Vaidya's face was glowing, despite its darkness, when he extolled the virtues of Ayurveda. When it came to the diet of the patient the Pandit accused and abused so many day-to-day substances that finally she was left with less than half a dozen eatables for the next four months or longer. It was then that she revolted.

“If you can tell me one study which gives a proof of all your theories, I will accept anything you tell me. Tell me your diagnosis at least.”

“Our ancient, great sages who could see things so well, transcendently have described all this. Allopathy can never think of their wisdom and vision. It is an unthinkable thing to doubt their word against these modern labels of diagnosis. You have asked for a diagnosis when the whole body, dirty as it is, pouring dirt form everywhere, needs to be purified. It has all become poisonous. That is why you are suffering.”

“Are you going to prescribe any medicines or not?”

He gave them a list, suddenly remembering that this is what they were supposed get, after his ‘instructions.’ On the question of side effects, the Pandit went into one more harangue stating that allopathy was the monster that produced side effects not Ayurveda. After one and a half hours, disgusted, the Doctors asked the Pandit permission to go. The old man had exhausted himself but was still in a mood to talk. Something in the manner of the Doctors told him that he should stop and let them go. When they came out, the Doctor was about to throw the prescription away.

“Keep it. We will show it to Chandramouli. He has been kind. He should know. I would like to know his comments also.”

An appointment with the best diagnostician dermatologist could be obtained at eleven o' clock in the night next day. Fair, extremely kind and reassuring, the middle-aged man had systematically asked questions, examined her, made some ointments himself and prescribed some relaxing, anti-depressant tablets. Finally, he spoke.

“The medicines will make it a little more bearable. The real remedy is elsewhere. All your tensions, agonies, strains that have fatigued you, have reflected on your sensitive skin. You need rest and relaxation. It will take about three to four months to heal. Then you will take precaution with your surgical gloves. Do not hurry to get back.”

The Doctor returned within two weeks and took charge again.

In her stay, she had gone to see the Chief of the Movement, she was a second degree relative to. He had visited The Hospital much before the Doctor had joined it. Vijayini told him about the history of The Hospital in detail before and since the Doctor joined it.

“Our real and the direst difficult is the absence of post graduate basic specialists. In all these years not a single specialist from within the state has joined us; not even for a short period. All your organizations in the state, put together have not been able to provide for us with one. The specialist Doctors from the Government District Hospital, some of them our good friends, go to private nursing homes but do not help us.”

When the Chief spoke, the stunning revelation was the width and depth of his perception about their work, so remotely situated.

“When I visited The Hospital, it was clear that they built a big unwieldy hospital building. I did not see any growth and development of it as likely. Not to demoralize anyone, I did not say anything, about it. Like the Narendra Dutt Hospital, where full team of many a specialty, all of them from Maharashtra have come together and dedicated themselves, this hospital also needs specialist Doctors from within the state.

“You have done wonderful work there and The Hospital has grown and will grow further. If you leave the place, even after many years, it will collapse. I had been on a state visit couple of months back. I had admonished those people to provide doctors for your project. If nothing is done so far, I will have to remind them again when I visit the state once again, in a few more months.”

Then he asked Vijayini if she had ever visited Narendra Dutt. It gave Vijayini an opportunity to tell the chief about their refusal to send just one specialist for just six months, during her jaundice, which she mentioned in some detail. The shock on the Chief’s face was obvious. However, Vijayini did not fail to mention how their relationship with Narendra Dutt, the discussions and what they learnt and implemented a great deal from their example and how the place had become so much better. The Chief was satisfied.

“Have you met our Sujit Kumar? He is doing good work through the Seva Nyas. Has he also not helped you?”

“I met him briefly couple of years ago, when we housed Shri Gopalrao and the state top brass for two days. We have close contacts with many tribal colonies and have done a lot for their health in last the nine years. Sujit also sent a few workers to settle right inside in the tribal colonies. They did not last. My husband with their matching wavelengths is close to him and has respect for him.”

The Chief was quite happy to hear the details from Vijayini of the tribal work The Hospital had done.

“Sir, I wish to tell you about the visit of Sri Radhakisan from Bharat Seva, in October last year. He accused our work as businesslike, commercialized and profiteering. The patients spend more money in bribing the Doctors in the District Hospital, than their bill in our hospital will come to. Privates charge five times more with much less facilities. With what money we get, we can meet the basic economic needs of the workers’ salaries, and running of the hospital. But we have nothing spare for expansion or growth.”

“Do you get any funds from the Government?”

“No, sir. Never. All the efforts of the Trustees to make ours a referral hospital through the government have failed.”

“It is never possible to give free treatment without grants, or donations. Free treatment however should never be given even then. It is not considered valuable. Let me find out who this Radhakisan is. How can he call it a commercial business Institution? I will also ask the state unit to raise money for you when needed. It is not at all difficult.

“The Hospital has an ideal structure, notwithstanding the paucity of specialists. There should be many such, peripheral units deeper in the interior. At least a few smaller ones, from where complicated cases, beyond the initial treatments can be referred and treated well as you are doing. There is no need to have highly sophisticated gadgets like Scans etc.”

Vijayini then told the chief about the high-cost capitation fee medical colleges the state chief minister wanted to open in each district and separate ones for each caste. He laughed and was greatly surprised by its absurdity. Reassuring Vijayini that he will look in to the problems of The Hospital, he also asked Vijayini to see Dr Babaji, get the address of a doctor’s organization started in Ranchi, Dr Babaji was looking after, which he said may help in this matter. Vijayini had now taken their battle to the highest level.

Chapter 7

The beauty, bounty and the booty of nature he was witnessing standing on a high hill top was simply incomparable, way past that of Greenspan. The settlement of nearly thousand hill people and the hill was fifty kilometers away from Greenville, in an adjacent district. The Doctor midway had stopped counting the steep, curving and continuously going up slopes, inviting death. The Land rover of The Hospital they were travelling in was strained, huffing and puffing, till they came to a rise which was simply unnegotiable. The army driver with a braying voice, who drank horse rum alighted. After some discussion he uncoiled the iron rope, coiled in front of the engine of the Land Rover, dormant for so long. It had an anchor like the Naval Ships have. He carried it and hammered and buried it deep in a strong tree. The Land Rover, with this additional anchor to its motor power dragged itself to the top of the hill settlement and stopped.

The people residing over the hill top were not tribals, but simple rural hilly folks. The settlement was divided by a small hilltop river. The Land Rover stopped at the eastward bank. Having made an earlier contact, they opened their medical gear, arranged their tables and the staff, now long practiced due to Forest Tribal trips, and settled for their work. The patients started coming in. Nearly forty were treated in about two hours. Devdas then inquired with the Chief of village whether any other patients remain, only to meet a little surprise. The other half, beyond the river had refused to come, demanding that the medical team should come to their half if they want to see the patients. Puzzled, Devdas asked the chief the reason. The chief went in to a serious monologue.

“Saheb, the people on the other side are from a different and lower caste. They are also quarrelsome and have dispute over the land and water sharing with us. We do not get along well. We do not go there and they do not come here.”

“But your road to bigger villages for your needs must be the same. Then why quarrel?”

“No, Saheb. They go by a different route.”

Without a word of protest or anger, flabbergasted a bit, the team crossed the river on a small raft with medicines as Vijayini used to do for the Elephant Colony. There he examined and treated another fifty odd patients.

It was wise to have taken this arduous and dangerous trip. In health statistics, the mortality and morbidity percentages figure prominently as true indicators of the health of people. Their new knowledge was, in remoter places and smaller population segments these two indicators were to be found only sparsely. High complexity diseases were fewer. The deaths and complications around deliveries also were fewer. The real problem of communication could only be solved by Mobile Units for such areas, whenever a serious case developed and needed a good center. Routine grounded health care structure would not help in such remote areas; someone had to go up.

The unacceptable high percentages prevalent, was mainly from better accessible and larger settlements. The numbers added up, to increase the morbidity-mortality indices. The reason, gross inadequacy of the health care delivery structure in much higher densities of somewhat remote population. Added to the revelation that even in such remote places, striking rivalries existed, something which needed consideration about the writing he wanted to do on the health care delivery, inclusive of all factors that operated within it. The thesis had already started gradually shaping in his mind.

The Doctor had plenty of free time. His thoughts had started getting directed to the improvement in rural health and what mechanisms had to be in place for that. There were two things he was struggling with in his thinking about the health care delivery as such. One concern was about those people, the Circulars, Bhanu Pratap and others from whom he had learnt so much more beyond diagnosis of disease and its optimal care, his forte. However, his restlessness was over the perimeter they had drawn around themselves; Primary Health Care. The Circulars, he met in the tuberculosis meet, all of them confined to this perimeter.

There were perimeters within this larger perimeter for others. They did not bother about knowing anything about actions in other perimeters or thought of all these as less important. The totality of the picture fragmented. QLCM was another classic case in a different way. In its smaller perimeter, there was still an inner boundary which no one would be allowed to cross. Drugs supplied, limited to left leaning social voluntary works, not to any others who worked for the same populace. It was deliberately curtailing their own growth, due to their hatred for others. But it was a comfort zone they wanted to be in, period.

He had sent many contacts of such projects to QLCM to build a bridge for better and cheaper rural health care. He neither heard from QLCM nor from the projects whether it had fructified and was helping people. His suspicion was, QLCM had made the same exception it had made with him and refused help to those people, given that the contact was made. The works from a 'Communal Organization.'

He had exhorted QLCM to expand the search of voluntary organizations all over the country, and had promised to help them to do so. His request was to go beyond all the basic tenets of rational therapeutics and actually help such people in finely organizing the entire drug operation as he had created. Nothing had materialized. QLCM was content in converting the converts.

The State Drug action of Gopal was another perimeter within that larger one. Works of Dr Kadri, Aryan and Madhumita was an ideal blend of rural health solutions but they did not have QLCM drugs, nor did they achieve the level of organizing medicines as he had. Aryan had confessed that he had never visited anyone else's work since eternity, but still did not stir out.

To the Circular bulletin editors, he had written to add more topics instead of repeatedly going through the established ideas. Ideas going beyond these were about developing an alternate health model, the aspects around the idea of integration of medical systems, much more detailed exposure about the mechanisms of commercialization of medical profession and ways it could be fought with.

The conditions of the tribals, especially their health, the situation they are in, focusing on causes behind it, and how those thousands of people and projects working there, could be helped. In his sojourns in the tribal belt of India, he had seen dozens of voluntary action projects, doing multiple kinds of work, health care included. Why were his teachers so completely silent or unwilling over this?

Last year, he had invited people who ran small projects, generally a curative service. All of them belonged to the Hindu inspiration. This lot also had never featured in the otherwise painstakingly collected facts by those erudite scholars in the Circle bulletin and others. The wide spectrum of their difficulties and successes similarly were not represented there and elsewhere. Nor were mentioned any similar difficulties from within all the other works discussed comparable to these projects.

He had politely suggested that curative services had serious manpower issues; manpower development, deployment and building quality in them, with particular emphasis on rural manpower requirements. The issue was common to and serious enough, for voluntary, private, even government health services and that it needs to be studied and written about. He had volunteered to write on these aspects for the Bulletin. He drew a complete white blank.

In all these people there was a Eureka sense about what they did. Each one was satisfied for the excellent jig saw piece he or she created. No one was even thinking of fitting the pieces together, nor willing to add all these to the full health care canvas, create a much fuller picture, a totality, a Corporate Whole. His rational understanding was pushing him beyond these limited comfort zones but his humility was holding him back from boldly pointing it out. After all they were his teachers and he could be blatantly wrong.

The Doctor realized that it was a big lacuna. More seriously, it made their writings lopsided, skewed. Exclusion of such numerous works could not have been because of absence of its awareness. That was a bit difficult to swallow. However, there were many indicators the Doctor had by now discovered that pointed out to a bias, a strong prejudice against such other works. A deliberately suppressed information. In his analysis, such works also needed inclusion and discussion, at least in the health work they carried for so long. Developing a mechanism to overcome the difficulties such diverse lot faced needed thinking.

Finally, he decided to put down all he had learnt about health issues in last five years. Areas not covered, diverse efforts and opinions in various areas had to be reconciled in to a larger picture and perspective. Several jigsaw pieces with numerous microscopic contours he had in front of him, had to be joined together. He had a vague idea that such diverse aspects have to be included in whatever writing he might do, writing a Health Theses, and project a full, integrated comprehensive picture of problems and solutions.

The outlines of this work had started appearing in front of him. He had listed out twenty main topics and about thirty articles elaborating on them, as he waited for Vijayini to come back. The ideas of the main topics had flexibility, therefore had inclusivity and dynamism of health work, wherein the principles around which central theme was to be built would recur. And wherever he had made up his mind, over alternative suggestions, structures, models connected with, would be described. It added to the works he was straining for to respond to Ratnakar's

expectations and Sheshraj's demands, but he was not bothered about the vastness such writing would depict.

In one of his letters to Vijayini, he wrote –

“I call it my theses, for convenience. It is the experience so strenuously shared by two of us with others, wherein has gone your sweat, blood, tears and effort, and the laughter of victories. We have set the ball rolling by calling people here. It is our theses, yours and mine. I merely articulate it. The dimensions you made me aware of have contributed a great deal in shaping my thoughts about health care. Yet, I think I am now going beyond, much beyond all of them. And justifiably so. It will be our next joint possession if and when it comes out, after our son.”

Vijayini was to take at least two more months before she would return. This time there was no worry about her, just a four months absence. In this leisure period he decided to spend his full available time on the pending writing work. He took up the task Ratnakar had given him and divided it in two steps. One manual for each group of staff, individually. To his surprise, the pen flew over the paper, minute details of the work for each category just as Ratnakar had predicted. It had depth, and a wide spectrum as it came together. The manual for the medical doctors was the first. It started with their joining and ran in twenty-nine closely typed small print pages. In a similar vein he completed it for each and every department, people who worked there, rapidly.

The second part was to establish how each category of people, A, will relate to some other department staff B, C, and / or D and so on, and how each in its turn would respond and cooperate with the others. It was not difficult but was too tedious a writing. The Doctor knew however that this was the really crucial part of the whole of the manual system. It consumed a full month to complete it. He had collected books on management especially organizational management and behavior of people and techniques and systems used to deal with the same. He felt he had used by now all their techniques, as required to his situation. Nothing more, at least he thought was required. Ratnakar had a thorough scrutiny and had cleared it for circulation and implementation.

Having exhausted himself he picked up his next assignment demanded by Mr. Pandav, which he finished quite quickly and sent it to Patavari. Then he started thinking of the joint demand from Sheshraj, and much earlier by Dr. Raghav and the Narendra Dutt hospital doctors; the organization and its relationship, optimal response and help, to those projects which were run but their own volunteers. This issue bothered Dr Raghav and Co, most, nagging them, making them greatly uncomfortable over it, burrowing their interiors. Two birds in one shot!

After the evening rounds, he would go out in town for a walk, come back and wrote for a couple of hours each day. Initially it was a little slow and involved a lot of thinking. But soon he got in to the rhythm and the writing became easier, and lucid. It was divided in six different parts and under each there were half a dozen sub sections. The wise thing he did was to write each subsection that occurred to him on separate sheets. That helped in bringing together each sub section without deviation and eliminated any confusion there could have arisen. The Hospital manual had reached two hundred pages. This writing finally stood at fifty pages. To it he added a long history of The Hospital illustrating how works can affect the population and serve thereby the organizations.

For a long time, he debated with himself if he should give a description of his own relationship, with his moorings in the Movement. He did write a number of pages about it but did not add them to the original writings, even when he thought it was essential for posterity, when push comes to shove, as well as an immediate reference if the need was to arrive. Painstakingly, he converted this last of it in a theory, as third-party experiences as were likely to occur, in various places. It suited the message to be delivered.

The next on line was the dossier for Raghav on Capitation Fee Medical Colleges.

He wrote to many prominent newspapers to send any material that was published on this issue. He was rewarded. Then he contacted a Socialist leader in Bombay, member of the legislative council. He had the Doctor knew, moved a bill against the Capitation Fee System. He received a copy of the bill moved and to his delight a similar bill based on the first in another large province. Neither bill had gone through, but he had his ammunition. The dossier finally became a forty-five long pages.

Now the only writing that remained was about the health care delivery. To revise his knowledge acquired so far, he decided to pick up the Community Health literature, other books on health care delivery systems, participatory researches and community medicine. Soon, realizing he had internalized each idea in its detail, he threw them aside. The Primary Health Care, was talking nothing new. Repeating the same content for ten years. There were no discussions about what to do if these basic works failed, as they often did under the dismal state of the Primary Health Center System. Each one of them knew that the mainstay of it, the PHC was completely ineffective to run it. Their allegiance, in spite of this in itself was uncanny. And of course, there was no word about what should be done in this widely prevailing situation.

The dominance of Westernized medicine and its technology, cost as irrelevant to Indian Health Care, unsuitable, looked valid. But it was a serious oversight since in mid-eighties rapid and fantastic advances were taking place in diagnostics and treatments. Another factor woven in was symbolic. The Western hegemony so detestable to these left leaning people. No one openly said it. But overt unwillingness of recognizing its power areas, it was a blot on their rationality. The urbans, contributing in numerous ways and considerably to the nation's work needed it, in seriously deteriorated health conditions. Only these advances could save them. Criticizing it was to push these people into a moral dilemma. The same problem, if this is not good what is the alternative? No word about it.

Another detail had surfaced. The new members added to the Circle as a representative of primary care protagonists over the last ten years was woefully low. Some were actually involved for quite some years, had stagnated and withdrew themselves. The majority of others merely talked about all such ideas had no apparatus under them to actualize these ideas. Only The Hospital had done it. That was why, no one talked about how its direct, in field application could be achieved.

Government systems were eons away from even the elementary understanding of the drug situation. Multinational Pharmaceuticals were denounced as scoundrels, but there was no Indian Pharmaceutical alternative to what Multinationals brought to table. Politics in health and its effects, discussed ad nauseous. But their general pro-government stand would not allow them to

criticize the governments. None seemed to realize that an alternative at all levels of health had to be brought in, not just primary care, a limited, powerless and tentative answer.

What alternative for each and every such difficulty? That was the question the Doctor was facing at each and every level of the highly ineffective health care delivery. Alternative was a word encompassing the whole spectrum. It was a little vague, to which concrete mechanisms had to be delineated and then attached and actualized. In the turmoil of these thoughts, he found a word that had specific boundaries, could encompass each problem at each level, defining the need. A 'Model' was needed for each of the deficiency. Alternative Models at all levels.

None of these Pandits talked of building a huge lobby of Voluntary Work in health field brought together as an alternative. Clearly it was their individual egos and their affinity to what they were doing, the reason why these people could not come together. All of them projected themselves as the critiques, as watch dogs and basked in that glory. These people were a myopic, self-centered, egoistic and individualistic, deeply rooted in their convictions that they know all the answers. They managed to get themselves recognized as the people who 'knew.' They were accepted as such from the lowest to the highest levels.

It was all a play of words. Names of the agencies, workers, changed; they were recast. What the Government thought of health care was incremental, it was just tinkering here and there, much of the same that had been trashed around for decades now. Each time the same solutions were presented, couched in new words, as New Wisdom. And these proponents were falling for it, defending it, criticizing and emphasizing in the same breath that this is the only way. Yet, it was clear to the Doctor that these ideas would not work, in future also. He was firm in his newly founded view that newer solutions, experiments were needed.

The real solutions to his mind were an altogether different timbre, forming itself with greater clarity as the days went by. Something he had not seen even as an exception in the voluminous literature and debates. He had started glimpsing solutions much beyond what had been hitherto proposed. One night it occurred to him that Aryan's project where Vijayini had worked never found a mention in those massive outpourings. In a way her project epitomized his own thinking. That primary care needs a solid backing of secondary level care when it failed to save lives. There were in addition more aspects which required elaboration. A replicable model in numerous places in the hinterland. That was it. Individuals backed by the power of society, various organizations working for it. A new model where hundred different and sensible ideas available could be implemented in one place, in every such place.

Yet he was finding himself unable to sit down and write coherently what he knew to be his thesis. He was disturbed because he knew the time to put it down had come. He knew that the pressure inside to do this was mounting in him but he was physically unable to concentrate for more than ten or twenty minutes. Here, every ten minutes there would be a disturbance. He tossed around in bed thinking about it all and knowing the haplessness that had gripped him. He waited for Vijayini to come back.

It was difficult to decide whether his need for Vijayini as a husband or as her as a surgical colleague, which one was greater. These thoughts crossed his mind as he watched the large air bubbles coming out from a thumb sized tube. The young girl had presented with extreme

breathlessness, dangerously rapid pulse and low blood pressure. She was profusely sweating. His examination and the x ray had confirmed fully collapsed right lung. However, this case was unlike so many cases of punctured and collapsed lungs they had treated. Here, the air collecting in the right chest cavity was compressing the left lung, interfered with its function. It would make it completely ineffective in the next few hours, killing the girl. Getting the collapsed lung to expand it, keep it expanded, otherwise it would have collapsed again, was the most important. Only then there would be full oxygen delivery needed for life, and its restoration. A big tube had to be inserted immediately in the chest cavity if the girl had to be saved. So far, Vijayini had done it deftly and easily. Now he had to do the job. He wished she was there to help him.

With his strong need of Vijayini then to be there, he inserted the thumb sized tube in the chest of that young girl, just below the collar bone. The punctured and collapsed lung expanded rapidly within a few seconds. He had done a good job; he will tell Vijayini about it later. All the serious symptoms of the girl disappeared. But, within the next twelve minutes however a liter of blood came out, pulsating with each expansion and contraction of the now breathing lung. Had he punctured an artery? He did not have the surgical skill to control it. Vijayini would have done that in a jiffy. In that case the girl would die of bleeding. A few units of blood however were arranged and transfused.

The girl did not die, continued to improve, except a couple of liters of bloody fluid coming out continued. The several units of blood transfused just compensated the loss but the cause of it was still undecipherable. The thin girl developed high fever. No longer having enough courage and having run out of remedies he called Dr. Siddha, Jayraj's friend and an orthopedic surgeon who used to operate in The Hospital intermittently.

"Doc, we need to put another tube in the chest cavity just above the liver. The top tube will not drain the bloody fluid adequately and we will not know how much blood we have to compensate her with."

Dr Siddha put another thumb sized tube in the lower side of the chest and drained another liter of blood. For five days the bleeding continued and stopped on its own on the sixth day, abruptly.

Vidyullata came to them and informed that the girl was menstruating all the five days. It has stooped now. The Doctor looked at Siddha and asked what to make out of this new information. He did not know. As a last resort he telephoned Vijayini to narrate the whole story. Pat came her reply.

"I have not seen such a case before but putting two and two together I will tell you what happened. A part of her uterine inner membrane tissue must have migrated to her lung. Or a part of the lung tissue transformed itself in uterine membrane. It started bleeding as soon as menstruation started, and burst an airway passage to cause the lung to collapse. It sloughed itself off in those five days after all the blood it spilled in the chest cavity. It is called vicarious bleeding."

"Will it recur and cause the same havoc every time she menstruates?"

“Extremely unlikely. Just relax. But one more thing. Do not remove the upper tube, remove only the lower one. Since the left lung was getting severely compromised the hole in the right lung must have been large. For it to seal off will take more time. Another four days may be. Remove the tube after that.”

Vijayini was not coming back. She had not healed completely. His work was steady, as complicated as ever. There was however a change that had come over the Doctor. Everybody had started noticing his growing irritability, at the slightest variation, when in fact, nothing wrong was being done. It was infrequent to start with and was related to his cases. Soon it started breaking out more and more frequently. It had no basis. The machinery that he had created to do the works was really efficient. They knew their job well, had even learnt long back how to prioritize their own works.

With only medical cases around, their efficiency would give them quite some time to relax. The staff talked among themselves. He imagined it for a deliberate slowing of work, as work avoiding or work neglecting behavior. His voice would rise. But he was denying them the autonomy and liberty he only had given. He would flit around. At home, all alone, he was unable to sleep, remained awake till late. Sleep if at all, came late. He would consequently wake up late. Come to the OPD late. The work used to get piled up. Then he would be unable to get into his rhythm and groove.

The most serious matter, as a consequence, was the difficulty in properly conducting an enquiry into patients’ problems. It descended on him without notice and fully. His examination of the patient had become cursory. In fact, he was forgetting the details to carry it out. He would miss things, then come back, rectify it and then curse himself silently. In the wards, his inability to make quick decisions was palpably apparent. He had slowed down. He would be assailed by doubts if what he was seeing was really so, what he had decided was really correct, what he administered as treatment was really the most correct way of treating a patient. He had started avoiding decisions, leave things to Pradyumna, Chandramouli, even to the four Ayurved graduates, and never checked back any of it. Chinks had appeared in all the areas.

His long rounds for teaching in the evening with six Doctors and all the staff on duty had become too sketchy, without any teaching of interpretation of history, examination findings, investigational results, diagnosis, differential diagnosis, the merits of the treatment, prognosis offered to the relatives. The diagnosis, the most important matter to him, his strongest forte, had become uncertain, shaky, without his confidence behind it. His system had fissured in his own hands. He was finding it too heavy a weight on his brain.

Once Pradyumna asked him.

“Sir, what is happening to our rounds? We are not learning now as before. You can talk on an X ray for fifteen minutes when we think it to be just normal.”

The Doctor gave a defense he knew was bogus and hapless.

“We have not had interesting problems to go in details lately.”

Pradyumna had kept quiet. He was obviously not convinced.

To their credit, both Pradyumna and Chandramouli had sensed these changes. Scared of lack of his backing but they decided to share his work, as much as they could do themselves, so that much less of it reached him. They usually succeeded. He did not bother to find out what they were doing.

This change was linked by the staff to have started after he returned, leaving Vijayini and the child behind. The return journey had been strenuous and difficult. The train was jam packed with army chaps being deployed somewhere on the east coast. Their luggage was massive. He could not eat or go to the toilet for hours or end. An army man, was partially sleeping on his own berth in the train. He did not have the heart to ask him to go down.

As he alighted on the last station after fifteen hours the straps of his bag broke; carrying it became impossible. The next bus journey of nine hours started late by four hours. He did not want to go to the Bharat Seva state office. The bus he boarded broke down at Khushnagar, thirty kilometers from Greenville. With his humiliating strap-broken luggage, he rode a truck in the dead of the night and alighted near the hospital. Tired, broken, he carried it on his head. It took him days before he could partially recover from this dispirited stage, come to the hospital. It had taken him fifteen days to write to Vijayini in any coherent fashion.

“I know I have not been able to protect you from all your strains. I am just a wretched fellow; brings only unhappiness to all. There should be a limit. I try to do everything I can for everyone around me but cannot make anyone happy; I try to minimize the troubles for others only to get rebuffed.”

The Doctor’s self-abnegation, self-denouncement, his frustrations, his tiredness did not have an iota of truth in what he wrote. He should have written about his deterioration as a clinician. By avoiding it he was again lying.

One thing led to another. A diabetic woman was behaving irregularly for three consecutive afternoons. Ordinarily he would have diagnosed this as a situation of low blood sugar from a thousand miles. This time he did not, could not understand and tried to think of what could have happened, but could not come out with the solution. On the third afternoon the patient attacked him in his low blood sugar state. The Doctor slapped her. There was a scuffle. For some strange reason, the patient quietened, lay flat, and lapsed into coma. Pradyumna and Chandramouli rushed in. They started glucose intravenously and lo and behold, in twenty minutes, the woman woke up smiling but somewhat dazed.

The agony of having missed such an elementary matter was severe. He shut himself up for the day again. No one knew how to deal with him. They all kept quiet, holding their breaths when he came back the next day.

He had admitted a high-ranking police officer with an abscess in liver. Many important officers and people would come to see him. He had been in the past adept at handling them and the pressure it would create. But now he found these people irritating. Unnerving. He started taking their genuine and polite enquiries about the recovery time negatively, as if it was being challenged. He knew that treatment with nauseating drugs would need four weeks for full recovery. His abrupt and somewhat angry response reflected adversely on him. Then he would

start doubting his own diagnosis, the recovery time he had told those people, uncertain about the side effects he knew well, and vacillate over the slow recovery. This vacillation resulted in the inspector finally requesting an early discharge. In his anger he left it to Pradyumna to discharge the fellow.

The worst crisis took place a few days before Vijayini came back. A young lady, admitted in late night, died in the early morning, because of all kinds of serious problems she had come in. Someone in the crowd accused him that the death was because the catheter had torn the bladder. Instead of explaining all the complications she had come in with, in a preterminal stage, where saving her was an impossibility, telling him that he had visited her five times in the night to see what more could be done, he burst upon the person with white anger, completely uncalled for.

“What the hell do you think we do here, kill them? Now that you have raised the doubts, I will demand for a postmortem to prove that she did not die because of the catheterization. I will not release the body.”

Contrary to his usual balanced approach he hastily drew a note and sent it to the police station. This was not a medico legal case and required the consent of the relatives for post-mortem. Sensing that there was an opportunity to squeeze somebody’s balls and extort money, the police station descended on him. A fat bellied Brahmin inspector Datta, came down. He was a diabetic and Doctor’s patient. He went about talking to the relatives. The relatives sensed that a postmortem would delay getting the body.

“We have received a request for postmortem. Now we can’t go back.”

With eyes bright with the prospects of heavy monetary extraction sub—Inspector Datta was in full form. He was threatening despite the provision that if the relatives did not want a post-mortem, they could say so and refuse. Datta was literally overriding on them. The relatives, ordinary villagers, started vacillating, they did not realize that their refusal was all that was necessary to avoid post-mortem. Inspector Datta made it appear as if post-mortem is a must and will be done. Hints at substantial bribe of money scared the poor villagers. They did not have enough money to even pay the one day’s hospital admission.

The word got around. Local leaders of political parties joined the fray. The girl who died belonged to the warrior Kshatriya class and all sorts of people belonging to that class came around. The immediate relatives had started getting scared. Then the others took the lead and tried to take a superior position and tried to placate the Doctor on one side and the police on the other. Angrily, the Doctor rushed into the crowd and said,

“These fellows are accusing me and my officers. I want a postmortem. Let there be no doubt that she died because of her own disease.”

Radhesham and Achyut also came down as did Sharad. No one else except the Doctor wanted a postmortem. It was ridiculous and unnecessary. When there were enough and more illnesses for the patient to die and a death certificate could easily be given for natural diseases and causes, why insist on post-mortem? How to retrieve the note back, was the next issue. Had the police entered the note in record? Who can go and find out? If they had, it would make matters extremely difficult.

The matter had by then reached the Police Superintendent's office. Radhesham, Achyut and Vardhan the local Congress heavy weight, started doing the rounds and maneuvering and saw to it that the note is not brought in to the police records. Then they took the fuming Doctor to the Police Superintendent's office, who placated him. He called Datta and said,

"The Doctor is hurt by the relatives. The girl died because of a number of complications, a natural cause death. A death certificate will be issued. Give back the note and withdraw all proceedings. These people who run the hospital, I know them. These relatives are fools. They don't even know what good care they get. Close the matter."

That incidentally was a fact. For the night prior to the death the Doctor had stayed up in the cold till four a.m. trying to minister the patient to get her around. He had gone home late. Pradyumna had gone to the house personally to wake him up, urgently; he was scared the patient had died. Empty in his stomach, unkempt and disheveled, woken after just an hour of sleep, the Doctor had rushed; he had struggled a lot for the girl. For him it was his personal defeat. He should not have taken it up in that manner but he did. The accusation that the catheter killed her had come as a final insult over his sense of defeat. The mistaken step was taken.

It took the Doctor a few hours before cooling down enough, to realize that he had acted in haste and overreacted greatly, and committed a grievous mistake. Now he had to repent in leisure. He could have threatened them with postmortem and got them around to sense. He was tired, fatigued, on the edge of his sensitivity. When the Superintendent of Police started talking to him, he realized that had it not been for Radhesham who gave a regular reception to all such high officers, that the whole unnecessary exercise would have blown up and caused much greater trouble. Priority, proportion, purpose, sensibility, and, positive attitude! These were the hallmarks of his ability and behavior. He had become an unbalanced individual. He swallowed this entire instance in shame, shut himself up for long and tried to recover.

Severe hyperacidity developed after this instance. He had been once admitted, long back, to his own hospital for it. Now there was constant burning in the stomach, all along the food pipe, making him uncomfortable and irritable. Food aggravated the burning; the less he ate to avoid that, the hunger therefrom made him more irritable, to the point of being abusive.

In any crisis, in the gravest situations in the wards he had never, so far, lost his clinical acumen; and on the other fronts, his poise. He kicked out so many of the doctors and the staffs coolly; during the agonizing period of Vasudev when both Sharad and Nagaraj were so nervous, he had not lost his nerve, and his cool and calculated manner. He had simply ignored a dozen powerful bosses coolly and stoically faced his ostracism and isolation with a nonchalant indifference. He was completely and fully confident that the organization will and will have to come back to him, swallow their own boots, realize what they had done was wrong. He was to win in future and prove prophetic. That was the time when Sharad had become angry, hasty; Nagaraj had got worried, losing his usual equanimity. It was the Doctor who had given them his strength and the courage of his conviction then. Such situations were numerous, which he faced like the Rock of Gibraltar. For seven years he had held The Hospital together, under grave difficulties. And now, he was unable even to hold himself together. Small things were defeating him totally. He had become a complete wreck.

He had taken his own way out of his misery and his inability to cope up with things. He went out to attend a conference of Ayurvedic Therapy for uncontrolled epilepsy, fits. His lone friend in the main Movement, Sujit, wanted him to attend the conference and contribute to it. The second invitation was from Bhaiya Gangal. One of his deputies, Jaishankar was getting married and then proceeding to Manipur, to carry on Bhaiya's work. The idea was to open schools and try to keep the Manipuri people in contact with the mainstream, mainland India and prevent secessionist tendencies among them. He decided to take that also in.

In the conference several speakers presented their work and treatment of uncontrolled fits, despite several allopathy drugs were given to control, all those had undergone a full repertory of modern Allopathy to control these and had failed. The speakers pointed out how the fits were brought under control by Ayurvedic drugs. None of them had more than three to five cases; The several types of treatments, personal attention, proximity, and talking to their patients, could have been a strong placebo effect in controlling the fits. It could have fulfilled the need for attention, ameliorated some of the internal stresses, that could have been the triggering factors for the otherwise uncontrollable fits. But they were miles away from the physical cause, and reasons for uncontrolled state, scars in the brain. Instead, there was a eulogy of the holistic approach of the care, but very little concrete evidence of science. Unable to contain himself he had risen to speak towards the end of the conference.

"I cannot understand why so much boasting over these, limited number of patients. Taken together, you are talking of not more than fifty cases. Your cure rate in such a small sample is sixty percent. But you are talking as if some fantastic achievement has come through. Cure rates in allopathy reach 98% in the hundreds of patients treated daily. The incidence of epilepsy is two percent in any population; in all sixteen hundred thousand cases in India. Our drugs are somewhat ineffective for only two percent of all cases, in whom the attacks are only partial, abortive and mostly a minor nuisance for a few minutes before normalcy and are infrequent. Never full-fledged. Their daily life undisturbed. This is the power of allopathy.

"As an allopath I congratulate you for your successes, and your treatment modalities, we treat with respect. Yet, contrarily, I see an unmistakable and strong tendency of morbid pleasure to demean allopathy as useless for its occasional failure and all praise for Ayurved for their occasional success of controlling just about 30 out of 50 cases in an All-India level conference. That is not proper..."

The Doctor would have gone on. But he sensed that he had dealt a very severe blow to the self-image these striving physicians had created around themselves and basking in. Suddenly that esteem had gone. They had been reduced to fools. He had retorted because these characters were demeaning his science, the thorough, painstakingly researched science, delivering a vast array of details where people had spent years to arrive at simple, large truths backing them with sound research. That had angered him.

He sat down hurt, and for having harshly hurt them. It was unnecessary and he indicted himself once again about his unbalanced state. He wanted to deliberately destroy their self-image to pieces in the interest of science, to save them from their own wrong stuff; reprimanding them not to propagate half-truths, illusory rays of hope for the sufferers, for preventing them to be

lured unduly in a trap. He knew that he had over killed. During the concluding high tea a few “modern” *Ayurvedacharis* had crowded him. One of them expressed clearly, unhesitatingly what he thought of the matter.

“Doctor, you have put the things in correct perspective and saved some of us from being overzealous over our meager powers. These ‘oldies’ these ‘*pandits*’ sitting over there on the dais, have a strangle hold over Ayurveda; they protect it from being tested in modern ways. They will never listen, because they know that if they allow this scrutiny their high stations are threatened. But it is good for us, the generation twice removed from them.”

He was keenly aware of the need for good research in it and the unwillingness of these obstinate oldies, to submit it to such scrutiny. He had discovered the mechanism and their tactics to keep it shrouded in mystery and parade it as ancient wisdom. Denigration of allopathy, appeal to occultism. He had discovered the focal point, the central core on which he would now be able to write, to bring the reality about Ayurveda to the concerned Indian mind and put it in its true state before the people. He made a mental note to undertake this exercise when he went back, with the help of Pradyumna, Chandramouli and others and to include it in his ‘Theses’.

With Bhaiya, on his way back he had a good time. Jaishankar, a volunteer, belonged to a cobbler community of Maharashtra. He had absorbed the culture so well. It brought him and his wife to this tremendous sacrifice willingly and was confident of himself. Jaishankar like all others before him, had neither the guarantee of money, food, nor safety of his person, no clarity over the backing he would receive in Manipur. He was prepared for that. The Doctor knew that much had been said about the great leap he had taken to catapult himself on Greenspan, and of his sacrifice. He thought Jaishankar’s sacrifice was a much greater one.

Blessing the couple, had put his hand in his pocket and except for the money required to take him back to Greenville he put what few hundred rupees he had in the hands of the married couple. Tears came out when the couple bent to touch his feet.

Three and half months had passed after Vijayini’s departure. A letter was awaiting him that said that she is now all right and would start from there as soon as reservations on a direct train are available.

Chapter 8

Vijayini's arrival was a tremendous relief for all the doctors as well as the staff. They knew that the only person who could help their doctor and buffer him from more irritability, was Vijayini. Together and differently, they gave an account of what all had happened, including the various instances and about the state of the Doctor in these four months. Vijayini did not even allow the slightest suspicion of the Doctor to develop that she knew what had happened.

With their two-year old son between them, he had opened up his mind.

"My dear, can you allow me to go for a holiday, two months from now? The greatest reason for me to go out is, I want to put down all my thinking over the last six years. About what we should be doing about the problems of health in India. In your absence I have spent sleepless nights thinking over the thesis I have now developed quite in detail. Ours has been a concentrated experience with tremendous hardships, experiments, and the models we have handled. The thesis will be a result of all this work."

The Doctor then went on to narrate everything he had thought of, in particular the limitations of the ideas of people, published and worked on till then, in the primary care sphere, that they were stuck in their own rhetoric. No new thinking, no widely demonstrable, and consistent results. In practice there were hundred other aspects, no one talked about, as important as any other. There were contradictions in their thinking. Ayn Rand had famously said, 'Contradictions do not exist. Check your premises.' They were not checking their premises. Only minor alterations, tinkering. Not alternatives.

"Alterations and no alternatives?"

"Alterations? Like stitching the seam of an old tattered pant, that has come off, or sew a few buttons or holes for the buckle strap. What is needed is a new pant, the alternative. Taking the whole of health care together and present a Corporate Whole as I am fond of calling. Alternative, reformation or reorganization or restructuring are the proper words."

"Aren't you doing injustice to those very people who have taught you so much?"

"I do not understand their disdain for curatively oriented projects, with power, as we have, and hundreds of related matters, in every aspect attached to it. Will you call going beyond their ideas as injustice to them? 'Health For All by Two Thousand,' the slogan will fail. We can't wait that long."

"When did you change your stance?"

"During this long absence of yours. My sense of gratitude for these people, held me back for a couple of years to finally call their ideas too inadequate. The pressure to write out the thesis of the alternatives has become overwhelming for that same reason. I am restless under it."

"How long would you be gone? What will you do in this period?"

“I have not thought it out fully, yet.”

“Four thoughts are uppermost in his mind. One, the larger aspects of health care delivery as a whole. The activists certainly know it fully well but did not ever elaborate. The second but a little diabolical thought is even more unsettling. These Pundits have consciously kept out and rejected any considerations for anything beyond primary care, because they truly did not want the problems to be solved at all. The very people who criticized so vociferously politicians keeping the problems alive, in order to make their presence relevant and necessary on a continuous basis. My repeated efforts to solve the Tuberculosis problem of the Mongols, had failed, just on account of this reason. I did not want you to know these thoughts. You did feel her friends were insulted. The Pundits are cushioned in their armchair critiquing stance. Hardly anybody was doing hard work, dirtying their hands to solve problems as the two of us have done. The third idea is about finding more about what people outside this pail thought or were doing. Successful people, helping people to save them from grave illnesses. He wanted to listen to their thoughts and ideas, to expand his own horizon.

“The last thought is to find some other forum where his ideas could be expressed. The Chief has directed you to Dr Babaji who was looking after the Nationalist Medicos. After your return the invitation for a National Executive meeting arrived, the meet two months away, in Bihar. I have a vague sense that this could be a forum I want.”

If he had to go there writing the health thesis out was, a preliminary condition and absolute necessity. For a fully comprehensive expose, he had to find a place where he could do it, undisturbed. In the regular hospital turmoil, all he had managed was to just list out various issues.

He had completed the job of internally organize high complexity hospital work. His manuals of operations. The writing on the relationships between organizations and their projects and the capitation fee dossier was completed when the work was low, disturbances much less. The Health Thesis was a big job.

After a few days, he told Vijayini about his need for an undisturbed place to write, and a series of people he wanted to meet en-route to his intended travel to Bihar, for forty-five long days. From the word go, it ran in serious disagreements with Vijayini and Sharad.

“What will you gain, going all the way to Bihar, two thousand kilometers away, meeting people who have such few ideas about the health sector? Far too less than you have? Will they benefit from you and you from them? I do not think so. The same objections to the series of people you want to meet”

“I agree. Yet, I think it always helps to talk to people who have done work for years in varied circumstances.”

“It is a lame and useless excuse. Sharad also said the same. In all it will be four thousand kilometers or more. You are in bad shape and it will be terribly exhausting.”

The matter hung in the air with serious unease between him and Vijayini. Both, were playing games with each other. He was hiding the fact that he was tired, he was making terrible mistakes as a clinician. He wanted rest. For the last seven years he was the only continuous presence in all the torrid situations. He had seen everybody through all the crisis and sailed his

ship with the flag floating high. He had taken his mother's death stoically after the initial revolt against his failure to save her. He had always stood there, like the Rock of Gibraltar. Neither Vijayini nor Sharad wanted to recognize these as the causes of his fatigue and he did not want to say that the fatigue was as important a reason for travel. Without his knowledge, she had also spoken to Sharad who also knew what was happening with him. Vijayini wanted him with her. For four months they were away from each other. Now she did not want him to go away from him for two more months. In the game they played she did not want this to surface.

She had spoken to Sharad, who had an additional remark to pass.

"The Doctor has become a weakling, fearful, does not want to face the work, the responsibilities."

To that she had wholeheartedly agreed, causing her further resentment towards the Doctor's travel idea. There was an elephant in the house. What Sharad in particular did not say but strongly hinted at was the loss of finance, due to the loss of work, in the Doctor's absence, against things he wanted to do, which were pretty much useless, to which also Vijayini agreed.

Vijayini wanted him around for making up her four months absence, away from him, just like during the pregnancy, for months together. She was hiding that. She had been told each and every thing he had bungled up during her absence. Both were rationalizing their view point; but the logic each one of them were extending was incomplete and facetious; clever without much truth.

After a couple of weeks, the Doctor took it up again, for the first time, with Sharad and Vijayini together.

"The pressure to put down my thesis is unbearable, leaves me absolutely disturbed, unable to keep quiet, concentrate on other matters. I have to get it off."

"Do it here."

"No, I can't. it is impossible. Why don't you two understand?"

"In Bihar, I expect to meet nearly thirty odd socially conscious Doctors who want to do something more concrete than just practice. I might be able to help them. I never gained a foothold in the various organizations within and outside our pale, I worked with. For the first time I am getting an honorable place to express all my ideas, on a national level, however insignificant the organization may be."

It did not have any effect on either. The Doctor gave them his entire itinerary. They did not seem impressed. The only thing they were not ready to accept but was truly at the core of the situation, was the psychic, intellectual exhaustion and the extreme physical tiredness of the Doctor. Neither mentioned it, and he did not claim it as probably the most important reason. Rest of it was a hogwash. Days went by. Finally, the approval came.

"My parents will be coming here shortly to avoid the inclement, stuffy hot, weather. You can go after that." She declared.

She knew what her husband was capable of. Yet, without agreeing to anything the Doctor had said, a curt approval was given for a forty-five days travel, on his own money. He thought his

mother-in-law was deeply unhappy, probably because she thought that he had dumped his wife, their daughter, on them again, just after her four months stay. Vijayini's long stay could have caused similar sentiment in her brother, unhappiness over his refusal for months about Vijayini's travel during pregnancy, adding to it. He would desert her, as he had done on so many occasions before. His father-in-law probably was more sympathetic towards the Doctor's strained fatigue and need for a holiday. After a reasonable period as the parents settled down, he left.

When the Doctor alighted at six in the morning next day, after ten hours of travel, on the bus stand he was not at all fresh, but at least wide awake. In the first one hundred kilometers it was a crowded bus, village men, women, children, their ungainly luggage pressing him all the time, from all sides. The ride was bumpy. He banged his head on the window glass numerous times. Later the sleep was fitful, till finally, exhausted, the Doctor had slept off for a few hours.

What had gone by the day he boarded this bus last night was fresh in his mind. He had collected all his workers for a meeting. He had given them his mind.

"I have come here fourteen hundred kilometers away from my house, leaving everything that I liked, everything that could give me a much less strenuous life. I came to help the poor people, make them better health wise. Our hospital is no longer a simple hospital but a prestigious project because of the work it has now created.

"Many of you, who have been here for long, know how bad our situation was till about six years back. An ordinary practitioner was considered more reliable, than us. People had called it a graveyard. Now the situation has changed.

"All of us have worked here undauntedly. You have learnt a great deal; we taught you many skills. How to work, work neatly and cleanly, becoming better every passing day. You have made the project so much better.

"I have poured my sweat and blood over here and so has your Madam. So have others. I am so much one with all of you. With each and every brick, mortar and the mud and the stone, each item we have here, I am one with it. Now I am tired, I want to go away. I want to rest. I am going with the message of this place to interact with the rest of the world. I am leaving in your hands what I have nurtured with my blood. I want each one of you to work not as well as you are working, but better. Better, even when I am not there. I am sure you will.

"Uphold the prestige of this place. Even by mistake, by oversight, by negligence, even unconsciously, you are not to make mistakes. Even if I am two thousand kilometers away, I will become uneasy if I sense a mistake, and I can sense it. Like the God Indra, the one with thousand eyes, I will be watching you from a long distance. You will not know that but I will see everything. The people we serve are also like the thousand eyed Indra. They watch us; they will watch you even more closely in my absence, even if you do not know, to see how you are doing your work. We are not to allow them to find a single fault. And if someone of you deliberately tries to foul the work here, I will know it then and I shall come back and hammer such a fellow. I shall know about that, be sure of it.

"I am leaving with you, my heart here. Do take care of the patients, or I will suffer more than you."

With many examples, incidents from the past, he had gone on speaking, as if this was his last speech, the swan song. He spoke in chaste, unadulterated state language, originally not his, without using a single word from any other language, for an hour and forty minutes. He did not know what effect he had on them or on himself. He was too dazed for that.

When he entered the premises of the *Suraksha*-Safety-Hospital, four old buildings greeted him. The high wall of stones that made the compound gave it a peculiar appearance of an old but preserved fort. The flat-topped row of rooms on right hand side looked like an outpatient, the middle building the wards, X-ray department, and a laboratory, situated within that. Two more small buildings looked like sundry departments and nursing school and quarters. The most pleasing was the large number of patients, not exactly poor, but obviously the right kind who could get in that place a good deal, even with their limited amount of money. In the busiest of their days The Hospital would not see so many of them. On most faces, illnesses that had chronically sapped their strength, were writ large. But there, in The Hospital the patients came with serious disorders and one patient apiece was capable of taking the sweat out of many people.

Dr. Huparikar and his chemist and druggist, the secretary of the hospital, Mr. Pandit, came forward to greet him. Both had participated in their ninth anniversary function. Huparikar was a practicing private physician, and in charge of the hospital, he would devote three or four hours a day for this thirty-bed outfit. Huparikar had repeatedly asked him to come and see The Hospital and ‘guide them.’

As expected, they showed him around. For the kind of care that was expected they had everything they needed. A panel of physicians, surgeons, gynecologists, qualified paramedics. Weekly twice, these specialists would do what they wished to do or were required to or could do. All of them had more lucrative practices outside in the big city and none had any psychical involvement on a full-time basis. But there was one great element here, there was work in this place. And he was expected to ‘guide them.’

Guiding was not exactly a pleasing proposition. You can talk through, till your mouth goes dry and tell them number of things to be done. But you had to have somebody who understood what you were trying to tell them. Someone who will have time and authority enough to spend and start doing those things, hammer them down on everybody, make them listen and act accordingly. Such persons the Doctor knew from experience, would be conspicuous by their absence, rendering the prospect of guiding an empty talk.

All the staff, including the specialists, without exception assembled for a meeting at 11.00 am. That was a little surprising. The Doctor then requested that at least one person from the various disciplines and departments should say something about the work they did, what they felt about it, expected from it, and about the project in general or overall. They had given him their share of complaints, but there was nothing positive.

After forty-five minutes of the session of complaining about every conceivable aspect of working, and problems they genuinely thought important, which they could not solve, the Doctor, rose to speak. He was keenly reminiscent of his day in Delhi when he had a big lot of disgruntled representatives of the pharmaceutical company he then worked for. A pattern had emerged then. A pattern had emerged now.

“Your day to day or routine problems, are also faced by each one in this country because of a lack of work-culture, common to all. But there is another side to it. None of you are willing to take direct responsibility of solving them. You want somebody else to solve it. I do not mean that any one of you should take everything on him and try to solve it. That is not necessary. That is not the solution either.

“The first thing I would strongly suggest is to make your indoor rounds teaching rounds, every ward personnel compulsorily attending it. It is about explaining everything about the patients and what you do for them. From symptoms to treatment, the whole spectrum explained. In just about four months, your principal complaint, ‘nothing happens as desired or needed’ will more or less disappear in wards, the most important place in any hospital.

“A group is needed to spend a little time after their work is done. You have heard yourselves. The most common factor that emerged is, ‘nothing is done the way it should be done.’ One basic question is, are we ourselves adhering to what we expect others to do and do our job as well, with consideration of those others? No one need answer that. Number two, do we realize that we are not a medical college and traditions have not hardened so much as to require only oral instruction and tradition for smooth functioning. We are a new project. We have to lay down first a system, then a process and hope to convert it to tradition. At least the vision should be set at that. Then we can solve these problems. They say precept is better than preaching, but in India it does not work since precept is generally absent, or even if it is there.

“We have imbibed certain slave tendencies of *Babugiri*, a ‘clerk like attitude’ from our rulers, present and past. We are accustomed to obeying written word; however, we silently and simultaneously resist doing it. We solved these very problems we were facing then, and you are facing now. We developed an extensive written system of manuals and it has worked very well. Try that. Dr. Huparikar and the Secretary Saheb Pandit have seen the system. I have given them a copy of it. Read it, and adapt it; it will be easy. Please go through it. Then you can apply those by developing your own set of manuals here, for your set up.

“Then you will learn to fragment all your work in patterns in various units, establish a sequentiality, and take responsibility of sewing up a small torn edge at a time. Do not go for all solutions together. Take a few crucial ones that will have a general or a long-range impact on many other functions at a time. Slowly if you build, align each sewed up the edge to the other edges so that the cloth starts coming together and can be straightened you will do well. Place yourself at the center of the problem and bring out a solution.

“Remember one thing, I have about one sixth the number of patients than you have. Without hurting the pockets of a poor man by charging low, I have created a fortune. If I had this number to treat, we could make so much money as to put all others out of business in fair, moral and ethical competition. I do not endorse any legitimacy to your attitude. It is your inability to convert this mine of gold in nuggets.”

There were two things the Doctor was absolutely certain. No one will come to see how their system had developed and how to adopt it. The second thing he knew, he had identified each and every of their real problems. In his talk about it, he had left them an uncomfortable lot. He did not however feel that anything will be done about the solution.

As he came to his next destination twenty miles away from the first, nostalgia overpowered the Doctor. Like all busy bus stands this bus stand also had its own charm. He remembered the earlier older building in a corner. The new one was much better. The large campus of the State College, the slopes of Gulmandi, with its elite houses, then the flattened road, Laxmi Theatres where he had seen the stunt pictures of Dara Singh in the sixties, had passed behind. From the bus stand via the station road, to the main street, main bazaar, the Vijay Theatre, clock tower, the book seller who used to sell the Phantom comics; they were all there, somewhat modified, much more crowded.

The dusty atmosphere he had seen twenty-three years ago was the same. Of the eight roads that emanated from the Clock Tower Square, he correctly identified the small and slowly climbing road, the tailor lane, the same old houses lined both sides. At the top, the left road slowly sloped to the second clock tower square. His school for a year was near it. Exactly the 6th house on the right was the famous shop of Mishra making a sweetmeat called *Pedha*, made of milk concentrate, mixed with jaggery. He went down another road steeply climbing down towards the house of Kanitkars he was going to meet. In between he crossed the home of a lawyer with whom, his grandfather then was friendly, learnt this then alien language and taught him the same in return.

It was lovely beautiful town situated at the bottom and slopes of seven encircling hills, salubrious in weather. In that school he had learnt about the affair between their beautiful lady teacher who would always leave the right breast substantially uncovered, with the rat like small master, with a hole in the ear that could hold a pencil. He was just no match for her. He had learnt most ugly words there, staged and directed a drama, read Ranjit Desai's four hundred-and-thirty-two-page book 'Swamy' in one evening. He had entered his sticky adolescence; became a big boy who could in rains pouring down, take a cycle and shop for the week in the whole sale market three kilometers from their home.

"Whom do you want to see?" Twenty-three years ago, this same girl had asked them the same question. The same pale white letters and off blue board that said Deepak Coaching Classes in Mathematics and Science, the means for life of Kanitkars was still there. Apiary boxes, the garden, the small fountain, the same old house; everything was same as it could be over and across the twenty-three years.

He sat across Mr. and Mrs. Kanitkar, his old, affectionate *Mavashi*. His mother and Mavashi had taken their BSc from Wilson College in Bombay. There were no discontinuation of relationship and the affection over twenty-three years.

"Nanda got married to Mr. Subjiwale. They asked for her hand, despite being way above us, in economic terms. Mukesh went to Assam as a full timer, returned, got a job in that school our Movement started. Can you see the place? You used to play cricket on that ground. The school has not developed that well. It pays poorly. He is looking for a better job. Prateek has also gone a full timer and is unlikely to come back. He does not want to. Mahendra has become a bank officer. Your uncle has folded up the class. We do not need much money. Our children are well off. I have developed rheumatism and cannot do much. We relax.

“A year ago, before your mother died, both of us had gone to see her. She was a fine specimen, hollow with diseases, sharp in brain, as widely open in her mental horizon as she was when we were together in Wison College. We knew you were in Greenspan; we did not expect you to come here. But your arriving to this house signifies and seals everything. Twenty-three years! Now we are old. It feels nice.”

“I still recollect this room, with Jagannathrao sitting here, remember his fiery speech in Kalpeshwar Maidan. What a speaker! Even the best in India would pale in front of this Niagara of a speaker.”

“You boys lived an intense life here. Rain, cold and hail storm. Do you recollect the hailstorm? Wonderful!”

The talk had gone on. Kisanrao, Mukesh, Mahendra, everyone came. Nanda recollected how Mukesh had pushed the seed of sapota up his nose and how difficult it had been to take it out. Then he left.

His happiness was marred by the poorly run school his Movement had started. Mukesh wanted to go to another better paying school. The only likelihood being a Christian high School there. This was the tragedy of their projects. The sacrifice such people were offering was not rewarded adequately financially, neither was their quality a cut above the average. The latter was hurting the Doctor more than anything. There was no ability within these works to wipe out circumstances needing sacrifice; the expectation in return was just a little more decent life. A new thought line had entered his thinking. Our projects need not be, should not be, based and supported by someone's sacrifice. It puts them in a quandary of no growth. We should revel in plenty and then say, we do not touch it, or as required, we will use it for everything we need. For it the projects should be growth oriented the direction he had given to The Hospital from the beginning. It was worth coming here for that one revelation

The Doctor walked back the bus stand two and a half kilometers with his two heavy bags. From there he caught his next bus to the State Health Institute. It was situated higher than the general level of the flats of its northern region, the air much cooler and purer. The Institute was a large flat land with many single storied buildings, some large some small, and had a radial connection to the main hospital building.

By now he had grown familiar to the flats of northern part, irrigated, agricultural, affluent. Solid fisted, double boned farmers, healthy people, a sense of satiety, greeneries, granaries, canals, standing crops, crowded old styled houses. They were all similar.

As he neared the main building, he was received with a polite gesture and was greeted in his own language. The nurse who welcomed him in the building was in her fifty's, kind and compassionate in a white spotless sari. It was the OPD Hall and quite a few patients were sitting but there was no crowd. There was a card system operative and patients were briskly given the cards and taken away to different Doctors. The attendance fee was a ridiculously low, a quarter of a rupee. The nurse was obviously the head of the section.

“I have come to see Dr. Sharnadhar Sir. I had written to him that I will be here on this day and hour. We have his letter of confirmation also.”

He extended the letter. Without even looking at it, the lady took him to an oblong chamber with two examination tables on two sides with gloves, proctoscopes for anal examinations and all other equipment required for a surgical examination. Between them there was a large table, placed along the room length, clean, uncluttered. Dr. Sharngadhar in his seventies, fair, crisp, tall of body and erudition, on the thinner side of things, a large forehead with lots of wrinkles, was looking like an Englishman. He was examining patients. An old enough nurse exactly like the one who couriered him in, was helping him, an intimate easy association of two people who have worked together for decades.

Dr. Sharngadhar motioned him to seat and said that he will be free in about five to ten minutes. There was no mistaking the skill of his long surgical fingers, and the thoroughly competent manner. He was from Goa, had done his MBBS from Bombay, and had completed his surgical training in England. Then he came back. He formed a trio with two other doctors and decided to start a sanatorium for TB in this salubrious, clean, dry aired, ultra-rural place in 1945. State Health Institute was a large and famous medical center today. Dr. Kakatkar, his first colleague, was a fine Doctor but had died early. Dr. Hujurbajar, the second of the trio also died of tuberculosis in early age. Thus, Dr Sharngadhar had to carry out the responsibility of the project they had started. He had to develop it in his own imagination. He was a close friend of Dr. Babaji, one of the most highly placed organizational man, also from Bombay.

As he had promised he freed himself from his work after completing it, in just exactly ten minutes and said,

“Come along, Doctor. We will take a round of the place before it becomes too hot for all of us; so, you are the chief Doctor of The Hospital in Greenspan. How long have you been there?”

“I am there for last 7 years by now. My wife is a surgeon and has been there for last over four years.”

“That means you married after you went there. It is rare for a surgeon to marry a physician and go to a remote place where the first and the last thing you have is a difficult life and much less money. But that is remarkable. Convey my regards to her.

“By the way the first thing I want to know is what brought you here. I remember a letter I sent quite some time back, in response to yours, nearly a year ago saying that you can come here anytime. That is not enough of an explanation. Our beneficiaries, people from funding agencies, foreign and Indian, even documentary making media come to see us. But, hardly ever we get people, themselves running social medical service projects to come and see or ask us what we have been doing.”

The malady was same here as well.

“Sir, I have been visiting projects wherever, whenever possible, successful, not so successful, badly running. Study the project, discuss with the persons running them, their purpose, emotions, logic, their achievements and failures, the reasons behind all of it. The manpower development methods in particular, since we have had a long draught of it. The interest is in studying the method in which such projects are run day-to-day, monthly, yearly, their special and long-term activities, achievements and development.”

“My dear Doctor, that is a long question paper you have given this old man. But I am glad that someone is there to ask these questions. Normally people do not think. They question even less. I will happily answer these issues. We will see a couple of peculiarities of State Health Institute first and the institute itself; then we will retire to my house.

“These are the cottages of our Sanatoria patients with tuberculosis. Depending on what they can afford, they live in separate or common classes. All of them pay some fees for availing the service. Everybody thinks it to be ridiculously low. Those who can bring cereals from home can cook. They get some vegetables that we produce, free. Those who cannot get anything from anywhere get everything from here. Whatever they can pay, we take. If they can’t, even then it is all right with us.

“Resistant cases, those with badly damaged lungs and serious breathing difficulties, pre-terminal, terminal, treatable, not wanted by the family, all such people stay here. Get treatment, go, even die. We are doing this, for the last forty years, before and after the anti-tubercular drugs were discovered. Initially, separating infectious cases from the society was more important because the treatment options were limited and multi-drug therapies were not available. Second line drugs were unheard of. Over such a long period, the utility of this sanatoria outfit has declined considerably, yet serves people in different conditions, like preterminal cancers and others. They come from several hundred kilometers radius.

“We have a campus of about 400 acres and we do not need all of it for patients. We use it for our large-scale agricultural activity. The land is arable, fertile and irrigated. We produce every kind of agricultural goods, cereals, pulses, vegetables and so on here. It is used for the sanatorium and our indoor patients, to the four hundred odd staff, nearly three fourth of them residing on the campus. It is given either subsidized or free. They have free water, free electricity, free ration; their health needs looked after. Their children get proper education through the Trust. The brighter ones picked up and appropriately schooled for higher education. They have in return low pay. I work for twelve hours a day, I get Rs. 1000/- sufficient for all my needs. Both my sons have gone to government supported medical colleges. I cannot afford, nor will ever admit them to capitation colleges. We believe in reducing our needs and give back out of what we get, to the project. Agriculture and related activities help us minimize our costs considerably and to keep our price structure low.”

“We have 400 beds including these tubercular ones, we have to serve daily. The buildings with wards, X rays, labs, operation theatres we have are more than sufficient for this traffic.”

They had toured the campus seen The Hospital and its various departments and came to a simple small house and sat in the living room, furnished sparsely, with cane furniture with comfortable cushions. After a long journey it did feel comfortable.

“Today we are past our fiftieth year of existence. In the pre-independence era when sacrifice was high on the list of many, three of us came together. Dr. Kakatkar, Dr. Hujurbajar both from this district. I come from Goa, completed my FRCS and came back. We purchased some land and started as outpatient. Soon we discovered the rampant problem of tuberculosis and that our place had the most ideal weather for Sanatoria treatment of tuberculosis.

“We also discovered that ease of communication is the key to all development. We prevailed upon the local governments to build simple communicable roads in a radius of fifty kilometers in all required directions, along which most villages and small towns are located. You will be surprised that we followed it up with telephones in those good old days. We taught the villagers to phone us if a case became serious. We sent our jeeps, or the ambulances to bring them here and treated them. At times, we sorted out the illness there itself. This built the faith. This built the habit of coming to us for solution.

This was a model of community service in reverse compared to Vijayini’s Trust the Doctor thought. What followed was an anti-thesis of Christian work there.

“Did we create dependence? No. We gave them a structure otherwise just not available to them anywhere far or near where they could heal. We taught them to use it. We charged low, waived what they could not pay, but treated them in the most fulsome manner. Soon this was recognized. Those who could not pay, would bring some agricultural goods and give it to us like a barter. The numerical growth of the hospital was fast and it needed personnel. We developed our own personnel. They were trained in one discipline, then another, then another. In effect we have had a large number of personnel who are ‘jacks of all trades and master of at least one.’”

“Pardon me Sir, but what did you say last?” The Doctor asked.

“I said that we have X ray technicians who can handle outpatient systems, can do dressings, can give injections, draw and collect specimens for laboratory, help in laboratory, go to the wards help there, get into the kitchen and cook and so on, all jobs equally well done. These jacks keep shifting from one place to another as different needs arise at different times. Otherwise, each does his routine work. Most of them are extremely good in many activities. Hence, I said that they are masters of at least one.”

Dr Sharngadhar explained this in his low, even voice. The Doctor then asked his permission to speak and was granted.

“There are two parts in this training business. One to teach them the various hospital related crafts, and the method used; two the ways by which the attitude to learn more, so that you want to do more, is encouraged, inculcated and then practiced. We have a place down there in Greenspan, where manpower was our most serious problem. We have started overcoming it gradually. How do you teach, how do you induce them to do so much more?” The Doctor demanded.

“To teach the craft is not a difficult matter. The more important question is the latter that you have raised, but nobody does or have raised so far. How to develop the attitude to learn more trades, willingly help and practice them because the project is in need of it, for the patients to be looked after well to be cured with least hazard. That is something difficult to achieve today. But when we began, the attitudes were different in the immediate post independent era. Those whom we taught knew that their life was becoming richer in its content by working here, while their agrarian, village life continued in addition. They were also encouraged to have some private activity like helping their family with farming. There was pleasure, that they are doing something useful, wonderful for the suffering humanity. Villages do see a lot of suffering. They are sensitive to it, even when they cannot do anything about it. Thirdly, I suppose was the precept,

example before them, the actual practice of all of us, to take as little and give as much. That probably worked.

“We do not have a yearly increment system. We do not have promotions. That does not mean that we are stagnant. We have been growing in the same manner, for the last forty odd years. There is hardly any vertical hierarchy. Hence most of us only differ in the complexity of skills, not much financially. Our lowest to highest wage ratio in 4: 10. Our financial systems are thoroughly clean. Everyone knows that. That is why they trust us. Newer things get added. People grow.

“I think this, ‘they and us’ are also a wrong usage. There is nothing like they and us and a third party, the Trust here. We are all one. Soon, we will be going for a community kitchen. Most of us don’t cook at home and waste time. We will go and eat there. Rarely, if we feel like cooking on our own, we will inform the kitchen that so many members will not be coming for food. Everyone does that.

“Small things are important. Small things set conventions. Conventions become traditions. Traditions are always strong. They endure. They help the edifices you build become strong. This is how I think we have been able to build our culture of competent service to humanity here.”

“Isn’t it a bit odd that you have a large number of people who belong to two particular types?” The Doctor asked.

“I fully understand why you asked this question. In a way it is surprising, in a way it is not. But it is not so exactly as you say. For one: most if not all these people come from farmer community, with many castes and sub-castes. The others were predominantly Brahmins, tuned for sacrifices they could make. Many came; some stayed in the grooves we dug; those who could not conform to the grooves went out. Luckily, they did not damage us. Not that we were well fortified, against being damaged. We never even thought about that. But it did not happen. Those who stayed probably liked the non-competitive, conflict less atmosphere.

“We have a lot of re-cycling in this place, composting, using every perishable and waste. They like it, something they also practice at home. Therefore, they stay. Teaching them is easy. Our teaching has been direct and practical teaching, some minimum theory simultaneously woven in. ‘On the job’ as you may say.

“As a matter of fact, we grew in number and operations / activities very early and fast. Oral tradition got set very early with the early bands of workers as it always happens. It is the pioneers who do not generally let down the Messiah, the later generations do. Our pioneer workers were like that. They learnt without being told. The subsequent generations, the now running one, is 4th in number. They also developed the same attitudes and learnt well. That is how things developed. It was basically oral tradition, like the English Parliament and Constitution.”

“Dr. Sharngadhar, we also have a great complexity of work out there. Like this place, people who are ill do not come to us directly. Much of our work is messed up elsewhere and reaches us second, third hand. That calls for more involved working. The turnover of nurses was always too rapid. Neither did we have anyone who had any qualification, for nursing, laboratory,

x rays or the operation theater and to handle drugs. Oral instructions over the three shifts any hospital have to run, did not therefor work, the work was never done properly.”

Dr. Sharngadhar interrupted him.

“Doctor, oral traditions with least of paperwork take a long time before these get settled. Our traditions took more than fifteen years to consolidate under one particular person’s leadership. You said the total number of years The Hospital is functioning in barely ten years, with frequent changes and so on. You have told me in detail about it in your letter also. By the way, when did you join the hospital?”

“Three and a half year after it started.”

“It is obvious that the earlier doctors in charge of The Hospital did not do the job of training or establishing some system, particularly well.”

“Not at all.”

“There must have been a mess built in by the negligence by the time you came on. To pull such a culture out of dumps and then build a simple culture at the basic level would be extremely difficult, as I can see on your face. It all comes finally to the Chief. If he does not do it, what else can happen? Am I right?”

“Yes, Sir. Neither the chief nor his deputy tried it. The deputy in fact destroyed everything I was trying to put in place. The question in front of me was, if oral traditions cannot get built, is there any other way it can be done? Any suggestions?”

“I cannot imagine a new way or a quick solution. But you did train people, did you not? How? Your functioning seems to have improved after that. Else you could not be spared to travel for so many days. Am I right?”

“Yes Sir, you are. Achieving systematic functioning, in the absence of any qualified persons was an impossibility. I believed that instead of oral, if we write the instructions down on paper to run the system, it may work. I called these written instructions, ‘System Manuals of Operations,’ and implemented it within the first six months after I joined. In that is written, the duties, and briefly how the work should be carried on and got done in a coordinated manner. It was criticized severely in my first ten months there. No one thought it to be a way to run a hospital, thinking, probably, that I had some mad Western notions. It also resulted simultaneously in open splits, antagonism and defiance, refusal to accept and not to work accordingly. It further deteriorated the barely existing culture.”

“Frankly, I have also not heard of or ever thought of written systems as a way or a better way. It must have been demoralizing to you to face such wrath. As if you had committed a sin, Doctor. Did it work at all?”

“Yes, sir. Finally, it worked and worked well. Yet, the criticism leaves me with a feeling of being really mad about it, an inferiority complex.”

“My dear Doctor,” for the second time Dr. Sharngadhar had uttered this expression. “The feeling of inferiority is non-sensical. It is unheard of alright, but you have succeeded in building up a place, an organization, a structure and functions with it. and it is working well. If you think

that this particular method helps, then okay, it helps. You have demonstrated it successfully. Why be so shame faced or sheepish about it.

“Oral tradition is not the only way. We did not need anything more. That does not mean that you were failing, if you go by your manuals of operation method. To me, your effort to build a method or a system is important, not the manner, which anyway looks just. Most people do not even come anywhere near it. Do not eat yourself up. Be comfortable. It is an interesting concept. Can I know more about it and its present state?”

“The original 32-page document has now expanded to 200 closely typed pages.”

“This is beyond my wildest imagination. From where did you get the idea?”

“The first one was entirely my creation. The working became complex and multi-modal; expansion was needed badly. It took place with the help of such manuals routinely practiced in manufacturing industry.”

“I still do not understand your diffidence over what does seem to be unusual but has worked so well.”

“I have talked to many doctors involved in sizable projects. No one seems to have known about any such thing. That is why they find it difficult to understand it. Nor are there any takers. Why?”

“The answer is simple. Generally speaking, quality of work is desired by all. But for most people there is no clarity, the breaking down of the components leading to it. Their understanding does not even come anywhere near what you are offering. And no one wants to do anything, on his or her own, taking that considerable effort it needs, to improve it either. No need to worry over this vast majority. Go on with what you are doing. You will one day meet with success with all these people, you trained. By the way we have never required such a document, but I definitely will want to see it sometime.”

“You will soon get it Sir. I am honored.”

During the conversation, a number of people had come in; office staff, a few departmental heads. They talked to Dr Sharngadhar briefly, were introduced to the Doctor. Mrs. Sharngadhar was an old lady, shining with an aura of those who have sacrificed for long, without feeling its pain, and purified herself more and more in this penance, lived as if for the universe. Fair, strong, wearing the typical nine yards long sari with a few traditional ornaments, she was extremely gentle, soft spoken and affectionate. Ward sisters who had come and gone, looking exactly like his wife in all the appearance and temperament. Behind each one there was a tale of sacrifice, of contribution towards the welfare of the project. They took a break for lunch in the common kitchen.

“All those you trained so far, what was their educational background?”

“Most of them are just tenth failed or passed. Could barely read English, writing it far away. No one was with any hospital background. A few ayahs, had little better education. These were the people who had borne the bricks of The Hospital as it was built. They were then employed in it. We picked a couple of them and trained them in our second batch.

“I did not have much idea about how it could be done and that it could be done and has been done, year after year, till I went to see the Narendra Dutt Hospital. It is located about 250 miles from here. I learnt how to do it there. They had initially a system to train such people, oral tradition and on the job, as you said. Now, after fifteen years they have a nursing school itself. Training outside it, for different departments, say X rays, or laboratory, is still continued by it. We adopted that system. I believe we have made it much more elaborate, but much simpler.

“In all we now have, after three batches of trainees at least 12 workers so well trained that we are reassured that everything in wards and other places is carried out well. Over time, the training program has developed, consisting of over 150 topics in theory, based mainly on the functional anatomy and acquainting them with mainly the disease profile of The Hospital. It includes teaching them what laboratory results mean, what x rays show, and about the drugs we use. It extends over four months.

“We then advertised and added people from outside. The practical training is in the wards, even in the operation theaters. Both things have helped and work done is far better understood in all the areas. The staff has learnt well to do all of it well.”

“Continue my dear Doctor what you are doing. Motivation, commitment, a proactive attitude. The complexity of your work itself will increase these attributes and their capabilities by their own strength. And like your Manuals I also want the syllabus you have for their basic education.” Dr. Sharnagadhar said.

“Why are you so particular about reducing outlays and expenses to a minimum. Reduce price structure, reduce wants, give back more to the project. Why?”

“I believe that less is bad, but more is evil. The more you desire you will inevitably fall a prey to that evil. It creates its own reaction, antithesis and nemesis. The more one involutes, the less reactive one becomes. The only place where I abandon this rule is medical competence, organizational competence and maximization of transparency of dealings. This rule of more is evil is for individual wants.”

“With your low-price line, for the services you offer, were you able to hold the price line of this place down?”

“No, I could not. I do not know if I should call this my failure or not. I have by now seen four generations of doctors, working in and around this place. Many surgeons came here, to work under me, to know how to function, not many of them stayed for long. Most went back to where they came from. All of them established their own nursing homes, even in this Tehsil and district. Most of them charge five to ten times more than us. All kinds of people still go there, certainly including those who can afford to pay. No objections. It all works out. Each one finds his own level.

“I don’t really know how to answer this. But I am glad that you asked this question, no one has ever raised in the last forty years. I am not offended. Please be sure of that. It shows that you are fully saturated with the processes of health care delivery and could spot the one aspect in our working that has escaped all others.”

“We at our place have really succeeded in not just holding the price line down but reducing it considerably. Otherwise, medical profession would have made merry. In any case, we consider that one of the functions the projects do fulfill is to keep prices low. However, that is not everything.”

“I agree.”

Overall, the conversation had lasted for over seven hours, all interruptions, community kitchen lunch included. The Doctor bent and touched the feet of Dr. Sharngadhar seeking his blessings and went out. There were some clear indications. The way the whole project had been constructed, it resembled the old village system, based on cooperation among vocations, each family and its members getting their due adequately. Agriculture was the base; recycling of renewable resources was the pivot and sparing use of non-renewable resources their insurance to posterity. The Brahmin at the head, with his dictum ‘sacrifice for the sake of society,’ as in the old *Chaturvarnya*, the famous fourfold system of the Hindu Society was working extremely well here. The value-based conscience keeper of the society was at the center, penniless but keeping the centrifugal tendency of the society and individuals to go away from the core, at bay. The mainstream remained intact.

Chapter 9

His next destination was his science college professor's place close by; around 150 kilometers. He had toured with the professor for three weeks, day and night, after his MD, both as an assistant and his doctor. It was in the most challenging elections at the fag end of the emergency. The travels in between the meetings had given them plenty of time to discuss a social-economic-political structure suitable for India, to which he had contributed his own thoughts. Now, the professor was writing a big thesis on it which the Doctor wanted to see and discuss with him. From six in the morning, as he landed at the professor's doorstep, they started talking which went on for eighteen long hours. The sum and substance were the thesis, the Doctor argued had to be modified in some crucial ways to which the professor agreed after these hours. Intellectual honesty despite the fact that he had already written down nearly two hundred pages. Next day afternoon, he left for his next destination, Dr Vimala.

Vimala, the General and Thoracic surgeon of extra ordinary competence, was a small, sparse, extremely active and sharp lady quick on the uptake. She had proved to be a great teacher to Vijayini, who worked under her for one year, before she appeared for her MS. The hands-on surgical training with Ms. Vimala was exhausting, but extremely educative. Dr. Vimala was reputed for her fiery temperament, demanding nature and correct performance of work. No one interested in surgery wanted to come anywhere near her for training in that part of the country. Vijayini had taken up the gauntlet, proved to be an extra ordinary officer under her, had become Ms. Vimala's favorite and later a close friend. Ms. Vimala was not married. It was difficult to visualize someone rising to her competence and temperament. She was a great support for her extended family which she brought up.

She had attended his marriage with Vijayini by enduring an arduous twenty-six-hour train journey. From the beginning she had struck a very cordial and affectionate note with the Doctor. He wanted to go and see her, stay with her for a day or two because she was one of the pioneers, few who had raised the famous Dastur Hospital, from its humble beginnings, oriented for service and was not a corporate venture, but to become an a great institution of three hundred and fifty bed hospital, with most facilities and served needy, poor and ailing people for over two decades, a beacon light of assurance to the population of over one hundred miles radius around it. As most Parsi institutes, it was a Public Charitable Trust like The Hospital.

Next day late afternoon, from the Professor's place he had caught a most unlikely red bus, on the most unlikely route by any standards. Even by the pleasantest of the vehicle and season, it was too long a journey which would cramp even a seasoned traveler. He had two bags, one of clothes and utilities. The other extremely heavy, with all the source material he had collected to write his own book. Finally, it became an overnight journey of thirteen hours, with all due delays of the state transport. It reached his destination at four in the morning.

The low-class travel was to save money, which he did not have, usually travelling without food for fear of motion sickness. Therefore, comfort during these journeys did not matter. He would bang his head on the windowpanes every now and then, but that did not matter either. He could never read during any journeys. All he could do was to go to sleep, blissfully sometimes, greatly disturbed at other times. The best part of his journeys was, there was no a priori reason to speak to anybody, the biggest relief. He was free from the continuous unending responsibilities of The Hospital and of saving patients, the second big relief.

On this solitary and uncomfortable journey all over the country, for full forty-five days, he had stored his energy during such sleep intervals, to be able to be at his best while meeting people, important because it related to all his work and his thoughts about it, to know what others feel about such ideas, additional ideas they may have, the purpose of his travels. He was free now to do exactly what he wanted to do.

He slept at the bus stand for two hours, before going to Dr. Vimala's place. He did not want to disturb her at an ungodly hour, and taking transport that early might not have been a good idea nor was any available then. At six thirty Dr. Vimala greeted him with instant, complete, full joy.

"Oh, oh, on dot, on the day you wrote you will be coming here and time. I am so glad. How did you arrive at such early hour! From where are you coming? You will be staying here! I only hope you do not run away quickly."

Smile creased his face. He told her about the journey so far.

"O my god! What a horrible journey. Buses are no good. Roads indifferent. Jerks, jumps, bumps and bangs. Did you fare well?"

"Could sleep well, I am ok."

"You wrote earlier that you are on a tour. To see the various works, people do, especially in the health service sector. Where else you will be going?"

Once they settled down for a cup of tea, the Doctor told Dr Vimala about his itinerary.

"What time did the bus reach here? You have already spent two nights in buses."

"Somewhere between four and four thirty."

"Why did you not come immediately?"

"I did not feel like commuting in the dark, disturbing you at such an ungodly hour."

"You are funny. You look tired. Relax. I will get you some more tea, to begin with."

By the time the lady arrived with hot cups of tea, the Doctor had dozed in sleep. Gently, affectionately she moved him by the shoulder. He woke up.

"I am sorry Madam, I am tired."

"You look it. You are not moving from here for a minimum of three days. Don't say no. It is pleasure and no trouble at all."

He narrated to her, what he had done so far, including the seven-hour continuous conversation with Dr Sharngadhar and the eighteen-hour battle with his professor briefly.

“Form here, I want to go and talk to people of Narendra Dutt Hospital again. Last time I had been there, it was five years ago. In between we had some correspondence, when Vijayini was ill with the child and the jaundice together. I have a few issues to settle with them.”

“They can wait for a couple of days more. What are those bags? I advise you to go there, light in luggage, come back here and then proceed to Poona.”

“Is not that a little complicated?”

“No Doc. From Narendra Dutt to Poona the road is horrible. From here it is national highway, the journey shortens by about five hours. There is no point in heaving these bags up and down. What do they have, incidentally, to make them so heavy?”

“They contain source material based on which I want to write a treatise on rural health care delivery system.”

Dr Vimala burst out laughing.

“My god! Where will you be writing it?”

“I have fixed up nearly eighteen days for it in Vijayini’s mama’ place.”

The Doctor told Vimala about his extensive writings he had done so far, and how it had exhausted him.

“Why lunge it all the way? You should have sent it ahead.”

“I did not think about it.”

“Why do you want to go so far away? To write? That is funny. You can do it sitting right here in my house. This house. I could also enjoy reading what you write.”

“Frankly Madam, it did occur to me to write to you and ask for a fifteen-day reprieve to come and stay here to do the writing. But I felt shy. Two or three more factors worked against it. The invitation from the Mama to come over to them had been ignored under work pressure for long. And then we did not feel like bothering you.”

“That is bosh and nonsense.”

“I agree. Fact is that I could not write to you in time to get your reply. The programs as it happened, went on getting longer and fell in line one by one. From there, I have to go to Ranchi, a conference there, from there to Madras and back again. I could not fit in your place for fifteen days.”

“How is Vijayini doing?”

He told her about the recent four months of absence of Vijayini.

“You seem to have a perilous existence there. I must come there to see what I can do for you.”

“Bring an anesthetist with you, whenever you come. Vijayini worked without one for long. That put the greatest strain on her.”

“Doctor, I still don’t understand, what makes you take leave for such a long duration?”

“I am so terribly tired, broken, depressed. For seven years I have been fighting all odds there continuously. All others have had their times away, not me. Now I cannot even function properly as a clinician. It took me quite a bit of time to convince people out there, including Vijayini, that I need a break. Then suddenly I had to line up everything quickly.

They sat there quietly looking at each other in the most tranquil manner. She engulfed him in her considerate and concerned gaze. He could experience that. An older woman had taken him under her charge, something he had been doing for so long for all others who needed support.

“Doctor, I have to hurry up. You would like to see Dastur Hospital, as your letter indicated. Twenty years of work has given it that kind of status. I have recently taken up a lot of cancer work. In the evening, we will go out and see these things. I shall be back for lunch, somewhat late. Read or relax.”

Gingerly the Doctor had got up. He finished his morning ablutions and had a good breakfast. Later, he shaved, took bath, washed his clothes changed in a fresh dress and slept off till three in the noon.

In the evening, they had been to see Dastur Hospital. It was a sprawling structure of old-fashioned buildings, with a darkish inside. Three hundred and fifty standing beds is not a small matter. What obviously led to success was the fact that it started long ago when hospitals with most needed specialist services, were few. It started in a traditionally known center for education and medical care for people, coming from more than two hundred kilometers radius for cure. Being in a large city, a number of specialties could be manned by various people, willing to attach themselves to it. Added to that was a core group of which Dr. Vimala was a busy and a courageous surgeon. Stories were told of a person who was stabbed in the heart right in front of the hospital. She had split open the thorax and sutured the torn structures and saved the fellow, there on the footsteps. As against this, the place where the Doctor and Vijayini worked was with none of these advantages.

“I have understood the reasons of our difficulties now, Madam. In plains the population is dense. Work, therefore is not a problem on plains. Commutation is easier. Things move faster on plains. We do not have any of these advantages. Our hills are a different life all together. Exactly the reverse in degree, proportionately and multiply reverse.”

“Are you preoccupied with the thought of success or failure of your work?”

“I used to, almost always. I am by now however, certain that the kind of institutionalized, voluntary and socially oriented work you do and we do, is needed for a large population. Our worry is about the professionals of basic specialties like Anesthesia who do not join us, from within the state, not even from the Government Hospital in Greenspan. So far, they have not helped us. They need not be full timers like us. They may just contribute part of their time, especially during difficult times.

“The difficulty lies somewhere else with these people. Our tariffs are much lower than all other establishments where they charge heavily. Our low tariff can give them lower fees commensurate to the tariff. With the help of the same government specialists most willing to work there since they get high fees the privateers make merry. The patients from all classes go

there. The rich class also gravitates to these privateers, where they are entertained, charged heavily, spoken flatteringly and sent back without much difference to their complaints, often most insignificant.

“They do not come to us because we cannot give them these entertainments but a diagnosis and a remedy. To compensate flattery, we give them high quality lab, x rays, physician backups, competent staff, they do not get elsewhere. But that does not seem to matter to them much. We have moved the heaven for such people to come to us but no results.”

“In Dastur Hospital we get the retainership and the shares of work exceeding the retainership. It is all white money. We may be happy with that but many more from the new, the third-generation specialists, are not. They want clandestine incomes, which as an institution we cannot give. It has to be on paper, accounted for. That is a factor you should note. We have more work load than we can handle, but we do not get those extra hands for these reasons.”

“Yes, I take the point.”

“There is another undercurrent here, Doctor. The gap between full timers like us, who get no time for the technically allowed private consultative practice and the third-generation professionals who are fully committed only to their private practices, not the Hospital. They come here to get away asap. They serve here more for additional income, than to help humanity. They are too demanding, making it appear that they are the ones, obliging the management; the full timers do not have this trait. That the managements must fulfill whatever their demands. Inflated egos, without the high professional competence. They are pretty much blatant and shameless about it. Here, if we do not cow down, the extra work that needs more hands suffers. We do not accept anything and everything they demand, but a delicate balance has been there. This is the situation of the specialists here. In greater or lesser measure, it will apply to all the bigger cities also.”

“I did not think about it with such clarity. That is why I keep on seeing the work others do, to see for myself if the problems are the same or people work things out differently and if there could be more solutions than we have worked out so far. I will try to deal with this also in my writing.”

“In the last twenty years we have contributed immensely to this hospital and made it a household name for all. Thus far, we have been rewarded well in terms of money, meeting our professional, work-related requirements as well as personal needs and treated honorably. We do not know if we will retire honorably!”

“Are there signs of it?”

“Tell-tale. The great speed and ubiquity of corrupt practices. Suppose the Trustees decide one day to make too much more money by all means? Abandon the service motive, the clean dealing? We will then be turned out in favor of those who work differently, in consonance with them! We have laid all our eggs in only one basket. We will have nothing left for us. That is why such fears are always justified. These fears are rational and arise out of the fickle mindedness of human nature.”

“That is why it becomes necessary to study the history and progress of institutions. The State Health Institute I visited just few days back has lasted for fifty years. No chinks as yet. Narendra Dutt Hospital has lasted over twenty-two years and has continued to grow in their twenty third year. What I personally feel is, in independent India, we have not been able to create numerous such institutes, in all walks of life, which we can boast of and bask in the glory of.

“The Indian tendency generally desecrates institutes, pulls them down, mangles them, change its characters, heavily corrupts it, and finally closes them. See the labor field. We are still unaware that institutional norms that need to be properly laid down and guarded for the preservation of democracy and future generations of people. We do the opposite.”

“Doctor, have you seen such examples in health field? You seem to have thought about these things.”

“Madam, about voluntary health institutes I think the time has not come to say a word. But most of *non-Christian* projects I know work without much effect on the population. It is the Christian projects, Christian hospitals that do exemplary work. They build and preserve traditions. Look at CMC Vellore. A nurse started it and it continues to grow all round, one with the best standards of medical practice. Its traditions are intact over eighty years now. Do we have any examples to show from our side, lasting beyond twenty years?

“Some people may say that it is possible to do so for the Christian Institutes, because they come under minority’s institutes and governed by their own rule. If that is the position, let us decide if other institutes may also be similarly built, guided, developed. But I personally do not think that to be the only or main factor. It is the love of Christ for service, that is a powerful factor. We as Hindus do not have it.” The Doctor concluded.

They were aimlessly walking around the premises of the hospital, and decided to take a longer walk in a somewhat lonely direction. There was no tension, no awkwardness in them. There was an age difference of about twelve years. That did not seem to matter either.

“I now have some idea with greater clarity about the hardships of your work. You never wrote about it in detail. But from what I gather now, I can tell you one thing. Success or failure apart, the kind of work you two are doing is not easy. You and Vijayini each probably substitute for half a dozen people. Here, half a dozen can be summoned for one job. It takes courage to do that sort of work. I do not envy you. But I certainly have great admiration for you both. I will try to come and see it. Boy! The time is running out. We will peep in my consulting room and then go home. There is a lot I need to know about Vijayini and the little one.”

In the afternoon they had eaten quietly with the intimacy that can exist only among those who know each other thoroughly and long.

‘Come to think of it, we have actually met only on two occasions and there have been only a few letters to and from between us. Even then it looks so close and trustful a relationship.’ The Doctor thought.

‘How rarely you come across a boy like him! So considerate, a thinker, a creator!’ Vimala was thinking.

In the night they again had food together and alone. Normally he would have expected a niece or a sister of Vimala to be around. Even maidservants had faded away. The talk had grown heavy. Doctor was finding it difficult to keep the eyes open. Yet he helped Vimala clean up the place, utensils and the dining table. She did not mind it, nor did she think he was deliberate and too close around.

She showed him his room, somewhat distant from her own, the corner one. She returned again as he was about to fall off to sleep. He had a feeling that she had sensed his tiredness and wanted to put a hand on his forehead, but did not. The great, soothing and comforting touch of an older woman, as he would have wished his mother to do. Vijayini was more like a colleague, his own age. Since the time he lost his mother, he had longed for such a touch. They signed off as she said, “Tomorrow, Cancer Society.”

The next day was a Sunday. The Doctor got up as late as eight in the morning. All washed and ready, Vimala gave him his tea and then hurried him to get ready.

“Today you are looking at least bearable. Yesterday I had a feeling all along that I was speaking to a ghost, a shell. Your voice had gone hollow. You looked drawn. Haggard. Today you look a little fresher, filled up, at least bearably. It will take you several days of comfort of the kind you are getting here, before you recoup. Pity, in the name of social service you have to destroy yourself, get tired, down to the bone.”

“Madam, our severest tension is psychological. We work with staffs that have no formal degrees, the stamp of the government or of a recognized institute. If something goes wrong, it will solely be our vicarious responsibility. In addition, the legal system will blame us for employing unqualified persons for the jobs. In private establishments it is common to do so and no one will even touch them. But as an institution it can put us behind the bars. Nearly all of our work comes to us, spoilt from somewhere. These two factors put together draws heavily on our innards, energy. I obey two laws of Murphy. The first, if something can go wrong, it will. And second, even if you have taken all precautions that something will not go wrong, it will still go wrong. Hence, try to prevent. Extra effort!”

Dr. Vimala laughed. “I did not know the second one.”

“The greatest strain was the initial phase of nineteen months. There was hardly any work, there were debts, large monthly deficits. The working was in chaos. I had a motley crowd of non-medico Trustees, who had no idea as to how to run a hospital. I have had to talk to each one, usually separately, for hours together and repeatedly. They needed me at their own leisure hour. The strain and exhaustion to talk, discuss, cajole and persuade them, to get them to a particular way of thinking and from there to working was a tremendous strain. Decide, formulate, put it down on paper, look after administration, purchase and up keep. Plus, the medical work that sometimes looks almost like an afterthought.”

“Yes, I can see that. No one down there, cares about what pressure they have put on you. They want that you should be around and do, not only what is needed but solve the issues successfully. You are their security and insurance. That is why these people were unwilling to

accept that you are deady tired, unable to bear it any longer. Good, you managed to run away. What about Vijayini?"

"As busy as I am, working for long hours plus the child and the home. She has done something wonderful. She has recorded on cassettes, in her own voice, prayers, songs, Sanskrit Riks and stories in Marathi and English. Some of these are in the voice of her mother also. My son, just about two years, knows how to put the cassettes on. He puts them on as soon as she goes out for work. We stay in the campus, about one hundred yards from the operation theatre. He feels as if his mother is all the time talking to him, saying things to him. He does not cry.

"With all this, the time we spend is around thirteen hours a day actually working in The Hospital. The calls in the night are a different quota we have to take up. For six years this has been going on for her. Both of us get grilled enough, but she has been away for fifteen months, and I, not a single day; a bull yoked to the oil extracting stone around the neck, making rounds day in and day out. In addition, I have been at loggerheads with our 'Movement' for all these years. Am I or am I not entitled to some relief? For even that I had to beg and convince."

Suddenly Vimala put her hand on his wrist for a moment.

"Acknowledging that you are ill or need rest is for them to know that they are also susceptible to it. You obviously are their security and insurance as I said earlier. That is why they don't, can't acknowledge that you are ill! I am glad that I insisted on your staying here."

They had driven to the office of Cancer Society. The whole team, physicians, surgeons, gynecologists, ear nose throat specialists, Mass Miniature Radiography technicians, laboratory technicians were all there for a camp for cancer detection in a large village where they made world famous covers to sleep under, the *chaddars* exported all over the world. As was typically evident they all beamed and basked at their own notion of doing an egalitarian and sophisticated job of social service. The biggest and the most noticeable aspect of their behavior was the motivation; service projects always have that and their sense of fulfillment in what they were doing.

It was a beautiful ice cream yellow-blue vehicle fitted with an MMR which took chest X rays of the size of 2" x 2" at a cost of Rs. 1/- The Odelka camera, was made by a Holland company, the only one in the world who made them then, one which he wanted for his tuberculosis work. The van also had an array of instruments, neatly placed in it. It had an additional capacity of six more people to sit. Each of them seemed to know how to do their job exactly. Taking in the last few instructions, they departed.

"They will come back only late evening. Surgery is my life, bread and butter, the little affluence and everything else secondary to it. This cancer detection, treatment and education work I have now taken in my fifties, gives me an entirely different kind of satisfaction. It goes as deep as doing a surgery and saving somebody. Ordinarily I would also have gone on this trip. Looking at your condition, I told them that I will not be coming."

"The doctors, as a race, Madam, are too preoccupied with 'curing' a patient. There are many things to medicines and disease, which Vijayini and her friends taught me. The social setting, political guile, poverty-disease-poverty cycle, traditions, superstitions, diets, works, prevention,

education and what not. We try to practice all this there, in Greenspan. That helps people a great deal.”

“Doctor, you will not believe me if I say I have tried to imagine, repeatedly, how the pattern of your work might be there. I always wished to see it myself. It is not materializing. I have a great affection for your wife and I should say, admiration also. She is wonderful. The profusion of good things you said about Vijayini rarely comes from a husband, for which I have developed respect and admiration for you also. I have hardly ever given it to anyone, men in particular. You lack many unacceptable things men possess, for which I dislike them. That conveys everything.”

“I am thankful for what you say. It is my nature and a matter of pride for me.”

“Lucky, I do not have anything whatsoever to do today. I have a couple of social calls to make and that is it. Had I been very busy I would have asked you to finish your Narendra Dutt business and come back by tomorrow evening. Now, I want you to stay on. It is barely four in the afternoon.”

“I am also not inclined to go so early. Yesterday I had a really restful day. That has just taken off the collapse I was heading for. Today I was a little reluctant to get up but I did. I did not want to miss your Cancer Society characters. I am enjoying that peculiar sensation, all of my tiredness oozing out from my whole body, muscles, bones and brain and collecting in the core, central circulation and passing out from some unknown portal. Some part feels fresh; an ache stops somewhere! The mind slowly uncoils.”

“You must really be tired, more than I can imagine or experience.”

“I am and am enjoying this relaxation. You will not believe it but I am a lazy guy, a Lotus Eater. My greatest desire is to get into a canoe, go around the South Pacific Islands like Somerset Maugham, but I don’t have the money. I also have too much of this ‘guilt complex’ towards relaxing, if I get time to. Most hard-working men or women do not relax through or because of this guilt. This is truly an Indian trait.”

“That is not healthy. Was there any other reason for your unwillingness to go to Narendra Dutt today?”

“Yeah. There, I have to go through a lot of intense mental activity as long as I am there. Not that I don’t enjoy that. I was not fresh enough for it yesterday. We have had half a dozen issues over which we are having a running debate for last several years. So far, in the last six years only questions were being raised by all of them, about many aspects of both of our works as a project and also in connection with the Movement for which we work. I did not have any answers till late. I worked out our answers, out there in Greenspan in the last six years. The dialogue with all those working there, is one part of the intense activity. The other will be those evening and night discussions when I will give the main workers, those answers. There may be a full debate. I don’t think they will swallow everything. Today, I was not ready for any of those strains.”

“Relax, boy. The afternoon is a little too hot for a saunter outside. I have also had a work free day after a long time. I will tend to the house a little bit. In the evening, we will go out, have food somewhere and come back. I am not greatly fond of cooking nor a good cook. Tomorrow you can push off, come back when you want to and go for your dates.”

Vimala drove down first to one old large nursing home, somewhere down town in the old city. There was no gloss, no posh, just a plain hospital in the plainest possible, oldest survivable, large building, established for this use forty years back. There was a board, Naladurgakar Hospital, with a bed capacity of around forty. Ms. Vimala went in, in an old cabin. The original Doctor, the old man was sitting there seeing patients. On seeing her, he quickly said,

“There is a mid-esophageal carcinoma. You have to see him and plan surgery for him. Here, elsewhere, it does not matter.”

It was obvious that only a thoracic surgeon could deal with it and Dr. Naladurgakar was very clear in his mind that patient may need a sophisticated set up, better than his. That he did not mind it or haggle over it indicated him to be a committed man, established, and satisfied, in his own station. More often than not, such a lucrative case would be held tightly, taking undue risks, even harming the interests of the patient to a great extent for the money it would give. In the countryside, there probably were more people, committed to ideas of giving the patient the best available than the Metropolises. It was nice to see such people.

While he was loitering around, Ms. Vimala appeared with a young boy, a surgeon all over.

“This is Yatish. He is the elder son of the senior Naladurgakar. He did his M.S. under me, went abroad, did ‘hands on’ in upper / lower Gastrointestinal Endoscopy. Has come back, just as his father had, forty years ago. His younger brother is settled in U.K.”

“I have heard about your work, Doctor, from Madam. We have been private practitioners since ages. All I can say is, we worked for people. We told them what we charged but accepted what they offered and let go. We have been harmed dozens of times, but hundreds of other times we were paid more than fully with gratitude, justified and vindicated in all that we did for the people. This has given us our solid work and it continues. We have our advantage of being in a city. We would like to work the way you have been working at least part of our years or even life. We respect and admire your work. But we don’t envy you.”

“Thanks.” The same words, admire but not envy, used by diverse people.

“Madam had told me about you two, several times. In fact, we know Vijayini as a senior. Madam had told me two days ago that you would be coming along. I am sorry I was a little abrupt but I did not feel the need to be formal with you.”

“Thanks again.”

“All I want to say is all privateers are not alike. Secondly, I want to come to your place. If there is going to be a good occasion then I would like to be there. Remember to call me. I shall bring Madam along.”

“Sure. I have plans made for a big conference next year in February but I await some developments. Once the decks are cleared you will hear from me.”

Yatish took them around. The large setup was growing to be an institute. He noted the full address and kept it carefully with him.

“There is one issue on which I would like to ask for your assessment. There is a wide spread lobby which denigrates the technologically heavy, costly Western System of Medicine. The main

opposition is on high-cost technology against few beneficiaries, not the masses. I have not formed any ideas about the place of it in medicine practiced at various levels of complexities.”

“Technology highly refines the treatments to patient’s benefit, without doubt. Larger hospitals at some point of time will truly be in need of higher technology. The decision about how much technology should be brought in, the Golden Point, should be left to those who think that it has become an absolute must for them. The issues that arise are about how much the quantity and diversity be brought in, say at the level of this large city, and our hospital, as a referral center, for complicated cases. Thousands come daily. The demand and supply balance under sophisticated technology can be achieved here.

“As a natural outcome, the health providers have also become richer here with such techs. That is the danger point. Relentless, unbridled attempts to become richer and richer by unjustified use of techs have become ubiquitous here. Technology is a rich cash cow. Each one wants to have one, the itch is irresistible; so is the one up man ship that comes with it. Overabundance of it even in a city as large leads to malpractices like undercutting and cuts. Then comes the indiscriminate use of it either to get back the money and for profiteering later.

“The people you mentioned are patently wrong in opposing the technology. They should instead try to find out and fight these indiscriminate usages, may be alert the patient communities. I do not have all the answers. After all the greed has never been overcome in last 10,000 years anyway.”

“What about the work quality after the advent of high technology?”

“That is a good question. The clinicians of old school as we are, are likely to disappear in the next ten or fifteen years. My generation knows the exact place of technology in exercising the clinical care. It is for the verification or rejection of what conclusion clinical methods draw. Technology may soon replace clinical methods to diagnose and will not still give the correct diagnosis most of the time. In fact, it will reveal some irrelevant and insignificant things instead of diagnosis and the entire focus will shift in altogether different directions. I do not know what will happen to patients after all this.”

“The concern these people talk about is the masses who will be further deprived. A fair to substantial budget may get diverted. That is always the argument. The structure of health care is such that with or without techs, the poor are not going to get good care and the benefits either. Their real need is first class diagnosticians and competent hands. Such people I think will become scarcer. You can further extend the logic of these people easily.”

“This is a perpetual problem, advancement going against the poor. Airplanes, an example. This Marxist doctrine should be minimized. The issue is of how to structure the health care for the benefit of the poor. Your theses.”

“Yes. After all there are people, better off, in vast numbers contributing to the nation a great deal who also need their lives to be saved, many a times with advanced technology. You are right. It shows the future challenges, calling may be, for a national debate.”

One more perspective had got added, with far reaching discussions emanating from it.

When they sat across each other for dinner, he was much more relaxed and had lost much of his fatigue. In fact, compared to a dinner at her home, it was nice to be driven around, come somewhat away from the city to a relatively posh hotel, well secluded from the unnecessary viewers and avoidable acquaintances, sit face to face and enjoy the atmosphere, food and the company. The Marina was red-colored in its internal decor but the lights were so adjusted that instead of feeling hot, one felt cool and drowsy, not aroused. It mattered little what vegetarian food they had ordered.

“You are not accustomed to these somewhat glossy posh hotels I suppose. Are you?”

“I am, to an extent. Especially when I was in Bombay. We however do not visit such places in Greenspan, because they do not exist there. I like them, have no guilty feelings about visiting and eating in them, ‘wasting’ more money than required, once in a while. I do deny these to myself but not to others who visit us, despite our low incomes for the social service we want to do. Yet on the whole, there have been too few occasions and much less time to do all these things for the last eight to ten years.”

“In Bombay it would be all different. But it must have been tough in that village you adopted? I meant, were the means of sustenance adequate enough to survive? I have often wondered about that.”

“It was not easy. I lost ten and a half kilograms of weight in the first three months, due to severe cold and poor food quantities. Once I visited a friend of mine who had flown in from Bombay to the Capital. I enjoyed his three-star hotel as much as I could. In Greenspan even a good bath was a luxury. It is not for nothing that I am talking about my fatigue. The only part I feel bad about is, people did not even accept that I could be dead tired.”

Ms. Vimala extended her hands, patted his, for a split second, conveying what both knew. In his deepest and the most relaxed sleep he ever had in last six years that night, his whole being had uncoiled and straightened, free of all tensions and strains. The next day he went to Narendra Dutt Hospital, four hours away.

Chapter 10

“Meet Drs. S Kedar, Y Kedar, Ranju, Papi and Rajendra.” Dr. Deshkar was making the introductions. Five people, at least 6 to 7 years younger than him, were standing in a half circle. They were in the middle of the heavy and crowded out patient department’s mezzanine floor of the new building of Narendra Dutt Hospital. In the eyes of all of them there was an odd reverence towards Deshkar in particular. The eyes were starry, the starry vision of the ideology, a march on the path of ideology. The kind of look the Doctor had seen very often and winced at. He did not know who they were and what were they doing there.

“Doctor, all of them are young post graduate doctors. S Kedar is the senior most, about five years in profession. They have been employed or working independently, solo, for some time. They have been thinking of doing medical work like Narendra Dutt Hospital. For some time now they were trying to come here, together. Fortunately, it has coincided with your visit. They should now have experience of two units running in widely different circumstances.”

“I don’t know what I could tell them. Let them concentrate on Narendra Dutt Hospital.” The Doctor said.

The boys continued to look at both. Deshkar sensed the need to chalk out a plan for them.

“All of you will be leaving today late night, Kedar. I think it is wise to concentrate on Narendra Dutt Hospital. There is a lot to say. This is your first official visit with full quorum. Many things may be understood; many may not be. Questions will arise after you go back. You will come again. Actually, starting something like a hospital with specialties is not easy, that too in a rapidly industrializing city you are planning to start your hospital venture. It is an intensive and ambitious program. Risks are there. Expenditure will be heavy; money will be uncertain. Promises made to the people must be fulfilled. The progenitors who started it, made promises may not fulfil them in time. It will also be a concern. They will however do it, sooner or later, for getting the project up and going. I am sure of that. They are ‘our people’. Come, it is better to see what or whatever we are doing. That will build confidence, and hope.”

The whole entourage filed away with Dr Deshkar for a full trip of Narendra. It was heartening that a full group of doctors complete as a unit in themselves, capable of tackling a lot of work as a second level referral center for acute and chronic medicine, wanting to build an institute. A dream team the Doctor always had in mind, a sure key to success. S Kedar particularly, was a fire brand looking fellow, tousled hair that had not received a dash of oil, may be since he stepped into the college; raw, rough, and an agile red head. His determination showed in his eyes set in his mesomorphic, squat and thick frame. But he was very quiet and also reticent in his expression. He was the leader. The others were much younger, raw, again with idealism in their naïve starry eyes. The only other thought that passed through the Doctor’s mind was that his Movement was still capable of sacrifice, even with its huge shortcomings.

The Doctor had raised with Dr Vimala one issue of longevity of a service project with its quality and competence intact; how many non-Christian works would qualify for that. The second one he had in mind was to know what happens to the people in projects which have lasted for long years. Narendra Dutt was an ideal place for both these explorations. His first target was Mr. Aarode, the lawyer cum administrator of the hospital. Dr. Deshkar had hinted that the Doctor could meet him to find out about administration and anything else on his mind to discuss. Aarode came straight to the point.

“Doctor, there is a labor union in this hospital and that keeps bothering me. It also belongs to our organizational fold, but a union is a union is a union, whatever its antecedents. They have never stopped working nor created any disturbance ever. But it is there. Twice so far, they have undertaken short, one-hour protests. They sit across, talk and resolve all issues. But it is there.”

Five years back when he made his first visit there was no union.

“Why does it bother you, if issues are resolved so well.”

“There is not and cannot be anything like Gentleman’s labor union or like the Japanese workers union. Temperamentally, the union members are rooted in confrontation, tendency to grab, paranoia that something is being hidden from them, being stolen away from them, right under the nose, or have a persistent sensation the union workers carry, that the management is depriving them of something. At what time they will turn the corner, the paranoia will overtake other saner senses, you cannot say and then things can come to a halt suddenly.”

“Yes. Mahatma Gandhi once said, ‘when suspicion starts everything gets colored, changes,’ that is it.”

“You see Doctor, Narendra Dutt is in the business for last twenty odd years now. Slowly, very solidly, in the right manner it has grown. They have spent a large part of their income on building assets and more work in it, earning more money without ever extorting money from the poor or rich. But they have spent a lot of money on the workers as well, outside the pay packets. They have been just to all. The workers are paid well much above the minimum wages prescribed by the law. They are looked after well. Attention is paid to their exigencies. Their bright children are picked up and supported for better and higher education. Some find employment here if so desired. In fact, we have two schools here, one in the name of ‘the founder’ and is on its way to fame. The second one is also shaping well. Every attempt has been made to build not just a project but a family out of it, as in Narendra. And yet a union exists, which means a dichotomy exists. Which means there is still a feeling of something like a governed class. That should go.”

“If it has come in, it will not go. Operating on a higher plane is not possible for unions or human beings for that matter.”

“There is a *Zenda*, a flag, at the entrance. That, I do not like.”

“How do the workers work? How is the pattern?”

“One great thing about workers here is that they work well. In fact, extremely well! All of them have grown with the project, trained for different jobs right here, admirable, considering their humble backgrounds. They know how the work has gone up. How newer methods have

come in, newer kind of cases! Repetitively they have been trained for it and have been discharging their functions superbly and over years. There is automaticity to their work. Hardly anything needs to be supervised. One is sure that the orders will be carried out at the proper time in the most appropriate manner, skillfully and competently. There is, if you have noticed, no noise nor any kind of shouting.”

“That is creditable. Dr. Deshkar is a very methodical man. He must have laid the system.”

“For quite a few years now, we have a nursing school of our own. We can actually churn out a good product, tailored to our needs. That raises the standard of the ward working, trains other boys also. Relieves the burden on the doctors, works better without doctors, in the wards that is.”

“Are there any other problems? Accounting, legal or administrative etc. How are other systems working?”

“In one word, exemplary. And the system is an open one. You cannot make any retrospective manipulations. That is the strength. In spite of earning so much they have kept the accounts clean.”

The Doctor thanked Aarode and came out.

Another handy man, was Mr. Rakade, he was looking for, also a lawyer by training. He was something like a supervisor manager. The Doctor found him in a doorway on the mezzanine floor of the beautiful new outpatient block. Standing still, he was staring in some remote spot in the sky with an empty gaze. Eighteen years ago, Rakade used to stand just same way in the month-long camp site veranda. He was then, naturally more energetic, had an absolutely beautiful set of white teeth that flashed and contrasted so well against his dark countenance. Today Rakade looked wan, aged, tired, as if he did not want a future.

“Come in Doctor, I knew you had arrived. I remember you, a young boy in 1969 in our May-June camp. How are you?”

After giving him a brief sketch of what he was doing all these years, the Doctor came directly to the point.

“I want to know about your thinking, your emotions, future, aspirations, and so on.”

“What do I tell you? There is nothing to tell. I am here since the time I came back from being a full-time worker, around six years. Practicing law was out of question for me. I never registered there. Eighteen years as full timer, without practicing I could not take it up. My land is looked after by my family, my father and my wife; children are grown up, they are studying. They will settle down soon. I am grateful to the hospital to absorb me, else what else could I have done? May be a school teacher in our local school. The hospital has given me a house nearby. It is small, somewhat dark but sufficient for one. Why waste a good a house on me?

“I am supposed to mainly look after the medico-legal cases on a day-to-day basis. Sort out other matters, assist Aarode if necessary. Trouble is, there is nothing to sort out or supervise. Systems are stream lined extremely well.

“People say I do not take interest, have no initiative. I should think of newer ways, methods and do something. No one has offered any such ideas to work on. If someone thinks I have no work or can’t think of one, let them put some specific or definite work or responsibility on me. If not, relieve me. I don’t understand what I should be doing either. Hence, I spend my time hovering around.

“I am confused. Am I contributing anything to the project? Am I being utilized well? It is a very unsettling thought. I don’t know.”

The Doctor had become unusually quiet during the narrative. So far in the journey of his life, he had met people, enthused with a vision of future, action, force, happiness of working for their ideology, for the pride of a philosophy. All of them had faced severe obstructions, hatred, non-acceptance by the people they worked for, and ridicule on top for long years. Those people were achievers, in their own small or big ways within the Movement. Once they returned from their full timer capacity, they had hardly any skills to survive, unless supported in some way. They had just stopped on the path of theirs, frozen at a point of time, like a frozen train abandoned by its crew. Finished, neither evolving nor involuting, just there, broken. There was no further contribution after their creative life was over. Except that they were present and would not go out, nor severe the bond.

In Rakade he was now seeing this type of people, he was dreading; he knew they existed, that too in considerable numbers. They will be there irrespective of time, tide, season, rain and thunder, under any circumstances. He did not like that any man should land in such a stage. He hated it. But he knew that just as it was a personal limitation of these people that they just stopped growing; he also knew that the Movement had not been able to stop their getting frozen in time, could not thaw them back into the flow of time. Could not provide a meaningful alternative. He turned away with a burdened mind, and left.

The Doctor always felt a certain responsibility towards all those who worked with him, and about their future. He had achieved the first task of making The Hospital a number one project. It will now take its destined course. But what about the staff? Will they be able to live their full life as a social worker with just a relatively less earning than elsewhere? If they marry can service work alone sustain them, their children; allow for adequate opportunity to be taken up on their own or need project help for it? To achieve this what should or could be done within the framework of the service, to meet their extra needs over long years? Narendra Dutt, State health Institute had substantially solved this issue.

Will the devotion to the service for people remain consistently the motive? How long? How many will switch over just for more money elsewhere, motivated only for maximization of profit, just as Mukesh Kanitkar was planning? The time invested in their training for better remunerations within the hospital, will it be a waste? The Doctor knew the reasons behind the Christian success in health care and the stability and the lifelong guaranty of being looked after, was a well-set mechanism for decades. It was absent in the large Hindu population. Frankly, no one else had reached this level of understanding of the situation to think about these things. Instead, they had their own gaseous ideas like Radhakisan and Co. The list of issues could be

extended ad nauseas. The Doctor decided to talk to a few who had lasted in Narendra Dutt for many years.

Dr Sunil had a ramrod posture, rough voice but a courteous manner and was much taller than others.

“What do you think of your past, present and future, Sunil?”

“My house and lands are in an interior village, not far. We are little better than just hand to mouth people. I did my MBBS, nine years ago. After that, for two years, I worked here and there for experience. That impulse of social service brought me here. Initially I worked with Dr. Rath and was trained intensively and well in every aspect of medicine, including the critical care.

“Surgical work increased tremendously alongside medicine. Dr. Raghav had to recruit me in anesthesia; he has a quick competent, functional, practical German approach of training. I underwent training quickly, became a rookie anesthetist. For a couple of years, I worked in anesthesia. Now I shuffle between medicine and anesthesia. With this new building inaugurated, I have been made a consultant in medicine, despite the fact that I do not have a post graduate degree. Monetarily I have no much gain but recognition is a great thing. I am happy.”

“What is it that has been playing on your mind, at different times? I know that twice you have simply gone away from here and stayed in your village, practiced just to while away your time, trying to decide if what you were doing was right or if there was any better alternative. Especially for your future. These people wanted you to come back. And you did. How? Why?”

“I got married. Had a child. I was disturbed. All the time I wondered, the salary I work here for, how much can I save to fall back on, if I have to go away from here for whatever reasons, good or bad. As I grow older will there be anything else I will be capable of? When I am older, if my sons want higher education and I need money for legitimate purpose, wherefrom will I get it? If I continue to be with these people, will they support me as they have many others. If not? That was also not the point. One has to earn by himself, finally. The most honorable matter. If I have to put all the eggs in this one basket, will the eggs remain intact? Will the basket hold? These were the problems; I kept thinking about them when I had gone away. Twice.”

One commonality that struck the Doctor about these interior projects was the agricultural background and the assets the workers had. The trained manpower of the State Health Institute, the volunteers of Cancer Society, his own workers having some land holdings in the family like Jaising, and now Sunil. He noted this as a plus point, to build things on, in the relatively remote, agrarian communities, where it will relive the family of one mouth less to feed but getting additional support. He filed it away in his unconscious to be included in his treatise.

“Sunil, have you not seen those thousands who went out of their house in forties, and have never come back till date. They did not have any guarantees, provident funds, old age pensions and so on, which you have. But they are there. Why believe that things may go wrong?”

“The full timers are a unique Institution. Nowhere in the world that model will ever be replicated. The only difference between those men and we are that they never married. But those who came back, did have their share of difficulties before they could reasonably settle down and

marry if they so desired. As of now there is no reason to believe that Narendra Dutt should have problems. But one keeps wondering, what may happen?” Sunil said.

“I think your worry is on account of a different direction, cause and is at a tangent, you are not able to see or put in words. As Sunil you have not appreciated one particular aspect at all. I will tell you which one. In the medical-social-service project field, there are few projects developed and run by the so-called ‘Hindu Inspiration.’ We hardly have any projects worth the name of an institute. Narendra Dutt Hospital is a pioneer among them. So far, they have done well.

“On the other hand, we have numerous Christian medical institutes with long standing of thirty, forty years all over the country. Has such a thought of lasting for long ever come to anyone’s mind there? No. One reason for this difference is because they have already lasted long enough, assuring everyone concerned that they will last. They are solidly based. People believe in them. They want them. Scudder’s Vellore is already nearly eighty years old.

“Hindu work is not yet tested over such a long time for its longevity. That is why we feel worried about what will happen to us, in the long run. Hence, we also implicitly believe that we can find something better, somewhere else, outside the fold which has lasted longer and continue to do so. Better money, better positions, better careers, better name, fame and so on, lasting for long there, but not in a service institute like Narendra. All this, just because no one has lasted for this long. That is why we are and remain uncertain of future. That is why we give our best but have not developed the courage that we will last.”

“You are peculiar, Doctor. The way you look at things is peculiar. No one here has talked in these terms anytime. Better work, more and more quality with diverse work, reach out to as many patients as possible, be as affordable as possible. Beyond that we have not heard or thought of anything more. Excellent service, that is the key word here.”

“There are a number of issues I have come to talk about. Questions of great concern were raised five years back. I have thought about them and have come to discuss it with your chiefs.”

“That is good to hear. By the way, what do you think your future is?”

“I have to hold my institute up high in quality for ten years, entrench it in the people so that no one can touch it. People should want it. Then no one can destroy it. It will be a structure of repute many should want to come and work for. Their time interval could vary. Our main handicap in Greenspan is the support that we need from specialist professionals. If we have a man, we have plenty of work. You cannot imagine where we can go if we get that support? Here you have support, as much as you want. You should be looking for more horizons to conquer. Your basic degree incidentally is no handicap. I would like to leave that place when it no longer needs me. That is or I want it to be, my future.”

The conversation had lasted for too long. The Doctor quietly made away to participate in the sessions Dr Deshkar were having with the newly arrived Kedar and company, and had asked him to join. He did not want to say anything there, nor about his achievements. He wanted that Narendra Dutt should be the focal point, guide for this new team. Tomorrow if any snag develops it was not him, but Narendra Dutt they should and will have to go to. At the end of two sessions,

he was however forced to speak under the universal demand of both Kedar and company and Dr Deshkar. For him it was an honor.

“You have taken the most needed cue from Narendra Dutt; a team fuller than there was, when Narendra began; your bigger advantage. We have borrowed so many ideas and methods of working from this hospital for which we are profusely thankful. It has brought us out of the rut we had stuck in. We have developed a technology there of how to create and then run such hospitals. It is in writing, extending to more than two hundred pages, closely typed document. All you have to do is to hammer it in your method of working, adopt it and things will go smoothly.

“I can already see the path of your rapid growth. What makes me particularly happy is, you have decided to begin small. Your growth will be organic, coming from within and fast. We will come to the question of how big one should grow, later. I will have something to say about it then.

“We have taken a lot of beating in the first six years, but we stuck to our posts. You also have to. Since you are a complete team you will not face what I faced, will therefore start making money early and even grow. But my advice would be to keep the charges at such a level that when it comes to real big capital-intensive development, you have to go to the society.

“There will be lot of snags in the day-to-day operation of the hospital. This will be your biggest headache, demoralizing to some extent. Who is better equipped than Narendra Dutt to solve those problems? We have experimented with daily operations and succeeded quite well, but the local is different, vastly different from you, so are the available conditions. We may talk about it also later.

“You are on the path of growth. We were dealing with adversities so far. However, remember that managing adversities is much easier than properly managing growth. Growth has its own problems. Adversities bind people together, growth distances them. Avoid that at all costs.

“The last thing which may not have registered strongly in your minds so far is this. You wish to reproduce a successful model two hundred miles from here, and you will. A model direly needed to solve majority of the issues of health care in India, in your area of operation and influence. The most important about it is the need to replicate such models, elsewhere, wherever needed and possible. This is not difficult once a few conditions are met with and use what we have done as a “turn key transfer technology” for it.”

The group was quite happy to hear this.

“Here you are doc; how many years in between? Five? I think so. Nagaraj came here with you. In between there was a long absence of your wife. In spite of trying all permutations and combinations we could not arrange to send anyone from here. Mrs. Mahabal, Mr. Mahabal could not be spared. The work was so heavy, new developments, thinking etc. I was fretting all the time that we were unable to help you in your greatest need. I take it you do not mind that.”

Dr. Raghav had come directly to the point. The Doctor had not expected that the clear, frank, nonchalant way, in which Raghav talked. It indicated that there was nothing to hide, nor any place for doubt, no games nor design. Having had his own doubts over the ‘truth’ of what Dr.

Raghav just uttered, the Doctor still accepted them on their face value, little realizing or not sure that the truth could have been different. He would come to know about it much later.

“What have you been doing since you landed here? Talking around to the administrator, lawyer Aarode, the good for nothing Rakade, and Sunil. It is only about Sunil that I want to put the record straight. He ran away twice. He came back after our persuasion. That wavering attitude of his has really postponed his consultant’s post. It could have been two years earlier. He should now cast his lot with us and be sure that he will be looked after.” Raghav said.

“I agree. Doctor Raghav, Rakade is not a man good for nothing. You have provided for him, a full timer coming back; it is a great deed. Yet, I think he needs some ideas to be provided to him to work on. He is not capable of generating them, but could develop and execute them well. Please think about it and him.”

“Why are you so concerned about him?”

“It is a new issue I came up against, outside of our thinking in health field. There are plenty of our men. Broken men, incapable of anything other than what they have done so bravely in the field as full timers. If we can give a better meaning for their life, after they come back, our manpower thus lying idle will flower and further our goals.”

“Doctor, I will have to think about it. Something, which has not occurred to me so far. It is an important but a side issue. I am still unable to guess what is the reason that brings you here? Five years have gone by. The capitation fee dossier has helped us take a decision not to venture in to this arrangement, thanks for the clarity of your thinking. But then?”

“For one, I have not come to take anyone from here, or ask for anything more. Shivpal has, by the way, walked out on us. I do not know how you will feel about it. With Madhuri around, our only omnipresent need of anesthesia is full-filled. We are and will remain self- sufficient at least for the next six months.

“Secondly, I am on holidays. Moving around, meeting people, gallivanting around, as Sharad or Nagaraj would call it. Trying to know what ideas people working in health field have, voluntary service projects in particular, think about it, their work patterns and difficulties and achievements; trying to see whether and how our work and ideas resonate with them or not.

“Third, I have formed a great deal of ideas about how the health care should be structured at all levels, not just primary, and want them expressed briefly such knowledgeable and perceptive crowd here and am going to see in this trip of 45 days, verify them, modify them, get them endorsed and / or denounced. So far, no one has denounced them. Later I am going to write out my health thesis in this trip.

“The last but not the least of reasons to be here, in fact *the reason* is to deliver the answers to the questions you have been asking for the last five years. In fact, I want to talk to you, Drs. Deshkar, Rathi and Mandalekar, and anyone else you might think fit.”

“The last of the reason delights me. And it surprises me as well. I had given up the hope of finding the answers. How did you manage it?”

The Doctor narrated Vijayini's four-month allergic illness and the time he had in those four months to think, the small gathering of their state voluntary projects, how Sheshraj had helped sharpen his ideas leading to the writing he had done on the questions Narendra Dutt had posed about.

"Dr Raghav, you have been asking a question, by doing medical work are we doing the work of Movement? For what purposes exactly do we do medical work? Does it benefit our goals as a Movement? If not, is it or is it not useless to do it? How do we answer? I think I have worked for that answer for the last five years and I think I have got it for you." The Doctor said.

Raghav looked very steadily at the Doctor through his unusually thick glasses of a myopic, for an unusually long time. The Doctor returned the gaze with equanimity and tranquility. He did not feel disturbed. He did not feel any unease. He did not have a feeling of having made some kind of a ridiculously bombastic or an epochal statement of new discovery either, nor did Dr. Raghav seem to think in those terms. He knew that he had touched the cord in the heart of Raghav. Only those persons who cared and loved their creed could feel the sensation, not pleasure, not agony but an escalating sensation of emancipation, just the one of fulfillment.

"If that is the case then we will have to have a regular sitting with you; all four of us will be there and some more. I will talk to them all and fix it up. In all probabilities it will have to be tomorrow at 4 p.m. Will it be all right?"

"It should do. I have also come to tell you that we learnt a great deal about how to organize a project for efficiency, from you, and implementing many more things there, all that we could. I want to talk about those matters also." The Doctor said.

"Did you meet the Doctors who have come as a group?"

"Yes, I did talk to them. Dr Deshkar insisted that I should participate in the sessions with Kedar and company and I did."

"Good. We wanted you to talk and contribute to that meeting, not financially. Verbally. Your experience and thinking."

"Dr. Raghav, I think a bit too much has been made, of my experience, and thinking. I think you are overdoing it. Aren't you?"

"No. I don't think so. We know what our feelings about you exactly are. In 1966 when we began, we had two choices. One was to go to an interior and a backward place in Maharashtra and develop there, a medical service project. Other option was to go to a remote place anywhere in the country. North Eastern Frontier Region was top on the list. We had talks with our mentor, and others within the Movement in Maharashtra. Together we decided on interior Maharashtra. Dr. Dharmadhikari, whom you do not know, had already come to a small and backward Taluka place for practice, situated two hours distance from here. Today both Dr Dharmadhikari and Narendra Dutt are in the middle of civilization. You have gone to a place much too tougher than we opted for. We appreciate that more than what you may think we do."

Now he had to be ready for the 'real' meeting tomorrow at 4 p.m.

“We have been asking ourselves a question for long now. We are doing excellent, quality work, medical social service, with humane and low-cost medicine of high competence. But are we doing, in some way or other, the work of our organization. Are we furthering its objectives, interests and emphasizing and entrenching its philosophy on the minds of people? Can we justifiably call this, ‘our own’ work, contributing to our dear Movement and its ideas, goals? And also, how should the organization think about us. I have struggled and experimented in the most difficult situations for last six years, to find the answers. I have found them. I have come to tell you about it.”

The Doctor was addressing the quartet of Drs. Raghav, Deshkar, Rathi and Mandalekar, Drs Mrs. Mahabal and Mrs. Deshkar as scheduled. The quiet, impassive faces of all of them were merely indicative of the fact that they were listening with their body and soul, with some respect and admiration towards their much younger colleague.

“We have our two projects as referral points. When I say project, I mean several activities, goals, working together, with a common idea, philosophy, to be able to give something worthwhile and durable to people. Some way and method of practicing medicine that will influence the people to do better. Help them for being better, and better off. The first thing I want to register in these matters is not an answer but is a question. Are not these ideas also the ideas of our Movement? Then *why should such a work, a project, be not recognized* as a Movement’s work? That no strings should be attached to recognize any such work in the service of society as ‘our work’ as such, as is and where is.

“The altruism with which all of us and many others decided to walk the talk, remaining uncorrupted morally, ethically and by way of our character, for these ideals. What more is needed? These are the expectations from us as individuals and from within the Movement and are more than fulfilled. That there should no discrepancy in the public and private life of our people is an ideal we are living by, in our work. To create just such people is the goal. If that is the case where is the question that our work is not the real work of the Movement? The denial to accept us is the real issue, to which I will come to later.

“Senapati Bapat, the revolutionary, used to clean the road around his house with the conviction that at least this part of the nation will remain clean. What are we doing? Cleaning the diseases in our large local, of a vast number of people for whom there are no alternatives. In addition, we are highly trained professionals, aside of being the volunteers. Our mindset as competent professionals and the relief we bring about is not for money. It is for benefit of the society. How can that be not Movement’s work when somebody is living the ideals?

“There is another element about any project. It is meant to become an institution, operating in and among people, working with them. Institution for me has a special meaning, dear to my heart. It is the state, any and every work should attain. High degree of competence, unbreakable allegiance to truth, ability to stop corruption and exploitation of masses in the field of operation, becoming better by the day. Clear above-board transactions nobody can lift a finger at. Continuous upscaling of our abilities. Incorruptible individuals, throwing out every personal bias and adhering to pure judgment in all matters. You as Narendra are not just practicing it but have attained that status. Are not these the ideals of the Movement as well?

“The last is to develop an institutional mindset in all those who work in such places. The Chief has often pointed out the need for it and difficulties in achieving it. That is not the final goal but the bed rock of a project we need to develop first; everything else will fall in place after that. Does this single element not have all the elements that our parents cherish and aim precisely at these achievements? If not Narendra Dutt then where else will they will find these expected elements operating? In some small scale, decrepit unimpactful work which achieves nothing, does not cause a dent in the prevailing unsatisfactory situation?

“To put it more bluntly, it is the organization which must understand these elements in a work started with their inspiration and recognize them as theirs. Not the other way round, Narendra Dutt, brooding over why it is not appreciated despite its virtues? That is injustice. What else can the organization demand? If acceptance as theirs is not there, then it is their petty minds, unable to accept a work of excellence as their doing, doing of their men. In last six years, I have not found a single desirable element I have narrated so far, in our state organization. They are too premature to know that this is what is expected. That is why, we have been constantly at loggerheads with them. And you are pained that such myopic mediocrity does not want to recognize your work. Are they even worth considering?

“There is a theory behind this woefully inadequate understanding of works of excellence. It is encapsulated in two words, second raters. These people shudder at excellence, of achievers when they are face to face with it. Instead of understanding such people, study them they run away from such people. Afraid that such people may actually be and look bigger than they are, in public, something which they do not like; people taller than them. The smarting inferiority complex as I call it.

“Extending this situation, and it is not a hypothesis, I will say that these people play another game. This blame game has many elements. ‘Did the work start with our permission? If not why not? And why was it then started? We have some apprehension about its being really as good as projected? Have they not gone astray from the main work, stop attending daily items of behavior? Countless such other things will be floated around. There may then initially be deliberate silence, avoiding first and then downright boycott. Then the whispering gallery will be effectively used to spread lies.

“All of it will soon lead to benefactor abuse. That is what is happening to you, the benefactors of the society, a work they should be proud of, abused. But it will not happen. This abusive tendency is far too deep in the human psyche. It is far more widely prevalent than you may imagine. These ‘great men’ possess it in adequate measure. The benefactor abuse extends to the demand that they should be carried on your shoulders as the real great. And what do they do, sitting on your shoulders? They will beat you to bleed. How long do you want to pine for recognition from this kind of people. There must be at least some individuals behind this who see to it that recognition is withheld. It is also a way of abuse. Then follows the isolation, even ostracization of such work. Let me tell you that I have gone through each and every stage I describe here.

“I have thought about where the doubt or unwillingness about recognizing works of varying excellences by the organization lies. And I come to the same point – recognition will make these

men bigger than them. That will then inflate their egos, they will get deranged by such praise. Non-recognition is the best way to keep them on leash. When such an approval is far from coming, when there is no indication of it, we feel miserable, because we do not know the pettiness of our officers. Am I right? Why do we feel miserable? That is because we think that such a recognition is our highest achievement due to our attachment to our Movement, pleasure, therefrom we are being deprived of. I will return to it later. Presently I am concerned with the main issue.”

All of them had been looking at him a little askance; the speed and the flow of thought, the blunt arguments, and his on taking all of them and the organizational higher ups. They were more concerned about the latter and what the reactions would be. That shrouded for only a little while, after what the Doctor had put across.

“What is it that we don’t do that the Movement does? Do we not have to gather a large number of people for this work doing good for the society? Have we not to organize them? Have we not to train and teach them their trade within the framework and also inculcate in them positive attitudes transcending the pay packet? What else is the organization doing, if not making individuals with a more accomplished a character? Then why this dichotomy?

“What else do we do? Do we spare the patient? We not only treat his disease and cure him, but develop an approach to integrate him as a human being! Develop in him better habits and positive attributes. It is not to just make people free of disease but also healthy, and it opens a door for then to become more productive, to lead a better life, more enlightened! Where does it lead them? We try to make them a part of the family the project represents, take them from the project family to the much larger of family, our movement. The language may be different, but if this not The Real Work then which is? This *Lokasangraha*, that is bringing people together, keeping them together, organizing them, elevating their character and competencies, is the direct work of the Movement.

“I am sure none of you have ever forgotten the purpose of creating so many sister activities, created and developed to find an ‘Alternative Model’ addressing the problems the nation was beset with in numerous fields in the society. You and me are also attempting to develop and establish such a model, Alternative to the present models working in the health field. Then why are you fretting over this non-recognition over the real work, just because somebody else, stupid enough refuses to see it in this light?

“All these additional works have a material purpose, other than solving issues of distress in a particular field of life, making it better, just like we are doing in the medical field. The unlisted telephone number is to finally, ultimately, to bring all such new people in to the parental fold. I am sure, you endorse the view that the final refinement, purification and perfection can be achieved only there.

“My apprehension is – the leadership probably has forgotten these twin purposes of the various works started. To them all the ‘other’ works are truly speaking not really that important. The pure mainstream is all that is. The second issue is – these works are also becoming big, big enough to envy them. A fear that in the public perception they may look bigger than the original. The third issue is - they will grow so big that they will go away from the main. To add fat to the

fire, I see an institutional egoism growing in all works, big, bigger or less big. I do not know if the bosses have spotted it. Unlikely because they are also endowed with a bigger institutional ego. You will see the clashes of these egos in the next few years to come, causing damage to many works. In the simplest of terms, the total fire power we have will scatter, making itself ineffective.

“Too bold and dangerous to openly say this, Doctor. I am sure we have not seen this in the light you are throwing. I hope you are wrong, but we will keep this in our reference frame hereafter.” Dr Rath was candid.

“Now there is one more consideration because of which I think this and such other projects also are organizational work. Organizing people and character development, were our two primary goals. Something, no one had ever thought of, for the last three hundred years. A method to achieve that was devised. Harold Lasky famously said, ‘the problem of democracy, or by implication of any free country, is the problem of good men.’ We sitting here and thousands of others inspired, are those men, Lasky is looking for. The next most powerful idea was to send such people to solve the problems of our nation in different field. This comes from the original doctrine.

“We at Greenspan have extended the idea a little further. We have to work to see such alternates in health field in the form of models within models applicable to the entire country, are replicable easily, which can do the work. For that we have to experiment with them. Projects are our laboratories for testing or developing these many, many models needed. There are different ways to achieve these aims within health sphere, curative service being just one. The higher ups should have that intelligence to appreciate it. Such models are badly needed. Ten such successful models in ten fields say in one district will enormously change the face of a district.

“There are a few other considerations to think of, within the hospitals, which also lead to betterment of a local, eases people out, frees them from being exploited brutally. Holding the price line down is one such consideration as an example, to stop exploitation. People recognize such help, develop a softer attitude towards us. Brings them nearer to us. It needs to be understood a little more clearly. The question is, have we consciously considered that? Stemming the inflationary price lines prevailing everywhere around, fleecing the poor as a necessity?

“In medical field, so many agencies are fleecing people extremely effectively. Do we have first-hand knowledge of it? We should be aware of the economics of all such agencies and the horrors it perpetrates on people and concerned about it. This is going beyond excellent curative services. If we can achieve stoppage or reduction of this fleecing, it will be a great service to people, drawing them to us. If this is not conducive to our final goal what else is?

“As I see it, Narendra Dutt is only and deeply concerned about the curative services and the all-round growth of it. Should we not think that we should not be limited to this? As an alternative model or an additional dimension, we need to understand the primary care concept and how it could be adopted or hitched to our main work? Primarily and in a nutshell, it is education for prevention of diseases from developing in communities. It is a live two-way contact between the hospital and the periphery. Reducing the distance between the two, binding people to us even when they are not ill. It will be legitimate to ask how does it concern Narendra? Before

we decide on its concern with our and other medical projects like this, we must admit that we are not really familiar with primary health care language, concept and methods. Nor are we familiar with its terrific potential if it is attached to us. The question of legitimacy can be asked only then. Its potential, in particular we need to know first.

“That is exactly what the Christian Hospitals do. In Christian Institutes of health there is this two-way communication; people to their hospitals when quite sick, and nuns from the hospitals to the people, for education of people. Both these methods become the breeding ground for proselytization, a grave danger. Could we stem this tide in our area of influence by our counterwork by such methods? Something all our other main organizations have so far failed at?

“I know we cannot do everything, but we can think, make an effort to understand it and its significance. It may dawn upon us later, how we could do something, if not everything in that direction. We have made efforts to understand it, participated in such activities to spread the word. It is an additional objective. If it is not that of the mainstream what else is?

“You have always been in an urban location, but still have a vast hinterland of rural and poor people needing help. Are we aware of or have we thought of how we could actually find a solution to the rural population problems outside disease and disorder, causally affecting health or as a result of something else? Of a model for that? It may appear a much bigger task. It is not so, because a successfully working model to study is available 200 kilometers from here.

“Don’t we have to set a goal and achieve it as fast as possible, to solve the issues debilitating our national ills? By knowing and internalizing the methods, converting this knowledge in successful experiments in to a reproducible model, a replicable model that can be started at many places with miniscule financials compared to the hospital work, in this vast country? The upcoming hospital of Kedar and company, is the biggest proof of the success of reproducibility. Congratulations!! Add this new dimension to their work as well.

“There is however one more significant difference. And it bothers me a great deal. In Narendra Dutt, every minute we have to achieve some goal, small or big to save our sick patients. Our leaders have made a singular error in this respect by declaring that their work is for eternity and will continue. That has taken away the edge of effort to realize it in record, real time achievement. It has created a comfort zone, wherein nothing immediate needs to be achieved. That leads to their inability to appreciate your incessant efforts against their inertia. How will they then appreciate you?

“Another matter, the two models that we have now can, by implication and by adaptation, be of great use to grade A cities or even in metropolitan atmospheres. I am still a little hazy about its details, but it sounds reasonable to me, that it will be effective, even when it is in the opposite direction, away from rural India.”

“These are our various justifications for doing the project work and be considered as a part of the Corporate Whole, in our Movement and its sister activities. The conclusion in my mind is, there are no questions and there should be no questions that any kind of project work, big or small which in some way or the other improves the situation of people is and should be called the work of the organization. It is one and the same.

“The issue does not end here. There are two last points in this business of project organization relationships. I have laid out some of the answers, challenges and variety of tasks we have to do. The further discussion needed is in two opposite directions, a two-way communication between the project and the Movement and from the Movement to the project. This is a tricky part but let me try to explore this. This is a matter of a dynamic disequilibrium between the two. Now I am talking about the hundreds of works, small or big, we as members do, and not of Narendra Dutt alone.

“In the wide ramparts of the work and the Movement some members come together to start something they think they are able to do, and will help the society in some way. It is done either with or without the knowledge or the permission of the parent body. In either case, they look for the involvement of the parent in some way or the other, from within and outside the pale of their main work after some time. The typical, almost stereotype response of the parent is, it is not our job. Don’t ask us for anything, do what you want to or can. These workers think and say that the organization has a pariah like attitude towards them. Both physical and mental distance is created. The bosses over time in such an uncooperative atmosphere, created by themselves start saying that projects do not own up the organization, why should we be bothered about them? Whereas the situation is exactly opposite.

“Despite this attitude there are two counter currents and paradoxes if volunteers are involved in work that starts with their permission, more appropriately blessings of the high ups. Recognition, licenses, coverups, praising them, without any substance; everything follows. But, without the blessings, a voluntary work, even by your own people? No way.

“This ego is abundant in all the big ones across the family. And these attitudes towards works in other fields, not theirs, receive the same pariah like treatment. It reflects in another way. Each head thinks that their work is the most important and other than them, no one else is doing work, more useful to the society than theirs. See the effect it can lead to? Fragmentation with vertical and horizontal fissure.

“The next extension is of people completely unconnected. There are numerous well-meaning people who do small or big works but are not connected. It has no merit at all, forget it, even when it also causes change for better. In my experience the Government thinks the same way. We are the doers, we will do everything, we do not want anybody, recognize anybody. Get out of our way.

“If this is the attitude, where is your Lokasangraha? It extends further. This ego problem, within is not a simple problem. It is going to create a huge conflict. Instead of aiming at bringing all such achievements together, we are scattering our strengths. Whether we can do anything about it or not, but we should be fully aware of it.

“This is the ground situation in which you and me are. Irrespective of all other considerations, the typical project thinking may take a different direction. ‘We have a job of say, health, on hand. Because we call ourselves organization people, we must do it well, several notches above average. It is a job of high human input and tension. Hence, we have to develop our own instruments to do it well, to overcome our difficulties. During this phase, we are not able

to undertake any main works expected of us. We will have to remain away from other preoccupations of the organization or its goals.

“This is where the parent starts detesting its children. It demands that every able-bodied person should devote only to the main work. The schism appears. The project workers may also think that it may be wiser to lie low on all other fronts, till they develop their instruments well and start doing good work. Identifying our project with the parent work may not be advisable in the early phases, in the hostile atmosphere, we otherwise face constantly, in the society.

“Instead of recognizing this, the parent makes another blunder. He detests the distance without realizing that such peripheral works at this stage need their unseen support in their area of operation and unseen parental influence for it to grow, precisely during this time. This leads to a series of errors of behavior under different contexts, which I will now describe.

“At times the works want recognition even before they do well. That is resented by organization, probably rightfully. Organization then does not lend support at the initial times when it is most needed to bring up the works in to a better, higher level. If such works start getting appreciated in the Society later, the bosses develop antipathy for it because the project achieved something ‘without their help.’ Even at this stage, not involving itself with the organization, and more importantly with its wise men, is held as a crime, even when they have lost their right to demand for it by not helping. It just can’t be done. Instead of coming in for the help, this imaginary distance is made an issue and the organization deliberately avoids owning up the work. You may think how such colossal errors can be there at all? I must however tell you that I have experienced every act of such nature in Greenspan.

“Little do they realize that projects are like the currency of a state. The more respected the currency, the more respected the state. And the state does have a direct responsibility of its currency. You cannot further organization’s interests through ineffective, bad currency of poorly functioning projects. This calls for involvement of the organization with rolled up sleeves and yet unseen. Yet, it is never there.

“I think the basic problem is of short sightedness and a heart without largesse that is ubiquitous in the cadre of our bosses. The saddest part of course is, you are ruining over them and their attitudes of mediocrity. What is the way out?”

“There is one more issue. We created a huge well-groomed army of volunteers. We however, did not provide them with any mission or works they could contribute, part time, full time, without getting influenced by the corruption all around, in the practical world. We have created mediocre models where high degree of competence, imaginative leadership and creativity that could expand the thesis, were lacking. Such people who had it, have been ousted. It did not help to give our work force a chance to practice what they learnt in the precincts of the organization. Actualizing the lessons. It was never recognized that such works are an extension of the organizational work, its applied thesis.

“The opportunity being lost, organizational workers on their own, in their daily bread earning vocation have not been able to uphold the standards of behavior, are not above corruption and tend to float with the current. How can our people, created with so much invested in them

become the change agents then? They can neither practice nor preach what they learnt to practice, in the midst of corruption, not monetary alone and in the general deterioration. Excellent projects would have given them an opportunity to actualize what they would like to uphold in their moral life and horizon.

“Instead of recognizing this, there is a contrary vicious cycle that developed. We do not have works or projects therefore we cannot deploy men to it. Or because there are no men of ability, we cannot raise projects for them to express their full potentials, Narendra Dutt an exception.

“We also suffer from another dichotomy. We treat project workers who sacrifice in tremendous ways, as cheap labor. A city bred rich specialist practitioner always remains glorified. Nobody even asks this rich Doctor, our volunteer, if he in anyway furthers organizational goals by his working. A demand on the project worker on the other hand is high. And yet we keep on asking, if projects are organizations work or not!

“There is no consistency about what gets recognized and what does not get the privilege. Some months ago, I travelled eight hundred kilometers to discuss a project much hyped by our bosses across two states. It was a big unbelievable hoax. I was blunt about their unfeasible ideas. It was not taken in the right spirit. This is how things go.

“I am sorry for this outburst; please excuse me.”

Exhausted, the Doctor stopped. No one spoke. Dr Rathie indicated by a little nod and to go on saying,

“There is no need for that apology, Doctor. You have begun the story and now you will have to, and must complete it.”

Dr Raghav interjected for the first time.

“You have let the hell lose! These are the innermost feelings of all of us sitting here. Thoughts we are fretting over, unable to articulate them in such clear terms.”

“Now that this has come up, let me tell you all that I have brought two lengthy papers relating to what all the projects have to do, and what the organization project relationship should ideally be. I will be leaving it here.

No one interrupted him. Dr. Rathie again gave him a signal to continue.

“I admit that I have been blunt. I am sorry for that. The bosses out there, in Greenspan hate us. We stood for justice, ethics, morality. They stood for false honors. Everything I have told you about so far are my first-hand experiences.”

The Doctor briefly but deliberately narrated the incidents regarding Dr Vasudev, the canteen and the general treatment meted out to them.

In a stunned silence all of them heard it. No one responded.

“I did not come here to show off my work or my ‘new learning’ so to say. I have undergone a lot of torment as these thoughts and many other, started making rounds in my head daily, unceasingly. Improving these thoughts and ideas, refining them, testing them against what the

others think; the restlessness was unbearable. I have met and will be meeting many people and speak of different aspects. I came here to put before you my thinking, hoping it to be judged and refined, by the best people who would best understand and critique it. It is my strong personal need. Dr. Raghav asked me before we sat down here, about the purpose and the sudden appearance after five years. This was it.”

“I have put down on paper the whole thesis about projects and the bosses. This is for your expert perusal. You may read it at your leisure and let me know the reaction. I have believed that I stand on the shoulders of Narendra Dutt Hospital’s achievements. It is in this perspective that I want you to see the visit. I will be going from here to put all of such ideas together.”

Dr Rathie spoke on behalf of all of them.

“My Dear Doctor, you are opening up subjects in front of us, many of which we were unaware, till now! Many of them are such that we are away from even their remote fringes. You are asking us about our ideas and opinions. We cannot give any. You want us to judge, we cannot. You have gone far ahead. Develop the thesis further. When it comes to voting, we will say we back it.”

“Where will you be going from here? What is the final aim, dear Doctor?”

He narrated his discussions with the people he met, and was going to meet, finally attending the meeting of doctors, Dr Babaji and Dr Pandit were to lead.

“During these forty-five days I want to make the first draft of how the health care needs to be and can be reorganized, public, private, voluntary and all other related agencies. I am planning a conference in Greenspan in the month of February next year and I have come here to give its first invitations.”

Chapter 11

The Hospital work went on unabated except that highly complicated cases ruled the roost daily. Deepshikha was a tall, lean and shapely woman on regular follow up with Vijayini and Madhuri for her pregnancy. With her long upbringing in a Metropolis, she was open minded, was intelligent and as goes for all women of Greenspan, beautiful. Those three had become good friends. When she came in, in labor pains, no one could have believed that Deepshikha would make an uneventful recovery.

Near term, she had landed in the hospital, ashen pale, sweating profusely and howling with pain with each forceful contractions, of the fully grown uterus. Both Madhuri and Vijayini were visibly shaken and their drawn faces told of the imminent danger. The child which should have laid with his head down in the pelvis, with his length aligned to the length of the mother's body, to uterus and the vaginal passage. It had slipped out of its position and was lying across the uterus stretching it horizontally, causing more incitement for further and stronger contractions. The waters had drained out; the child was in great distress, the mother even more so.

Without a word they took her to the theatre. Deftly she was anesthetized. With a long vertical incision, not the usual curved horizontal cut in the uterus, to bring the child out, Vijayini opened the uterus. It had stretched itself thin. If they had not intervened in another fifteen minutes it would have ruptured, killing both Deepshikha and her child. Vijayini pushed both hands in the uterus and rotated the baby in normal position of delivery and brought it out. A dangerous maneuver, it could have produced severe shock and circulatory collapse. The child however started breathing normally.

Both of them then jumped on the uterus – one of the most vascular organs in the body as no other organ can be at any stage. That was the problem, it was bound to bleed; bleed through the incision, bleed through the raw placental surface. That was expected. They were busy clamping the edges of the incision by the Green Armitage forceps and sutured it with catgut as fast as they could. Pitocin was started, the uterus contracted. Halothane was taken out of the anesthetics. There was no bleeding from the inside of the uterus or through the incisions on it. But the surface of the uterus started bleeding profusely, it would just not stop. Hot mops, cold mops, Pitocin, nothing would stop it. Blood was going out rapidly.

“Madhuri, I will have to do a caesarian hysterectomy. I shall remove the uterus itself. If I do not do it, she can't be saved.”

“Madam, you will need a large amount of blood, it is a risky procedure, as fatal or even more as we are facing right now. In the emergency there is no blood arranged.” Madhuri cautioned her.

“Enquire. She is O positive. See if Atreya can match somebody's blood with her. I will physically manually compress the uterus for ten to fifteen minutes. If you can get blood, it is all right. If bleeding does not stop without it then we have to choose between death and death.”

They held on, infusing colloids, crystalloids and vitamins and waited. Only few people were around. None was O positive.

Vijayini asked the second Manju to continuously compress the uterus to minimize the bleeding. Without a word as to what she wanted to do, she went out, telling Madhuri “Hold on to her for ten minutes.” They held on. She walked to the laboratory, asked Atreya to cross match her blood with the patient. Within three minutes he said “Compatible.” Knowing what was going on, she had called her husband and said,

“Draw my blood.”

Without a word a large vein was punctured. Blood flew out freely. In another three minutes the bag was full. She breathed deeply for a couple of minutes lying down, pressing the arm, just so that the punctured site does not bleed. Picking the bag of her own blood Vijayini walked to the theatre and sent the bag in. Madhuri started it on full flow. Vijayini washed and dressed again and walked back to the operating table, ready for the hysterectomy. Before that, she had explained to Deepshikha’s husband and her relatives the problem and that she was caught between death and death, the child being already saved.

The fresh blood had flown in. She clamped on to the big blood vessels of the uterus preparing for hysterectomy. Madhuri passed a word.

“Madam, the halothane is out for some time now. The contraction now is strong. Halothane probably was responsible for the half contracted, half slack uterus. Just wait for a little while before you proceed for removal of the uterus.”

The oozing blood had stopped. She released the uterine clamps. They waited for full ten minutes. They decided to do tubectomy and close the abdomen, sure that there will be no bleeding any more. It was decided that a few more O positives will be cross matched and kept ready in case the uterus starts bleeding again after a few days, and then go for caesarian hysterectomy. The blood loss so far was huge. Six units of blood were transfused in the next two days and Deepshikha started looking well. On 12th day she walked home with the child.

“Madhuri, there is nothing more hazardous than a removing a uterus immediately after caesarian in general surgery. Nothing more dangerous, and it is extremely rarely done. Thank God that I did not have to do it.”

“To transfuse your blood to complete the operation was a good decision. I think that all the blood clotting factors required, were supplied quickly and the process halted. Things have gone quite well.”

“This is the second time I have given my own blood to the patient I was operating upon. Once I was assisting my Parsi professor, a fantastic woman surgeon. An abdominal aneurysm ruptured and spurting blood hit the roof. She clamped down on the aorta above with her finger grip. We ran about got some blood and did it. But I gave it for a liver hemangioma. That is why I did it again.”

Such terrible events were rare but dangerous, and equally peculiar events were not a rarity. Instance after instance had taken place and each had sent its own ripples in different circles. In

the vigorous province of Greenspan with alcohol, cardamom, meat eating and hard work in the coolest of airs, stimulated by coffee, promiscuity was a mere by-product of human activity. The mothers were lenient and at least by default, were honest for what their young one's were doing, recollecting their own young days. There was adequate knowledge to avoid pregnancy; even then accidents occurred.

Pregnant out of wedlock, like in the Indian cinema, the aristocratic lineage was considered maligned and the household would go mad for termination. Dr Koppikar did the job gleefully, swelling his coffers. In average and poor households, the only and easy way was to go to a quack for abortion. These women, often with some experience in hospitals as maids would put foreign object, big and small, inside the uterus and try to take out the conceptus from the uterus. No one knew how many succeeded, how many died, if the abortion did not take place; whether any children were born and in what conditions. Danger to the life increased if abortion was attempted beyond the legally prescribed limit of twelve weeks. Home deliveries were common but no one knew how many children and mothers lost their lives, and how the child was dealt with. But a few psychopaths existed who resorted to criminal abortion by pushing all kinds of materials in the uterus.

Some of these accidents would land in The Hospital.

When young Devanshi was brought in, her robust young age was further enhanced by the flared-up beauty of her large breasts with a twenty-four weeks old child inside her. There was brisk and profuse bleeding from her uterus because of an attempted and failed criminal abortion. Such cases used to anger Vijayini, beyond all the endurable range of control. Out of wedlock was also tolerable. After all, things do happen. But to resort to criminality was something disgusting. It was only because she was under the Hippocratic oath to save life under her, that she operated criminal abortions after making a police case, that a criminal abortion is already done, and that she has to re-operate this patient to save her life.

When she cut open the uterus she stopped altogether in her stead and then started laughing almost uproariously. Knowing how fuming she had been just before taking Devanshi up for surgery, surprised, each one looked into the abdomen and started laughing themselves. Through the opened uterus jutted out one hosepipe sized red rubber catheter, a foot long, standing like a flag post.

“Arrey, from where is this damn thing coming out? The urinary catheter was in place and the bladder is also intact. It is definitely coming from the uterus.”

“But how did it get into the uterus?”

Vijayini checked and said – “It is pushed in the uterus from below through the vagina attempting criminal abortion. It must have coiled up completely and slipped up. That is why I did not see it during the vaginal examination. That must have scared this criminal abortionist. That is why she was sent away. Look how it comes out, all coiled up.”

Once the hosepipe of a catheter was pulled out a lot of muck came out. A deformed and dead child also came out. All the cleaning was done and the uterus was sutured up. Her tubes also

were ligated because the pregnancy, unlikely to occur, but if it did would be fatal for both Devanshi and the child.

Such criminal cases kept on coming. Vijayini kept saving them with all the irritation and the greatest trouble. She was an adroit surgeon operating in the hazardous Greenspan conditions for more than four and a half years and the number had been pretty large.

That was the reason why she felt it deeply when she lost Saraswati, in her thirties and her third child as well. On a quiet Sunday evening when they were sitting around, this drama took place and was over by the dinnertime. Home delivery by the older Greenspan lady nurses was a common practice, in even better off households. Generally nothing happened. But at times the placenta used to leave large fractions of it attached to the uterus instead of falling off. That interfered with the contraction of the uterus after the baby came out and for the placenta to fall off. This used to result in large torrential bleeding and unless the pieces were either manually removed or curetted out the bleeding would not stop.

The fat nurse who had delivered Saraswati did not know this, although this was a common occurrence in the experience of The Hospital and scraping the uterus for the placental remains or their removal by pushing a hand inside the uterus or at least a check curettage after delivery was Vijayini's routine. That fat lady had and then brought Saraswati moribund, drained of blood, the uterus full of it, uncontracted. The nurse had stupidly spent time in giving 6 bottles of colloidal solutions just because blood was not available. When Vijayini put her whole hand inside the uterus and brought out the big pieces of placenta that was followed by a great flow of the pent-up blood, it was too late. The bleeding stopped almost within minutes but the hypoxia that the lady had suffered was for too long a duration and had already damaged the brain. And despite two bottles of blood readied and given, within the next few hours Saraswati died.

Years later than the times being narrated, one gynecologist of international repute had come to Greenspan. Standing in theatre of The Hospital, he casually remarked,

“No one can be said to be a master of the uterus and its diseases unless he or she has actually perforated a uterus with his own hand, corrected it and saved the patient.”

Years ago, as a small boy the Doctor had heard Vijay Merchant the great commentator on cricket, talking about Gary Sobers having got ‘a pair,’ out for zero in both the innings of the same test. Merchant had said – “No batsman can be considered great unless he acquires a pair.” The comparison was similar.

In that very theatre where the gynecologist stood much later, Vijayini had evacuated Rabia. Rabia had undergone medical termination of pregnancy three times prior and had still refused tubal ligation to stop pregnancies from occurring. The reason was the brutal and threatening husband of Rabia. Despite this refusal, she had requested Vijayini to terminate this pregnancy. Ordinarily Vijayini would have refused. But Rabia was too sweet and too gentle a person, educated, prepared to endure the tortures of her husband afterwards.

“Barring this issue, he does not really cause trouble. He is against tubectomy to stop further pregnancies. Religious reasons. I cannot afford to be divorced either.”

That had got Vijayini to induce an abortion.

When she pulled her gloves off, she said to both Madhuri and Rabia and outside to Rabia's husband also,

"I am afraid that I have perforated the uterus. At present there does not appear to be any trouble. The perforation appears sealed but up to five days I can't be sure about that. I may have to open her abdomen and suture the hole. I am sorry for the complication. But remember it has occurred not because of me, but due to the earlier three terminations. They have left the walls of the uterus extremely weak, thin and friable."

For three days they cared for her like a fragile newborn baby. Vijayini opened her up after that. There was a collection of blood and some pus had also collected in the pelvic cavity. Vijayini talked to the husband.

"Mr. Rabia, if a perforation has occurred in my hands, then you can be sure that in the next pregnancy, the uterus will rupture midway. I am going to ligate the tubes, stop this atrocity of making her pregnant, kill the child and traumatize the uterus. Whether you give your consent or not, I will do it."

He consented.

All kinds of things used to happen. But what happened when Saavani, an old lady in sixties was being operated, had never happened before and never happened afterwards.

Saavani was about five feet eight inches, a tall and thin lady. When she was lying naked on the examination couch, the most striking was a huge right sided swelling in her abdomen, a kidney that had accumulated its own water with some dirty muck for God only knew how many years – a swelling that held at least three liters of fluid. She had been going from pillar to post and no one had even bothered to pull her abdominal clothes down to properly examine her. Saavani had complained of pain repeatedly. It would arise with the capsule of the kidney stretching, as more fluid accumulated.

When Vijayini opened her abdomen, everything was pushed in a corner by the huge kidney. She punctured the kidney by putting a drain to take out the fluid. It took half an hour for it to drain; the kidney collapsed to a small mass. After the renal artery and venous clamps were put, there was more bleeding than expected. Vijayini sent out a word that if there is a donor, to cross match him and send a bottle of blood. At nine o'clock in the night the properly cross matched blood was sent in. The girl who carried it in the theatre stumbled on something, fell face down, broke the glass bottle and the blood spluttered all over, outside the theatre and was useless.

Vijayini had a capacity to maintain her cool. The blood was important but not exactly vital at that point as in many other times. Most surgeons would have violently erupted in their anger.

She completed the surgery, removing the huge kidney as if nothing had happened.

Notwithstanding his failure to help the Mongoloids, they by themselves did come for treatment once in a while. Tsering was one such. When he landed in the hospital, he had a tautly swollen and painful abdomen, which obviously had a newly developed irritant fluid, mostly blood. There was no chance that intestines, or other organs, had ruptured giving out some other irritant. They had no facilities to diagnose preoperatively any pathology inside the abdomen. It

was the history and examination and a plain standing X ray of the abdomen that usually settled issues for them.

“This is a spontaneous rupture of his already enlarged spleen, because of repeated Malarial attacks. It has become massive and ruptured. There must be not less than two liters of blood in the abdomen cavity. Though spontaneous rupture is a distinct rarity. He will need some 5 or 6 bottles of blood to start with, before or even during the operation.”

There were a few Mongoloids around with Tsering, listening to her. Then there were a few more. All of them came forward to be tested and donate. Briskly blood was arranged. Vijayini personally masterminded the line of blood bottles this time. Madhuri took up Tsering and in a matter of three hours the spleen was taken out, a small lobule of spleen – a splenuncule, was reimplanted behind the peritoneum, the blood drained and finally it took nine blood bottles before Tsering could be restored to a normal hemoglobin level.

Mongoloids, a smiling people of vivid expression, had got drawn to Vijayini and took some pleasure in chit chatting with her, told her stories, once they understood from what sort of seriousness Tsering had recovered. Tsering made an absolutely uneventful recovery and walked home, bending gratefully in Namaskar to Vijayini and leaving a beautiful bag on her table months later, saying, he had prepared it with his own hands.

The ability and the power of The Hospital to solve problems had gone up. She was the ruling deity or the queen of The Hospital. Spectacular and gratifying operations were so frequent and success had become a rule.

“What pains me most is when I have to take the risk of my life with that of the patient, when I have to operate outside my field.” Vijayini was once musing to Sharad who incidentally was spending more time in The Hospital now-a-days than in his own garage.

“What do you mean by that? Which field is outside yours?” He asked, understanding nothing of what she had said.

“You see, there are orthopedic surgeons, ear nose throat surgeons in the government hospital and still people come here to get some of those things set right, primarily because somebody has terrified, scared them out from there! Threw them out! They come here sick, in pain and in agony. Then you put a small plaster after reducing a fracture, or give a figure of 8 bandage and set a collar-bone, clavicle right. But the worst I tell you are the small children who need tracheostomy. They are the most painful and disturbing who come in such agony, hanging between life and death.”

“What is tracheostomy?”

“You see, we have a voice box that descends into a tube that carries air in the lung. The thyroid gland sits across the tube, leaving little space to make a small hole in the tube in the neck and then the problem is resolved. The voice box and the tubes at other times swell inside, because they become inflamed. That does not allow any passage of air, the child suffocates for air, that is oxygen, becomes blue and struggles. Sometimes a foreign body goes in the voice-box, and blocks the air passage. Then a hole below the block saves life.

“The children’s suffering is unbearable! Two-year-old, three-year-old children become so fidgety that you need four adults to hold their limbs, torso and head and then operate on their neck under local anesthetists. It is terrible, till you get to trachea and make a hole pass a tube and the air flows in. It is dreadful but it is extremely gratifying, when you succeed.”

“Who does this operation?” Sharad asked.

“There are three surgeons specialized in ear nose throat surgery in this god damned town who should be doing it. There are four other surgeons who should be able to do it. None of them do it. A few days back I operated fifth such child in last two years, a small one, hardly a year old. We had to struggle so much. Earlier, one such child was so difficult to relieve, we knew in both places and instances the outside surgeons were consulted but no one even told them that a tracheostomy is required and that they will not do it!”

“Is it that difficult?”

“Yes. If a child has to undergo that as an emergency, a child struggling for breath, for life, it really struggles. That makes it difficult and risky. All the important blood vessels going to the brain are just there. One slash this side or that side and you and the child are up!”

“When did you say you did that last operation?”

“A few days ago. Later the tracheostomy tube was removed and the child has happily gone home. Out of these five I have had to do tracheostomy on, two were so bad, I had to do it on the trolley they were brought in.”

As luck would have it, they had their sixth and the worst ever child only a few days after. The child was so restless, that ultimately Madhuri, against all risks put a small tube in the trachea, anesthetized the child and then they carried out the passage of the tracheostomy tube.

Tuberculosis was their constant companion, inside the lung and more often outside it. Yet Vishvajit, Rangila, Raj Kiran and Karuna were the most peculiar of all cases.

Vishvajit was a well-mannered well educated, athletic and robust Greenspanian, short with curly hair and a bass voice, strong laughter and was devoted to Vijayini. Vijayini had delivered Prema, his wife, struggling for six hours to get both the twins out safely, normally. Prema was terribly afraid of caesarian and Madhuri was not there during that period to safely anesthetize her. Without the anesthetist and a scared patient on hand, Vijayini did not want to open her up. She also had a strong conviction and bias, towards delivering women normally, not resorting to Cesarian section for flimsy reasons. Unless all attempts failed, or the child showed signs of distress, she would not do a Cesarian. She did not mind struggling for hours and patiently for that. These strains had had a singular effect on Vishvajit and the rest of the family. When Vishvajit’s father could not pass urine, obstructed because of his prostate, he had insisted on coming over to this hospital only.

Vishvajit was carrying on his right upper arm on the side of deltoid a two-millimeter thick red, rubbery, granular rash, which was at times itchy. It was about a palm width long and broad. It used to be irritating because it was just not getting healed nor was getting diagnosed. Once Vishvajit decided to show it to Vijayini.

“I do not know what this could be. But my own hunch is that it will be tuberculosis of the skin.”

No one had heard such a fantastic diagnosis. The biopsy turned out to be tuberculous. With some modification of the usual treatment for lung tuberculosis, it disappeared completely leaving nearly normal skin.

Rangila was a tall thin chap. He had developed collections of pus, many abscesses on the lower abdominal skin. Some surgeon had opened the abscesses and they had spread. All kind of antibiotics had been used and still the raw surface was spreading and eating up the skin. He was in untold misery when he landed with them. The initial reaction was that of disgust and nausea, the wound was so bad. It took some time before the wound could be properly cleaned. It was then, the spreading character of the infection and its eating away anything that came near it, had become apparent. The disease was something else.

“Look here Madhuri, these surfaces are making sinus–fistulous tracks into the abdominal wall. I hope they have not communicated to the inside through the covering peritoneum. I don’t think they have. Certain bad fungi and our old friend in this country, tuberculosis are the best possibilities. We cannot do culture for tubercular bacilli here. But Atreya has taken smears, fungi are not seen. Thus, it is tubercular.”

“What drug will you use?” Madhuri asked her.

“I have a mind to use Kanamycin among the other usual once.”

It took three weeks, frequent but open dressings, when the signs of healthy healing were apparent. Rangila had suddenly become obstinate. He wanted to go home because he did not have money to pay. Everybody tried to pacify him and put it into his head that drugs were helping him. But he would not listen. For once, Vijayini lost her temper. She shouted at him.

“I have dressed all the dirt of your body while bearing the worst and foulest smell. And like an ungrateful third-class fellow you want to walk out on me when the wounds are healing well. You will suffer again and the drugs will not then work at all. Then do not come to me again. I will throw you out like a dog.”

She had trembled trying to control herself and had walked out. Rangila went away, unable to even sit properly but insisting on going out. Months later the word came. Rangila drank so much that he died due to his uninhibited drinking with open wounds of his abdomen. He had money to drink, which he did not want to spare for his medicine. One more wife, Rangila’s third, young enough, left to herself with her own desires, she may not desist finding males to support her. She was well known for it.

While Karuna was a dizzying experience, Raj Kiran, as an intermediate stage of tuberculosis in the abdomen was a fine example of their education. He was neighbor of one of the newly recruited blue eyed young ayah Lalit, a divorcee, educated up to tenth standard, and with a small child. He had a big liver, painful, occupying quite a bit of his stomach. He was getting low-grade fever. He never touched liquor. A bald thin man of fifty, some disease lurking inside was eating him up. His spleen had enlarged. His blood did not show any evidence of cancers like Leukemia.

No further investigation was possible. What to treat him with was a problem. He was quite poor but that was the least of the problem, if at all.

“The simplest approach to diagnosis is to open his stomach and directly see the liver. If it is an abscess of the liver, due to amoeba, or bacteria, I will drain it. There is no history of a pet dog. He will not have hydatid bags, which are usually big, which needs careful removal. If it is something else, I will tackle that on the table.”

With this Vijayini had gone down in his abdomen, curious to see what the pathology was inside. The liver bore multiple large patches of two centimeters all over the surface. The spleen had small tubercles, the fatty, irregular sheet, covering the intestines, the omentum, the intestinal wall, all had a fine splattering of small seed like tubercles and the diagnosis was there all over the place.

With this tuberculosis dancing around, she had admitted Karuna. If thinness had an extreme, Karuna was its best example. Everyday night she used to get a spike of fever up to 104⁰ Fahrenheit, then she would drench in the sweat and then with a small dose of antipyretic, the fever would come down. They had investigated her but there was no apparent cause. The only well-developed organ in her otherwise emaciated body was her uterus. It should be weighing around a kilogram as against the customary fifty grams. On pressure on the lower abdomen some little caseous pus would ooze out. The whole lower abdomen was full and tender.

Having got fed up with the unresponsive fever, Vijayini decided to do a diagnostic laparotomy – opening up her abdomen, as the diagnosis was in doubt. When she waded through the maze of adhesions and bowel loops to reach the uterus, she could see the chronic, chronic granulomatous inflammation with layers of pus and the healing fibrous tissue making uterus twenty times the size of itself, all dirtied, soiled, red; the urinary bladder had grown frozen with the uterus, the rectum had plastered itself from behind to the uterus like the bladder from the front. Skillfully using her both index fingers she separated each of these three organs. The uterus with the tubes and the ovaries was taken out from the inflamed masses.

“She will not heal well. I think her abdomen will burst open. Tuberculous fistulae will form. I don’t think I will be able to sleep over her, Madhuri. Try something more than usual for her.” Vijayini had said.

They used blood transfusions liberally, to build her up. From the Baokar’s estate, a number of people had been operated in The Hospital. Over time the laborers had also got bold enough seeing the various adventures of modern medicine which had cured them. When three units of blood to be given was proposed, four laborers pulled their arm sleeves up and said, ‘Take our blood.’ By coaxing Karuna to eat well, making the laborers a part of her treatment group, by way of bringing protein rich food, iron and vitamin syrups and so on, later stepping up the anti-tubercular medicine, Karuna healed herself well.

With her surgery in full swing, another example of what thinness and emaciation of a body could be had walked in. Another Karuna, one of the commonest rural names in India signifying compassion! Her condition itself was a compassion. Karuna could not eat anything. She could at the most drink not beyond a few glasses of liquid in a day, clear soup like liquids or diluted milk;

that was all. She knew how much she could take at a time and digest. A little more and she would vomit. She had been continuously losing weight over the last two years.

Months ago, her condition had been diagnosed by the Doctor by conducting a Barium meal on her. A glassful of white radio opaque Barium had gone in the stomach and not a drop could go out after four hours. Normally in half an hour everything should have emptied. There was severe obstruction to this out flow. Anything eaten would come out in vomiting. Her nutrition was really poor due to that. As a result, the body had sustained on itself, using fat and muscles for energy, losing both. She had come back to undergo the operation to relieve obstruction, when the Doctor was away. Vijayini and Madhuri had operated upon her. When they opened the abdominal cavity, the whole stomach had popped out to greet them. A segment of small intestine was holed, stomach was cut and the two hollow organs were sutured together, by passing the obstruction. In two months, the young Karuna was nourished back into a plump, nice-looking, dark-complexioned body, smiles all over.

The Doctor, thousand kilometers away was completely unaware of these victories in The Hospital. Thousand kilometers away, Vijayini and the rest of them were completely unaware of his stressful journeys and fruitful discussions. From Narendra Dutt he returned to Dr. Vimala's home, rested for a day and started for Bombay. The bus was crowded. He held on to a pole and stood there swaying with the bus. Nearly an hour later, sleep overcame and he collapsed on the floor. The co-passengers quickly lifted him, a young boy sitting offered him the seat. Groggily he thanked all of them and dosed off. He had only a faint idea of how he reached Bombay and from there his home.

After two days he went to see Dr Debashish Choudhury, a fine surgeon, in one of the prestigious hospitals in Bombay, influential among the dominant political parties, but clean in his surgical and professional life. Vishwas Deshpande, his neighbor in Bombay had briefed Debashish about both the Doctor and Vijayini and their work, and Doctor's desire to see him to discuss health care business. He spoke for a long time. Debashish listened without interruption.

"Dr Choudhary, I am on a tour, meeting Doctors of all kinds of hues and inclinations, to understand as many issues as I can about health care delivery in India. I think it will help my thinking about how to reorganize the Indian Health Care Delivery, developing relevant and useful alternative models, wherever they are needed and are lacking. About how all operative agencies work, their concerns and considerations about health. How to bring them together, for a common goal. Necessarily assessing their role, anything more these agencies should be doing or should abandon, also needs consideration. It leads to the question of how to establish a complimentary cooperative functional style, how to build hospitals of a different kind and orientation. It ultimately should help the suffering humanity, mainly the poor."

To say the least, Dr Choudhury sat motionless for some time.

"In my thirty-year surgical career, I have never clearly thought about these things in toto. I know quite a bit about what goes on in the health field, the good, the bad and the ugly. I was aware of the pervading dysfunctionality with as well as without evil intent, in health field. But it that never struck me to think about all this in full as the more powerful causes of the miserable health care we have."

“I am on my way to a place where I can put down all that I have learnt, including this trip where I have met many stalwarts, in what I hope to write a comprehensive treatise. Can you suggest anything more?”

“I have a few suggestions. Complete the work, as much as you can in this tour. We will then sit down again and see if it needs any refinement or slants which appeal to various agencies. I will help you to get it through in to the WHO. I would also like to arrange your lecture in the Bombay Management Association. I am completely flabbergasted on hearing about all your voluminous writing as you run that small outfit. We are going to build a new hospital in New Bombay for which I will need your experienced suggestions.”

Long back, his professor had said to him when he was completing his dissertation for MD, ‘You should not fall in love with your own hypothesis, somebody else should.’ He was being vindicated by others, each one he met so far. That was nice to hear. The greater pleasure was of elements getting added to his theses of Reorganization of Health Care as a necessity. Another thought was getting prominence and settling solidly in his mind now. He wanted to bring together all the service projects inspired by Hindu ethos. He had mentioned about it to Vimala, Yatish and Narendra Dutt people. He added Debashish’s name to the invitees. The discussion about such a conference was likely to take place in Nationalist Medicos National Executive where he would be going in three weeks’ time. The signal for such a conference which he was waiting, was likely to arise from there.

His main work had outlined itself. The next stop was Vijayini’s Mama where he wanted to write the thesis. But he got drawn in some side activities, in Bombay. Deshpande forced him to write applications to a London based Foundation as well, to get fund, to explore the possibility of finding a cancer cure by Ayurvedic Drugs. It was his long-term commitment; he had not been able to do anything about it for so long. He however knew the infeasibility of such an effort.

Deshpande also dragged him to the regional office of a big bank, to meet a Punjabi Senior Medical Officer lady. Deshpande had some inkling that the Bank was interested in the development of Ayurved. There were two main streams of concern. Yog and its different schools for research in the old science. The second stream was exploration of cure through Ayurvedic drugs in many, otherwise untreatable conditions. The lady was quite naïve about and did not have any clear ideas about either and her thoughts too amorphous.

The meeting merely underlined that there was much more diversity that needed exploration. A much larger issue of first integrating many of these sciences with modern medicine was nowhere on the horizon till then. The only gain was, he added these areas to his thoughts to deal with it in his treatise. Each person he met so far in his journey had contributed in some way or the other in expanding the areas and underlined the need that somebody brings all of this together in a draft. All of it was to end here, but he was satisfied that he had fulfilled Deshpande’s enthusiasm to help him.

In between, the Doctor met an old friend Babu, an accomplished corporate accountant, in a fancy hotel on Mahim Causeway. They talked about the tribal issues, need for finance to do more for them. Babu directed him to the charity commissioner for collecting a list of trusts interested in

such works. Shri Pandav whom he met some months back used to be the Charity Commissioner. He recollected it and smiled to himself.

He proceeded to Vijayini's Mama's place from there. Mama was an anglophile, a radical and therefore by definition strongly opposed to the Movement in its entirety. Even then the Mama and the Doctor had become great friends. The family of five welcomed him overwhelmingly. His son had obtained a temporary membership and permission to use the English Library, to bring his research material and do the writing. The Doctor was immensely happy to have the pleasure of Air Conditioning, protecting him from the heat and sultry perspiring weather, he was singularly susceptible to its effects, more so having lived in Greenspan for many years now. The scholarly atmosphere, sparkle, cleanliness, quietude, spurred him on. Writing now would be immensely pleasurable.

In the last ten days, relief to be away from The Hospital, and despite the strain of travel and of the discussions which opposed each other he was now more restful. His mind had gone razor sharp over his theme. He used every available minute of the library between ten to six to write, falling into his groove from day one. The only ten minutes break he took was to come down to a shanty opposite the library, under a tree. Villagers, laborers and office peons gave him voluble company. A couple of strong teas of one of the more famous varieties of Gujarat, No. 1, *Gulabi, Badshahi* and so on. Then another stint at the writing and out again at six in the evening. In the evenings he joined the family, completely informal, and talked with the Mama and others.

"Mama, you might be as surprised as I am that I write uninterruptedly for hours together. I am just pouring my heart and thoughts into words on to the paper. The words just flow and flow and flow out on to the paper."

"This then is the correct time to write the book you have in your mind. From what I know of English writing, I can tell you that your integrity of theme will be quite strong. A great deal of thought, for and against your ideas has already gone in, as you told me earlier, to the point of supersaturation. The pen is the thread on which the contents will crystalize. Bravo."

"So many people have added ideas to what I had thought of. I have to think about placing them at appropriate places. Even then my speed is not coming down."

"I understand. In this situation the thoughts will run into each other, jam, the draft will look hasty, assume a lot which is unsaid as understood. At a later date it will have to be elaborated upon, separated more carefully in to sub-sections or split in more paragraphs, chapters and so on, clarified; notes, footnotes, tables added. Chapters titled. But the most important thing is to complete the draft since you have reached the right stage. Other things are much easier then."

"I think I have hit the solution for better health care delivery system. It is versatile, flexible and adaptable to almost any situation in India and easily reproducible. Our early success in Greenspan is so striking. All the experiments done, have cleared the vision. The structure is consistent. I know the solution to be right."

"I am glad you chose to come here and write."

He went on to write and write and produced a one hundred and twenty-five manuscript pages, in those fourteen days.

All six of them had returned from a village styled restaurant fifteen miles away from Ahmadabad. Laden with food, all others disappeared but the Doctor and the Mama got to talking in the night. They talked the whole night arguing over everything; political or social or moral problems of the country and the world, and about numerous other subjects.

At five o' clock in the morning Mamaji said,

"It will be a good idea to see one hospital sixty kilometers from here doing excellent work. I think it will add to your repertory of health care issues. They went out on a cup of tea and walked to Dr. Mahendra Patel, who welcomed them in his decently large enough house, half a kilometer away from Mamaji's residence.

"This is my doctor son-in-law. I have told you about the difficult place he and my niece work. He has come here to write a book, his first draft on India's health care delivery. He always talks of more and more competent hospital and institutional set ups with a particular structure and methods of working. The hypothesis is, such set ups, accessible to the people of the hinterland at short distances, can relieve most of the serious conditions below district levels. I thought it may be helpful, to have a look at what you have been doing contributing to his thesis, and well, he could possibly contribute something to it?

"Why not, why not? Coming from a trader community, I should be in private practice minting money. Instead, I have spent as many lacs of rupees of my own, as my years as a surgical consultant, on this institute. What can be more pleasing, first thing in the morning, to see a young fellow coming up from a place far from everywhere, talking of health care as a whole, hospitals and institutes?"

Dr. Patel then took them to the hospital in his own car on the flat, dusty, and dry plains.

Chapter 12

“Doctor, you are in for a mild surprise; we are going to an exclusive Kidney Institute with plenty of kidney transplants going on there. I am a transplant surgeon. There is not a single Nephrology Institute over vast stretches around, that does everything needed by the people for the kidney disorders as we do, under one roof. Everything that is needed for any and all kinds of kidney diseases, the state of art facilities is there.

“But our bulk of the work is on transplant in chronic kidney failure, the biggest and difficult issue in the population. I have informed Dr. Mohan. He will be there to show you around, while I go in for a kidney transplant. Mohan was working in the state capital city as a kidney specialist. What I like most about him is, he is a complete physician. From brain to foot, he competently looks after all issues, thereby cutting down everything that follows; too many referrals and its chaos. We became friends. The idea to develop an exclusive full-fledged nephrology institute, was more naturally born; it shaped itself, came into existence, grew and became first class as if, or because it was destined to so become. It is one of those inevitabilities that cannot be stopped.”

“My only question Dr. Patel is, HLA matching, is considered a primary need, not negotiable. It has to be compatible over a large number of genes. It is not easy to get a good match. Then only there is a reasonable certainty that there will be only minimal but controllable graft versus host reaction and the graft may be saved. How can we, that is you people, do so many transplants with these constraints?”

“You will not believe it – but we do not depend solely on HLA typing, in fact much less. First degree relative with matching blood group is the key. That also cuts out all the ugly commercialization and crimes attached to transplants. Hence just the blood group matching mostly suffices. Our grafts survive. Our post graft suppression of patients’ immunity with drugs to avoid the rejection of the transplanted kidney by the body, is minimum. This in fact is the most expensive component, since it has to go on for years together. It can be more killing; but we have largely succeeded in this area. We are not talking about one year or six month’s survivors. Most of them have survived over years without much difficulty.”

When they reached Institute in the dry, dusty, waterless, brown land, they came across a neat square white building that looked like jewel, with a few large trees around. As they approached it a small breeze of conditioned air came wafting out, greeting them in the heat. The institute was sparkingly, spotlessly clean and bore all the marks of a place where the systems are well laid down, the logistics good, a place in much use, frequented by numerous people. Most impressive was the laboratory, it had to be, because after all, the science of kidney is like mathematics and accounting. What is lost, gained and the balance. Laboratory had to be good to give correct numbers to act upon. All the dialysis machines were in row, doing a robotic job all the day round, now on a Sunday just standing still, the area was being cleaned up.

There was then the most important surprise, Dr. Mohan, tall with his competence writ large on his being. He stood there in the middle of the institute. He had all the work in the world but as was apparent, nothing that you need to do, right then and there in an urgent manner, on a Sunday morning. Arms hanging loosely by the side of his tall stature with the Negroid curls of his short hair, plastered down, skin color of a brown tending to light black, he stood there, with the air of, 'I am the Monarch of all I survey.' A sensation, the Doctor had experienced and assumed generally.

Mohan was completely at ease. Without even talking to him the Doctor knew that he was looked after well, did not envy the privateers who earned hundred times much more; the government in-service Doctors for their stability and ability to make much on the sly and side were not even present in his mental horizon. An out and out institute man. He had in his stance that certainty that like a tree each one has to choose a spot to strike roots and grow. He had chosen the Institute. He had everything in him that an institute needed and therefore was also the director of the institute.

It was a few hours, before the short intermittent, sketchy, to and from conversations ended with a long tour of the whole place, with long pauses in between.

"Doctor, I for one I am quite clear that meaningful health care delivery is possible only and only in institutes where a group of competent people work wholeheartedly and together. They are a deterrent to all individual malpractices and its proponents and fosters everything good that can be done for the patient and people."

This was Mohan's last remark before the visitors left.

It was not the Doctor's bias towards institutes, a claim that everything they do is the only right thing. He was journeying to visit institute after institute, not avoiding private practitioners, small hospitals, nursing homes in the metropolis. He was actually aware of their inadequacies to deliver just, equitable and affordable care, as near to the homes of the patients. He knew fully well that unless an outfit is run with these goals, and assume an institutional character, things will not be delivered. Either the nursing homes will have to be fully grown institutes to be able to do justice to their patient, exploiting many conveniences it naturally had in a city. An alternative, of hospices, where patients having battled the main disease could be followed up long enough before they could go home had not materialized in cities. It could be as lucrative and still fill up a great need without exploitation.

The Doctor realized precisely, Debashish Choudhury's warmth towards him. It was because both had an institute under them and what it meant and was worth, enhancing their capabilities, thinking and work output. Now with Mohan he was sensing the same. For long he had grappled with the question, which is the central, key unit of the health care delivery system of this country to solve its urban and rural problems. He had by now made up his mind, developed his thesis that the hospitals like his, had to be a decentralized forty to sixty bed units located every thirty miles from each other in the hinterland. Such hospitals had to be a power packed institute with broad or basic specialties, would take care of most of the diseases prevailing there.

A smaller bed strength, irrespective of whether it was rural or urban area to begin with was ideal. There lay the importance of voluntary section since it could raise such hospitals which would do wonderful work, even if they are few to begin with. He had also envisaged half dozen other ways of building such hospitals, with government as a partner. It was precisely to put this thesis down that he had come here and had now seen this Institute confirming his thesis. The whole travel series toed one line, as if to seal tight, that all that he was writing about, the visit to the Institute had confirmed again.

Returning to Bombay, less than a day in it, he boarded the train, covering longer distance than any other train in India to Calcutta. Travelling third class, sleeping over the wooden berths, he alighted on Tata Nagar, the then longest railway platform in the world, few hours before Calcutta. From there he travelled to Sakchi bus stand and then to Ranchi, nonstop journey of fifty-five hours. He had undertaken it just to keep his promise to Babaji that he will be there for the national executive of Medicos.

When the Doctor entered the premises of the Medical College, he immediately sensed ‘the most familiar atmosphere’ that only medical colleges provide to those who have enjoyed their six to ten years of stay there. The oblong four-story buildings in white, the long corridors with wards flanking them on both sides, the typically dressed nurses, their tutors, the white-apron-clad graduates, undergraduates with stethoscopes lying across both shoulders; even the ward boys and ayahs and so on; all of them were the sign posts of that familiarity.

At the entrance there was a banner of Nationalist Medicos with those typically enthusiastic student residents hanging around. He had not seen any of them. They had not seen him but had read his letters and his signature and name on them. He approached them and introduced himself. There was an immediate recognition and very agilely and unceremoniously they had relieved him of his heavy bag, ignoring his protests and marched him off, taking charge of him.

“Sir, we have been instructed to take you to the office; see the one where a few more people are there? Our deliberations are going to be held there. There you will also be able to freshen yourself up and then join the meeting. It will start soon.”

Later he was in the ninety first room of the 6th hostel of RMC with lots of students, numerous pamphlets, badges the usual assortments of a conference or national executives meeting. A tall fully bald, dark-complexioned Doctor with sparkling white eyes that glowed with a feverish dedication, immediately rose and came to him with folded hands and an intimate respectful tone. Only long years of breeding could have brought it.

“Dhananjay Jha.”

“I have arrived.” The introductions were brief.

“Oh yes. That is the most important thing, Sir. We have been eagerly waiting for you. There are ever so many subjects that we want to discuss in this national executive and we want your counsel, thoughts, experience and suggestions in those spheres.”

“I will try to contribute what I can.” The Doctor politely said, turned to others and introduced himself. A number of people were there. Each one methodically introduced himself.

“We are happy that you have come all the way travelling over 2000 kilometers.”

“It is much longer than that. I am also happy to be here, distances notwithstanding.”

“Dr. Babaji and Dr. Pandit, both were enquiring just about a few minutes back whether you have arrived. They are proceeding to this place. I suppose you have already been comfortably placed.”

“Yes. Thanks for that. Do you have any work for me to do here? I will be happy to help.” The Doctor enquired.

“No. No. Things will be taken care of. We have a good pack of volunteers. They finish things fast and demand new work.” Chidanand said.

“I would like to see the final program of our three days meet over here. The last I received was at least three weeks back, before starting the journey, during which I could not have received any if you had sent it.”

Promptly they showed him the program. One item caught his attention. Presidential address by Dr. Pandit. He had been hearing the name of Dr. Pandit since long; first time as a close associate of the previous chief, in his last illness, frantically making the rounds between Head Quarters and Calcutta by flight! That was in 1973.

Since then, the Doctor heard of him after nearly fourteen years when Dr. Babaji had first mentioned the Nationalist Medicos, when he had gone to the Head Quarters to meet the present chief. But that was another story. Dr Pandit since had become the president, had come here to attend its national executive. The Doctor had a vague attraction to the name and the unseen person. He knew why. Dr Pandit was a renowned doctor in the high circles of Calcutta as well. Being a highly qualified Doctor, a physician, made a lot of difference. Physicians are trained to think in shades, gray areas and possibilities. He must be a thinker. I must know somebody who is a thinker in these high circles. He must be an important, and a highly deserving proper person for this set up, one who would listen to him and to his ideas, the Doctor thought. The Doctor had admitted that much to himself as his explanation about why he was eager to meet Dr Pandit.

That way, Babaji was also a regular doctor but without any postgraduate training. That could possibly make some difference. Did it? He thought it did. Also, Babaji served as the ADC for thirty years to the previous chief, imbued in his spirits, his thinking, in a way his protégé. The Doctor did not feel any resonance in what the previous chief thought, behaved, and expressed. Hence, he had doubts as to whether he could establish the same rapport with Dr Babaji as he might with Dr. Pandit. He had spoken to him as the ADC of the present chief five months ago, with whom the Doctor wondered, whether he had so much of resonance on every issue. He had not been able to talk freely, open his mind with Dr Babaji.

In the program, Dr. Babaji's name had featured for keynote address. There were other important items over which he wanted to think; the proposed aims and objectives and the organizational structure. There were national bodies of all doctors, national bodies of each specialty, physicians, surgeons, cardiologists and a few others like gynecology, and orthopedics. Professionals ganged up under each body for professional solidarity and improvement in knowledge, to become up to date in clinical practice, for conferencing and fun in its name. Then

what would be the difference between other bodies and this body, of NM of Dhananjay's have? What was the organizational structure they meant to propose and what for? With several such questions in mind he was curious and eager to get into the discussions.

The contents in the material he was sent to, initially, had said that socially committed Doctors were needed to work within the society; that the organization wanted to evoke and evolve the social dimension of medicos, especially as they came out of medical colleges as graduates, postgraduates and so on. There was some focus on North East Frontier Region to be served through doctors. North-east was always an ongoing problem region, secession and proselytization, backwardness and poverty with violent insurgency and foreign power links and their interference in Indian Territory; always rife with difficulty. If NM was considering northeast as an area that needed to be worked in and for, it would be a major and most desirable dimension.

Then there was some framework of various activities with medical college as the base, academics, debates, research, etc. The medical college seemed to feature dominantly and centrally in Dhananjay's thinking. There was however little about a working relationship with local medical professionals in cities, towns, districts outside medical colleges. This left an extraordinarily large number of practicing Doctors outside the purview of NM and remained an unfocused lot.

As things stood, the Doctor had given up Medical College as a career path long ago. Many of the medical under graduate students were too conceited, selfish and a shallow lot; the teaching faculty largely a narrow minded and timid lot, the college extremely unappetizing to continue there after his MD. Contrarily, Dhananjay's focus was The Medical College. May be, students in Bombay metropolis are different as compared to students from outside. They could be more endowed with empathy, hence more amenable to ideology. Even then there were big question marks, the professional college students from North India as a rule were considered hooligans, dangerous; those from South more sedate. That made things even more confusing.

The unfocused lot of privately practicing doctors in the vision of NM, were the wealthy and credible lot, with a standing as the leaders in community, powerful people. Many of them would be sobered over years to ground realities. Many, after long years of practice were probably thinking of the communities, service, seeing beyond themselves. They were the meat, the salt of profession. Dhananjay had left them almost completely out of his vision. It was as if he did not have anything to do with them, as if he wanted to positively avoid them from being included and tapped for their resources. Not that the materials the Doctor had perused, so frankly said so, or hinted at. But the emphasis between the lines also did provide room for doubt over it.

Then there was a small third lot; out of college, not settled in their own community and wanting to go off to a tangent of medical service projects and play a role of medical missionary. They were not rare, but infrequent, even within the folds of the Organization and its affiliates, including NM. But there was a problem. Men ready to boot, but nowhere to go. There were no projects in need of such people where such men could go. There were usually and also no men to go to projects when projects, however few, needed them. There was no clear thinking about their long-term settlement.

With these thoughts unconsciously churning in his mind he was halted by two white clad figures. Somewhat absent mindedly he looked up, took a shade too long to discover that they were Dr. Babaji and Dr. Pandit and then smiled, folded his hand in reverence and bent down to touch their feet.

“It was for long time since we wanted to see you and see you here in NM.” Dr. Pandit said.

Dr. Pandit was originally a Kashmiri Brahmin, but his ancestors had been staying in Calcutta for over four generations and was more like a Bengali than a Kashmiri barring his not even eating fish. He was the king pin, the mentor, the coordinating officer, in formulating policies more particularly in West Bengal and the North East, but also at national level, to almost all of the works launched by the organization. NM was his one of the newest responsibilities. Dr. Pandit was as fair, like Babaji, well-articulated, used his words very carefully trying to convey as much in as few a word, a characteristic most people had initiated or imbibed from the previous chief.

In right earnest, all the proceedings of the NM national executive had begun.

The customary session of self-introduction of all the members present, started. That helped people know the names, the responsibility and the locations. But nothing more about the persons themselves, something really worthwhile. This was a nicety, marred to some extent by the unwillingness on the part of the organization members like him, to talk more about themselves. Within the organization, no excellent work, whoever did and however, was ever credited to oneself, but always to the collective effort. A number of them would have had distinguished careers before, during and after their stints with the organization; nothing much would still be known.

“I did my MD seven years back in Medicine. For the last six years I am working in a place, far from everywhere.”

The Doctor sat down after this much introduction.

Before the next person rose, Dr. Babaji stopped him. He said,

“The Doctor is a new member of our National Executive. He comes from an old family from Head Quarters. Brought up in Bombay, he left it to lodge himself in Greenspan, a climatically harsh, difficult area, considered the black waters of the state. The forty-bed hospital there, was not doing well on any count. Single handedly he has pulled it out and restored it to great respectability. His wife is a surgeon also working with him there. We should, I suggest, ask him more about all that he has done there as the opportunity presents. And I thought it was important that we all know this.”

This was a singular honor, to be introduced by a highly placed person like Dr Babaji. That immediately put the Doctor on a higher pedestal, ahead of most. One thin fellow with a happy, somewhat jocular face stood up and asked,

“Where and what exactly is this far from everywhere place?”

“We are situated in mountain ranges, 4000 feet above the MSL, 150 inches of rain and terrible cold. The three nearest big cities are 150 kilometers away. Communication facilities,

electricity, roads, are poor. It is a district that has 100,000 acres of plantations; it is like a garden of immense but a fierce beauty. There are no level roads, they either climb up or down steeply while turning left or right. We have to and can tackle all kinds of serious cases on a routine basis.”

The jocular fellow stood up again.

“Are you reciting a poem or you are describing your place?” He asked.

“Of course, the place!” The Doctor absent-mindedly ejected the sentence, completely overlooking the obvious humor, intended to be good natured and also as a salute to the man. Then the Doctor laughed, realizing what happened. That did it. He became a key figure. He made a resolve not to talk much in the formal sessions but of talking to the youngsters in off time. Even when he kept mum, it was not cynical, callous, condescending or insulting like Vasudev. He was all attention to what was being said, making an attempt to digest, to see if anything else is to be understood, incorporated to his own scheme and so on. The impression he seemed to give was of a person, who understands a great deal of what is being said and is still interested in listening to us. That made almost all of them more relaxed towards him.

In the keynote address Dr. Babaji came directly to the point.

“In NM we have several issues to sort out. First of all, why NM? A body of only allopathic MBBS medicos; dentistry not included. We have an all-encompassing Indian Medical Association. We have Associations of every specialty and sub-specialty, in which the profession is divided. What is it that we do or will do that is different from these bodies, more essential than what they do or not do? We will have to carve out a clear answer for that.

“The second issue is, if we can justify our existence in any way, what sort of relationship we may have with all these bodies that are already in existence. As of now, I do not see any ways we could get their help or bring them nearer.

“The third consideration is for those of our professional colleagues who have not necessarily been in the formal circles of such bodies and are therefore solo, isolated practitioners in smaller villages or towns. Then there are professors, lecturers; what are our plans to relate to them? What do they need and we can give them, what is it that we can ask of them?

“Then there are those who are in the formal governmental health care delivery system; in PHCs, PHUs, district hospitals, ESIS, in small dispensaries and so on. We know that many of them are using different practicing norms and may neither be just to people nor honest to profession. Should we befriend them? Or should it be done on a case-to-case basis? What do we give them, what do we ask of them?

“One major request to all of you is to write down all thoughts that arise in your mind about these issues I mentioned, on paper and anything more that strikes you. Send them to me and Dr Pandit in the next month or two. We will then try to organize it and prepare a guiding draft.”

Dr. Babaji, particularly during the last point addressed to the audience, was looking at him all the time. It was a cue enough for him to understand that he will also have to be a major part of the process and do it extensively, whether all others write or do not. Writing was bane to Doctors

in general. Everyone else seemed to have faith in his ability to write in detail on any subject that needed elaboration; Sheshraj, Ratnakar, Dr Raghav, the State Drug activists and now Babaji.

Dr Babaji continued.

“This is as far as the medicos are concerned. What about the horrible state of affairs at all levels of health of this nation? We think we know about it in Government, and private practice of medicine. I am not sure if we really understand it’s dimensions, ramifications and meaning in statistical, quantitative terms, vis-à-vis our various population segments.

“What kind of structure, agencies, we should have to counter these tendencies, what role and how it should be played by us? When we ourselves do not know all this, what sort of thinking can we develop, or to find answers or put in practice? I as Dr. Baba, have a big blank dark universe around me over this, and you want me to give some guidance. My guidance is to raise these questions, frankly admit that we neither know the ground situation fully nor the answers. I plead that we will all try to find them out.”

All of what Dr. Babaji had said, was included in his theses he had written sitting in the English Library.

Dr. Pandit spoke next. The second of Dhananjay’s idol!

“Friends, as the first formal president of NM, I welcome you all to this new entity and pray to all of you to contribute your mind, might, money and intellect, for all of us to shape it as a useful instrument. Add it, to the all-round attempt that is going on in our country for over sixty years to rejuvenate, reorganize, resurrect and reinstate each and every aspect of our national life. I would like to add a few more issues to the list already given to us by Honorable Dr. Babaji. Do not have a negative attitude towards this exercise of listing the problems. This could often be the beginning of thinking about how to solve them.

“What are the additional issues that I see as important? One is the prevalence of rampant, malpractices, in the profession. There is plethora, a surfeit and a variety of these malpractices in so many different forms, within allopathic medicine practice that is unimaginable. The malpractices are even among people you will least suspect. We may know only a few of them. To my mind listing out the malpractices commonly indulged in by the profession by itself will be an important activity. It will, at the least, make us aware how much and what is going on around us and what to attack, if at all we can.

“We are in some way fools! We live and think in an idealized manner that is largely absent among doctors and the society as well. As an organization, in the name of the decency, as a norm of living ethically as a professional, I believe that combating the malpractices will be our duty. The least of all, if we can keep ourselves away from them, it will still be an achievement.

“Another issue weighs on my mind greatly. I am normally located in Calcutta the nerve center to all the North East. We are facing the specter of proselytization and a strong and a growing tendency towards secession from the Indian Union every day. As the activists of our Movement, our duty also lies towards the integrity of this nation its unity and its sovereignty. I am not at all clear whether we as NM play or could or should play any role to deal with it. In which way and by what means?

“Should North East alone be our focus, at least for the time being? Can we to begin with even make it our focus? Do we have that sort of strength? Can we really entrench ourselves in any of those areas to combat these tendencies? Are there any possible places to do that? And how? With which instrument? Is that so important that we pay attention to nothing else? How much difference can we make? If we do not work in the mainland, from where will our men come?”

“In addition, in North East again, should we also not be concerned about the health of our people? Talking nationally, a proper health care model should also not be our concern? As medicos our primary duty lies towards people’s health. The health action alone can result into a deterrent and an antagonistic force to all the vicious tendencies I have listed, without our emphasizing on it.

“Lastly coming to the details of the health action itself; what kind of health action do we plan? Can we also be a part of the health care delivery system and indulge in thinking how it should be, and strive for achieving it. What do we do about the structures of the health care delivery like the dispensaries, hospitals, primary care initiatives and the rest? How many works can we take up? Where? From where do we get our people? What about the manpower needed?”

“Such are our problems! We are at the bottom rung of the ladder. Medical colleges, social dimension, some academics, some tentative approaches to health action, camps, few forays to north east for a week, ten days, some activism against drugs. That sums it. Both Dr. Babaji and I expect our executive to go thread bear in this discussion in the next three days.”

These were familiar areas. The Hospital had done its homework, created a prototype to fight each and every challenge Dr. Pandit had thrown up. It had already advanced its thesis in most of these paradigms. Not surprisingly, no one else of his Circular friends and others had addressed numerous other issues fully, Dr. Pandit and Babaji had raised in any concrete form as The Hospital had done.

The Doctor sat listening to all this, intently. Since the time of his marriage the entire travel he had finished in this business of health care delivery was passing in front of his eyes in a majestic momentous progression, at once royally paced, at once with the speed of light. He was acutely aware that when he first came to Greenspan, he was nowhere near to where both the doctors who had just spoken were, far behind. Far more ignorant, and naive then!

Where Dr. Babaji and Dr. Pandit were now, was the approximate starting point of thinking within the Movement and within the Circle of Vijayini also. Funnily the directions the two thought processes took were amazingly different. Both were occupied with one thought. ‘As doctors, what is it that everybody else and we are doing to address the issues?’ How relevant we are to the health of the people, as a body of doctors? Is medicine only curing disease? Are there other dimensions to health where we possibly have responsibility, and indirectly for the nation as well?

The thinking of the Circle went in the direction of the prevention of disease, obsessed with primary health care as the panacea for all ills. The NM had got obsessed with changing the ethos of doctors, as the primary base for further action. The Circle adopted primary health care, directly

plunging in action, both theoretical and practical where possible. The NM thinking went in the direction of building a nationwide organization primarily, while doing various health actions. The Circle got into the details of health problems early. The NM had at best a vague and nebulous idea of the variety of problems residing in their many dimensions, and areas of health.

On the other hand, the Circle fellows were highly individualistic, petulant, truculent, but articulate; with their gift of analysis, reveled in fighting on such issues, often emotional, often verbose; they were fond of taking extreme positions over an issue, which was just a fragment of the total picture and blowing it out of proportion. These tendencies disturbed the Doctor. The NM members were quite opposite to them, docile. The Circle did not think and refused to think about what to do where primary prevention failed, as it often did. They were least bothered. That aspect however was crucial to Doctor's thinking. His thesis had outlined how it is to be solved. Their unwillingness to see his solutions became the point of departure for the Doctor from the Circle. The NM direction unbeknown to them was to build a cadre for curative services, without having any idea about the form and structure of such services.

Contrarily, the Circle prided on being open-ended, non-hierarchical being, nowhere near organization, and therefrom to combining forces. Consequently, there was a lot of chaos in it. But the common thread that held them together, was a peculiar amorphous, seen-unseen bond of anti-Hindu sentiments. It was specifically directed towards the mammoth effort that went by the name of the Movement. The doctors assembled here belonged to that Movement. This was another obstacle to their mutual miscibility, and a big one at that.

Committed to the organization, NM wanted to build one more for a specific health field, prided in realizing the holistic Hindu vision to solve plaguing issues, whatever it meant. The Circle was reductionist in its approach. That is why they cared less for the totality of the picture or to synthesize solutions within a big picture.

The need, as the Doctor realized was in NM members inculcating the Circle habits of scholarship, analysis, become aware of the dozens of crucial issues in detail, the Circle dissected. On the other hand, the Circle had to accept that as an organization they could derive much greater strength in their endeavors, from NM in particular. NM and Circle then had to combine their intellectual resources, and approaches and lead it to a synthesis to actually solve these problems, using a much larger canvass. Synthesis in thinking by its very nature could make both of them view and visualize all fragments simultaneously, and proportionately in their magnitude as well as consequences, not blown out of these two. That was another impossibility in the short or even long run.

Dr. Babaji and Dr. Pandit had started, just started, glimpsing these dimensions. But they were also thinking in terms of what to do with a large number of men of character they had already produced, who were already in the professional field and how to organize them. NM was on the far left-hand side of the X axis, the Circle far ahead on the right side of it. He was far beyond the Circle also on the X axis and thereby much too further from NM. He was the only person among the numerous people he had met, who would be able to bring together these two currents for the overall benefit, where he could integrate in his person and in his project, everything that was good in the Circle and incorporate the future strengths of NM.

A much larger synthesis was needed. Writing the volume of health care thus was a necessity and the first part, which cleared his thinking. He had his own brand of a new species of ideas about service and market economy, local-global outlook in dealing with so many other subjects like Ayurved, westernization of medicine, and about drug industry opposing the evil traits, relationships with all other players; the list was ad infinitum. An overly emphasis on a string of such projects like his was needed, emphasized, as the one possible way to actualize all aims, he had thought of all along. The next step he had outlined was to adopt his model as the axis of the public or government health care delivery. He had not found any other idea which could achieve it. He had a feeling that neither NM nor the Circulars and their likes will understand it fully or may misunderstand it, or deliberately keep it outside their thinking horizon.

All that he was aware of was that he must listen, listen and listen. He would speak out, if and when a pointed question of focal / temporal nature had to be answered, and if he was asked to do that! He had however decided to talk to the youngsters in the 'off time' when formal meetings were not going on. From the very first day what started as a dialogue with all the youngsters became a continual affair in all the following days. Almost anything they asked of him, he had a ready answer, out of his own experience or his own reading or both. He had his own thinking about most of these situations. These dialogues would go on even late in the night. The Doctor had buoyed up. The time available after these dialogues however was so short that he could not even wash his clothes properly or daily. He was wondering how he was going to manage it till he reached Greenspan again, 1500 kilometers from here, and six more days to go.

In the executive meeting, various ideas were coming up, various experiences were being narrated, discussions were taking place, an attempt to place various ideas, experiences and things in the total scheme, the national scene and the organizational milieu were on. Doors were being opened up, that too of a huge palace whose hidden paths and attics and cellars were not only unknown but were likely to open and lead further to unexpected places. He was particularly happy with this randomness; chaos would have been even better. That would make things more turbulent, whirlwind, in the minds and in the meeting halls, more difficult to understand, and even more confusing. It would make the unconscious, more turbulent and it would result in better understanding matured over a time, durable and tenacious. The meeting had served its eye opener purpose, awareness exercise with brainstorming, fully.

The Doctor spoke only once, towards the fag end of the three-day conference.

"We already have many people out in the society who have the same ideals as NM. There is a question of integrating them in NM. A core structure needs to be built. The core ideas, the places of priority for action, other objectives spoken of by Dr Babaji and Dr Pandit. I want to say something which has to happen, once we have finished these jobs of core structure and ideas, and priority actions. We however need not wait till everything is clear. A tentative outline will be sufficient.

"One thing we must do, even at this early stage; it is to utilize the power of people we already have with us today. We have to give them a vent, an outlet where the core ideas and priority actions can be actualized. If we do not do it, these people in search of their livelihood will inevitably go in to the routine detrimental rut, we have been criticizing here. We will talk

philosophy and about the evils, without doing anything to conquer it. What is the use? Not doing it will create a gap between availability of men and of action. We need to bridge it. Doesn't matter even if it can be done in just a few places to start with.

"How do we do it? Is there any instrument there we can use, with relative ease, under just a couple of provisos, but with a guaranty of success? Has such an instrument been already available, tested, actualized in carrying out the various priorities we have been hearing in this conclave?

"That is precisely what I want to elaborate. The instrument is a power packed project of specialist individuals complementary to each other. They will be the ones to build such works. I call these works 'projects,' medical service projects, inspired by us to work for the most deprived. There is no doubt that such projects are extremely important and effective change agents, in the field of their operation giving humane, accessible, affordable and ethical health care. Our problem is that of absence of such good projects and how to erect them, construct them further, and operationalize them, to achieve not just health to people but many other issues dear to our heart and expressed here.

"We, in our remote hospital have sorted out these questions and we have found out something important. Directly and indirectly, it serves many purposes together. Effectively restraining the looters in the private sectors and holding the price line low so that people do not suffer, are just two examples, we have brought in action. I can name many other benefits but I will stop here.

"We have a methodology to achieve this. You can call it a 'turn key transfer of technology.' If a couple of elements of these basics are assembled, like a group of basic specialists, then any project anywhere, in however adverse the conditions might be, irrespective of any other opposing factors, would be successful in actualizing the aims, in its area of operation and influence.

"Generally, we have not begun our works with such specialists brought together, especially in The Hospital projects; therefore, whatever few projects we have, suffer from being effective. This quartet with financial backing from the Trusts, the society around will generate everything they want.

"Once such a work starts, to raise it to high quality, overcoming many other problems they will face, effortlessly, we have all kinds of techniques evolved and documented. Simple to follow and implement, with a short time span these techniques have to be applied and you are on your way to success. Everything is a turn key transfer. Mind well, it has taken seven years for me to put all this together under the most adverse conditions, but for anyone else it will now be quite easy.

"Erecting such projects as The Hospital we have, is the final common motor pathway to change the scenario, one by one, widening the areas, cooperating with each other. It can take in its stride the primary preventive aspects and where the primary care fails, support it by the second level care, action against the undesirable elements. I will use three old terms; Organization, Mobilization and Action. As it may sound, these three are not sequential; these can be simultaneous, the sequences can change. Organization which we have, gives the initial strength

for mobilization and action which in turn fuels more action, leading to greater availability of men within the organization, who can be put to more action, which again leads to greater mobilization, to form such projects elsewhere, strengthening the organization further.”

Chapter 13

The Doctor had gone on his own to both Dr. Pandit and Dr. Babaji to pay his respects. and to get acquainted to them more closely.

“Do you have anything specific for me by way of responsibility?” The Doctor asked them.

After a considerable pause Dr. Pandit had said,

“I am also new to this responsibility. I will have to explore the ideas that are already presented and what else is there in the minds of our organization people. Dhananjay in particular has definite but rigid ideas on any and every issue, presents them with a finality. He expects these to be accepted unchallenged, not expanded upon. He is keen on implementing everything, assumes everything to be crystal clear for everybody and hammers it. People cannot cope up. Many of these assembled here are much slower on the uptake than he is. Getting him around is a job. You have not said anything much yourself. But you have been listening keenly. First thing, together we three have to understand all of these ideas and others and evolve. You are to be a part of the entire process. Nothing specific otherwise, but everything included.”

He was quite relieved. Dr. Pandit was an articulate man; clear in his mind about what is the available card set in hand. Plod, cautiously advance with that. Dr. Babaji indicated the same thing. He did give an additional hint that certain sources had suggested the Doctor’s name for inclusion for this meeting and Dr. Pandit also had specifically desired his presence here. This indicated that his work was being recognized at places he never suspected and he was being called to shoulder some additional responsibility, most importantly, within his otherwise vengeful alma mater.

“Your presence has to be ongoing here. In some ways Dhananjay also has to be strengthened. We have to start building up for future. Allocate persons for future. Then only something definite for action will come up. We have to make our own agenda, so to say!”

Dr. Pandit was politeness and affection merged into one! But behind it, was a stable, detached and a keen observing mind, specific on issues, not one to give in easily on concessions and random concepts. He was not rigid; presented his view point softly not to hurt but was clear and specific. His response pattern in general was non-effusive, not quick to react, processing intellectually the resulting effects of any thought presented to him.

At the end of four days with less than four hours of sleep, this last leg full of discussions, was also tiring. His ideas and his work, the immensity of the challenge both he and Vijayini had faced, the assembled group taking in his ideas, their dimensions, the magnitude was sufficient achievement. There was awe about it and them. An unsettling but fleeting thought, was what would Sharad and Vijayini would think of it, came in and vanished.

He did not know clearly about two major events to take place, as he sat there in the NM meeting. One was to take place in just three months and one six months from now, next year, which would give his ideas an unshakable backing.

The second thought was audacious. It was about the all-India conference that had started shaping in his mind. He on his own, would bring together the Circle's obsession with Primary Health and the need for a model for Second and the Tertiary Level Care in the length and breadth of the country, with other important issues, and ideas, recognized by both these bodies, scattered all round on his health care canvass. An in-depth thinking was necessary about all such issues. Given the overt antagonism, there was no point in bringing the Circle in the conference. It would lead to such acrimonies that the health issues would be completely sidelined.

His experience with the smaller Hindu inspired projects within his state of adoption needed an expansion and elevation to an all-India level conclave. Such people would be his primary audience. He had thought of the way to bring them together in the all-India conference. The scale was unprecedented. It had never happened. He wanted a solution-oriented conference, not one where endless discussion of problems with no concrete solutions would be offered.

The Doctor had set the ball rolling without thinking of the huge work involved in making such a conference a success, even when he had no forum having an all-India reach out behind him, supporting him. He had already invited so many of them. Now in NM he had a forum, with whose help he could approach medical professionals, scattered all over the country. Another difficulty was that these Doctors worked under different banners related to the main one, where health was not a priority. In his pleadings to Sharad and Vijayini, he had mentioned his need for such a forum, and that he may find it in the NM executive, giving him some locus standi to reach out to all these people.

He then decided to broach the subject of such a conference with Dr Babaji once again, and Dr Pandit, at least tentatively.

"I was there when you spoke to the chief about this all-India conference. He has endorsed it and we have to do all that we can to arrange it. The months of May, June and July have gone in these travels, but it also helped me to talk to many others, within the organization and its affiliates in these five months and sounded them over this idea. The reaction is positive. I have also collected quite a few addresses. Now I think the time has come to organize an all-India conference in Greenspan to be conducted next year in February."

"Soon, you will get my letter, along with as many addresses I have gathered. The letter will invite all our medicos all over the country to attend this conclave; all those who work in our various sister activities. Your invitation letter accompanying mine, should give information about The Hospital, and about the central themes behind such a conference. Let us give them a picture that will appeal and induce them to come there all the way."

Dr. Babaji from the highest level had assured him with a single action that will catalyze the process of contacts, invitations and finally lead to the conclave. As a bonus he now had a forum he had lacked for so many years. His purpose was achieved. Will Sharad and Vijayini understand

the significance of such a conference for The Hospital? Both of them hated the organization and might be overtly disinterested.

A day after the national executive was over, he got into an as unlikely Bokaro Express, which would take him to a city nearest to the state Capital. It was a journey of nearly three days. He was surprised that such a train existed, that a second-class berth could be reserved in his name, that it remained valid, that no goons and goondas, nor any ferocious ladies occupying his berth forcibly, ready to fight, or put their luggage all over and under it, not allowing him his own rightful place. This would normally be a scenario in North India. None of it happened and he could actually now sleep on that berth. The train arrived only about a half hour late, another surprise.

Dhananjay and many local NM workers, had seen him off. That was always a nice feeling, that there are people to see you off. It indicated that people cared for you. He was now fully relieved. He did not have to talk to anyone, anymore for the next thirty-six hours. Then a stay for one day with his old friend. He was now heading back to Greenspan, back to the project, back to Vijayini and his son. Little did he know that he was heading for something much bigger for The Hospital. Not the last leg, but beginning of a long effort once again.

He was tired; he slept for 33 of the 36 hours of the journey. When he finally got down, Rajarshi was there to greet him.

Rajarshi and Maya, his wife became his friends during his halfhearted stint in private consulting practice in a polyclinic in Bombay. Rajarshi had collapsed in the dentist's chair. He had brought him out from the syncopal attack.

Rajarshi was a six-footer, thin, brilliant in finance and management. He was now appropriately saddled in a glossy company with high salary and high perks. Maya, a State Bank officer, was short, dark like her husband, with a round face, affectionate eyes and attitude. She then was suffering from undiagnosed pains, for more than a year, which interfered with her desire for a child. The Doctor had relieved her, quickly with some simple treatment. Her affection for the Doctor grew leaps and bounds becoming more intense after that, as she conceived.

"Do you have any curds and rice in your refrigerator? My stomach is on fire."

"Of course! But how did this burning come around?"

The Doctor narrated his difficult journeys of the last forty days, the irregularities and varieties of the food, and sleep deprivation.

"And now not only my stomach but probably my soul is thirsty for it."

Both started laughing. Maya brought the famous Aiyar coffee from a freshly powdered Peabody seed, roasted on ghee, in an overnight decoction, prepared like a sacred ritual. Nothing could be more pleasing. Sipping it, he told them about his six years of his horrible days in Greenspan, his marriage, the birth of his son and of the grand tour he was on, in an unemotional and short narrative.

"You are a brave man. It is a painful journey of seven years, nearly. We admire you but do not envy you." Words, exactly the same, uttered by so many different people.

After a lovely breakfast they both went to their offices by separate routes. Maya instructed him.

“The house is to yourself. Relax, sleep. In the bedroom there are books. Read what you want, the way you want. There is a boiler in the bath and toothpaste. You are looking parched in skin. A dash of oil will do you good. The refrigerator is full with all your curds and rice. Your clothes must be in the most horrible state. Give them to the maid. We are going out in the night.”

The luxuries Maya provided brought back the memories of the Doctor’s visit to his close friend Ramesh staying in a three-star hotel, many years ago. Refreshed, putting on the only remaining clean cloth, he found a number of novels of F Scott Fitzgerald. a love affair of his. His sophomore college years when his own tender feelings for the most beautiful and benevolent girl in the college were reminiscent, resembling of what Fitzgerald wrote.

Rajarshi had dropped him on the bus stand in the early morning two days after. He reached the spacious mansion of State Bharat Seva office after endless hours by nine in the night. He was awakened next afternoon by the most familiar face of Nagaraj shaking him, saying it was eleven in the morning. When he came down all ready for departure, he met everyone expected and not expected. The entire State team of Bharat Seva was there.

“How come all of you are here today?”

“How come you are here today? No intimation, quite unlike you!”

The Doctor narrated briefly about his holiday tour and what happened in it.

“Now-a-days we meet on Sundays also. Whoever is in station comes in, for free exchange of random thoughts, random ideas. It has helped us in our work. Today another matter has come up. It is a mere coincidence that you are here but at a most appropriate time.” Raghunath Pant explained.

“It is an offer come our way. A new eye institute has come up, half a kilometer away. They are a mobile eye hospital, are not supposed to be stationed and work in the city. They have large buses and plenty of equipment, to examine eyes, treat them and operate upon them. A rich munificent person started it with German collaboration.

“They have been going to various organizations, small and big, in the hinterland, so to say. Places, where the eye camp can be conducted. The host organization does all the propaganda, provides space for them to conduct the eye camp. It seems they have a phenomenal success rate in all these places. They want to expand their operations. They have contacted us. We do not know how to handle this and you are here, to tell us what to do. They will be here in about half an hour’s time.”

“Which are the places of their previous experience? The most recent at that?” The Doctor queried.

“The small Shri Govind Hospital nearby, the Suvarna Hospital twenty kilometers beyond the Capital outskirts, conducted these camps. Chintangadhi, nearly hundred kilometers from here, another small hospital run by a Shaivite Monastery. All of them were quite happy.”

“Any other collaborations?”

“No idea.”

Three people walked in then. One was a thin man, Narasimha, with a full crop of closely cut white hair, with a mouselike face, with two ebullient and enthusiastic young chaps with him came in. They all sat down around the various tables. Narasimha was requested to tell what they wanted the State Bharat Seva to do.

“I am the contact person of this Flame of the Eye Hospital. We organize camps, mainly in the hinterland, the camps are for prevention and treatment of blindness in rural India, mainly. The unit is of twenty-two people, eye surgeons included. We have two long chassis buses. One is for our people and their luggage, another for our equipment.

“Regal Society for Blind, a Britain based organization helps any person or organization which conduct such camps, with our help. The Lions Clubs internationally have started taking interest in this activity. They help our Mobile Hospital.

“We contact various, all kinds of organizations, to take initiative and publicize the event of the eye camp. People come. We pick up cases suitable for operations first and start preparing them by cutting the eyelashes, cleaning the eyes, checking blood, urine, and blood pressure. Others having non-surgical problems are treated by appropriate glasses, free of cost and other treatments needed. On the third and the fourth day we operate in a large enough hall which we sterilize the second day night. On 5th and 6th day we follow the operated cases. On seventh day, the final dressings, small interventions if required, discharge the operated patients and then we depart. Go back after a month. Give cards to everyone, glasses are given. That ends it. For every operation conducted Regal Society gives one hundred odd rupees to the host organization, to meet their expenditure.”

“What is your expectation from us?” The Doctor asked.

“Provide us with lodging, boarding, amenities to bathe and food for these seven days, and bear those expenses. Give us two or three ten by ten rooms with tables for outpatient checking. We need a large enough hall to arrange our twelve tables to operate on. We will seal, and disinfect it for two full days. We will have with us, all that is required for conducting the operations. Surgical instruments, sutures to stitch the small cut in the eye, a big German operating microscope. Our equipment for operation remains inside the hall. A smaller room will be needed to hold the used materials. Medications and bandages, free glasses, everything needed, we carry. We do not need volunteers to help.”

“Any idea how people respond?” The Doctor asked.

“Overwhelmingly. There are so many, so poor, so blind that they throng there. The propaganda should be adequate. That is all.”

“Any operative complications that have occurred so far?”

“None so far, from eight hundred odd cases that we have operated in this state in last few months.”

“Give me a date, rather a week, around 17th November, three months from today. I will need these months for preparation. We have never done this before. We will do the publicity on as full

a scale as possible. Cannot tell you how the response will be. We have all the facilities you are asking for. We will help conduct the camp.” The Doctor suddenly said.

Everybody looked at him, including Narasimha, rather surprised.

“I would just once like to meet your doctors to finalize it, before I go.”

Nagaraj did ask him, in the presence of all others, before they went to meet the Doctors in the early evening.

“How did you suddenly decide on this essentially surgical business, on your own? Should we not talk to both, Sharad and Madam Vijayini? Do you think we can handle the whole thing? I must admit I am surprised at your such quick decision and am worried. Nothing untoward should happen.” Nagaraj had said.

“You see, there is a ring of authenticity and authority, of confidence in what that man said. They have a method of handling things that they have evolved. They have their manpower trained for it. When he mentioned that a German operating microscope is used to operate, that clinched it for me. It is a costly bulky equipment of great precision, improving the quality of surgery considerably and reducing the complications. Nothing like German optical equipment. That is coming to our rural place. Once I get a few things clarified from the Doctors, we are through. More than clarifications I want to see how they are. The slightest doubt about their abilities and competence and the whole operation is out. I will know that, instinctively”

“My dear Doctor, anything else on your mind?”

“Surely. This year November we are completing ten years of service as a hospital base; we have been collecting money for our services and treating patients. What have we given them, the bulk of population, in return? Low prices are not enough. Let us give people something for all that they have given us for last ten years. Something very substantial; what can be better than the gift of an eye sight? They will see us better and we will be entrenched in their minds better. I would be happy if our Bharat Seva top brass attends the final function and the days of operations.” The Doctor declared with certain amount of finality.

“Well, that strikes it. It is a deal.” Nagaraj had concluded.

In the evening, they met one of the eye surgeons. The Doctor had only a few questions.

“Suppose we get one hundred persons to operate on. Three hundred bandages each day for five days, eye drops, ointments, sutures, sterilized scissors, blades, eye glasses and so on. Twelve tables. Two to four surgeons operating simultaneously. Do you have the wherewithal for all this?”

“Yes.”

“Suppose more than hundred patients turn up for operations? Once started we cannot refuse them surgeries.”

“Yes, even if the number exceeds hundred substantially, we will have enough provisions. No worries on that count.”

“There is traditional method by a person who does thousands of operations on eye. How are you different from him?”

“He is a gifted man. He cuts the cornea and tumbles out the opacified lens. No sutures to the junction of the cornea and sclera, the white of the eye ball to close the wound. We however put the sutures to even this small wound. We operate with more modern methods, safer, probably. Less problems, hopefully.”

The reply had come clear, unhesitating, yet modest, something which they had probably been used to answer.

“What is the period of immobility? How long will the patients have to lie down, immobile, so that their food, ablutions all have to be at the sleeping position? That will put a great strain on all of us, as well as your staff, and patients. I don’t think we can handle that on such a large scale. And beds?”

“The period of immobility is zero. Not to lie on the operated side for three days is the only restriction. After the operation the patient gets down from the table and walks out, escorted. Handed over to the relative to go, lie down for some time. One attendant should be there for each patient, with their own utensils to eat, a few clothes and a bed sheet for each to cover themselves in the night for cold. That is all. No beds. All will sleep on the floors. He can get up, go to the toilet and eat with all others sitting on the floors within three hours and can move about.

“Even if there is some cough, it is all right with us, because of the sutures we put. We do come across other medical problems also, which we treat as much as we can. You are a physician. You can take care of that for us.”

That concluded the whole matter.

That night when the Doctor boarded the bus after a hearty meal in the office, his mind had already started racing ahead. He was now eager to get back. He had done more work than he would in six months’ time, and was appreciated for it. He was now going back with a tremendous offer and a great gift to his people in The Hospital and in the district at large. Something unprecedented to take place right inside the remote jungle hills of Greenspan. Deep down he was certain the camp will be a success, with the kind of troops who would land there. The troops did not know that there was much more than what they expected, that he could offer them. There was work, that required meticulous planning, planning for execution. He was a stickler for details; that was his forte. He wanted to put all that he had created there in The Hospital to this test.

He was fully aware that between now to May next year he will be working another big project, the all-India conference, that these two would tax him, cause hardship. He was not even vaguely aware of the outcomes of these two works for him and The Hospital.

In the late hours of the night next day, the Doctor landed at The Hospital, he put his bags down near the Ashwini Kumar statues, went to the wards. Yamini and the second Manju were on duty, sitting at the table, not asleep, warming themselves with coal fire. It was ablaze, without smoke. Their delight at seeing him was writ large on their tired faces. Their boss had come. Their friend had come back after a long time. He also responded to it equally eagerly. After a brief chat about how he had been all these days he asked about the hospital.

“There has been no problem. Everything has been going on smoothly. Work has not suffered; Madam and Madhuri Madam have been operating on a large number. All the staff had behaved responsibly.” They both reported.

“I knew this would be the case even when I was two thousand kilometers away. Tell me if there are any cases I must see. Tomorrow morning, I will come late. I must catch up with some sleep.”

Patiently he went through all the files. Saw the notes, briefly took a round, saw whoever was awake. He was seeing patients again after a long time. Most were asleep. Wherever needed he ordered some investigation, modified the treatments and went home.

The Hospital had gathered around him the next day. Each one was asking the same questions. He was giving out his answers as they came. Later he declared let us call a meeting. I have brought back a lot more work and a lot more of responsibility.”

Sharad came down. He was in a hurry. Briefly he said, “To night at my place for food. We will talk in detail.”

He could meet Vijayini properly and leisurely only in the evening. Morning of the day had gone in preparing tea, some breakfast, waking up his son, preparing him for the day. Hardly two years and half, he recognized his father had come back. He was jumping about, holding him, talking to him. Showing him how he operated the cassette tape recorder.

“What do you listen to?” He asked.

“Aai has so many stories, songs, hymns, jokes recorded in her voice. When you were not there, I used to listen to them all the time, when she was out in the hospital. You have not recorded anything in your voice. That is why in your absence I can’t hold you.”

The poor boy was complaining. These tape recordings was a great thing Vijayini had done. Since the time his son was six months old, she had been recording things. It all had begun when his in laws had gone back from here then. There were touching and beautiful lullabies, religious songs, dialogues between them in their own voices, Vijayini had gone on adding to it, many other items over time. English stories had come on it, each English sentence followed by a translation in their mother tongue. His son knew the whole thing by heart. His child had become a good articulate talker, ahead of his time.

“When you are not there, the soul of The Hospital, the joy, the meaning of the hospital, the feeling of all the effort being worthwhile is not there. This entire effort, it misses something important.” Vijayini’s father said.

Vijayini did not know much about what had happened since the Doctor left her mama’s place. He told her everything, in detail and about the eye camp he had brought in; she had listened to the account closely.

“This place has the ideal infrastructure for a camp. It is a good thing you have brought it over here.”

All of them had gone to Sharad’s place. It was always a matter of plain delight to go to him for food, in particular. Mrs. Saroj would make many absolutely outstanding dishes. Pickles of

tender bamboo shoots, a well ground chutney of coconut, the jackfruit sweet, followed by a large number of varieties of fruits. The small sweet, fragrant rice called '*Madhu*', sweet, which Sharad grew in his own estate and was proud of. It was outstanding. The end always was the most fragrant, heady coffee. There was only one feast to surpass this; the one they used to be called for yearly once, by the younger brother, of a General of Indian Army.

Before, during, after the meals they had all talked, randomly as they remembered it. His son was sitting on the dining table. Sharad's head was on table and he was tousling his hair, patting his head and singing something.

"He is so intelligent, so loving, so lively." Sharad always used to say.

"He is the cream over the milk. The grand son is like the interest on capital." Saroj was no less in her praise. It meant that Vijayini was like their daughter, the capital.

Amid all this, he had discussed the eye camp.

"We have one great asset here, Papuri the eye surgeon. I am sure he will be overjoyed, even when he might lose quite a bit of his work, because of this camp. He has his estates. He is rich; he does eye work just so that he does not forget it."

"Then there are our Lion friends. They will only be too happy to have this camp and will gladly cooperate with us. Lions seem to be real funders of that Regal Society for Blind, you mentioned." Sharad had observed. Things were falling in place.

The Hospital after the Doctor came back, published the second issue of '*The Voice*,' two months before the eye Camp was planned. '*The Voice*' then gave a detailed account of the small State level gathering of doctors, who worked for the poor, in November earlier. It also published in it the balance sheet, not given in the first edition. The bulletin went to all the donors like before and all influential people and the organizations connected with the hospital.

The feedback Sharad received was, as before, positive. He mentioned in particular a remark made by the Artillery Gunner Colonel friend of the Doctor; 'reading it gives a hope and a sense of safety of life and betterment of our people.' Sense of safety when The Hospital was around was the new thing. The Doctor tucked it away in his memory for future use.

Sarvesh had appeared after working on the biased, negatively oriented survey of their patients treated long ago and met Vijayini. The time period was chosen because The Hospital services then were quite poor in quality, in no way comparable to the ones they offering now.

He had seventy-two answer sheets; the people he had approached for the survey had filled these up. This sample consisted of patients admitted at least for one week, four years back. The memory fades over time and unless the quality of services had something strikingly good or bad it would not be remembered. If there was any immediate sense of accentuated gratitude for what service was rendered it would also have died down over this long period. The respondents were from small towns along the main roads, and also from the interior estates difficult to approach. It covered thirty-eight villages, in a radius of 50 kilometers. All major castes, religions, people from nearby provinces settled here were also included in it. None had any connection with any hospital person or Bharat Seva. It was to avoid positive bias giving flattering answers.

The basic ideas that were required to be tested were simple and few. Has The Hospital now lulled itself into believing that it renders yeoman's service, fulfilling the real needs of the people around? Whether the services it was providing at the time of its beginning, were still relevant then or not at present? What did people really want? If such false self-images persisted, irrelevance of their work was certain to grow. Self-analysis and corrective measures a necessity, else it halts all further progress. To precisely avoid this, the survey was conducted.

The spontaneous, surprising and gratifying response to all the questions by an overwhelming majority of 96%. The people were in need of such a hospital. It was much better than the government hospitals. Prompt attention was paid. Charges quite low. Private nursing homes charge exorbitant amounts, skinning them alive, offer very few facilities, but do not give full relief. The Hospital had the required competence, facilities. The relief from their ailment was good. There are no bribes to be given in The Hospital. Even a cup of tea cannot be offered. Yet the work done is good. The bills are lower than the bribes given in the other setups, particularly the government. Most of them expressed that unlike other places, in The Hospital, they were diagnosed first and treated with minimum inexpensive drugs. Unlike other places, they could freely talk with the Doctors without the fear of being intimidated. Even a common man can take its benefit. A retired headmaster had expressed that as a hospital it is fighting against corruption and the incompetence in the medical field, offering humane service. The management is strong; there is discipline and the bad elements are out.

On the negative side, leaking roofs in heavy monsoon and the absence of a regular canteen, was pointed out by most, as highly inconvenient. These complaints were more than genuine, for which The Hospital and later Vijayini had to fight a few battles. It was mentioned that for people who are too poor, some concessions should be given.

Most of the people knew that a definite relationship existed between the Movement, Bharat Seva and The Hospital. They expressed that the first two organizations had a better image because of the good image of The Hospital. Even the few Muslims from the sample expressed that they knew that it is a Hindu Hospital. Yet they clearly said that they received good and undiscriminating service from The Hospital and honest one at that. People were ready to help The Hospital by doing some propaganda and send patients for their benefit.

Chapter 14

Within a few days the Doctor received a one-page letter for which he had waited since February of this year. Sure, that it will come sooner or later, but definitely apprehensive that it was not coming. It was from Dr. Babaji, who had talked about, in the NM Meeting and earlier. When he showed the letter to Sharad, he had said that it is worth its weight in gold.

There was a little background to this letter.

In last November, the Doctor had called many of the medical service projects in this second home State now, with a Hindu inspiration. It had been a success. It was a trial run for him to test his ideas to solve the health problems of rural India. The Doctor had since then, also wanted these ideas to be tested on a much larger canvass. To get more ideas, to see if his thoughts were vindicated or rejected, he had undertaken the arduous journeys and had also written his first draft of the thesis. All the ideas had been received well and he knew then that he had to project them on a much higher level, either the level of the nearby states which to him looked feasible, or even the national level for which he secretly aspired.

Between November and February, before he met the Chief, he had already broached the subject with various people within the state functionaries, the bosses, his perpetual enemies. It was as per the protocol, to discuss holding a National Level meeting of such projects with a service mission, in Greenville, in The Hospital. It was only because he had each and everything, he thought no project in his organization had achieved, and more. He wanted to give them a live demonstration that so many ideals could be achieved even in such a remote, disadvantageous place, as God forsaken as any in the country. He had met with disastrous results.

To put the idea of the conference across, he had had a talk with Dr. Upamanyu, part of the think tank of State, a highly respected person for his ideational capabilities and intelligence. During this long dialogue, he knew he had cut no ice with him. Upamanyu was not enthusiastic, nor encouraging him. Did Upamanyu understand what he was talking about or not? He did not think so. Upamanyu was capable of it. But the doubt, the inability to fathom why Upamanyu was not ‘coming out,’ in its favor remained.

He had put his ideas to Sujit, the person with the most penetrating intelligence, capable of great work, with literally thousands of contacts, and the Doctor’s only friend in Washington, so to say. Sujit had seen his work, the way The Hospital had developed. He had read the minutes of the November enclave. He quickly grasped the ideas the Doctor had grappled with. Privately he endorsed the idea of the conference, but being second in command had asked the Doctor to see Mr. Kalyanmurty the Chief in State, promising that he would also have a word with Kalyanmurty.

After the Vasudev episode, he knew he had no friends “up there.” Putting it and all the insults behind him, he then met Kalyanmurty in the same, wonderful surroundings and the atmosphere of the school in Jeevan Nagar, the showpiece residential school of the Movement.

“Why do you want this entire convention in Greenspan only? Why so far? Who will come there? Dr. Upamanyu is also not very enthusiastic over it. We will have it in Jeevan Nagar here, in the Capital City, so well connected, easy on communication to commute to Jeevan Nagar.” Without batting an eyelid, the Doctor had immediately said,

“If you think it necessary or better, we will have it here. No problem.”

Kalyanmurty was quite nonplussed. He probably wanted to engage the Doctor in wordy battle, haggling over conducting it in Greenspan, making an attempt to see if such a convention could be scuttled. Kalyanmurty perfectly understood how important and appropriate the locale of Greenspan was to those who may come for the convention. His full-fledged blemish less project was in full swing there. The Doctor’s desire and the psychological satisfaction he and the delegates would derive from it, he could not have missed it.

Kalyanmurty wanted to throw a spoke in it, as obvious as the sunlight. And he did throw it. Clearly, he was not prepared to allow the Doctor, Sharad, Nagaraj to have this glory under the floodlights of their own. Nor was he prepared to be a party, forced to attend that conference in Greenville for the same reason. He wanted to cut the Doctor to size. If held elsewhere; the glory should be for many others as well, but not the Doctor’s and his alone. Knowing all this, within the flash of a second, the Doctor had still seen through and accepted his guile and as guilelessly accepted his proposal. Having got over the tactical warfare, he had left Kalyanmurty no choice but to say,

“In that case we will have to talk to Dr. Upamanyu and others. You will meet all of them in Jeevan Nagar in a day or two.”

The Doctor had waited. He had talked to some from the state, some others from the central leadership, about the conference, given some of the main ideas separately, to each. He could see their difficulties to grasp them. Structuring the agenda of such a conference was beyond them. Thinking of all these men was nebulous about the health work, Upamanyu included. The numerous dimensions of understanding the health were out of reach for them people. The Doctor was however unaware of one more reason behind Upamanyu not coming out, or the attempts of Kalyanmurty to scuttle it. He attributed it to a chronic problem of antagonism towards him that he faced within the organization.

Having drawn a blank, he had decided to talk to the Chief directly.

When he went to meet the Chief in February in the Head Quarters in an evening, this background was sharp and clear in his mind. He had always spoken to the Chief freely even in the past, their acquaintance dating back ten years. He was sitting on a bamboo coach reading a newspaper. He bent to his feet, sat opposite to him on another coach and not at the feet, as was the practice. He knew the Chief disliked such obeisance. The Doctor briefly told him about his own successful work. Then he gave his understanding of the crucial health issues and how he had arrived at certain conclusions, through his various contacts and his own work in The Hospital. He then introduced the idea of holding a convention of all the Hindu minded medical service projects in Greenville, and presented verbally the detailed structure, the main ideas around which the sessions would be arranged, and so on.

The Doctor did not realize that he was speaking in English all the time, with the Chief, uninhibited, expressing himself bluntly, for twenty-two minutes. Full twenty-two minutes! Normally no one would dare to do so. The chief looked at him with his penetrating glance all along without uttering a word. When the Doctor ended the narrative he said,

“Concentrate on the States nearby first. If people from elsewhere also show interest, widen the reach. Go and speak to Babaji, Doctor. I shall also speak to him later.”

He knew that the chief had consented to his idea of holding such a convention, in Greenville, Greenspan. It was clear that the Chief had understood the root issue correctly, judged him also as the person in the know of things, amply capable of doing the job well. And more than anything else, its necessity clearly recognized. The Doctor knew that he had won. He had cut all superficialities away, even the difference between as a peripheral worker and the Chief’s status, barging in.

Touching his feet again the Doctor took his leave and made a beeline to Dr Babaji’s room. He had barely started discussing the issue and to his utter surprise, the Chief himself walked in the room. Automatically they both stood up.

“This Doctor has many good ideas in his mind. He has spoken to me. See what should be done about it.” The verdict was clear. ‘You have to do it for him!’ What the people of his adopted province had failed to grasp after his long winding discussions, the Chief had understood in a jiffy. He had put the ball rolling in just about twenty-five minutes time.

Subsequent to this, he had met Dr. Babaji in the National Executive and the letter as promised to him was received shortly thereafter. Babaji also had concurred with the idea of covering nearby states. Yet, there were more than 100 names and addresses of Doctors from all over India, not just the nearby states. Most of these Doctors were working under great hardships, in rural, tribal, urban areas, for the ideology. The emphasis changed immediately to a national level and the glory of the effort with its new hardships rose higher. Hereafter the lists of such Doctors were only to lengthen and spread wider.

The letter sent by Dr Babaji addressed to all the people working out there, all over India, to be invited, ran thus.

“Dear Doctor,

“There are many like you working hard in the medical field, helping the poor, the downtrodden, in order that they see better days. It has given you many insights; many ideas that you will want to express and share. So far, within the Movement you have probably had no chance, nor opportunity to express them. Also, we have not had either the chance or opportunity to listen to professionals like you, to learn what experience has taught you.

“We are planning to create one such opportunity for all of us to come together to share our ideas and listen to the experiences of many others as well. The Doctor whose letter you will have received along with this letter of mine, has been working in the remote areas of Greenspan for nearly six years. He has developed an ideal project that can set an example of how a project of our work should be. This convention will be held there in the third week of February next year.

I invite you on my own behalf and on behalf of the Doctor's project to join us in this convention. It will be a great opportunity.

In the service of the motherland,

Yours Ever,

Baba.

It was not for nothing that Sharad had said that this letter was worth its weight in Gold. Once the euphoria over this letter died in a few days, the Doctor, Nagaraj, Sharad and Vijayini sat down to discuss the logistics. He narrated his encounters with Kalyanmurty and others in Jeevan Nagar, before deciding to go and meet the Chief. What Nagaraj told him now, after Babaji's letter was not only unknown to him but also quite surprising.

"You see Doctor, some of our people from the State, like Dr. Upamanyu and a few others had gone to see the Chief with exactly this proposition. Just about six months back. Sizing their work, ideas, and their capabilities, the chief had, in his characteristic way, bundled the issue and caste it aside saying, 'Let us do more work, more sizable, to match the work, others outside our pale are doing, and do it for say ten more years, and then think of a convention like this.' It must have been quite a blow, but it also explained Upamanyu's reluctance, Kalyanmurty's obstinate determination and efforts to fore stall it, when you went to talk to them. And now, you have pocketed the conference, to be held under their nose, that too right here in Greenspan. With full blessings from the topmost."

"The difficulties do not end, but begin here." Sharad remarked.

"To my mind there are three major issues we need to discuss now, in connection with this convention. One is to contact maximum number of people all over India and to make them travel all the way for this convention. Two, the contents of this convention and the agenda we are setting for this, to achieve it."

The Doctor interrupted Sharad.

"These two should remain my exclusive domains."

"Will you manage alone?"

"Yes, I will. The only way is to write letters in rounds. With our new office manager Kapil, the army Havildar, I can manage that. He has a phenomenal speed for typing without mistakes. Each round will have added material, over and above each of the earlier round. The continued single-handed correspondence, I believe, will give me more and more insights and ideas about the contents, to expand the topics, allocate speakers to various topics, and sequences within the topic, for all the three days, as I go with the communications.

"Not just Babaji, but others as well, working in other areas will send more names of the doctors as time goes by. Be sure of that. On top of that I and Vijayini have our own special contacts. I will manage."

"Do you think people will come all the way? A letter from Babaji not having the desired effect?"

“Yes, majority of them will come. These two letters, particularly Babaji’s cannot be ignored so easily. In addition, I will give them a program that they will not be able to resist and come here. As regards the contents, there are so many ideas and people I know, who can expound on them well; it will not be difficult to structure the three-day program. I shall shape the agenda quickly, believe me. The first draft will be ready within a fortnight at its longest. There will be continued restructuring as more ideas pour in, and they will. The final program will be ready much before the year end or middle of January.”

No body spoke. Even Vijayini remained quiet. Those three simply looked at each other. The Doctor could not understand this.

“My father was a superlative programmer for All India Radio first and then for and Television, not for nothing. I have learnt a great deal from him. In addition, I have spoken to numerous people endlessly, so far, especially on my tour. I will able to make them accept responsibilities of talking over the issues I select for them. They will do their jobs properly. Do not worry about that.”

Nagaraj took up the thread.

“The third matter Doctor, bothers me a great deal more. Much more than the other two we discussed. There is going to be a lot of resistance from Mr. Kalyanmurty and company. To overcome that is the most difficult thing. I would say almost impossible. After Vasudev, we kicked out two others of their blue-eyed boys, Sambashivrao, and Koppikar, lock stock and barrel. They are still licking their wounds. Putting it all behind needs too much of honesty, which they do not have, neither the courage nor the fortitude.

“On this background, forget their attending the conference, but to even help us in the smallest possible way. Them coming here, impossible. The conference will then somehow take place; not in full glory, and the feud between two of us will continue the same way, may even intensify. All three challenges here are insurmountable. The other two challenges are equally difficult and frankly I wonder whether you could handle all of them alone, in so short a time between this September and February next year.” Nagaraj had quite bluntly remarked.

The Doctor responded very calmly.

“The key lies in the way I put things across. First of all, I will collect many, many participants from all over the country. I will be aided in it because Babaji in his endless travels will persuade them to come by personally, not only just by his letter. He has already started telling people about it for a couple of months now, to prepare to come here, even before he sent this letter. I expect to correspond with at least 150 to 200 in all.

“The second lot will be of the top people at the National level, like Dr. Babaji, Dr. Pandit, some others who are deeply connected with many other activity areas within our pale. It will not be easy for the State to ignore them and remain absent.

“The program itself will make the people working withing the state in different projects as well, desirous to come here. We have seen that in November last. They will pressurize the top State brass to allow them to attend. Simultaneously, I will keep digging around the top brass here, till the top brass finds them standing isolated on a small piece of land, dug around by a trench,

separated from rest of the people I collect. Then they will have no go but to come to the convention. It is my guaranty to you, that even the people under their direct control will come.

“I know the top brass, and their type too well. You people still do not know what I am, nor what they are. Some time ago I told Mr. Patavari that I am a Bombay man, who has internalized that wonderful city as no others have. All three of you have underestimated my powers of persuasion. It will happen.”

It was Nagaraj who spoke.

“Had we not known you for the last many years, I would have said, ‘I have not seen a bigger egoist and an idiot. During the Vasudev episode on hand you had shown the same confidence that beguiles your young age, benign countenance. I am as surprised now, as I was then. I must admit that I admire your courage of your convictions.’”

The Doctor responded again.

“Now I have an eye camp also on my hand to be organized first, in November. I have work to do for this convention also along with it. I will not have much time to talk to you all at every step. Here after I will be giving out lists of jobs to be done for me for these two great occasions in our life in this project. I will be like a thinking General. I want your assurance that the works will be done. There is enough money for it. That is not a worry. Just help me over what I want done.”

They promised. The Doctor was called for an urgent case. The other three remained and talked. Vijayini was never enamored of his allegiance to his Movement. His thesis that all such works should finally be for furtherance of the goals of the it, always met with her disdain. She never had good opinion about any of their men and never hid her contempt, except for Bhaiya Gangal. It always led to acrimony frequently where the sparks in their conversation were as frequent, often interminable, angering the Doctor red in face. Vijayini never understood the paradox of the Movement and its people, who had caused enormous trouble to the Doctor, and still could evoke such strong emotions in him for the same people and their ideals.

“You are correct Vijayini, about your paradox,” the Doctor would say.

“What people like you will never realize that with all their limitations and stupidities they are the only good ones left. Pervasive Mediocrity enshrined there is their principal fault. But we do not have anyone else. Despite great injustice, maligning, and the persecution that has been meted out to us, these basically good men, they have stuck to the post.

“The character of our critics is no more laudable than our people, in fact, much worse; their integrity is much more brittle, doubtful. But they have a stranglehold on us through the political apparatus and media. That angers me even more. The crux of my anger is the unjustifiable, unjust criticism, these people do not have the moral right to.”

By implication and extension, she had also rejected the Doctor’s contention that he had gone beyond the various thesis that the pundits in health field had developed. For her, all her Circular friends, community workers, the Socialists, Communists and the Christians, were demigods and epitomes of scholarship and values. To her they were at the least, infallible creatures. She had never credited the Doctor with such intelligence that he could synthesize these and so many other

elements into a larger picture, than her demigods could synthesize. That was one of the reasons she despised his travel.

“You people have never been reared in an organization like ours. The atmosphere we have partaken in it is nectar to us. You cannot see all matters together, as I do. And then you all think that we are fools. Big bloody fools at that.” He used to very often storm angrily, make faces and walk out.

Vijayini welcomed the eye camp he had brought in, not the conference for these reasons. In last many years, the Doctor could not understand the resentment, her overall aversion in almost everything he did or did not do. There were dime a dozen reasons, the Movement being just one. Neither in travel, nor after coming back. Her definite stand that there was no need to do all this, was the cause for this resentment and her hitting back.

Nagaraj spoke after the Doctor left.

“I know he will do all the work needed. I am worried about only one and final thing. If the response is weak. His disappointment over it will be devastating to him. But what can we do? We have no way but to support him. He has snatched the conference from the lion’s jaw. Now there is no going back, whatever the outcome.”

The only instrument for communication the Doctor had was postal service. From a remotest corner to the other remotest corners and in cities, all over the country, a substantial time delay was involved for his letters to reach and to receive the replies. He had taken this in to account in his anticipatory behavior. As a result, his first 100 letters for the “All India Hindu Medical Projects Conference” were readied early September. It consisted of Xeroxes of his letter, with that of Babaji’s, a separate sheet about what the conference was all about. The last of the document was about The Hospital’s journey in brief, outlining various difficulties they faced and successes they had achieved. In all, he had Xeroxed about 1500 pages of these four enclosures. He knew these will be needed for the second and even the third round of communication, and as the new addresses come in to write to.

In addition, he purchased 200 post cards to enclose with the main letter in the first two rounds. His idea was simple. To facilitate the people’s quick response. When it comes to writing back, people procrastinate for long and then never write back. Given the large distance and huge time gaps between any two communication points, the time had to be cut down. On the back of each post card, self-addressed to The Hospital was written, ‘Dear Sir / Madam, kindly send the post card back immediately, to acknowledge the receipt of this letter. It will be greatly obliging if you inform us if the address requires more details, or corrections and whether you would be coming for the convention. Even more obliging it will be if you can send more addresses who would like to attend the convention.’

After the meticulous work of compiling all the documents, the post card, stamps pasted, addresses written on them, helped by the junior office clerk Kusumlatika, and Kapil he took one letter to the post office himself, weighed it and purchased 400 stamps, each envelop would require to go through, all the way, even when the initial letter was for 100 people. There would be at least four rounds of hundred letters at its minimum. Newer addresses would get added and

the numbers will continue to grow, and more stamps may be needed. By the time the conference approached the correspondence was twice more than he had calculated. He carried the first bunch of thirty himself, for some strange reason, which he could not explain, walked to the post office in the night and dropped them. In the next three days he posted similar numbers. The idea was not to pressure the little post office which might then would have simply throw them away.

Dozens of post cards landed in his office with corrected addresses within ten days. An initial crop of thirty persons declared that they will be coming down. Some more letters came from people, he had not known and had not sent letters to, saying they would like to know more about the conference and that they will soon convey the details about who among them are coming down. To these new entrants he sent the same letters he had sent to the 100 people just two weeks back, to update them and bring them even with others.

Post cards came from the remote Meghalaya, the name indicating the abode of the clouds, a high hill range Indian province, in the North East Frontier Region, at least 2500 kilometers away, if not more. One Doctor Bhubaneshwar had written this. From Uttar Pradesh, Bengal, and Madhya Pradesh he received letters. Some more came from Rajasthan and Gujarat. A good chunk was from Maharashtra and surprisingly from Andhra Pradesh and a letter or two from Tamil Nādu. He got some from Karnataka, and Kerala, in the initial response, which was quick. He could now really boast of its being a true all India representation. Babaji sent additional lists of addresses from all over the country. He sent his first dispatch to all of them, and soon the number rose to around one hundred and seventy-five. In all, about fifty people had confirmed their participation.

A little later he received ten names from Orissa, the most backward, poorest, but minerally rich tribal province of India along the East coast, attending the conference. These letters were indicative enough that the boys there had a tough time working among tribals. Their Homeopathy dispensary network was considerable and could amount to a good presentation on Tribal and rural work in a backward province. Another detailed letter went off.

Surprisingly he drew a blank from a province, where there were a large number of tribal projects that worked for health also. He had personally visited them in early eighties immediately after his MD, visiting several of the tribal areas, to find out a project working for tribals where he could go and settle down. He did not find adequate infrastructure for him to practice his knowledge; the commitment to health work was not as important part for the people working there. An additional reason was his welcome as a Messiah for tribals that had effectively turned him away from them.

Tribal work all over the country was now brought under one Mr. Bhargav and had become a major all-India body. He realized that he had made no contact to its main office in Bombay which he promptly did, enclosing all the materials he has been sending out. Mr. Bhargav, was the mentor of Kerala for long. With all the agility of brain and his facile pen, he wrote a detailed letter to him, clearly delineating the intentions and the idea behind the convention. He also detailed his own association with tribals of over ten years now and mentioned a lecture of Mr. Bhargav had given in Bombay in 1978 which he had attended and was greatly impressed. The right usage of Dr. Babaji's letter and other enclosures and his persuasive ability, got a prompt

reply from Shri Bhargav. Bhargav was originally a Bombay man like him and could grasp the elements of his thinking quickly.

With his letter of appreciation of the idea, he also received a number of new addresses and his permission to contact them using his name, making it official for all projects, in particular the central provinces. Bhargav had also said, somewhat cautiously, that he will try to talk to as many as possible and get them over there. Babaji, Bhargav, and many others were incessant travelers, all over the country and he knew the results would follow.

He drafted an additional separate letter for all the office bearers of Nationalist Medicos with all the information documents he had been sending all over the country, including Dr. Pandit at Calcutta seeking their presence. By the end of two more weeks, his mailing list had gone over two hundred. Having contacted all the major organizations within the fold he now began correspondence with smaller projects, independently started, with or without any allegiance but had done excellent work. One thing led to another and the number grew further.

Other than those on whom he could bank upon for presentation of some of the themes, two letters had caught his attention. Bhubaneshwar from Meghalaya appeared to be quite articulate. He decided to draw on Bhubaneshwar by sending him a detailed letter to make a presentation on medical work in hilly areas. The second letter was from one Ranga Choudhury from the coastal flats of Andhra Pradesh. The man had written a profuse detailed letter about his Jayjaybharat Hospital. It was clear that he had a good band of workers; even then the project was beset with several serious problems. He wanted to come to the convention with two or three of his colleagues, which of course was welcome. The Doctor wrote to him another detailed letter requesting him to make a presentation of Difficulties and Problems in Running Medical Projects.

He had a tough time sending each new address all the material of the first letter and an additional covering letter to explain the delay. This meticulousness cost him time, long hours in the night and a feeling of neglecting his household affairs. But now he had gone out on the limb so much that he had to forego all else that was also important. He was also working out the details of the eye camp simultaneously. Writing letters had become a second nature. These letters had to vary a little from the basic draft since new developments took place, between the original and the new entries. Kapil typed these without ever complaining and with terrific speed.

By the middle of November his second letter went with a hand drawn map of India with all the train, trunk and air routes from all over the country indicating the easiest way to reach Greenville, from the National Capital, Bombay, the other metropolitan as well as the Port cities. The Doctor had traveled all over the country visiting many projects in his life before and after he came to Greenspan. It helped in chalking out clear travel paths to Greenspan from anywhere. He had made it a point of emphasis to come a day before the convention and enjoy the fabulous Greenspan weather, relax and refresh themselves, cautioning them to bring adequate clothes for cold.

The Doctor also emphasized in his subsequent letters three important aspects of the conference. One was that it will be a round table conference with no distinction between the officers and the project workers. The second was that it will be an interactive, dialogue oriented, free for all conference, allowing only short presentations to open the topics but no long

monologues will be allowed. And that each one was expected to participate and express himself. The third point was, no session will be ended unless the discussions on that topic were finished, however much time it may take. He then knew, he had touched the cord. He also knew that no such opportunity was presented to these men, who had toiled so hard for so long and that they had welcomed this outlet so dearly, the reason for the large response of attendees.

Now he had set the whole gamut of these hard-working people buzzing. From the letters he kept receiving all along he had sensed that these men wanted to express themselves eagerly and strongly about their work, their achievements, more importantly their problems and failures. He had also sensed their recognition of his project as something these men desired to see for themselves. It also carried the unfailing indication that they had found in him a person, they needed most to interact with.

The third letter went out to more than 250 places with a much more detailed program than what he had sent earlier. Sitting in his place, through the marvel of good communications he had gained advance ground. Yet, he was conscious that he must meet more important people, about a dozen of them, to finally draw all of them in. He was keen on getting the articulate, precise, Dr. Pandit, with a depth of understanding to attend the conference. His greatest difficulty was Dr. Pandit himself. And Dr. Pandit was vacillating despite Dr. Babaji's letter and his own persuasions.

There was going to be some difficulty with the people from Narendra Dutt Hospital and also Dr. Upamanyu upon whose consent, the participation of the top brass of the State depended. In the third week of December when he sat down to draw an agenda, there were a few but important blanks. Those few were to be filled by a few specific people. But they had not sent clear confirmation of attending or not attending. He decided to wait for a few more days.

Their real surprise came when Mr. Patavari arrived unannounced by ten in the night for food as the new year opened.

"Welcome sir, what brings you here?"

"I had to travel from the Garden City to the Port City. I have to reach there tomorrow morning. The way is through Greenville. I said why not halt here, with this conference of ours coming up! I had to see the Doctor! I have some good news for him."

All eager they listened to him.

"In the great Temple Kingdom, we have scheduled a meeting of all the trustees and the all-India board of Bharat Seva. All of us will be there, but more importantly, Dr. Pandit will be there. Doctor, I would like you to come there, meet him, meet others. Invite Dr. Pandit as well as others to this conference in person. But I cannot force it upon you. You have recovered from your severe back pain less than two weeks ago. Just keep in mind that the Temple Kingdom is nearly four hundred kilometers one way. The conference is nearing and much of the work is on you."

"Today the back problem is just two weeks old. Another time if I need to travel again, all of you will say it is just six months. It is a chronic problem, for over nine years now. Travelling does not give me as much trouble as you may think. Cold and long working hours do cause some pains but I have learnt to rest in between, adequately.

“You do not have to worry about the work related to conference. I am ahead of my own schedule by about ten days. Three rounds of communication have been completed, nearly 250 people and projects contacted, reminded repeatedly. The final program is almost completely sketched out. The letters of the fourth and the last round of communication are ready, in the envelopes. Everything will be dispatched by Monday next as soon as the gaps in the program are filled. There are many Bharat Seva medical projects we are trying to draw in. I want Mr. Tatwadarshi actively direct them to attend the conference.”

“That will be done. In fact, I wanted to get Mr. Tatwadarshi also for this conference. He is eager to come but will not be able to.”

“I will undertake the journey, backache or no backache to meet so many at one place, and to see as many more as can attend the conference.”

Patavari continued.

“I am coming with Avadhoot Shastri and Raghunath Pant to this conference. I have rearranged some of the most important meetings for that.”

They knew Raghunath Pant. But they did not know who this Avadhoot Shastri was. Before anyone could ask who, this Shastri is, Patavari said,

“Avadhoot Shastri is now the new chief of State Bharat Seva. I have moved to the center as a general secretary, in charge of four states.”

Racing ahead of time for the conference, the Doctor had already conducted in between, two meetings with the staff for organizing the eye camp scheduled in November, three months before the conference. They were able to rope in the Lions to help conduct the eye camp. Talking to Madhuri well ahead of the eye camp, he had made a remark.

“Dr. Madhuri, if I have to tell you the truth, I am already out of this camp. I have calculated the time it will take for all the publicity of it to reach people and sink within them, and accordingly completed all the preparation, well ahead in time. Now what remains is the actual conduction of the camp. It will be done well because all the agencies and our staff have been hewed in well. I am really out of it!”

“What are you into then?” Madhuri had jocularly asked him.

“On to the All-India convention, in contact with nearly hundred people and their projects. To that, I have a private list of my own added to it, from various contacts of mine.”

“What is your idea of the convention?”

“I know quite a bit about all these projects now. There are too many problems these service projects are facing, hindering the effective work they could otherwise carry out but are not able to. They suffer a great deal. They do not know too many basic things. Their strenuous effort, great motivation and tremendous sacrifice is getting wasted everywhere because of that. I want them to come here to see how we have overcome the problems and succeeded. I want them to know the form of public benefit that should ultimately result from their tremendous sacrifice, fulfilling their aspirations.”

“Are we in for a monologue of ‘The Doctor’ for those two days?”

“Most certainly not. Whatever I want stressed, I will get it stressed by somebody else. One by one most of the topics and their speakers are now fixed. They will do my work.”

“What else? Any ideas on that?”

“In the fourth and the last letter I have made a strong request, exhort all of them to write out on paper giving a detailed account about their work doing, their achievements and issues that plague them to progress. In as many pages as they want, and send it to me as early as possible, or bring it with them for the conference. I have also made a request to create a poster, encapsulating their work.”

“What is that poster for?”

“Display! Arrange an exhibition of all their work in the convention. This poster is not only for those who come. The request will be to all of them to send it with their friends even if they themselves are not able to come. I think people will do that. Our project will not have any posters. Entire project is on display, does not need any posters.”

“I don’t think they will. If I were to get such a letter to write about our hospital, I would not be able to. I will come to you.”

“That of course is my apprehension also. Not you coming to me! But our chaps writing it down. Our men know how to work in adverse condition, sacrifice a great deal. But they are neither good at writing nor in documentation. To write you have to collect your thoughts, serialize or compartmentalize the idea, understand your own work, their own work that is, then actually write all this coherently. This is hard work for them. In order to avoid such a catastrophe, of hardly anybody writing anything about them at all, I still have quite a bit of material, enough for this display.”

“How did you identify these persons to speak what you want?”

“That is simple, and the trick of the trade. My long association and communication, my forty-five days trip helped me select them and also the topic they will speak on. I know now at what stage their thoughts over these issues are. I have already sent separate letters to all the speakers I have in mind, giving them a structure and points on which they should develop their narratives. With it, they will be able to complete it. More topics, than are already on my list will come up. I have left a few spaces for newer and impromptu ideas.”

“You and your planning! I just do not know how you can think of all this!”

“No, but I don’t think. Many a thought, ideas, they simply strike me from nowhere. Generally, they are good. I have some knack to select and arrange the important and relevant ones in a tight program.”

“Vijayini, we are going to Mavali on coming Sunday.” The Doctor declared as he came in the house one evening.”

“How? And what for?”

“You see, Mr. Bhargav the chief of all-India tribal work is coming to Mavali on Saturday, late evening. On Sunday morning, we will reach there as soon as possible. On our way back in the evening or Monday morning we will bring him to Greenville with us. He holds the key to the

full involvement of all the projects, workers, and Doctors in tribal areas all over the country. Seeing is believing. Unless he sees the project beforehand, he will not jump in it, headlong. And see what a god sent opportunity! Mavali is just about 70 miles from here. He can squeeze half a day for us. I think he has even provided the day for himself. Our personal invitation matters. I have communicated our desire to Mavali and to Head Office Bombay to request him to come with us to Greenville, and to see The Hospital. His coming to Mavali fits in well.”

“You look quite excited! What is the matter?”

“Why not? He is a gem of a person. He has carved out the most honorable place for the Movement and spurred its continuing rapid growth in Kerala, the most violent province. I have heard him only once about ten years ago. He elaborated on each step and what it will achieve there, in a time bound manner. And he did achieve it! He then went to head the all-India tribal work with his augmented dynamism, because and after a coronary bypass. You will meet him and like him!”

Looking for a transport, Sharad had come to know of it.

“We go in our car with our tiny boy.” He had declared it with finality.

Up to and through Southern Market the drive was one of the most scenic they had once taken many years ago. The hundreds of shades of greens that had been the hallmark of the Greenspan beauty, its estates and jungles, sprawled and opened in front of them. About to enter the next state, Sharad stopped his car near a thicket of bamboos. Tall bamboos, bent bamboos, young and green, thick, in clusters, older, yellow, ripe and lovely bamboos were there, everywhere. Bamboos and bamboos, with the wind whistling through them. The Doctor expected the proverbial snakes and reptiles to coil around these bamboos and creep along. He was always terribly scared of snakes and other reptiles. Gingerly he put down his foot and looked around.

Sharad already walking down, stopped about a distance of fifty feet looking up and down. They all reached there.

“Do you see what I see? Look at the top, the bamboos have opened up and are sprouting the bamboo rice. They are bamboo seeds. In any full-grown bamboo, it happens only once in sixty years! One rarely sees this in his life time. Beautiful rice-seeds, pouring down. New bamboos will now take birth. Fantastic, fantastic, simply lovely.”

When they crossed the border there was a subtle change. More jungle and less planted vegetation. Less of coffee; some tea gardens then came in sight. They landed in Mavali and soon in the Tribal Project by eleven in the morning.

It was a small complex. A small indoor, a large outdoor, a huge room with horizontal long racks where thousands of drug samples, arranged according to their indications, in stacks and small boxes. Hundreds of combinations as well as single drugs were there. The outpatient was quiet having looked after a couple of hundred patients in the morning. A few were admitted. A small lab had been commissioned and Somnath whom Atreya had trained in Greenville hospital, was in charge. Two of Doctor’s friends from Head Quarters, Dr Parth and Dr Prashant were working there without any remuneration, their needs being met by the project.

Sharad, Nagaraj and later the Doctor had met Parth and Suryakumar who had come to Greenville, six long years ago. It was on a terribly wet Monsoon morning long before Doctor's marriage. They had come to talk to them, seek guidance, to know how the Greenville project was working, had come to seek their help for training people for them. It was done free of cost, even when The Hospital itself was quite immature and raw and in need of money. Parth and others showed them around.

"How do you manage to collect these huge amounts of drugs and give them?"

"Our project gives free treatment to all. We substitute manpower for money. We have about one hundred workers all over the State who go to the doctors we know, to collect the sample drugs they get. All the doctors have been given donation boxes for these sample drugs. These boxes are also kept in all major banks, big shops and drug stores. They collect all such drugs once a month. We classify them here. The expired drug is burnt. The ones utterly useless is also burnt. The remaining is given to the patients as per the diagnosis. Poverty is terrible. These free medicines are priceless to them."

With this huge assortment they had treated nearly thirty thousand last year. Awed, the visitors had all sat for food in the residential quarters, the community mess dominating. The talks had been random but Mavali was a story of courage and grit, sacrifice and devotion, against decades of violence, cruel murders and atrocious kidnappings. Those two boys, beaten badly, fractured in various places had come to The Hospital from this area.

In the early evening, they went with the mobile hospital. Dozens of people came. Prashant spoke, rather matter of fact, covering many issues normally discussed in the Primary Health Care. Then they were examined, medicines were given and they all were told to come back the same day after two weeks.

"Today and for the last few months the numbers are declining. Our health messages are solving a lot more of these problems. More and more people are free from the ordinary diseases of poverty and deaths, particularly under five."

Awed, no one said anything. The visitors decided to sleep there. Even before the sunrise they were out and speeding towards Greenville. Prashant accompanied Shri. Bhargav Saheb who did not need much persuasion. Once they reached The Hospital the visitors were shown around the place, giving all the relevant details. The work carried out briskly and noiselessly did not escape Mr. Bhargav's notice.

The real surprise for Mr. Bhargav however was their huge hospital, canteen building, and the duplex quarters, many indoor patients, their staff, the way they greeted, and looked after him, showed him how they worked. The thing worked. Without uttering a word about the conference and the participation expected, Bhargav Saheb came through.

"There is no way to escape the enviable magic of your place, my dear Doctor!"

There was no escaping this epithet either; so many seem to be fond of it, using it almost involuntarily!

“It is a great place you have built. And the way your staff works! Better than our so-called, trained, motivated, full-time workers! I assure you that the workers under the all-India Tribal Mahasabha will be represented in full. That is to say, all those who will understand the meaning of what you have achieved, and to have wisdom to ask you how you did it!

“Your wife, Doctor, is a brave lady, to have opted for a life like this and doing such wonderful work as a surgeon. My god! It is unbelievable.” He joined his hands in Namaskar and bent a little towards Vijayini.

Unable to contain themselves, Vijayini and Madhuri following suit, came forward and touched his feet.

“Oh no, no.” Bhargav had recoiled at this honor.

He departed by a late bus for his journey ahead. Prashant stayed back. He wanted to enlarge upon the paper the Doctor had sketched out in fair detail, by then. “Integration of the (modern and the ancient) Medical Systems in India - A theoretical perspective and a practical blue print.” A rather bombastic title! Prashant had gone through what the Doctor had written paragraph by paragraph, adding his notes verbally which the Doctor later transcribed, digging them out from his memory, almost verbatim.

Chapter 15

As had become a habit with The Hospital staff, the Doctor called a meeting again. The first time such a meeting was called was when a raise in their salaries was declared by the Doctor, on his own, when the staff had no such ideas. The second time it was called when the Minimum Wages Act was made compulsory. In it, the salaries were adjusted in such a way that it surpassed the minimum wages prescribed by the government.

Third time it was called was when the minimum wages were to be given in retrospective effect for five years, that preceded the Act. The ruling would not care about The Hospital which had been paying above the minimum for so long. They were to pay by gross calculations, minimum wages from the time The Hospital began. The Government did not take cognizance of the five-year moratorium The Hospital had, before minimum wages had become legally applicable. This was a gross injustice, violative of all principles of fair deal. That was also the first time ever, that Sharad had made his public speech.

“We have paid you as much above the minimum wages now for a long time now. Now the government wants us to pay you all the arrears from the beginning year, to be calculated as per minimum wages, a time when your salaries were less than the minimum wages. The total amount the government says should be given to you is one million rupees, lump sum. Ours is a law-abiding hospital. As per the law we have to give you all this sum. To do that we have borrowed the money with heavy interest rate.

“All of us know that it is a service institution. We charge low, because we are not interested in making large profits, because we want to serve the poor and improve their health as best as we can. Once the money, ordered by the government is given, we will have to run this hospital by charging all our patients so high that the original purpose of starting this hospital will be lost. Our patients may not be able to afford it and stop coming. Otherwise, they will have to borrow large amount of money for getting themselves cured here. After that their life will be miserable as you all understand, under the debt they have incurred. It is a vicious cycle.

“Where will be the difference between us and all others practicing privately, charging heavily? Who will look after those poor? Let me also tell you what happens in businesses started with the sole aim of huge profit making. The staffs are asked to sign the receipt for full amount due under this act, but it will never be paid fully. Will you ever accept this dirty business? No, because you are accustomed to honest dealing here for the last ten years. As a Trust hospital we cannot do what others can, everywhere, even in Greenspan. The choice is yours. If you want this extra money, it will be given to you. I have brought all the checks drawn in everybody’s name with a full amount entitled to. You have to take the cheque, sign the register that you have received the check for full amount, and encash it to complete the procedure.

“After that however, we will not be able to run The Hospital with our service motive. In that case I will close it down because it will not be possible to run it any more without killing the

original purpose. That is something I will never accept. Now I will go out, and you have to discuss what you would like to do.”

There was a hushed silence. Then the staff had started whispering among themselves. After a long time, Pradnyagouri went out to call Sharad back. The consensus was that The Hospital should run the way it is running. The question they asked was common to all.

“If we must abide by the law, how can we keep The Hospital running as usual?”

“There is only one way. Sign the register take the cheque but do not encash it. Alternatively sign but do not take the cheque away with you. Even if one person encashed it, then all of you, including the doctors will have to encash it.”

Sharad called the Doctor to sign and take his cheque. He signed, took the cheque and tore it to pieces in front of everybody and went out. Vijayini, Pradyumna, Chandramouli, Madhuri, Ramhari, Sukumar, and other Doctors did the same. Each of the fifty odd workers signed and left the cheques, without taking them and walked out.

This latest meeting was about the eye camp of which the staff had no idea. It was called, without informing anybody about it. Each one came eagerly. After all, they were going to have the Doctor for themselves after such a long time. He broached the idea of the eye camp, describing in detail how it is going to be conducted. There was an unmistakable tremor of joy that ran through all of them. They immediately sensed that something really big had come their way. They knew that the big city people would be coming in and they should stand up to their expectation and prove to them the worth of this hospital. As soon as the outline was given, joyous and eager questions broke out.

“What is the date?”

“It is a one-week camp. Saturday to next Sunday. The tenth anniversary of The Hospital falls on 17th November, the last day of the camp, a Sunday. Previous Saturday night they will come in two large buses. One with a busload of equipment, the other with twenty-two people.”

“What is the time table?”

“Sunday and Monday, eye testing will be done in our hospital. On Monday we will also go to the nearby PHCs with the eye camp staff and they will do the testing to select patients who need treatment or an operation. It however depends upon the number of eye testing sets and Doctors these people will bring and can be spared.”

“How many villages will we cover?”

“All villages, remotest to nearest, all towns, all estates.”

“We have two ambulances. On day one we can cover 3 centers as we do during tribal Camps.”

Bawara, the thin, squint-eyed boy with curly hair, looking after the reception counter spoke. He was with the project even before The Hospital started and at a time when only mobile tribal camps were going on.

“How will people know about the camp?” Pradnyagouri asked.

“Publicity!”

“How?”

“Pamphlets. Somebody must write a pamphlet in our local language. I cannot write well and quickly. But I can read easily. I will check and correct it. We will print thousands of them and distribute them to all the corners of Greenspan. Who will write the pamphlet?”

Pradnyagouri, the drug store in-charge raised her hand.

Atreya, the lab man stood up. Like Sharad this was the first time in last six years ever, he made a small speech.

“The dates are well beyond the local festival of cutting the crop. The rain will have stopped completely by then. The weather will be at its most beautiful. The farmers, happy and relaxed. Each has plenty. It is advantageous. They will be in a frame of mind to even get operated.”

Everyone agreed.

“Add all the instructions we have received from the Flame of the Eye Hospital to the pamphlet. The people have to bring one relative and their own plates to eat, and drink coffee, something to lie down on, that the total stay in The Hospital is for five days, it is a free eye camp, and so on.”

“We will have to go to the district health officer for a formal approval and request them to issue instructions to PHCs to cooperate. I can always write to them in English but I would still want to use our local language. Who will write?”

Again, Pradnyagouri’s hand went up and with it, Pradyumna’s.

“We can easily write to the district health officer in local language. That is not a problem. But if the CMO write a few lines in English, the District Health Officer will go cold.”

What Pradnyagouri meant was, the Doctor should speak to the DHO in his fantastic English, and that the DHO will immediately comply.

“After the DHO’s permission I want to go to all the primary health centers and fix up with them our eye screening dates and schedules.”

Pradyumna’s hand went up.

“Sir, please do not go there. If you insist on going to the PHCs, I will have to come with you, or Chandramouli should. These primary health center characters, from the medical officers to the peon, are a wretched lot. Absolutely cold, cynical, unmotivated and unenthusiastic as can ever be found! They will either not cooperate; or they will behave as if they are obliging you.

“You will go there with so much of enthusiasm, and urge to help people. They will pour cold water on it. Then you will get angry and then things will not go smoothly. I will go, better still I go alone, will do the talking and get them round. You look after the district health officer.” Pradyumna explained.

Sarvesh had walked in, just before Pradyumna had started talking. He had heard what Pradyumna and Pradnyagouri had said and endorsed it.

“You have a phenomenal anger, Sir. You will not go, not go at all. You will have to get too many things done in The Hospital. Leave the PHCs to Dr Pradyumna. Let me and Dr. Chandramouli also go to DHO. Things should not get spoiled from the word go. Now, I want to know how we are going to publicize and advertise the event.”

The Staff was not afraid of him to say this. He was glad for that and to be relieved from the Government contact. He was glad they wanted to protect him from himself.

“Except for printing thousands of pamphlets, with all the instructions for the patients, dates and the screening time tables, I have not really thought about anything more yet.” The Doctor responded.

“Doctor, for this eye camp, we can contact several different agencies. We will leave a few hundred pamphlets at each of the ten Primary Health Centers, and about fifty the smaller government dispensaries. Dr. Chandramouli can obtain from the D.H.O. this list. That is one channel. Other channel is schools. We will catch hold of each higher secondary school that we know of. We will get the school master to hand over one pamphlet to each student, from the 8th to the 10th standards to take home. Can somebody find out how many are there and the locations?”

“My wife teaches in such a school. I will ask her.” Bawara said.

“That is enough and more. I think we will get more patients than we can handle.” Sarvesh concluded.

“How can you be so confident? We have a target of 100 cases, fit for operation. That means we will have to have around 130-150 cases selected. Some will be rejected on medical grounds, some for some other reasons, some premature for surgery. To get one case for surgery we will have to have twenty or more patients with eye complaints examined.”

“What is basis for this calculation, Sir?” Sarvesh countered.

“I do not know. For one, it is my guess. Secondly one of the Doctors who conduct eye camps in this Flame in the Eye Hospital, made a remark that out of ten patients with genuine eye complaints, one needs surgery. I say twenty because a lot of them may not have complaints genuine enough, coming just because it is a free camp. Hence, I want to aim at 3000 patients to be examined. Eliminating those who really have no complaints we could then possibly get the required number.”

“Will 100 surgeries in two days not too much to handle?” Dr. Ramhari asked.

“I do not think so, because the Doctors have told me that they can easily handle this number of patients for surgery in two days, when I asked them this question. At least three surgeons will be operating simultaneously. They want to have 12 functioning operation tables at a time. Madam says these twelve tables can be easily accommodated in the post-operative ward. Our doctor’s duty room, is connected to the post-operative ward. It can be used to hold the sterile materials, other small, small things. I think it will work. But it is good that you asked.”

“These people will conduct the camp. What is our role in that?” Bawara asked again.

“The manager was particular about not needing help from our staff. I think they will need our help. In what way, I do not know exactly. When they come the day prior, we will try to hold

a meeting with them. They will tell us how we have to help them, if at all. A few things are clear. One: making a pamphlet, getting it printed without mistakes. Color of the paper, contents, Sarvesh and Pradnyagouri can decide. Second the distribution. Jaising will go with Sarvesh, in a vehicle and distribute pamphlets early enough. I am thinking of printing ten thousand.”

There was chorus saying it will not be sufficient. Someone called the Doctor out. The Post Master was waiting for him. He came directly to the point.

“Doctor, I heard about the eye camp. Lot of people should benefit from it. The information should reach as many as possible. There are three hundred odd individuals, working as mini post offices in Greenspan who receive letters for people remotely situated. People come there to collect posts. Give me three thousand pamphlets. I will send these on my own to them, ten each.”

“Thanks for this help, Sir.”

“There is nothing to thank me. People will benefit. I have seen those nearly eight hundred letters you sent to the nook and corner of India. That gave me an idea to come over and help. Is there any other big event coming up?”

“Thanks again for the help, with my letters, a huge load for a small post office. An all-India conference is coming up in the month of February, next year.”

The Doctor folded his hands in gratitude, came back and told all the staff what the post master had said. The audience clapped and raised the number to twenty thousand. The meeting ended because patients were waiting in the OPD, after deciding that it will be held again to discuss the matters further, in three days.

Aware of the external help likely to be needed Sharad and Sarvesh took a round trip of Greenville. They went to the Omkara temple where Mass Marriages of poor people were conducted by the Bharat Seva district unit for the last few years. It was always on an auspicious day beginning February, when Hindus bought gold. The number of couples marrying, hovered between seventy-five to hundred, attended in addition, by a varying number of relatives. A marriage feast would follow. Nowhere in the world, ceremonies and food following, have ever remained separate. The temple had huge cauldrons to prepare food, which the priest showed them. The Hospital, looking for a target of hundred surgeries, and nearly four hundred people to feed for seven days, these cauldrons looked adequate. The priest agreed to lend the same and cooperate but asked them to speak to Rudrakumar Lawyer also, who was the head of the temple committee.

On information that the Lions Clubs are supposed to be involved internationally in the work for blindness, Sarvesh and Sharad then went to meet Rudrakumar, the advocate who had pleaded for Shashank. Rudrakumar was the district head of Bharat Seva as well as the president of Lions Club. Sarvesh and Sharad told him about the upcoming eye camp, and all that took place in the staff meeting in detail. Together they discussed the details of the huge task of the logistics; variety of food items, fuel and supplements in main. Once Rudrakumar knew the magnitude of the eye camp operation, he quickly realized that it would be a great program in his tenure, annually. Direct service to people, and a big, colorful feather in his own cap, as the Lion President, and for all Presidents to come thereafter, possibly. Rudrakumar also promised to speak

to the priest and make available not just the vessels but the cooks who regularly did it in the mass marriages.

In the evening Sharad took the Doctor with him to the weekly Lions Club meeting in the Main Square Area. Lions of Greenspan were essentially a middle-class outfit dominated by the traders and the goldsmith community. Less decorous, less pompous than other such agencies, workers with rolled up sleeves, they took Lionism seriously. Then there were scores of young men, Ambadas, Vitthal, Sudhakar and the heftily built but mild mannered and sedate Tilak, the son of the great Painter Master of Greenspan. They explained the purpose of their visit and requested for help. Lions whole heartedly agreed to cooperate and left the details to be worked out to Rudrakumar and Tilak.

Both Rudrakumar and Yusuf the District Governor of Lions confirmed that working against blindness has become an essential activity all over in Lionism, to be carried out wherever and however it can be done. Rudrakumar knew about the Regal Society which Lions international funded.

“Sharad, in the entire state so far, none of the Lions Clubs have had an opportunity to undertake this activity. We are happy and lucky that you brought this idea to us. This club will carry out anything and everything needed for the eye camp. It will be a glory for all of us.”

The District Governor Yusuf also said that he would be too happy to have an eye camp, during his tenure. The pieces of the jigsaw of how to conduct the camp were falling in their respective places. Rudrakumar discussed with Tilak, his secretary, what he thought was the biggest and back breaking task – cooking and serving food for 400 people for seven days. Tilak took the challenge on, headlong.

“It will be a huge, monumental task, not a joke. In the mass marriages I have managed the food section for about 500 people only once on that day. I will scale it up for the camp, oversee cooking and serving the food to all the inmates of The Hospital then. Nearly three hundred, you said? *Annadaana*, the serving of food to poor, is a paramount offering to God and great occasion for service. Feeding the poor, one of the greatest accumulations of holy blessings. We will go to The Hospital to see for ourselves how it could be arranged for this *Yadnya*, the Great Fire Sacrifice. I will ask my brother to look after the estate, during the eye camp period so that I can be in The Hospital all the time and help the Doctor.”

Tilak soon followed up to make his own team and visited The Hospital with them. They were the young ones from the main market. There was general enthusiasm over things. Mrugesh, the optician said, all that the eye camp needs in addition will come from him free of cost. Tilak and Rudrakumar spoke to the priest and of the serene and beautiful temple of Omkara surrounded by a lake like the famous Golden temple of Amritsar in Punjab. He confirmed the availability of the cooks, and the utensils from the mass marriages.

Nothing really came in their way when Chandramouli and Sarvesh went to the DHO, and other the district authorities of health with Doctor's letter. The State Government looked concerned about the prevalence of blindness for which they were anyway doing nothing. They were shrewd enough to know that they will get credit when someone else slogged for it. Much of

the fears of Pradyumna and others were waylaid. The response was far from lukewarm, no cold shoulder presented.

The DHO on the spot, quickly sent instructions to the primary health centers to be alert and cooperative, even before Sarvesh and Pradyumna reached there later, made the PHC rounds quickly and got all the arrangements in place; they identified six out of ten centers, as suitable to conduct the screening. They allocated the time to them on the second day of the camp. This necessitated a complete overhaul of the pamphlet that they had structured, but not printed yet.

Now it became two pages with a lot more information about how people can utilize the camp facilities at the periphery and how to be prepared in case they need surgery, how to come to The Hospital, the same day, to stay there for 5 or 6 more days, to bring their clothing, blankets as it will cold, their toiletry and the utensils for eating and drinking tea/coffee water etc. It had become a truly detailed appeal, in the local language, with dignity of the people preserved.

The second eye camp meeting was called. Tilak by chance came in. In between the pamphlets for the distribution in the fullest possible details were printed. Sharad had gone through the contents and then Sarvesh had his own touch to it, adding a little bit of emotional appeal, saying that excellent Eye Doctors will be coming down and screen people for eye diseases on a mass scale, treat them, operate them if necessary, and free of cost. That was emphasized. The number of pamphlets to be printed had risen to 50,000 for a population of 400,000 within Greenspan. Government PHCs, small dispensaries, the schools and the postal route they had decided on, consumed nearly everything. Finally, they decided to print 7500 pamphlets making a list of 150 odd places like shops, frequented by many people, banks, government offices, and so on, keeping 50 pamphlets at each place. Making bundles of the pamphlets in 100, 50, 25, an address slip and delivering them to various places had occupied a considerable number of staff for over ten days.

“We will need three or four people to exclusively look after our guests when they come. Hot water for bath, water for drinking, rooms for them to stay. Mosquito coils, *sigris*, with burning coal. Rakshit, Radhamma, Sanand and Arivarsha will take care of it. Two in each batch of twelve hours. Then comes their and our food also in the day and night. I do not want any of you to go home, then cook food and eat. We all will eat in the canteen, in batches along with the visiting people. The 12-hour duty schedule for the entire staff will be prepared by the second Manju and Yamini. 7 a.m. to 7 p.m. one shift and then the second. It will come in to existence one day prior to their arrival and continue for one more day for cleaning purposes after they depart. Will that be all right?”

“That is all right, Accepted.” Everybody said in unison, almost interrupting the Doctor.

“Please call my husband if help is needed in food section. Generally, he does not do anything, just idle around. But he is a good cook and can cook for large numbers.”

The illiterate Manju, Vijayini’s surgical assistant responded.

“But where to cook?” No one spoke immediately. Tilak took up the thread.

“For the patients we will cook food in the flat area between the Ganesh temple and the canteen building. Ok? Then we will have to make a division. The same food will be served for

patients, will be served to our guests, our staff, others who come to see and help, in the canteen. Those who are already working the canteen will also join us. They can take care of tea, coffee and some little snacks as well, mainly for the staff. The patients and their attendants will eat in the wide porch connecting the two halves of The Hospital building.”

In the latter part the Doctor sat quietly. The decision making had gone to the staff and they did it well. Patients were waiting, ward work had halted for a long time. They adjourned the meeting deciding to meet again after two days.

They had already progressed to the first week of November, 10 days before the camp was to actually start. Vijayini and Madhuri had taken their operation theatre assistants to work on creating a sterilized post-operative ward where operations could be conducted. Sharad gave a visit to Dr. Papuri. True to his nature and their expectation he came down whole heartedly, notwithstanding the fact that a lot of his practice will get shrunk after the camp. That was most heartening.

Each arrangement was being detailed in his note book. Those allocated specific jobs had to also write their part in their note books. All jobs to be done were serialized and organized hour and date wise. This was to quickly remember at a later date, after the meeting, on what date a particular job has to be completed by whom and to immediately report if there is any problem, so that it could be solved. The idea was not to hold responsible and screw a guy. Everyone knew that. They were used to work quite precisely by now. They liked to finish the work, precisely, on time, even early. Keeping records of the numerous Tribal Mobile Camps had refined that skill and earned praise from Mr. Giriraj. They had learned to fragment their work and keep on doing it in bits and pieces, in between their regular job. Idling as a national pastime in India had not touched them. Work to rule was not there in the mentality. The Hill’s law, ‘Work more than you are paid for’ was observed.

Once he even told Sharad,

“It looks to me like a Hitchcock movie. Hitchcock used to plan the movie sitting in his lounge chair for innumerable hours, long before shooting started, in a notebook, making detailed notes. Prepare the scenes, do the setting, economize on them by clubbing scenes of same sets. Once the shooting started, he would complete the film in full in about one month. Our camp will be our movie, except that there will be no terror in it.”

As the camp days approached and the pamphlets continued to make the rounds of even to the remotest of areas, the entire district was buzzing with the news. People had not anytime, seen the information that was being read by and to them. They had never been appealed with so much humanness and dignity called to get their problems sorted out, not emphasizing their poverty. People did not fail to take notice.

Many estate owners were regular patients of The Hospital. All of them knew that The Hospital and its workers did not accept even an orange for the services they rendered for them or any patients. They were delighted to hear that a free camp was being conducted. Some of them, close to Sharad, made bold and spoke to him.

“You are going to feed few hundred people three times for seven long days. You will need firewood, fruits, rice, pulses, onions, vegetables, spices, oil, and what not. That too, on massive scale. With such low charges from where are you going to get the money to buy all these items? We would like to give whatever can be given, that we grow. Coffee, pepper, oranges, fruits, rice, vegetables, do not say no to this. And some money also if you need that.

“We are the regular beneficiaries of The Hospital. We know how little you charge us, even when we will be happy to pay you three times, five times more. For last so many years now, we and our families have not had to go to any big city, for any of our problems. It has saved an enormous lot of money, spared for us the travel hassles. It is due to the existence of this hospital.”

Sharad agreed, thanking them for all with folded hands, for the love they showed.

The word of this arrangement those few planters had suggested, also got around to a much larger number of Planters, equally quickly like the pamphlets. The day before the start of the camp, jeeps, cars, and dumpers started appearing at the canteen door. Each one unloaded rice, pulses, oil cans, fruits, spices, every conceivable food item in quantities which were unbelievable. With it came the firewood from the estates, and rock oil. The bearers had to make way immediately as some other vehicle would appear for the same purpose. On behalf of the Hospital, the Doctor tried to visit the canteen as many times as possible when the goods arrived, but could not even to talk to these people properly and thank them. The Hospital accepted with gratitude all the planters had promised and finally gave.

In the third meeting Bawara stood up and again asked.

“What have they said about us during the camp itself?”

“We are told that they will line up the patients, set our outpatient for eye checkup. and do the records also on their own. Bawara, good you asked this question. Help they will need. And we have to be ready with it. Keep ready 300 cards on the first day to register the patients, stamped as Free Eye Camp with the date, month and year. Take help from our outpatient staff in the days to come. On first two days in particular, it is the outpatient staff who should be ready to help if needed. But, unless asked for, no one will move, because the Manager is a little egoistic.

“I, with Dr Pradyumna and one of the visiting Doctors will go to two PHCs to screen patients and to see things move smoothly, once the in-house screening starts. Drs Vishnu and Ramhari similarly will go the remaining four PHCS. We will help select patients for operation there and send them down to the hospital. The patients to be operated will start coming in from these places from day one. In addition, such patients will be selected from our outpatient screening also.

“They should be admitted immediately, in ones, twos or more. Our nursing staff will take the patient in ward we have cleared for them, make a separate indoor paper for those admitted, with the same Free Eye Camp stamp with date, month and year, record all details, take blood pressure also and make notes. Call any one of the Doctors to check the patient more fully, as soon as a patient is admitted. A few tests have to be sent for every such patient immediately, blood sugar, Hemoglobin and urine. Do not allow the patients to collect, do it as soon as one comes in.

“What about our other patients, the non-eye camp patients, who come for treatment?” Vijayini queried.

“Dr. Madhuri and yourself will do whatever you want. The eye camp operation theatre is outside your surgical theatre. So that will be free. You can take your assistants and go if any surgery is to be done. I do not think there will be any problem. I will look after the medical cases.”

“Are our people assisting them in surgeries?”

“No. Definitely not. It is a delicate business and they will be more precise as well as comfortable with their own trained persons. But someone should remember to ask them, our nurses, operation theatre sisters, and also the doctors, if they could see how they operate and organize the whole thing. Everybody concerned should see how things are done from the glass window of the Doctors’ duty room.”

“Any emergencies cropping up?”

“We will have our male ward reserved for such cases for both male and female patients. For the admitted medical cases, I should be directly and immediately be called. We should all be around. We should quickly come forward to help in these cases also. Not wait to be called. This is what our training here is. Is it not?” The Doctor paused.

With this kind of dialogue continuing, they then went on to allocate the incoming guests by locating them in the three large rooms beyond the gynecology outpatient. Sharad was requested to make a huge drum for heating water with a heavy-duty coil. Rakshit later tested it to report that it needs to be turned on two hours forty-five minutes to get fully heated, before any one comes for a bath. Once hot, it will serve for 10-12 and can continue with a pause for forty-five minutes. That made it necessary that two such drums will be needed. Mosquito coils were allocated to each place where either the camp people or the patients would be staying. Then they decided to clear the space in OPD and in canteen. Residential Quarters attached to the canteen building and one of the duplex quarters were allocated to the Doctors, working with them regularly now; Narhari, Ramhari, Sukumar, Vishnu, Pradyumna and Chandramouli were in one duplex, Vasudev had occupied residential quarters so long ago. The other duplex was allocated to the three eye surgeons coming.

With the to and from dialogue with his colleagues it had become clear to him that the eye camp would be a success.

“We have one issue to solve. I wonder if you have taken it in consideration, Sharad. It is the cost of procurement of all the stuff that we will need for preparing food. From where will you get money for that?” Rudrakumar came straight to the point.

“Mr. Rudrakumar, I really appreciate your concern. Sure, we do not have that much money. In fact, far too less. A few days back I had just started calculating the costs for the food and related items. I was not able to see how to solve this problem. A small miracle took place. We have now been assured by ever so many planters, having come to know of the eye camp that they will pour in, not give, anything and everything required to prepare food to this suffering humanity.”

“Sharad, The Hospital has done excellent work in last six years. The camp has given the people an opportunity to express, not just gratitude but their happiness and we are reaping its fruits.” Rudrakumar concluded.

Finally, on a cold November night by eight, two extremely large and long chassis buses rolled in the premises of the hospital, the white-headed manager alighted first. The Doctor greeted him. 19 people then alighted one by one, with their backpacks. The Hospital staff on duty had gathered to welcome and take them to their respective quarters. They were energetic young men, a few ladies, probably the nurses; finally, Dr. Sanjay and Dr. Mahindra alighted.

The visitors quickly spread over the two and a half-acre of land The Hospital was situated on. Some went to the temple; others went into The Hospital and some descended by the mud steps to go to the lower level where the duplex quarters were situated and some to the cellar floor of the hospital. Some went to the canteen. They started speaking to The Hospital staff and quickly mingled with them. It was obvious they had liked The Hospital set up and its people immediately.

There was an instant rapport between Sanjay and the Doctor. Mahindra took to both Madhuri and Vijayini as soon as he knew their status as the anesthesiologist and the surgeon.

“What a wonderful place, Madam. The weather so beautiful, cool, the landscape as we saw it while coming up, is so marvelous, so lush green, so idyllic. The campus itself is so beautiful. You have a really large hospital here. You have your own quarters, canteen, water well, overhead tank for water, all so huge. My heart aches that you enjoy this every day and I will be coming here only occasionally.” Mahindra was as overwhelmed, like all the doctors who had visited this place previously and recently.

When Sanjay and Mahindra went to see the operation theatre of the post-operative ward, with them, their real delight broke on their faces. Dutifully Madhuri and Vijayini explained all the arrangements they had made for operations. Both had taken great pains to prepare it to be used for surgeries, which had an 8-bed capacity in ordinary times. They had got it washed from roof to walls and floors, repeatedly, fumigated it more than once, had closed all the windows and ventilators with thick plaster tapes, leaving exhaust sides open only a wee bit. It sparkled. The scent of formalin that fumigated the operation theatre to be, was still there. The Flame of the Eye staff quickly arranged their twelve operating tables, six in each row, adequately spaced, and the equipment.

“Madam, we are highly pleased. We do not get such good operating facilities on a platter anywhere. Just nowhere. We go and we do it on our own, till late in the night. You are a surgeon, what do we need to tell you. But this is fantastic.”

Vijayini had something on her mind and wanted to draw them on to it.

“Since how long you have been doing this great work, Doctors?” The question was at once innocent and was equally calculated to know beforehand the competence of these two who will be allowed to operate on their populace. Albeit, the responsibility was theirs but even then, it was in the name of The Hospital also, that they had appealed the patients to come. Suppose something

goes wrong? The Hospital would have a lot of trouble along with this Flame of the Eye, who had come down.

Sanjay took it up properly and said,

“Both Mahindra and myself took our masters in ophthalmology three years ago. I went to Himachal Pradesh to do this eye camp work. Himachal is as beautiful as this, as hilly, as difficult and as little or fewer facilities for treatment. The eye program was strong there. I worked there for 2 years and must have performed over five thousand operations there. Then I came down to my homeland and have been with the Flame of the Eye team for a few months now, ceaselessly moving around. Mahindra went to some of the finest surgeons and took his own ‘hands on.’ He also came back. Since then, we are a team.”

“Great!”

Delighted that hot water for bath was ready many helped themselves with that and over a hearty meal in the canteen they all went to their respective places, neatly arranged for them to sleep comfortably, expectant of a fine camp to be conducted, awaiting them. Mahindra later had even said,

“The way you have arranged for us, the way you have conducted the publicity, collected your volunteers and made aware your staff, I think the response will be good. We are veterans of the camps. We know in advance which ones will also succeed in large numbers. On plains the population and the poverty are both high. We get our due number easily. But it is rare to have a surgeon, an anesthetist, and a physician behind us to take care of our patients.”

It took the manager nearly an hour to collect his boys and girls, make them unload all the eye camp equipment of aftercare once the operation was over, and take it to the outpatient and to the wards. The boys so pleased they were enjoying the atmosphere more than anything else.

It was nearly one before they all turned in.

“All the best from tomorrow.” Vijayini had told him.

A little before seven in the morning, the Doctor walked to The Hospital, a bare 100 yards from his house. Within minutes he saw all the morning staff, well dressed, hurrying towards the hospital, almost tumbling over each other to reach and greet him. The night staff had also gathered around. They quickly reported to him that all the visitors were provided with hot water, a bed tea, and now were getting ready for the breakfast and work. The morning staff took over the inpatients, other departments and went to their respective places.

Bawara had a thick bundle of outpatient cards already stamped “Free Eye Camp, November.” Pradnyagouri was ready at her drug store, Jaising the X ray boy, there at the counter. The operation theatre staff was ready, eager to help around.

By eight the visitors were in place. They began their own registration and started lining the patients for outdoor eye examinations. By eight thirty Mahindra and Sanjay appeared with one more eye surgeon Ranjit who came in the early hours, by the night bus, all refreshed, visibly pleased.

By eight thirty onwards people literally started pouring in. They came in dozens and fifties, totaling 400 within the first two hours. God only knew from where all they were coming. Pradyumna, Chandramouli, Narhari, Ramhari, Vishnu and Sukumar were in outpatient. Some started helping the visiting Doctors. Others started seeing the other patients who were also coming in. Investigations started, prescriptions were written and drugs were being distributed.

By nine thirty the mob went completely out of control. The visitor boys were unable to control them, line them up, make their cards. The white-haired manager came down trying to control them, all in vain. For forty-five minutes all the patients were trying to get to the Doctors at once. Initially in their city bravado and spirit, the manager had asked The Hospital staff to keep off and The Hospital chaps were fretting.

“They are not allowing us to do anything at all. They cannot control these people. We know how to do it. Tell us. We will set things right.” Bawara came panting, dejected, angry and pleaded with the Doctor.

“Wait, wait, Bawara. Don’t do anything that they don’t ask you to do. They will themselves come to us in a short time.” The Doctor advised.

In half an hour finally, the white-haired manager approached the Doctor.

“Please tell your people to help us control them.” He pleaded.

From the front porch in front of Ashwini Kumar statues the Doctor descended down. As soon as people saw him rapidly striding in, they straightened. The pandemonium quietened down.

“Bawara, Jaising, Sanand, come here.” His voice rose.

“Get all the eye camp patients in a queue. Mr. Manager, give your cards to our boys, they will line up each one. Look here folks, do not make chaos here! Each one will be seen. Straighten up, line up, register names.”

His squad swung into action. They made three lines, each to one Doctor, put benches in between to sit and divide the lines. Additional staff came down. Rapidly the cards were being written, numbered and handed over. Within twenty minutes everything settled down.

Within an hour another action started. Patients were being selected for surgery. In threes and twos, they started coming up to the wards. All the five special and one isolation ward, that had been emptied started filling up. People had come prepared for surgery. As they were taken in, the ward staff took charge of them. Their papers were made, number cards given quickly, their investigations were sent and they were made to sit in the empty wards.

On another level, the highest of The Hospital campus, between the Ganesh temple and canteen, Tilak had put up a shade, day before. Gas burners, wood burners large utensils had also arrived the day before. Tilak’s volunteers and The Hospital boys arranged huge mounds of firewood. Water was drawn. Sacks of rice, pulses were sifted, cleaned and sent in the shade. When Tilak came down to the out-patient, it was eleven in the morning. Outpatient was overflowing by now.

“What is all this, Doctor, hundreds of people? Unbelievable. Unbelievable. It is nothing short of miracle, Sir. Our Lion Members will soon appear to see this miracle. People have come like a gushing, roaring large river jumping rapidly over in a huge fall. What is the number selected for surgery?”

The Doctor knew the statistics.

“By now seven hundred have registered for outpatient examinations. We have taken out the residents of our town. They have been told they will be examined after four tomorrow. Many have gone back. Some twenty-three cases have been selected, that is, forty-six people are already in. By the time we are ready with the afternoon food, assume that a figure of one hundred and twenty will be reached, at this rate.”

Taking his cue Tilak went back; he took the stock of the situation and adjusted the pulses and rice loads in the large utensils. Vegetables were cut feverishly in the canteen. Each one was working top speed and non-stop. Huge mounds of cleaned vegetables went in to the cauldrons.

The staff was working smoothly, no one had time to relax. The Doctor went off to attend dozens of visitors who wanted to see him, visitors he least expected on day one, requesting them to see all that was going on, have a cup of coffee in the canteen. Many of the planters who had sent food related stuff had come to see what was going on. Overwhelmed, they also told him to contact them, if more is needed, without hesitation. Even the Post master had come to see what was going on, visibly pleased.

He was careful to see that his staff took tea and small snacks taking turns to eat something at the canteen. Irene, his cook had managed in all the hectic activity with two large bumpers of tea and coffee. The staff came quickly, queued in military precision, quickly drank or ate what they wanted and went back hurriedly. Irene also sent a bumper to the outpatient for the eye Doctors and their companions hourly, who were facing the unprecedented attack of work they had never faced before.

By two Mahindra, Ranjit and Sanjaya came out. They had done wonderful work. It was a free camp setting, but the way they were seeing the patients was as if each one was paying them one hundred rupees. All had good handwriting, which never wavered. By two they were through the first two hundred and forty patients. They had a bumper of tea, ate a little, stretched and went back. They had made it clear that they did not want lunch. They were happy with the hourly cup of tea that was reaching them without delays.

On the laboratory front there was a big rush. Each of the admitted patients was with a bottle of urine. Blood was drawn, one after another, labeled and processed, as was the urine, for the basic mandatory testing. The results were being given out and were being pinned on the appropriate case papers. There were no mistakes.

None of The Hospital staff, none of the visitors ate well. What was resumed at half past two continued till seven in the evening and the indoor number had swollen to sixty-seven patients and sixty-seven relatives. There were people everywhere, dilapidated, poor, slightly well to do, people, equalized, fed well. The simple food was sumptuous and tasty like a house preparation. They all lined up to wash their plates in a corner, went back and relaxed. By four another squad

of the visiting staff came to the wards. They cut the eyelashes expertly, cleaned their eyes, put drops and ointments in a row, and a bandage on the eye to be operated. They came hourly as more patients were admitted.

Chapter 16

Sharad had appeared with Rudrakumar and Yusuf in the afternoon.

“Is there anything I do here?” Sharad asked the Doctor.

“Nothing really.

“What about the food stocks?”

“Plenty. We can conduct another eye camp with what the planters have brought in. Twenty kilos, twenty-five kilos of rice, kilos of pulses, tons of vegetable have poured in. Fruits by dozens of big baskets. I am overwhelmed. I never thought people would respond in such a fantastic way. I will be sending a few helpers here from my garage on the top.”

Rudrakumar did not say anything. He first shook hands with the Doctor, then patted him on the shoulder and then embraced him, summing everything and more than what was said. Both of them vanished.

In between visitors were coming, going around and going away. They could not be attended to. One thing was clear. Each had his own way of reacting to it but there was no denying that the Doctor and his team had worked a miracle. Some, the invariable nasty ones said, ‘Oh, they have created a big havoc. God only knows where they will land.’ Most others expressed their surprise as well as happiness at the crowd that had collected and waiting their turn in the disciplined manner. They wondered how it could have been managed. Some, obviously the friends, and the sympathizers were quite voluble.

“As it is, The Hospital is doing wonderful work. Now this is tremendous. One would not believe there could be so many eye patients here in Greenspan, one of the greenest districts, greener than any other. Far more difficult to arouse them to come in such large numbers from the most distant places. Don’t know how you managed it all.”

When the District Health Officer came, the Doctor found time for him.

“Dr. Guruprasad, will you please send word to our six centers that they can expect good crowd. Medical officers of The Hospital with the help of the one visitor technician on each vehicle will screen them and select those who need to be brought in, as quickly as possible. Shipping the patients from the PHCs to the base hospital will, I think, start by four, tomorrow afternoon. If you can spare a vehicle or two for us, for that purpose, it will be easier, solve the issue smoothly.” The Doctor had asked him.

Dr. Guruprasad was quite jealously overwhelmed by the work that he saw unfolding in front of him today and likely to unfold tomorrow as well. He acted on his promise and added vehicles for all six PHC centers to transport patients.

When all of them gathered over food at nine, the morning staff was still on duty and the night staff had joined for their twelve-hour duty at seven in the evening. The day staff handed

over the charge, then had their food and went back for an hour for winding up, cleaning and finishing ever so many errands, setting things up for tomorrow also. Finally, they had to be thrown out.

“Look here, we have six more days to go. Do not exhaust yourself. Those going for the peripheral centers tomorrow should first go home.”

Despite the insistence not many went. They slept off in the hospital.

Mahindra, Ranjit and Sanjay were tired but expressly happy over the wonderful work that they had undertaken. When everything quietened on the stroke of midnight, the Doctor also went home.

“My dear, we finished between us a caesarian delivery and an appendectomy. Posted one each for tomorrow. A normal delivery to add to that. We could not get in to the camp work much. But it was great. Meticulous planning, over cautious for falling short of target. Finally overwhelmed.” As Vijayini snuggled near with their son in between, all the aches of having stood for 17 long hours were gone.

The next day his designated staff was ready at 7.30 a.m. to depart for the six centers, on both the vans that Sharad had got ready for the occasion. Bawara, Dr Vishnu and Dr. Narhari in the first hospital vehicle, and Drs Ramhari and Chandramouli with the male trainee Bhaskar on another went off. With the likely deluge of people, he chose to leave The Hospital later in his Herald, leaving Sukumar and Pradyumna to attend to the incoming patients. He did a quick survey of the nearby centers and returned in two hours. Flush with the success of the turn out in the first two centers he reported back to everyone.

“Look my dear boys and girls! The turnout has been large there. Each one has some real and genuine eye problem. They have not come there just because big specialists from big cities are giving them a free checkup. Our pamphlets have worked that miracle. You can never possibly have imagined that so many problems exist in our own green countryside, so close by. Throngs of people. The patients being selected for surgery are bound to be a considerable number. Most will come here by late evening. Be prepared.”

It had taken more than an hour before the visiting Flame of the Eye boys arrived. They looked a little weary, took their time to breakfast and slowly started out. The yesterday’s inmates had been properly fed with a large tasty breakfast. By lunchtime more people started arriving. True to his word another sixty-seven were added by the late evening, the total number of inmates having gone up to nearly four hundred. Tilak was a sound man. He had anticipated a much larger number and had issued orders for larger amounts of preparation. They had in addition willingly accepted the regular ward patients to be fed in this general food jamboree, the *Anna-Maha-Yadnya*, the great worship of feeding the indigent, hungry and the dependent.

More Lions had come in. A few more cooks arrived with a few more cauldrons. The news had spread like a wild fire. Even when the planters had already given so much but still, remoter planters had started bringing in the food stuffs in their own vehicles and deposited it in the granary and the stores. As much out of love but also with a sensation, ‘how can they be left

behind?’ Each one was happy at what they were seeing, the thronging and throbbing hundreds. No one had witnessed such a spectacle; no one had thought such a spectacle was possible.

The Lions divided themselves into batches. Each of them was a wealthy and worthy person, worth hundreds of thousands. But, in the true spirit of service to the suffering humanity, they rolled up their sleeves and descended as a band to serve those lines of patients, patiently waiting for the lunch to be served. It was a backbreaking work to lift the utensils, bend, take out the food in the ladles and serve liberally. Instructions were being given not to take too much and waste but that they can get repeat servings if they needed more food. Patients complied. When one line got up, the floor was quickly cleaned and swabbed spotless while the new lines were settled. Fortunately, the eye patients, the other patients in the wards, the staff, none went without food.

Late evening after food Mahindra, Sanjay and Ranjit went in to the wards to select cases for surgery next morning and to prepare them for it. Numbers were allotted and patients to be undertaken for surgery were shifted and reallocated to other numbered rooms, each containing about twenty patients. It took them nearly four hours to line up the first fifty odd clean uncomplicated, non-diabetic, non-hypertensive cases without any infection in the eyes, nose, throat sinuses and in urine. It was one o’clock in the night when they declared themselves through.

Another lot of the visitor staff had set up the operation theatre. Everywhere they found The Hospital workers a willing lot to help. They found them anticipating what needed to be done, did it well, did it quickly and did it neatly. Damn pleased, the white-haired manager again approached the Doctor.

“Doctor, you have a fine squad of workers under you, so enthusiastic, work fast. I have never seen such workers in any of the places that I have been to, for so long. Even your Lions members are so wonderful. Can I know how you have trained your boys and girls so well? My daughter is interested in nursing. Can I send her to work here later?”

Without answering the Doctor had simply acknowledged the remarks with a polite Namaskar. He knew that his trained girls and boys had done well. He knew what it meant to them that he stood there in the center with them, for hours, longer than them, overseeing all arrangements, without rest. He was happy, he was proud.

The surgery started apace and briskly by about 9 a.m. next day. All of them were lined up on benches and the first batch of six and shortly another six went on the twelve tables. Most of them were scheduled for cataracts. Within an hour the first operated patient who came out, went into raptures. He sat down and started telling the story.

“Inside it is like a heaven, folks! There is music, there are people clad in saffron from head to foot; they look like *Devadootas*, the messengers of God. Then there are *apsaras*, the beautiful heavenly women, similarly clad in saffron, working quickly and briskly. They take such a considerable care of yours, make you comfortable; reassure you, make you lie down. Cover our heads with crisp, clean towels only the eye left open. One *Devadoota* comes, cleans your eyes, an injection is given behind and around the eye to stop pain. Quickly they operate, put a bandage

and send you walking. We should not lie down on one side. But soon, in a few hours we can get up, move around and then eat light food. That is what they are saying.”

The whole atmosphere of tension, then and prevailing so far, quickly vanished. The patients relaxed, became more talkative, more eager to be taken in for surgery. What no one could have achieved, nor did by all the assurances, was done in a single swift remark. Every patient knew that things will turn out right for them.

None of the operating staff ate. They sustained themselves on the hourly tea, coffee and small biscuits, served outside the theater for them. For ten hours the surgeries went on. They completed sixty cases and finally came out at 7 p.m., made a beeline to eat, relaxed for an hour and at nine p.m. they again started a round, checked all the operated ones. Put drops in the eyes, gave tablets The Hospital had supplied them at its own cost. They ended this work in two hours.

Then they prepared thirty-seven for the next day. Nearly thirty plus patients were rejected as unfit primarily for eye reasons. They were prescribed medicines and sent home next day. A dozen of all the patients had diabetes and hypertension. In a short span of thirty-six hours, they were brought under control, so that they could be taken up for surgery. Mahindra did remark,

“You seem to be an untiring fellow.”

“Untiring or otherwise, finally, I am responsible if anything goes wrong. I have to be about.”

At midnight the Doctor took his own round with sisters and all his subordinate doctors to check each one, on whom surgery was done and was to be done. He had seen all the sixty patients bandaged in one eye, sitting in lines and taking good amount of food and knew that they were in good shape.

The next day surgery had begun late because the operated cases had to be checked first. Thirty-one were operated after that with the same smoothness as yesterday. The diabetics and the hypertensives were taken up early and the Doctors had to busy themselves controlling their blood sugars and blood pressures well.

Six cases had remained, because general anesthesia was needed to operate on them. Madhuri did a good job. Vijayini joined Sanjay to help him open the bony eye socket to decompress the cavity. Then they cut out a piece of muscle from the thigh to be implanted under the eyelid of a young boy. When the muscle was stitched in place, the eyelid that had permanently hung over the eye for months together opened and the boy could see with that eye. That was the crowning glory of the camp. The pleasure of Sanjay knew no bounds, his admiration for Vijayini knew no bounds and expressed itself.

Sanjay remained to take care of the operated lot. The two other surgeons went back. On seventh day he declared that the one hundred and three cases that were operated were a hundred percent success. On the seventh day afternoon patients were discharged and were told to come exactly one month after on a specific day. Most of them bent in gratitude, performed the namaskar with folded hands and departed. For the staff, the Lions, the visitors in witness it was difficult to control the tears that brimmed in all the eyes.

Bawara and Pradnyagouri prepared numbered lists of all operated patients with their documents. A report was prepared for Regal Society for Blind to get their help of rupees one hundred per operated case of cataract amounting to nearly ten thousand rupees and was sent.

The most touching part of the farewell function and the celebration of the tenth anniversary of The Hospital took place on the sixth day evening. Sharad called all the government machinery that had helped them, all the Trustees of the hospital, all the planters who had donated in cash and kind, all the Lion members with their wives, all the important people of the district. All the staff were there. Together, they were two hundred strong.

Sanjay spoke. Plantar friends spoke. The visitors were felicitated at the hands of the Trust president Mr. Prasanna. Eight hospital staff that completed ten years of service from day one of The Hospital were felicitated with a scroll of honor. Finally, Vijayini rose to speak.

“Friends,

“The Hospital has completed its 10 years. It has grown; it has developed into a fine manifold activity center. It has helped people to effectively get rid of their health issues. We bow our head with gratitude, to all those, to you all, who have made it a success.

“There is no other example in the entire country where a few individuals with the help of generous donors of one single district, so small and remote one, have raised such a big hospital, the value of which stands today in millions. There are single donors who have raised hospitals. There are business houses that have done it. There are specific communities who have done this kind of an enterprise for their members. But nowhere, there is any example where, the society as such, as a whole, with all creeds, castes, economic classes who have raised a hospital like this for all, without exception.

“We are the fruit of this will of society. Hence when I say that we have grown, we have developed, we have become more powerful to answer the numerous health needs of the people better, may be much better than all others, it has a special meaning. It is because Greenspan has been able to look after itself better, take its own care better, the whole society has done well for itself and better. Minus the society we know that there is very little of this hospital.

“People have supported us. Those ordinary, marginal farmers, the lower middle classes, the labor, the ubiquitous ‘have nots’ of our society, all those who wanted an instrument to rely on. The Hospital provided that instrument. People evinced faith. That gave us strength and we grew. A dozen institutions of this kind in different spheres of life, in a town, can change the face of any town and district. Such institutions make people develop good habits. They get accustomed to a good culture, not as something which is astonishing by its paucity but as a usual standard, obtained in several walks of life. The Hospital is one such, one of the first institutions in Greenspan that is setting the texture, the culture, the timber of health care.

“It would have been impossible had people not evinced faith.

“After working here for last many years, having seen the changing complexion of this institution, I was personally overwhelmed to see us, actually entering into the 11th year. The only emotion that rose and spilled over was that of gratitude. We were trying to find out a way that will be a fitting finale for these 10 years. While it is not necessary go in details, suffice it to say

that we wanted a program actually benefiting in some way or other “that last man” of our society. Accordingly, the idea of the free eye camp shaped and today it has concluded in a highly satisfactory atmosphere. This is the token of gratitude which The Hospital offers to the society and requests it to accept it.

“Needless to say, that the whole operation would have been quite inconceivable had it not been for the Staff of the visiting enterprise, the Regal Society for Blind, the Lions Club of Greenville, the government and the planter community. While thanking them all, words falling too meek to express, I would like one or two points to be brought out.

“This eye camp has also turned out to be a successful experiment in collaboration of nongovernmental organizations, with a catalytic role played by Government Health Departments and foreign agencies. It has succeeded. Nongovernmental organizations are a small form of societal will and initiative to do things for themselves, to throw away the yolk of dependency situations. This kind of attempts should grow. This should manifest in manifold ways. Health after all is not the only field of service.

‘There is much to caste down

Much to restore, much to build

Let the work not delay

Time and the arm not waste

Let the clay be dug from the pit

Let the saw cut the stone

Let the fire not be quenched in the forge!’

“Thank you very much.”

Vijayini ended by reciting an anonymous poet’s poem.

Within days of the eye camp finishing, Sharad had insisted upon bringing out another newsletter of The Hospital under the same bombastic name of The Voice of The Hospital. In their brisk and unerring manner, the staff compiled the eye camp statistics for it. Sharad wrote the cover story, which made fine reading.

“Dear Donors and all others connected to The Hospital,

“A few days back a Saffron clad *sanyasi*, a mendicant monk, visited your hospital and went around, through the wards, spoke to patients and consoled them. He heard their appreciation of the services. He then quoted one of famous shloka of Raja Rantidev, a hymn in Sanskrit.

“O Lord, desire a kingdom, I do not, nor a life in heaven, even salvation is not my aim. All I want is allaying of human sufferings and let the afflicted find peace and good rest in this place.”

“Then he pulled out from his cloth bundle a heap of notes totaling Rs.250/- all that he had and asked me to give it to the first child born in the hospital. This money he said, has no business in his bundle, let it fare well in the child’s destiny. That money goes to the nine-year-old baby girl of Mr. Raj, small a hotel owner.

“It is a little over one month, after the eye camp is over. More than 1500 people were screened and more than a hundred were operated upon. But two cases are most memorable. One sixty-five-year-old man having lost one eye in an earlier operation came to get his second eye operated. When the Doctor asked him what he would do if he loses the 2nd eye also in the operation, because he had several other complications. The old man said,

“Please do it son, the God has ordained me to have sight and you will do it properly, which boosted the surgeon’s morale and he did succeed.

“The other one was that of a young boy of about 10 years age who had never seen the world because his eye lids covered the eyes. With 3 major operations which included a bit of plastic surgery by our Lady Specialist the boy jumped with joy embracing everybody as the eye lids lifted. He saw the world, tears of joy flowing from the eyes of most of them who knew the case.

“A well know planter’s wife, a case of almost non-revival, for whom our team of doctors fought for 10 hours and leased her a life of another fifty years. The joy and gratitude of the husband were the greatest gift but he still insisted on presenting spontaneously a dozen chairs for the comfort of the patients.

“In less than four years, we have given in adopted five newly born orphan babies to good families, scrupulously completing all the legal formalities.

The communication gap always gives room to suspicion and then rumor. Only this news bulletin can close the gap and keep us together. We will be sending The Voice as frequently as possible.

Sd/ Secretary

Sharad did not fail to thank each and every one who had come to help, profusely. The speech Vijayini had delivered in the farewell function was also printed.

The Doctor wrote the latter part of her speech and added.

‘The growth of an individual or a group or a nation is in two ways. The internal growth and the external growth. All these 10 years we have grown, internally, to our present capacity. We have fared well. We say so because the patients who have seen us working, say so. In addition to curing even the most complex and serious cases as we routinely do, The Hospital wants to teach how to maintain health, prevent disease from occurring, to the extent one can, in this district. We wish to lead the rest of the country in a manner befitting an ancient culture by reminding people to have health at moderate cost and with honor. We call the ability to render this the internal growth.

‘We are now poised for an external growth. As such we are looking at distant horizons to make this little unit known throughout our nation. With this view in mind, we are inviting doctors from all over the country for a conference and make this hospital a beacon for other institutions. We will discuss with them various problems encountered in medical field at present, find an alternative to the present-day practice, solutions for good health and preventive practice and to help the most deprived.

‘In this conference we are trying to address many other dimensions as would help the medical practice and field. Medical profession is a noble and holy profession but a strange culture has infected it in a deadly way in this country. Here the helplessness of the sick is taken advantage of, whether it be the government or private sector, by exploitation. So far, we have been successful in being a deterrent to all this, within the district, to a considerable extent.

‘The Voice’ was, as before, sent to the smallest of donors, to all the organizations they had come in contact with, and to various government outfits in the district and the state. It achieved a singular effect. What was nebulous as an activity had clearly been brought in to focus with a creditable performance of an eye camp.

Many realized that what The Hospital they had considered for long as a grave yard, near dead, was probably doing much better and it was certainly a surprise. To others it was a matter of plain envy and anger that The Hospital they never thought or wished would even come up, had hated its existence, not only stood the test of time but had surpassed all the work the others had put in. To them that was disgusting. The Hospital, even without getting the status of a referral hospital, nor the huge money like others had received, doing so well, was certainly not palatable.

For those who regularly visited and benefited from The Hospital, far more in numbers than the disgruntled naysayers, realized that there was much more to The Hospital than they thought was possible, or could even suspect. Now it was visible. That gave them an enhanced sense of safety in dealing with The Hospital, as the artillery gunner had said some time back.

The district news always got relayed to Sharad’s garage where the more influential would come for a proper job to be done for their vehicles. The vehicles, a big necessity they could not do without, was also as much a part of the prestige of a person and his station; it was their plain love for their vehicles. It gave them mobility, even in difficult seasons and pleasure at other times.

In a few days after the dispatch of The Voice, Sharad reported these very people, and most of the donors and other influential people were happy and that they were talking in favor of the project. The most disarming among all that we published, was our balance sheet, third time and that has left them nothing to spite us with. The Hospital took this in its stride and went ahead with their now upcoming great event the conference on the “All India Hindu Medical Social Service Projects.”

Two other things had happened earlier in the year. Just prior to the return of the Doctor from his forty-five days all India sojourn, his article had appeared in one of the prestigious dailies of Capital City, on Alternate Health Care Delivery System, A Dire Necessity. It had made bold to put forward his thesis of linking of primary, secondary and tertiary level care by restructuring the government health care. That it could and should be achieved by centering it around the Community Health Centers, arising from his own experience.

Elimination of many unnecessary and unproductive layers of non-efficacious wasteful structure throughout the long axis of state to the last station of community health workers, was the most radical of it, bound to raise strong objections, from all quarters. It was a radical departure. Building group practice, involving local professionals, handing over many such

centers on equitable terms to these group practitioners, with a financial structure that would continue to serve the poor in the hinterland, was another, likely unappetizing to the professionals. That the government should do as less on its own but be a facilitator, to delegate and decentralize functions. for such relevant health actions, would certainly not go down well with the Government. not to be a doer but a facilitator. These ideas would lead to simple cost-effective solutions, again for poor. He had also shown how all this was possible. Many of these ideas were going to be voiced in the conference. In that short article, he had compressed a lot for others to think over.

There were no reactions. It probably did not reach those who could have understood them. The effort had appeared a waste.

Soon after the article he had made another trip to Capital City to participate in a discussion on organizing primary health care. It was sponsored by the Community Health, started by Bhanu Pratap and his sweet wife Clara, also part of the Circle and the State Drug Action. The Doctor expected to meet all his friends and acquaintances.

He had wistfully sat through the platitudinal and wishful discussions over the immaculate concept of primary health care and how to implement it, as a panacea for all ills, nothing else needed. No other ideas were brought in, supplementary to this fond thesis. The small hospitals, cure centers and larger, district level hospitals, the specialist centers really meant nothing, as if were irrelevant. As the time to conclude drew near, Bhanu Pratap wanted to be excused because he said he was boarding a plane to Delhi to attend a meeting with the government health cell, where recommendations were to be placed by different health theorists. Obviously, this whole exercise was to give Bhanu Pratap more ideas, feeds, to make his show good, for which they were invited!

“I would like to say something more than has been discussed so far. I will finish in ten minutes.”

The Doctor had politely raised his hand and sought the permission. Bhanu Pratap consented for it, extremely reluctant to stay on. The Doctor then proposed his alternative model elaborated in his article. Each one who listened in pin drop silence knew that he had hammered the nail on the head and created a new synthesis. The meeting broke.

“We have never thought along these lines frankly, Doctor!” This was the only grudging and reluctant admission from Bhanu Pratap, which the Doctor did not believe.

“Put it up in the planning commission.” The Doctor could not help challenging Bhanu Pratap. But Bhanu Pratap did not speak. His manner made it clear that he will not. And what the Doctor had started sensing for long was something terrible, was revealing itself. It could not be proved and as a result could not be spoken about. There was no desire to solve but obscure the problems, under this continued drivel of primary care. Preaching the same jargon, converting the same converts, without adding new ideas. Keep meeting the same people under different banners, feel at home!

Equally important and pertinent was the fact that the Doctor’s solutions were his, not Bhanu Pratap’s. Hence, there was no chance that he will even mention them unless he could internalize

then enough, by actual, factual experience, in which he had apparently no interest. Bhanu Pratap would then propose them as his solutions, if at all, without allowing the credit to go elsewhere. Even that the Doctor would not mind. But he was sure that these solutions will not be put up and that problems will be kept alive.

He was familiar with the communist method of not solving but conflagrating problems, to enable them to create revolution and establish the dictatorship of proletariat, a dream as unreal and stupid in that day's world, naïve, foolish, impractical, yet so fondly held, by a few hundred of intellectuals. But he could not say so, here. This incident however strengthened his thesis and shape the contents of the conference in his mind.

The one thing the people of this ilk managed extremely well and the Doctor could never achieve, was to cultivate their own image as the expert idealists and saviors, and getting in to state and central level committees to advice.

His forty-five days long journey, the simultaneous work for the conduction of the eye camp and preparations for the upcoming mega event of the All-India Conference of Hindu Medical Service Projects next year, had literally broken the Doctor's back. When the staff found a few days after the eye camp was over, that he was unable to get up and come for work because of severe pains, they lined up and sat in the house. Pradyumna took the lead, gave him painkillers, applied some painkiller paste to his back and gave him hot fomentation. It did not help.

Drs Ramhari and Sukumar came to his house in the night.

"Sir, we have procured for you an oil, called *Khseerbala Tailam*. Tomorrow early morning five o'clock we will come, and apply some it to relieve you of pain. It will take only seven days to be free of it."

With only a loincloth on, the Doctor lying face down, the two boys with devotion, gave him a thorough oil massage, kneaded him muscle by muscle, part by part. Then they heated sand, put it in a cloth and made it into a few small balls, and fomented his body with it. It went on for about forty-five minutes. They then exhorted him to take hot bath, wrap himself with warm clothes and go to sleep again. Vijayini had by then got up. They addressed both.

"Sir should not do any work for a few days but rest. After three days you will be able to come for our evening round easily. We are having a lot of problems and your presence will help solve them. But that is all you will do for seven days. Evening rounds only."

Coolly, they collected everything and stacked it below a shelf neatly, told her to give him hot beverages and quietly departed.

The ritual continued for seven days. He was restored back to work as before. Was it the love of the Doctors, or the heat treatment in the severe cold and oil massage, or just the rest enforced on him, or all of it put together? The Doctor did not know; but he was well again and grateful to the duo.

“I will be able to work for a few more months as heavily as I have been. You will have made the upcoming conference a success by putting me back to work.” The Doctor told the pair on the last day.

A month after the eye camp, Dr. Mahindra came back on the appointed date. To his happiness and to the surprise of the Doctor, ninety-eight of the one hundred and three people operated upon, came for the follow up. It was a big melee and Mahindra saw each one of them in detail, prescribed and provided them with the thick convex glasses. There were no failures. No infections. Each one could see well and was grateful. Mahindra went back promising to come next year, same time. A major achievement! The remaining five came the next day, without any complications and good vision. Dr. Papuri checked them gleefully.

The year was about to end. Each ending year used to send the Doctor in a pensive, reflective mood. ‘Another year has gone! Have I achieved what I wanted to?’ That used to be the question. No such question arose this year. He had achieved the great feat of the eye camp and was now poised for the most major event of the All-India Hindu Medical Service projects conference in the third week of February next year.

Part 5

The Curtain Finally Falls

Chapter 1

After Mr. Patavari left, inviting him to come to the Temple Kingdom of Vaishnavas, he wrote a long and persuasive letter to Dr. Pandit informing him in detail about the way he had planned the conference and the role he wanted Dr. Pandit to play in it and dropped it, late in the night personally. He did not fail to tell him about the good response till then and that he would be coming to see him in the Temple Kingdom.

Events were jamming in. Dr. Deshkar from Narendra Dutt had finally written to him that Mrs. Deshkar and two other Doctors were coming with him for the conference to ‘whole heartedly’ participate in it. He had also accepted to present ‘Narendra Dutt Hospital - a study in excellence,’ a title resembling Sherlock Holmes’ famous story, *A Study in Scarlet*. It was a great relief and joy. Dr. Upamanyu had sent in a letter listing out the names of the five of the top brass who will be coming down and he had suggested that he talks on the “The philosophy and ideology behind Hindu Medical Projects.” There was no doubt that he would do a good job of it.

The Doctor decided to go to the temple kingdom to meet all the people as Mr. Patavari had suggested, in the second week of January. By the last ordinary bus in the night, he went to a city half way to the Temple Kingdom. After the hurried early morning ablutions on the bus stand, with his bag in attendance, he got into another long journey to reach the foothills of the Kingdom. No food in stomach, he climbed in another bus taking several breath-taking hairpin bends while climbing the unmanageable hills to the huge, and fantastic Temple. Through the dozens of mammoth mansions, caravanserais and *dharmshalas*, he had waded his way to finally reach the Sarai where the top Bharat Seva brass was conducting their deliberations. A quick bath and a change in clothes, food, a quick nap and he had presented himself to Dr. Pandit.

Dr. Pandit had received his letter. Now with the Doctor’s letter fresh in his mind, as Dr. Pandit sweetly folded his hands into a Namaskar and drew the younger man near him, the Doctor knew that Dr. Pandit would be coming to the enclave.

“I am coming. Despite the fact that there are travels again between now and February. Come I will have to. I have got the hang of things. Finalize the agenda, leave the ‘Manpower Development’ for me to talk on. We will play the rest of it by the ear as Mr. Perry Mason always says.”

That remark had sealed their great friendship. Words were not needed thereafter. The wavelength had matched. Gestures of evincing friendship would be an intrusion. Obviously fed up of the people and the deliberations, having got a person to talk to, Dr. Pandit decided to saunter around. After about half an hour of talking to each other, they landed themselves in the world-famous temple. It was empty. They both stood there in front of the God, with no one to intrude between them and the god. They continued to talk, intermittently looking at that idol. An idol to see which, great people in the world used to strive and still would get only a fleeting glance. A

place where a great singer had done a “*Venidana*” cut her thick hair and had offered it to the God. And these two small mortals had the God only for themselves for a full half hour.

Without as much as *namaskar* to the reigning deity of the heart of millions, they moved out.

“Now the conference will be a success. Our dear old chief became the Supremo, when he was barely thirty-five. I wanted for a long time that in my thirty fifth year, something memorable should be achieved. It will be. And today incidentally is my thirty fifth birth day.” The Doctor said. Dr. Pandit patted him on his shoulder.

After meeting numerous people and inviting them to the conclave the Doctor left at four next day early morning by a car that deposited him in the foothill town. He took a bus to State Bharat Seva office. He deviated to their meet the office boys there, discussing with them, the traffic and movements of all the delegates that will be coming to Greenville and going back through the same Bharat Seva office, about their overnight arrangements, elders and other senior officers. By another late-night bus, he reached Greenville. Densely asleep, he lost his wallet, a few hundred rupees in it and came back.

Just in three days of his absence, the return correspondence had grown further. Quite a few projects had written about their work in fair details, some even volubly but had given rather disjointed accounts. Going over them, he knew one thing, many had not found a strong focus of their work. They were still high on their love for mankind, their Society, for whom they were ready for a heavy sacrifice, subservient of the society, trying to do what they were demanded of. The resolve was commendable and was steadfast. Still, it was but a sacrificial battle.

Many projects were conceived as one-man projects, and remained so after years. Did they have the idea to make it multi-men ones, as a necessity? Why was it not seen by them? Or had they not thought in that line? Or was it the sheer inability to find more such men? Their power to address the more dire, stringent needs, thus had remained limited. Consequently, they were unable to make a more substantial dent than they did, to alter the state of affairs around by their presence. He decided to emphasize the idea of multi-men projects in the conference.

On the other hand, there were an odd dozen, who began as multi-men projects, had grown, but were beset with a large number of problems. Scant manpower as the work grew. Unaware how to create it or recruit it, hence working without it. Failing to develop the available ones for more varied ability. Administrative lacune, the doctors not good at correcting. Management techniques they were unaware of. They did not seem know that it could be done by a well laid out and tested mechanism. Consequently, they limped.

There was a vague naïve hope that they may see some answer, may be here in Greenville, in this conference. The Doctor then decided to talk of the ‘turn key technology transfer’ he had talked of in the NM executive and elsewhere, for them to take it away for smooth running, effective service with quality, to solve more and significant health issues, something that people could notice and appreciate.

Many who had the component for community health, strong on prevention of disease from occurring, training midwives etc., attempted to answer the ancillary needs also, fairly successfully. Aware of the of the poverty-disease cycles, they were able to break it partially at

least. They were the ideal ones to spur to develop a curative component in their services at least tentatively, without taking the entire load of it. Specialists could be found, who will give financial concessions for the people they served. He decided to add this element to be emphasized in the conference.

The second component was to create awareness in all delegates about the finesse with which the Christian outfits secured great dividends by this two-way traffic. The nuns going in to the communities for primary care and bringing sick back to the hospital. The scope of the conference was broadening and there was a need to restructure the emphasis in the program sheet that was near completion.

The last of his nagging thought was the introduction of the idea of pre-surveys to know what needs to be addressed, before a work is started. A bit futuristic, but the idea itself was at once complex and slightly scaring. A person is ready to go and start working, with some idea of what was required to be done by him. Why this digging, the surveys did would look completely wasteful, without any discernible meaning. That is what the people working were likely to think. He left the idea in his unconscious to deal with later.

The Doctor spent two days in redrafting the program, to also review how he could and had woven every idea he had come across so far. Thinking about how to achieve it, one late night, after a particularly heavy day in the hospital, the idea for a 'key note address' to be delivered by Babaji flashed in his mind. He drafted a long one, added to the program, altered the program to adding the ideas he had gleaned from the return correspondence. He then sent it both to Dr. Babaji and Dr Pandit with a long note.

Fortunately, despite the travels of Babaji, he received within days a return draft. He had turned the Doctor's habitual, negatively slanted, bitter style of address into a mellow and positive note. He wrote back to Babaji acknowledging the greatness of this approach as against his.

Within a week of his return from the Kingdom, he had xeroxed the nearly complete, restructured program, added another explanatory letter about the program itself. Projects working in tribal-rural, urban and cities, a few selected projects who could bring out a much larger canvas for working were prominent. The most important sessions were of the difficulties and problems, the criteria for effectivity, manpower development, deployment and utilization. The tough ones were the drug culture, expression of philosophy through projects, the western model of health care and its relevance, integration of different medical systems, and projecting alternatives. He reserved the last one for himself. This was to be his last but one letter to all.

In addition to this correspondence, he was writing dozens of letters as the days went by to some of his own acquaintances like Ms. Vimala, Dr Yatish, and others. In it he was trying to constantly update them on his thinking and ever-expanding perceptions and emphasis. It was an extremely strenuous task, physically and intellectually. The same matter modified for these special individuals to suit their temperaments and the language they would understand. On some days he needed the flawless typing skills of their new Accounts Officer Kapil and Kusumlatika whole day, and their speed to type out and dispatch a dozen letters a day he wrote on previous nights.

Sharad and Vijayini had spent a great deal of money on painting the buildings anew after a gap of five years; distemper, oil paints and all that. Sharad had erected an embankment all along with canteen building to the Ganesha temple on the topmost level of the campus. He then extended it right up to the fence of The Hospital and painted it white. He also built a new broad staircase in stone masonry to go up to the Ganesha temple, with broad sides on which people could sit. A similar flight of stairs was built from near his house to the bottom level of land to go to the duplex quarters and the lowest to the well. The Hospital had started looking beautiful, impressive and pleasing, giving an atmosphere of calm, leading to relaxation of mind of anyone who entered.

Despite such smooth proceedings, excellent response from all over, the Doctor was unhappy. Every day, he woke up with the nagging feeling that all these high sacrificing individuals should be told how to think before and then after starting projects. This unassessed aspect, unbeknown to most, was it really an important factor why they were unable to make strong impact? For the next three days he struggled to explore for an answer, and decided to make a questionnaire for such assessments, prior to the starting of the project. Combining the many ideas of Dr Kadri, and the Christian work, he drafted and redrafted it for three days. Finally, he had a four-page document with 72 questions and 28 sub questions totaling one hundred and gave it a bombastic looking name, 'Voluntary Agency Abstract.' He vacillated on the question, 'to send or not to send.'

The Doctor had more than a strong and an unsettling feeling that this 'Abstract' document is going to disturb the peace and enthusiasm of all his participants, leading to decline or withdrawal of participants. There could be a setback to all positivity and enthusiasm he had built so far. He feared a strong displeasure of all the elders working for the conference, and the participants getting rattled over it. Yet the pressure within to 'prepare' all those who were going to come down 'for future' was heavy. He would never get another opportunity to hold such a conference in his life time to do so.

He Xeroxed the four pages, 200 copies of it, wrote an elaborate note but sat on it for a few more days. Then fearfully he sent it to all he was communicating with. Fortunately, since the abstract went late enough just a few days before the conference dates, there were no withdrawals. Going by the few letters that he received after the dispatch he knew he had stung many. Without doubt, he had deeply hurt and disturbed the well-meaning but naïve people. He had undertaken a serious act of commission of grievous hurt, but he had also achieved his purpose. The conference was getting closer each day.

The stage was getting set. The car park below, had been emptied of hospital vehicles, repeatedly cleaned, powerful bulbs made it more illuminated, a dais was decorated with a full-size painting of Bharat and provision to display the posters, the writings participants were requested to bring. Menus for the three days of the conference for breakfasts, lunches and dinners, plans to serve plenty of tea and coffee in between, were being hotly debated by others. The entire staff had got involved in the upcoming event and were all spruced up. Vijayini even purchased new uniforms for all of them. After all, they were the staff of the 'showcase project.' They had to look good.

As the days drew nearer, they knew that The Hospital would be housing nearly one hundred select individuals for about three days. And that these people cannot be treated like eye camp patients in this relatively cold atmosphere, especially in the evening and night. To provide them beds would be impossible as there were only forty workable patient beds and still the question of sixty odd people remained. The least they wanted to do was to provide them with good quality floor beds and good quality blankets. Greenspan celebrated on an average one or two marriage a week, but each one who attended the marriage would go back late, the same evening. There was no agency to give them a huge quantity of beds, bedclothes, pillows and blankets. From where to get them the beds?

An insurmountable difficulty had come up, they had not thought of at all. In bigger cities this was never a problem. But in a place like Greenville, it was. The Doctor wanted them all to stay in The Hospital where the convention would take place. That alone, the Doctor believed, would have the desired impact. Booking hotels was financially impossible. And he did not want it and was never an option. He was stuck.

Almost in unison, Sarvesh, Sharad and Vijayini came out saying that let us ask people of Greenville town to provide us with not only beddings and blankets, but even good plates, cups glasses for the purpose of eating. They rummaged through their contacts, well-wishers, who had come to their help during the eye camp in an unprecedented manner. It led to a list of about forty households. An appeal was drawn up. Sarvesh got into the van and went round. The Doctor was despondent fearing that the response will not be good.

Sarvesh returned thrice, for three days, each time with huge number of utilities. He organized with the ayahs to tear out small pieces of white clothes on which the name of the person who had given it was written and stitched. The boys and girls arranged sets of utilities, from bedding to utensils individually, in a comfortable uncrowded fashion, aesthetically. In no time they were ready for those sixty more.

“People have given the best of their things that we asked for. The famous Greenspan hospitality was in full swing. They were so happy that we asked them. So enthusiastic. Some even asked me to come the next day, saying that the long unused things will be washed dried, ironed and given. In every house with an estate, they have put in food items we did not even ask for. Same, like at the time of the eye camp. Each one said, ‘guests are coming. We cannot but make them comfortable.’”

“My dear sirs, we are with people entrenched. People are with us. We have got ourselves cemented in Greenspan.” Sarvesh summed it up for all.

The drill of the eye camp followed. One more big drum with a strong heating coil was made. People were specifically deputed to put mosquito coils in all the rooms plentifully, at nights. Toilets were cleaned up. Buckets were procured. The whole hospital worked in unison, their imagination, initiative opened up and each one was left to himself to work it out. No one cared about expenses. Gradually, barring emergencies, the work was cut down. The Hospital declared a three-day holiday for all work. The last thing they decided was to record the entire conference on audio-cassettes which Sharad’s nephew and niece sent in; two dozen, best quality!

On sixteenth February night the first message was received from the Bharat Seva State office. It simply said, ‘People have started pouring in from all quarters of the country. All of them so eager to go over in the night itself, despite their already long, and tiring journeys. Even the main State office came forward to house them, arrange food for them in the night, morning, and then put them on the buses next day. A few cars are arranged to bring the top-notch officers, Dr. Babaji, Dr. Pandit, M/s Patavari, Avadhoot Shastri, the State top brass Sujit, Kalyanmurty, Upamanyu, Raghunath Pant, Bhargav Saheb and others. When Sharad heard about Kalyanmurty’s coming he said, “So, Doctor, you did dig around them and make them stand in isolation.”

They knew they have won the first round. The enthusiasm knew no bounds.

It was not for nothing. Greenville was a place, far from everywhere. It took people from all parts of the country, anywhere between twenty-eight to forty-six hours of train journey to reach the three places nearest to it, still a couple of hundred kilometers from Greenville. The final common pathway was the bus, a four or six-hour journey. It was arduous to take up such a journey. It needed commitment, involvement, initiative and willingness. It could not have come out of a simple invitation. It could come only because of the way the program had been drawn up and of communication. A tremendous foresight, an enormous knowledge of the works and workers, projects and leaders, the stage at which they were and what they wanted and what more could be given to them alone could have achieved, was there in the program aplenty. That needed maturity that could come only by years of hard work, completely immersing oneself in the rural hardships, gathering such valuable experience as could entice them. It was also a marvel of communication; due to the thousand or more letters the Doctor had written that it had been achieved.

In the night the Doctor opened his heart to Vijayini.

“So far, so good. Everything is perfect. Now my real and the greatest worry starts. Much depends upon my performance as a moderator amidst all the superiors. It has to be me, to take the lead. I know the best and maximum about each one coming in. I have to draw them out, make them speak up what I have been telling them, teaching them about how to think, what to express, and how to express. I should have the resilience of mind, body, intellect, instinct and intuition, during the three days to deal with all of them, together, singly or in groups. I don’t know what might happen.”

“My dear Doctor, let me tell you one thing. I, Sharad, Sarvesh, Patavari, Nagaraj and even Dr. Babaji and Dr. Pandit who once spoke to me on phone, none of us were at any stage convinced that this convention will shape the way we see it now. We were all uniformly and severely skeptical about the success. We talked among ourselves about how badly it would affect you, if your gamble failed. We were worried. And you were lost to us, working at it with a single minded, calculated, strategically poised way.

“You would not talk, mix. Only issued a couple of lists of work, closeted yourself in the office. Sharad warned us all not to speak out our apprehensions and disturb you, but only to do what we were told or what we could decide on our own. What we see now and today is Great! If you could achieve this, then rest is cake walk.”

“Vijayini, let me tell you, I have felt supremely confident only twice in my life. The first time was when I appeared for the most difficult examination of my life, my M.D. The second time was these months, organizing the conference. In fact, it has struck me as quite odd, that so many of you were not confident of the outcome. More so because I did not notice it. But now, no more confident of carrying it out on my shoulders. The D-day has arrived; I am not anxious but certainly feel exhausted, tired. Do not wake me up tomorrow. There is no work for me. Let me have a good sleep.”

She went on patting him on the head, pressed his neck, back, feet and calves as he lapsed into oblivion. She was awake till late in the night, preparing his available best clothes for the three days to follow. This was the greatest tribute he had received in all these years.

By early evening the next day, people had started pouring in and the house was full. Each one had enjoyed the green beauty, a hot bath in the cold atmosphere after their long journeys, plentiful of food and the famous Greenspan percolated coffee. As people continued to pour in and were taken care of, the atmosphere became a tremendous store of joy. Ever so many people, known to each other over long periods, were meeting each other, together and separately, many after long intervals. Drs. Babaji, Pandit, Deshkar and the Doctor set the round table, arranged for moving mikes, Pradyumna tested the recordings. The stage was set.

The convention opened sharp at eight next morning with lighting the traditional lamp, garlanding the full-size painting of Bharat Mata, the mother goddess. Vidyullata, the best of their nurses made an ultra-short welcome speech, the significance that a staff did it, was well understood. Then the song the Doctor had long ago chosen for this occasion rang out.

“Oh man, you are a great soul,
You are the great being.
In the closed fist of yours lies
The sky and its great hurricane of your ability.”

In many ways the song was a departure in the traditional lore. The individual was to submerge his being, his conscience, his ego, his abilities for the cause of the upliftment of the society, of the country. Tradition set for long. To eulogize the man as the creator, the store house of energy, works, was the departure. He had heard the song about a year ago and had selected it because he was to gather under the roof of The Hospital the heroes capable of enormous good work. Those ones, who had so far gone unsung, not honored and unwept for.

When the Doctor finally rose to welcome the gathering, the atmosphere had got overcharged. Everything else to follow, depended upon the opening speech.

“Our Honorable Elders and Friends,

“I welcome you all for coming here all the way. Given the long background of ours, we know that such meetings, such brain storming sessions are routine in our folds, contrary to what is believed outside. We have evolved, in our super or supra democratic form of functioning, with such dialogues. Yet, conferences of professionals like us, working full time in their field has not taken place in our long history.

“In a ‘professional’ gathering we may think of things a little differently. The tenor or timbre of our thought waves may be at little variance; but it is most certainly not a contradiction, to the basic language of our framework and thinking. Here it will be as you will experience a seamless merging of these two notes, effortlessly, because we have our leaders here with us, steeped in its lore and framework for a life time.

“While we express freely, we keep it in our minds this twofold composition, professional thinking vis-a-vis basic framework. Kindly strive to avoid any unwarranted straying from the topics we will be discussing. The larger perspective to aim at, would be to internalize that whatever we do, is for National Reconstruction, in this health field. Ideas, work and experiences of ours and that of many others, are the useful raw material for it.

“For the last twenty to thirty years several of our agencies are directly and frequently involved in the field of medical service. From small free dispensaries in a slum or hutments in cities, to health education work in small villages, to remote jungle based medical projects in tribal areas, to excellent hospitals like Narendra Dutt, we have handled a number of models. We are however, far flung and out of contact with each other, not knowing what is it that each one of us is exactly doing, for whom and how well, or badly. That is why we have not been able to learn or teach or take or extend help to each other.

“I have visited number of our works for the last 8 years. I have found a common pattern of difficulties, little waste, a small inappropriateness in or hazy focus, in our works, and workers. At places it has been just noticed, in some places it is fully well understood, in others it has gone unnoticed. The common thread I found was, none have found the means to overcome these issues. Nor have we reached a stage where growth is the primary consideration. Not necessarily, only in works undertaken by us. Many others, outside our pail, also have not found that focus. Several of the ideas and the concepts with which we and others work are also, common. We have thus gathered within us, a considerable body of useful experience from our work to share. And we will share our difficulties, shortcomings and challenges, we have not been able to voice. We have structured the program, to facilitate these two ends.

“To run a project of top quality, keep it on the right track, develop its various paradigms, relevant to the ground situation is not easy. For that to be achieved, a lot of exchange of information and experience, needs to be shared. It also needs critical analysis of all such works, which is what we will be undertaking here.

“In addition, there are a few facets of health care, non-organizational in nature, which also will be brought in, to be understood. These are frontline issues discussed now-a-days, among the health theorists whom we may not know. These are pan national in scope and somewhat unconnected with our day-to-day work. But they are of fundamental importance as these in many ways, decide about the shape and structure about our health care system. To site a few predominant ones are related to drug industry, westernization and high technology medicine, speedy deterioration of the service culture, corruption, incompetence and inhuman ways of practicing and how they could be checked.

“Thinking about integrating the Indian and the western Medicine needs to begin somewhere. One issue that has acquired high level of acceptance outside our pail is that of Primary Health

Care. We need to really learn about it in depth and its numerous ramifying intricacies and draw much more strength from it for our work. The issues of manpower development and deployment, developing institutes of top quality, is a later goal to which all our effort should lead to.

“There is one clear emphasis and aim we have put in front of us. Not dissecting the problem ad nauseous, but to find solutions, alternatives which can resolve these difficulties, and to create a new synthesis. Lest we forget, we started to find or develop and then provide alternatives to the many fields of national life. We need to further extend it to the health field. We may not be familiar with all the likely alternatives. That quite a few important and effective ones exist but we may not know, but we should. Information about such works will be shared here.

“We have to ultimately lead ourselves to the solutions, for which we have to plan the actions, to resolve the difficulties of people. Even more important is to go in depth to find out why we are unable to achieve those ends, are not able to make any impact on the situation of our society, individually as well as collectively. We have to discuss our plans for future and what we want to achieve in our work area. We are going to seed a lot of ideas, useful in thinking about any health project, from the word go. Thus, there are multiple aims in convening this conference, and to make progress.

“One more and an important matter. The sessions have time lines as there should be as a basic structure. However, if the meaningful deliberations exceed it, the session will not be halted, till all that needs to said is completed. No one, I am sure will mind if the deliberations will go on late in the night. We want each one to express himself freely. It is a round table, a dialogue or a multilogue. Once again thank you for being here.”

The Doctor had thus set the tone.

Sujit then read out the message from the CEO who had warned them over Vasudev. He was not exactly a friend of The Hospital. The message said in main,

‘A machinery for the continuous coordination among health works, an integrated approach to our health problems, health education, training health workers, were matters that come to the mind foremost as are going to be discussed in this conclave. I wish the conference all the success.’

It echoed with the tenor built by then. Sharad and the Doctor could not help looking at Kalyanmurty’s darkened and angered face and smiled at each other.

In the keynote address by Dr. Babaji that followed, he made two important statements.

“As the foundational Movement, we have at least some responsibilities to know adequately about the works our people do. I am afraid we have not done our part as fully as necessary. Frankly we at the center do not know much about the work, nor of the difficulties, as well as achievements. This is neither proper nor desirable. In turn even the projects have the responsibility to interact with us, not consider us as too high or unapproachable, and discuss everything with open heart.

Joy of the Doctor was singular and private. He had argued so strenuously and for long, precisely for this; the project work should also be considered the organization work, that the two

are not different, certainly not alien, was now accepted at the highest level. He exchanged a glance with Dr. Deshkar, who with a smile responded.

“In the sessions we have to critically discuss our ideas, stereotypical, unusual, even radical or original or which may look even unsuitable with which various projects were started. There is no offhand rejection unless each one is listened to and thought over.

“Apathy of people we serve, resources we have, whether and how any of us have overcome our difficulties are a few more points worth discussing. The projects in their turn also must interact with other more successful projects to get ideas, to solve their own problems and to make the work relevant and more effective. It is hardly ever done. It will be particularly useful to those who have not found the solutions. We need to look at the effectivity and utility of the projects by self-analysis, to understand all the problems of such projects and try to help each other.

“This conference, unlike any other of the professional bodies have a completely different task cut out for us. We have to ultimately restore the dignity of all, downtrodden in particular, through our work, to be achieved by persuasive, unprejudiced way without accusing any one, and offer solutions, the most important matter.”

The key note address underlined the validity of his idea of the convention. Babaji had summed it up so well.

“The first session will be introductory. Each one has to say in full about their work.” Dr. Pandit announced.

Despite a good beginning, the contents of the speeches that followed in the self-introduction session describing four or five of the projects had been poor and the session showed signs of languishing. It threatened to become an anticlimax. The speakers were unable to bring out the most central issue for which they had begun their work. They were never taught to talk in these terms. As a result, Dr. Pandit halted the proceedings and called upon the Doctor once again, to make a model demonstration, of how a project should be described and instructed him to talk about his own project. The Doctor began.

“Over a period of eleven years The Hospital has evolved in a 40-bed entity, with all the basic postgraduate specialties of medicine, full of facilities not available anywhere in a hundred-kilometer radius. We have a reputation of being competent diagnosticians, a fine treatment center, humane, dignified and with low cost. We have achieved this through hard work. For us, surprising though it may seem, but serving the poor as a motto, has now receded in the background.

“We consider ourselves as an experimental laboratory to develop alternative models and solutions for the many health problems of rural India, small and big, widely prevalent. It was a quest for and of alternatives. We have worked out many, for example The Hospital runs on a written code, smoothly like a well-oiled engine. I am sure it will surprise you. It is there on the side table for you to see.

“We develop our own paramedic manpower. For that also we have clearly made really extensive documentation. We have solved the issue of low cost but quality drugs for patients. An eye camp conducted two months back has given us another model to solve the rural Indian health

issues. Everything we do, and have done, we then document it. All these efforts have now given The Hospital the status of a turn key technology, covering each and every function in an automatic way that runs the place. We will continue to explore how to solve the difficulties of rural health scenario as we come across them, other ways to satisfactorily solve these matters, prevalent in communities.

“This is the essence of our existence. On the failure side, we have never really been able to get the elements of the primary care work, woven in the project. We do not want to make excuses, even when there are quite a few factors that were not facilitatory to it.”

There was a dense silence as the delegates tried to understand what was said. No one expected this fine-looking project to have this sort of evolution, so simply unfolded in front of them, so far ahead of the rest. One Dr. Ron, did stand up and say,

“This man speaks like a huge authority, from a height, we have not even thought of nor seen clearly, leave alone achieving it.”

Kalyanmurthy sitting in the audience, his face becoming dark with hatred that such great adulation and praise had come to this Doctor, something Kalyanmurthy had tried hard to prevent. That he had to swallow all this sitting there, made the face contorted with viciousness. The Doctor looked at Sharad, the exchanged glance had it all underlined, ‘Boy, you had said that you will bring them here with bowed heads! You have.’

This was also the message that the Doctor wanted to convey and he did.

Subsequently what followed was a much better performance. What was described by way of projects was quite revealing in its wide spectrum in far-flung areas of the country. The work that these fine Doctors had done in the tribal, semi-rural, rural, semi urban, urban and city areas came out in full.

Ten Doctors from Orissa had come for the conference. In Orissa the Homeopathy dispensaries work was started eight years back in the tribal belt stretching from Bengal to Andhra Pradesh, rife with Naxalites, armed demonstrations of anti-national, separatist Missionary elements. Tribals were scared of the cruel exploitations by the urbanites for example in the ginger growing areas. High mining wages to outside labor giving rise to inflation, devastated the tribal economically. Their work served as a small but definite antidote to it at least.

Against this adverse background, Deen Dayalu Village Upliftment Program began with mobile eye units for all fifteen blocks of Sundargarh, Orissa, reducing the eye ailments due to mining, to negligible levels then. Phulbani had a similar program. Now in Orissa, the project was poised to go in for the economic development of tribals. In Koraput, another mobile health unit was at work, outclassing Missionary activities, giving way to development. Combined with cultural appeals, the health work had helped them remove the fears and even reconvert the tribals back to their mother religion. The adjacent Southern Bihar had a network of dispensaries, the tribal boys from the tribal schools run there, were trained as community health workers, under a working hospital at Lohardagga. It could look after indoor patients well and even perform some operations.

Another small hospital had come up after the infamous emergency, in the disaster prone coastal Diwi, Andhra Pradesh, after the then cyclone. From a free dispensary with drugs charged for, it had in ten years grown in an eight-bed hospital, bringing relief to the pregnant mothers in particular. With specialty services, a blood bank and health education were their spearhead activities.

North East Frontier Region had its own story. In a village, the nerve center for many around it, work of a one-room dispensary, had resulted in people coming in the mainstream. Women started crèches for small children, and had become an entry point of all other organizational agencies. In Hafflong, a nerve center for 40 villages and a doctor on foot with medicines had worked for ten years. The Queen there had then facilitated the entry of Hindu Missionaries in the through and through rebellious Nagaland, where the Tribal Initiatives under Bhargav Saheb and the Nationalist Medicos had a project in Tening, making its initial impact. Through the work of Homeopathy centers in Silchar, the Hindu work was able to enter the all-Christian Mizoram where the NM Doctors and the same Tribal Initiative had changed the tide, people of Nagaland demanding more such activities for the poor, village Nagas.

The real stories of heroism though were of Bhubaneshwar. Bhubaneshwar had fought a tactful, courageous battle single handed in Meghalaya. An influential Seng Khasi, reconverted to Hinduism had stood by him. He started a free dispensary charging low price for the drugs. Uttar Pradesh had a singular distinction of providing sample medicines in many quintals every now and then, to all the North East Frontier tribal projects. Thirty quintals of sample drugs were shipped to Dr Bhubaneshwar alone from the relatively remote Bareilly in Uttar Pradesh, time to time. The cure rate and his humanism won everybody to him. The exploiting local Doctors went out of business. The converted Christian folks also stood by him. The work duplicated itself. Grew. It became the nerve center for all other developmental and educational activities. Attempts on the life of Bhubaneshwar and the rest of the insults and dangers followed. But he was well entrenched in people. People fought back for him and saved him.

In Uttar Pradesh a single dispensary in remote tribal village had discomfited Christian work. Work had been done in Pithoragarh district bordering on China and Nepal in the hills, 7200 feet above MSL, with Ayurved treatments and dental extraction camps for the rampant tooth problems due to hot tea drinking habit. There was an Ayurvedic College from which more than 25 Doctors with allegiance to the Movement had come for such an organized work.

One thin lady, clad in white sari, clear and articulate, was a Hindu married to a Parsee, who was doing good experimental work in Ayurveda in tribals, in Karnataka. One such work in Haliyal and another among tribals in Greenspan, were also reported.

Hindu missionaries made an entry in the North-East through the Tribal Initiatives working there in the North East India again. The proselytizing faiths packed their baggage and went away. Even the Voo-doo Mantriks stood by their ancient Hindu faiths. Reconversion began. Each one, irrespective of religion, got humane and dignified help. Khasi, Seng Khasi traditions got re-established.

There were many, small, one room, one person projects. Homeopathy dispensaries helping poor had come up in many areas, with twelve Doctors in them working in Tribals in Bihar. Up

North of it, nearly 100 kilometers away in a large town as the center, community health workers were trained in dispensing 40 drugs, available over the counter. It was a combination of Allopathic, Ayurvedic and Homeopathy medicines.

Listening intently the mind of the Doctor flashed back with the absurdities of prevention of conversions, Radhakisan had blamed him for. With so many live examples of how it could be and was achieved, he wondered whether the gentleman had ever tried to find out about these heroic people? Despite all his knowledge about so many of them the Doctor found ever so many new matters contributing to his large thesis of alternatives for the existing health care. He thanked in his own mind all those, who had come to the convention.

In Maharashtra Chikhaldara, Kanashi and Kuhi tribal work with two dispensaries and four subcenters, with specialists working for free one day a week, was on. It had done wonderful work in mitigating the eye problems and in tuberculosis. There were three more centers in Mokhada near Bombay. They had trained village dais, the maternity women, to deliver babies at home with modern methods, wiping out Tetanus among the delivering mothers and the new born. They had carried out immunizations and were giving health education. A small laboratory had come up there. Five remote centers treated people, and re-educated health workers. An isolation center for infective Tuberculosis patients was also opened.

Mokhada had another distinction of running a training center for better and even unconventional methods of agriculture which could be practiced by those trained. They had gone back to their villages. 35,000 fruit trees were planted by a Trust for Progress. Their products fetched hundreds of thousands of rupees to the tribals changing the face of rural economy. Vocational guidance for carpentry, wireman training, sewing, resulted in the trained ones to become self-employed within this area. Two adult education centers also were running.

In Vasali, a 100% tribal area, medical centers were run for six days which catered 15,000 tribals who paid only for the drugs. The Ashram School teachers were contact persons in different places. It had also checked proselytization. A little surplus was generated and was ploughed in for further development. A similar project was going on in a remote location in Poona. The Maharashtra scenario was good.

The Mavali Tribal Hospital the Doctor had visited was a successful example of how matters can be brought under control through health work while helping thousands of sick, both the poor and the tribals.

In Madhya Pradesh, the mobile vans combed 125 villages for treating health issues, imparted health education, attempted general economic upliftment of the tribals. They also had two dispensaries in Jagdalpur, one of the most difficult and backward areas. The main hospital and the mobile services, in spite of dense Christian networks, were wholeheartedly preferred by the Tribals.

Kotla, considered as 'Black Waters of Rajasthan,' had two empty PHCs, 125 schools with untrained teachers, high prevalence of sexually transmitted diseases. Situated in the Aravalli ranges, an all-Bhil area, it was served medically by reaching them on a motor bike. Work was carried out, covering additionally, one hundred and fifty schools.

A sense, a feeling had started developing on the faces of the delegates. We are not alone, week or meek; we are not as ineffective as one may think. Elation was becoming visible, a sense of pride that so many like them were at work and as effectively as it could get. This was an unplanned and unexpected reward for the Doctor; but the convention had given to all such workers, a great chance to express themselves, at their own wonderment, even when their numbers were less, compared to other dubious agencies.

The session was only half finished, with many more to speak when the lunch was announced.

The menus on all occasions for their breakfast, lunch and dinner were decided by Vijayini. The overflowing tea and coffee of Greenspan, efficiently served with a smile, delighted all guests on the first day. Aside of the serious business going on in the conference there was a lot of fun and frolic during these tea breaks and then in the lunch time from day one. The guests were happy for their boarding arrangements, enjoyed the cool and refreshing weather, hot baths provided early, and hot water, tea and coffee available all the time.

The Hospital had just a couple of patients who could not be discharged as they were not fully cured. The staff was free to attend to these nearly one hundred important people who had assembled there. They came forward as soon as they spotted someone looking for something. They carried their work silently, as decided. In the spacious large rooms with good lighting and no crowding, the delegates had plenty of time to gossip also in the nights.

Peculiarly, the item most talked of was an unlikely pickle made of ten kilos of vegetables; Vijayini had prepared it with her own hands. It was prepared with carrots, cauliflower, garlic, tomatoes, and some other easily cookable vegetables, liberal in oils and condiments. Pickles are eaten in small quantities. But the delegates were devouring it in huge quantities. That had added to all the attraction everybody felt for her. The paternal affection of Dr. Babaji and Dr. Pandit was visible. They had never seen this lady; her sacrifice, her courage in working in such remote place, half the time without an anesthetist. All of it was simply beyond their comprehension. Many others also hovered around her, were finding it inadequate, however much they talked with her. Dr. Deshkar was plain jealous, and openly said, 'it is painful that she was not his colleague in Narendra Dutt Hospital.'

The buffets were arranged on several tables and there was hardly any crowding at any one place. Having been quickly served the delicious menus, the delegates had time aplenty to mix and talk. All of them were talking to each other, in groups, states to states, half the time praising the arrangements, foods, air, water, and the flawless execution of each and every detail.

It was pleasing to see that many of the delegates were talking to the staff. From the squint-eyed Bawara to their best ward staff Vidyullata, who had welcomed them, they were asking them questions. 'Who taught them all trained them with all their skills? What was the background, from which they came? How long had they worked and so on and on! The delegates had sensed that they were the average, marginalized people who had been trained and had absorbed the motto of service and were happy with their work. Each one of them had said, 'It is after Madam came, our hospital has changed to its present form. We have been trained to attend to the detail. We have learnt the dedication from her.'

Bhargav Saheb, Ranga Choudhary from Andhra, Bhubaneswar from the remotest Meghalaya, Chidanand from NM Ranchi, Shirodkar from Bombay, Yatish from Solapur, and many others also were talking to the staff. Dr Deshkar had again said, openly and loudly, ‘if I were to have this staff, I will conquer the whole profession.’

It was not just a matter of all round praise for what they created in so remote and so difficult a place. It was a plain longing that these two, the Doctor and Vijayini had, all this ‘immaterial wealth’ to enjoy and the ‘the inescapable magic of the place’ for themselves. Words, Bhargav Saheb and so many others had spoken. Added to that was their longing for the staff of The Hospital, since they were not a part of their own work elsewhere. They knew, in the heart of their hearts, that this is how a project, in the name of their ideology, their Movement, should be and that a dream of all of them was ‘realized’ in actuality.

Chapter 2

The session on introduction to the Urban health Projects began soon after lunch. There were more surprises. A famous pediatrician supported many slum patients in his city. A retired professor of psychiatry was training parents of mentally challenged children so that better care of these children could be taken. It was run at twenty-nine places with the help of Sujit's Seva Nyas workers. A Hospital in the North of his State, the Doctor had visited had improved considerably after that visit; they acknowledged it be so. In Andhra Pradesh, a Jayjaybharat Hospital was a much better developed one. A dead project had been resurrected as an exclusive eye center in Rajawadi by Dr Ron who had spoken earlier.

Dr. Vyankat Rao was running a treatment-cum-rehabilitation program on the lines of world famous Amtes and Patwardhans in Maharashtra for people with Leprosy. He himself treated them. Their children unaffected by Leprosy, 25 in number, were isolated and located them in a famous place of God Dutta, hundred kilometers away, and was looking after their development and education. It was truly a landmark project.

The Jeevan Nagar school where the Doctor had all his acrimonious and hateful but important meetings with the State top brass was active with 12 dispensaries. Vijay was a large hospital with the same ethos in a distant Bombay suburb with many specialties working there. In Poona, a meritorious school had trained primary care workers in allopathy and Ayurveda. An agency in Bombay helped all cancer and cardiac patients coming there, by first providing them shelter and then getting their admissions done for treatment and or operations in best of the hospitals, free of cost and had earned the gratitude of thousands. The myriad ways they helped these people crushed under misery, without any expectation was unimaginable.

Two other experiments were quite novel. A blood bank in Poona and one in Narendra Dutt Hospital, had stopped the black market in the blood transfusion industry! One rupee a day hospital in Nizam-e-Sharif was gaining ground among the poor; many of whose beneficiaries were Muslims. The expanding activities in eye camp were reported by a center in Himachal Pradesh. Sanjay who conducted the eye camp surgeries had worked there. In Gujarat, Drs Mavani and Suchak ran a sophisticated tertiary level Trust hospital, while running mobile camps, and mother and childcare activities.

Madras had also specialized in low-cost treatment centers with specialist camps in its slums, not-duplicating other existing facilities there, but actively sought cooperation from other service organizations locally, levied nominal charge for services, and maintained political neutrality. The experience validated his thesis that overt association and ownership by both, the project and the organization was not that important, acknowledging it and helping quietly was. The Doctor had visited these centers once. Despite Doctors leaving abruptly and even the unemployed Doctors not willing to do the work, they had continued. With careful cost control they were well off economically.

Shivamogga and several other projects working in the primary health care area, training community workers, had brought about an attitudinal change in the population. They were a replica of and inspired by what David Werner from Chile had started; a model for the world of the poor and down trodden, 'where there was no Doctor.' It had resulted in being described as resulting in a "march of medicine" from curative, to preventive, and to positive health. Immunization and BCG, realization of healthful living, Tuberculosis awareness and providing receptacles for sputum producing TB patients, followed by sputum testing, and treatment in positive cases, were their notable features.

Even when it was taking much longer, it was an absolute necessity for each one to grasp the large canvass of health initiatives with ripple effects the Movement and its people had created. The conference had not yet touched even one of the core issues, an important reason for this grand exercise. In the late afternoon, finally, when all project people had spoken about their work, the session began with "Difficulties and Problems." Against the spectrum of such useful work accomplished and presented, their difficulties were hard to cope with but they had continued steadfast.

Ranga Choudhury of Jayjaybharat Hospital served as a model. Majority of the difficulties presented were common to all those present who had a hospital base, or even well spread-out networks. The commonest difficulty was the dearth of paramedical personnel, nursing staff, laboratory and X ray techies, pharmacists, and many more. Paramedics and Doctors alike, in all the work areas, were immediately sucked in to the Government jobs, as soon as the training was over. That any way was the prime desire of all available. Those who did not get such appointments, would simply wait for some other place, nearby, offering just a hundred more and they would leave. They were not necessarily wrong. It merely showed that roots of affection and loyalty had not developed for the work. The problem could not be solved also because of the unheard, unknown and untested ways to train their own manpower. Everyone had insisted on qualification before employing. Certificates from government, or private nursing institutes, were accepted and people employed. The quality which was poor, unquestioned. It was a glaring issue.

The Hospital, for three years had started training their own staff, had put quality before qualification and had reaped results, never running out of needed staff.

As prevalent was a common unwillingness to work hard, behave responsibly and take responsibility, the direct consequence of the disgusting work culture of India. Services of even the so called 'reliable and tested' people from their 'sources' were found wanting in taking initiative, using imagination and limiting themselves to what was told to them to do. The mediocrity the Doctor hated. Motivation for serving the poor, did not take roots. A feeling of insecurity, was advanced as the reason but it was not true, because such people had volunteered and still left at will. Low levels of salary were another reason advanced. The fact however was that most projects often did not pay even the minimum wages prescribed. Revising the tariff was not thought of to meet this necessity. The sense that these people were working for poor could not be sustained as those who worked for them were not far above the level of the patients they served.

Pilferage, corruption, misappropriation of consumables, drugs and equipment bungling in giving receipts, were the products of procedural laxity or worse, absence of any procedure at all or any standard system of working. Doctors as a rule do not have much managerial sense, to develop the systems needed. It was universal. Financial constraints were a bane to most, but observing financial prudence was an idea far beyond them. Economizing, procurement, costing, quality of goods, their efficient rotation and maximizing the surplus without hurting the patients, were simply beyond most.

One important issue was the balance of power between the Managing Body or the Trustees and that of the Chief Doctor or other Doctors of the project. Dr. Vimala had highlighted the issue in her big hospital with plenty of money. The simple wisdom that Doctors any day would know how to manage the running better than the members of the trust never seemed to have dawned on those. Ego, that we have brought this about was the simplest and universally applicable hinderance. It was prominent. In its dozens of implications, it hurt the work, created chaos about which authority to follow.

The need was for a person with a broad view of the total functioning of the project, within and outside. But he was not there in most of those complaining. Consequently, and naturally the need for training in management strongly surfaced.

Deficiency of both graduate and post graduate Doctors additionally had a few more operative factors. The Service Hospitals like many, present in the conference, had fairly heavy workloads, which brought with it responsibilities. The specialists in particular did not want to shoulder it. There was no side income in service projects, biggest reason for the unhappiness of Vasudev long past, continued. In Government service these factors were easy to manage, another reason for their end desire. Dearth of full-time Doctors, despite fairly good facilities being offered to work with, was a problem even the Doctor had not solved so far.

However, there were several contradictory factors creating the paucity elsewhere. Most of these works situated in flat lands, had plenty of patients, unlike Greenspan. No Doctor wanted to put all his eggs in one basket, demanded freedom to practice privately. It had to be accepted. Vimala had raised this issue also in his visit. The Doctors for no reason were indifferent towards the poor coming to these service institutes, and much more attentive to those coming to them in private. The most influential agent thus did not give the patients their due; hoping that the work will produce a favorable impact on populace was unrealistic.

Rural poor folks did not always take the benefit of whatever service these works had. Their response often was poor. It was not easy to gauge the reasons behind it and consequently what the rural poor expected. This was a complex problem, difficult to judge even if an attempt was done. This exercise so well done by Dr. Kadri and company was not undertaken by any. The rural psyche and the rural atmosphere everywhere were an important and real issue since there were many variations on the theme.

Added to that was the general lack of contacts outside the curative work, a contact with the crux of primary health care; it was hardly present in curatively oriented services. Contrarily in primary care works there was absence of the former. These people hence failed to even project the work in their areas of operation. There was not much in to publicize it either, a great

deterrent. This was the inner reality of so many of them sitting there. It was a self-feeding circle. Each factor either fed another or was being fed by the preceding or the subsequent one.

In the session no one spoke about drugs, important because it generally cost the patients at least thirty percent of the total expenditure. All ideas connected with rational therapeutics, irrational combinations and more were beyond their horizon.

Narendra Dutt, the only other place, had developed the system and sorted out manpower issues, developing a smoothly functioning efficient system and financial transparency, long back. No one complaining about this problem here seemed to have known even their existence, leave alone their work. Result, no one ever went there to see how they did it. That was a universal problem with all the voluntary work of all kinds, not just these people. No one went to see anybody else's work. Even Aryan had admitted it. Narendra Dutt had organized in its twenty years' work then, just one single meeting of like-minded people three years ago, but had not addressed anything in particular. Narendra Dutt did not look beyond exceeding their own excellence, a great limitation the Doctor had pointed out in his last visit.

The brainstorming that followed threw up a great lot of suggestions. Better pay, retired but resilient persons, clearly defined work and a good insight into the responsibility to improve efficiency was suggested. Democratization, and decentralization practiced, fair labor practices, was given as a workable solution. Reposing trust before testing trustworthiness, faith before responsibility was considered a successful practice. The Doctor had doubts about how many of the assembled would understand the processes behind each of these words and the even meaning of the words.

Absolute financial transparency to reduce apprehensions about the money projects receive, an important part of the work culture had not received due attention. It had to dawn in their consciousness first. None of them were dishonest but did not pay attention to it. That the people working in such projects can sense the honesty or dishonesty of money within was not realized.

An old full timer suggested, the right man in the right place. Dr. Upamanyu added that by training people for different, more complex tasks, the project leader can prepare right men and then place them. It would lead to better performance and later a chance to elevation in the skills hierarchy. Upamanyu also emphasized that training is the alpha of betterment in all respects. Dr. Suchak from Gujarat said, motivation right from the student days was a must, a theme NM was avowing all the time.

Dr. Pandit made a small speech. 'That people do not want to exert is not universal. A lot of them want to, but do not know how to do it, as the purpose or the rationale to do it, is not made clear. The goal of doing the right things and not doing wrong ones, how to do the right things well, or even meticulously is not achieved. A system should exist where the project workers can learn these matters in details. The older staff has some responsibility to it, but they should also be told the how, and why of their work. Familiarizing every new person with the setup is the first step, which may take many days. This was something hardly anybody takes up. From all such measures the sense of responsibility will be born. Not by lecturing them on selfless service first. That in its subsequent stages should get extended to the understanding of the ideology and objectives at the base of the work.'

It sounded like a loud echo of his written manuals of operation.

A feeling of security in the staff, public recognition of their good work while dealing with their faults in private, to help them get rid of the same, were some other methods of working that should be practiced, was suggested. Security comes from not necessarily by money earned. But it also comes from their ideology within, the backing of their Movement, by its officers involving themselves in the work, especially when the voluntary work is in difficulties. This so far had never been in practice, something on which the Doctor had expounded on in his Narendra Dutt visits and made in to a thesis as to how to do it.

Efficiency comes from security. The voluntary work being seen here is like a battle at the last point. The assurance that it is backed by the organization to the hilt, will give courage to the battling workers and then their work will satisfy people. Regular bi-directional contacts to boost morale, direct protection from atrocities by the people they are serving and from governments, against which the voluntary works are weak. Organizational protective umbrella should always be there. In front of the big ones present this was a bold statement, but Babaji had already accepted this idea emphatically in principle.

The sense of security also comes from the work, generating its own finance largely, its self-dependence and self-earning even if the charges were low was essential. The tariff can always be adjusted at a higher level to meet these ends. A little more than easily affordable charges were a crucial element, as long as it was reasonable still; people would struggle a little more and pay it. That increases the value people attach to such works. Dependence on public donations to run the projects free for people is the big deterrent and the most foolish adventure for growth.

Good relations among the workers are also a must. Elimination of the labor mentality, going beyond it and making staff an integral part of the whole work and management, creating a family atmosphere, is a good goal to start with, worth attempting.

Any project must have good public relations, built through staff and patients, liaison men, but that alone is not sufficient. Meetings with people outside, reports, even the annual ones, with financial disclosures, sent to many and various people concerned, to organizations, inviting people for various functions within, should be part of the annual, six-monthly activity calendar. Not just talking well about the work, but there is a strong need to stand up against false accusations. It needs stronger organizational support. The workers are like an island. They can only do good work. There are limitations to them, in changing the public perception, which these added measures should do.

An objection to the term public relation was raised saying that it brings in a top-down hierarchy. If a project works for the real as well as the felt need of people there is no place for it. Dr. Pandit however insisted that public relations are not only and only a marketing exercise. It is dissemination of the understanding towards the potentialities of a project and its limitations in public, an educative and enlightening process. The Voice has precisely done this three times over.

The psychiatry professor said, the project leader must be an imitable 'role model'. The leader should have not the "oneness" he shows with all concerned, but it should be felt by all

others as real and genuine. To be so coming from the bottom of his heart, akin to a family, with participation, involvement and initiative with intelligence. He should be sensitive and aware of what his staff is thinking. It is well accepted principle of management, from the biggest to the smallest of organizations, but not a routine practice. Dr Pandit also emphasized that the discussion was about multi-men projects so far. There should be some more thinking about the essentially one man, working four in one, three in one which many of our projects are. The matter had hung there.

Unable to contain herself Vijayini stood up.

“Every issue, difficulties, and problems you all have cited, every suggestion for good governance, people management, their growth, going beyond laborization and everything else I need not repeat. But I state with pride that all of it has been overcome by The Hospital you are in. If you want to see all these elements you are desirous of seeing in a project, these are operative over years, repeatedly, here. You will find everything here that you have been talking about. I will cite three examples.

“For last two years, not a single worker of ours has claimed “overtime money” despite the fact that the money they get is just above the minimum wages prescribed, not really high. Despite the fact that they work for weeks together for the massive camps we organize. These same workers have refused 1000,0000 rupees, legally due to them because of the clamping of the draconian, unjustifiable, illegal law of Minimum Wages with five years of retrospective effect. Paying a few thousand rupees to the officials, we could have buried the issue for years. Accepting the demand would raise the tariff far beyond the capacity of the people whom we served. In order to remain truthful to the original aim, just so that the low-cost service model continues, they signed and accepted their individual cheques for the large amounts but did not take it with them. They simply left them behind. In the eye camp following, conducted two months ago, all of them worked for 13 to 14 hours a day for 10 days, with full enthusiasm. This epitomizes everything that you want to see in a project.”

Although clapping was strictly forbidden, there was a spontaneous applause. Vijayini had stolen the lone applause of the conference! That was only the second of her victories so far. Dr. Pandit like others were so overwhelmed that when he found words he simply stuttered while saying, “This is unbelievable. Not a small thing! Such motivation!!”

The conference dragged into the evening and the end of the discussions was nowhere in sight. Yet, no one was bored or tired. All of them wanted it to go on. As the evening shadows appeared, half a dozen of their staff arrived with a dozen well-lit, mosquito coils and placed them, well-positioned all around, without so much a noise, without the slightest disturbance to the proceedings. Late night they had been greeted in all their rooms by the same coils, lit much before the mosquitos could attack, with changed sets to last for a mosquito free night. There was spontaneity, awareness, a sense of responsibility with efficiency, and concern to provide comfort to the guests, in that one action. It had been a long day, but no one from the Staff had any irritation, boredom or haste to somehow, hastily depart. They were still smiling and listening whatever they could and trying to understand it.

It was not just a matter of all round praise for what they created in so remote and so difficult a place. The delegates voiced it differently. It was a plain longing they had, to also have this place for ‘themselves’ and a longing for the staff of The Hospital, to be a part of their work. The ‘immaterial wealth’ the magic of the place as Bhargav Saheb and many others had mentioned. These themes repeated all the times in breaks. They knew, in the heart of their hearts, that this is how a project, in the name of their ideology, should be and that a dream of all of them was ‘realized in actuality.’

The eye camp conducted a little over two months ago, had served like a ‘Dress Rehearsal’ for the staff for this final drama. Little did anyone know that many more such things were due in future. The staff could see for themselves, their own refinement from the eye camp and were pleased about it, trying to make it better and better by the minute. No one was required to be told anything whatsoever, that had to be done. At least three or four people would come forward. They had their own jobs, given to them, detailed to the minute. There was no mismatch between the timing of sessions and the in between. Each minute was guarded against being wasted. That had resulted in a tight and a long program but still given them plenty of time free.

The second in command to Patavari, Avadhoot Shastri was telling everyone, ‘To keep a place corruption free is their greatest achievement.’ He had coined the words, ‘Island of Excellence’ for The Hospital. That phrase had caught on the imagination of everybody and became the buzzword of the conference. Whatever was happening was tremendous.

On the second day, the deliberations started at eight in the morning. Each one had bathed, had a hearty breakfast and was ready for the battle. Dr. Deshkar started the proceedings.

“That ‘evaluation of the effectivity and impact of a project’ is a must. Unless it is done, we cannot fix up the basis of our actions, directions and goals. We cannot assess the value of what we have done and offered to the society. What else do we need to improve, need to add or delete? Service to our brethren, our basic idea, means to first effectively and satisfactorily cure the ailing human being. Service should never discriminate. In all our projects, without a single exception there is no discrimination; all faiths take the benefit and are grateful about it.

“Our service should be the best in that area, cut above the average. People gratefully remember a job well done for them. It facilitates their integration in our work fold and that of the Movement, later. The methods applied to achieve this are dictated by the area of operation and other factors discussed yesterday in detail. Some may emphasize prevention, others curative excellence, some others helping patients in other areas of vital importance. I will add a few more, which should also be a focus to achieve success.

“To organize the services, the men, and the people come first. We have to weld the project men and women we recruit, together. They should be taught by example to work together, at every level, in harmonious ways as a unit, for a cause. We have seen a live example of it here. We need to study the organizational and management methods, in more detail, as The Hospital has applied. To take effort to make the working better organized at every level. Concrete practices. Not some unfathomable examples understood at some unconscious level. We have to remember that the projects run by the proselytizing faiths are excellent in their all-round practices.

“The sense of being organized tightly, and working together, is a habit our society has now forgotten over a thousand years. That has led to our slavery and abysmal life. Medical work is not just one more service work. It is a *par excellence* tool to increase people’s contacts. The trinity of the Church, the school and health work has succeeded because of their organization, and we have nothing much to show in these areas.

“*Samskara*, that is to say creating a culture, an ethos, is the next and important task. To transform people towards higher ideas, singly, as a family, as a mass or a community, rising above petty concerns, to think of the society and even the Nation. The way is by meetings, dialogues, brain storming for new ideas, within a working unit and meeting elders to talk about this. We have seen it achieved here.

“This will lead us to developing an organized society. We seek to resurrect the nobility of our medical profession. It has degenerated from business, to commercialism to prostitution. Malpractices have to be halted; economic exploitation stopped. Remember, it is not as difficult as one may think, even for single project within its own locale. Jointly, of course it will be far more effective, for which all our far-flung projects should coordinate, cooperate, as in this conference. It is a must. Our scope of thinking for that must be expanded from ‘My Project’ to ‘All Our Projects’ for that impact, from one man project to multi-men projects, which are even more effective. We have so many corruptions to fight. Many works illustrated here, have shown it to be possible. Even the beneficiaries, part of a larger circle can and do eagerly join our work.

“We have to start to build a path for us from here, which we did not have, and think about it all the time. No conclusions need be drawn here and used as a fixed thumb rule formula. Among other things keep an ear to the ground for the feedback from our society, our God.

“Evoking a 4th dimension of social consciousness, would be an achievement in itself. All our festivals are personal; they should become a social bind and force. Purity of the means is another such element in our practice, is judged by people, differentiating the noble from commercial or vile. We must be careful about that. Like Christian Missionaries, we should not sacrifice people’s originality in to alien interests.”

Dr. Deshkar had done full justice bringing out so many aspects of the Doctor’s thinking, the Doctor wanted him to.

Dr. Pandit concluded the session by pointing out that considerable conceptual confusion has crept in and welcomed it. Targets indeterminate at the beginning of our work was a major factor. Absence of surveys, a major cause. Surveys reduce unnecessary exertion, incorrect focus and prevents unproductive and exhausting economic loss. It helps focus our work, gives conceptual clarity for our work and insight into what the people expect from us. It introduces a self-correcting mechanism that keeps us on the right path with increased efficiency to do more. It provides an insight in our own work, to view it freshly. It will give a self-correcting mechanism to all our works, improving them greatly qualitatively. And we have never done it.

“Old needs disappear; newer ones arise. We have to and should be able to reorient our emphasis for action, by developing mechanisms to scotch them. Slowly, as people become stronger and advance in their betterment, our effort will be also understood and rewarded. This is

how the project work becomes more relevant to the people, to become their own. That is the beginning of entrenchment in the people.”

Dr. Pandit brought out what the Doctor had stressed in his bombastically titled ‘Voluntary Agency Abstract’ which each of the delegates had received in advance.

The conference had continued. Dr. Girish in his ultra-short speech spoke about the two short essays he had brought with him, in which he had listed ideas on integrating medical systems of the west and India in one and thoughts on technology, appropriate technology, westernization of medicine and medicalization of the society in life, in the other. Both typescripts were quickly xeroxed and given to all.

Manpower acquisition, its development and deployment were a constant bane to and a glaring issue. It recurred in the conference, again and again. Dr Pandit once again took it up and spoke about it, covering a few aspects so far uncovered.

“Many ideas have been expressed here already. All of them put together can and have led ordinary men to do extra ordinary work, as we have seen in our own upbringing. The generally prevalent ideas are, people are self-centered, pursue Power, Prestige, Profits and Pleasures. I do not believe it to be that ubiquitous. From this base, our worker has to be lifted to an altruistic mindset, devotion. The vitality of our society has not burnt itself out. No, it remains intact and burning in considerable numbers of people. Hence there is no need to be pessimistic; we must and will find more and more of them and they will find us, if we build bridges.

“As matters stand today in our country, we have pursued material wealth, but have given scant attention to the development of higher values, the social side. Doctors are no exceptions. We have to take a recourse to that through our project work. In our culture, ‘seva’ enlightens and elevates the one who offers it. It is possible to invoke this ability in ever so many, we may not even suspect, if we continue to do solid work. There is only one power, the idealism, which alone can transform people. It has not lost its attraction in India even today; however unreal it may seem. Our work is to rekindle this idealism.”

Dr. Deshkar supplemented the talk by saying,

“Another important factor for success is the Institutional Mindset and we will discuss it later.”

The Doctor spoke to indicate some existing lacunae which needed a solution. Individual issues had to be brought in to a wide canvass and then paint it.

“We have already witnessed the level of effectivity and limitations of many such projects here and the social successes they have achieved. We now have a good picture of the many issues that plague the multi-men projects, preventing them to become, what they should look like. We have also discussed how to solve these obstructing issues, theoretically espousing the principles and mechanisms. Our few such existing centers need to multiply. We should start many more. By now it is clear that we need more multi-men projects. One-man projects should start thinking how to become multi-men.

“No one sitting here, need to consider that it is an awfully difficult task, to be carried over long years. We, here, have undergone extreme strain and a lot more experimentation as I mentioned in the beginning, to bring this hospital to where we are. We built a model for each solution, outlining the processes in detail on paper, step by step, week by week, to year by year. The ‘turn key technology transfer,’ is here. Take it away with you. Create a smooth-running, power packed unit to solve people’s health issues and more, get in to a quick growth mode. The development for that must begin early. Peruse those documents. What I cannot convey clearly even after two hours of talking, it will do so in ten minutes.

“There is one difficulty. The graduate and the post graduate doctors, are the key functionaries and the foundation of health projects. They are the ones so difficult to get. Let me tell you all a few things about doctors. It may help you to get them for work in variable capacities at its least. The graduate and post graduate doctors are shaky, do not have that much confidence one may think they have, when they come out. They need guidance, a cover under which to mature. They need a place to go and work, to become more confident and competent. Try to get these people.

“Getting a degree is merely a license to practice. It hardly ever guaranties competence. We may find such young and fresh ones. But to attract them to work, part or full time but wholeheartedly, we have to tighten the functioning of our projects. For that we have ample material to work on. That will attract just those few, we need, and for them, places for their maturation, and will contribute more and more. We can get them if we offer them work, they like, and challenge them. Take my word for it. you will get them, especially those projects working in plains, with high population densities. It works both ways. No projects hence no doctors, and no doctors, hence no projects. Some or many such young specialists may leave after variable durations. That is not to be afraid of. However, they will still leave an impact, will have contributed to some improvement which the next one will take further up. Take my word, it happens unflinching.

“I do not belittle the one man one room or small projects. It requires far too much more courage to undertake it. The emphasis hereafter should be to develop these, sooner than later in to a multi-men project, with power of medicine on offer to the populace. There is immense quantum of diseases, in our undiagnosed, if not unserved society.

“From there on, the second, the higher, the somewhat steeper path to taking the work to an Institutional Level begins. Dr Deshkar said that earlier. We need people with Institutional Mindset. It cannot be developed by going through a manual on paper. It needs an internal transformation. And one’s courage of his convictions. It is the most difficult to achieve, because the ego needs to be eliminated, for something much wider and higher.

“This is the form of multi-men works, extremely necessary because it can achieve every objective, hundred times more easily and with hundred times less effort. It is the final stage and shape.”

“The project to the organization is like the currency of a state. Tainted currency brings bad name, good currency good. Should the state also not be careful about their currency status? They should. The organization, the state thus has a stake in having good projects to boast of. What is of

primary importance is that the organization recognizes this aspect and helps out. It will also lead the project on the path to become an institution with a much smoother development.

“If this oneness was absent, why should have our people sacrificed for decades and still do! From where does his moral courage come? This was a major issue in my mind and I discussed it with Dr. Babaji, Dr. Deshkar and others in Narendra Dutt frankly. All of us agreed that this must be brought out and the bi-directional relation should be established and improved. The ‘protective disc’ or umbrella for a worker, is just the first step. We have documented this entire process of Organization and project relationship, like all our model, on paper. Whoever wants a copy of it please register it with our office. It will be delivered later, asap.”

The last of his remarks set some askance. There was stunned silence! No one in the long history of the organization had laid the responsibility on the organization so courageously and openly, yet in the most inoffensive manner. It was his own agony over the stupidity of the neglect, the ostracism he faced that spoke. Many others had experienced the same thing. It had a diabolical effect.

The one person to whom this was particularly aimed at was Kalyanmurty. It was coming from a blatantly successful worker who had overcome all his misdemeanors and stupidity. He was pleading; ‘I may have overcome it, but no other workers, less successful and more needy should be made to undergo this torture.’

Those assembled were grassroot workers. They knew the magic of organization, its strength, its beauty and its potential nationwide impact, importance of its strength with them to achieve the desirable. This knowledge, this wisdom was singularly lacking in those ‘erudite Circle scholars.’ The new wisdom of the inseparability of organization and projects was fully expressed now and no one could now escape from facing it. A few had hesitatingly and therefore too briefly had talked about a safety cover, an armor it should give to them and their work. It had not registered. His mission was now fulfilled, having reached the highest echelons. It was to this great synthesis he had aimed at, which was now shaping well in front of all.

What had begun as an exercise in project formulation, project working and effectivity had got escalated to a plane from where a large and wholesome perspective of the health care, the global thinking while working locally at the grass root, at the project as well as organizational level had emerged. Even the Doctor had not imagined that this development would be so smooth, in so short a time, without acrimony on any side, but acceptance. The realization, illumination was quick, the dark cover taken off. Evidence was there to show what all of them had experienced but never had spoken about. They internalized it quickly. He had achieved what he wanted at one stroke, one go, and on so large a scale.

On this second day the Doctor was uncomfortable. Notwithstanding his dark, embarrassed and hate filled face, Kalyanmurty was putting on a sweet appearance, repeatedly trying to engage him to talk to, in between sessions. Fortunately, he was called by some one or the other and escape. He wondered what was in the offing.

“With such a big conference taking place here, how come, Dr. Pature has not come. He should have been specially invited!”

Doctor's Anger rose swiftly and he did not make any attempt to hide it.

"He has not answered any of my four letters, clearly telling him, that his presence to us was important. I cannot go beyond this."

"You should have then talked to him."

"He has not taken the three calls I made. Every time, I was told that he is busy. And he never called me back. The least expected was an answer to my repeated letters. I do not need lessons about how to honorably address the people, whether important or ordinary."

Kalyanmurty coolly ignored the insult.

"He is after all chief of a big city and is busy. He spends phenomenal time for all our works. His work in ayurveda is great. There are a few more small projects people, Anant, Wasudevrao, also do yeomen's work. Why have they not come?"

The Doctor kept his rising anger controlled while enduring Kalyanmurty, merely shrugged. Without bothering to answer, left this cheat rudely. This was the real Kalyanmurty, to whom ever so many of these jokers with their miniscule work compared to his were the only greats. Busy! My foot! Organizational work!! My bloody foot! What does this Kalyanmurty think of us? That we are doing nothing but cooling our bloody ass in leisure here! If Kalyanmurty did not understand what delivering relief every minute, taking responsibilities to save lives in crisis means, he was the worst, most crooked and vengeful of mind. Immeasurable, deliberate, motivated non-sense. What about the elementary courtesy of replying those letters, returning the phone calls. The same man telling Nagaraj to treat courteously that other crook, Vasudev in the name of decency.

The Doctor knew why Pature had not come. His self-conceived importance, people like Kalyanmurty reinforced, and also his 'work' would be a zero in front of so many others, with much greater creditable things to report. That the limelight would be on the Doctor, not him was the most pertinent reason for his absence.

Right from Vasudev's time, to each one of them the Doctor was a heavy weight, too difficult to handle. They could not shirk or frisk him, catch him on the wrong foot. That his achievements were only out of his own capabilities and devotion without an iota of help from any organization. That had been the cause of all the bad blood. And on top of that the ignominy of to see their eulogy by each and every one, who had barely known them just two days before, except through his letters.

There was a precedent also to this dislike Paturi had for the Doctor. Dr. Paturi and his people had made a big hue and cry of gathering those twenty-five thousand volunteers, a really large number those days, eighteen months back. Tom to me it as a glorious achievement! For thirty years they had done nothing but such gatherings! Who saved Sujit, Pature and this Kalyanmurty in that meeting attended by selected 1000 volunteers, who had some or the other responsibility within their structure? That happened when the Chief came for this 'grand occasion'?

The chief had pointedly asked one question. If anyone accepts the new born Orphan children, preventing their landing on the church doorstep, with its consequences known. Pature tried to speak about a couple of orphanages run in the state which took in children above five. It was a poor effort to impress the chief. The chief had brusquely, snubbed him, shamefully cutting him to size, saying, the question is about orphan children, answer that. Kalyan, Pature, Sujit, were frantic. Sujit was desperately trying to catch the Doctor's attention and to speak on what he was doing in The Hospital.

Obliging them, the Doctor narrated the statistical details of the orphanage for the newly born and abandoned children they were running for long. No one was doing it.

"How many children can you care for at one time?" the chief asked.

"At least half a dozen at a time."

"Do all our people know about it? Then why are you not getting more children?"

"I cannot make out why. We have strongly advertised it all over the state and within our pale." Without batting an eye lid, he had shown these jokers in their true light, while saving them. It was impossible that Pature will forget that insult. Small creatures!

In between the Doctor decided to take all of the delegates to a tour of The Hospital to formally introduce to them the staff. Knowing that some of them had borne the bricks of The Hospital during construction, the silence was dense. He even talked about their water management system that saved them huge amounts of money and electricity round the clock. In Drug Store he just let them go in and see for themselves. The Laboratory was similarly impressive. After half an hour the delegates returned to the hall.

The lecture on Westernization of Medicine, was a theoretical high ground, fundamental in its approach. Dr. Pandit briefly reviewed what was discussed and added it had produced a fragmented, vivisected view of the patients, anatomically, pathophysiological and system wise. Mad consumerism afoot, demanding more and more and now, immediately, was seen even in medicine. Yet, it was *not possible to go back, and start from scratch*, Dr Pandit concluded, adding that clinical scrutiny was a must, and the basis to choose how much the western technology we needed.

This lecture had thrown up an issue of Ayurved, the Ancient System of Health in India and its place in the western medicine, again. The need was to look at it as a source for positive healthy life, not freeing people from illness. The need for a relook in the light of the new rapidly advancing knowledge research in it was necessary. Collaboration between Doctors of Allopathy and Ayurved was desirable. Efforts to rediscover the ancient remedies were on in Orissa. Plenty of people expressed many experiences and ideas about how it could be done. The last remark was from the Doctor.

"This theme was not quite high up on my mind when I drafted and redrafted the program. I did not expect such varied response, clearly showing that many of us have thought about it and done some work. It may be most welcome if a similar conference could be arranged solely for this theme."

Vijayini had prepared her speech, on the drug situation in India, and titled it as Drug Culture. This major topic was all that was remaining in the program for further exploration. When she began her “Drug Culture” in the most flawless, fluid, fast moving English, a shock wave had run in the audience. The title itself conveyed much more than just those two separate words. A courageous lady surgeon, a role model for her staff, was the image the delegates had evolved in their minds. On a topic considered alien for surgeons, when she began, people were almost speechless. The dissection was surgical, it was a telling commentary, and a speech that hammered on the ills of the prevailing drug culture.

‘The medicalization of the society, the havoc it brought on patients’ psyche, the preponderance of the irrational combinations and irrational prescriptions, the percentage of the injuries the Doctors caused by this medicalization and how the people were not disease free, but drug saturated, was far beyond anyone’s thought. Doctors from time-to-time raised voice against quackery, they were not far from, with such rampant drug prescriptions.

‘The need for a National Essential Drug List, the need for generically written single drugs, the unaddressed issue of bannable, irrational and harmful drugs, then were and came under the attack. It was unbelievable that India does not even have a national essential drug list. Within the profession there was no awareness of rational drug formulation, and rational therapeutics. Generic drugs, widely believed to be inferior to branded ones, came in for critical analysis in their favor. The professional practices of prescribing all sorts of unnecessary drugs in long lists, making it unaffordable to patients was the next. She also pointed out that unaffordability often led to the skewed purchase of tonics and unnecessary drugs, over the ones needed, which may have led to cure.

‘The paradox of the drug industry being under ministry of chemical and petroleum, full of corruption, under influence of multinational companies in addition, influencing their decisions, was also elaborated. How it had successfully pocketed the Doctors, to achieve maximization of profits and nothing else was detailed.

‘Drug replacing the healing touch, that here was a pill for every ill was sad. How The anatomy, functioning characteristics, drug situation of India, thus was laid bare, with the final word that they have created a drug system fully avoiding all the issues of eradicating the illnesses.’

The delegates took their time to even understand what she was putting across. Soon they came into the flow and were engulfed in the exposition. A new floodlight had fallen on and the delegates, exposed to a large number of issues, they had never clearly thought about, allowing time for it to sink. The job was more than done. Govind the chief of the state Drug Action listened with wide eyes, everything he was striving to put so succinctly and powerfully had come through. When Vijayini outlined nearly a dozen remedy, an assurance on the faces of the listeners was satisfactory.

The last day was only a half day business, the time was fleeting by, in clearing up various issues left out. The one task remaining was that of reorganization of health care delivery, and how alternatives should be created. The Doctor was to talk about it but decided to let it go and that he will include it in the transcription of the entire proceedings in a book form.

Dr. Babaji made the concluding remarks.

“A greatly needed exercise has begun. We have to build on it. None of us is a single isolated individual worker any more nor weak. We are many and strong, will be stronger with more coordination. All of us doing health care work are no longer unknown to each other. Many more should have been here to see what happened. We have explored and become familiar with a great lot of dimensions of our work. We have to incorporate as many ideas as possible in our work. Be sure our work will be understood and appreciated by others then, even more. Many others do good work. Let us get them also in. We have learnt how to make ourselves effective. It is the work of national reconstruction. We go back with confidence. As George Washington Carver said, ‘Start with what you have.’ God bless.

“We must thank the Doctor, for formalizing a comprehensive program inclusive of all works, so many thought currents, situations, we face in our project life, to be discussed in just about two days. And he brought these topics and us together. It was a marvel of communication, something we need to learn. I must also thank all of you to have come at our request over long distances and inconvenience and made it a great success.”

The conference ended. The most important thing was not the emergence of The Hospital as their leader in the perimeter of the Movement, but the transformation of the delegates into Heroes. In the most unobtrusive manner, without a word to that effect, without overt emphasis, it had been achieved. Something that had never happened in their life, something they never expected could ever exist and occur to them!

Each had a fully confirmed reservation for them to go back, arranged by The Hospital, through Bharat seva office. Those were the days when making reservations from distant places had significant limitations. All of them insisted on paying for their fares back home, also unhappy that there was no registration fee. Many of them were worried about the enormity of the expenditure, for a service project. Despite their quarrelsome insistence to accept some payment the Doctor with folded hands had merely said,

“Consider this a grateful gift of appreciation, to all of you, coming all the way, for the sacrifices you have made.” He had quoted a Hindi song,

“Let affection and love remain untouched,
Do not give it a name, an allegation to it
Of its being a worldly affair, and do not tarnish it,
It goes beyond that.”
No one could say anything.

By the time the conference ended, it was clear that the repercussions of it would result in a long-range change in the thinking of all of them.

For a bare six and a half-year he had achieved much more than the twenty-year existence of all others. It was going to have a snow balling effect and the signs were that whatever he touched and started, would grow.

Chapter 3

The bank balance stood at Rs. Two hundred and thirty-eight only, the day the conference ended and people went back. They had spared no expenses and achieved what he wanted. He knew what his dear Rand said, ‘You should not hope to get what you want, without making a matching payment for that.’ He had paid. He showed the passbook to Vijayini, and Sharad. Both just shrugged and walked away.

It was credit to the perspicacity and credit of Sarvesh who stayed on, and The Hospital staff, who had wound up the conference left overs within forty-eight hours. He returned, cleaned, washed and pressed linen, and separated utility sets clearly. He returned everything he had collected from the local gentry of Greenspan, in forty-eight hours. Each one was surprised that their materials, spick and span were returned on the third day morning.

He stood near the conference hall being cleaned up; he was musing to himself a song titled “The Concert.”

Spread lazily is the sitar in the corner, the color has receded.

The dancing ornaments have relaxed of their tightness.

The corner of the carpet is listlessly bent, the reclining pillows have bowed down,

The plates now left with the remnants, of the beetle leaf, cloves, nuts and the condiments.

He was having a terrible feeling of being lonely. His father was coincidentally present through the three days and was obviously happy to see the rise of the project he had dubbed superfluous seven years ago, when he first came to Greenville. It had risen within the precincts of his dearly loved Movement. The Doctor was happy to have his father, but his presence had made the poignancy of his dead mother like a nonnegotiable pain.

A year ago, when a write up had appeared in the state capital dailies, “The Medical Missionary of Greenspan,” his mother was as dead as she was now. At that time also, he had felt terribly lonely without her. Till her last days, she had a continuous presence in the upper layers of his sub-conscious. Her buried down presence had now resurfaced, with a great longing for her. Now he just stood there, his head bent, his hands in his pockets. Many were watching him, afraid to see tears in his eyes, they thought were there, however uncannily they may have deciphered the existence. No one spoke. He was oblivious to everything.

The all-India Conclave, a yearly feature in March of the mother and the family of action met in the head quarter. Glorious tributes saying it was “A landmark event,” in the history of the organization, were paid by the same Chief Executive Officer, who had sent Vasudev to work for The Hospital. Dr. Deshkar gave a short but excellent account of the same. Drs. Upamanyu and Pandit had drawn a short report which Upamanyu presented on behalf of not just the State but also on behalf of The Hospital as its representative. Such praise, three times over in a three-day national level meeting said it all.

Immediately after the March conclave, letters from two important mouth pieces of the Movement and one on behalf of the CEO were received. All three had requested to send a few photographs of the conference, a brief note on The Hospital as well as the conference. It was a sign of his work being accepted by those who had ostracized him, years ago and for long.

One letter from Bhargav Saheb came early, mentioning that the best part of the conference was that no conclusions were drawn, none in the program drove it for conclusions. It left the participants to think about it over long periods of time. He had also informed that the tribal work will include the Primary Health Care ideas and mechanisms in its work. That was great! He also talked of a secretariat for collecting and disseminating data and statistics of tribal work, also expressing his earnest desire to meet him when he next came anywhere nearby.

A great many individual participants wrote back. That they enjoyed it thoroughly, had never attended such a conference ever before, praising the staff, many saying that some feedback or other, information of various issues from time to time from The Hospital would boost their moral. Many sent in addition addresses of the sacrificing and service minded doctors and to add them in the mailing list. In 15 letters the need to explore the Integration of Medical Systems in a similar fashion was mentioned.

Many like Govind Patil of Drug Action wanted the full list of participants for greater coordination and looked for one more conference on these and additional issues. One such letter pointed that the most important lecture on Projecting Alternatives, the Doctor was supposed to give, was not delivered, that a copy is sought and that he should lead the group much further.

Dr. Upamanyu's letter, full of praise, said it was beyond the expectation of the top brass; that they had set the people collected in Greenspan in a thinking mode and the need to follow it up to explore many areas thrown up for consideration at national level.

The most pleasing one was from the Doctor's old adversary, Shri. Tatwadarshi, the national head of Bharat Seva. The letter deeply regretted that the big man greatly desired but could not attend the conference and congratulated him profusely for organizing it. His protégé, Radhakisan deeply regretted he could not attend the conference due to ill health.

The Doctor replied to each and every letter. In addition, within a month and a half, the Doctor sent one composite letter to all those who attended and did not attend, briefly conveying a few major ideas for reference. He wanted the letter to go under the signature of the top four. Babaji, Pandit, Bhargav Saheb, and Patavari. They refused, saying that it is more appropriate that the Doctors ends it, and would help to keep them over the issues focused.

The conference had been so revealing and successful. He had then made a promise to all that it will be transcribed in a book form. Twenty-two sides of eleven cassettes were full. He had installed a tape recorder to be played back and forth to transcribe everything, verbatim and then edit it, without disturbing the individual styles. Starting late after their son slept, going on late in the night, it took thirty-seven nights to make the first draft ready, and two weeks to make it without errors. He sent one copy each to Dr. Babaji, Dr. Pandit, Bhargav Saheb, and Dr. Deshkar for comments and conveyed his desire to print it. They had taken their own time, did not have

much to say about improving it in any way and affirmed it, mentioning that its publication would be a fulfillment of a great necessity.

The pressure to complete the transcription, was augmented also by the delegates enquiring every now and then as to when it would be ready. Many of them had added addresses of their co-workers who had either not attended or had not been contacted so far, or both. The request was to include them for sending them the publication. His initial estimate to print 500 copies had to be revised to 1000. In spite of his usual foresight, he had not thought of the cost of such a publication.

Dr. Pandit and Dr. Upamanyu, as if on cue within a few days, asked him about how much it is going to cost and that they were both worried about the burden of it on The Hospital. They had seen the lavish but well-deserved expenses by The Hospital over the conference. Upamanyu had suggested to contact a big publishing house within the fold, to mitigate some of the expenses. Dr. Pandit also suggested one more publishing house.

Their worries were justifiable. The manuscript was nearly 120 pages long. It had to be retyped on their machines, designed for the titles, highlighting speaker names and lay out. Then it had to come to him for corrections and sent back for the final printing. Then the cost of transporting them to Greenspan, over long distances, whoever printed it. The last but no less was to then post it to six or seven hundred individuals whose demands had been registered and those within the Movement all over India. To get a rough estimate the Doctor had written to the two agencies Pandit and Upamanyu had suggested but drew a blank as expected. He was not disappointed, knowing well what would happen. Then he wrote to his close friends in Bombay, who owned the most reputed publishing and printing house. The estimates bogged him down. He waited, thinking over what he could do about it.

The Doctor wrote another letter to Shri. Bhargav Saheb about the Voluntary Agency Abstract, over which Bhargav Saheb was visibly upset, because it had initially rattled the Tribal Project workers. He had voiced his displeasure with Dr. Babaji and Dr Pandit. The Doctor in this letter defended it saying that he would never get another opportunity to do so later, whereas the need for using such an instrument was relevant. He was fully aware that the simple-minded Doctors far from such destabilizing, even demoralizing ideas, already harassed by the adversities, heavily burdened, sapped of strength and their inability would get rattled. Yet, they could never know exactly what to think of such subjects. The satisfaction however was that they had rallied and understood it well as the conference proceeded. It forced each one of them think about their mission more closely, getting a feedback mechanism, answering various questions. That there were many others who came from urban areas, it will do good to. It was a readymade repository to serve as the beginning of an ongoing process. In a few months' time the issue settled itself in an all-tribal project annual meeting where Bhargav Saheb smiled at him and said, 'This is Greenspan effect.'

In the weeks gone by, their work held back by The Hospital came back to normal level. The staff was elated, acknowledged by one and all who came. As always, there were invitations for him to come to various works of social service to participate and guide the people. One was from Shri. Shirodkar for his hospital near Bombay, which sent reports of activities undertaken,

expecting suggestions if any. Individuals wrote to him for guidance for specific issues. Some asked about when the next conference would be held, and where. One noticeable letter was the growing cooperation of the Tribal work to be supported by the NM in the North Eastern Area in particular.

Unconnected to all this, his professor who had mentored him in his medical years, had written to him. The Professor, his father, his gynecologist researcher wife, and two daughters wished to spend a few days with him. The Professor had gone on to say that he had made his to and from reservations in mid-May. The Doctor's joy knew no bound. He was also weighed down. He had owed everything to his professor including his arrival in Greenspan. His words ringing in his ears, '...Ten years down the line you will need me. Call me when you do, and I shall come', had never left. The professor had kept his promise. He had come in less time and without being called. His final examination in the eyes of his own teacher had approached. He set about tidying things up once again.

He had got them picked up at a small station, five hours from Greenspan by road, sending two spacious Ambassadors. It saved for them, five more hours to the Capital City by the same slow train, an overnight stay, difficult to manage due to paucity of hotel accommodation in summer and another ten hours of journey, saving a full day and night. By nine thirty in the night, they reached his house. Later in the night, the professor had asked him how much he had spent on the cars. He had avoided the topic. The professor would not let go.

"Sir, consider this as my '*Guru Dakshina*.' It is my unworthy offering to my teacher, who made me all that I am."

The days with them were spent immensely happily. The professor with a jaunty cap was so overjoyed with the weather, the project atmosphere, the immense beauty of Greenspan, wherever he took all of them, to show the district, that he literally went on a rampage with his camera that always hung in his neck.

"I am a compulsive clicker. And there is so much beauty." He had said.

The Doctor barely had any acquaintance with Mrs. Professor. But she was so pleasant, was happy talking to his in-laws and Vijayini. There was no artificiality. She was greatly relaxed as well.

"Pure air, cold breezes, thick fog. No sweating at all, as in Bombay, all round the year. So much of hospitality. You are spoiling us and we will feel like coming here again and again."

"You are most welcome." They had told her.

"Our daughters are so happy here. The elder one is about to finish her MBBS. She could not have imagined that medical work could be carried on so well in so unimaginable a place. In fact nor could I."

The elder daughter had taken to Vijayini early and intensely. Once she confided in her.

"It is a great experience in more than one way to see your work and to know you. How greatly your husband values my father! Such overt gratitude and respect for anyone is not seen in our impersonal city of Bombay."

The best relationship had evolved between the old man Nanasaheb, professor's father, nearly 90 years old and the Doctor's toddler son. He would hover around this new grandfather. The grandfather was not always outing with the rest of them. A newly installed, a small black and white television set, the cheapest that they could find in the market and could afford, was a thing of joy to the old man. He would watch it from a chair with one of his legs bent over the knee of the other. The young one would also imitate him in many ways, reverentially and with affection. It used to be quite a sight.

Instead of a nauseating bus journey through the mountainous Ghats by bus the Doctor had arranged for a car journey straight to the aerodrome. "It is our pleasure to send you back without the slightest strain and tensions. I hope you have had a relaxation you enjoyed here." The Doctor had said. Before they departed, they both bent to touch the feet of his professor and his wife. They blessed both the Doctor and Vijayini.

"You are more like our colleagues now. Hereafter you will not do this. But my best wishes will always be with you and my promise also."

The Doctor finally broke down in his health, again. Beginning April his backache had started again. It was severe enough not to be noticed by his professor, who then examined him. There were no functional deficits, but the back was tender all along the spinal column. He was advised to come to Bombay as and when possible and get a bone scan done.

One evening, standing in the outpatient, having seen thirty-seven patients at a stretch through the day, the backache intensified. That would not have bothered him normally. It was usual. He could have postponed all optional works, seen the patients and gone home and laid himself down, for a day or two, and start again. But what happened that day was a signal of danger. He was getting pins and needles throughout his lower limbs, from buttocks, right down to his feet, severe numbness following. He was unable to hold himself up. This meant that his spinal cord was showing signs of compression and the nerves also were getting pressurized. Given more strain, a few jerks, would lead for partial paralysis of both lower limbs; his urinary bladder could have stopped functioning. He would be confined to his bed, for his life.

Slowly he came home. He told Vijayini what was happening. She was alarmed. He laid himself down. After examining him, she called Dr. Siddha, their sensible orthopedic surgeon friend, they had thought it fit to enroll him as their Honorary Orthopedic Surgeon. and asked him to come down immediately.

"Madam, he has undergone a tremendous strain and it is better if he lies down for the next four days. No getting up except food and toilet. Let us see to what extent his numbness subsides. Tomorrow we will X ray his spine. If numbness remains then I will put him on skin traction for three weeks."

"Anything short of that?" The Doctor has asked.

"No. Rest will prevent the further prolapse of the disk. You will escape by the teeth of your skin if you lie down for this long, traction or no traction."

That had settled it. X rays were normal but pains and numbness remained. After four days he went into traction. Ramhari and Sujay Kumar had nursed his back in the cold of December

before the conference, which led to its success. All of them shouldered the burden of the medical side now.

Vijayini and Madhuri were frequently out and their nights were often spent in the operation theatres or in the difficult deliveries. One night when they did not return till late night, worried, he disentangled himself from the traction and walked to the labor ward, uncertain of his gait, locking his tiny son alone in the house. Not finding them there he went to the operation theater. He found both of them splattered with blood. A caesarian baby was gasping. After the spinal anesthesia the woman had gone in shock, a rare occurrence. But it had jeopardized the placental circulation and damaged the baby vitally. The mother who had gone blue and cold but was saved with liters of saline and vasopressors. The baby died, Vijayini losing her first baby in deliveries or during cesarians.

When they saw him with the traction plasters and the strings of weight in his hands, they shouted at him.

“Don’t add to our problems. Get out. Go and lie down.”

For an hour he fretted, only to see them return. He cared for each one of them and they knew this. Going back, looking at his son, he had cursed himself. ‘I am the one to have brought on so much strain and tensions on these poor girls and others. She has been straining for years now. And I am lying down. If only she had visited Greenspan before deciding to marry me to know the ground realities here! I had hoped she would change her mind. I have made her existence horrific. I knew it would come to that! What have I given her? No pleasures, no relief, only illnesses! Not even a honeymoon or any holidays! I am a bloody wretch.’

When they returned for a cup of coffee to the Doctor’s house with the staff, they had found him crying. Uncontrollable sobs were jerking out; tears were flowing down. Vijayini, Madhuri, the two Manjus, all others gathered around him. Vijayini was holding his hands. They all wanted to touch him, comfort him. Not knowing what to do in the presence of the duo, they simply stood for a while and then held him.

“What have I given you all? Only pain. Tensions, strains! I have harmed everyone in the quest and challenge of excellence. I am not worthy of even pardon.” He had gone on ranting to calm down only after a long time. With them around he had lapsed in the unconsciousness of sleep.

“He loves everyone so much. I can understand why he has broken down. A few days ago, with all his pains, two really bad men had come to see him.” In her low voice Vijayini was trying to explain them.

“There is one Shatru and one Madan. They had come to enquire after his health. They are supposed to be the hardcore workers of that goddamned Movement my husband loves more than anything. Instead of doing that, they started making complaints and allegation against the hospital, the staff and even on him. All kinds of rubbish. But soon it was apparent that they had come on purpose to accuse him for handling badly the case of one Dev, for being rude, incompetent, having failed to diagnose him and treat him correctly.

“Dev had throat cancer spread all over his body and brain. At seventy-six his life was ebbing otherwise also. In an attempt to give him courage make him eat, drink milk, my husband on several occasions had himself fed him, a job normally the nurses and the relatives do. Later he died in his incurable illness. From the beginning, all these goddamned men of this goddamned Movement, made that ordinary man Dev, a big hero who had contributed nothing to anything at all. They had gone around the district making complaints, about the Doctor. The relatives had followed suit.

“My husband tried to tell them how carefully not only he, but the rest of the staff had handled him. But the harangue went on for a full forty-five minutes. Then the patience snapped. He sat up in all his agonies and then fired them, left and right. You know how he is, once he is angered. But their shamelessness persisted.

“Finally, I intervened, saying that they had come to enquire of his health, to relieve his pains, and they were causing him agony. I asked them with folded hands to get out of my house. I had to tell them three times. It dawned on them much later to vacate the house and not to say anything more. Without a word to undo what they did, they had walked off, saying, ‘You have not done a good thing. You will repent for this.’ That has undone him.”

All of them knew the truth of the matter because they were the ones who had tended Dev with him. Aghast, they sat there.

“Vijayini, once the traction period is over, take him to his house. Don’t come back till he settles down. He has borne too much for one life time. Your illnesses, absences, my illnesses, absences; what was this hospital and what has it become now! He is broken. He went on a holiday with back braking journeys over long distances. It is he who has stood here alone all the while, last seven years, under the most adverse situations. Take him away. Take him away. We will somehow manage.”

Madhuri was exhorting her, knowing what each word meant, because she and all the staff sitting there had experienced it.

In spite of all this, when Madhuri broached the subject of shifting him to Bombay with Sharad as the Doctor’s professor had already suggested, his reaction was not positive.

“What will happen to The Hospital, the whole lot of works? It will be a severe loss when the things are at such a peak!”

It was after this remark that unlike herself, Madhuri had flared. In her slight husk, she had said,

“Sir, do you want to build The Hospital on his grave? Don’t you realize what you are talking? Are those two, your bonded labors? What is it that they have not done for what is basically your work? I did not expect this from you!”

Sharad had expressed his superficial apologies, but it was apparent that he was not convinced of the necessity of his going away, being taken away. Exactly the same way he had treated the desire of the Doctor to go on a 45-day tour to meet people, not wanting to recognize that much of what the All-India conference had achieved was because of that tour. Had called

him a weakling then. The same Sharad who had refused all pleas of Vijayini to come back mid-pregnancy to work. Now, he had asked of the Doctor to rally round! He did not think that the traction and the 'rest' was at all a genuine need to get better. But Madhuri prevailed.

The Doctor knew the reasons. For the last eight to ten months, Sharad himself was showing the signs of fatigue, getting tired of being finally, morally responsible for what had become a huge outfit under him. It was true that he did not have to handle anything himself. Even the Doctor's routine reporting had become irksome and tiring to Sharad. On several occasions the Doctor had tried to point out to him his own tiredness and exhorted Sharad also to take holidays. Sharad had refused. He was obviously getting piqued at the suggestion that he was in any way tired.

"I can go on. I can take ten more responsibilities and carry on peacefully."

'I am not a weakling like you,' that is what he had meant but did not say. But this was sheer and empty bravado. At the same time, he did not want to directly take the burden in the absence of both the Doctor and Vijayini, run around if there were problems. He had got used to getting things solved by people. He had got accustomed to The Hospital running by itself! He would not admit it, but the Doctor's illness had threatened his own comfort zone because everything and everyone around depended on the Doctor. He did not want breaches. Yet he consented, unwillingly.

The Doctor underwent a bone scan in Bombay. A couple of inflamed spots but no more damage. After eighteen days of stay in Bombay, he went to the HQ, to undergo a variety of treatments prescribed in Ayurveda, more a self-experiment, than belief or hope that it will help. Vijayini and then his son fell ill. It took two months for all of them to become normal and to return.

After Pradyumna and Chandramouli joined three years back, there had been a steady stream of the Ayurved Doctors who took care of as many matters as possible, to lessen the burden of Vijayini and learn modern medicine from the Doctor. In their nine or ten months of stay they learnt a great deal. They had to go away to their native places to start practicing, and support their families. Many had named their clinics, in the name of 'The hospital.'

After the trio of Muni Raj and his two friends, no other allopath graduate had joined them, an issue he was unable to solve. It was not just lessening the burdens of Vijayini but to also teach them clinical medicine in the right manners, a legacy of his professor he must hand over to the younger ones.

He was fretting over it, and a suggestion surfaced from a graduate of the Government Medical College in the Garden city. Nearly three years ago, Vijay had first come to The Hospital and visited them intermittently for a few days to participate in the working. He had come to see the Doctor after a long gap.

"Sir, I have thought of a program; 'Service as a Career Alternative.' I want the students from my college to attend this; at least to have a good view of works like this hospital, and stimulate them to think anew their priorities."

"Good idea. But do you think anyone would be interested to attend such a program?"

“I cannot tell you how many would attend. We are ten who have had an affiliation to NM for a couple of years now and have done some small activities. If you and Vijayini Madam come and share your ideas, we at least will be benefited to get a wider view. We will make strong efforts to rope in few more of our friends.”

“Numbers do not matter all that much, Vijay. It is for us to give those who attend wholeheartedly something more tangible, to at least start thinking.”

The date was fixed. Sunday, twenty-eight August.

“How and where will you organize it? We cannot possibly have it in your college!”

“I have got Sarvesh to give us our city office for it, just two kilometers away from the college. On a Sunday, many of us from outstation and living in the hostels still can come. Some others may also come. We have targeted about one hundred boys and girls.”

Vijay Kumar had obviously thought of many things before he broached this subject. He also expressed hope that at least some of them may work for The Hospital and learn what they do not in their college.

The Garden City Medical College workshop went through with a lot of difficulty. What the Doctor and Vijayini faced was completely in contrast from what they had least expected. As was their practice, in the first and introductory session the students were invited to speak about what they think about being in medicine, and about what they wanted to do in future. That opened the Pandora’s box. Whatever effect the arguments about service as an alternate career, they wanted to seed there, was likely to be completely negated by the response of the Doctor-students.

Majority of them clearly expressed they joined medicine without any liking for it. They were unsuited for it temperamentally. Parental pressure forced them to join it was the reason. Such families were in medicine for long with their own establishments with large assets. They wanted to hand over them to their children and keep the money trail uninterrupted. They wanted their child to use these to make even more money, and earn respect from people. Some came from a family where everyone was a doctor, their daughters and sons-in-laws included. It was considered below their dignity not to become a doctor. The contrast between those who gathered in The Hospital in February and those in front of them was glaring.

Each one of them including those unwilling to join, now felt it as a dire need for post graduate degree and that it was a gateway to make cartloads of money. It was not possible, in their belief to survive as a simple graduate. Their parents had even decided the post graduate branches for them, not wanting to know what their wards wanted or thought. These students would however accept whatever post graduate course they get even if it was not their choice. There were manipulation and rampant nepotism in allocating subjects within the machinery and they had no means to fight against it to get what they wanted.

All of them had decided that big cities would be where they will continue, the only place where they can make the two ends meet, even if it forces them to do dubious things. None had any plans to go lower down, to the tehsils or to other larger towns; no confidence to do that. Going rural was unthinkable under this defeatist mentality and the poor teaching standards, giving them neither competence nor confidence.

On questioning, they confessed that they really did not know what the medicine as a whole is for and about, or even health really was, the exact purpose they can serve beyond just treating patients. They did not like the way their colleges taught and dealt with them, fear being the only constant in their minds in all these years. They did not even know what a good medical college is like. All they knew was to treat patients. ‘A straw in the wind’ was what they thought they were. A pitiable lot.

Vijayini raised even more direct questions about why they were hankering either for government jobs and city practice, and were afraid of a non-governmental setup. The answers were shocking. Permanent jobs, no responsibilities, protection against law, and bribes to make their life happy. It shook the Doctor, Upamanyu and Vijayini. How would they shake the students and confront them with ideas too far from them?

Despite such a disappointment, the message Upamanyu and Vijayini wanted to deliver to the seventy-five, about to be graduate doctors was put up through graded arguments. Dr. Upamanyu spoke first. He raised several questions for which the students were obviously not prepared.

“Have we ever thought of finding out the real situation of our health care or how bad it is, in cities and much worse in rural India? Have we ever thought that our responsibility is to make it better, as part of, the national needs, and going further its reconstruction? Do you realize that the way education is imparted does not give us good clinicians? That our teachers and elders are not bothered about making us better but on the contrary terrorize you in all your graduate and even more so, in your post-graduate years? Have you ever thought of social dimensions of health care, the poverty disease cycle, or of Primary Health Care as an integral part?”

All of it did not fall on deaf ears, and rocked them in their seats, their eyes widened in consternation.

Dr. Ranade, the famous pediatrician broke the ice to a larger extent.

“You are now anyway stuck here. You will never be able to do what you really want to. One must think of earning money. Never think that money can only be earned through unethical practices. Money earned through clinical competence and in ethical manner, will give you a bliss incomparable to corrupt and incompetent practice with cartloads of money.

“The next step is to elevate the self interest in enlightened self-interest, meaning enjoying the money, by sharing with others. It could lead to an unbelievable life-work, like Dr Albert Schweitzer. I do not think you know who he was. Having self-interest in developing yourself is a must. There is nothing wrong in it, absolutely. But you should also make every effort to be a good Doctor. Else, you will be a deteriorated and degenerated curse to the society, much sooner than you may imagine.

“Do not be afraid to undertake what you have to do. Settling down for a well-earned career and family life is equally important. The householders, directly and indirectly, are the strongest support system for the whole of society. The ‘social service’ as it is understood, should be a part of the initial years of your career, long or short. Such a service period, spent under mature consultants will be an automatic boost for self-development and confidence to become an

excellent clinician. Alternatively, service could be rendered simultaneous with the regular practice. Umpteen number of places and people stand crying for not just for some service, but medical competence, and are in dire need of it.

“Service is not really an appendage or a separate part of life, but it is integral to any type of professional work Doctors do, in cities and private practice. The only difference is the money one earns in various situations one finds himself. Serving in a medical college, it should take the form of training excellent clinicians, even if you are amassing money. Sitting on a prosperous practice, opportunity to render services will come to you, not harming you in any way, if you care to spot it and respond to the need. That working competently for the improvement of people’s health, beyond cure or relief, is also a service. Continued acquisition of knowledge for our own betterment, and to do it really well, is also a part of the process of service.”

It was tough to penetrate the cover of gloom and to put the service motive in front of those seventy-five students. They needed more clarity about the immediate future, assurance and some guidance. The mindset exposed by then had further elements that needed explanations.

It fell upon Vijayini who spoke next, to pull the students from the abyss.

“In this corrupted society, money, costly gadgets, and its other accompaniments alone matter, neither health nor the patient. Such practice of medicine, irrelevant to needs of those poor millions, is what allures medical people today. The nobility or the dignity, desire to alleviate the suffering, sympathy for the ill, does not attract us. If a person whose corruption level is just superficial and minor, could still be considered as serving the people, if his practice had quality. The true service needed today is to reach out to masses, relieve them from their illness, but also educate them, make them strong. That is all the service one expects to get from a medico. Is it that difficult?

“I am painfully surprised by the absence of these ideas and knowledge about ever so many matters. Dr Schweitzer whom Dr Ranade mentioned, none of you know about him. That is sad. He collected money by giving Piano Concerts and spent it for poor Africans. Ida Scudder made herself first a Nurse to alleviate the deaths of women and new born during delivery. In the then Orthodox communities across the women would not allow a male gynecologist to even see them. Later she became a doctor herself. Can we also not think of higher ideas?”

Vijayini in all gave 12 works of different varieties that were being carried out within the conventional medical field. The students listened with rapt attention even when they had no knowledge of all these. One could see the stimulation, a gratification they never thought existed, least of all in this one-day program.

“For each graduate, that is you all, the state exchequer spends hundred and fifty thousand rupees. It is a moral as well as economic debt we must repay through some kind of service for as long as one can. It can be repaid by making effort to stop exploitation, and extortion of people. We have to restore purity of the profession. It is joint work, to be carried out by thousands. The only way to do it is to strike a non-conventional path of service, for ourselves, for short or long intervals. It is not a separate or part time job of sacrificing and make up for the loss occurring therefrom by all kinds of extortionist practice.”

Finally, one of the students stood up and asked if there could be places where they can see all these ideas were actualized.

The Doctor spoke.

“It is not so difficult to find such places. One such place is near you. You will soon finish your graduate examinations. Internship will start. Come to ‘The Hospital’ situated close to you. Short visits, for a couple of days when you can get away. Longer if possible. We have had graduate Ayurvedic Doctors coming to us year after year, staying with us to get trained in clinical medicine, for about nine months. This is going on for many years now. They have learnt with us good modern methods of clinical practice. You can also join us after the internship and particularly when you are waiting to get in and start the training, for your post-graduate courses. A few have been to us in that particular period in the past. You will be paid and looked after the same way as others, satisfactorily and well.

“Good clinical habits are not the only thing you will get. You will see many more ideas implemented there in an ideal service spirit. It is standing invitation to all, irrespective of how many of you want to come.”

The workshop concluded on the note that they had not heard tall theories, impossible, non-existent ideals, but concretized form of all that had been said.

The experience of the workshop was somewhat unsettling. He had undertaken it to secure a supply of doctors to work here, his basest desire. It was going to be difficult and their burdens would remain unshared. Lack of specialist Professional Manpower was the Achilles’s heel in their work. But a few other fall outs of the workshop were welcome; the stimulation caused and information made known.

The Doctor stayed back for a day. He wanted to make further inroads through their college. The simple idea was to get The Hospital recognized for the rural posting for doctors in their internship. That would have given him a steady supply of doctors to work with who could relieve him and Vijayini to a considerable extent. He met the acting Dean, the radiology head with whom he had earlier been introduced by Vijay. He was supposed to be a better person among others, who would at least listen. That he did. After hearing the details about The Hospital, he passed on the buck coolly, saying it is the state medical services who have to take such decisions.

“We know that. What we are asking you is to help us introduce to some of these officials we can talk to.” The halfhearted promise to do that was not to take them any further.

Chapter 4

Sitting opposite Makarand with a drink in between would have been a moment of great pleasure for him, any other time. The Doctor had come to Indore about 1600 kilometers from Greenspan. Shri Bhargav Saheb had specially invited him to the All-India Annual Meeting of Tribal Welfare Hermitage there. Initially he had tried to avoid it all, giving excuses, the journey too difficult, long, tedious; mentioning he would contribute nothing much. He mentioned the back ache and the long leave. Bhargav Saheb, had simply said,

“You must come. Your mere presence is sufficient for me. I shall get what I want from you when you come.”

He could not refuse. The first thing he had done on reaching Indore in the morning was to telephone Greenville to find out how Vijayini was. She was ill when he left three days ago, and there was no possibility of contact during the journey. Expecting her to be at home he called. Irene answered the phone.

“She has fever but she has gone to operate on a case. She is not completely well, but improved.”

Only partially relieved by the news, he had dug Makarand out, from the telephone directory. They were from their medical college days, co-hostellers, room partners and then thick friends. After his diploma in gynecology and obstetrics Makarand had gone to Indore, settled there not just with the routine but uncorrupted gynecology practice. His specialty was genetic counseling, diagnosing genetic disorders, uncomplicated as well as in high-risk pregnancies, in the pre delivery, intra uterine states. Detectable fetal abnormalities, genetic studies with infertility formed the more important aspect of his work. He was ahead of his times there and lived up to his Bombay training in Wadia Hospital.

After the day’s conference on tribal issues and the work going on in the tribal areas, Makarand had picked him. They had made a secret pact, not to remain in the sterile atmosphere at home but to make a dash at a joint away from Indore. From Makarand’s house he had telephoned Vijayini again.

“Arey, I am fine, fever is gone. Not one, I have operated two today. Messy jobs. Not tired. Don’t worry about me. Stop at my parent’s place on your return. Then come as fast.”

Hearing her voice so carefree and happy at the relief she gave to two human beings, the Doctor was fully relieved to enjoy the evening.

When the leisurely hour passed between them, they had both opened their life histories after they parted from each other eight years back. Makarand had settled down to a rich man’s life, thoroughly happy, his children were growing well. The Doctor was ill at ease all along which Makarand had spotted quickly and asked what was it. The Doctor narrated the whole story so far briefly and said,

“Have I reached the pinnacle of my work? Will it be possible to do anything better or more than I have been able to do so far? Or is it the end? Two of us slogging till eternity? The project has probably risen to the highest, loftiest status possible or achievable. Nothing more seems to or can happen now. If it stays where it is, it will inevitably decline.”

“I admire your courage and the values you are working for. But I have no envy, a capital NO for the life you are leading. Are you uneasy over it? Especially because after eight years, the prime of your youth is ebbing slowly?”

“Makarand, not that but I am unhappy, ill at ease with almost everything. You have heard the glorious side of it. Contrarily, these eight years have broken my back, more than once as well as my mind and intellect. Literally. I have been in the line of fire as the Godfather says, continuously without any respite, except for these two months for resting for the back ache, not fully healed.”

Makarand cut him off.

“Eight years!! Anyone else would not have lasted for more than one or two at the most, my dear fellow.”

“Even that leave for rest was given grudgingly, as alms. In the heart of her heart, even Vijayini probably considers me a weakling.”

“I agree that she has also drawn too large a load for one woman, larger than you probably, in the past five and half years. But she has been rested long enough twice. Not you.”

“Under our joint strains, we come apart as two individuals, of one family. I do not know what to do.”

“My dear friend, excessive work, I do think would not bother either of you. It has been the lack of support. I think there is something else also. I wonder if you can name it or care to open that up.”

“I shall try to. Our hospital has become a smooth machine, things recur every month, every year. Every year we will become more solid. What next? No new professionals are joining us. They are happy in their faceless existence in the cities but do not want to become kings in the countryside. Only two of us there. There is no fresh blood. It is endogamy, the stagnation, a definite decline from the plateau, in the next couple of years that I am afraid of. Then what? Continue just like that?”

“It is clearer now. I can understand this. Given my personal opinion, I do not think you will stagnate as a highly organized hospital. It keeps growing may be a little more slowly but it will. Things do move forward. Generally.

“You are not only despondent too early, even after the achievements of eight years behind you, but also have a skewed, incorrect perspective of the situation. After all, you did have people joining you, all along these eight years. They have helped to contribute to your goals, gaining something for themselves and going away with something, may be little nobler. Why do you discount them? People will keep coming to you hereafter also. May be, better ones will come,

more enthusiastically, more willing, Watch out for a little while more, more patiently. Do I have to tell this to a man like you with so much tenacity and patience? Come on *Yaar*. Relax.”

The two sat quietly for a long time. Makarand had sensed that the Doctor wanted to say more and was trying to put his thoughts together. At long last the Doctor said,

“Another threat I perceive as real, is my own deterioration as a professional. Everyone out there thinks that there could not be a better physician. The modern advances in science have by passed me, making my ways of thinking probably irrelevant. I am becoming a junk.”

“Now I think you have spoken sensibly for the first time.” Makarand reacted promptly.

“From your long narrative, I had found one thing missing. You have never gone to any other excellent institutes as an observer to learn modern methods in practice. You, at this juncture could have grasped them fast and convert them in to wisdom. Then why are you not doing it?”

“I know it is a serious mistake. I have spoken to Vijayini about her upgrading. But the child is too small. I have hesitated to speak about it for myself. One reason why is - if I go to a higher institute to learn I will feel ashamed, to get exposed as a dullard in such places.”

“That is bosh and nonsense.”

“Such request will not be taken seriously, nor will its need be appreciated in any intelligent way in Greenville. Everyone concerned, there in Greenspan, the trustees, our Bharat Seva people will scoff at it, because they do not like a situation where I am away. They will never grant me that opportunity for learning. I told you about my forty-five-day leave. Now this trip. Both the times I faced stiff resistance. I had to literally beg. Not getting to learn advances still remains a mistake, impossible to correct.”

They sat sipping their beers munching some sweet water fish and mutton. Makarand knew his friend’s liking. Makarand’s attitude towards life was not frivolous but certainly he enjoyed small things.

“Coming back. I have been thinking.” Makarand began again.

“I think things will unfold not slowly as I said earlier but may be rapidly hereafter. Do not ask me the reasons; it is my hunch. I think the most difficult task, to build the monument, has been achieved. I will tell you what your real trouble is. One: you are too sensitive to your inadequacies, afraid of being accused, careful to rectify, not willing that to happen anytime. Most professionals will never even think if they are becoming worse by the year. Two: you are in a hurry. And you have no patience. You want to exhaust all possibilities as early and God only knows vanish, where, after that? The world is never in a hurry.

“Lastly you are a bloody dissatisfied Socrates and not a satisfied pig. That is where your trouble lies. Fuck that place, go out. Learn something new or do nothing for some time. Ignore, simply ignore those, who want to stop you. You will be alright.”

The night had drawn too long and too heavy. They both decided to go back.

Attentive presence, sitting on the floor without support, listening all the while, had its strains and pains. The three nights had drawn long, with all his friends from many parts of the country. The tribal work was one common bond among them, binding them with utmost affection,

attraction towards each other; all such bonds that they had held back for such meetings, where they could express them. They had struggled together, worked together, in those days, when money was a big constraint and pulling on without it was a pain and a joy.

Camaraderie is sealed in adversities and not in affluences, in idealism and not in armchair politics. And there were so many of them, in their most beautiful and ripe youth in their most energized mature stage of life, fired by the ideals of offering their whole being for the Motherland. It was not a badge to be shown to others. It was inner, sanctum sanctorum feeling, for everyone to feel and understand without words, without being told. It was a different world. After twenty years in organization, its sweetness, its magnetic attraction had not gone down a wee bit.

About twenty Doctors, working full time for the Tribal Welfare Hermitage had gathered from all over India among other who were not. The Doctor had quite a few to talk with. Half of them had been to Greenspan for the February conference. It was easy to see that they had changed. They were more radiant, more confident and were more vocal, assertive over things related and unrelated to them or their work. With Bhargav Saheb, he was watching this phenomenon. When they exchanged glances, they both knew that this was 'Greenspan Effect.' Barring the off time unofficial dialogues, throughout the two days the Doctor did not say anything much. On the last day, in a formal meeting when he was forced to speak, he only said,

"Let us think of making all our older as well as newer projects 'Multi-men Projects.' Those running as a one-man enterprise let us make attempts to convert them to multi-men projects. We have worked out many mechanisms which will help the formation and fueling the growth of such projects in this direction. We will give it all to you on a turn key transfer of technology."

He strolled back over the 1600 kilometers of arduous journey to reach home, only to find that he had been invited to attend the second annual meeting of NM in line at Lucknow, another 2000 kilometers, and that his presence was an absolute must. It was scheduled two months thence.

When the Doctor raised the issue of going to Lucknow in mid-December, there was the usual resistance both from Vijayini and Sharad.

"You cannot simply go on hopping around like this. The work suffers. At least your work. People should think otherwise, if you absent yourself like this. We do not approve of it. We do not think that you will serve any purpose, contribute anything of significance or change anything but waste so much time and money."

He had not said anything. The last visit had got them the conference. How can these two forget that? Think that nothing more is going to be achieved without even going there? His views were increasingly sought after within the Movement which might change its steeds in future. His ideas about health care delivery were now firm, well known and got in circulation. His guidance was sought in other places now. He could impart this knowledge to all those who needed help, and for them to grow further. He was being looked upon as one who could break the stereotyped thinking serving no interests of health care.

His medical work may temporarily suffer. But his patients would stick to him and to The Hospital. And if they don't then his work was worthless after all these years. He wanted to say so, though he knew it to be utterly futile. Despite the abundant stability and more than enough work, he was denied this trip, as usual.

Why did they want to chain him in Greenspan only? Was it the unwillingness of these people to accept that he had grown in his stature, much beyond anyone else around?

If Vijayini had thought that he was available to everyone except her, there would be some justification. But they had always met more eagerly after these sojourns. She had married a person she could not, should not want to keep away from people, who wanted him. After all, it was for these changes to be realized that they had married, were working so hard and had achieved so much. The people in need could not be denied these things. At least this is what he thought. After weeks of struggling over this issue, explaining all that he wanted to do in Lucknow, the Doctor finally asked,

“Suppose I fly from the Capital City to Bombay and from there to Lucknow and come back the same way, it will cost us a just few thousand rupees, save about six extra days of exhausting surface journey. It will all be over in just six days. If I don't go, many of these matters I want to push forward and clearly tell how to accomplish them will get delayed by one year, to the next annual meeting. A face-to-face meeting, achieves much more than corresponding from here, for which I have to anyway spend long hours of writing. It still does not give the same dividends. At least I am in a hurry, even if no one else is.”

Ultimately the sanction had come.

In his brief halt between the two flights, he had asked his father, brother and sister-in-law to come to meet him at the airport. One of his cousins also had joined. They were happy over the fact that he was flying around the country like a big boss, though himself as penniless doctor. When his plane landed in Lucknow, he had a beautiful film actress sitting by his side and on his return one of the world's greatest opener batsmen in cricket, occupying a seat across the aisle. So much for the fun of it.

The Queen Victoria Medical College where Suryakant and Lalchand brought him from the airport had an extremely large campus for a college with classic British style buildings. The dumpy and grimy hostel rooms were at once familiar to him from his own days in the college. It was in a large enough space, for all the boys, brought together by Dhananjay to meet him. Dhananjay was also too pleased to have him around.

His fame had preceded him. By now the Greenspan Conference had become a talk of so many. It was true that those who heard about the conference but did not attend it, were just post graduate and undergraduate doctors. They may or may not have taken in the weighty subjects discussed. However, in effect Greenspan was thought to be the world, each one would like to visit, stay and enjoy. As expected, there were many questions from the boys mainly about the Doctor's work. In the otherwise jovial atmosphere, and the fun, those questions were continuously discussed, giving the seal of approval and obeisance they gave him.

Dhananjay's fondness to discuss the NM build up, his ability to seed and sell his idea in Medical Colleges across the country, was simply amazing. His second-class long travels, across the country, a wonder. He had developed units in Bihar, Uttar Pradesh, Rajasthan, Punjab, Hyderabad, Kurnool, Vizag and Warangal in Andhra Pradesh. A unit each had come up in Madras and Trivandrum, the latter representing the southern tip of the peninsular India. A unit in the second largest city of his state, up North and in Garden City were creditable in particular, functioning and enthusiastic. Jammu, Madhya Pradesh, Maharashtra, Gujarat units were represented in the National Executive this time with capable enthusiastic Doctors.

During the deliberations as always, the Doctor sat through quietly. His mind was set on future of these Medicos that NM was bringing in its fold! He had developed for them a thesis and models they could implement as social activists. After Drs. Babaji and Pandit had taken over NMO, there was substantial growth which increased the necessity for such a thesis to be built in.

On the second day Dr. Pandit invited the Doctor to deliberate on the capitation fee colleges. In his forty-five-minute speech, the Doctor had hammered the idea down, brought in all the demerits of the capitation fee medical colleges.

"Degrees without any competence achieved were for sale. There is a complete disregard for manpower requirements of the nation; a huge excess of doctors not needed at all is flooding the populations. It is supersaturating the cities, giving rise to every conceivable malpractice these Doctors will resort to recover the high costs of their education. This excess number does not in any way fill up the hundreds of places in need. The urban rural disequilibria of doctors intensify further. There are minority colleges, protected by extra constitutional favors in violent negation of the spirit of the constitution, enjoying all kinds of immunity from the law of the land."

At the end he submitted his forty-five pages long document on capitation fee colleges written for Narendra Dutt Hospital, for the NM repertory. NM voted for a clear and unambiguous stand against capitation fee colleges in all forms. The Doctor was given the charge of preparing more ammunition against it.

Dr. Pandit had something more to say.

"There is one idea I want to revive. We introduced it last year. We are in the process of building an organization. The first base we have to reach is to have a frame work built for the NM, to work with, and its methods laid out. We had then asked all doctors then present, to put down on paper all their ideas it. No one has written a single line. How can we collate the ideas?"

For a long time, the question hung in the air! No one was ready to promise writing. Ultimately Dr Babaji spoke.

"I think our Doctor from Greenspan should do this work. If any one of you manage to write anything at all send it to him. He will 'build the organization', on paper, so to say. The time limit maximum for all of you to write is three months. Once we receive the Doctor's plan, we will give it the final shape."

There was no question of denying. He will have to do it alone; no one else will write. Not just the structure, writing the background papers will be necessary, with as many more elements as could be slotted in.

Dr. Pandit continued.

“We also have to start using different health care models oriented and modified to the population health needs to solve the health issues in different locale and levels. Plenty of material and ideas are available with us today. These ideas are not of such complexities that we may shirk away from them. Will the Doctor elaborate on this a little more since there are many this time, who are unaware of what you discussed in the last year NM executive?”

In response the Doctor spoke.

“We have seen quite a few models in the recent conference, from ever so many parts of our country, some working well, some unsatisfactory. Yet, every such person working, expressed, there were many needs to be met with, all of them wanting greater impact. The difficulties and obstacles were identified. We at Greenspan have developed one such model, which can give an answer to these concerns. It is a unit of four or five basic specialist doctors, in a hospital, solving in its essence, more than 80% of all serious problems, in a community over 100,000 population, in an area of fifty kilometers radius. Further, it can complement all our works, making it 100 times more effective. It can be adapted to any locale in India, in need. Given enough thought, planning and preparation, we can implement this model, in a planned and not an ad hoc manner.

“We have a bi-directional problem in NM. In NM we have and will continue to gather post-graduate and graduate Doctors. We need to give them an outlet to do such work, relieving large communities from hundreds of their ailments. The tragedy is, we sometimes have Doctors ready to do such work, but there is nowhere to go. Contrarily we may have places where such works are in progress but need such of our doctors. Putting it succinctly, no places to work in hence no doctors, or doctors available but no places to go to. The model we propose answers both these questions.

“Yes, the number of such units may be few to start with. That is not a concern; bringing such units in existence, and solving this bi-directional problem is. This may look like an extremely formidable task, but it is not. As Dr. Pandit in the last conference said, ‘idealism in this country is not dead, we will find our men. The wisdom of this third way, the service medical projects, is getting established. The turn key technology we have on offer will cut down all teething problems and take such ventures to success, quickly.’”

“As we saw in the last conference, there is a surfeit of humongous looking difficulties in running such units. Every problem looks and is big. But the solutions are always simple. Let me assure you that our turn key transfer technology, well tested and ever improving can overcome effectively, all such difficulties. What can then be achieved further will need a long lecture. Suffice it to say, such units are also a great deterrent to every kind of malpractice. It is like a multi-slotted big wheel. In the slots of this wheel a large number of different kinds of health work can be fitted. The two most basic are, the Primary Care and debulking the widely prevalent ailments in any community with a team of basic specialties.

“Here, I will divert to our recent experience of a workshop we did on ‘Service as a Career Alternative’ in the garden city medical college for about to be graduate Doctors. It shocked and unsettled us.”

The Doctor narrated briefly the crass materialism, ignorance of health care dimensions, their desire to choose a faceless city existence, even at the cost of undertaking corrupt practices. Service as a thought, nowhere on their horizon.

“Thousands come out of medical colleges every year. Their story is just the same. It is from this base we have to sift and get our doctoral manpower. The great thing is, NM has already achieved it by bringing together such doctors, who, given the inputs I have talked of, can do wonders. It is a triple solution. The unfolding of a satisfactory medical career, a mission we can give them, while making their life more meaningful, even economically satisfactory, than a faceless city Doctor.

“In the Greenspan conference one matter was clearly felt. Few, countable on the fingers of one hand go for a social service career, choose locales, remain a single man project for years and undergo its tribulations. This self-perpetrated injustice to themselves is not acceptable. To achieve far greater success, every attempt to convert such single man project in to a multi-men project.”

He was aware that NM and its volunteers were not in a position to grasp the idea or the challenges immediately or in full. He had travelled these 2000 kilometers precisely to seed this second thought in NM. Their declared stand on the capitation fee colleges was another gain.

Dr. Pandit then raised the issue of where the next all-India conference could be held, its aim and theme. Dhananjay proposed the Garden City since no conference was held in that area. Typical of him, without asking the Doctor about his willingness to do so, he declared the Doctor would do the coordination. He accepted.

In the next two months the Doctor created a huge framework on large yellow sheets of X ray papers, gummed together, forming a sheet of thirty by twenty-four inches. Starting from a fresh medical graduate and colleges to octogenarian private practitioners, institutes, both public and private, from NGOs and large hospitals, the framework did not leave anyone useful for NM, out of it. By chance, M/s Patavari, Avadhoot Shastri and Nagaraj had dropped in when he was about to bundle it. They had a close look at it.

Mr. Patavari asked him how much time he spent on this ‘yellow journalism.’

“About two hours.”

“Is that all? I see one more thing clearly. There is not a single word, erased or scratched through. That is remarkable.”

The Doctor had also written several background papers made a thick bundle of all of it and sent it to his big bosses in NM.

Vijayini after all was right that he had time for everyone else except for herself. He did not know how to fulfill all the demands especially when he knew the kind of work that was being delegated to him. Only he and no one else in sight was capable of doing it, across the length and breadth of the country.

The second eye camp was in sight.

Dr. Sanjay had left Flame of the Eye and settled in his home town one hundred and fifty kilometers from Greenville, as a private eye surgeon. On one Sunday morning, after a four-hour journey, he found the Doctor at his door, ringing the bell.

“Good morning. Come in, come in, it is such a pleasure.”

“Good morning.”

“You coming here personally, says it, everything. You know you can manage the show without me, with the chaps equally capable to manage the show. But you want me also. I shall not disappoint you, and your wife also. I can’t. If not for anything else but for spending two days working with her, I shall come. Give me the dates. I will fix up my schedule with the others. It will be my yearly contribution to your work!”

In one of the first few to be examined on that year’s eye camp was Jayraj’s father. Surprised, the Doctor asked him,

“How come in a free camp?”

“For the quality of work that I have seen last year.” Pat had come Jayaraj’s reply. “I can afford anything and everything for him, Doctor. But I want him to be operated here. It is my salute for the kind of work you have developed. He will follow the same discipline as the rest of your camp patients. In the end I am going to give a large donation, the money I may have spent in sophisticated clinics.”

Without anyone’s knowledge the Doctor had quietly arranged for a bed and cot for the old man. For the rest, he used to sit with all the patients in rows and eat food all those days. Once or twice, he had seen Jayaraj talking in an intimate manner of longtime friends, to Sanjay, the day before the operation day. The next day when the Doctor came down early, Sanjay approached him.

“Doctor, we are going to undertake a little daring act this time. There are at least six patients who will be better off, if intraocular lenses are put in, to replace the natural ones. As a device to correct vision it is wonderful. I had arranged a dozen to be brought from Capital City. We will fit them. It calls for five to ten minutes of extra operation time.

“Intra-ocular lenses are a bit ‘hyped up’ in the advertising media and the Doctor community is bragging about it a little too much. The outside costs are inflated. The real costs really low.”

“If an infection occurs, that too inside the eye ball and hell can let loose! That too in a camp setting!” The Doctor voiced his concern.

“The possibility of infection is extremely remote. The asepsis of the theatre this time is even better with newer hand-washing solutions, installed by your wife. Are not we as ophthalmologists, more concerned with it than you? Do not fret over it. As for technicalities, you will not even have vicarious responsibility. It is ours. But that is a bad way of looking at it. We are even more concerned with infections than you; not on whom the responsibility and its consequences can be placed, or making which others safe. The chances of infection are so minimal. And in no way they are higher than the operation without undertaking the intraocular implantation itself.”

“Even otherwise our own rates of postoperative wound sepsis are practically zero. We will go ahead. But the cost?”

“That is what I said! There is a lot ‘hype’ regarding intraocular lenses and its costs. It costs exactly four hundred and fifty rupees, although the surgeons have doubled, tripled its costs and their operative charges also. We have already managed the costs.”

“How come? Shouldn’t it be our responsibility? It may be a little steep for me but we will do it!” The Doctor said.

“You have not asked us to put it. It is our decision. In that case shouldn’t it be our responsibility to mitigate or bear the cost? After all, we have to be bold and popularize this activity. This is our show case experiment we can dare to undertake here. So, we are doing it.”

“Who is meeting this extra cost?”

“Not Flame of the Eye Hospital. Nor me. I am under obligation to not mention the two donors who have already sounded me out on it.”

The Doctor shrugged his shoulders and spread his arms in surrender. Sanjay had a faint twinkle of idealism in his eyes, of altruism, of a pact of camaraderie. The Doctor left it at that.

The eye camp on day four was in flowing full swing, and smoothly. By about two in the afternoon the Doctor became aware, in the maze of the hectic activity that he had not seen Vijayini, couple of doctors, Yamini and both Manjus, for more than a couple of hours. He was faintly aware that they were delivering one hefty lady. The danger alarm sounded in his mind. He rapidly rushed to the labor room.

The delivered baby was lying in the incubator quite contentedly. But the mother in lithotomy position was ghastly pale and was nearly unconscious. Her blood had splattered heavily on the floor. All of them were drenched with blood. The whole labor ward was in a literal bloody mess. A dozen mops full of blood were lying around. The patient was still bleeding heavily from the uterus, which had refused to contract. Saline and plasma expanders were running at a fast speed, the pulse was thready, the patient was in shock.

“Why did you not send a word?” The Doctor shouted.

“We have done everything needed to stop the bleeding. The uterus is not contracting. We did not want to disturb the camp.”

“Stupid! What the hell do you mean? With literally hundreds of them gathered on top, able bodied people willing to give blood and you can’t even send a bloody word?”

The Doctor rushed back, caught hold of Tilak, Chandramouli and Narahari. Tilak clapped. About two dozen volunteers serving food straightened.

“Blood is required. Group is O positive. All O positives, rush to the laboratory.” Five persons dropped everything they held in their hands, and ran. The patient’s blood sample for cross matching had arrived.

“Jaising, go, get the blood bags. Vidyullata, Dhanno, come with us to the lab.” Chandramouli and Narahari shouted and ran for the laboratory. Jaising ran down, brusquely lifted

six bags from the store, telling over his shoulder to Pradnyagouri to ask the Doctor to whose bill they should go, and came running.

“Atreya Sir, cross match them please. Open the adjacent ward. The first one cross matched lie down here. The second one out there on the second ward cot. Get two blood pressure apparatus. Rush.”

Two fellows ran to the wards. Sensing trouble, some more staff gathered to help.

Two volunteers were lying on the cots. The Doctors asked a few questions to the two volunteers to ascertain that they had no health issues, quickly examined them for fitness. The blood pressure cuffs were put around the arms and inflated to block the venous return but to allow arterial blood to flow in. Two large bore needles entered into their large veins. The blood started flowing out. Atreya produced the cross matched compatibility slips. It took three and a half minutes for the first blood to be drawn. In three more minutes, the well-shaken second blood bottle was ready. Jaising took the first one and ran down. Vidyullata ran with the second. Two more donors had been cross matched. Two more blood bags were rushed below. In twenty-three minutes, The Hospital managed to give the labor ward four bags of blood.

Vijayini had started packing the uterus, flabby as an empty football. A long roller gauze was quickly being deposited in the uterus jam packing and obliterating the bleeding surface and the large cavity. The blood started rushing down in two veins. Two more bags were ready. It took her fifteen minutes to pack the uterus. The bleeding stopped. In two hours, all the four blood bags emptied their contents in the body.

“Two more.” While packing the uterus, Vijayini had briefly asked for.

Of the five new volunteers, one did not cross match well. Two more were matched and their blood drawn, sent down. In about three hours the patient was restored to life with a packed, non-bleeding uterus. The pack would remain there for seventy-two hours. It took all of them two hours to clean up. They returned. Anticipating more requirements, the Doctors had got two more cross-matched. Two more O positives appeared. O is a selective acceptor. It accepts only O while it is a universal donor for A, B and AB positives. O negative is even more selective in accepting. With folded hands Tilak requested all the donors to either leave for the day and come back tomorrow, or rest for a while. They did not. On repeat testing three more units were required. The blood was donated with a solemn sense of duty. After nine blood units the lady became normal. The telephone numbers and addresses all the nine people were recorded in the donor list.

The Doctor took the labor ward staff, and Vijayini aside.

“We will shift this lady to the Port City, for the removal of the pack. If she starts bleeding again, you will have to remove the uterus. That will be awfully difficult. More blood will be required. More tensions. You are tired. You have saved her; let us not invite more trouble. Send her to Dr. Mana Mohini.”

“What I cannot understand is why the women in Greenspan in general, bleed so much. Post partum hemorrhage is becoming routine. We regularly curette them to make sure that no products of conceptions remain. But they bleed. Our techniques certainly are not bad. This is something I can’t understand.

“So far, I have packed the uterus five times, gave blood and removed the pack. Once blood is given, they don’t bleed, even on removal of the pack. In those five cases, the indications were clear but the patients were in much better shape. This bleeding was far more torrential. I am not exactly willing to take out the pack, nor am I willing to send her. But let her go. I know it hit us rather badly and too suddenly. We should have gone upstairs earlier.”

On fifth day they sent her to Dr Mana Mohini. Within two days she returned with her husband. Vijayini asked them about what happened.

“I could not understand much of what they told us. But they removed those long packs. Observed me for a day. They said everything is fine. Everything is fine. They had read your letter carefully.”

The husband came forward.

“The lady doctor told me a few things more. ‘If these people, who sent you here could manage such adversities, why did they send you here at all? Unnecessary. If they can pack a bleeding uterus so well, they are equally capable of removing the pack there. They have saved your wife. Not me. Remember that.’”

At the end of the uninterrupted work, Sanjay declared over dinner. “We have fitted six lenses, Doctor. The eye is safe, vision excellent.”

The camp ended as successfully and emotionally as the first one, in three days.

On 24th December, at five in the evening, one young buxom girl of twenty-four appeared with two bags and stood at the entrance, near the Ashwini Kumar statues. She was fair, with light brown eyes, no ornaments to talk of, except a thin gold chain, a head with lots of curls of hair, bobbed; a picture of a competent, young qualified, enthusiastic and serene Doctor all over.

Vijayini had come from below, almost by coincidence. She had never seen her. The girl was more or less a replica of hers, ten years younger. She came forward extended her hand and then embraced her. Even without asking her so much as her name, she asked the ward boy standing nearby to pick up the bags and deposit them in their house.

“I will come in, in just a little time.”

Entry Dr. Asaavari, M.D. in Gynecology and Obstetrics. Asaavari was the third child of Dr. Dadasaheb, one of the taluka chiefs in the district, Narendra Dutt Hospital was situated in. Dadasaheb had now retired from the profession, had built a few buildings for rent, acquired farm land, half irrigated, half arid. He was now more a farmer. He had done a good deal of work for the Movement. His house was the abode, the reprieve, the hub of all the full-time workers and the work itself. For over thirty years he had been feeding these people, resting them in his house. The place of honor in the organization and his role as a mainstay for it had continued. Asaavari had been brought up in this atmosphere.

For over thirty years he had practiced medicine, with few facilities at hand. A Doctor, humanity and ethics incarnate, a sound clinician, had strained to relieve the agonies of people. Thousands of people treated him with utmost respect. As the age advanced the strains and tragedies started showing on him. ‘Sorrow that has no vent in tears, makes an organ weep.’ The

ulcerative colitis that developed was unmanageable medically. He was operated for it In Narendra Dutt. The place had by then grown, more professionals had settled. He gradually retired from the profession.

After her postgraduate degree Asaawari had joined Narendra Dutt Hospital without any thought, as if for service, that was the most natural thing to do. She was barely a month old in Narendra Dutt Hospital when the call for the all-India conference had come and two months old, by the time Deshkars had gone back.

In the late evening when they all were sitting the leisurely dialogue began.

“I pestered Drs. Deshkar and Raghav, to allow me to come here with them in February itself. They kept on refusing. I do not know the real reason but it was under the plea that Dr. Mrs. Deshkar was going and Dr. Mrs. Mahabal would be left all alone, handling the heavy work. Actually Dr. Mrs. Mahabal had shown her willingness to allow me those seven days to attend the conference. But it was not to happen.

“I do not know whether the Doctor remembers me at all. He must have seen me nearly two years ago with the whole group of the Doctors who have now started The Hospital in the name of the founder. That was when he visited Narendra Dutt Hospital.” Asaavari asked.

“For sure, he will remember you and the rest of them. He has photographic memory. And like a true physician he is observant. He will tell you even now, verbatim, everything that could have been said then.”

“Yes, I remember the hospital of that group to have begun in April under Dr. Ambedkar Trust. How are they doing?”

“Extremely well. With the full group of specialists, they are a big success in so short a time. They are growing every day.”

“Frankly, Vijayini, we had never heard about this place, about you two, till the Conference. I had entertained a desire to come here from then on. But in between, I had my M.D. to be cleared.”

“How did you finally manage to come here?”

“Persistence. When the Deshkars came back there was a reporting. It was in glowing terms, terms, which Dr. Deshkar rarely, rarely uses for anyone. It stirred everybody. Dr. Mrs. Mahabal now wanted to come with me. But there again the same problem. Heavy work. Now I have to go back. Mrs. Mahabal is likely to come here in January next year on holidays. To relieve her I have to get back.”

“We have been receiving letters that you are likely to come. The last one saying you have started reached just yesterday. Now you are here. That is nice.”

“I have a specific assignment. I am on study leave. To study the way the whole place is built, the way it works and has evolved. To know the history of you both. Your strains and if I may add, your requirements. The people in Narendra Dutt Hospital have for long believed that theirs was the best place. But they were flabbergasted by the show you put up at the conference. They now want to study this place further, in greater details. That says everything.”

“They are being generous. In our project construction we have used their methods, may be evolved them further. We stand on their shoulders, hence probably see a little longer.” The Doctor said.

“No, no. It is not that. They are not conceding it officially. But they have accepted this to be a better place. Dr. Raghav is still cut up with you. At least on half a dozen occasions he has said, ‘Why did this fellow go there? If he could create what he did in such adverse situations, what all would have happened if he were to be here all these years.’ It is genuine.”

“Their project centric thinking was their limitation. Deshkars had no idea of who the prime mover of this place is. They have now seen Vijayini, here, and taken cognizance of her contributions unbeknown to them.”

“He understands it, but it is not just that. He still thinks that you Doctor make the whole thing worthwhile.”

“That is not far from true.” Vijayini has said.

Asaavari had merged with the situation easily and naturally, with the same ease with which Sujata, who had brought Vijayini with their unborn son. What a difference between Vasanti and Shivanand who had thought of Vijayini as an adversary, rejected her, conspired against her and had to be sacked. And Shivpal, who in Narendra Dutt had eulogized his Madam and then had thrown in his resignation at the most crucial times.

Asaavari took over gynecology. For those seven days, Vijayini relaxed. She slept well in the night. Asaawari went through The Hospital with a fine-toothed comb, absorbing every detail. They talked and talked.

On the seventh day while parting, Asaavari said –

“Vijayini, I am coming back next year. To stay. If it comes to my resigning from the job in Narendra Dutt, I am going to do that! I know you need me most, to relieve you of your tensions. It does not matter if I stay there in Narendra Dutt. Makes little difference to it. It makes a hell of a lot of difference if I work here. It is a better place any day.”

With tears in her eyes, Vijayini had let her go. That was the last day of the year. Dropping her with an escort on the last bus to Capital City, the Doctor had returned late. Vijayini and their son were sleeping quietly. The whole house was in dark. Putting on his pajama, the Doctors imply sat in the large living room of his house in the dark.

‘Seven and a half years have gone by. What am I doing with my life here, her life here? How far have I come? Where are we going next? How do I view the future? No doubt, we must continue here for quite some time more. Have we reached our full potential? Probably not. That was what Makarand had also said. But then is there any further development left? Are we capable of undertaking them? We have already exhausted ourselves to succeed. Will the success remain durable? Will it continue?’

‘Now there is going to be another child! How will we go on? We are firmly in the saddle. We must grow more. But how? I grew much more, much beyond the project. Will I succeed? Have we reached the plateau? If we plateau, then decline and degeneration will start.’

‘Suppose Asaavari comes again! I think she will come. That will lighten our burdens. That may give us time to do so many more things. There are many things that remain to be achieved. Attempted but not succeeded. We need more specialists. Yes. From where will they come? None have, in last seven years. There are signs of steady growth. Will we be able to manage? More specialists are required. No one has come and have not been of any help either. We can’t find people. The adopted province is not giving us anything at all by the way of professionals.

‘Where will it all lead to? Quo Vadis? Which way to go.’

He had slumped in the chair. At four in the morning when Vijayini woke up to find him not there by her side she had rushed out.

Gently she woke him up.

“Worried? Come on. Go to sleep. I know how you feel at the end of each year. The year has ended. We have done many things, as they occurred to us. It will take a long time before these ideas actually sink in the minds of your people. Something more will come out of that for which you should be there to bring them to fruition.

“Looking back, I agree that your trip to Lucknow has brought us the dividends. You have brought in another conference of NM near to us, from where our immediate hope to get more people is. I think we will get doctors like before from there.

“The world moves on, at times fluid and fast, and at times slowly. Things will unfurl. There is no need to feel gloomy over it. Just as your friend Makarand said ‘you are in a hurry to realize all the potential of such a venture.

“Come, go to sleep and stop worrying. Is not it your favorite Scarlet O Hara, who says, ‘I will think about it tomorrow! After all tomorrow is another day.’

In her arms he slept like a child.

Chapter 5

The telephone rang. It was the morning of the first day of the New Year, a Sunday. Not fully awake the Doctor picked up the receiver.

A considerate, soft voice, in chaste Marathi, came over the wire.

“Uh, uh, I am sorry. I do not get you, sir.”

“Am I speaking to the Doctor of The Hospital? I am Dr. Kanetkar from Maharashtra speaking.” The chaste Marathi had continued. Unaccustomed to receive phone calls in his own tongue, that too in a dazed morning, where barring his father there were no such callers, the Doctor fumbled.

“Oh, oh, now I get you sir, I am very sorry. We are not accustomed to speaking over phone in Marathi now-a-days much. Anyway, where from are you calling?”

“Hotel Maurya, from your own town. We came here last evening, a little late. First thing in the morning, I am calling you. I want to meet you. When?”

“Any time sir, give me forty-five minutes to reach and pick you up.”

“No. That is not necessary. We have a car. We will come down. Forty-five minutes.”

The Doctor told Vijayini about the conversation.

“I have worked with Dr. Ms. Vimala. He mentioned the same place. I do not know who this gentleman is and whether he knows Dr. Vimala. But he is most welcome. Let us be ready.”

A white Ambassador taxi gently eased itself a little distance from their house. A man of about sixty, white in his complexion, ruddy in his face, bald with a thin circle of white hair behind his skull, strong hands, little bulky in the middle, in white shirt and pant alighted. A lady, somewhat darker, tall, well built, about fifty-five, his wife, a thorough gynecologist, alighted after him.

“Namaste. Please come in.”

“I am Dr. Kanetkar. My wife, Dr. Shalini. I am a pathologist; she is a gynecologist.” Settled on their somewhat dingy sofa and in the slightly damp house Dr. Kanetkar introduced themselves.

“Dr. Vijayini, surgeon, my wife.”

“It is quite peculiar, but pleasing to see two fine Maharashtrian doctors in such a remote place. You two would be the last specimens of human beings we would have expected here.”

“How did you pitch upon this place and upon us here?” The Doctor had also enlivened.

“We came to the Garden City for the all-India Gynecologists conference, three days ago. We had heard about this beautiful place and decided to spend two days here. We hired a taxi for two days and came.”

“But how did you ...”

“Wait, wait, I will tell you. In the night we enquired our way to Hotel Maurya. The gentleman who directed us, quickly spotted us as not locals and asked about us. Then he told us about you two as the husband-wife team in this hospital. He had some good words to say for both of you, ‘and anybody on the street will properly direct you to them,’ he said.”

“Oh, that is funny.”

“Why? It is a small place. The man looked genuinely impressed by you. And we are here!”

Vijayini brought some tea and joined them. She had heard.

“We are so happy. Doctors from Maharashtra do come here intermittently; some of them we know, some we do not, but they know about us. We feel happy.” Vijayini said.

“How long are you here?”

“He is around for last seven and a half years. I am around for about five and half now. We married nearly two years after he came here.”

“You did not know each other then?”

“No. We got acquainted in somewhat peculiar circumstances and I decided to come here afterwards, with him.”

“But it is unusual. A girl adopting a carrier over here! How come all this happened.”

Briefly Vijayini, otherwise reticent about personal matters, told them about how they both finally settled here.

“We are really lucky and happy to meet you two. Actually, I came with Shalini because I also read a paper in this conference. As a pathologist! That is how!”

While breakfast was served, courtesy Irene, fresh *dosas* with some good green coconut chutney, chili powder with many pulses added, with oil, some choicest of the honey followed by coffee and the famous small, lean, finger like bananas with paper thin skin, the Kanetkars were really in mood. The small talk broke, the stay of Vijayini when she worked with Dr. Ms. Vimala, came in. Kanetkars were neighbors to Dr Vimala in Kasbah, across a small playground. They knew each other well.

“Why, I stayed with Dr. Vimala for three days, two years ago and we were moving about together quite a bit. I never heard about you.” The Doctor said.

“Nor have we. Not that we meet Vimala frequently. Anyhow, ‘Small is the world and narrow the corner you are about to turn.’ That is what Maugham said.”

Getting up, automatically they had all moved to The Hospital as if on cue, as if it was the most natural thing to do.

In their set routine, the Doctor went around with them and Vijayini went off to for an emergency surgery. The laboratory was naturally the longest that he spent his time. Slowly, and meticulously they went around asking questions about their work load and varieties of illnesses. The Doctor told them about the numerous difficulties they had and how they were overcome

through many experiments. Dr. Shalini did accost the staff in some detail about the gynecology, surgery, obstetrics, labor and how they maintained records and asepsis.

Dr. Kanetkar for some reason dwelt for a long, long time on their drug store, looking at the shelves and the medicines, and watched handling of the drugs by staff, noticing that things had a habit of moving by themselves.

With the day's work finished for the morning, Kanetkars made a move to go.

"Nothing doing. You are having food with us. Then maybe you can take a nap and come back at 4.00 PM, when we will go around."

"Arey, arey, we should not disturb your work." They said it halfheartedly, clearly not willing to go.

When they sat for food, the topic of excessive bleeding after the deliveries came up.

"So far, I have had to pack six post-partum uteri, Madam, to stop those ghastly bleeds. I think there must be something wrong with my handling it." Vijayini said.

"What?" Dr. Shalini almost gasped. "Packed five uteri? Here? You are a surgeon, are you not? This requires courage, precision, guts and judgment. *Ye koi khaneka khel nahin*. This is not a casual laughing matter. Most will shudder at such a thought. The last one I packed, was a couple of months ago. But by now, we know why the bleedings at times become torrential. Doctor Saheb will tell you."

"This torrential, unexpected and excessive post-delivery bleeding was the subject of the paper I read in the gynecological conference. Abnormal bleeding after a normal delivery! Such of these women are in a state of DIC, that is, generalized tendency to abnormal excessive clotting in the blood vessels, consuming all normal clotting factors. All it requires is a raw surface, a wound, to then precipitate bleeding. When the placenta detaches it leaves such a large raw surface after the delivery. The tendency of excessive clotting to stop bleeding is present but dormant till then and gets activated. It wipes out all the clotting factors present in the blood; then bleeding just continues from the raw inner surface wound."

"Can we not detect it preoperatively or pre-delivery? Because, even surgical wounds seem to me, to bleed excessively in this place! The same token may apply." Vijayini asked, narrating the story of the eye camp where the woman had bled.

"No, not really. You cannot detect it, because till after delivery the body is in a state of equilibrium. Even if you do the bleeding and clotting tests, they will be normal for the same reason. The tests will become abnormal after delivery, but there is no need to test the again. When the bleeding hell breaks loose, just transfuse fresh blood and it will stop.

"In fact, this was the thirteenth time I read this paper in Gynecology conferences explaining it. I have made it my business to go all over India and present these ideas. I have discovered this phenomenon on my own." Impassioned, Dr Kanetkar spoke.

Suddenly a lot of their problems looked that much simpler to handle.

“Tomorrow, I will speak to your lab man. I shall send you the most modern kits for clotting investigations. Free of cost. If you find any test for bleeding prolonged abnormally, before delivery, just transfuse a few bottles of fresh blood and they will recover.”

Next day Dr. Kanetkar began as soon as they met.

“I have an offer to make. It is my small offering to your life and work. We are really overwhelmed by what you people are doing here. Please send me all your histopathology samples of biopsies, excisions, all such specimens. I will send you the reports, within ten days. You do not have to pay. If there is anything more, I can do, let me know.”

Long ago, one Dr Dixit had come from the Port City to see Sameerchand. He had offered help exactly the same way.

“Thank you, Sir.” It was all they could say to them.

By the mid-morning next day, the Kanetkars departed.

At four the same afternoon, one ward boy came running down. He was terrified.

“There is a big, big man, who has come to see you. He is not from our state but speaks our language.”

The Doctor went up. A huge, tall man with an enormous belly, large bald head, protruding eyes, had got out of a car and was looking around. His daughter and the wife also stood with him. There was luggage packed on the carrier.

“I am Doctor Upadhye; I have come here, just to meet you.” He had a booming voice.

On the second day of the New Year, another gentleman from his native state had come. The Doctor wanted to pinch himself to see if he was in the real world, not able to understand how it could be interpreted. Kanetkars had hit upon them accidentally, given them a solid bounty and gone. On their heels, Dr. Upadhye had come. But he had come to see only and only him. Directly, specifically he had said so. He already knew about them.

“Please come in. Even if you are already registered anywhere else, you will be staying with us here.” Inadvertently the words jerked out from the Doctor. The ‘organization’ was stamped all over Dr. Upadhye. It was natural and correct that they stayed here.

“Sure, sure. This is my wife and daughter.” Coming in, bringing them along, Dr. Upadhye announced.

“I was in the Garden City for the Gynecology conference. Parshubhau once came to stay with me for a day. He has been telling me since February last, about The Hospital, gave full account of the Greenspan conference, and about you two. He wanted me to come here and do something for this place. That is how I am here.”

Dr. Upadhye had come straight to the point. The Doctor looked at him. At once, realizing that he had not told the Doctor more about who he was, Dr. Upadhye spoke again.

“I am Dr. Upadhye, practicing Gynecologist, for countless years from Khandeshi, Maharashtra. I also happen to be the District Chief, of our organization and the Chairman of the

Khandeshi District Co-Operative Bank, another of our venture. As a Bank we have a turnover of few hundred crores. Khandeshi is a rich place. Famous for gold and bananas.”

“I am happy that you have come. Our hospital is growing rapidly.” The Doctor said.

“We will talk about that later. Where is your wife? We would like to meet her, first thing.”

Vijayini came walking little slowly. She was carrying and was nearing her term. Arrangements had been made to shift her to Nagpur.

“Namaste. Be careful. No need to bend for Namaskar. You are going to be a mother!”

She greeted them. They filed towards their house. After a cup of coffee and some rest, the Doctor set out for his usual round with Dr. Upadhye. Upadhye was half listening. Impatiently, interrupting the Doctor he said,

“Doctor, I know a great deal about your place. I have come here to tell you that I will be coming here again in May for a week. I am going to hold a Gynecological Operative Camp here and operate 100 cases. Let it be a free camp. Let the operations also be free. Arrange to pick 100 cases. I will bring people with me to carry out all the operations. Your staff should help. 100 operations.”

Having seen enough of adversities and promises of the world, the Doctor was unlikely to be shaken by anything like this. But he was speechless. Rocked on his feet, he simply stood there trying to find a firm footing and balance. His dreamy stair reflected in his eyes, which asked, ‘But how on earth?’

“Why? You look quite done in. It is possible. There is so much gynecological disease around us. We should identify that, cure, treat and operate them. I shall tell you how! Make a three-week long free camp and call the women. Examine, investigate and treat them. Select from among them cases that need to be operated and admit them during the last week of May. We will fix our arrival accordingly. We will operate. We will go back in a week’s time after all of them settle.

“Money? Don’t bother about it. To start with, our entire team’s services, to and from travel are free; it is our responsibility. You will require operating instruments, sutures and linen. I will bring as much as required for as many cases you put up. I want to do the operative session in this hospital, here, so that people will start coming to this place by dozens, scores hordes, and hundreds. People must come to us. Let them see what we can do for them. I will give them something they will never think is earthly possible. Even you won’t!

“One patient, one attendant admitted for operation; you will feed both for a week. Let them heal their wounds. Then discharge them. Money will come; everything needed will arrive, the moment you announce that camp. Take my word for it. You will be able to sustain that. After that just see what happens. You will be even more solidly based in the place. I know the kind of work you have been doing. Let me extend the streak of winning.”

Seized with the practical difficulties that would arise in such a bold venture, the doctor’s calculating, practical mind was more concerned with how the whole campaign could be carried out, before this gentleman arrives with his team. The one thing he knew was, he was bound to

make the outpatient camp first, on as massive a scale as he could. He could not disappoint Dr. Upadhye, failing on it.

‘Vijayini will soon be going for the delivery. She will come back only in April. In February Madhuri, who had rejoined will go, for her second delivery. Will she come back? Not likely. Vijayini will have to conduct the whole camp for screening, investigating and treating women as outpatient first. How the hell is he going to organize everything in three months’ time when neither of them are here?’

‘This man has come from nowhere and has put in my lap a huge task! I can set up a publicity machine, as in the eye camps, from now on. But what if the response in numbers be huge? The idea was unique, never heard before, from any quarters whatsoever. Digging out the supposedly large number of women ailing from gynecological illnesses, from all over the district and may be beyond. For disorders sapping their strength for months and years. Treat them, free them of it and operate on them where necessary. Something no one had done.’

In structure it was same as the eye camp, which was now a successful time-tested model. Gynecological camp had no such precedent. The larger the number, the greater the complexity of the whole operation of the outpatient camp. Will his staff, will his hospital be able to cope up with the outpatient first and then the operative sessions? Gynecological surgery could be more extensive, needs much greater care for much longer.

‘When Vijayini comes back with the new born child, she will be alone, she will have to do her normal work in addition to the camp setting, and surgeries, without Madhuri. In yesteryears she had managed without Anesthetists. After her second delivery will she be able to manage her surgery without one? There are no anesthetists in the District Hospital worth the salt and attitude for service. What will happen then? Even the one staying eighty-six kilometers from here was out of question.

He had no doubts about the gains from the gynecology camp. He knew one more thing that Dr. Upadhye was not a fake. He was a God sent. In the two eye camps conducted so far, an avalanche of medical and other surgical work had reached the hospital, more or less wiping their expenses for the eye camps. The same thing will repeat, with the numbers and response proportionate to the number of women coming for the camp. But it had to succeed first. One hundred cases were out of question. What would be the least they will get? A dozen or two dozen?

The Doctor was glum. He was feeling the same stilled consciousness, a dumb numbness he had felt, on his first day in Greenspan, years ago. Then the Doctor remembered that Asaavari had promised to come in April. He was familiar with the reluctance and procrastination of Narendra Dutt in sharing the manpower. He could not rely on the assumption that she will, or will be able, to come.

“My Team, Doctor, consist of two anesthetists, one great and reliable assistant of mine, Dr. Chowdhary, an Ayurvedic Graduate. He has assisted me in my surgeries for last ten years. Then there is friend of mine one Dr. Sabnis. Do you know him?”

“No, sir. So far, I have not had any need for any gynecologists, except once.”

“Sabnis is a Gynecologist of high repute, a consensus man, my batch mate and my roommate. I will speak to him to come over for two days during the surgeries. Vijayini could assist both of us. She is a Surgeon, my dear friend! Do not underestimate her. She will surpass our skills once we teach her.”

Dr Upadhye abruptly rose, strode to telephone, rang up on STD and, lo and behold, he found Dr. Sabnis on phone. He spoke to him for 5 minutes.

“Done. He will be coming in the third week of May. So are we! Now get going!”

The dinner was solemnly served. Despite repeated requests Dr. Upadhye, his wife and daughter did not begin.

“My patient has not yet sat for food. I am an obstetrician. Unless the patient is fed, I cannot partake of my food, come on my dear Vijayini. Sit down and start eating. Then we will begin and serve ourselves.”

Touched by his feelings, fighting her tears back, she sat down. They had food.

Next day they went around with the Doctor to see the district. In the afternoon they went to Sharad’s estate. Proudly, Sharad displayed the splendor of his 25 acres. Returning for a cup of coffee to Sharad’s place, Dr. Upadhye again narrated his mammoth plan with equal gusto to Sharad.

“It is a Great Place. Let us take it higher. Cement it amidst the people.”

“It will be done, sire.” Sharad had a gift of suddenly lapsing in to classical English. That won the Upadhyes over.

As abruptly as they came, they left in the late evening.

Knocked out, the Doctor sat, numbed. It was the third day of the new year; was he not wondering just about three weeks and three days back - ‘Quo Vadis’, which way to go? His suspicions, he had voiced with Makarand, about reaching their pinnacle, plateau and will invariably decline, had been abruptly falsified! Three persons coming from nowhere, of high professional standing, had come and gone in just the first four days of the new year. They had gifted him with enormously potent tools to serve people and reach higher. He was clear that all the promise that The Hospital had created for people would be fulfilled even more, in newer areas, in an utterly different manner, on a much loftier level? It would be giving succor to those women at whom no one had looked for ages, for what was their own peculiar illness? It was a tool that would produce enormous gains. The only point of trepidation was whether they were capable of handling this in their current situation.

On seventh, Vijayini’s uncle with a doctor aunt came. On tenth, they took her to her mother’s place. On eleventh the phone call came, that they had reached safely. Madhuri also went home within a few days. The usual slump began. Within the next seventeen days, he knew how difficult the things financially had become.

On 28th of January, the Doctor, all alone with a towel tied around his middle, his tea in his hand, was moving about in his house. Vijayini had gone. His son had also gone with her. A new

one was to come by the fifth of the next month. The expected date was their own marriage anniversary.

The Phone rang. Another call, in chaste Marathi was on line.

“I am Dr. Mahabal from Narendra Dutt Hospital, speaking from Greenville bus stand. We have just landed here. Myself, my wife Dr. Shubhra and there are two Germans with us. Come and pick us up. We don’t know how to come to that hospital!”

A horde of memories surged up from within, in that single instant before he assured them, that he would pick them up in the next fifteen minutes. These were the same Mahabals who had tried desperately to come here during Vijayini’s long absence of eleven months, to help him out till she came back. Raghav and Deshkar had hardened their hearts and refused, as if they wanted to make it harder for the Doctor and watch if he could hold on and succeed. He had, with a Herculean effort, overcome his hurdles.

Now those very two Mahabals were there, in his own town, ready to be picked up, within two weeks of Vijayini’s departure. ‘Why had they come? Are they staying for a week, two weeks? Will they be able to help me? The thirsty man’s mirage! Jolted and startled on phone, his words had left him, his mind had stopped functioning. He could think of nothing to speak. In his herald, he reached the stand.

The short, bulky, square faced, bearded Pranav Anand Mahabal stepped forward with a pronounced limp, obviously from a long-time fractured, badly united leg bones and hugged him. He had a slight stutter. Dr Shubhra had glasses as thick as a soda water bottle. She was comely, homely, motherly and had an elder sisterly smile on her lips. She joined her hands, “Namaste.” “Namaste,” he had said. The two Germans, most unexpected, accompanying them were introduced. Settled in the house, Irene was summoned to make tea and breakfast, the Doctor was still amazed, astonished.

“We are on vacation and on a trip of India. We have had all the sightseeing in and around this area. Now we are here for two or three days and then we will proceed further.” Shubhra volunteered the information.

“From where, how and why did you make a deviation, that too to this godforsaken place?”

“Wrong! Wrong! We had planned to come here even before we started. And it is not a godforsaken place. You are here. It is your place. It is to rectify an error, to pay our tribute we have come here.”

“Thank you. I am honored. But I still do not make the connection.”

“To cut a long a story short! Despite countless arguments with Deshkar and Raghav to relieve us to come here three years ago, we were disallowed. We could understand your need to continue the work, the need, not to allow The Hospital to crash down. Two years later you came and told them everything they had never found. Then the Deshkars came for the conference and gave a glowing account of it. Asaavari wanted to come and help you both. She was also disallowed till she finally made it a deal to be allowed to come here as a study tour of seven days.”

“She was here. Went back just about four weeks back.”

“Every year, Narendra Dutt Hospital holds a daylong meeting, attended by people of high standing, in our pale, and a few out of it. Each one of us gives an account of what all we did and experienced in the last year. Our plans for the next year are also discussed. It was on this occasion, after all the seniors had spoken, Asaavari, the latest and the junior most addition, gave a narrative of this place. She was allocated ten minutes, just ten minutes to talk about her study tour.

“No one expected much from her as a speaker. She did not just speak. Words gushed forth from her heart. It was a revelation. She created a rapturous atmosphere. It was the kind of experience we rarely have now-a-days. After all we are also seasoned workers now. She filled us with the atmosphere over here. Believe me, no one even thought of interrupting her. It was thirty-five long minutes when she ended. There was no sound, no applause. This girl had literally lifted us from our seat setting us soaring high. It was a Trans. The meeting just ended there. It was then that we decided to come here, even if it meant that we had to drop a quarter dozen tourist places. That is how we are here.”

Both Mahabals had exhausted themselves speaking.

The atmosphere that had become as despondent as the dropping head of a flower as the evening approaches, buoyed up. Mahabals struck an instant chord of friendship with all their staffs. They were shown around. They participated in the work also. The Germans were tagging along. The Doctor took them through the details of Tropical Medicine and Tuberculosis in particular they had come to see. The conversation was in English, and they had little difficulty in understanding the details. They however were at loss to understand the intimacy of these three, who had barely known each other till a day ago.

“Shubhra, can you take these two Germans for the remaining tour! I do not wish to join. I want to stay here. I do not want to leave. Vijayini has gone. Madhuri has gone. Who will do the surgical and anesthesia work here? For three weeks I will stay here. During travels I suffer quite a lot; my legs pain, diet goes haywire. There is no point in touring any more. Without me, this Doctor will suffer.”

Wordlessly she gave her consent. While leaving next day Shubhra merely said,

“Now I understand why Dr. Raghav says, ‘Who ever goes to that place falls in love with that place. We are no exceptions. What I would have liked to do, he has done. He will be happy here. Let him be.’”

Pranav Anand literally took charge of everything. A few arm fractures from nowhere rolled in. A hole in the stomach badly infecting the abdominal cavity was taken up for surgery. His induction of anesthesia was smooth. As soon as artificial breathing assistance was needed, he gave the bag to Pradyumna.

“Twenty times a minute. Press it three fourths, and let it fill again. Yamini, give pethidine 10 milligrams each time I tell you, and one ampoule of Pavulon. Manju, come over. You will assist me.”

The dwindled work after this operation, uncannily picked up. Every day he operated most methodically at least two cases. Every morning Pranav Anand would sit down by the side of each patient, examine him or her well, give clear orders. He would insist the operated patients to sit on day two, and walk around on day three with assistance. There were no infections. No postoperative complications. The patients recovered well. There was no noise. No boasting. It was all taken in the stride by the theatre and ward staff. His message, teaching and competence was obvious. Their trained staff fitted with him like a glove on hand.

On thirtieth of January a telephone call conveyed that Vijayini had delivered a baby girl. He spoke to Sharad and Pranav both.

“Let me go now. She is waiting for me. The child is waiting for me. I have tried to work these six days. I cannot any longer.” He bolted off.

Finally, after completing three weeks in The Hospital, Pranav Anand spoke to Sharad.

“I have to go now, for my work in Narendra Dutt and on my agricultural front. I am going with a heavy heart. My mind is here. I have fallen in love with this place and your people. By the beginning of April, I am coming back and stay here for a few months. That is the time when Vijayini will have come back, finally. She will need help. The gynecology camp is heavy work. I will try to see that Asaavari is here before it starts. I have taught Pradyumna well enough that he will become as assistant of Madam Vijayini when she comes back.”

Sharad was looking up in to the sky.

“What are you looking up to the sky for?”

“I am trying to count the stars of my good fortune, Dr. Mahabal and thank them. I am praying that things happen as you say.”

“Why are you then thanking the stars for? Thank me.”

They both laughed loudly. Without much ado, Pranav Anand departed, infusing new blood in everyone’s veins and life. The Doctor continued to worry and think about how to manage all the upcoming work. He had no idea that destiny had altogether different plans for him.

A three-way battle started with Dr. Deshkar and Dr Raghav with Asaavari when she declared her intentions to go to Greenspan for three to six months to help with the gynecology camp. Refinement as a Gynecologist, relief to the two hard working and exhausted older ladies, needing help, stability in Narendra Dutt, overflowing work, their initial planks to detract her did not work. Asaavari flatly told both that more people could have been appointed long back to lessen the burden of these two older ladies.

“Why pitch on me to stay? Why is the total contrast being ignored? You have two or three persons for one of your five main activities. Imagine, Vijayini is there all alone in Greenspan, for these five major activities we do here. Alone. On emergency for all the three sixty-five days for five years now. Her anesthetist will have gone by now.”

“That is their look out. Let them get their people from their own state. Too many of us from here; that cannot last. If they cannot get those required people then let them rethink about their priorities. She can shut off gynecology!”

Aghast, Asaavari sat looking at them trying to understand their logic behind it for stopping her from going to Greenville, and the reasons for their not allowing her to go. The contrast in thinking was total. Deshkar and Raghav thought that probably they have silenced her. Then she decided to speak. The words gushed forth.

“Shutting off gynecology! Shut off those who come there begging for their life? She faces it under every conceivable disaster of nature and man-made. And she has one of the best track records still. I do not want to force a decision right now. Vijayini needs me and sooner or later I will have to go there for a few months, at least to help her; at least to keep my word I have given her. And go I will.

“That is not exactly their look out, is it? They are like a sister organization, a sister project. It is our look out also to see how that place also progresses. Beyond consolidating the project more and more, never looking beyond it, what have you done? She is with the second child now, still as alone as before, with her strains multiplying. If you cannot understand that and say it is their look out, then I am sorry that it came from you.”

Her opponents sat there unmoved.

“A couple of doctors here, going to Greenspan is not proper, is it? For years it was an uninterrupted chain of Maharashtrian Brahmins for years on end, going to every alien province to develop, a new thought and philosophy. Has it created an unhealthy atmosphere, any antagonism towards them or the organization? Greenspan is also a new, novel dimension breaking out. Helping it to become a reality, we Maharashtrians have to go there.

On her return Dr. Shubhra had gone to see Dr Raghav, her brother. In the spacious and sparsely furnished bungalow of Dr. Raghav the conversation began.

“We did not opt to go to North East twenty years ago but decided to stay in our own province. We did choose to work in a backward, underprivileged taluka. It was still much safer and easier however, by all counts, compared to North-East India. Seven years ago, that man has gone there alone. Single handedly he fought his battle. During Vijayini’s long absence, we refused to help him. We have erred, grievously hurting them. Now something as big as a Gynecology camp is coming up, something we did not even think of in the last twenty-two years.

“You will claim you helped by training an Anesthetist for them. After how much haggling and how grudgingly? Then we liked him so much that we wanted to keep him here for posterity and deprive them of his help! We have to make up for that. Pranav realizing this, finally, abruptly and bluntly did what I wanted to do. He stayed there. Three weeks! He did a wonderful job there. He has changed, mellowed, no longer hypercritical. His loathing for things, is gone. Your man was there with him for only a week. I do not know what he did to Pranav. I suppose it is the way he accepts people with all their problems, irritations, and faults. Recognizes the essence and capability and minimizes the negative elements.”

“Do you mean to say that your patch up with Pranav is likely?”

“I do not say so. I do not think so. Tigers do not change their stripes, nor the tigresses. Pranav is happy because he partially paid for our errors. And what is the Doctor saying about you, and Narendra Dutt, Raghav? ‘We stand on their shoulders. Had Narendra Dutt not existed

we would not have been successful.’ He is not politically polite. He is genuine. And what have we given him?”

“Will sending Pranav there, instead of Asaavari, a better bargain? They will benefit; he will benefit. May be comeback after a few months, much more positive?”

“Ask him!”

Unaware of her conversation with Deshkar and Raghav, Shubhra and Asaavari discussed about the visit of Dr. Upadhye and his idea about the huge gynecology camp he was planning. Shubhra also told Asaavari about the Doctor’s difficulty of organizing it, alone. There won’t be anybody with him in May, when the camp begins for selecting cases for treatment or operations. Only Vijayini. Accepting that Dr. Upadhye will bring his team for operative work, what about the huge amount of organization and the work before and after?”

“That is peculiar. I left on the night of 31st, December. Dr. Upadhye arrived on second of January. I did not know that and about the gynecology camp, for quite some time. Good you told me. I have already had a wordy battle with the bosses over the camp. Now I can at least ask of them to go there a month before and a month after the camp. Or else request for 6 months.”

“Remember one thing. The Doctor will conduct the camp in full gusto as he does the eye camps. He will not go back on his word, come what may. I have also given a bit of my mind to Raghav. He is planning to ask Pranav to go there for a few months, instead of you. It will be hard for them to swallow you and Pranav both going but I think you should both go. My woman’s instinct says that it will be worthwhile.”

Without losing much time, Dr. Raghav did call on Pranav Anand in their Bungalow.

“How was the ‘Trip’?”

“It was very nice.”

“How is my man? Has the place grown? Is it looking better?”

“Your Doctor is solidly there. I did not know him personally. I can’t tell you if he is the same or has become different. There those two characters run the place, but they do not own anything there. They make thousands of rupees every month for The Hospital, but hardly receive anything in return. The house they stay in, the ramshackle car he drives belongs to the hospital. He does not even submit his petrol bills. Even the brief case he carries for his papers is not his. Do you know this? By way of bank balance, they hardly have any. And they have two kids. Yet they seem to be unmindful of that reality.

“And look here! Plush, rich and comfortable. I only hope people there do not treat them as poor guys. They are mighty. They have created wealth and abandoned it for the project.”

“Dr. Pranav, I had a faint inkling of this. It had not struck me so clearly.”

“We should help them grow further.”

“Would you like to go there for a few months?”

“Certainly. From beginning of April, stay there long enough to help her. Come back for cutting the crops and then work here for some months. I know it is not fair to ask, but you should

permit Asaavari also to go there. She has set her heart on helping Vijayini, and there is a gynecology camp coming up. If we can assure him of our presence for just a few months, the poor chap will have something to look to, while the camp is conducted.”

“We endorse that.”

Half thousand kilometers from Narendra Dutt, another argument was on, in a four storied house at stone’s throw, near the headquarters. It was owned by Shri Bhagwat, a self-made man, rising from poverty to riches, white complexioned, and blue eyes Chittapavan Brahmins have. Haughty, honest and upright, would brook no insult, not beg. Tenacious and hardworking. He was then, in his poverty and now in riches he was a thorough bred organizational man. His elder brother was a full-time worker in as unspeakable a province as Bihar in as unspeakable a time as early fifties, with poverty and hunger staring in his eyes all those days. He was talking to his eldest daughter Nivedita, a fully qualified anesthetist and now about to become a Gynecologist as well.

“Baba, by first week of April, I will have my appeared for my degree in gynecology. I will definitely pass it. With it and my MD in anesthesia I want to spend a few years, in the service of people, where these services are needed direly and are absent.”

“Nivedita, I sensed it coming, sooner than later. Where?”

“I want to go to The Hospital in Greenspan.”

“Who are these people? I have heard the name. Dr. Babaji some months ago told me something about it

“Yes. That makes it easier. Last Year, there were invitations from that place for all of us, regularly rendering free service to the Medical Mission, nearby. With long fruitless discussions and no decision, no one went there. From what Dr. Babaji told me, we missed a life time opportunity. Since then, I am restless. I want to go there and contribute to that place and its growth.”

“Can you make any contact with them? Can I also meet any one of them?”

“I have already made the contact with Vijayini. She is presently here for her second delivery. The main doctor is from Bombay, a physician. He went there eight years ago, to serve the people in need. Vijayini, his wife, is a surgeon, has gone there with same ideas. I have met her. She will be going back in April. I am planning to go with her mid-April.”

“Nivedita, there is one thing I must tell you. With your starry-eyed vision of selfless service, you may still come across people considered great, but having clay feet. Do not feel surprised, get dejected, nor frustrated if they cross your path. Go with my blessings, contribute our share for such work. Follow your impulse. Each one must walk his own way, to find the truth. So will you. You have to plunge yourself deep, and discover realities.

“I do not want to be a prophet of doom, just because my dearest daughter has decided to walk this path full of thorns, of sacrifice, leaving all comforts of a city. No. If luck prevails, you will be fortunate to have an elevating, life time experience. I wish it that way. And your father’s house will always welcome you if you want to come back any time and in any mindset.”

Asaavari finally won the battle half way. Realizing how deeply unhappy she will be if they forcibly held her in Narendra Dutt, Drs Raghav and Deshkar gave her a six month leave without pay to go and work in The Hospital.

“We have also, for different reasons decided to let Dr. Pranav go with you, for a few months at least, to work there. I think it is a much better deal.”

“Thank you.”

Privately Asaavari had told Shubhra.

“Let me tell you in advance. Do not to expect me to come back in six months. Things evolve and change. In due course I will send my resignation, abandoning my lien on this place.”

“Go. Please go there. Things do evolve. I am happy that you are going. Six months! What an idea! Go with our blessings. And take care of your Pranav uncle also. With those two around, he may still feel lonely at times. Help him stabilize.”

Chapter 6

Facing Vijayini and the newborn child, a girl, alert and active, he did not know what to say. ‘How well Vijayini is looking! It is about a month that she is resting with just a few minutes of struggle to deliver the child. She looks happy. Contented. As if her responsibility is now well fulfilled. In a bunch of ladies anywhere, she may not be the most beautiful but I will always feel like looking at her, as the nicest person, who is mine and of no one else. We have our own mission over which we may quarrel or disagree or even make each other unhappy. But, after all what is a marriage? Major agreement on all major issues and violent disagreement on all minor issues! And we still are one.’

“We did not anticipate such a quick delivery, that the Doctor staying just one floor above reached when the delivery was half way through. I missed you! Last time you were there, right by my side! The child is a little shaky; probably the suddenness of it has still kept her so. But she looks to be intelligent and quite adamant.”

“That is a trait of our family, seen exclusively in all our girls, wherever they are and born to anyone of the earlier and our generation. I do not know why, but it persists.”

His son was all too eager to meet his father. At three and a quarter year of age he was holding a newspaper and reading out to him all the headlines. The boy was amazing.

Five days later he returned, planning their return travel in air-conditioned class for mid-April with Nivedita.

“No cringing and saving money over that.” He had said.

The house started filling in rapidly as all of them came in, tumbling after one another. On 1st of April Asaavari arrived early in the morning and by nine she was in the Gynecology outpatient. First of April, incidentally, was the day Vijayini had joined The Hospital as full-time surgeon six years ago. Yamini took upon herself to stick to Asaavari as a translator for her, with a smattering English she had picked up over years.

On 5th of April Dr. Pranav Anand appeared on the scene duly assisted by M/s Nagaraj and a couple of boys from the Bharat Seva office, to be boarded on the bus. He was picked up from the bus terminal. The staff received him with enthusiasm and he was housed in one of the two rooms near canteen to ease him with his aching leg. Vijayini with her two children and Nivedita came back after a few more days. Everyone with joy and affection received the three newcomer Maharashtrians. Each of the staff knew the tremendous meaning of a full-fledged anesthetist, two gynecologists and two surgeons being available round the clock to tackle almost anything that might come their way.

Two of the newly appointed doctors Pranesh and Milind greeted them only formally. It could not escape the Doctor’s eye their wonderment and regret, about the presence of so many

new Maharashtrian, far more capable and competent than they could ever be, wondering as to what their place in the whole outfit could be.

Pranesh was a full-blooded Greenspanian, son of an average planter residing hardly a kilometer away from The Hospital. His father a longtime friend of Sharad, had requested for a place for his son. It had been granted immediately. The Doctor could immediately see that just with a basic degree in medicine, Pranesh was quite well trained and the Doctor was certainly willing to have him around. It was accepted that he will be looking after his estates about six kilometers from The Hospital and would spend time needed in The Hospital as well. Night duties were compulsory for all those like Pradyumna, Milind and Pranesh. There were doubts if Pranesh and Milind would comply with that, but they had insisted on that.

Milind was the son of another friend of Sharad. Milind's father, a hand to mouth class III government servant, would be relieved to some extent by what money Milind might bring in. The family came from the Dalit class. Milind got in a government medical college, on that basis. He would later have the same advantage to get a job in government after a while. Many of this class were now much better placed and had begun their social emancipation with education and the money that came with the jobs. Both Sharad and the Doctor with their strong views against the practice of untouchability in the Hindu society, felt happy appointing him.

Milind was a jovial boy, dark complexioned, a little on the fat side, curly hair and a good head over his shoulders. He had mixed with the staff early and quick. Pranesh was smart, tall, healthy and intelligent, with a cold and closed face. His palpable contemptuous unwillingness to talk to other doctors, created an awkward tension. He never came in time for the duties, and was never present in The Hospital on his night duties. The only person he would talk a little freely was the lab man Atreya, also a full-blooded Greenspanian. Atreya was an open minded non-clannish army man, had seen the country from Ladakh to Bagdogra and was not likely to cajole or protect Pranesh if he were to continue to deviate from the established norm.

Next day, an orthopedic case of a badly traumatized leg was taken up for surgery, to be followed by an abdominal emergency. Pranav Anand went in for the first operation. The dye was immediately caste. He requested Pranesh and the second Manju with her surgical orthopedic background, to assist him in surgery, ordered Nivedita to take Pradyumna with her to start teaching him basics of anesthesia. The five of them had worked in unison and had sailed through the case quickly.

In the intervening period before the theater was being cleaned and readied for the abdomen to be taken up, Pranav Anand took Nivedita and made for the Doctor's house to see Vijayini.

"Are you too tired? If you are, then we will finish it off ourselves. If you are coming there today, will you assist me?"

Without any preamble, as was his style, Pranav Anand had begun. In the morning, he had met Vijayini only briefly, for the first time in his life, had felt drawn to her. He made up his mind to help Vijayini, make her feel fresh, energetic, give her a good anesthetist, in Pradyumna. Now in the absence of Madhuri, he had Nivedita to teach Pradyumna. He was even more willing to rest her.

“Tired, yes! But I am coming for the surgery and will assist you. I will come to know you better, as a person, as a surgeon. I cannot pass up this opportunity. I can’t stay away.”

“I wished that you would not decline. You are not the type to relax. Be ready in an hour’s time and I will send you a call.”

During the three hours of operation, they had enjoyed the skills of each other. What would be a complicated affair to many, looked simply because three masters were at work.

“Now the abdomen is sutured back. Now you go. The anesthesia will be reversed by Nivedita.”

Vijayini had stepped back pulled her gloves but did not go. She lingered on, moving about till the patient was out of anesthesia, fully conscious and normal.

“That is what I like about you. I did not really expect nor wanted you to go till this chap was shifted.” Pranav Anand had announced with the same candidness.

From that day on, the work simply shot up. It steadied and in a smooth run it continued.

Over telephone, a couple of months ago Vijayini had told the Doctor to start a new batch of trainees.

“We have the gynecology camp coming up, in three months. The work will be huge and we will need additional hands reasonably trained before that. Start a new batch of ward assistants. Insist on bond money. All the professional help we needed has come through.”

The response to the advertisement for ward assistant training was satisfactory. Signing a contract with The Hospital, for a refundable bond money of 5000 rupees, and commitment to work in The Hospital for five years, did not prove to be an obstacle as the Doctor and Sharad had feared. Number of girls lined up. The Doctor included his well-trained assistants like Yamini, second Manju and Vidyullata to interview them. Together they had picked up Jyot, Kamakshi, Gunavanta, Madhyama and Shalini from among them. They had gone in to the training happily.

“Doctor, let us house this much larger number of paramedics under training with our older ward assistants in the room beyond the labor ward, with all amenities. Subsidize the canteen facility and adjust the cost against their stipends. They will be called for emergencies, any time in the night as well, as a part of training. That must be clearly understood and accepted.” Sharad had sounded the Doctor.

The Doctor had talked to these girls. All the new five appointees came over willingly. Damini, Janhavi, Vidyullata, staying in a cold house a mile away, near the Brahmin’s marriage hall, were also too happy to come over. They were now free from cold, wind, rain and hailstorm. Now at any one time, there were enough hands to do jobs. The ward tensions had eased out.

Soon after that, Atreya approached the doctor.

“Doctor, our lab work has become too much for me alone. I want some assistance. Out of the new ward assistants under training, give me two at a time for two months to train them in lab work. Then the next two, then the next two. I will make them good assistants in no time. The gynecology camp is coming up. I will need hands.”

The wisdom of it was obvious. Housing them in The Hospital would also serve well for the gynecology camp. All of them took to this arrangement enthusiastically. The quantum of work had gone up steeply. It was handled more efficiently, without any hassles. Things were gearing up for the advent of the gynecology camp.

The house was full of noise and people, on 15th of April. All the staff had come together, with enthusiasm, in anticipation of something important, in the offing. If anyone remained absent the Doctor would pay a fine of Rs. 1, not the one absent. Symbolic, not a coercion. By the time Pranav Anand, Asaavari, Nivedita, Vijayini and other doctors walked in, the Doctor was already sitting on the table right in front of all, talking to them.

Whispering, Nivedita asked Vijayini, surprised over his mastery over the language.

“He has started saying, he has four mother tongues, English, Hindi, Marathi and the local language. He thinks in any one of them as needed. In all he understands seven and reads four.”

“Now, we have a different type of camp scheduled from the second week of May till June 10th. A camp for all ladies who have gynecological diseases. I am told that these diseases are widely prevalent. We will do the publicity like eye camps but only for these ailing women. Not like eye camp, with only two-day OPD, but three weeks of it. A lot many ladies will come every day. May be, even on Sundays. Dr. Asaavari, Dr. Nivedita and Dr. Vijayini will examine them. The examination and lab investigations are free. Drugs will be charged for. Many of them will come back for follow up after a week or ten days, increasing our burden.

“During the outpatient, women who need surgical treatment will be identified. These patients will be tested for their fitness, given dates for operations. For operating on them, Dr. Upadhye will be coming with his assistant and two anesthetists from Khandeshi in the first week of June. The anesthetists will run two operating tables and Dr. Nivedita will run the third. Dr. Sabnis also will come from The Port city to operate. Dr. Asaavari, Dr. Pranav Anand and your madam, Dr. Pranesh, Dr. Pradyumna, they will help or assist in operations.

“As in eye camp, many male patients will come with surgical conditions. They will be taken care of by Dr. Pranav and the madams and their assistants. Dr. Milind will help me to run the medical outpatient.”

There was mirth, a hidden joy, anticipation of plenty of work.

“During the outpatient activity, the any routine as well as emergency admissions will continue. But the real load will be in outpatient. We have to do all the work ourselves as we did in the conference. In the next few days. the pamphlets should be ready and dispatched to those we already know and the numbers each one needs. There are many Ladies Groups in the towns and estates, youth organizations, rural banks, and seed banks. We have a full list to send our pamphlets to, to every nook and corner of our district however far it could be.”

“I have already adequately trained the two assistants in the last two months. I want to replace them with two more for training. I think the number of women will be large and as much as the OPD, the laboratory will need maximum manpower. Who will want to be trained?” Atreya said.

Two more of the five newly recruited girls raised their hand and were assigned to Atreya.

Pradnyagouri and Bawara almost simultaneously spoke.

“Sir, you said the camp will be followed by an operative camp? Should we mention of free or subsidized operations in the pamphlet?”

Some of the staff did not want any mention of operations, thinking it will scare the women. Only free examinations and treatment at cost should be mentioned. Some insisted on operations mentioned. There was a long debate and each one had one of the two opinions. Finally, on raised hand count, mention of the operations was omitted from the pamphlets. It was agreed that those who required an operation will be told by the doctors when they come for examination.

“If there are medical or surgical emergencies?”

There was a pause. Vidyullata spoke.

“Myself, Damini, are enough for wards. The second Manju can go for the operations with the first Manju, Yamini and Rajita, and then come back to wards.”

“What about nights?”

“Janhavi and one or two trainees. All of us are anyway staying here even in the night if needed.”

The staff was deciding for themselves, deciding for each other and quickly. Jaising, the x-ray boy was deputed to help Pradnyagouri in the drug store. The two ward boys Ganesha and Sanand, with two more maids were told that they will help everywhere. The Doctorsat quietly without interfering. Within forty-five minutes they had streamlined all responsibilities. Tea was served.

“Array! Canteen will be flooded in those days! They will need extra help.” Someone shouted.

“Myself, Kalpana and one more maid is enough. We don’t want too many people there. Like in eye camp, they will come, drink, eat, get away, not loitering there.” Pat came Irene’s reply.

On their own, Asaavari and Vijayini had ordered thousand examination gloves, a dozen of large bottles of solutions for cleaning a dozen vaginal speculums also bought anew. Bawara went to the Port city for purchase and came back loaded with these items. No one even bothered to find out how much money was spent, except Pranav Anand.

“My dear Doctor! How can you afford all this?” He had asked.

“By charging the patients, at rates fifteen years back, for eight years. Compared to today’s indices the charges are about fifth of real value. My staff economically uses all consumables. Reusables are scrupulously cleaned, autoclaved and sterilized. We earn a small ten percent surplus on the turn over four to six times in a year. Thus, for each rupee invested, we get forty to sixty paise extra each year. That is why we can spend. We spent a great deal on our conference, conducted it lavishly.”

Pranav Anand did not say anything more.

Three days prior to the announced camp dates, women started coming in. The disparity between the number of items for examining and the number of ladies who started coming, was large. The reusable instruments were quickly washed clean. The women did not have to wait more than a few minutes. It was a bit of circus but Yamini, the first Manju and Rajita managed it. Samples were collected for the PAP smears to detect cancer or for bacterial cultures to decide on antibiotics. The non-reusable items were segregated. Every item, even the laboratory agents, was likely to be outstripped soon. Within a few days they had sent Bawara again to procure much larger quantities of these materials.

With the women came a huge amount of other work. Many of the men who brought their wives or mothers for the camp also had medical and surgical health issues paid the charges. No one made noise. The strain was on the staff, who had to run, even more briskly around, to manage this extra load. They did it with the usual efficiency, shuffled between camp and non-camp sectors, from outpatients to wards, for taking care of admissions, come back, and run again. Hours would pass. None knew rest between nine in the morning till six in the evening. As before, the 12-hour shift was on.

Despite the onrush, deliveries, Cesiarians, routine and emergency operations, terminations of pregnancies were managed without any confusions and smoothly, as were the medical cases. Money was being collected properly. Bills were made correctly.

After the first five days of working like this, all the doctors had got together in the night for a cup of coffee.

“I am amazed at the terrible amount of disease and morbidity the rural women have around these four organs, uterus, ovaries vagina and urinary bladder, all within the pelvis. Recurrent fevers, discharges, vaginal and urinary infections, inflammations, tumors, prolapses, pains, and what not. Suffering for months, years, strength sapped by the diseases. So many of them suffer from other non-gynecological disorders, appendix, colitis, pelvises full of inflammation.” A slightly dazed Asaavari was replying.

“We have to accept the great insight of Dr. Upadhye. He had clearly said, twice, thrice over, that we should treat the women free, even the one hundred operations, he is looking at, should be free, that the money needed will come in hordes. Money has already come, in the form of the avalanche of other work, with which Dr Upadhye wanted to cross-finance the free camp. He was right. He has turned out to be prophetic.”

“Like in the eye camps, we have touched the heart of the people again. So many males accompanying their women have so many medical and surgical diseases and morbidity, difficult to imagine in any single community at any one time. Never diagnosed, never told why they are suffering.” Vijayini said.

“In the rounds of follow up we will know if those treated are relieved or not. Most of the cases are open and shut cases. The diagnosis is clear. In medical diseases of large variety, cure and relief is guaranteed.”

“What about cases requiring operations?”

“Roughly ten percent of all the two hundred cases we have seen so far will require small or big operations. As time goes by, many more will be added. The real question is whether we should take all of them to Dr Upadhye’s operative sessions.” Vijayini raised the issue and she only answered it.

“We better call those in need of minor surgeries after their first follow up. A few days prior to main operative camp and finish it off, free of cost, as desired by Dr. Upadhye.”

There was no scope for disagreement. A week later when they reassembled, they had already seen nearly five hundred cases and followed up two hundred cases.

“There is a tremendous amount of relief in ever so many. That is great. Luckily our drug store is holding on with enough stocks.”

They were serving the ‘Mother’ through this camp, as no one else had done before.

Two more weeks passed in frenzy. The officially announced dates for the camp to end, extended itself. Women just did not stop pouring in from remoter areas where their pamphlets may not even have reached. In the next ten days they added two hundred odd new patients. Ultimately by the sixteenth day of June, they forcibly ended the camp. Only one week had remained, for Dr. Upadhye to arrive. At least thirty minor procedures had to be carried out. They set about it.

There was a strenuous debate about charging for the drugs used. on whether at least the drugs should be charged. Not charging for anything at might have led to some money crunch, in spite of the huge non-camp work they had done. Sterilization of sets of instruments, linen was no mean job, consuming high voltage electricity for long hours among other inputs. It was a major expense. Ultimately, they settled for the drug charges and fifty percent of the usual charges for the bigger operations to be done in the operative session of Dr Upadhye and all other smaller camp procedures free. There was no resentment, women paid without any haggling. They knew how dearly things would have cost them, in private nursing homes and bribes in government hospitals. There were women ready to pay in full and get operated outside the camp domain, but the offer was declined.

On twenty second afternoon the whole team of Upadhye and Co landed. Dr. Sabnis, short, fair, plumpish, easy mannered surgeon drove away in his own car for the camp, on the morning of twenty third. The first two cases were shifted in. Many of the staff had changed and watched the operations through the glass panels. The huge bulk of Dr. Upadhye all clad in the operation theatre greens with latex rubber gloves, with Dr. Chowdhury, his surgical assistant, stood at the bottom end of a patient in lithotomy position to remove a uterus through the vaginal route. No scar would be seen after the uterus was removed. Dr. Upadhye worked quickly. Before anyone realized, the operation was complete. Dr. Upadhye pulled out his gloves and ordered the patient under spinal anesthesia out of the theatre.

Dr. Pranesh had managed to get in. When he brought the patients out to be put on a neat clean bed.

“For no reason really, except that I happened to see when it began. That man has removed the organ in exactly thirteen minutes. My god! What a surgery. There was practically no blood on his gloves.”

Dr. Upadhye for some reason had come out in an overall. He could understand Pranesh’s local language tribute.

“Are you surprised doctor? You will be, till you see the two Purandares from Bombay operating. They taught me gynecological surgery. They take the uterus out in three to five minutes, complete. Three to five minutes! Believe me.”

“That is great.”

“Yes, it is. Once an American audience of surgeons and gynecologists saw the video shooting of the surgery of the senior Purandare. In the middle of it, one gynecologist got up and said with acerbity, ‘We have not come here to see cadaver surgery! Where is the blood?’ It was difficult to convince him that this was a live operation and was being done with the kind of clean field and speed that he was watching. We have become somewhat better because we were trained by giants.”

By the time this hubbub settled Dr Sabnis walked out.

“How much time did you take to remove it from the abdominal cut?” Dr. Upadhye asked him to.

“Forty minutes. It was a huge uterus, vascular and bleeding, with a few tumors on it. Ovaries also had also to be taken out. The pelvis had many pockets of cold abscesses; I had to drain them one by one.”

On the first day, they operated seven cases and by four in the afternoon, everyone was free. After food and some rest both Dr Upadhye and Dr. Sabnis took the rounds. Dr. Upadhye did ask Vidyullata and others.

“Where were you trained to work as nurses? I find everything carried out as ordered, to the minute. Degree or diploma?”

“Madam trained us! We do not have any recognized degree or diploma from anywhere.” Proudly they told.

“Who trained you? Where? How long?”

“Vijayini Madam. Here. In this hospital. In nine months.”

“I can’t believe that!”

In the evening, Dr. Sabnis left, promising to come tomorrow again, over one hundred and thirty-five kilometers of ghats and stay. Upadhye confronted Asaavari.

“How many cases have you collected? Why only thirteen? Seven are over.”

Asaavari narrated everything they did by way of camp publicity and the way that made an effect. “By our selection we had nearly fifty lined up. We have already finished thirty minor surgeries between us. Of the remaining, many did not turn up.”

“Did you ask for money?”

“Not really. Patients asked us why we are not asking for money. We told them that money is not a consideration. Their willingness to undertake surgery and pay what they can in the donation box was the criterion. But many did not opt for this generalization. They wanted to be sure about how much money. The stay, food, hospital, nursing, laboratory was still made free. Drugs, anesthetic agents and Operation Theater for a major gynecology surgery was fixed at two thousand five hundred. It is about one seventh of what would have cost them outside. May be more, one eighth. That put the patients at ease. Then thirteen lined up. These were for the major procedures.”

Nivedita broke in.

“Sir, we have treated free of cost over 600 women in the outpatients with one or two follow ups where needed. I think more would have queued up. But some other factors within the household conditions may have prevented them from coming. We should find out.”

“I think you should not have charged. I still maintain it.” Upadhye had insisted.

“No, Dr. Upadhye. We charged only for the drugs, so that the people should value the effort. They might even have thought otherwise that nothing had been done! Money was there; it was not the deterrent.”

Sharad, also present, moved to speak.

“Doctor Sahab, I think we scheduled the surgery a little late. The paddy fields are transplanted in July. It is the hardest job of the year in this agrarian community. Women could have shied away, thinking that they may not become strong enough after the operations for the transplantation. The schools also begin in early June here. They will get a rain holiday generally in August.”

“Next year, one month early.” Dr. Upadhye had a peculiar, direct way of problem solving. As if remembering something unasked, he once again turned to Sharad.

“Is paddy transplantation so hard? I did not really think so.”

“Not elsewhere, I agree. In the peninsula and rest of flats of India, the rains are less and the cold virtually absent during the transplantation time. Here, at this height it does not rain! Rain pours here! Mud? Plenty! Cold? Chilling, bone chilling cold! Most of them drink huge amounts of arrack, the local liquor and do it in a frenzy for seven days.”

“My goodness, what a terrible place. My goodness, come to think of it. I am getting cold. What about some hot coffee, something to eat?”

Sharad invited them to his house. Vijayini stayed back.

“Vijayini, relax. Play with children. Your staff will look after the operated seven well. They are good.” With that Upadhye and others drove off.

Next day Upadhye did realize that by finishing many minor operations, even before the surgical camp these three girls had done a good job. The next day all the six scheduled for surgery were going to take long. A huge fourth degree prolapse, a big uterus, lying outside the

vaginal canal, large ovarian tumors, big fibroid uterus of the size of a small melon, another one the size of a sixteen weeks pregnant uterus were lined up for removal. That was heavy work. To everybody's surprise Dr. Sabnis was there at nine in the morning.

"I had some difficulty and had to go back yesterday. Today! No. Where will I be staying? I will go late tomorrow. Just relax. Talk to Upadhye, my great friend." Dr Sabnis spoke to the girls even before he got into the theater.

The long surgeries did go for long. Yet by conventional standards, Sabnis and Upadhye were still much faster. To clean up with a Wertheim's operation a myometrial carcinoma, removing everything that was malignant from the pelvic cavity in ninety minutes, was a feat only they, together could achieve. By the time they took the night round and went for food, in Irene's canteen, it was nearing ten.

Dr Upadhye and Dr Sabnis, Pranav Anand, Nivedita were all rich guys, aristocrats. They were eating in the simple unostentatious plates, in an absolutely plain canteen with wooden table frames and a marble top, with staff. There was the simple sweetish rice of Greenspan, a curry, a stiff chili appetizer, vegetables, chapattis, with dash of ghee, coconut gratings, spread a little liberally. The canteen was somewhat dark at that hour. This was followed by lightly fried curds rice. Then the jack fruit, milk, sweet. Some terrific tasting small finger like planktons. They were enjoying each morsel.

"Sabnis, will you ever find such a fantastic food anywhere in your fashionable Port City? There is no comparison to it. Look at this simple dark lady who cooked it. She is here whole day. But our joy reflects on her face."

Dr Sabnis responded to it.

"Look here, all of you. We all had a day's hard work. But what a scenic, idyllic, beautiful place to work in, even more beautiful than many I have seen. Cold weather, rain even more beautiful; continuous, drizzling and non-stop. Look at these juniors, so thoroughly one with the place, enjoying the whole thing. Sharing our enjoyment. It has become their enjoyment. I feel young today. Far, far too young! As I have not felt for years, in that formal Port City of mine.

"Boys or rather Girls, one phone call and I will come. Not so much because you will need me or Dr Upadhye. But because we would like to have an excuse to run away with and come here. Today you have already picked up a lot of tricks. We will operate two more tomorrow, before I leave. You won't need us after that. But remember, it will be an excuse I will be looking forward to! Don't deny that to me!"

With coffee served they sat chitchatting for so long that each one started realizing that they might start dropping off.

In the morning Sharad had sent two cars. It was a Sunday. The surgeries had gone off fast, they all plunged into the cars, trotted off to see Greenspan. They left the next day.

"This is the least we could do for them." Sharad had said.

The patients settled down quickly. After the stitches were out on the tenth day, they were discharged on eleventh. The camp ended after nearly forty days of back braking work.

The rain had settled in stronger than the usual in June. On thirty first of May, from nowhere the clouds, dark, thick had gathered, leaving not an inch of blue azure sky to see. The sky had stood like that till the evening came. The sun was obliterated. It was not dark but a grim, gray afternoon. One felt as if one pin prick and the clouds would burst. And they did! From then on it had rained continuously. Biting cold had set in. By the time the camp ended, the new comers realized that they had not seen the sun for twenty-three long days. The nature probably wanted to give them a taste of what Greenspan was or could be like.

“For how many more days we are not likely to the Sun?” Shivering, clad in sweaters, woolen socks, rubbing their hands and noses, each one asked alternatively.

“Till July seventh, that too for just a few days. Then the sun will appear only in September. The worst is yet to come. The five days of Hasta. It rains on an average ten inches a day during those five days. Thousands of trees will fall. Electricity may go off. Clothes will not dry. You will not feel like taking a hot bath because you will feel colder after that and more cramped. One gets a feeling that if you stand still like that sage Valmiki, fungus will grow all over you, if not an anthill. Milk and vegetables may not reach this town for a few days. Don’t be worried we will have made stocks by then.”

The Doctor relentlessly pressed on the geography.

“Stop it. don’t make us more miserable. Our bodies are well padded with fat and wool. We have well-constructed rooms, a heater in it, your big baskets with square holes for drying clothes on coal fire, brought to us. Our food is cooked by someone else four times a day. And still, we are shivering in our pants. And you are taking joy in prodding us, going around in your shirt sleeves.”

Vijayini started laughing.

“He will stop! But let me tell you. Neither my first nor the second year here was so bad. It rained much less in those two years. During the third rainy season I was in Poona, for all the seven raining months. The fourth and the fifth were again tolerable. Now is the real Greenspan, even for me.”

“Vijayini, heroically we came here to help and relieve you. I don’t want to say it, but I have almost come to regret it, because of this cold we are unaccustomed to. We feel like running away. If I do, I will abduct you and go, not to feel guilty of running out on you! Damn this weather.” Asaavari was almost frustratedly angry.

“This MD from a metropolis showed me the house of eleven rooms and three bathrooms where he stayed alone and survived. Bloody shit and madness! I would have run away one hundred and fifty times in those five months. The temperature is six degrees. We do know now, what it means. Ideology and brotherhood my foot! Ha! Ha.”

Despite the desperations the mood had enlivened. There was a sense that if they have gone through this, it was all the more necessary that they did it for the two doctors.

A large number of people had come to stay in the campus. Veritably the campus had started looking like an Israeli kibbutz. It had all its characteristics, people at war with death, trouble

pouring in from all directions, the campus, a citadel of strength and endurance, of promise, undaunted.

It was in this atmosphere, one fine day, that is on one horrible day in July, in the early afternoon, two characters appeared. Kedar the physician, in charge, head of The Hospital named after the founder, the red haired, quiet man, who looked like bursting from within the seams. Another was Mr. Bhale, a full-time worker. He was from a backward community, a firebrand, radical thinker, a man of great worth and vision few had, and a trustee of the same hospital. As they climbed the ghat from Khushnagar, thirty kilometers away, coming from not so cold plains, they had started shivering. As they got into the shivering lot, they added some of their own shivering to it. All of them sat in the canteen, drinking tea after tea, around a fire of brightly lit coal box.

They were housed in the ward by the side of the office, the one the Doctor had occupied it long ago. They were then taken on The Hospital tour and were told a hundred things about what all had happened in the last eight years. In the night, little unusual, but Vijayini after checking a patient and had drifted in to the canteen.

“I am glad that ours is a hot place.” Bhale Saheb said. The Doctor came in, in shirtsleeves.

“Ha! Here comes the polar animal.”

“You have come at the most glorious moment of this project, Bhale Saheb.”

Pranav Anand in his slow, halting manner was in an expansive mood.

“What is so glorious here? And why are you all looking so happy? In India, if something glorious is achieved there is either too much noise, a disproportionate and gaudy uncivilized display with fire crackers and a noisy band, on the roads. Otherwise, those who achieve it, make a long face as if some terrific responsibility is being discharged, talk seriously about it or become glum. Others, jealous of their success, behave, as if, recognizing it, is some sort of an offense against God or a pain in the neck. What is so glorious about this place, without any of these signs?”

In a teasing, pleasing, jocular banter, Bhale in his raucous manner and a bass voice, a classic, special, village Marathi of his area, responded to Pranav Anand. Although the humor was not lost on Pranav Anand, he responded a little tritely.

“Yes, I know you have seen a specific kind of ‘social worker,’ a special brand variety. You must have realized how suffocating, choking, almost nauseating it is, to live in that kind of atmosphere for years.”

“Yes, yes. That is what I mean.” Bhale responded jocularly.

“Here we are free and lively and it is “Our” glorious moment. Asaavari, Nivedita and myself, the new entrants who have made this place their own. In another sense it means, all of us, working in the project and the project as well.

Together, the three narrated the entire story about the gynecology camp and the avalanche of other medical and surgical work they received.

“We did not know about it when we started.”

“It is too early even for us to document the details. Let me now formally introduce our Madam Vijayini, our lady surgeon, par excellence. You have not seen her but may know about her. For the last six years she has been here all alone, sometimes with, sometimes without anesthetist, doing at least one major surgery every day. That is high number even by way of reputed surgeons from big cities. Fallen seriously ill twice, came back! Nay, bounced back to work.”

With her hands on the table, Vijayini was listening her head down, unable to control Pranav, unable to hide her embarrassment. She looked up. Folded her hands and said Namaskar to both and bent her head down again.

“Now will you keep quiet, Pranav uncle?” Asaavari interjected. Pranav refused to accede.

“You will never hear her say, ‘I am tired.’ She will not complain. She will go about as quietly, never lose temper. Work and work. Look after the family. Rear the children well.”

“Dr Pranav, please stop it.” Simultaneously Asaavari, Vijayini and even Kedar spoke up. Kedar continued.

“Dr. Pranav, there is a limit. You are embarrassing her beyond endurance. We understand it is true. Let two of us also talk, talk to her.”

“I am sorry. I get carried away in this place.”

“Madam, we are going to have a few fine days here. We have heard many good things about this place, for the last fifteen months. There was a desire among all of us to come. It is one thing to hear. It is another to actually see for yourself. It is not easy to handle so much, with just a few graduate doctors and no qualified paramedical staff either.”

“We have put quality above qualification; good training inculcated, above certifications, in our staff, even the doctors. It gives us our manpower to see us through such heavy work. We have to exert. We somehow manage.”

“That is an understatement of the year.”

“Not really! One has to do what one has to do! Is it not?”

“True. But this is India, and is truly one nation, because all its glaring faults are strikingly and strongly common from one end to another. To create such work, an island of excellence! In India? It is difficult to believe.”

“There is someone else who is doing all this. It is his creation.”

“You mean your husband? No. Physicians do not who make projects successful economically, Surgeons do.”

“I do not know what to say. Probably Asaavari can!”

“Surely, I know. A few things make all the difference Kedar, in the world. First of all, how genuinely you feel for your work, your patients and their welfare. It is not what you reflect in your behavior, but what people, their inner self, see inside you, in their misery. They quickly understand how genuine is the empathy as well as the competence. You cannot fake that

genuineness. It is then that people believe you, when you tell them about all that can be done to relieve them.

“The humane competence of the key doctors alone though is not really enough. She is the role model; all rolled into one this way. You have to have an organized, dedicated force, well trained, motivated, ready to take up the hardship, for the relief of the sufferer’s suffering, to carry out the other hundred related tasks for them. The suffering humanity takes note of that too. And lastly the reasonableness of your services cost, which also counts a great deal. That is how things have been working.”

“Asaavari! Where did you learn to talk like this?” Bhale Saheb, with widened eyes was looking at her, the wonder writ large on his face.

“I have known you since you were a little carefree jovial child. How and where did you learn to talk like this? In Narendra Dutt?”

“Bhale Saheb, leave Asaavari aside. She at least has some gift of gab. But it is here, in this place that we all talk about this. It comes, comes naturally. No body has taught us. I will add two things to what Asaavari has said. It is the transparency of your dealing, also perceived exactly by people for what it is. Secondly, how little the person who gives, is taking for him or herself. That counts. That stops corruption in its stead. It is the visible, practiced ethics of the place, from the smallest to the biggest dealing.”

Kedar now took up the thread of conversation.

“We fully understand the meaning of what you all said. We have begun our hospital nine months ago. It charges half of the current market price, has everything for a second level referral center under one roof. For all practical purposes, we are a runaway success. Our space in so short a time is now inadequate. We are doing everything in our medical abilities, and also try to build the culture we are brought up in. It is getting built but not adequate yet. I do not find it even in other places we tend to look up to.

“Yet, every now and then, we face a small problem that assumes Himalayan proportions. We look around, think, discuss, make a decision, never confident of ourselves, almost afraid that we may run on the wrong side of people and there will be trouble. Luckily nothing has happened but all the same.”

“Dr. Kedar, your setup is new. Success has been easy; rather too easy with your full team being there, the key to it, from the beginning. It takes time for people within and outside The Hospital to see your strains, suffering, back breaking involvement, striving for excellence, low costs, all of it aimed at their betterment. These elements will get woven in, as the time goes by. Then things will improve on its own and much too further. Be sure it will.

“Your problem is growing with growth from day one! Growth by far and large is much more difficult to manage, than the management of adversity. These are two different ball games. Adversity binds people together in tough bonds; growth separates them away from each other. You must have many other problems and to get sorted out. Then the Doctor is the man, to speak to! He will tell you that.” Vijayini responded.

“He just came in for a little time and disappeared. What has he been doing whole day? Has he not spoken with you two? No one has seen much of him today.” Nivedita asked.

“He did. He spoke for about half an hour with us, on many issues, and has given us many documents to read. We are going to sit up whole night and go through all of it. He seems to place a great deal of store on documentation.”

“Anyway, there is one thing I would like to say to you both. Having come so far do not hurry to go back till you think all that needs to be said for this visit is done and understood.”

Chapter 7

Everything documented from the beginning of The Hospital, and till then was handed over to Kedar and Bhale Saheb. True to their mission they literally sat down with the reading and went on till it was really late. Reading aloud to each other once in a while, halting every now and then on things they did or did not understand, wondered about, they discussed. They were provided with flags and the two had pasted them on many specified items and pages they wanted to discuss with the Doctor in particular.

Next morning on waking up leisurely, Kedar went to see the kind of patients admitted in the wards. Bhale Saheb went around seeing the Temple, the well with the engine to pump water in the overhead tank, the quarters, and the office.

“The record of care is satisfactory, considering that less than 12th passed staff, trained here, are working. Then there is an orphaned new born looked after by the same staff. The investigations and the prescriptions have a clarity.”

“Clarity! Yes, it is there everywhere.”

“Sleeping in this place, although pleasant, is not an easy job. The night is cold; you are buffeted in the blankets. Feels fine. But thoughts torment you. For one day, the brainstorming was heavy. I was as surprised as you when Asaavari spoke.”

“Kedar, I think it is the remote, difficult, hilly existence of these people, beset with difficulties that they have overcome. That gives their beings and existence a silent intensity. And yet they are so normal, easy to talk to; no awkwardness, no embarrassment, no inhibitions. And no stiff upper lip.”

“Bhale Saheb, I think we have made a big mistake coming here. We came here to see how under adverse circumstances a little more than successful project is run and to learn about how to run ours. We have been presented the ideas, and the techniques, on a turn key technology as the Doctor calls it. Manuals of operations running in to 200 pages, training syllabus of 150 odd topics, with relevant details to be taught, management of drugs, the unimaginable tribal mobile work in such adverse remote times, more than a decade ago.”

“Yes. One thing which is repeatedly surfacing, is the staff they have trained. We heard Dr Deshkar in January about it. Repeated cycles of experimentation-testing-modification-testing-verifying, experimenting using imagination, over so many years, that is where their creation boils down to. It is a clear progression, with a pattern of their evolution, as I can see, leading to a marvelously hand-crafted machine. I think this is where we have to go, reach and firmly establish. Success or failure notwithstanding.”

“When I said in the canteen, ‘we do everything to build that culture and atmosphere but we do not have either, as we see here,’ I meant it! That’s it!” Kedar said.

“We have a fairly good culture getting established, no doubt. But the bar should be raised all the time, as here. I am particularly concerned about our paramedics. The initial lot of the qualified nurses, other paramedics has been good. And we are lucky to get them from the start. You cannot be sure of the next lot of them we will need, we may get, quality apart. Our work is already expanding; it would advantageous if we start thinking about training unqualified hands as he has done here, and showed us how to do it.”

“According to all assessments our working is fairly smooth. If there are any glitches, in various places we sort them out. We did think that our working should improve further, but these methods did not strike us. I read the Manuals of Operation from our hospital’s working point of view. Once the clarity of work to be done develops to a level, it will start and continue to reduce the glitches in a short time if we implement it by adapting it.”

“Kedar, before we achieve what we want, the real formidable step is for each of our doctors first, to understand, internalize these ideas, for themselves and then the staff. We do have some inappropriateness in our junior doctors, in other departments also. It will be useful to all to gradually implement it. What he says is right. ‘A person being fallible, must be hammered in to a strong system lest he goes astray.’ I think we must ask him the steps to implement such a big document.”

“There are other things to think about. Some are directly relevant to our work and some for our intellectual understanding.”

“Such as?”

“From the beginning, these people cared for the tribals. We do not have tribals in our area. Common sense, that there will be such highly vulnerable population segments, otherwise unapproachable groups. We have to find out where they are, their numbers, conditions and requirements. We must do something for them.”

“Similarly, sometime, sooner than later, we have to keep on our calendar, the eye and blindness work. There is a full method of working it, is drawn here. Then the unique gynecology works, we have never thought about, in fact nobody has.”

“Good you mentioned it. It is never too early, nor too late. If we do not do such things now, time being scarce, as the excuse, years will pass and we will not have time then also, to even think about all these. Just like our mentors, who never thought anything beyond The Hospital till now. We will also not want to see beyond The Hospital later because we will not be able to manage it, if such activities are to be added.”

“We should send ND and Rajendra during their next gynecology camp, and Ruhi and Pimput for the next eye camp.” Randomly, Bhale Saheb said.

Kedar laughed loudly.

“Why man? What happened?”

“If they see the works, the kind of journey we also have to undertake, they will either faint or resign.”

“These guys did not have much money. But they managed all the three camps and then the huge conference. From where did they get the money?”

“Yes. An important point to understand; how is their money cycle, sources and expense items. We have limited our overheads by doctors taking adequate money for the decent life, while what they earn for our hospital is much larger, as is the case here. We are in money from day 1, but we must learn about how they manage it here.”

“Bhale Saheb, we are in a vantage position, looking back on seven years of work, compressed in time so to say. The advantage is we can know and learn each and everything we need to easily, since it is already laid down. Some will of course need direct discussions.”

Tired of their readings, in free times, they talked to Asaavari, Nivedita and Pranav Anand. Asaavari told them stories about Vijayini and many others.

“Marriages are made in heaven. I am now convinced of it.”

“Eh, what is this, coming from nowhere?” Bhale Saheb asked Kedar.

“Had Vijayini not entered his life, what would have he known about those numerous matters, concepts and nitty gritty of ideas like Primary health Care? Know about its thought processes and how to work these out, deal with it, in any health work? He was as stupid or ignorant about it as we are now. We have to internalize it as he did. There is enough material on that which we will take.”

“You are missing the bigger picture. Knowing about something or thinking about it is ok. But the Doctor has worked with ease with socialists, communists, the Sarvodaya as well as Christian outfits. We do not look beyond our people, a habit, hard to, but we have to break. Equally truly, even these people do not like to go beyond their kind, keep among their likes. Inbreed. If we do not break the mold, we will also be inbreeding, at the most reckoned as an isolated island of excellence, marooned to and by ourselves, deep inside an ocean.”

“Agreed.”

“There is more to it. These four outfits gave him the ideas of Primary Care. Soon, he discovered their self-imposed limitations and rose beyond it, liking it with competent second level machinery for supporting it. Also outlined how to achieve it. From there he moved on in NM for a synthesis of primary, secondary and tertiary care, its dimensions, produced a full-fledged example and a system of such a system in his health treatise. All of it added to the strength of our organization. More important and difficult of course is, to keep all of this on our visible horizon to act upon, as soon as possible.”

“Asaavari told us about his long travels, meeting people, getting to understand their working, more ideas. We never thought of nor did Narendra Dutt about knowing what was going on anywhere generally.”

“We, and our mentors are interwoven with and under the organization umbrella with its blessings also. We have taken it for granted, that this benevolence will always be there.”

Kedar, having heard about the Doctor’s feuds with his state bosses, uneasy over it had at last opened the painful area.

“Hopefully, we are not under thumb screws, what this work and its people have undergone. We should at least know, if things go wrong between us, how far can it go and where, and in what shape we may have to face it.”

“You do not have to be nasty Sir, even if you are telling the truth. The unfortunate endless fights from the first month on, boycotts, ostracization, we fear so much, borne easily, even when the state brass was consistently wrong. It is a lesson for life, Kedar; the saddest of all hardships. Yet all these people continued, without any support and buffering, with a single mind. Somewhere, we have also to keep it as a consistent or continuing long term behavioral norm.”

“Dr. Deshkar gave us his thesis on the project and organizational relationship some time ago. Not much thought anyway was given to it so far. No one has said things that clearly and in so much detail. The way he synthesized his viewpoint, goes far beyond.”

“Again, missing the more important point Kedar. There is not an iota of bitterness or anger in it. I have also read it. It is extremely difficult to overcome this, for even the wounds to heal completely and normally.”

“Two more things need consideration. One to expand our thinking consciously, the other for implementation. The curse of Capitation Fee Colleges, it hovers somewhere in our mind and we do not really know much about it. We should be intimately familiar with all arguments, for and against. The document he wrote for Dr. Raghav explains it all.

“We have to also fight corruption. As Dr Deshkar repeatedly says, being several notches above the average level around is the first step to it. Then we can stop the monetary exploitations and other agonies of people are suffering. We know the principle but again remain conscious about it only peripherally, not devoting time to constantly think about how to achieve it. Watch ourselves, not to let it slip from our hands within. Medicines cost a hell of a lot. We have to know more about how to implement rational therapeutics, a ‘Drug Culture,’ as Vijayini calls it. What a term to use!”

“The dividend we have, without investing anything for it, is to cull these readymade ideas for implementation, relevant to our growth and our problems. With the ideas will come the ways, to implement them. Both techniques and the applications are already documented clearly. It represents a final, evolved form of any aspect one can think of. And to see that in a nutshell, we are here, Kedar.”

“Fortunately, Bhale Saheb, we do not and did not have to undergo all these experiments. If it not had occurred to us to undertake this exercise coming here, it would have been a big waste of time, energy, an utterly useless and a faulty, tentative undertaking of reinventing the wheel. All that we need to ask is, ‘We want to borrow all the documentation. Use it. Improve or adapt to our circumstances.’ Do you think we should ask for copies all these documents? Will they give it willingly?”

“Of course, a big yes for both. He will. The problem is solved, highly satisfactorily. Unfortunately, we have not acquired the gift of solving problems like the Doctor, because we have not faced any serious problem. Our issues, our problems, are miniscule but different. The

documents show how easily and with thoroughness can any difficult issues be solved. It is all a ready-made, drip drop wear garment, fitting nicely.”

“We will take copies of these documents. ND will read, Rajendra probably will read and understand. I do not know who else will or else we have to make a public reading.”

“No. No. So much reading? That is not possible. Our doctors keep getting called out. Let those who read it read. We will tell what we can to all of them in our reporting session. But the simplest thing is to call this man to our place. He will come. All of us can attend the meeting for a few hours.”

They read on for long. Late in the night they started on the proceedings of the conference of medical projects but halted at the introduction of The Hospital itself.

“To run a project of top quality, to keep it on the right track, develop its various dimensions and paradigms, is not easy. For that a lot of ideas, critically analyzed are needed. ... There are many front-line, organizational, medical and non-medical issues in health field that need to be brought out for discussion. ...identify first the real needs and relevant goals to achieve, which will help people...We have to ultimately lead ourselves to the solution of the problems that prevail in the population we serve.”

“Kedar, people boast about being able to think fast and speak about matters at hand even faster, without really thinking it through and much in depth. This is a good example of how to think systematically, break down each element, arrange them sequentially, decide on a mode of action and then do it.”

“With all this, he made a complete U turn and said ‘low cost humane and competent medical service to the poor has no longer remained our goal! We are an experimental laboratory for the development of alternative models that will solve the problems of rural and urban health of India. It is the quest for and of alternatives that is the essence of our existence.’

“Bhale sir, I wonder if I could ever make a statement of this quality any time in my life.”

“Not likely. Think about those of our other friends, twenty-years, twenty-five years in this medical service business. Can they make a statement like this? If you read on you will find that no one has. At present it is enough to know that such a statement is, has, and can be uttered, and the one who did it is our friend. I never ever thought that this would be said in that conference. I have never heard such a thing till now. Alternatives to solve problems; it never struck me as clearly. We do not need anything to say or do. Let us assume that there is nothing right now, beyond this goal. If it is there, it will arise in due course even if I cannot see it now.”

“The question is where will ‘he’ go from here?”

“We will come back to see that later when he does. Not just that Kedar, where will we go from here on? That is the real and even more important question!”

In the evening the trio of Kedar, Doctor and Bhale Saheb sat down in the canteen.

“I am sorry Bhale Saheb that I could not spend much time with you. Instead, I put you through a lot of reading. I knew that I couldn’t share time. All others I suppose have briefed you adequately.”

“Good that you left us to the others and to reading. Doctor, writing alone can never convince anybody about anything. Here we are able to see things keenly, ourselves, openly and can understand them well. We are old hands at things, Doctor, and can differentiate between the chaff and the grain. Writing has to be authentic; it should have that ability to convey the authenticity across space, in a thundering convincing manner. Then only you are convinced.”

“I am afraid this writing has fallen short of your expression.”

“Far from it. We had expected to find a more than reasonably successful project in adverse situation. But you have put us flat on the boxing canvass. There are many things one strives for in life. Full timers like me strive to see the vision of our founder actualized. We go through the day-to-day drudgery of mundane meanderings, hoping to see an Oasis. Mediocrity abounds. Puff daddies of bloated persons abound. The prophets with clay feet abound. And then suddenly we see something solid, and then you are lost.

“Coming here has told me one thing. If something like this is possible then the way we are going around for the last sixty years is right. And if we do not achieve these reaches in our place, then it will only be because we are not thinking enough and not working hard enough or are either too mediocre or stupid. That is a great revelation.” Bhale Saheb stopped.

“There are ever so many things we are taking back. Not just the copies of these materials. Something tangible and yet intangible, definable yet defying definitions. Uncanny. Can be seen but cannot be touched. Our mental vision has become different. It is like suddenly being confronted by an ocean when you were expecting merely looking for a swimming pool. I am not joking. I am serious.

“All we want to tell you is, whenever you next come to Maharashtra or anywhere near us, we want at least two long meetings with you.”

“That will be soon enough. May be four months. I am scheduled to go to many places in Maharashtra, a personal journey, so to say and I will come. Be seeing you!”

During the night food, all of them had assembled after Bhale Saheb and Kedar were dropped on the bus stand.

“So how are things?”

“I will tell you how the things are. Today we are ending the month. Do you know what is there in the kitty for you? Collection of one hundred and thirteen thousand in the month. This is the fourth time in last four months. Of the last thirteen odd years the hospital, the maximum, single handedly earned by Vijayini, she told me, was fifty-nine thousand only.

“As long as I am there, you will see your collection never dipping below one hundred thousand. This is one reason I am not liked by many. Work comes aplenty wherever I stand. I do not operate unnecessarily. Not a single unethical surgery. But what can I do?”

“I contribute hardly anything to this. It is surgeons who make projects. That is what Kedar also said. Sharad some time ago made a statement, ‘She makes the money, the accounts collect it properly and I spend it.’ It is all you, and your might sir.”

“You will see things hereafter going from strength to strength, even if I go off from here for some time. Vijayini, Nivedita, Asaavari and Pradyumna, they will pull off almost anything for you. It is to the meaning you two have given to this place that I offer this.”

He merely inclined his head as if in a salute. He extended his hand to Pranav, shook it and said, “Congratulations, sir.” There was not a word more but hidden behind the thin line of water in the eyes and in the swollen bosoms there was a world of emotions.

The Garden City Conference decided in the NM meeting got postponed for some months. Vijay Kumar came to The Hospital saying that it would be necessary to hold the group they had gathered for the career alternative workshop. The program had had, deep enough effect on them. Unless some program is done for them, they will be back to their square one, they would fritter away if such a long gap was allowed. to keep them engaged.

Drug Situation in India as the theme for a similar workshop as before, came up naturally. It was not just an important, one of the four main pillars of good clinical practices. It was rotten from within, also rotted the clinical medicine from its base. Mid-August was fixed for the date. This time they decided to hold it under the banner of the NM. Vijay vigorously circulated the idea and more than seventy-five about to graduate students with a contingent of ten from Ayurvedic College, and three professors from the Pharmacology Department, promised to attend.

The State Drug Action group was desirous of spreading awareness in younger doctors at various places. Govind, the main person accepted to participate in this NM workshop as a facilitator. Bhanu Pratap from Health Community promised to join as a facilitator and bring a couple of more with him to work as facilitators. He also helped a great deal in shaping the structure of the workshop, providing material to use during it.

As the students came in, they found several tables with eight to ten chairs around in the big hall, sufficiently away from each other to avoid interference of talks in each group. The students were to get divided in groups and discuss issues by themselves, not to expect to hear lectures one after another.

To illustrate the real state of health and care delivery in India the Health Community showed a video of a poor lady from a remote village with her young child of five having nonstop diarrhea. She first paid an occult healer, who mumbled something and gave something to eat. No effect, at all. The lady then took the child to a local practitioner who gave an injection, some medicine and without a word, dispatched them away, after extracting some more payment. The child worsening, villagers around suggested that she should go to the government hospital, many kilometers away.

From the village the main road was remote. There is no guaranty when a bus or any other transport to reach the government dispensary would come by. After several hours she reached the government facility. The person working there told her to go away because the outpatient time is over and the Doctor is not available. Money was demanded, if he has to bring the Doctor to see her child. She paid from what little she had. The Doctor also demands money. Except for a cursory examination of the child now severely dehydrated, and moribund, a long list of drugs is prescribed. But the government dispensary is closed. She is told that these medicines are anyhow

not available there and must be bought from the private pharmacy. Having no money at all now, the lady goes back to her village facing the same difficulties when she came, holding the child, dying mid-way.

Silence prevailed for a long time in all groups. The group leaders requested their groups to talk about the drug situation in the whole episode in particular, keeping aside the state of health care delivery and any other issues or situation, however horrifying. They were rewarded by a plethora of comment.

‘The so-called local practitioner, is a fraud, unlikely to have proper drugs, and no knowledge of oral rehydration. The occultist’s drug repertoire was an even bigger fraud. The nonavailability of drugs in the government dispensary was a routine experience because these drugs were siphoned off to the private chemist, money getting divided. The corruption behind it was emphasized. The long prescription of drugs had irked most students. These would be either useless or costly or both. Just a couple would have been sufficient. Whether all drugs prescribed by all of them could have been essential was vehemently denied, indicating that many must have been tonics, in attractive colorful packaging, irrelevant to the issue of diarrhea.

‘The students from Ayurvedic colleges decried their own drugs as ineffective, almost useless in emergencies like this. Why was there no prioritization of the most essential drugs for such a poor lady? The complete lack of explanation about how and when the drugs should be taken, why, what else to do, also surfaced bitterly. Oral hydration not featuring anywhere also was criticized bitterly. Is this the way the medical education trains the doctors to treat when a disease enters poverty?’

That allowed the facilitators, first to talk at some length to raise the issue of rational therapeutics, rational formulations and the national list for essential drugs. Of drugs legally banned, and bannable drugs, still widely available in the markets, of the wide prevalence of fake as well as substandard manufacturing of the drugs information was presented on all tables. None of these ideas were ever heard by the students. Neither did they know what irrationally combined drugs are, nor how rampant was their prevalence and the drug companies strongly objecting banning them, to which the governments yielded.

‘Prescribing properly, not generally done, was still much less than half a job. It needed complementation of proper explanation, spending time over the patient, assisting as much as could be by the doctor, culminated in the need and absence of empathy, sympathy for not just poor but anyone ill, was also a strong comment made by the students.

‘The students from the Pharmacology college pointed out that the pharmacists have no right to make a selection for the patient, if all the drugs cannot be purchased because of lack of money. They have to just obey what the patient finally chooses. The ramifications of this situation, incorrect choices, worsening of the illness because of that, useless but costly drugs being purchased and what little money there, gone, were all clearly recognized and easily understood by the student.

‘It further led to the role pharmacies where drugs were prepared and given to patients, effective and low cost. The students regretted that almost all such pharmacies had disappeared.

The specialists overprescribing costly drugs, their contempt at such preparation was a status symbol. The private hospitals where the specialists worked ‘prescribed out’ relinquishing all control over the right contents and the quality.

‘An issue of prescription audit, especially in medical colleges by the Pharmacology Department, a practice prevalent in the developed countries, was raised by the facilitators in all groups. The idea had to be repeated twice before it could be understood. The purpose was explained. It was to oversee if the drugs used by physicians treating patients were rational, the dosages correct for the individual patient, pointing out if any of the prescribed drugs were antagonistic in their actions to each other, or have adverse interactions with other drugs prescribed. Whether irrelevant or banned or bannable were prescribed. To check on their bioavailability profile, were told to be part of the Pharmacology departments in western countries. The reaction was explosive.

“What are you talking? Completely unrealistic, a foreign idea, but not applicable here, in India. If such a thing happened, the teaching staff from every department, from the HOD down to the interns, the private consultants, will go mad with anger. There will be physical fights with the pharmacists.”

Nearly two hours after, the discussions were interrupted and the second part of the video of the poor lady whose child died, was shown. It contained the interviews of the chemists, of government pharmacists and doctors, medical representatives. Four statements summed up fifty reactions about each of the player in the video.

‘The things are what they are. I am not responsible for anything in particular. What can I do? It is not my job alone to do anything to improve the matters.’

Towards the end of the round table discussions ‘Irrational Prescriptions’ was taken up. In a brief four hours what they wanted was achieved more bountifully than they had thought. Three print outs were given to all. One was the lecture Vijayini had delivered in the All-India conference on drug culture. The second was long lists of banned and bannable, irrational drugs compiled by the Drug Action. The third one on Irrational Prescriptions was especially prepared by Vijayini for this workshop. It identified seventeen aberrations related to drug prescriptions. It went on to demonstrate how each of the aberration, could either lead to erroneous drug delivery or drug consumption in such prescriptions. It was gratifying to see the boys then announcing that all this material will be distributed to each one in their contact, to those who did not attend.

Ratnakar had come in to meet the Doctor after a fairly long gap. He was now Doctor’s patient and did not have any troublesome fluctuations creating substantial unease as before. A little uneasy, the Doctor asked him if anything was wrong with him.

“Not at all! I am fit as a fiddle since you started treating me.”

“Then, any other reason for the visit.”

“Doc, four years ago I came to give you the task of making your working system in flawless manner. I have seen it achieved. I had then mentioned about two more ideas, the Quality Quarter and the Quality Circle. The time for the first has come. It is to be observed for three months. In simple terms it means observing ‘work of each one for its quality and try to improve it on aspects

detailed to them for ‘a quarter.’ Three months is long enough to achieve the new performance levels, to settle as a steady feature in their psyche. It is 15th September. Let the remainder of the last three months of this year be the time period.”

“Ratnakar, my staff is already strained enough. I would rather they relax a little till the eye camp comes up. Secondly, what do I tell them? The details?”

Ratnakar pulled out two sheets from his pocket.

“There are about 50 items in this list on which our factory workers are judged. Not all items are applicable to all categories, only some do. Ours is a large unit of two thousand people and twenty departments. Here, the numbers are far too less. All you have to do is to carefully choose twenty or twenty-five items which are applicable to all the fifty workers, you and the doctors included.”

“I am not sure I should put them to this exercise.”

“Make it out like a fun game to them. They will like it. Take my word for it. I still remember how stiffly the first system manual was opposed. Now the people swear by that and do excellent work.”

“I still do not understand your insistence fully.”

“Doc, once the work of all the staff reaches a particularly good height, a self-satisfying complacency gets in, initially slowly, and once an in road is made, swiftly. People slacken. Some little challenges have to be there all the time, may be with less intensity, physically much less demanding, but it should be there. The coals should keep burning low.”

Reluctantly, the Doctor listened to Ratnakar as they shortlisted the items relevant to The Hospital working and the staff. The question was about how to put it across to the staff, he believed to be tired, without making them uneasy. The evanescent thought was the reaction Kedar and Bhale Saheb if they hear about it; another long-term element to be tested over time. He however promised Ratnakar that as soon as he has thought through this, he will put it across.

True to his words a meeting was called on a Saturday afternoon with an intimation that it will last for more than three hours, will start with coffee and refreshments and one more round of coffee in the middle. Enthused, the staff gathered, with the usual merriment. The Doctor began.

“We have been working in an excellent manner for the last couple of years. We may think that ours is the best performing team. But it is just a feeling. Can we think of asking for some other way in which such a judgement can be arrived at by ourselves? We can look at ourselves and see if there could be further improvement within our ways of working. Right now, we do not have any extra pressure of work for the next three months. The upcoming eye camp is also two months away and will not be a great strain at all. Just a little extra work.

“I want to put forward a list of twenty points, each one of us, including me has to observe about ourselves to see if we could improve any of it, little by little, to become better. No one from outside or within is going to watch our performance and make a judgement. We have to make our own assessment.”

Ratnakar had strongly suggested that there should be two persons, one within the staff and one from outside appointed by the Trustees to make these assessments. He had insisted on keeping these two anonymous. After much thought, the Doctor had rejected it. He considered it spying behind the backs of his staff and detested the idea.

“Second point. In these three months no talk or complaints about lapses one may observe in others, can be reported. I will not entertain that; action over it thus is out of question. No one will receive memos or be scolded. I do not even remember having issued any so far. So do not be afraid, work as usual. Look into yourself while working if you are doing your best or not. There is no work that is high and low, only its quality in any category. There are people here who carried the bricks and cement to build this hospital. Their efforts gave them so many of the finest skills and are now the key persons in the complicated hospital working. They save patients, relieve their pains, a great job. Thus, categories of staff for the prize are out.

“Such activities are called Quality Quarters elsewhere in the world, put in action once in a while, generally after five to six years. It goes on for a period of three months. We will call it ‘Quarter of Excellence’. Each one of you will be given a sheet containing twenty items. You have to give marks, 1 or 0 for yourself, at the end of three months. The result will be declared after taking these counts.

There was a certain amount of tension in the atmosphere. He had set each one thinking. Will I be the number one? Is there any prize?

“All fifty of us are on examination. Even I am! And I know I am full of faults. So be sure I am not going to be the number one. All of you present here have far lesser faults than me. All of you stand a chance for becoming number one. There is only one prize for the best staff. I shall tell you what the prize is, at the end. Let us begin the discussion of the points. I will explain to you only a few points and how to look at it.”

“Now the first thing. Take timing. We have by our own practice established only one timing. To report for duty, not when it ends. It ends only when we are not needed anymore. We leave only then. That is our habit. That is crucial. Do we occasionally run away, bored, even when the work is not over? Keep such questions in mind about timing. Now take dress. Many of us have uniforms. But how well do we wear it? How well do we maintain it? Uniforms create pride in one’s work, one’s position, gives one a confidence, respect in one’s own eyes and in the eyes of others. So, we have to watch our own dress quality. On this point you can always score over me! And all things equal, almost anyone will beat me on dressing. So, make it better.

“Now the expression on your face. Are we a smiling lot, a happy lot, willing in its expression for the work we have to do? Are we having that helpful factor on our face? Or do we have irritation and unhappiness writ large? Just think about it. Then the actual behavior of a smiling helpful type.

“Then we have our work. Do we do it well? Do we do it quickly as needed and yet do it accurately? Do we waste materials? Do we keep our stocks well? Do we make entries in our registers in a good handwriting and without omitting and detail? Do we follow our manuals of operation? Do we help each other, or say ‘it is not my job’?

“Then comes thinking of new ways to make our work better. Better ideas to modify our working, detailed in the manuals. For example, this Pradnyagouri, Vidyullata and Yamini, modified in few places the method of drug delivery. They argued with me. I could see that their method was better. And I changed it. Milind and Pranesh for example insisted that the outpatient card should cost a uniform rupee ten for consultation, whoever sees the patient, because sooner or later, each one of the doctors takes care of him. We accepted that as a new addition. This was an innovation and relief to the patients! Likewise, there are many other aspects. Frequency of remaining absent for no reason. We should try to cut it down. Leave for an emergency is different. Do you ever recollect that anyone in such a situation has been refused! Someone else has always taken over the unattended work. Hand writing is a special matter. Mine is very good, hence I thought I would get one mark at least in this category. We have a number of people with superb handwriting so the competition will be tough. And we have people with horrifying handwriting. Can we change for better? Try it in this quarter of excellence.

“Quarreling, shouting and losing temper are great problems with me. And most of the time, you also know that I am angry for wrong reasons, but you tolerate me. I want to control it. Most of you are much better in this respect and will beat me. But do we talk unnecessarily loudly, and disturb piece, shout, raise the voice for no reason? Think about it. So on and so forth are our twenty points. Here is a list each one has to paste where he or she sits for work or can see it regularly and tick. At the end of three months put points for your own performance and give it back.

Trying to explain to them each point giving them examples, day to day happening, day to day errors, correction, the Doctor had spoken nonstop, for two hours and forty minutes in their native language. There was not a single word from any other language, choosing words even the staff would not have been able to. He was frequently interrupted by roars of laughter from his army. The “quarter of excellence” was set into motion.

“Now the prize. The number one will be awarded with the most beautiful Rose available on the last day of the eye camp in the presence of hundreds of people.”

There was a sudden anticlimax. But before it fell to its nadir, it was arrested, it busted and boomed. Everyone looked at each other. Initially they took time to register that there were neither money nor any elevation in rank as prize. But they understood the honor. They knew that they were expected to do better because this attempt in itself is good for them. Money was too trivial a matter, rank even less! Each one knew that after all they were working here not for the money only. But they worked here because it made them happy. They liked it. Then all of them looked at him. In it there was recognition. Yes! After the initial shock, he had prevented any dirty thinking! The only thing that matters is how well you do the work. Everything comes from that, and is the only gold standard of human morality. That was what he had taught them.

Chapter 8

On an absolutely dark, cold, New Moon Night, unusually heavily raining, the sisters staying on the campus, lifted Dhanno from the bathroom and brought her to the hospital. A poisonous snake had bitten her. As the frantic message reached them, Vijayini and the Doctor rushed up. The foot had started swelling. Two fang marks told everything. Now either the red blood would break down, hemolyze and the products would then block all the blood passages; kidney and lungs would fail and she would die within an hour or two. Or else the poison could be toxic to the brain and nerves and still she will die. This was the first poisonous snakebite, the Doctor or The Hospital was handling.

“Doctor, I will take care of the wound, cut it open stop the poison from rising by tight string above the bite. But she will need polyvalent anti snake venom. We searched for it last time in all the big cities around but we could not get it. Try to get one from the Government Hospital or an outside chemist.”

In the ramshackle herald the Doctor and Ganesha the ward boy went out. At ten thirty in the night all the shops were closed. They went to the government hospital and drew a blank. Time was running out. Then Ganesha said,

“Sir, our sister Manju stays just below the Government Hospital compound. We will ask her. That chemist fellow, the Earhole Bhola stays somewhere nearby. Taking a long detour in the car, with petrol running out, they went to her. Knowing what had happened, the poor girl came running out in her nightgown and jumped in the car. They went through two deep diving roads to a small level ground and from then on to a small house. Ganesha had to drag Earhole Bhola out.

“I have it, but I have just now closed the shop. Can it not be given tomorrow?”

Reluctance was writ large on Earhole Bhola’s face. A woman was dying of something as serious and as silly as a poisonous snakebite and the fellow did not even want to come out to open his shop again! The Doctor knew the psychology. If Earhole Bhola gave in then, he was afraid that he may be woken up hereafter in the nights for emergencies. In eight years, for the first time The Hospital had been without an emergency drug just because it was not available on search! Even then with great control the Doctor folded his hands to repeatedly request him to come and open the shop. Extremely reluctantly he obliged.

The anti-snake venom was reconstituted. A shot of hydrocortisone, to avoid the anaphylaxis, the circulatory collapse, that may take, place because of the venom injected in the blood. That would kill her instantly. Then one ml of this polyvalent protein venom was pushed in a vein. With a lump in his throat, hands held steady, one with the injection one with the pulse, Vijayini ready with adrenaline and free from wound toilet, he slowly injected another ml of it. For ten minutes there was no reaction. Steadily, he injected all the twenty mls slowly. Nothing happened. All the residents, sisters, all available doctors watched the sister with a leg paining as hell as much due to bite as due to the tight tourniquet, to stop the upward passage of poison.

Vijayini had cut across the bites on the swollen foot for the contaminated blood to run out than in the system.

Dhanno was a short thin girl, spruce and sprightly, agile, methodical and neat. The Doctor used to like her a great deal. In the morning when she smiled, he knew that she was going to be alive. Dhanno episode, like many other underlined that the Doctor, Vijayini would go to any length to protect them, their people. Later he managed to keep three boxes of the anti-snake venom, which he could purchase from the Haffkine Institute in Bombay. In his remaining years there, he used only one. The other two expired.

The second Manju with him through the procurement of the venom, was the Doctor's most favorite. One Geeta who worked here long ago, was even more so. She did talk to the Doctor later.

"I still do not understand how ever you controlled your temper when that third-class drug store fellow, did not want to come to give the drug. Today, he is alive and doing good business is because of us!"

"Manju, as I always say, everyone is a bastard unless proved otherwise. People do not seem to ever prove me wrong or even want to prove we wrong. I could keep quiet only because Dhanno's life was at stake."

November marked the beginning of the preparations for the third consecutive eye camp. Wizen, sensitized or jealous by the massive build up and masterly execution of two large eye camps of The Hospital in two years, many organizations within Greenspan had mobilized their own forces for such eye camps. Monday Market government general hospital conducted one, carrying out forty surgeries. Ten of the eyes got infected and were lost. There were a hue and cry. As always happened, the government hospital went scot-free.

The Southern Market hospital's eye camp made another possible dent by carrying out a similar number, with as many mishaps. The Doctor had made it a point to visit both places twice, once before and once during the camp and operative period. Both the places lacked the gusto, the clean hospital atmosphere. Chaos, instead of the finesse. But he knew that a sizable number that would have flocked to The Hospital had been cut off. Surprisingly, the district hospital situated barely a kilometer away also carried one out with a dismal seven surgeries and one casualty. As if determined that no cases should be left out for The Hospital camp the Khushnagar Lions and Rotarians joined hands and carried one almost on the heels of the one scheduled by The Hospital finishing another fifty.

"Doctor, I wonder whether we should duplicate this effort this time or schedule it in January end." Sharad had broached the discussion.

"January is too far away. It is uncertain. If it tumbles over to February, it will not have any takers. Schools will be preparing for the exams and closures. People will be working for the blossom showers for the crops to flower and our own gynecology camp will be close to follow, scheduled for operations in May. That cannot be changed. Let us have it, whatever the load." Vijayini said and Nagaraj, Asaavari, Nivedita echoed the sentiment.

“Let us not enamor ourselves by the number game. We do quality work. Let’s us do it for whichever number that comes to us, however small, medium or big. We have started with a program. The second one marks it as a process. The third one is always crucial, repetitive, somewhat boring and hence easy to drop. But our interest is not the process itself. I want it to be converted in to a tradition. We will mar the development of the tradition, if we do not hold it this time.”

“Shall we be able to get work?”

“Surely. Even if we do not get as much as we would like to, the message that goes with it is important. November, Eye camp! May gynecology camp! People wait for our camp. Even if they are not fit for surgery, this year more than any other, they will watch for the reassuring information that it is being held. This year’s camp will create that sensation that ‘yes, it is going to be held yearly. We can look forward to it even with eyes nearly blind with cataract. But it will be there.’”

“How about work?”

“I think we will come up with a flawless eighty odd surgeries. Let us try.”

Despite heavy work and other responsibilities, the Doctor had masterminded a truly massive propaganda campaign, intensely churning the entire district with a bid to mop up all the cases of eye, ripe for intervention. The eye camp with all the usual finesse, scored eighty-nine surgeries. They succeeded.

Two fresh MBBS doctors, also a part of the small NM unit of the Garden City Medical College joined for general duty, and to learn medicine. Probably a result of two workshops. The Doctor for long wanted such boys and girls to work for The Hospital, learn during the internship period and later till they got their admissions for post graduate courses. His efforts to get The Hospital officially recognized for Rural stints for three months had not succeeded.

Dhananjay had, now left them with the task of organizing the national conference in Garden City, telling them to bank upon the Doctor for all guidance. The Doctor had accepted the responsibility willingly, and to walk the extra mile, carry an extra pound of weight.

They embarked upon the second gynecology camp, as usual with a meeting.

“This year we have made two changes. It will be held one month earlier, as advised by Dr. Upadhye. This time women can come with their children less than five years old for free checkup and treatment, with them. Villagers told us that ever so many women did not come because they could not leave their small children at home. Let me be frank. I am worried about the numbers which will be much larger, really big because of this step. It will exceed our declared dates, go on longer.

“I know we are working hard. I think you are tired. If even one of you thinks you will not be able to take the load for such a long period, are too tired to undertake it, I will either just cancel it, or we will reduce its publicity, eliminate the children from coming and make it manageable. I will not feel bad about it at all. Tell me frankly.”

No one was willing to cancel it.

“Think again. Most of the women from last year camp we have benefitted really well. More women are bound to know about it. Once started, we will not be able to stop it easily. And then the additional large work that came with it. Same thing will happen this year also. So, better tell me.”

None uttered a word to cancel it. They wanted it to be held, as big as possible. The publicity machinery was rolled out, in full larger in number. Soon the district buzzed. By the third week of April, it started. Inclusion of under-five children turned out to be a major step increasing the numbers. Taken together, it was or could be considered another form of Community Health, hospital based. And they had really touched the heart of the population.

Hundreds of children, hundreds of women came; thousands of investigations were done, the low-cost drugs worth thousands of rupees were given. The regular work as before also swelled a great deal than before. Then the follow up started. Women, children and others who came had found relief. Sarvesh and Ramraj were spending the days with the hordes of the patients and their relatives and were easily the best public relation officer The Hospital could have and never had. For twenty-one days, it continued. Twenty-one cases were selected and kept for operative camp in the third week of May. The diagnostic camp ended and preparations for the patients to be operated started.

Asaavari spoke in one of those snap meetings.

“Sir, this year we have twenty-one major surgeries. Most of them are grossly anemic. We are going to require nearly fifty blood transfusions. Relatives will give some. We have to make a public appeal as well for volunteers.”

“We will give blood.” Suddenly the staff spoke up interrupting Asaavari.

“I shall not allow a single staff to donate blood.” The Doctor literally shouted.

“Why? Why?” The staff also shouted.

“You are an emergency blood bank. If blood is required at a time when no one is around, then who is there? Only we all are! Do not hesitate then. We need strength to carry on things. Let other people come forward to donate blood. Our Lion member friends, our other volunteers, they are all itching to donate blood. They will. Do not worry.”

Asaavari spoke again.

“Sir, my concern and fear are about mis-matched blood transfusion; not a single one should take place. The patient will die, in minutes. There should not be a single confusion about a single compatibility of blood, nor a single mismatch.”

“How do we achieve it?”

“There should be one and only one person in charge of blood transfusion and blood supply, in day as well as in the night. He or she has to have a full list of the name of the patient, with her prospective donors. Each has to have the certificate of compatibility, issued only by Atreya Sir, and no one else, of each donor blood with any and every patient. Any request for blood for any patient coming from the wards, or operation theatre, should go to this blood transfusion in charge, and no one else. The person checks there on the spot, the compatibility, and the patient

donor names, check it with her list, will carry the blood herself or himself to that particular patient, and only then give permission to start blood. The ward senior sister in charge then will, with the available Doctor start the blood.”

“Who will be in charge?” The Doctor asked.

Half a dozen hands rose. Asaavari spoke again.

“I want Dhanno to do it. Throughout the operative camp she will not do any other work. She will be in charge, before, during and after operations.”

The puny little ward sister blushed. No one spoke, but the need for an explanation for it was apparent. Asaavari took the cue.

“Both Manjus, Yamini, Rajita, the Doctors will be in the operative session. Vidyullata, Janhavi, Meghana, Kamakshi and Damini with the under trainees, will be in charge of the postoperative cases, shifted to the wards with all other patients. Gunavanta, and Jyotsna will be in the lab. Ward boys, ayahs will be on toes with the patients. Others will be busy. That leaves only Dhanno. She is cool, capable and does not get flustered. Even if you want to do something for blood, sir, you will have to go to her, and she will do what is necessary.”

“Accepted.”

The stage was set thus. As in the first camp, nearly fifty minor procedures were completed, 21 blood transfusions were given before the main session, many more during it.

On the first day they operated seven long cases. The next day they again operated seven more cases. The Doctor more for his satisfaction and to relieve other Doctors examined the first six made detailed notes. He came to the seventh operated case to check and write down the findings. The patient was comfortably breathing, without much pain, without fever; the blood pressure, breathing sounds were normal as were the heart sounds. The abdomen was soft; everything was fine. The lady thanked him, smiled and said that she had been relieved of her ailment from which she was suffering for last many years. He then looked around.

Nearly a hundred important people had already gathered for the celebratory function of the camp, in the garage below the canteen building, their traditional function hall of the hospital. Dr Upadhye, Dr Sabnis, Trust President Prasanna, Sharad and two more dignitaries took the dais. The Doctor was summoned. He came and sat in one of the chairs at the corner of the hall, with other Doctors. After a brief speech from Prasanna, Dr Upadhye rose to speak.

The second Manju called the Doctor from a distance. Looking at her face he ran to her and they both went to the ward running. Barely few minutes had passed. The last lady the Doctor had examined had become extremely restless, fighting for breath and had turned blue, her pulse had disappeared, blood pressure was not recordable, the pupils had dilated, the heart was beating irregularly and slowly. Suddenly the restlessness stopped. The breathing started coming in gasps.

“Call Nivedita.”

Oxygen was started and the saline was given fast. The Doctor jumped on her cot to start Cardio-respiratory resuscitation. Dutifully the second Manju put a thin gauze on the mouth of the

lady and put her mouth to it to give artificial respiration once every four pushes on her chest given by the Doctor, to pump the blood. Without being told the staff had gathered to help.

“Pull the cot in the middle. I can’t do a damn thing for her over here.” The Doctor shouted. Unceremoniously and efficiently the staff pulled the cot with the Doctor on top and Manju giving mouth to mouth respiration in the middle. He nearly fell off but continued to hold on. Nivedita arrived with her perpetual bag, running down. Expertly she put a tube in the air passages and the breathing was established. Someone had run in with the defibrillator machine. One shock, second, third till they reached the full Joules, were delivered. The cardiac massage continued. Irregular beats appeared a couple of times. The artificial breath sounds were normal. But the heart refused to beat. Adrenaline was given intravenously and with a long needle Nivedita delivered it directly in the heart twice. The heart refused to beat. The function went on for an hour and everyone broke for food. Nivedita and the Doctor continued.

A whole lot of people had gathered. The operated patients had got tensed up and looking at the whole struggle lifting their heads. The staff faces were grim and drawn. Dhanno bent close to the patient, saw her face and said, “Sir, she was not given any blood.” It was obvious that there was only one discernible cause as to why this lady who was so well fifteen minutes ago, died. It was a massive pulmonary embolism. Fortunately, the Doctor had not only examined her himself, written down the findings and having known her and the family had chatted with them long enough before being summoned for the function. A whole lot of people gathered and watched them and their struggle. Lastly even the electromagnetic dissociation with irregular complexes on the defibrillator monitor became a straight line. They declared her dead.

Dr. Upadhye, Dr. Sabnis, stepped in, gently drawing the Doctor away, announcing to the large crowd which had seen the desperate struggle to tell the crowd the reason the lady died, it was not on account of the operation, and all that was humanly possible to revive her had been done.

“The camp will continue tomorrow also. If anyone wants to postpone her surgery, let us know.”

Taking the initiative away from the beleaguered Doctor, making themselves the responsible persons for the whole endeavor, Upadhye and Sabnis had acted. He hung his head and went out. The Hospital had conducted surgeries by hundreds. Unexpected deaths never happened. It was tragic.

The next day they again performed seven long and major surgeries. No complications took place. Those operated forty-eight hours before had started eating. Their catheters for urine were out. Injections and saline were withdrawn. They went about, walking a little, although a little painfully.

“Doctor, don’t get so terribly depressed. Such things happen extremely rarely but they do. You as a medicine man are a veteran of deaths. Surgeons see a smaller number. Next year we are coming again.”

Gratefully he looked at Dr Upadhye before they parted.

Vijayini operated the last large ovarian tumor on the fourth operative day. The camp came to an end. The heavy rains as usual started on 31st May.

Since March, before the gynecology camp scheduled in May, one new issue was constantly discussed. The leaking roofs of the hospital. Together, on all the four upper story wings the twenty-five thousand square feet of the roofs were flat. On its vast expanse, large puddles would form and water then leaked from dozens of places, large and small, right on to the General wards, and the operation theater complex, where the traffic was maximum. The dripping was constant. They had treated these puddle areas frequently with tar and cement but there had been no lasting remedy. With an ever-increasing occupancy of beds, in general wards, with increasing number of operations performed at all hours of the day and night, the situation was likely to worsen in the rains due, just over a couple of months. Initially with fewer beds occupied, beds could always be moved around to avoid leaking. But when almost all beds started getting occupied, there could be no adjustment and often there was trouble. Ultimately, Sharad raised the issue in a Trust Meeting under Prasanna's presidency.

"The original idea at the beginning of The Hospital was to build all four wings and the connecting corridor to be covered, on top. The money ran out and the original twenty-five thousand square feet area, open to sky, is as bare, as it was, twelve years ago. The ramp that carries patients from the outpatient to the wards is as open, drenches and discomfits the sick patients during shifting. Together, the four wings and the ramp need to be covered as soon as possible. The only lasting measure that can combat it is to put a sloping roof of solid RCC slabs as soon as possible. It cannot be postponed any longer."

"From where do we get the money?"

"For last seven years, we have never gone to collect money to run the hospital. It has generated a good deal of reserve money, sufficient to build one wing, and the ramp but not the remaining three. The question is, if should liquidate that reserve, or venture out of the district." Nagaraj said.

"Any idea who we could contact?"

"Patavari has asked us to contact the chief of the Temple Trust, has spoken to him about us. He is inclined to know more about us. We will approach him, in the next few weeks."

"Sharad," Prasanna pushed his bulk forward in his chair. "Please make the initial visit. For a long time, I wanted to visit that place and pray there. But I can't come because of busiest months on my big estate. If the Trustee agrees to it, I will also come. Give him a hint that, I, as the President, would like to receive the aid as a blessing from him, in person."

"How much do we need?"

"About three hundred thousand rupees, at least."

Prasanna moved a resolution that as a Trust Board, we will mobilize these three hundred thousand for the construction. Prasanna went on.

“Once the project is roofed, it will start looking nice. Big one at that! It will create a huge place. Then we will start holding all the large gatherings of several of our organizations here. After all, the Hindu work is recognized well by our hospital mainly.”

Everyone was a little surprised by this new *avatar* of Prasanna.

The time for laying the first slab over the wards was approaching. As per the decision in the Trust, Nagaraj, Vasant, and the Doctor went to meet the Temple Trustee, one hundred kilometers from Greenville. They had a fantastically scenic, an idyllic drive through. The Trustee shepherded them around the temple complex, huge, having some thirty educational institutes for various professional courses, their turn over in billions of rupees every year.

The main temple was the smallest of all the building. That archaic construction was untouched by anything modern except the electricity to be able to see the idol better at all times of the day and night. The barricades newly erected were to control long lines. This dateless ancientness of such temples was the reason of such immense faith. The Chief Trustee with them, they had finished meeting the Lord in priority over the long que. Then he took them to his palatial house.

Sharad gave as brief an account of everything The Hospital had done and for whom and with what purposes. Sharad then went on to show him the photographs of the activities, documents, audited reports, the newsletters and everything else that they had carried. The Trustee perused it for long; it looked as if he could not go through them quickly enough. At times he would leap from page to page with his sharp eyes taking the details in quickly. After a long while he brushed aside everything. A beat skipped in everybody's heart.

“Whiteness! There is purity in your work. I have not seen a work like this for a long time. Now tell me the reason for this visit in particular.”

Sharad detailed the issue of the roofs leaking over the top floor, covering 25000 square feet, the inconveniences caused, the damage done to the buildings, electricity wires burning out, and the need to protect the base of their operation.

“Sir, our treatment charges are one fifth of what is current. Just what people can afford to pay without causing them indebtedness. That is why there are hardly any reserve funds for such major capital-intensive exercise. We look for help from the society. We believe such money gives achieves for us purity and spiritual health. We do not want to make our day-to-day service costlier to create capital assets, we could have done over so many years, and easily.

Sharad showed the building plans, other architectural details, cost of materials and labor needed, worked out.

“From here, you in particular, cannot go empty handed. Most people come here for personal problems to be solved. Rarely people come for a noble cause, outside their life, for the society. This thousand is from me; from my personal money and not of the main account. Let me work out the mathematics and the installment schedules for the construction. You will hear from me in three weeks.

“The money you will need will be large enough. You will receive the intimation to send someone to collect the sum you have asked for. But I will give you an additional fifty thousand rupees later, at the end, it at a time when you will desperately need it and will not have it. Building work always miscalculates. And I am sure that you are no spendthrift or even the shabby, shaggy ones, to allow the money to run through your hands.”

Maneksing and Shreenath appeared for the first time in the eight years the Doctor had spent in The Hospital. Thirteen years ago, they had built the hospital, two duplex quarters, the overhead tank for water supply being the last of the original hospital complex. In the last three years Sharad had completed the canteen building and the house in which the Doctor and his family stayed. Now the job was much bigger for Sharad alone to manage. Sharad, Nagaraj, the trust and the Doctor had agreed as sufficient to put up four sloping slabs to and the roof over the ramp from cellar to the first floor to permanently solve the leakage issue. It would also stop, the Doctor hoped, fanciful and unnecessarily building anything more.

When the construction material started arriving in huge truckloads each one of the staff had a pleasant sensation, with a justifiable pride one at that The Hospital building is growing big. Nagaraj, Sharad and the Doctor as usual sat around the dinner table in Sharad’s house. The Doctor wanted to bring up a matter he thought was crucial.

“I want to restructure upwards, the salaries for the staff.”

“Why? There is no need to do it. They are well paid now, more than the law of minimum wage act. Is there any demand from them?”

“No.”

“Then why this sudden generosity, at this juncture, when the construction will soon start. This rise will add to the overheads and the money The Hospital may have to provide may come under jeopardy.”

“Try to understand. Three eye camps, and a huge conference, one gynecology camp, the second one coming up, likely much bigger than the earlier one. It will be a lot of hard work again. The staff has borne all of it on their shoulders, gladly, never once complaining about the hard work they were put to. They have denied overtime payment. It will be our great gesture, on this background, an unasked-for reward, if we declare it before the Gynecology camp. Once the construction begins our workers will see The Hospital growing. They could be given a quite a bit more than they get presently. That is justified.” The Doctor said.

“Nothing doing. If you think The Hospital revenue can manage the raised salary, then let it be diverted to the construction, so that we can begin. Those fellows can wait. I shall convince them if it comes to a demand. Anything more you have to say about it?”

“No. Not before the construction. I want to add a few rooms under the sloping slabs for our VIPs to stay and the second ramp from the top to the second floor. President Prasanna had suggested we will hold all large gatherings here, to make The Hospital center for all activities. We could do with tiling a large enough area for that. An oil paint put to the interior of the building. Paint the exterior also entirely. Then I will rest.

“But it is not necessary, nor has the Trust sanctioned it. Then why?”

“I will manage the trust. There will be a substantial donation from the Temple Trust to build these additions. I am conscious of my years now. I have to have it over. The salary revision will be after the eye camp in November.”

“If you keep on adding, then everything starts looking important.” The Doctor spoke but did not press the point further. Nagaraj had promised him that they will not exceed the brief the trust had agreed upon. Yet, he did not object to these additions. The Doctor wondered why. For some time now, the breach of understanding between the Doctor and Sharad had widened considerably. Nagaraj by nature, was non-demanding. He watched Sharad and kept quiet. His silence however conveyed much more. Sharad did not even register it. He had but to let go, wondering how to convince Sharad.

This was one of the latest among repeated instances of disagreements between the Doctor and Sharad. For nearly eight years they had hardly ever disagreed. Not especially when they were taking hard decisions. It was a rational relationship, with a perfect understanding. The rejections were now done summarily. They were more like vetoes; the Doctor could never like. No counter arguments were possible or could be made. Some kind of a dogged repetitive persistent disagreement had become the rule over almost every matter that came up. Half a dozen refusals, often with characterization, if the Doctor was required to go away had showed it. As a result, the Doctor talked less and less with anyone, now a days, including Vijayini.

The casting of the first slab on the general wards that contained half of the beds of The Hospital began. It was cast, in one twenty-four period. All of them, Sharad, Nagaraj, the Doctor and Maneksing, stood there watching it from the canteen building opposite, through the rainy late August weather. A major achievement was unfolding in front of them. The donations from the Temple Trustee had not arrived, as promised. It had consumed quite a bit of the floating money of the hospital. Sharad was itching to go ahead with the second slab of same area over the operation theater complex, before the monsoon runs out. It was common sense as any slab sets well in heavy rains. But there was little or no money left.

“I have for the second slab decided to break a few fixed deposits.” Sharad declared. The Doctor winced.

For last eight years, fixed deposits were a running feud between Sharad and the Doctor. It was not a bitter, painful quarrel, which neither party can relinquish. It was more an attitudinal difference towards the money earned. The amount in the fixed deposits was considerable. The Doctor always had the conservative middle-class attitude about these deposits, for a ‘rainy day.’ Sharad initially agreed with it. Later, a notion had fixed in his mind, of which he was a bit scared also. If this cumulated wealth grew further, The Hospital would become like a heap of jaggery. Attracting too many insects, animals, or predators, interested in siphoning it in their pockets than preserving it. The second slab gave him an excuse now, to ‘spend it, dissipate it, The Hospital survives on its turn-over, on bare minimum, the tendency to salt away the earnings, removed from its roots’ as he was fond of saying.

One by one, Sharad liquidated the deposits, the money went in to the second slab, and to cover the ramp on which patients were trafficked and the middle corridor connecting two wings, used for feeding the eye camp patients. The Temple Trust donation had still not arrived. A renewed effort to get that money, was an obvious necessity. It was ignored.

“Nagaraj, Doctor, we are doing so well for a couple of years now. It will continue for the next few years to come. Let us get everything done so that less is required to be done later.”

The remaining work could have waited a little longer since the monsoon was going to be long. His desire to give his staff a hike in salaries, indirectly paying them for the huge works they had carried out was now just a dream. For that to happen, he wanted a promise from Sharad that he will give that money back once the Temple donations arrived. He could not tell this to Sharad on his face, who was any way dead against it. And it would be insulting to Sharad, attacking his integrity to demand a promise to return the money.

He had borne too much to succeed and that had also put him down. At times, a fear, if suppose for some reason, out of control of all of them, an uncertain, unforeseen inability that could not be rectified gripped him. It was to him the foremost and the central concern, worth keeping in mind. Naturally, the work and the revenue would start spiraling down. It had happened three times by now. Sharad believed and behaved as if such developments would not take place at least a few more years. But the Doctor wanted the reassurance of money and not the building. Sharad probably needed the solid buildings he was fond constructing as his existential assurance. The Doctor on the other hand was acutely aware that his own and others’ energies put together had reached its limits to grow further. Thirty-seven years was too early to say that. But that was what he felt.

Chapter 9

The Garden City conference had turned out to be quite a job on his hands. Dates in the third week of September were fixed. The time period was short. The Doctor had accepted to go there on a Sunday afternoon for initiating the activities and twice a week thereafter. Getting down at the circle near the mysterious looking Southern Star Hotel he walked down nearly two kilometers, to reach the Medical College situated in one of typical palace complexes. At the entrance he was greeted by a couple of students who took him to the ever-cherished canteen, a great institute within any medical college anywhere in the world and offered him a cup of coffee. They then went to the hall in which the initial meeting was to be held. Within minutes students started gathering.

In one of the large lecture hall Vijay Kumar had managed to get opened, nearly fifty odd boys and girls had gathered. The pediatrician Dr. Ranade was there with a professor, a typical College guy. Dr. Ranade began, first introducing the NM and its socially oriented goals, with regard to doctors in particular.

“There are many benefits we will derive from the intended conference of NM. Experience of organizing a conference will teach us a lot. Many of you have attended two workshops and have gained good insights. Our promise is, the conference will give you many more insights on the medical scenario, which is quite unpalatable. But it will give us an understanding of what we doctors can still do to fight it, see the works of people who have succeeded in such a fight. About the wonderful work the NM doctors are doing, in difficult situations as interiors of Bihar and the dangerous North East. We will have eye-opening deliberations on subjects we would like you to know about and other subjects, you might not even have conceived as existing. Our vision will widen and we will be better off.”

The students were not just enthusiasts, nor had gathered there because quite a few beautiful and not so beautiful girls had gathered; a common enough phenomenon in all college gatherings. ‘These are listeners, serious guys’ the Doctor kept thinking. In the end, after the professor and then Vijay Kumar had spoken. The Doctor then spoke briefly.

“Today I have nothing to offer you by way of work to do, ideas to look forward to, nor a program which can set you thinking. But I shall give you my assurance that you will get to know everything in a couple of weeks’ time that will unfold in the conference. Then there will be work, continuous, to be fragmented and organized in groups and reunited in a sequential manner, ready for the show.

“Before we dismantle ourselves today, I want a particular time of the day when all of you can gather without any problem to anybody, so that we can organize our work. Once that is settled, it will be easier for me to finish my own work in The Hospital, work here and then attend those meetings. I can do this even if it comes to two or three times a week, for the next four weeks till the conference is over.”

One boy tentatively stood up.

“Frankly, that time you are asking for is at 10 pm, any day, and every day of week. Sundays it can be anytime, after eleven in the morning. The girls staying in the hostel can easily attend the ten o’clock meetings. Those staying outside will be safely taken home by some of us.”

In the terrorized atmosphere of the Medical College, each one was afraid of their professors, if work was left unfinished. They could not have freed themselves before that. The Doctor knew their problems. He knew that if work had to be done, he had to adjust to their needs, even it comes to traveling three hours, three times a week in the night and back, sleeping at five in the morning with the day’s work following. But he had won them, their cooperation and their strength by accepting the odd timings.

“Ten in the night fits me fine. One of you will have to drop me at the bus stop at night once the work is over, so that I can catch a bus to Greenville”.

That settled it. Everyone was aware of the strain they had put on him and he had volunteered.

Vijay Kumar followed him to Dr. Ranade’s house. They had food there. By then it was nine in the night. The immediate and main issue was the booking of Caravanserais for an approximate number of one hundred and eighty odd NM delegates coming from all over the country.

“Call in Sarvesh, Vijay Kumar, for lodging and food for delegates. He knows the city inside out and can arrange everything efficiently. You boys can seek college permission for the hall, arrange decoration, mikes, stage, and so on, the usual stuff.” Dr. Ranade suggested.

“Soon, I will know from NM the seniors coming over and what their topics for lectures be. As soon as I know that, I will come here again. We will then choose more topics, choose the speakers and arrange the full program.”

“If you come here on a Friday and stay on for couple of days, we can then start talking to a few local stalwarts also and get their consent.”

“I will, with pleasure.”

An excellent pediatrician, Dr. Ranade carried great weight and no one would refuse him. Equally surely, he would pick on the best persons in the city for topics related to medicine and the social goals of NM. Together, in his next visit, they finally hammered out the topics, coherent with the main theme, with pithy little titles that conveyed the essence and then cover the matter they wanted to. Several of them wholeheartedly agreed to participate and deliver lectures. Within a week the two Doctors gave full shape to the conference.

At twelve thirty in the night Dr Ranade dropped the Doctor at the bus stand. After a one hour’s wait, the Doctor could squeeze in a bus, standing for an hour, then squeezing on a seat, sleeping it off, to get down near The Hospital at four thirty in the morning. The routine for the next four weeks or more was set. The frequency of his Garden City trips increased, the meetings with the young Doctors at ten in the night making the preparations, were helpful in streamlining the details. Together they would fragment the work, delegate it to the boys, take a scroll of what

had been done and not done. The emphasis was on doing the work precisely and in full, to which the young Doctors responded well. Back home the correspondence with NM increased.

Sarvesh had done his job of logistics of the conference well. He had secured all the caravanserais, within half a kilometer distance from the conference venue and eliminated transport. As a result, well in advance, all the arrangements had started falling in place.

The conference program had a much smaller number of topics and the time allocated to each was more. The time for each lecture included questions from the delegates and explanations from the speakers. Each subject was thus expected to sink in well. It gave more time to become as interactive as possible. The information overload by large number of topics in continuous unidirectional monologue invariably leading the audiences to doze, was thus avoided.

Finally, as the conference neared to three days, the Doctor packed his bags and went away to stay in the city. For three consecutive days and nights he worked till three in the night, getting up at seven in the morning. He hardly ever changed, ate indifferently and worked harder than everyone else. He had energy and the imagination for solving everyone's problem and reconcile different point of views, most of which he incorporated into the arrangements. He was frugal in spending, but for any acute necessity, he would let go. That had made the boys extremely happy.

As the conference delegates started rolling in from all over the country in numbers more than expected, he geared up and geared everyone else up. Everything started getting executed meticulously. He had also reserved the Organization's office, shifting all the important members there. That created plenty of place for the unexpected numbers. For two days from morning to night the conference unfolded in a precise and meticulous manner.

He had introduced a term for each one who had to be introduced to the audience, 'qualitative profile'! Each volunteer who was to introduce the speaker had a slip in his hand of three lines about the speaker. The Doctor personally wrote these putting the essence of every individual in it.

The foods technology director was to inaugurate the conference. He was introduced with only one small sentence.

"He is the creator of India's best and best-selling butter." Period.

His wife, a professor in Garden City Medical College had laughed and asked the Doctor.

"Who thought of it and wrote this?"

"Madam, I did".

"How did you know this?"

"I found out."

"My husband is a scholar, a linguist, a chemist, his introductions have generally centered around that. No one ever introduced him this way!"

"Is not that butter that symbolizes all his qualities?"

"Yes, it is true."

"Thank you, Madam."

A retired judge delivered a lecture on law and Doctors. In one of his trips, sensing an opportunity, he had gone to see a famous brain surgeon, coming from a Royal Family to deliver the prestigious oration on the Medical Scenario and the hazards it was perpetrating. He had not forgotten Dr. Upamanyu. With Dr. Pandit, Dr. Babaji, and Dhananjay bringing up the rear, the conference content had become a matching one to his own conference in Greenville.

Even the retired high court judge who gave a brilliant speech on Law and the Doctors, had taken him aside.

“How did you know about my inclinations, and mission about writing a fierce critique of our judicial system?”

“I talked to you; you told me all this. As regards the critique you are writing, I went through your manuscript lying there in your house while waiting for you to come out. It took me about ten minutes of flipping through, to know what it was. Are you offended?”

“No, my dear boy, if I may call you that. For a young medical consultant, in those remote areas of Greenspan, how could you grasp it so quickly?”

“Sir, many subjects hold interest for me; from subatomic physics to Maslow’s psychology, I am exposed to many. Thanks for the complement.”

“I will remember you for long.”

The peak of the conference was reached when the brain surgeon, RM, as he was popularly known, delivered the last oration. It was a quintessential wisdom. A polymath, with a grasp of hundred different subjects, he had poured his heart into the “Medical Nemesis” that had started operating in India. From the planet’s history and evolution to a journey beyond time he illuminated the whole country’s affairs in that ninety-minute oration of his.

The conference ended. No conference of NMO had such a fantastic impact; none had been so rich, so flawlessly executed. Till late in the night, he stood there to complete the winding off operation. The next day and till late in the night, all of them saw every jubilant soul off. For five days and four nights he slept only for a few hours. For the last seventy-two hours he had not had a change of clothes, nor a bath. A shave, washing his face frequently, and tea to keep awake. His white complexion helped.

Avadhoot Shastri had attended the conferences on the last day. Sensing the utter exhaustion, he had finally asked Sarvesh to put the Doctor’s bag in his car, told Dr. Ranade that he was bringing the Doctor to his house, later in the night. Mrs. Ranade was woken up to serve food. Avadhoot Shastri forced him to take a hot bath before the food. They talked till late before the Doctor started dropping off to sleep.

At some indeterminate time in the night, the Doctor had gone to the wash room. Tottering in the large sparkling white bathroom, sleep had overpowered him while he stood there. He collapsed in the bathroom, quietly sleeping, only to be discovered by Avadhoot Shastri an hour or so later. By two thirty in the afternoon next day, he had gone back.

He managed the Dean’s green signal for the absences of the boys working for the conference and to attend it. His attempts to bring the Dean closer to NM, failed, the Dean sensing

its ideology had backed out. He tried to persuade the Dean, with Dr. Ranade by his side, to get The Hospital recognized for the six months rural postings of doctors during internship, find ways to achieve it and who else he could meet. A more formal and quasi-permanent arrangement was needed to get the doctors on a more regular and predictable basis. He had a feeling that it will come through, and the paucity of doctors, even after two workshops would be met. After months of trying, he failed. Nothing ever moves in the government. They had to have their own solutions to it.

On his return from the Conference, several peculiar and unusual cases were admitted which he only had to deal with.

A mute middle-aged man would vacantly stare in space, wordless and unresponsive to demands and pressure pains. At unpredictable interval he, would whine, cry and scream loudly and thrash around, as if he was in some sort of a terror. Controlling him was difficult. He was investigated and x rayed. Nothing could be found. Three days after, the old man attending him, called the Doctor.

“This fellow will not live. You know what happened? He irritated some elephants. One of the elephants pushed him to the earth, face up. The big elephant angrily stood over him and, in his anger, placed one of his feet on the chest of this fellow.”

“But this man was not injured, not a rib is broken.”

“But he is scared to death. When an elephant is angry on you, you are a sinful man, who cannot live. This man won’t live for long.”

“But dear old man, everything else is normal, his brain is not infected. How can he die?”

“You don’t know what that terror is! An angry elephant is the death god with his wrath on your life, with his foot on your chest. He will not live.”

In the next two days he simply died.

So also, a young girl, whose lungs were choking under the huge pressure of blood circulating in them. He tried a couple of drugs, using medical logic, not backed by evidence. She died within hours, staring at all of them.

Fakir Baba was a sight. Six feet tall, extremely dark, with a huge head, large muscular arms and legs, and a belly that could not be measured with a single tailoring tape of five feet. He was a Siddi, from an African Muslim community that came to India before the times of Shivaji, four hundred years ago and had settled in Janjira, a sea fort which the Marathas could never capture. The Doctor had heard about some of them having settled in an adjacent district but had never seen one.

Fakir Baba was panting, his mouth, throat and the tongue were parched dry. The only word he could utter was water, water all the time. His skin all over the body was a thick hide, like a hippo. The people accompanying him said he had diabetes, and that he drank liberally. All attempts to insert a needle to start saline failed after one hour; they could not take samples of blood for blood glucose, kidney tests, or hemoglobin levels. Nor could insulin be injected below

the skin. His thirst increased. Attempts to feed him with water had to be slow and quantities little, lest he vomits.

The Doctor then ordered an enema. No one really understood why. It failed to bring out any motions. Putting on a pair of gloves and turning Fakir on the left flank, for the next hour, the Doctor brought out stone after stone of the hard stools that had impacted at the anus. The second enema results were not encouraging but more stony stools could be brought out. Three more enemas cleared the rectum and large bowel. The biggest possible Foley's catheter was inserted through the anus, high up in the bowel, the balloon on the inside tip was inflated with sixty milliliters of saline and pulled back till it got firmly anchored.

By this time almost all the staff had gathered to see this most unusual patient and what the Doctor was doing. He asked for saline bottles used for intravenous purposes, attached the infusion set, clamped it over the catheter outlet and started infusing the saline 200 milliliters every ten minutes. Each time he loosened the outer to end to see if the saline was getting absorbed or not. Not a drop would come back. The body, hungry for water absorbed every drop through the large intestine. Ten bottles of pure saline meant to be pushed through the veins in to the blood, went through the dirtiest part of the body but slowly the thirst disappeared, the acids that had collected in the body also disappeared and his breathing was normal.

Somebody had finally found a small vein in his flank, where the skin was much softer and had drawn blood. They started giving insulin through the needle in that softer skin every four hours at slow rate, continuously. After sixteen bottles in barely two days, Fakir Baba started eating. Knowing that he could do without insulin injections the Doctor prescribed the most efficient pills available then and sent him home.

Akshata was just about eight years old. A thin and scrawny girl that stood quietly in front of the Doctor naked. Her appearance was an utter contrast to her name which indicated one without a single wound. On her body, there was not a single speck of normal skin, as if it has been notched away in bit and pieces by ants or other insects. Her father could not tell how it appeared ten days back and how it simply went on spreading. Below the skin there was no fat. Only the red muscles were seen indistinctly. Her appearance was no different than the carcasses hanging in the meat shops, redder by many degrees. Shielding her in a bed sheet he asked Yamini to take her to the isolation ward.

Yet, not a single speck of pus or infection was visible on the body nor inside; there was no fever, no complaints either, just that this was what had happened. No veins visible, but the Doctor could see that she was eating adequately, and did not need anything through the veins including antibiotics. The big question was the application of ointment, or lotion; what good would it do when there is no infection. It certainly will not make the skin start making its appearance. How many tubes or the lotion bottles would be needed? That too for a number of times in a day? Should she be bandaged from head to toe to cover the wounds and hope that they heal? With Yamini looking at him, the Doctor told her to clean up the body with simple saline and give her a long loose frock to cover her. Going home he sat wondering what he could do in the least troublesome manner to heal the girl.

“Do you have any chemical that could give water yellow color?”

He asked Atreya. Atreya handed him over Potassium Dichromate. Coming back the Doctor issued orders that only Yamini and the second Manju will attend the patient to avoid infection, that they will go in with masks and gloves to apply the yellow solution all over the body of little Akshata. They diligently applied the solution carefully and gently all over three times a day. At least twice in the day the solution had to be prepared and given to them. In the first three days a lot of tissue peeled off from the body. On fourth day, small patches of skin started appearing at many places and started growing. By ninth day, the skin was like that of a new born, pink and delicate, now covering the parts which were so far without skin. Akshata was discharged fully covered by the skin, hair starting to grow on the scalp. Neither of his confidants even once asked him what the solution was. The Doctor never told them about what exactly was happening.

In reality it was his own urine, yellowish in color, the Doctor was giving them for applying all over. It was unlikely that Yamini and Manju would not have detected the smell of urine, but never said a word to anyone. The pandemonium that could have broken, the word spreading all over The Hospital and the through Greenville and Greenspan would have broken hell lose. These two had the maturity to know it. It was not for no reason that they were his confidants.

An extremely irritable pre-comatose young girl, deeply jaundiced was admitted. She had hepatitis B jaundice, the same, likely to be fatal jaundice, Vijayini had gone through earlier. This girl however was much more advanced in the complications, where the chances of her dying was more than ninety percent. She was violent and struggling against all efforts to keep her steady and from falling off from the bed. In trying to restrain her and suck out her vomitus, the Doctor's fingers inadvertently slipped in the mouth. The patient in her violence and disoriented state bit it fiercely. Blood poured out; but the fingers and the arteries were intact. Nobody knew what to do once the wound was carbolized. This was a direct injection of the virus in to the blood of the Doctor who could also later develop this fatal illness.

Vijayini rang up the Doctor's professor.

"Send him down by the first flight. He will have to be tested to see if he has any protective bodies against this virus. That can be done only at Jaslok in Bombay and nowhere else in the country. If he is immune, nothing is to be done. He has worked in the Hepatitis B patients ward for six long months and should have some protection, but all the same. If not, he will have to be actively and passively immunized in the next three days." The Doctor flew to Bombay.

He had no protective antibodies against the hepatitis B virus. With his close friend he searched the market. One of the best chemists near Bombay Hospital gave him vaccine injections to actively immunize him. But more urgent were the injections with protective bodies, the immunoglobulins, which would give him immediate passive immunity to combat the virus even if it had gotten in to the blood. The chemist took them to the inner office.

"The only source of these immunoglobulins is from Korea and it has to be smuggled in. We keep it. We do not know if it is plain water. But it costs four and a half thousand rupees. I will not give you a receipt. You have to take me on my word. Come tomorrow I will hand them over."

Both of them enquired around. Including the vaccine institute no one had it. They gave in. In seven days, lighter by nearly eleven thousand and five hundred rupees he was back, not very sure that he had had the protection he purchased.

Vijayini was all smiles when she saw the Doctor.

“Your father told one of your relative that you were bitten by a woman. Thanks to the BBCs in your family, it has spread like a wild fire, relatives and friends; each one having his or her own interpretations. You are tarnished now forever!!”

The Gynecology camp was a huge success, despite the death of one. But there was a peculiar quiet all over The Hospital after it. The work was going on as usual, but the staff did not seem to enjoy it, as if forced in it. Their eyes were either too quiet or in the eyes of some, he perceived a fearful look, especially that of Bawara. They had become jumpy, if he came to them, and especially when they had to talk to him directly. They would not meet the eye. They looked down while perfunctorily answering his questions. They would not respond to his mild jocular conversation, as they used to, by freely giggling around, earlier. The Doctor could not understand what it meant, did not know what was happening.

Initially he thought that they were tired. Later on, he started to have a feeling, that they were afraid of him. Did they think that the Doctor will put them to a bigger challenge and a rigorous workload by springing up a new idea? He also had a feeling that the staff felt as if, they have reached their competence maximum, hardworking maximum, and that they did not want to be tried any further! They probably had no energy left in them.

During his conversations he was constantly referring to the wonderful work they had done, as he had always, without any doubt, it will not turn their heads. Just as they bore the brunt of his anger in an equanimous manner, they would accept the praise also. He could not reconcile it with what he felt and saw now. The staff knew him too well to think of it as false praise. He had not given up his old habit of walking down to the person with whom he had any work, instead of calling them up to the office in a ‘big boss’ style. He had always treated them as his children; they also took it to be so. This quietude, this distancing and perfunctory behavior, was an uneasy, unbelievable contradiction to all the years. In one of the meetings, he did voice his concern.

“I know you are all tired, neglected your households for months. Recover, let us for the next few months do only routine and emergency work. Don’t be afraid. If you have anything on your mind, tell.”

He sounded Asaavari and Nivedita if they found anything abnormal. They did not. Asaavari in fact said,

“Some months back we conducted our ‘quality quarter’ and announced the results. Pradnyagouri was the only one who secured one hundred percent marks, and stood first. Everyone else, on some count or the other lost to her by narrow margins. They were so happy over Pradnyagouri getting the honors. I do not think there is anything amiss.”

The Doctor talked to Sharad about what he observed.

“You keep feeling all kinds of trepidations. I do not see any of the things you have said, when I come to the hospital. Do you still think they want a salary hike, and are afraid to talk about it to you? It is anyway out of question.”

After a few days, Sharad walked in the room of Ramraj. the Doctor was talking to Ramraj.

“What is going on?”

“We are discussing about writing an article on the way the Gynecology camp was conducted and how flawlessly this has gone through. I am so grateful and happy about our staff. It would be a tribute to them, to make them happy. Particularly and especially when we are not doing anything else, raising or restructuring the salaries.”

“Hum.” Sharad breathed out deeply, sat looking, minutes passed, the Doctor spoke again.

“We are also considering the possible consequences of such a write up, a document for others to make similar efforts across the state. No one else anywhere in the country, has ever thought about it. Its execution far away. In about 150-kilometer radius at its least nobody else has got this kind of capability to conduct such heroic affairs. That way people will also know how well we are built and more people want to come here to get treated.”

Sharad spoke decisively, after a long gap.

“These are people with a small scope of life. Such praise is not easy to digest, and still keep one’s head balanced, even for much better off people, elsewhere. Let us hope their egos do not get inflated.”

“That was exactly what we were discussing. I am also not at ease about how people and the outside doctors in particular may react. But I am not able to suppress the desire to recognize their work and ability.”

Tentatively, they decided to prepare the article first and discuss it again. The Doctor dictated the article in the local language, Ramraj wrote it down, made a corrected final copy. Perusing it, Sharad said, “Written extremely well and in a well-balanced manner, dictated so well. And it is not even your mother tongue. None of our local journalists could ever come close to it. Has your trepidation gone, Doctor?”

“No, it has increased. They are not happy, are uneasy over something. No one else thinks so. Hence, I want to do something to make my staff happy again.” The Doctor answered.

The article did finally go to the press and appeared.

Balyogi surfaced in Greenville as a secretary to Planters Cooperative. The Doctor had met him four years ago to ask to whom to write in the capital-based plantation board, for a one-time donation for physiotherapy instruments. Even after many visits he did not get any help. Nagaraj drafted the application quickly. Sharad used some tenuous influence. The board gave them twenty-five thousand rupees, without bribing them a single paisa.

The next time he had gone there was to get a detailed list of all planters, to contact them, for the massive mass programs for the first eye camps. No outcome after several visits. Finally, President Prasanna gave it from the growers’ association.

After four years Balyogi. started his own law practice. All the influential members of various communities of Greenspan had flocked to him. He became busy with their cases and rich with their money. If he was a crafty lawyer, one never knew. Whether he gave a quick and good justice to his clients, one never knew. Soon enough, he had got into the social life in Greenspan. As a Brahmin he got in to the Brahmin's marriage hall management. Aside of marriages it lent their premises, to all major functions of organization. Soon he got himself into Bharat Seva and his wife in the women's wing of it. And now he was a trustee. When the Doctor found Sharad indulging Balyogi, the Doctor hoped that he had a good ally, a lawyer who could help him iron out issues, where legality and legal mechanics were involved, an area the Doctor deeply hated.

In one of the days after the camp article got published, the Doctor met Balyogi by chance, somewhere outside.

"Doctor, 'your' staff had come for a big function in the marriage hall. People point them out as Hospital staff. They have gained recognition."

He did not like the word, 'your staff.' Like all other trustees the lawyer Balyogi also did not consider The Hospital as 'ours.' He had long past stopped to feel angry or miserable over it. What Balyogi really meant was, 'he had spotted them, had flattered them with good words!' What the Doctor did not then understand and for long was, Balyogi was trying to make himself too friendly with them, trying to find out happenings in The Hospital in real details.

"Balyogi is a brilliant lawyer and can help you. Once we know something more you could pass it to your NM bosses to go ahead with some sort of action." Sharad had said.

The Doctor went to Balyogi again, on Sharad's suggestion to find out next legal steps, legal avenues open to citizenry to fight against the Capitation Fee Medical Colleges, also to find what is their legal foundation. He took the long treatise he had written for Balyogi to peruse and guide him further. Balyogi asked him to come to his house in the evening only, several times. He went. Balyogi had not even read what he had given him. On all occasions he talked a great deal, hardly suggesting anything tangible or worthwhile, or giving some concrete advice. In every visit he would promise to take out references, materials, and commentaries from his well stalked library. He never did.

Finally, when the Doctor conveyed that he would stop coming, the lawyer suggested a public interest litigation in the Supreme Court as the only possible way. He suggested the name of one Supreme Court practicing lawyer, but did not offer to write a proper letter, as would be fitting, from a lawyer to lawyer, with some supportive documents or references, explaining the contention and the intention of the Doctor. Balyogi never offered even a cup of tea or coffee in these numerous visits. Every time he came back the Doctor felt emptier and more cheated. He could never imagine nor suspect that Balyogi enjoyed making the Chief Doctor of The Hospital to run up and down and dance to his tunes.

Earlier there was a hint from Sharad, about making Balyogi in the next few years to come, as the secretary of the Trust in his place and getting relieved. Sharad did have a little tilting attitude towards brahmins. Having raised the issue of some errant employees, with Sharad, he again directed the Doctor to Balyogi. Doctor asked Balyogi for active help to initiate the first few

steps to warn few of the staff's irresponsible and rude behavior. More as a lesson to others. Balyogi undisturbed, did not seem to give it a shit, never saying it should be stopped, or that he would, should act on it, and streamline the matter. Instead, he tried to drive the Doctor away from initiating any procedures against these employees.

The matters had then worsened. Now the Doctor voiced his opinion for dismissal, which looked justified. Balyogi gave him a long lecture on how extremely difficult and complicated the procedure is to remove any permanent employee. The Doctor did not realize that it was deliberately made complicated and most of it was not true, nor needed. The Doctor had no appetite nor time for such procedural intricacies, long, tiring and wasteful in time, always heavily skewed against the managements, favoring labor on any flimsy ground. He never found any genius within him for such wily manners, to argue with these employees what they are doing is wrong, to listen to them, defiantly lying and arguing that they were not doing any such acts. It was intolerable to him. He simply stopped talking about it to Balyogi.

There was a distinct change. Atreya threw the two assistants he had trained, out of the laboratory. He could not tolerate the way they worked. Damini, second Manju and Yamini alerted the Doctor, that they will work the wards among three of them, not allowing any such staff to interfere with it. That was easier than thought since most others continued to absent themselves from all works.

Jaising, that sober boy, was never found in the x ray department, and had to be searched for. Films were getting wasted; it had never happened. Manju the illiterate and Rajita were taken out of the autoclaving procedure because they had bungled the autoclaving on one occasion. The outpatient operations, work in the labor ward became irregular and delayed. Such unimaginable instances mounted by the day, randomly.

Some of them tried to spike the work, spoiled the atmosphere by irritating and teasing the staff loyal to work, doing good work. Attempts to distort and twist their mind and brain also started. His loyal staff, kept themselves away from the remaining. It was but intolerable to see the atmosphere of trust, deep bonds of friendship, of sacrifice and hard work in unity and unison, vanishing so swiftly. More unbelievable was its deliberate undertaking, by his own staff.

It did not occur to any one that Balyogi would convey these matters of terminations of errant ones. There was no action from the lawyer. There was no way of knowing if he chastised the staff, or did something else with them. The Doctor should have realized then that Balyogi might be informing them about it and assuring them a protection. As if he was their savior against the Doctor. He was driving their loyalties away from the Doctor, instructing them to create antagonism, trying to become the parallel authority, as had never existed in The Hospital. Sharad and the Doctor were a single authority. Shocked by what was happening, the Doctor could not, did not see the obvious. Sharad having been in the worker intensive industry was savvy to such things and could have shrewdly guessed the game. But he was not looking at it, was not listening to the Doctor, nor helping him as in the past. Enamored by his building activity, he was already lost.

Chapter 10

A letter was received in one of those days. It was in local script and language. Hence Kusumlatika was asked to read it. After the first line she stopped, blushed, felt shame faced and then threw it away.

“I can’t Sir, it is horrible,” she said

The Doctor picked it up and started reading.

“A few of your female staff staying in the campus, are indulging with some of your male staff, in dirty sexual activities. A small thin and short girl, another light eyed fair girl and one boy who runs around for errands are the culprits. We have spotted another boy who works in the wards. Our relatives have spotted them in their quarters and outside, behind the duplex. For hour information.”

The descriptions fitted Dhanno, saved from the poisonous snake bite, Sukesha, known to be not well controlled. There had been these accusations before this also about her. The errand boy was the office peon Rakshit. That explained the frequent absences of Rakshit while on duty. Bhaskar was the male nurse. Everybody held their breaths. They expected a big tirade and a big tamasha emanating from the Doctor.

He cast the letter back to Kusumlatika.

“Put it in the safe in confidential papers. Let everyone know that I know who are the mischievous ones.” Without raising his voice, he went out. Nothing happened. The message that went down, gave certain confidence to the such workers that it was not being taken seriously, allowing a little for the human frailty and vagary. A few more scenes were witnessed by the staff. He told about this to Sharad. He merely shrugged and walked on saying ‘such things will happen when men and women are together. Leave it.’

The Doctor had no problem about this neither did Sharad. If not in Greenspan, then it would not be happening elsewhere, but did. All he wished was it should not lead to pregnancy out of wedlock. If any of the girls went for a termination outside, she could land up in The Hospital seriously bleeding to death. If not, then Vijayini would have to terminate it, which she was deadly against.

Like the staff, Dr. Pranesh also took to defiance, by ignoring any request made by the Doctor to help, and was a constant headache. His absences were far more prolonged now and the presence was seen talking with Pradnyagouri. Atreya’s strict dressing down had not changed Pranesh a wee bit better. Angry protests were made by the patients whose work was not done. The Doctor had to then finish the job and apologize. He could not dismiss Pranesh, summarily. He was a local Greenspanian. There would be an uproar. The anti-Brahmin caste angle would certainly surface, leading to endless trouble. There was so much work to do now, he had be more alert to see that the patients are not harmed.

In another week, he noticed that several patients were going out without taking drugs. Most of them came and told him that the medicines were not available. This was unprecedented over last many years. He went to Pradnyagouri and asked what was the matter.

“I do not know why, or anything about it?” The orders were sent three weeks ago. QLCM and other suppliers never failed to dispatch promptly, The Hospital orders in particular. That meant the drugs had landed in Greenspan.”

He went up to the office and asked Kapil if there were any goods remaining to be released after paying the banks.

“There was one, which I have got released from the bank five days back, and gave Bawara the papers to bring the drugs immediately.”

Finishing the outpatient as quickly as possible the Doctor went to the Lorry Service which brought all their goods and enquired about the matter.

“Why are you here, Sir? That Bawara deposited the papers here three days ago and told me that he will collect them in a few hours. He hasn’t.”

Requesting the owner, he got many heavy boxes containing the saline and glucose bottles, then a few more, equally heavy with the huge stocks for oral drugs, loaded. The Herald creaked under the weight and hardly any space was left. The outpatient was empty. Stopping the Herald near the cellar porch he got them shifted to the drug store and went home. In the evening, he waited for Kusumlatika to go and stopped Kapil and told him about the drugs he had brought.

“Has our office work to be done in the town, increased so much that Bawara alone cannot manage it? Should we send Rakshit also for some of these jobs?”

“No Sir. There is no need. There is no increase in the work. Good you asked me this. For the last two weeks this Bawara has been spending much more time in the town. No idea why, or where else does he go, or to meet whom? I have already fired him twice, but he is shameless enough over it to tell me that I do not know how much work is there.”

“Why did you not bring it to my notice?”

“If you don’t mind it, I will tell you why. Such things are intolerable to you and you would have flared with anger. I do mind that sir, because it affects your health as well treatment of the patients, indoor in particular and outdoor as well. It is painful to see your situation. I thought I will straighten it out.”

Looking gratefully at Kapil the Doctor asked him to help him sort these things out. There was no doubt that Pradnyagouri would have told Bawara about who had brought the drugs. Before long, in one of his somewhat late inpatient rounds, he saw Yamini and the second Manju waiting for him. Yamini after her night duty should have gone home long before. Both walked to him and asked him to come aside.

“Sir, we usually take up the night and the morning duties separately and place Damini in the middle shift. For over two weeks now, no other ward assistant gives or takes a hand over at all. This has never been the case. Many of those simply walk off, sometimes even before Yamini comes in the night, leaving patients without any nurse attendant for quite some time. Reporting

for duty on time, no. We shudder to look at the callous way they inject patients, or boil the syringes or dress wounds. Any number of things, you know well. What is going on Sir?”

“I do not know. But thanks for telling me. When I find out the truth all I need is your and Damini’s help to straighten it. The same thing is happening in the laboratory.”

The staff probably had imagined that the Doctor was tired and lost the grip over these things. Despite all mischiefs, his anger had not flared, nor had any memos, or warnings or reprimands come down. Nor had the Doctor called anyone and fired him badly. Some of them had started speaking back insolently. It was going downhill. The days of Vasudev, he realized, had come back. The history was repeating itself. The only difference was the key perpetrator behind this was not known yet. It was unlikely to be someone from within like Vasudev. Even Pranesh did not have that brilliance. He could not imagine who else could be instigating this? More had to come out before he would know.

Within two weeks he had gone back to Sharad to give a detailed account of the problems the employees were creating.

“I will take care of these things. Pay attention to patient safety. Let me for the time being concentrate on the building work. By and by I will tackle Bawara first and then the others. I will talk to Pranesh’s father and see that things improve.” Sharad had summarily dismissed the whole matter.

Soon after, Mrs. Balyogi called the Doctor to immediately visit them because her husband was in great pains. He did not like the imperious tone, as if a menial servant was being summoned, to a legal luminary who was of such enormous help to the outfit of a hospital. He was surprised and resented it. He disliked home visits in Bombay also, because you could hardly do anything there. The place for a sick person to come to was the hospital. By being strict, and adamant over refusing home visits right from the beginning, the Doctor had spared himself some dignity in Greenspan.

Can you summon a judge to issue a stay in your favor, or a bank officer to come home and give you the sanctioned loan because you are unwell? Only Doctors can be summoned and they must go. Else, it is a breach of moral conduct, turpitude, an inhuman act, a sin! Doctors have never ever realized the emotional black mail to which they were for years together had succumbed and dutifully went. Even then he prepared himself to go, not wanting to make a scene of refusing it. Balyogi’s neck had twisted in a ridiculous manner. Stuck in the posture, neck stiff, he was in great pain. It was a condition called spasmodic torticollis. He prescribed an exact drug that would resolve the problem over a few hours, and walked out.

The second act of Balyogi after becoming a trustee was to get admitted this time for that horribly stiff and painful neck again, because he had stopped the medicine too early. He demanded that all the physiotherapeutic maneuvers be done by the Doctor and no one else. Initially, the Doctor massaged his neck for twice a day for three days, applying the physiotherapy instruments, to relieve him. ‘We have to propitiate all these deities.’ He told Sharad.

But the most terrible was Balyogi’s own father. One fine day he became terribly fidgety and lapsed in deep coma. His blood pressure had gone sky high, broken all the defenses of the brain

against it which continued to devastate it with each beat. A lumbar puncture to relieve the pressure on the brain was hazardous. A CT scan was then unknown in India. With all the courage the Doctor passed a tube in the stomach, pumped tablets in, to lower the blood pressure, which gradually came down. It took him four days to get the father to regain all his senses back. No one including the Doctor could believe that he came out scratch free. Balayogi not once came to see his own father, nor did he even thank the Doctor.

On the evening of his discharge the Doctor had gone to see him. Only his wife, Balyogi's mother was there. She had all the gratitude in her eyes. In chaste Brahmin families, even in late eighties, widowhood was the biggest curse, a testimony of one's earlier sins, from previous births. The gratitude was for both the reasons, saving her husband and thereby saving her from becoming a widow. There was a gale. And a bathroom windowpane banged. The Doctor went in to see what happened. As he was fixing the pane, the lady rushed in. She pulled on his arm, kissed it at a few places. Then she pulled his face and kissed him on his cheek, held him tightly for a few seconds and rushed out. He did not know what was happening. Long ago, once he had gone to Nivruttmala, a lady with a small child had made the child kiss him all over. He had saved the child from dying of kidney failure. He knew then that the lady wanted to kiss him in the open, a mark of her gratitude for saving her only child, did not dare to but had expressed it. He knew the gratitude then. He knew it now.

Kapil left abruptly. He was a Havildar from Indian Army, a retired honorably. He was honest, worked well, was extremely good in typing without errors. Much of the Doctor's miraculous correspondence to organize the All-India conference had been possible because of Kapil. He had learnt to keep accounts and had become a reliable man in the most important department of cash maintenance.

No one had thought that he will leave. Kapil had landed a job in a nationalized bank which would pay him five times more. He left without collecting his pay in the evening. He did not even meet Atreya. He simply vanished leaving a note of regret, refusing his salary as notice pay for one month and his resignation.

"Let him go, Doctor, do not fret. Do not fret. He did many good works over here and let us not blame him. After all, he had to report immediately. He will be better off." Sharad had told him.

The problem was bigger than this. Since a year, the income of The Hospital was over a hundred thousand rupees per month. Proper collection, accounting for it and depositing the same in the bank more important than ever before. They needed a man or a woman who would not allow even a paisa to be left unaccounted. If there was even a minor, even an unintentional mishap, the integrity of The Hospital, the trustees, the Doctor would be in jeopardy. They advertised for the post but what both Sharad and the Doctor knew was they would not get anyone, even quarter as good as Kapil.

Kusumlatika, the girl who assisted Kapil was a recent commerce graduate had taken over. The need for a more experienced man to train her in many other areas where money was concerned, was necessary, so that the job could then be entrusted to her in full with elevation in

rank. It would have been in the tradition of The Hospital to give more weightage to the quality of work than the qualification, a custom which alone had given them so many good workers.

They advertised again. Only one man applied. He never came on the day of interview, but surfaced six days later at eleven in the morning, quite fully drunk. After a perfunctory interview they dismissed him. A couple more people, middle aged, with some qualification had appeared. Both were dumb and stupid. They dismissed both.

Sharad brought in one Vishveshwar, an upcoming chartered accountant. He was made an auditor but he could not have attended to the daily cash flows and other monthly transactions, like group gratuities. His men started coming every fifteen days to go through the accounts; it did not turn out to be that helpful. Even the fourth advertisement, as well as all the attempts of Sharad to get a 'writer' as they used to be called, from an estate from his reliable acquaintances, failed.

Sitting by the telephone one late night the Doctor decided to act upon an idea that had struck him about a week back. It looked like a perfect idea. The more he thought about it, the more it appealed him. The more he thought, the more convinced he was that it will be possible to do that and that it will work well. He had not shared it with either Vijayini, or Sharad. But he knew that if he can pull it thorough, neither will object, in fact would welcome it.

He wrote a long letter to the eldest brother of his mother, his mama, naturally well advanced in age but was very active, agile in brain, in good health. Retired from the State Transport Corporation as divisional head of accounts some years back, he was a thorough and thorough accountant. He wrote in that letter all the difficulties he was facing, including their failure to procure an accountant in this dismal place.

"Even if you can come at this crucial juncture for about four months and streamline the whole thing, it will be a great help. You will naturally stay with me in the campus and health should not be a problem, although the severe cold might be." He wrote many more things and sent it, express. He did not know where exactly in Poona his mama was staying. He sent it to his younger brother, his ulcerative colitis mama in Poona.

Unable to wait, on the 6th day, late night he called long distance this younger mama.

"Oh yes, I have received your letter, seeing the contents I have personally taken it to Nana, fifteen kilometers from here, the same day. He was out of station and does not have a telephone yet. Call me back after two days, Nana will have come back by then. I will tell you what is the situation. I don't think there is any problem."

For eight long minutes they chatted. The Doctor did not really know if his mama was keeping really well or not. He had not thought about whether his wife was able enough and well enough to look after things in his absence for four months. He had no idea if the youngest of their son was still learning, employed or married or had any issues. Truly speaking, the Doctor had relatively little contact with him in all the thirty-seven years of his own existence. Barring one night, nearly twenty-three years back, during a family marriage that he had spent with his mama chitchatting, they had never even visited each other.

Deep inside, despite all this back ground, the Doctor not only felt but knew that this mama will come for his help, for his rescue. He did not know why he thought so, but it was the basic nature of going out to help that he knew existed in his mama. This was not the general perception among the relatives but he did not agree to that. He had mostly remained away from his five siblings because of his service in Central Maharashtra, never in cities where the bulk of their relatives existed. With the general aloofness attributed to him the Doctor had judged otherwise and was convinced within himself that he will come.

Two days later, his younger mama told him on the phone.

“Nana is on his way to you. He will be there tomorrow. He will pick his way up from Port City and come there directly. I have put him on a direct bus. He does not want to be picked up.”

With one small suitcase, the mama landed in Greenville in the afternoon. Hurriedly the Doctor called Sharad, Vijayini, Asaavari and Nivedita.

“How in the world did you think of this arrangement and also managed to come on top? This time, even I was not able to get through. I never thought you will succeed but you have.”

Sharad had instantly struck a cordial relation with the mama and both were immensely happy. Both the children had got drawn to him. Mamaji was talkative and quite jocular and mixed with the children. Nivedita called him Mamaji and the title stuck to him all the four months he stayed.

The Doctor was even now, distinctly unhappy. His antennae were sensing that everything was not alright, even now. The Doctor was talking to Pradnyagouri.

“Why are you troubling your old Mamaji? Could you not locate an accountant in Greenspan or within us?”

Pradnyagouri had asked. Taking it for granted that people mean what they say and say what they mean, the Doctor went into an explanation.

“Those who appeared for the accountant’s interview were either drunk in the broad daylight or stupid. We did consider Kusumlatika but thought she will need training. After all my Mamaji will be able to stay here only for a few months.”

The Doctor stopped in between. He did not feel that Pradnyagouri had her heart in listening. Not even the certainty that Kusumlatika would become the accountant after that. After all, Pradnyagouri had got Kusumlatika to The Hospital for the job. They were both graduates, both friends. As he looked at Pradnyagouri he started wondering if Pradnyagouri wanted it for herself. This was uncanny. ‘If she had wanted it, she could have told me or even applied for the job. What is the point in telling me this now? She does not, or at least should not have any inhibitions with me! She knows that she is my confidante and one of my most trusted lieutenant. And everybody knew that we are not getting a good accountant!’

He was disturbed.

He had relied on Pradnyagouri, as the sole science graduate in his entire team of fifty, to delegate the most important tasks. He had spent time with her, with Vidyullata, to make them his reliable first-hand assistants, to develop them in future pillars of the hospital. Her stark honesty as

the in-charge of the most lucrative money earning department of drug store was proven. He could not imagine shifting her, even to accounts, where the money could not go astray; at least the possibility was less.

He felt betrayed that Pradnyagouri did not open up to him if she wished to do something different and important. Pradnyagouri was a science graduate while Kusumlatika was a commerce graduate, familiar with account books. Additionally, Kusumlatika was an extraordinarily good typist, which Pradnyagouri was not. That would be wrong choice both ways for accounts and office on one hand and for drug store on the other. He suddenly felt tired. He could not bring himself to explain all of it to Pradnyagouri. He felt that it will not be appropriately received, given her present status of mind. He slowly walked out of the drug store.

He was keenly aware that many of the key positions in The Hospital were presently with Maharashtrian. The chief medical officer, the head, that is himself, the surgeons, both Vijayini and Pranav Anand with his intermittent but long enough stays! The anesthesia with Nivedita and Pradyumna! The Gynecology, with Asaavari. In all the nine years, he had found not a single person, local or from within the state, to fill up any of these posts with honesty, competence and tenacity required of them. And now, accounts with his own Mamaji!

Was not his staff aware of it? They must have been. But India is a strange country. Every divisive and diminutive tendency, and attitude, every succeeding level of narrower consciousness was more appealing to its people. No one was an Indian first. They were Kannadigas, Punjabis, Bengalis, first and last. After that they could be Brahmins or a Kshatriya or a Merchant class, all three with a particular sub caste, or a Greenspanian. From then on, they could be from south or north of his district, state or India itself. And so, on and on it went down.

Even then, he had acculturated and identified himself with the people in this strange land, to the point of losing his own roots, at least from their immediate visible consciousness. His mastery over the language with a flair for diction, was remarkable. Vijayini, Asaavari, even Pranav Anand had tried to mix with them. Except for the obvious hatred Dr. Pranesh had for the Doctor and Pranav Anand, no one had overtly expressed it, if it was there. Was this being understood? He started doubting that also.

Asaavari had been accepted, probably because each one knew how much struggle and tension Vijayini carried on her shoulders and Asaavari had taken off her. Pradnyagouri of all the persons should know how hard and for long hours Vijayini had worked to deliver her normally when the child was stuck in the passage and a quick Cesarian was out of question. Could they have forgotten the terrible whole body allergic inflammation and when even her eyes refused to work? Everyone knew it was on account of her excessive work and accompanying tensions and that required her going away on leave for four months? Probably they did. Could they have forgotten how the work slumped, the money dried out whenever Vijayini was out of the hospital? He really did not know now, what his own people really thought.

If they had forgotten even that, then probably both the Doctor and Vijayini were both being taken for granted that they must remain here, slog and provide them with their money and some luxuries. These two were the slaves, in the form of masters. This disturbed him even more. They were too familiar, always around, always there to solve their problems also, hence not needed to

be particularly respected or feel grateful about. Looked at as not worth much, as the old Sanskrit saying went; ‘just like an illiterate tribal Bhil woman, staying in Malaya Mountains burns sandalwood for ordinary fire,’ just because too much of it was there for her.

He simply could not afford to get rid of all the Maharashtrians, since no specialists from the State had ever joined here. Caught in the quagmire he had no escape; he had to undauntingly go ahead, slog along with whoever comes or had to be brought in. He started noticing after his Mamaji took up the office, that Pradnyagouri was the king pin of all those happenings. He would frequently find Dr. Pranesh, Bawara, Gunavanta and Kamakshi dismissed from the laboratory, the illiterate Manju, a crafty, shifty ayah Ambika and Jaising, talking to her, generally in low tones. Ordinarily he would not bother, but if he were to approach them, all talk used to cease abruptly, each one would look at him, as if he has impinged himself on their private talks, and simply skip out. In the wards, it was Vidyullata, Janaki, Jyot, Bhaskar the only male ward assistant, Dhanno and Madhyama, similarly breaking away at his approach. Their conversation always had a clandestine quality and if there was one thing which no one liked, it was his coming.

Thrice at different places he tried to find out.

“What is it that you are talking so secretly? Why is it that you do not want to talk to me about what you are discussing? The way you people go away as soon I come, appears to me as if I am a untouchable leper or a beggar, you do not want? Let me know if there is anything you want to do with me or me to do for you. I am pained that you do not want to even talk to me. Lately, I have been very busy. I know I have not found much time to talk to you all. Barring the ward rounds, we have not had any need to talk. Are you angry because of that? Tell me!”

No one would answer him. They would look at him not even with a perfunctory smile and disappear. It did not occur to him that they wanted something, he would never be able to give, accept or would be even prepared to listen to. Thus, it did not occur to him that his staff knew about it! But he did not know that they knew this. The non-communication remained iron clad.

Mamaji had taken charge of the office and for him, the miniscule accounts. He soon delegated accounting of the collections, preparing the daily statement, to Kusumlatika, locking the cash in the end. He then delved into the provident fund accounts the group gratuity schemes of all the employees, and spotted two big discrepancies. That had cost The Hospital to pay an unnecessary and large sum erroneously. He sent a letter on these issues. Within the fifteen days all the money came back. Mamaji then gave more attention to training Kusumlatika in every aspect of accounts, telling her clearly that as soon as she is fit to become the accountant he will be going back.

More days passed in August; all communication broken down. Towards the close of third week Mamaji told him,

“There is a possibility that some of the staffs are in a mood to form a union. Do not be angry. These things are inevitable in today’s world. No one likes it, and no one can do anything against its being formed.”

“I do mind it and I will destroy it!”

“But why such a severe reaction? People have their own problems, their own fears. So, they make some fortification to confront an issue. Do not take it seriously. One can even sympathize with them.”

“Are *you* talking it? Fortification? Against whom? Me or my wife who have done everything for them, without asking them anything in return except good work for the poor? Protection from whom? We who have made these non-entities so substantial in money and respected outside as well?”

“My boy, a union has not come up yet. It is what I overheard taking rounds of the hospital. Do not get perturbed or agitated so much.”

“Money and indifferent works, spiking it, is it not all that a union means? I will give you a detailed account of how we paid them more and more, as well as their monetary sacrifices, to retain the service character of the hospital. All of it sufficient to negate the need for a union. Even a thought of forming a union has deeply pained me.”

The Doctor then narrated to his Mamaji the happenings in The Hospital since the article praising them for their wonderful work all along had happened. That there was something in the air he was talking about for long now. Now it seemed to have crystalized in the idea of forming a union. The unanswered question and the unknown reason were, ‘who gave them the idea of forming a union? From within or from outside?’

Chapter 11

For long years the Doctor had hated and had the utmost contempt for, were the unionism, law and judiciary, police and bureaucracy. All of them had power to obstruct, to destroy the law-abiding individuals and organizations. They gave themselves and the uncouth sacrosanct rights, but not an ethic, or a work culture, a morality, a higher sense of the ethical aspects, or better life. They never facilitated good work. Together they destroyed all possibility of creating better people of human values, sacrificing the human development. They sacrificed the sacrifice itself. They had all the machinery, with a license to extort money from the creative genius of the society. They had clutches to thwart good work.

When the moratorium they enjoyed as a public charitable trust in the first five years ended, bureaucracy, law and judiciary, the police, their regular leeches of government officers, the sales tax the drug, the labor inspectors, and the commissioners, a few from water board, electricity board which never gave them a reliable continuous electricity supply of a desired voltage and the police and others made their rounds to extort money. They never got it. Forest Conservators who connived at thefts, police officers whom he would not have touched with a ten-foot pole. Now, the union was in the offing. Each one of them had a deep grudge against The Hospital. The sharpest contrast was the way the same law officers treated the private establishments, or hand to mouth planters, covering up for deficiencies, errors and cheatings for a few hundred rupees every now and then. A show of arrogance with a concealed begging to give them bribes.

Their second most committed action was, to cut down, destroy, obstruct individuals, who could grow taller than them by their own power, work and ability, particularly disliking the idealists. The calculation was simple. When no such persons exist, they would be accepted as the projected norms of human mind, human ability, human position, and grandeur. The only ones who really mattered. Creativity, commitment, any nobility for their high degree education and intellect, were the last things to be expected from this 'most intelligent scum of the society.' In all his life he had not never found or heard of a single such person.

Thus, when The Hospital had come to be a legal entity, the only effect it had was many of the errant workers had become legal minded. The brush with the law had come in Shashank's case earlier, strongly, for the first time. The lawyer status of Balyogi had given a hope that he will help the Doctor keep himself away from law and continue to build this place were already dashed.

Jaising the technician boy from x-ray had fallen ill with typhoid, that seemed unresponsive to the antibiotics and was admitted. Looking at his fever, it was obvious to the Doctor that it will take the boy nearly 6 weeks to become well enough. The responsibility of x-rays fell on the Doctor. Within the first few days he noticed that there was a substantial increase in the number of people who came for x rays. The government hospital machine had defuncted again. The orthopedic x-rays from outside, with Dr Siddha's note had suddenly increased. Dr. Siddha's now

was the orthopedic surgeon of The Hospital but the increased number had not resulted in a single operation by Siddha.

In the first fifteen days, he diagnosed ever so many surgical conditions with the help of x-rays, taking a lot of radiation through screening. Within days he found out that none wanted surgery here. The doctors referring them did not know what they were looking for and picked on the Doctor's efforts to diagnose and decide the kind of treatment needed. On questioning the patients, it came to light that they were clearly instructed not to get operated in The Hospital but come back. This could not be a new phenomenon, except that the Doctor was not directly dealing with them till then. They were being exploited, doing the donkey's work and Doctors outside whisking away the patients.

For nine years he had served these looters. It was his job to diagnose. If the patients did not want to be treated here it was their right. If the referring doctors wanted diagnosis but did not want their patients to be treated in The Hospital, he had no complaints either, till now. Through the initial years the X rays were taken as an addition to their income and for faster turnover of the films. In those years, he had no one to treat the surgical patients he diagnosed. He considered it as the right thing to diagnose and let go. In the nine years they had continued the practice as a public service, even when the paltry sums adding to the income were no longer necessary. He had no complaint about it, at least till now. The Hospital's laboratory services were also open to all for the same reasons, though out of all investigations the outside work was only ten percent. It was another indication of the level of competence to use their fine laboratory.

During these two weeks after four exposures in line, despite the rotor to cool the tube, the tube would not fire for one long hour. Films had started getting wasted. The fuses were blowing away quickly. The tube was probably coming to an end of its thirty-one years of existence. The Doctor made a quick calculation. In the last nine years that he was around, a total of about twenty thousand x-rays had been exposed on this tube. The number of screenings over such long duration, done to save money for the patients was innumerable. Each screening exposed him thousand times more than exposing an x-ray. Lately he was conscious of muscular pains and nausea after the screenings, and because of that.

The situation now however was vastly different. Now if the tube was to blow, he did not have the two hundred thousand of rupees to replace it. The excessive heating of the tube clearly indicated that it could conk. Nor could he afford to remain without x-rays, for those patients who came to this hospital for treatment. If the tube was forced to continue to serve everyone, their own patients would soon be without x-rays. And so would the others be coming from outside. He decided to stop the nonsense.

In the meeting following the camp, he announced his decision to stop this, for x-rays and additionally for labs, for similar reasons. He did not consult anyone. He explained the matter to the staff and closed it, instructing them to tell the patients about this decision. As a consequence, whoever came for x-rays and laboratory were politely told that unless the patient wants to consult the specialists in The Hospital first, follow their advice for x rays and laboratory and are willing to be treated here, this help was closed.

Nearly half of those who thus came opted for being treated in the hospital. Half went away cursing them in their own minds. When the looters' benefit was stopped The Hospital work correspondingly registered a new peak. Simultaneously to this, the Doctor noticed Siddha cooling off in the earlier enthusiasm with which he was operating cases here, at a low fee but fewer in number. He noticed even Jay, an erstwhile staunch supporter of The Hospital also cooling off. Jayraj had insisted on his father getting operated in the camp and given a donation for eye lenses. His child had been through his innumerable asthmatic attacks to be finally cured by the age of six. He had even given away a large number of his own utensils for the canteen.

"Why are they cooling off? What is it that they are unhappy about?"

The Doctor could not understand that. Siddha, Jay, were his friends. Pranesh, no friend of his however had been seen talking rather stealthily and frequently with them. Even when the Doctor approached and asked them what was it that they were talking, none volunteered any information. There was no reason for Siddha particularly to get upset. He would jolly well have operated cases here, more safely, under an expert anesthetist, under good monitoring and laboratory backup which he did not have in government hospital. There was no point in insisting in operating in that incompetent set up. But apparently there was something stronger than these considerations and Jay was toeing with that line.

The matter of x-rays to be taken only for The Hospital patients came up in the Trust. Unlike him, the Doctor argued fiercely. He explained everything and on the point of preserving the tube he won, at least temporarily. It was simply because none of those in the trust wanted to risk the effort to collect money for the tube, Sharad having put all The Hospital money saved for a rainy day, in the roofs and ramps of the building.

A few more days went by. The atmosphere had grown sticky. It smelt bad, it smelt evil. The secret meetings were more frequent. Something was brewing! And the potion had the quality of the brew the medieval witches made, to create the evil influence, over normal men.

"What do you think are the chances that they will form a union? How many are there? Who are there?" He had taken Yamini and second Manju aside and asked them.

"We know who are not in it. Two of us, Irene, Kalpana and the other lady, who manages canteen. Atreya Saheb, all other doctors are out of it, except Pranesh. We are not even talking to them. We can't. Their heads have turned; their minds are hateful. Irene has been arguing with them, telling them that they are vitiating the good atmosphere, the good work place; that they are doing injustice to Madam, yourself, after all that you have done for them. But they do not listen."

"What do they want? Money? More money?"

"They want a union. That is all. It is like an infection; they don't want to get rid of."

He asked Atreya.

"I cannot understand, Doctor, how so many of them could go so mad?"

That was bad. What was running so well was being dismantled. Why? There was no answer.

Finally on 17th of September the office received a formal letter from Dr. Shantaram, the old medical practitioner, and a labor and communist leader, to whose house the Doctor and Vijayini

had gone, long ago. They had received the news that Sudhakar was ill, in that house. Sharad was there, with the Doctor with his Mamaji, Rakshit, Kusumlatika and a couple of workers loitering around. The letter stated that many of their workers had formed a union under his leadership and that a charter of their demands, to be issued shortly be met or the consequences will be unwelcomed! In a voice loud enough, the Doctor said,

“Listen everybody, here and elsewhere. I will not tolerate a union in this hospital, as long as I am here. I will destroy it and its members with my own hands. If there is a question about who stays and works here, it is me and not the Union.”

The inevitable battle between the evil and the noble, the Satan and the Christ had begun.

When the Doctor said that the union has no place in The Hospital, that he will destroy it, while he continues to stay, it was this history of Trade Unionism he had in mind. When he said that “No, I stay.” he had refused to accept a union in the world he had created. He had refused to accept a union because he knew, where it will finally, inevitably, irrevocably and inescapably lead, in this country, either in the end or even in the beginning. To him, it was the dirty legacy of trade unionism. It was the whole string of bastard progeny of evil values, the intercourse between the unions and establishments always brought into existence.

Trade unionism had a long history of over sixty odd years in India then. It was dominated by the Communist ideals. Primary to it was the duality between the management and the workers, we and they, never a we together, to which the consciousness never even as an exception, risen. The psyche of the owners as Bourgeoise and the labor as the proletariat dominated. This duality which led to enormous cost mankind had paid with wars, killings, subjugations and unnamable atrocities. With the duality came distrust between these two parties, leading to hatred, an element, self-fueling, impossible to control once instilled, leading further and further to more violence, and the destruction of the creations of mankind.

Owners and Managements of all kinds of units, small, medium, cheated workers in all kinds of ways, by delayed payment, paying less than the workers signed for, on overtime, safety measures, legal provisions like insurance or provident funds. Workers, trained on job, had the disadvantage of not getting anything better if they change to someplace else only increased inconveniences. The workers also cheated by procrastination, poor output, irregular attendances. The higher values of honesty, quality work and so on was simply, not lost, but never even cognized.

The greatest disservice trade unions gave to India was in the numerous, large, quasi autonomous public sector units, across the length and breadth of the country. A culture of lousy way the work was done or not done, avoided, accountability going out of the window, labor unions and labor laws which guaranteed protection against every despicable act, employment of excessive numbers under the Welfare State idea, leading to huge losses, developed. Secure jobs, pensionable service, and that no one could be removed, demoted or suspended easily.

The courts made the interpretation of labor laws and the procedure complicated and mandatory under the law that no employer wanted to take the risks of removing errant workers. The fear of Unions rebelling was always there. They preferred the harassment of a discreditable,

hateful work culture, immune to punishment. All the national level trade unions were then the handmaiden of the ruling congress or their allies, like the communist party. Waste, more waste, still more enormous waste! Waste of time, money, work hours, low productivity, lethargy, dishonesty, bribe, corruption, inferior work quality, enormous unbearable waste of natural, nonrenewable resources, was all that the nation got.

Another racket developed. High positions in such PSUs became saleable under the respective government heads. The ministers, and the bureaucrats became money generating machines, with a predetermined equitable or differential gradient of how to distribute it. Then arose the knights of specific merchant communities who could raise their pay packets of huge sums to buy the bureaucrats and the government to procure contracts. To make this bribery empire look more decent, they formulated a quota-permit-license raj that bread and spread the cancer of corruption. This kind of mentality then pervaded the whole productive sector of the country. The fiber of society became weak, decayed, frayed and tore itself to pieces.

More and better-quality work, more pay was never the motto. Less work, lesser work, more pay, still more pay, no work only pays; that is how the spiral progressed. How long can you feed on a carcass? No one thought of that. Self-indulgence was the motto. The leaders took their mass base as their strength for political maneuvering, trading favors and reeking gangsterism on the populace, 'on call.' The labor would then get converted 'vote banks.' For the paltry sums, a few utensils and saris for women, they would vote nefarious politicians to power and the game continued. Follow would then, the striking work, sitting demonstrations, labor laying siege to the unit. The workers wanting to work would not be allowed to go for work, obstructed, man handled, beaten, more often than not, murdered, on a flimsy pretext. The atmosphere was terrorized.

His Bombay was the epicenter of this terrorism he had watched through his youth. It suffered terribly during the 1974 Railway Strike. What happened in the early eighties was million time worse. For one man's egomania every well-functioning textile unit, working well, making money, employing thousands of workers living well under it, was destroyed through unionism. By every measure the labor unions could muster, to damage and burn the premises, and buildings, to looting the property, dynamiting the very machines, raw materials that gave them sustenance, money, food, succor and a productive job, they fatally wounded each unit which went to Gujarat. Bombay, India's Manchester vanished with dismantled units.

Two hundred thousand families were destroyed, were on the roads begging, deprived of all the succor they had till then. They were deluded to imagine that it was the management that had reduced them to it. These people found themselves entering the clutches of Bombay's under world, giving a new impetus, a new cannon fodder to the then nefarious criminal activities. 'The dons' of Mumbai regularly indulged them; the gang wars started. Loot, ransom, smuggling ruled, and rose with crime. People deserted, going back to their small piece of lands in Konkan and the remaining Maharashtra, becoming an unwanted mouth in the already strained economy of their original families, ensuing strife and unrest within. The houses broke. To top it all the man who engineered this destruction was later killed by a goon for five hundred rupees.

Just one small element was ignored. Had these units not been there, whoever created them, and however badly run, where would all the labor be in those fifty odd years? The same was true of all such manufacturing sector. That they were vomiting in the same plate which served them food. By a degrading act, sold to them as being the demonstration of their being powerful, manly and virile. It was also construed as being an attempt at creating bonded labor and resented. Any employer expects loyalty, does not desire a bonded state. It was not 1760 in England where every brutality was practiced against the labor. They traded their productive effort, mutually accepting a contract for payment.

But the unionism was as contagious an illness like the Plague in early 1900s no one could avoid. Men continued to indulge in strikes and all that followed in crescendo in months to follow, lasting for over two years. They never realized the dual role their leaders played. The leaders roared in front of their flocks and visited the managements with their tails in the leg, procured money in huge sums to leave others wriggling to continue strike. If striking was like vomiting in the plates they ate, taking money from the very management was like swallowing the same vomitus, their so-called brethren left. No one seemed to mind that because no one seemed willing to take cognizance of it.

Such words as ‘we are a nation, we want to build a nation, reconstruct it, develop it, make it wealthy and strong’ in this atmosphere had become meaningless. ‘Service to the Motherland, its populace, our even more handicapped brethren’ had become redundant. Everything that is human, moral, ethical would burn away from human hearts, replaced by the vulturous tendency to pick out carcasses. Dedication, work ethic, hard honest work would and did become museum pieces, no longer current.

What surprised the Doctor was the conceding attitude of his Mama towards the idea of formation of a union in the hospital. His mama had seen and experienced the aftermath of destruction. It however did not deter him from his decision to uproot and destroy the union if it ever comes in to existence.

In his life he had dreamt of a world he wanted to create. He had accepted the lore of a prosperous happy country in his early years in the folds of the organization. It was a world of camaraderie, brotherhood, of poverty, of sacrifice, of a strong ethos, of hard work! Of accepting persecution, beating, hatred, ridicule, just so that they could hold on to the vision of their country to which they would convert their baiters. The founder had told them that ‘This is ‘our’ society. We accept it on an ‘as is where is basis,’ with every conceivable fault, but we have to live our life to lift it from this abyss.’

To achieve that, they wanted to create a society that was cooperative without conflict, not regulated nor regimented, but not unbridled. Creative, capable but not egoistic and self-centered. Original but not wayward. They were to be a society in a super or supra democratic form where unwritten convention, recognized meritocracy, the virtue, justice and the correctness of the things mattered for action. Actions would sprout from the roots of unprejudiced, unbiased impartial and brave decision in favor of the country and not individuals. There, sacrifice had to be coupled with long ranging perspectives, punctuated by short term goals, inevitably resulting in the strengthening of the society as a whole.

They wanted to create a society without any divisive, narrow considerations, submerging all smaller egos of families, communities, castes, languages; where any parochial considerations had no place. They wanted a society homogenous but not uniform, where each one thought of the nation first and acted accordingly. They wanted a civil order not generated out of the fear of law and the stick of a policeman but a spontaneous pattern of behavior that at once preserved the law in higher ethical norm, for large goals.

From the twenties to mid-eighties this was the atmosphere, they enjoyed in the ramparts of their organization which they considered to be an iron ball that cannot be hammered to pieces by the external sledge hammers, because the internal bonds of unity were so strong. When the Doctor came out of his father's house to this remote, distant but alien place, it was to translate this reality into an external outfit, which he wanted to build, in a society where such ideal or idealized outfits did not exist. He wanted to build one such outfit to show the society that it is possible. He wanted to create an island of excellence, the Atlantis of Greek mythology, as a model, which could be emulated, repeated and recreated elsewhere to mold the habit of the society.

And he had succeeded.

Now that world was slipping from his hands. The Doctor was being told that his ideal world no longer exists. It is being broken down, by those four evils, with unionism the spearhead, capable of destroying everything he created. What would follow would be obvious and totally wrong. There was no justification to it. If a union was justifiable then nothing else was right. Everything else he wanted to live by was wrong. Everything that he had lived and made others live, was wrong. If slavery was not wrong then nothing else was right. If untouchability was not wrong anything else was not improper. So was the Union.

It was now that he had to make a decision about what was right and what was wrong. And he had not taken even a fraction of second to decide what was right. He was right, his ethos was right, the unions were wrong. And that had given rise to another momentous question: 'Who should stay?' To that he had is categorical answer, given without even batting an eyelid that he will stay, his ethos will stay. That gave rise to a still more momentous question. 'How does he propose to assert the right.' The answer was 'by annihilation of the union and the unionists.' 'How?' 'With the help of those who are to be with him, without those who did not want to be with him, and by cutting and mowing those down, if they came in his way.'

"But why make it a life and death issue." His Mamaji asked.

His answer to it was simple.

"I came here, lived under a continual sacrifice, spent my life's, best of the years, under adverse conditions, which I will never get back. I will have to save my work. I cannot be bogged down by this nonsense. The price of my life is far too higher to be lost, wasted, surrendered or relinquished for this nonsense of unionism."

"Why? Is not this the age of democracy, an age of individual right?"

"No. I do not recognize it as such, because we live and have lived in a higher, much higher form of democracy. And that is recognized, not this aberration. The final justification I am firm

about is, this is the way to build this nation, from the blocks of such numerous works as I have carried out. That is the answer. Unions don't build societies. They do not build nations. They gleefully destroy them."

"But no one minds all this now-a-days!" His mama had said.

"I do. The rightness of a judgment, an action arising out of it, cannot be judged by the numerical strength of lesser individuals, who do not approve of it or consider it right. If the five hundred and fifty elected cartoons think in the parliament that justice is not right, the one man who thinks contrary to it, is still the right man, even if he is in a minority of one!"

"I agree with you because I have seen enough of what happens under unionism. You can't however get them away. In a small place like this, you cannot divide them also and put them against one another. You have to tolerate them."

"I shall not. If there is anything I hate on this earth most, it is unionism. Either the union stays or I stay. And let me tell you, today, here, that I stay and the union is out. I will destroy them through and through." The Doctor's voice had risen abnormally.

The word went down again.

The clandestine conversations had stopped. No one, even among those who wanted to form the union did not speak to each other much. It was not even a hundredth of what they were talking during their hitherto secret meetings. The vibrant place had suddenly become quiet as a cemetery or the ancient caves which smelt of death and skeletons. The Doctor now realized why his staff was not talking to him in the preceding months. They wanted a union. They knew him well enough, to know that he will just not like it. Most of those conversations must have been devoted to how the Doctor could be reconciled to this idea and whether to make any such attempts. People like Dr. Pranesh would, most likely as not, venomously poison the mind saying 'why the hell should so many of us care for that one man?'

It was palpably apparent as to how each one felt. Two thirds of the staff members, now in the unionist bandwagon. They did not even look militant. They were sheepish, shamefaced, looked down and walked. They never met anyone's gaze. They had jumped into the union and had got committed to it. But it was clear that they knew that the union was something that was amiss, out of place for this hospital. That there was something to which they had committed was not exactly right to do in this place of service. But they persisted. They had no way of getting back now, no way of getting out now. Those who never subscribed to this unionism also did not speak to the unionwallahs much. It had dampened their enthusiasm to work but diligently they carried the work, the others reluctantly following. The Doctor and these staff watched them.

Atreya tried to tackle Dr. Pranesh and a few others once.

"I cannot understand your persistence in the union. All of them seem to think that they are not really right in what they were doing. They know that there were no unmet demands. After the letter no other demands have surfaced over which to negotiate. In spite of that, they want a union, just for the heck of it. What is it that is drawing them away, towards what they themselves do not feel justified?"

No one answered his questions.

“Why is it that you have suddenly started thinking that, we are in some ways their enemies and up to some trick? We who have run this hospital for so long and so well. We have taken each one of you by hand, making you not only participate in the development of The Hospital but also causing your development process also.”

Sharad’s question also remained unanswered.

“Okay, if you do not like me, after all that I have done for the hospital, treating you all as my family members, then whom have you started liking so much?”

Vijayini’s queries also went without any answers. No one knew the answers.

One question that should have been asked but no one asked, from Sharad to Atreya to all the doctors was, who gave them the idea of forming a union? It would have simplified the matter and eased deciding about the strategy to counter it.

The Doctor had gone back to the bench and was studying a book, Labor Policy. He had sought it for long years and had procured it from a lawyer from Bombay. Making notes about how the management should treat labor, he had come across twenty-six elements in this regard, which he noted down. He wanted his treatment towards his staff checked against it. The elements applied to all enterprises which were headed by some and work was done for them by the others, levels varying.

‘It should be like an Industrial family, with owners more like Trustees with cooperative loyalty of the staff. Each one loves his or her job, right person for the right job, career prospects and financial incentives clearly laid down, good working conditions, homes near workplace, human relationship, prosperity through honest work, different hands-on training for different jobs, sound promotion policy, latitude to do normal experiments, recognition of good work, appraisals, were the first few, he saw with all the satisfaction, that he had practiced it.

‘Taking care that an individual’s progress does not hamper progress of others, as well as the establishment, demarketing prerogatives of both sides, demonstrated and practiced, profit sharing methods, labor participation of decision making processes, be it recruitment to other major decisions, friendly relations, conscious elimination by the management from assuming holier than thou attitude, financial cleanliness, open participatory consultations in matters concerning both parties, a must for induction process for all who join the enterprise, clear written job descriptions and expectations, managerial level participation of labor, going beyond laborization of the management, facilitation for the harder working segment, were some more which he had fulfilled.

The treatise had also criticized the Unions strongly. Their failure to become an Institution, failure to develop the technical skill side of work and in adopting the changing technology well, not to confine themselves in the quagmire of benefits only, without developing a higher perspective for the nation, of sacrifice and so on. It was these aspects the Doctor had taken pains to develop among his staff which he did not want to even exist in his world. He confirmed to himself that he had fulfilled all the twenty-six expectations from the management side, and

whatever he had done about this business was right. The labor union had stood in opposition to his stand vindicating his correctness.

The unionists loitered around. Yamini, second Manju, Damini, Irene and Kalpana, kept them away from the work. They were ridiculed. Operations were taking place regularly, even in such an atmosphere. The theatre Ayah, a widow, a crafty and a shifty woman that she had become, never helped properly. Once Vijayini caught her, giving linen that was not autoclaved, nor sterilized in any way.

“Get out of the theatre, right now. You are not to step into the theatre hereafter. You will suffer untold consequences at my hands and nobody else will dare to stop me.”

Shaking, controlling her anger, frustration, tears, pain and agony Vijayini had fired her. In the last nine years this was just the second time anybody had seen Vijayini so furious, firing in a voice heard all over the floor. Shamelessly Rajita walked out.

Vijayini, Asaavari and Nivedita kept their cool. Pradyumna helped. Some others helped; Dr Murali, from the Garden City medical college who had recently joined helped. Things were getting out of control. Partly for the management of the upcoming eye camp and partly to avoid mishaps, the consultants decided to cut down admissions as well as operations.

Once Pradyumna came back from the bazaar saying,

“Our workers are assembling after outpatient work in the evening outpatient is over, in that drug shop of Earhole, just opposite the government district hospital. I regularly go for a walk to my friend, the electronics dealer. I find even Dr. Siddha all the time there.”

A link had fallen in place

Earhole was an aggrieved party. He had hoped for long that The Hospital business of drugs would eventually be his. He was in touch with Vasudev. During the mess that Vasudev had created, followed a decision of throwing the drug store out, with Earhole as the candidate. The Doctor, quite new to the place then, caught with his back against the wall had waged an argumentative war and retained it within. Earhole had lost to him then, first time. Later, with Low-Cost Quality Medicine pharmaceutical, he had procured huge quantities of rational and quality drugs at extremely low cost compared to the outside. The patients had accepted them. Earhole had lost to him again. There was hence every reason to believe that Earhole was trying to avenge and destabilize the hospital, by offering his place, for the Unionists, easy for them to meet, with an easy access to Dr. Siddha,

In these two years Dr. Pranav Anand had done more plentiful and versatile orthopedic surgery and was a far superior surgeon, and Siddha, no match. Siddha also lost the x ray service to make more money outside. Saving the tube for their own patients was necessary. In fact, after one of the usual dinners at Jay’s both Siddha and Jay had confronted him.

“We do not understand why you should not take x-rays of outside patients? There are good x-rays available only at your place. Why are you withholding this service? Please reconsider it.”

“I have told you all the different reasons why I have stopped it. I know you are not convinced but why are you unwilling to operate these cases in the hospital? For you in particular, Dr. Siddha whether you operate them in government hospital or here makes a large difference.”

Now the things were clearer. Siddha’s connecting link had fallen in place.

It was in this uneasy atmosphere, Sharad declared that he is going to Ayodhya to do ‘Kar Seva’ for the Rama temple. It was 23rd October. It was a shock. Sharad was already fifty-four but that was not the only constraint. Pradyumna also declared that he would like to go to Ayodhya with Sharad. That gave a little more assurance that Sharad will have some medical assistance in the hazardous conditions they were going to face. There was no question of holding them back. They would not have obeyed. An estimated half a million people, most likely to exceed considerably, from all the corners of the country, wanted to go there. That was a massive number. Who could have stopped them? Each had a strong and well identified feeling that it would be the greatest deed they would ever be doing in their life, to lay down their service at the feet of Shri Rama, even if it costs them their life. The Somnath to Ayodhya juggernaut had rolled off.

In Uttar Pradesh where this Ayodhya and the Rama Temple was situated, political upheavals had brought on a rabidly anti Hindu Lohia socialist who belonged to the clan of Shri Krishna, another great Hindu incarnation of Shri Vishnu, the original god from the Trinity. He had publicly declared that he would sew up Ayodhya, and the whole of Uttar Pradesh from anyone approaching even the state boundary. He had publicly boasted that not even a bird can flutter his wings over Ayodhya, forget about the five hundred thousand of volunteers wishing to reach it for ‘Kar Seva.’ The odds were already staked high against the Kar Seva in succeeding even in a miniscule manner. Things were not easy; in fact, fraught with full of danger. It only meant that Sharad and Pradyumna would be put to umpteen number of hardships and could even get killed, as would many others among the five hundred thousand who wanted to break the siege of Ayodhya.

A sendoff was arranged for them. Nagaraj came on that day. The whole of the staff was collected, in ward six, the only one empty then. For the second time in his life Sharad made a speech.

“I have done a thousand things for this hospital, including begging for money for years on end. I used to think that this is the greatest purpose of my life for which I was born. But now I have a higher calling, the service to my Lord Rama, my Lord, my ideal, my very essence of being. His honor, He himself, has to be restored in his birth place in glory. I have fulfilled my duties as a householder, to my ancestors, my clan, my wife and my children and also to the society by striving for this hospital.

“Now, hereafter, I will not be here. I may not come back alive, even dead. In that case this hospital to which all of us belong, due to the existence of which we have existed, with the growth of it, we have grown and prospered, now it is yours. Even when I was here, it was yours. You have managed it all along, we have simply told you a few ways of how to work and work better. You have done it so well. Now you want to turn the hands of the clock. You are yourself The Hospital and now you want to become a servant, make us a master, a target to shoot arrows at

and want to believe that we are the givers and we are not giving. The masters want to call themselves slaves.

“No doubt we object to your union. But that is because you yourself are the hospital. That, you are forgetting. That is retrograde, you are demoting yourself. Try to understand. There are no demands from you. But it seems that you do not like the trustees, I in particular. Even then you do not seem to anymore have any respect nor affection for your madam also. Have you forgotten the hard work she has contributed for the betterment of The Hospital with your help, for which she trained you so well. We have seen the disrespect and the humiliation of her, at your hands. The one you loved and adored. Now all that is gone. Then let us know who do you want? That is something you are not coming out with. When I come back, and I think I will, we will sit down and solve this matter. Meanwhile let the patient care not suffer. That is all.”

Nagaraj garlanded these two heroes, touched their feet with respect, the Doctor, Vijayini, Asaavari, Nivedita, and a handful of loyalists following. The unionists did not even stir out of their seats. Vidyullata made a loud comment.

“All this is bunkum, useless rubbish talk.”

The knife went through. No one spoke. It was hard to bear the agony caused by these words. They fought back not only tears, but the nausea of the way they were likely to be treated hereafter. For loving this country, for striving for its betterment with their heart and soul, blood and sweat, money and resources they had been spending over years, two scores of years were swiftly nullified by that one sentence. The meeting came to an end. The Hospital remained listless.

On the Kar Seva day, by a freak chance one Sanyasi by name Vamadeva hijacked a bus and rammed it into the police defense and broke it. Thousands and thousands of the Kar sevaks who had managed to reach there, broke in behind him. There was reckless, brutal firing. Four hundred were allegedly killed, the mosque was assailed, the Saffron flag went up, the Kar Seva was performed. Terrible accounts of the news were first flashed on BBC and then all over the country by extra issues of all papers. Hindus had won. More accounts of the horrifying firing, deaths, wholesale murder of patriots, the on-the-spot pictures, flooded the media. The chief minister resigned. Hindus won another round. No demolition took place.

Even then, no one was still in any way, able to explain the drastic and speedy changes in workers' behavior. Each of them was reflecting on it but no one was still able to get the full picture. Despite all the irresponsible and uninterested behavior and irregular participation of Dr. Pranesh in The Hospital activities, he and Pradnyagouri had all of a sudden become close confidante of each other. That was unexplainable. They did not give any indication of being fascinated with each other, except their hatred for Pranav Anand. The next object of their hatred was Mamaji, considered as the hegemony of not only Maharashtrian, but of Brahmins. However close, a Kshatriya may become with a Brahmin, even then, in modern India, Kshatriyas, always remained Brahmin haters. In the secret meetings that followed it was always these two, who were in the center.

Now there was an arrogance that had come in. Could be because of what the Doctor had feared when he published the article praising his workers after the Gynecology camp. Had they started feeling that the rat is now leading the elephant? That it was the workers and not the doctors, whose abilities fed them month in and month out for years now? The stories of all of them were same in the essence. Vidyullata was operated by Vijayini after the child died in utero. She had large tumors in the uterus; the pregnancy was risky and child had all but decomposed inside. All of them were nobodies when they came in and had become someone substantial, with a proud self-image, self-confidence, duly praised and relied upon. Only arrogance remained in them now. Now, with the formation of union, it was impossible to dismiss the more rabid ones like Pradnyagouri or Bawara. Both survived. With this lease on life, his staff became more insulting to all others.

The Doctor phoned up Nagaraj and asked him to come to Greenville forthwith. He gave a detailed account of all that had been happening in The Hospital since the time the union notice was served nearly three months ago. Aghast and pained Nagaraj listened to him. At last, he said,

“Doctor, let us go to Mr. Vishnugupta, a labor lawyer who deals in these matters of unionism and management roles regularly. He is a thorough bred volunteer and can be trusted to understand the utter incompatibility of the situation. He will be able to tell us what to do and why things are happening the way they are. He would find for us the modus of getting the things under control.”

“Should we take the matter to any higher ups?” The Doctor queried.

“No. As of now, they will be of no help. Unless we provide for them an action plan. We two are the only ones to know the full meaning and we alone have to evolve a plan to deal with the emergency.”

“Why did you exclude Sharad?”

“That is partly because he is not here. But more dominantly, I think he has taken a short cut and gone to Ayodhya. He has taken this contamination and reversal of our culture more deeply than he cares to admit. This kind of hurt generally causes either a blind fury or an unreasonable indifference that can erupt or transform in the same blind fury. Only two of us are still level headed about it.” Nagaraj said.

“Then all depends upon this Mr. Vishnugupta.”

“Yes. Unfortunately, but it does.” Nagaraj said.

Vishnugupta was a small bald, slightly paunchy, middle-aged individual with all the geniality and character of a good volunteer. He had made his own sacrifice at the altar of the organization. On his return, his honesty and competence as a labor lawyer earned for him riches. The exception in his case was that Vishnugupta fought for the management. A handful of lawyers did that. The Doctor and Nagaraj gave him the story of the way The Hospital was created, the way it had then gone to ditches, the way it was brought out, mentioning all the contributions of Sharad, Dr. Vishnu Murty, then Akash, then Vijayini and all others who followed, as well as everything that was done for the betterment of the staff.

Vishnugupta could immediately grasp the sacrifice that had gone in. Having heard all that was done for the rest of the staff for their welfare and development, also noticing the full compliance with law for all the provisions for the workers. He also did not fail to notice the individual development of the workers and the ranks given to them, in order to give them more money even when, barring the Doctors and the Lab man Atreya, none were legally qualified, most just about tenth grade pass outs. He listened to the refusal of the workers accepting overtime, their sacrifice in surrendering thousands of rupees when the provident fund and minimum wages were applied illegally, the All-India conferences, the huge camps and the contribution of the workers and a large number of organizations that so willingly associated themselves with The Hospital activities.

They also told him about the huge building work that had been completed, the superlative gynecology camp and the public praise that had been showered on the employees after it in the local dailies. They told him of the union notice following all this and the drastic change in the attitude of people. They beseeched him to tell them the modus of getting the things under control. Vishnugupta began to speak.

“It is only occasionally that we come across enterprises that are so thoroughly honest, transparent and compliant to law, so lenient and open. But we also know about such instances, enough in number and have good experience of what happens. I can clearly see the picture.

“Can you not see the meaning which is so obvious? There are a few clear pointers. Your May-June gynecology camp was at once a huge success and a clear threat to all the practicing Doctors in your area, from the district government hospital, private practitioners, nursing home owners and even the big Doctors in the cities around Greenspan. You have reduced their rich or middle-class clientele substantially. It is obvious that the locals feel even more threatened. I am pretty sure that a lobby of such disgruntled souls has been formed. And they have hooked their tentacles around your staff and turned their heads.”

“Just a minute, Vishnugupta!” Nagaraj interrupted. “The large city doctors do not seem to be or are unlikely to be responsible for all this. As regards local doctors, we have our doubts whether they really feel threatened because their clientele is much richer and has continued to stick to them all these years.”

“Nagaraj, I am surprised that you still think so!”

“Vishnugupta, I will tick them off like this. The class that goes to the government hospital comes to us only and only if they do not get a good deal even after bribing and land in complications, before they die. Thus, the government doctors need have no fear. Some of their surgeons and anesthetists have assisted us when needed.” Nagaraj argued.

“Wait a minute. Do not forget the fact that most of the time you have been an all-powerful, self-contained, self-sustaining unit especially for the last couple of years. Even the Government doctors, they just cannot like it. Your eye and Gynecology camps, your surgeons, are unlikely to be tolerated and accepted.” Vishnugupta was quite stubborn.

“Okay, then there is only one good physician, Dr. Kamlesh, so well settled in riches and RIHP hospital among the people deep South and away from us. His patients or anyone from that

side any way does not come up to us. Then there is Dr. Koppikar, the surgeon and another who runs a medical nursing home. The class that goes there never comes to us.”

“No, they do. And remember that even if ten percent of their clients turn to you, given the three to five times higher tariff of those nursing homes, it reduces their money by fifty percent. I will not buy that they are not threatened. Accept that and I shall make things even more clear. Assuming that they are threatened, what will they do? They will make a front and hide behind that and to make plans against The Hospital. You will not be able to see them. How will they plan their strategy? They know that their survival is threatened. So, they will try to grab the hospital.”

“As yet, there is no evidence. But yes, one government surgeon has shown his hand in the conspiracy, as you call it.”

“I think the evidence will come in a few days, at least indirectly, since matters have gone far too ahead. The second reason why I think they will try to grab it is, you have a huge building, an extra ordinarily good working staff that does not serve them but to you. They will want the staff to be sub-ordinated. They have, as I can see already poisoned them.”

“Can human beings get so degraded?”

“Why not? Much bigger people have been guilty of big crimes for much smaller reasons. There are millions who do not have any capability of creating something substantial. A few of them however are far too craftier in projecting themselves as the truly big people and succeed. They are the ones who often make such subordination of the creator’s wealth, usurping it. We have seen precisely the same thing happening during the post emergency central government. You have created a heap of jaggery. Flies are bound to feel envious and get attracted to that. But leave that aside. I will tell you what I think is happening. Someone who is an insider to your trust, has made friends with the staff trying to grab the institute and then convert it into a money-making machine.”

“Sir, it is difficult to guess.”

“Boy, you will find him.”

“But what to do with our daily working? For some time now, we have been dealing in safe cases. But we are afraid all the time that something can go wrong and because all employees are unqualified officially, but well trained. In that case, myself and my wife will be in prison, after having done so much.”

“I am aware of that. Play safe. I do not think that you can rectify the situation in any way to normalcy at present. I want to see your balance sheets, heads of expenses and general earnings, and all the documents of last few years relating to the employees, their qualifications, ranks, leaves, benefits under law, wages, method of disbarring and so on. I will study all this. In ten days, or even less, I will ask you both to see me again. Tell me how things have been going and my answer will be ready. You cannot go on under this insulting atmosphere and do your intended work. I want to make certain calculations. I will let you know.”

“Mr. Vishnugupta, two years ago, we made a determined bid to get rid of our Life time Trustees, our District Head, and Dr. Koppikar, both a defamatory huge blotch of tar on our general reputation. In the same sweep we have transferred the ownership of The Hospital under the original trust to Bharat Seva Trust. Since then, most of the documents you will need are filled in the Capital City. I shall deliver them to you tomorrow, today being too late.”

“That was really subtle and clever. I did not know this. I shall check the legal position of this transfer. If that is sound, then I think you can be helped. Let me see things for myself. I will find out a solution.”

“There is another matter. This year eye camp is fixed. Most of it is conducted by the Flame of the Eye Hospital people. Should we go ahead?” The Doctor asked.

“What does Madam say?” Nagaraj asked.

“While it is difficult to do work on our own, practically impossible, the eye camp, she thinks can be conducted. First of all, at least technically the Flame of the Eye Hospital people take the responsibility. We only help. They are quite happy to do it, fourth year in succession. We must show the staff that a lot is still possible, even without them and in spite of them. Vijayini, Asaavari, Nivedita, Sharad, Tilak and other Lions are all geared for it. They want to bulldoze this nonsense. I am too tired and even more frustrated to think. But they are all energetic.”

“Go back. Take a collective decision. I for one would go for it.”

There was a tone of finality in Vishnugupta. They thanked Vishnugupta and left. In the office they both talked for long, trying to decide who could be the brain behind all this.

The Hospital continued to run in a low key, the Doctor and others went ahead with the yearly eye camp. The propaganda machinery was activated. The lions came in. Things got organized as if no one needed to be told what to do. The required items to take care of those hundreds that were to come for the camp flooded the gates of the hospital. They were ready for the camp to commence in a few days.

As if Lawyer Vishnugupta was to turn prophetic, they received a letter, addressed to the Trust President. It was signed by Mr. Balyogi, Trustee of the hospital. As he read the letter of Balyogi, Sharad's face reddened progressively. An artery thickened and became prominent of his right temple, beating more noticeably. He literally had taken the letter up to tear it to pieces, make a ball or throw into the dust bin, only to realize that it was important to preserve it.

“Bastard.” His word had an effect of some violent crash nearby, on everyone around. Sharad was not averse, but not much given to swearing, as the Doctor was, and his face and his word were terrifying. Slowly he looked up and looked around to see that the Doctor and Asaavari had been there as he read.

“I am sorry for what I said in front of you lady, but look at what this fellow has written. Whatever else may be, I am not sure I can show this to you and, never to Madam Vijayini.”

“Sir, I think we both can stand the letter easily enough. We have come from a territory which persecuted us all our life. Nothing can be more disturbing than that. Read it out.” Asaavari said.

“Listen.”

“To The Management and to the Secretary, of The Hospital Trust, Greenspan,

“Sir,

“This is going to be my first and the last letter as a Trustee, a role I am associated in with your hospital for last couple of years. I could not have imagined that the way The Hospital is run could be so treacherous, vicious and cantankerous while being parochial, all in the name of the great organization. I am shocked and I am going to justify these and many of my other charges, which follow.

“Treachery is practiced in the ways in which The Hospital keeps accounts, collects money, gives concessions, spends huge amount of money in the free camps. No one knows how the money moves. Bills are collected in huge amounts in a merciless, rude and provocative manner. The workers are cheated by showing false amounts and thereby establishing that they cannot be paid more. Particularly suspect are the huge expenditures on free camps. We have every reason to believe that much of these expenditures are false and line the pockets of the chief Doctor and the chief trustee.

“The ways of viciousness are apparent from the moment one steps in. In the name of system and efficiency a patient is literally bulldozed into paying for the card, rushed to the doctor and then kept waiting because the doctors are doing so many other things except seeing patients. The chief Doctor particularly is more interested in talking to the chief trustee, making it too, suspect. The crowd is clobbered into peace and pushed around to x-rays, laboratory and drug collection under shouts. The endless waiting, when the Doctors are supposed to be busy in surgery and gynecology work, is phenomenal. One really wonders if surgeries and deliveries can hold the Doctors for so long, and whether unnecessary surgeries are also performed.

“The temper of work is, on the face of it, all concern for the patient but in reality, a vicious attack on his psyche in the too much straight forwardness and lack of assurance. Adherence to truth is your tell-tale motto! Do you even have an idea at what cost is it being dished out to the patients coming to your hospital in agony?

“The cantankerous nature of your chief Doctor is well known, across the district. You have two surgeons, two gynecologists, two anesthetists a so-called Bombay physician par excellence and you do not seem to need any other help. But that has gone to your head and you are no longer helpful and calling on and being courteous to any other doctors outside your island. You want no one else inside. You don’t want to take from and give help to other doctors. Your doctors feel superior over others and they show that in such a hurting manner. All this is happening or is being deliberately done, also because you want all the huge money that you are making, well distributed among yourself.”

The Doctor laughed, laughed for long, in fact almost roared. The Doctor was not at all given to laughing, as a habit and temperament, but it seemed to suddenly relieve Sharad from an inner rage that was building up all the while. He then asked Sharad to go on.

“But now comes the most vicious part.”

“Understand clearly that we detest the hegemony of the secretary and the ‘few Doctors’ over the huge building, vehicles, well trained staff and the huge earnings. Unless the following measures are taken quickly, things could turn a wrong way.

“The secretary should either resign or co-opt the undersigned as another signatory to all the cheques and remove the chief Doctor who is merely an employee, from that authority.

“The doors of The Hospital should be opened for attachment of the doctors from outside so that they also get a fair share of the work you have created. They should also be allowed the right to admit such other patients as they may bring in. The doctors thus getting attached from outside should be able to collect their own charges separately, along with what The Hospital may give. This selection of doctors will be made by a few of us from outside and should be approved.

“The tariff should be revised upwards and free access and power to the co-signing trustee, that is myself, be given to oversee and decide on the monetary transactions.

“The present Doctors, who we think are all basically foreigners to us, and do not belong to this place or state. They are trying to convert this place in to a requiem for every kind of refugee Doctors from Maharashtra. Maharashtrians should go away instantly.

“We did not start this hospital in this land to provide work for these incompetent and refugee Maharashtrians who could not feed themselves in their own province due to their incompetence. You throw them away. Or when the policy is liberalized, we will any way get rid of them instantly just as you have been throwing out the Hon’ble doctors like Vasudev, Dr. Vishnu Murty, Shivanand, Vasanti and Hon’ble social workers like Shri Sambashivrao.

“Unless all this is done in an urgent manner, the consequences will be serious. The kind of arrogance and life style you all have; you will pay for all this”.

The Doctor did not laugh again although a faint smile not of joy but a sort of ruefulness was playing on his face. He sat, looking at the piece of paper with fingers entwined. Asaavari was red in her face now. Sharad was raging still but appeared to ebb slowly.

The Doctor spoke first.

“Sir, the trick about this letter is simple. Hold it against that mirror. All the letters will become inverted sideways. So will the meaning of this letter. Whatever he is accusing us of, the opposite is the situation in almost any sentence, half sentence or hidden meaning, without exception. But I quite agree with you that Vijayini should not see this letter. She will be so badly hurt. That in itself is dangerous. My rage will then have no bounds because this *madarchod*, the mother-fucker, has hurt her. She is Caesar’s wife and can do no wrong! And I will simply kill a man, anyone, if I see one, able to hurt her. That incidentally is neither advisable or nor necessary at all. Barring that, now the game is clear.

“Let me talk; anyway, I have to tell you people several things. Let me put it in as sequential a manner in a double strand of events as possible. I came back after seeing Vishnugupta, the lawyer, with Nagaraj twice in last two weeks. He fights for the management against Unions and its workers in all industrial disputes that come to him.

“Our main problem was why have our loyal and devoted workers turned around and are behaving in these vicious and crooked ways and manners? Vishnugupta was least worried nor much vocal over it. Instead, he predicted a number of things, which we neither believed nor expected, as possible. But I think Vishnugupta has now turned out to be obviously and absolutely right. Prophetic.

“He had said that there is an insider who has been responsible to instigate the workers to his advantages and has succeeded. That the insider is trying to take control of the hospital. All the doctors outside have been existentially challenged because of the huge work we created and taken away from them. That they will be hiding behind the façade of the workers. Vishnugupta has turned out right, one hundred percent.

“What Balyogi is saying in essence is that we have created an extremely efficient, humane, low cost, competent medical system, still capable of earning good amount of money. But we are not doing precisely and only that. We thereby hold the price line low, making it difficult for the outside doctors to fleece the patients. What he is saying is, businesses of other doctors are affected significantly. As a result, the clientele of all chemists and even government doctors are also dwindling with them. What he does not like is the constraints it puts of fleecing on the outsiders. If the patients are fleeced elsewhere, they would come here. They do not like it either. And they want that money badly. The only truthful thing he has said is we are self-sufficient. But an undercover message to include other Doctors to share the booty, lest they starve, is more than clear.

“Even more than that, Balyogi wants to run the system, appoint doctors at his will, raise the charges and make as much money as he wants and can, and pocket it. That is why he wants you and me and all others to be out of this place.

“Vishnugupta says workers are not *the* problem, except that they are close to the skin of the patients. They are puppets. He predicted that it was the outside medical professionals who are the problem. They have gathered behind a front, made up of workers and this insider and taken the workers in to the confidence. And that the inside instigator will surface sooner than later. And he has. He has advised us clearly to cut down all work to a bare minimum, non-risky level.

“The last thing of any importance and consequence was whether to hold the eye camp or not. All of us, Vishnugupta, Nagaraj included have decided a yes. So let us go ahead. Followed by that, myself and my wife want to take our first holiday, with children, around 8 years after marriage. We will be gone for 8 to 10 days. By the time we come back we will know where we stand. By that time Vishnugupta will give his solution to the problem, which I will carry on my way back.”

Slowly the Doctor walked back. Sharad and Asaavari stayed on.

“What will that fellow do now? He has walked out without a trace of anger and his usual and instant loss of temper, and swearing, even under such a serious development. I don’t think he can digest the epithet of refugee, incompetent Maharashtrian’s status and everything else.”

“At times, he can be as cool as a cucumber and still kill. Asaavari said.

“Dealing with the organization in several serious situations before, he had always been cool and composed.” Sharad told Asaavari.

“Right now, I think he is dangerously cool and still kill.”

“Whatever the solution to our problem this Vishnugupta, whom I have not even seen, and is working out, I hope it is effective and comes through. This man will not look back in taking it to implement to save his work.”

Chapter 12

As decided, they conducted the eye camp. On his way back, after seeing Vishnugupta, the Doctor had fixed up the dates with the Flame of the Eye Hospital people. This year publicity was kept at its minimum. The newspapers asked money for advertising it, a new phenomenon. They did not insert any adverts.

By the time the conductors of the camp came down, the loyalists and protesters had separated in two different groups. Irene and Kalpana took care of the food well. Rakshit and Jaising who used to look after the male members had gone on protest. Vijayini had asked Ganesha to do that and he was doing it as if he had been doing it for ages. Whether out of respect for the obligation of his operation for appendectomy, which Vijayini had performed, relieving him of long and chronic severe pains or because he was not sure to which camp he should go, but he did the job well. The loyalist sisters, the second Manju, Yamini, Damayanti did look after the female members.

With baited breaths, with tension in the air with the hostility of the staff mingled in the air, the screening of the patients started around nine as usual. There was no less response! People thronged as usual. This time, the Doctor had cancelled all visits to peripheral centers and any screening outside the campus, as there just was no reliable staff to dissipate in other activities. The driver on top of that was lying down with a bad abscess of foot, drained of pus. Out of the few he had, he had carefully placed them in strategic locations to prevent even slightest negligence to those being treated and admitted. He spoke to the eye surgeons.

“Doctor, how many are likely to get admitted?”

“Surprisingly, not many. Around fifty at its best.”

Relieved he moved away. He had avoided a direct request to the ophthalmologist, not to admit too many as he may not have been able to handle them. He had avoided the eye specialist getting a scent that something was wrong and the air was vicious. He had to shield them from the unionists. Any contact with them would have made them terribly scared of conducting the camp and they would probably have run away without operating. The Doctor was playing a dangerous game, just to prove to the protestors that he and others are still capable of most of the things they have been doing all along, even without them. Yet he could not take risk and jeopardize the eyes of the innocent. For that he was ready for even last-minute cancellation of all that he was doing. On the other hand, he was shielding the helping Lions from the erring staff and the Doctors. Cleverly he had scaled down their operation of food and services, cut their number down by half. Tilak did ask him an embarrassing question.

“Why has the number fallen down?”

“That is the sign of success, Tilak! In between there were four more camps done by various other agencies, in just three years This is the fourth camp of ours. These bulk operations of long-

suffering ones accumulated over countless number of years have been wiped out. New cases do not develop that rapidly.”

Tilak went back happily after the ex-tempore explanations. He did not want Tilak and any other to be inquisitive. Now reflecting back, he felt he had spoken the truth. This was now a tradition.

The second screening day was approaching to an end. It was around five in the evening. Around fifty patients were admitted so far, some more would come in as the day ended. Ten were likely to be rejected. Vijayini had started off from the outpatient towards home. Her route always went by the ramp, overlooking the pit of the well and septic tanks, well separated. She stopped in her stead noticing that a large number of pieces of hospital operation theatre linen, the head gears, the wrappers, and so on, were spread over the septic tank. Two hours back she had personally checked the autoclaved status of the operative linen. She was furious to see that the same had been stolen and put on the septic tank to become infected so that it could cause infection to the operated eyes, when and if they were needed for use. That would be surely lethal to the eyes. Obviously, the plan was to put them up again in the theatre as if they were all autoclaved and then wait to see the catastrophic disaster. Surely the gang was at work.

Stealthily she entered the theatre half expecting the illiterate Manju and, or Vidyullata with Rajita to have been there earlier. There was no one. She could not find now who could have opened the lock, come in. The autoclave bins had been opened and were empty. Stealthily she came out again, moved around in the wards to find that these three characters, had gone early from the duty without informing her or anyone.

She did not know how to proceed. To keep the clothes there in the Greenspan cold, dew and moisture would make them even dirtier and more difficult to clean again. In any case, using them next day was out of question. If she allowed them to remain there as a bait for someone to come and collect it to put it back, the crime and the criminal would be established but then, she will have to keep vigil forgetting everything else that she had to do and keep up, may be through night. Asking someone else to do so in the night would again be exposing the episode for all to know what was done. Most certainly the Flame of the Eye Hospital people would have come to know. That would be even more disastrous.

She asked Nivedita. Nivedita pondered over it and then said, “We will collect the clothes and keep them separated and lock the O.T. with a different lock. Unless I come or Asaavari comes personally and ask you for the keys do not give them to anybody else. We will lock this fumigated eye operation theatre also. Once the clothes are separated and this O.T. protected, tomorrow we will tell the Flame of the Eye Hospital people to use their own linen. As it is, the patient number is less. We were required to keep the linen for the extra numbers for which their linen sometimes becomes insufficient.”

Finishing it all in the early hours of the night they came back.

“Nivedita, however furious I am, I also feel like crying, unable to bear what we are receiving back. And some day, some dirty lawyer and some dirty doctors come and turn the staff so vicious.”

“Our noble ideals are attractive, Vijayini, for a while. The water flowing out goes to its own, the lowest level. Women take twenty years to make a man out of a child. Another woman makes a fool of him in twenty days. You treat them as your equal. It does not increase their esteem in their own eyes or of others. Only your value goes down. The consideration is construed as weakness and dependence. It is bad to use this language, but a shoe is a shoe is a shoe only. It has to remain in the foot not to be put on the head. More battered around, the better it becomes.

“There is no point in feeling bad. When I came out to work with you people, my father had warned me specifically about such encounters with allegedly noble people with clay feet. He was referring to our organization leaders and people. But even these small people were so good! Clay feet in a span of 6 months! Shock apart, I am afraid of becoming disillusioned and broken; once disillusioned, you lose your faith that striving for good and its establishment in the world is in any way a noble thing. That will leave us self-seekers. My father had warned that also.”

“Who could have done that?”

“I have no idea. But we all will hang around the operation theaters. When people come with request for linen, catch the first who approaches the autoclaved bins.”

“We will call Sharad, Asaavari and my husband here first.”

To the assembly Vijayini and Nivedita told the story. Sharad spoke.

“Now this has gone far beyond any patch up or repair. It will have to be uprooted, destroyed. ‘Everybody is a bastard unless proved otherwise,’ the Doctor always said and I fought the Doctor over this proclamation. But today I feel like adopting it. What a bloody mess, a bloody disaster and a bloody truth!!!

“Anyway, it is a matter of one day tomorrow. Keep vigil. Once all the surgeries are over, we call for a virtual halt to all admissions, even small procedures, or operations. We will run only out patient. No! I cannot allow you people to become vulnerable to the vicarious responsibility of all these rascals doing something to your patients and the ghastliest things to happen. For years, you all have risked your lives, under the sword of law and arrests. No longer! We have to find a solution. The Doctor and Vijayini are going for a holiday. Let him come back after seeing Vishnugupta. Let us face it now, only to finish it, in our favor.” Sharad said.

The eye camp was through without any disaster. Two days later the Doctor family started off for their first ever vacation in last eight years.

Sitting in front of the lawyer Vishnugupta, the Doctor was all the time recollecting those seven pleasant days he had spent with his family. It was a measly, the lowest class with berth reservations and ordinary uncomfortable buses for them and their two small children, barely five and two. In a few hours after resting the Doctor had gone out to meet Vishnugupta with Nagaraj.

“My dear Doctor, why have you served this hospital on a meager subsistence allowance for last nine years? Do you perpetrate to mean that with this and even lesser for your wife, you wish to raise a family, take care of the obligations of your responsibilities as a Householder, with these paltry sums, these people are throwing at you?”

“The last part is not correct. We have voluntarily opted for as less money as possible. Sacrifice and charity must begin at home. I did not believe that I could have inculcated the kind of spirit I wanted to, in my workers had my own earnings were otherwise. Regarding the obligations, I have not thought of it yet.”

Vishnugupta sat immobilized for long, staring with violence at the Doctor who met his gaze, calm but tired. Next day, he would be going back to a graveyard, what was earlier the Garden of Eden. Slowly the violence quietened down. Vishnugupta was able to collect himself. Minutes went by. Then he spoke.

“But well, the past is past, I have gone through all the financial aspects, dealings of the hospital, calculated and recalculated all the burdens, I am going to put on you. I think it is possible for you to bear it. It will give you your solution of the problem, hopefully without much trouble, but likely as not, with some. But there is no other way, if you want to save the project and continue to run it in the same manner with the same culture. Especially because you do not want a break in the continuity with which you have managed it for the last fourteen years. A no mean fete and a fully, proudly justifiable emotion.

“Your slate is clean. You have made The Hospital a property belonging to Bharat Seva a clever move as I said earlier. The solutions are therefore are extremely effective, and simple, somewhat costly. As a prerequisite to my plan, it is essential that you all go back. Then call as many trustees as you can for hospital inspection. Tell them the eye camp episode of towels and all other matters as are taking place, including Balyogi’s letter. Let all the Doctors say without any compromise that they are striking work, because of the fears that, the workers will physically harm patients, that they cannot take chances with the life of their patients, and jeopardize their own life.

“Let there be a trust meeting at the first inspection and after one week also. Let them record in the minutes of both meetings that they cannot run The Hospital in its present state, and Bharat Seva should step in as the owners. As natural as water flowing down, the solution will have to come from the top, from the Bharat Seva Trust. Let them ask for it in the meeting and record it.

Vishnugupta led out his plan afterwards.

Sharad, Uttam, Radhesham, Achyut, and Vikram, Sudhir, President Prasanna, Vijayendra and Ajay were given all the details of what has been happening in The Hospital for the last four months, the union letter and the one by Balyogi.

“Today morning before you came, one of the ward assistants was pushing some liquid food in the throat of an unconscious patient, so that he aspirates and chokes to death on it. It was prevented. Since then, we have discharged everybody, stopped admitting any cases, simple or serious. The Hospital has come to a standstill. The doctors have already said they are on strike and will not work.” Nagaraj briefed all.

They had taken a round of The Hospital, the staff separated in two camps, the rebels and the loyalists. The rebels were gruffly looking at the Trustees. There was pin drop silence. Smug and belligerent, the rebel staff stared at them, in an insolent manner.

“What has come over you? Eh, Bawara, Jaising!” Uttam, the East Corner Hotel owner Trustee, in his usual, persuasive, and mild manner asked this question to whoever they met on the round. No answer was given.

“Atreya, what has come over them?” Uttam asked Atreya, the lab man.

“They have all gone mad, Sir, except a few. They have fallen for that instigation, by you know who. They think that we who developed them and with their help this whole hospital, are their enemies and outside Doctors, their friends. Let them get destroyed! Who cares?”

Atreya started again.

“That poor Doctor of ours, for the first time he went on a paltry seven days holiday with his family. He has worked for them for last nine years, breaking his body and bones. So has his wife, our Madam. Both treated these rascals like their own children. You know what rumors these third-rate people have spread? ‘He has run away from the hospital, stealing fifty thousand rupees. They have painted this allegation on the road leading to The Hospital. Others said he had gone to give false report against them to the big boss in the Headquarters. They have no sense of shame. Do you expect any work as possible?”

Atreya’s words left everybody speechless. They could never have expected the things to have come to such an ugly stage. Atreya was a local, blue-blooded Greenspanian! He had to be respected, believed. His blood shot angry eyes, his demeanor was something none of them had ever seen or thought him to be capable of! Such a righteous indignation alone could give rise to such white anger.

The lab, the office had no work. All the wards were empty, the operation theatre locked. The ramp led them to the seller. From the top, Nagaraj showed them the septic tanks on which the eye towels were spread and retrieved in time. The X-Rays, outpatient, drug store, labor room, female outpatient and reception had no work. Only the insolent workers were present.

“Come what may, we will not let go.” The audacious Pradnyagouri had a tinge of madness; others were almost rabid.

“What do you have against The Hospital or us? A rise in wages was already announced after the construction was over, when we did not even know, you were going to form a union. Even the Trust came to know later and agreed. And we find that your misbehavior started even before that. You have suddenly trained guns on all of us?”

Radhesham asked her in her own native tongue.

“You have not placed any demands in your union letter. If you have anything against the Doctor or other doctors, you are not stating that. If you are unhappy with us trustees, you are not saying that either. Then do you just want that we the trustees and the Doctors should go! Who will then bring work to the hospital? Who will create wealth for your stomachs to fill? Your outside friends? We know what their value in the outside world is. You don’t. Patients will not even come near them. They come to this hospital for our doctors and for you people.” Radhesham continued only to realize that there was no point in continuing.

The trustees assembled in the Doctor's chamber. Nagaraj recorded the details of this visit and what they saw. Against Balyogi's letter, their strong objections to the contents and their reactions over it were recorded. The trustees made another visit after a week, took the round of the entire hospital and its property within eight days. The resolution they passed went as under.

"We the trustees have inspected The Hospital twice in eight days. We are unable to believe the completely insane and irrational attitude of the staff, paralyzing the working, endangering the life of patients by their own violence, their unwillingness and senseless refusal to listen to even us, the trustees. We hereby inform the parent body that it is not possible for us to run The Hospital in this situation."

"Is it okay?" Nagaraj asked everyone after he wrote the resolution minutes. All of them signed. Nagaraj and the Doctor went back with the resolution book of the trust meeting, to meet Vishnugupta. After coming back, without Nagaraj the Doctor met Sharad. The Doctor spoke first.

"We differed first on the issue of raising the salaries and then continue to build the slabs. I was quite cut up. Later I thought the atmosphere deteriorated because of that, when we told the workers that it will follow the construction. With trepidation we wrote the article to bolster their moral, to make them happy. We differed on adding all the other constructions except what the Trust had authorized us to do. The money ran out. I could not stop you from it even when it hurt.

"In retrospect, even if we had raised the salaries, not written the article and stopped the additional construction it would not have helped. What has happened since then had nothing to do with these matters. The game as we now know, was much bigger, more sinister than we could have ever thought and was being laid out long before all this on the time scale."

"I know. Now we have to fight it together. And we will."

"Do you think I should have taken the formation of the Union more leniently and sat across to deal with them?"

"Nonsense. If you were to do it, I would have thrown you out first, as I did with Vasudev."

Both of them laughed.

"Do you think we will win this battle?"

"Theoretically, no such question exists. There is no alternative but to win it and we will. We have to set up an example that such putrid men and mentalities cannot dictate the sublime in humans. And that it can be done by a thorough destruction of this filth."

"We have so far uncovered the additional names of Dr. Siddha, Sambashivrao, Koppikar. Do you think additional support can be garnered by them?"

"I had not thought of it so far, but I think they will. Or that they already have it, or they are confident of it. The big people within the organization must have come in the know of these matters. I cannot say or predict who they are or what stand they will take. Let us see what happens."

Sharad now was back to his normal. The Doctor remembered the brief conversation he had had with Nagaraj when Sharad went for Ayodhya.

‘His sentiments for Ram Mandir apart, Doctor, but I think he has not been able to take these insults without them hurting him deeply. All the values he cherished and practiced have been mortally damaged by the miscreants. He is unable to cope with it, watch its evil dance, day in and day out. In such a situation a man like him will have two options. One to physically destroy the evil. He knows the consequences and impossibility of such an action in this dastardly world of Law and everything that comes with it. He found Ayodhya as the second alternative, an escape route, which will confront him with preservation of his self, willing to die if it comes to that, desirous of coming on top in it again. That would restore him to his own self. He would be able to cope with the situation here when he comes back.’

Ayodhya had done the work. The Doctor picked up the thread again.

“Think, even as hypothetical, if we lose the battle, if we have to surrender this creation of ours to the looters, what do we, you or I or we together can and will do?”

“You and Madam have more than enough power to rebuild your life elsewhere, may be a much better one than what you could here. That option, I do not have. I will have to stay. Everything, all my roots and future is here. I will have to watch the work going down the drain every passing day, having no option.”

“I will not go without settling the score, may be after that also. Do you really think that you and me, if unsuccessful, defeated in this battle, have the ability to withstand what will follow? Be truthful in what you think.”

“No. I will not be able to withstand it. If we lose and if a situation arises where we have to hand it over to the looters, I will bomb the whole structure out of existence. Strategically, it will be the Laboratory, the generator, X ray machine and the operation theater. The looters will get the burnt and destroyed carcass of what once was glorious, which these bastards will not have the strength and willingness to rebuild. Let it remain as a reminder to the evilness in men.”

“You will not do it alone. I will be by your side. I do not care about the consequences, how terribly it will affect my family forever, cursing me all their life. What is sacrosanct will not be allowed to be defiled.” For the first time in last nine years Sharad extended his hand which the Doctor shook, gripping it firmly.

The Hospital quiet was deadly for the rebels. Even if together, they would simply sit with heads bent not knowing what to do, how to deal with the loyalists. Once in a while some acrimony would break out. Yamini was vocal and cutting in her remarks telling the rebels frequently to go and apologize, to the Doctor or Sharad and disband the union, assuring them that the Doctor will accept them as before.

“Doctor does not even come in. Madam also.” Per chance somebody remarked.

“You have no right to do anything here. You have sinned. You have put them on the run. How will they come and why? You feel their absence. Still, you do not want to acknowledge your mistake. Now things have gone too far. Whatever is to happen will happen. Sometimes I feel pity for you all. Other times I tell myself, let us all face the consequences. If you are right, you will be honored. If we are right, what fate awaits you, awaits you. Suffer!” Yamini would just not spare them.

The full state level trust of Bharat Seva was in attendance.

“The Hospital cannot work. We have an option in closing it down. In that case we will have to pay each one heavily; gratuity, provident fund, three months’ salary. But they cannot be terminated can be issued. If we open The Hospital again after 3 months, 6 months, one year, we are obliged to take each one back in the same scale. None of them will be off our back and the problem continues.” Nagaraj began his speech.

“There are a few more Herculean difficulties in this option. Once The Hospital closes all our reputation of years is gone. If it closes, it closes for good. It cannot be opened just within a few months, in fact never again, given its finances dictated by low tariff. Once if we do reopen, and till the patient flow gets reestablished, it will take a much greater amount of money that Bharat Seva will have to shell out, months on end, feeding those very people. I do not think as a non-profit service organization, Bharat Seva can remotely think of such a quantum of money. And all this to no use! Thirdly, will it not be our responsibility to meet the expenses of all our doctors and a few loyal staff if we are to ask them to wait there for the reopening of which there is no guarantee. And I do not think those proud people will accept that sort of money.”

“No, we won’t. We will go away!” The Doctor said very curtly. He wanted to say so much more but thought the time is yet to come.

“What is the alternative? The alternative at present is to change the management and to run the hospital. That gives us a few more days, may be a few months, to think, as to what else could be done.”

“What do you mean by a change of management?”

“Technically, even one man substituted in the Trust is change of management. In this case, the ‘new management’ can make alternative decisions, formulate alternative ways to continue to run The Hospital and deal with the cantankerous workers at the same time. At present we have no alternative but to first change the management, especially the secretary and the president, who are invested with a lot of power. Preferably the whole management changes.”

“Who will become the new secretary, in such a volatile situation?”

“We will have to find one. I think we can find one.” Nagaraj said,

Raghunath Pant spoke as a final decision:

“You have already made many changes in the Trust, Nagaraj. The management will change further. The new secretary should be a local man to facilitate all transactions. Locate him. We will try to run it as possible. It is a game of nerves. But we will not close. Draw up a list of the new board, get it approved here, a mere formality, register the names under the charity commissioner of the changed body, except the secretary which position will lie vacant, the power vesting with president.”

From among those present and few who could be able to participate as a trustee, and relied upon for its hassles, Nagaraj drew up the list of additional trustees, removing all the others who were there, so far. The list took a few days to get registered in the Charity Commissioner’s office. The Doctor returned the same night. Nagaraj came two days afterwards. Both went to see

Prasanna and told him to step down for a few months. With the reorganized Trust, the change of president as well was considered more sustainable to what was going to follow. Prasanna willingly complied having seen the state of the hospital.

Nagaraj then opened the topic of change of the secretary with Sharad.

“Your replacement with a local person for a secretary in the reconstructed Trust is extremely important. He will have to be a man, devoted to the cause, with integrity, commitment, a spotless character, satisfied in life as a house holder, a leader who will take people with him. Courage to deal with the hollow, fraudulent, nerve-racking people, those spineless Johnnies and jokers who will wag their tails to these troublemakers surrounding us. Convinced of our mission, respect for our doctors as the change agents, mindful of their sacrifice not going waste. Regard for the including the purity of action, thought, intellect with which we have sowed the place and watered it. Unless there is reverence for the work we have done, such a man is useless.”

Never had Sharad heard Nagaraj calling people jokers, which he normally would have considered a violence. Today the spirit of Nagaraj was different. He was like Arjuna lifting his bow and arrow to kill anyone crossing the path of justice. Sharad felt the clear vibrations of his undemonstrated anger, the pulsating virility of a warrior, doing something, for which he would be proud all his life. With his head down, immobile, Sharad was listening. Then he looked up. For a long time, they stared at each other. Then Sharad laughed.

“We have lost the battle, game, whatever you want to call it, Nagaraj.”

Nagaraj stared at him in disbelief.

“What do you know of the game? Why do you say that, even before you have the faintest inkling of what our strategy down the line is? Especially when I myself do not know yet if there is one!”

“It is not that. I am hinting at the nonexistent possibility of finding out such a man. Do they exist? All men are in their comfort zones, never looking higher or beyond. Their estate and the district, is their universe. Managing a hospital, in such times that too? Impossible to find such a person. Reliability? Here in this place, you cannot find even a decent enough accountant! Where will you find such a man? And if we can’t, you can’t run the show! Two things: here people are enamored of anything except the work we created. Second: my complete unwillingness to trust the matters to anyone else because I am not sure.” Sharad persisted.

“Are you getting too densely attached to the work? Is it the impossibility of finding such a man or your unwillingness to discover or uncover him? Not out of distrust but because of your affinity for your work, that you do not want to give up when you are around? In this attachment there are no gains, only losses, for you, personally, and pain!

“Nagaraj, show me a man endowed with such substantial virtues, willing to undertake my responsibility. Next moment I will step down.”

“I know that. It is enough. It should not be so, that we did not consider this.”

Dozens of names were considered, within the erstwhile trustees and outside rejected as soon as they were mentioned. Nagaraj, would have been the best choice. But there would always be a

lot running around in times to come, meeting the ‘big’ bosses keeping them in the loop and defending the actions like before. Besides, he was still located 150 kilometers away and was in India Revenue service. Sharad could not have run up and down on account of his business and estate. Experience in the workings of The Hospital lacking was the principal difficulty. Technically, the Doctor, already dragged in to the scandalous rumors and the main culprit to the enemies would not be a correct choice as he was just an employee. There were others who had direct and deep connections with doctors outside like Rudrakumar. Whether he would accept such a responsibility was a formidable question.

To keep The Hospital running, to stop the disgruntled employees from working in the hospital, so that others could work and the work could restart again, was no mean task. Maintaining this segregation between the unionists and the faithful was difficult. It required an authority figure acceptable to all, to be around, with the vision of a falcon, and involvement, capacity and ability to act swiftly. Outside their own pale also, they could not think of any names.

“Nagaraj, we have to look for a person who is a non-Brahmin and yet not a Brahmin hater. Such a person, I can assure you will have all the qualities that you talked about and we are looking for.”

“That is an unusual way of thinking, but appears to be simple, effective and truthful enough. Almost like the formulae of physics. But at present there is no one in the sight.” Both Nagaraj and Sharad sat for some time looking at each other. Then they parted to go to sleep.

Nagaraj as usual, got up early morning, finished all his morning rituals and ablutions took bath and set out of Sharad’s house. For the next two hours, he walked on every street of Greenville town barefoot, trying to recollect if anyone known to him could take the secretary’s job. At last, he went to the topmost, highest point of Greenville, encompassing the whole town in his vision to find such a person. He could not. By now, in the January cold, the sun had come way up. He had not had anything in the stomach, wanted to ease himself and eat. He started down and was almost instantly interrupted.

“O great saint, it is our good fortune to see you, first thing in the morning. We are fortunate. We will be more so, if you come in, and have something.”

Nagaraj was addressed as a saint almost universally, because he had completed many pilgrimages to holy places, all over India several times. The caller was Tilak, the person who had so successfully, year after year, organized the band of Lions to work in the eye camps to feed people, to take care of the people. He was a worker, a good organizer. Young and affectionate, imbued in the service for people, he also valued the trio of Nagaraj, Sharad, and the Doctor. He was not a man from the organization. His political affiliations were away from it.

“Have you had breakfast?”

“No. In fact I am quite hungry.”

“How come so early in our area?” Tilak asked.

“I was walking around each and every street of Greenville for the last two hours, over all houses, trying to recollect each man, each friend and thinking about him. This was the last road. I was hungry. You stopped me. I will be glad to eat.” Nagaraj eased himself and sat down.

“For what reason did you go about?”

“Some private reason!”

Tilak shrugged his shoulder. It could mean anything in case of Nagaraj, Tilak thought. He chose not to ask.

“How are things with you, Tilak?”

“I am almost finished with austerities. I like doing it, year after year.”

“After that?”

“Nothing particular, Sir. This Doctor of ours puts us for work intermittently, camps, Lions activities in The Hospital, elsewhere. In February I will be involved with the mass marriages. March will occupy me for the work related to the blossom showers. Then the estate cycle starts. By god’s grace, we are fine.”

Tilak served the breakfast. It was a treat to Nagaraj. And there could not be anybody better suited to relish it than a hungry man like Nagaraj, in the morning of bitter cold and after hours of walking.

“How is the estate?”

“Over the last few years, it has been yielding very well, much better than before. It has now matured a lot more over these years. My younger brother and myself are looking after it. We have not increased our fertilizer input much, the expenses much less than the earnings. I have increased use of green manure than the urea and phosphates. We need much less weedicides and pesticides now. I do not know why. I think it is this natural farming of the estate that provides me with a higher yield. I must thank Sharad Sir for giving me all these tips over years! I am happy.”

Nagaraj was feeling exhausted and sleepy. He decided to simply sit for some time in that gentle, genial, cultured, affectionate and respectful ambience. Tilak’s father, called by all as the Master, the great artist of paintings on the wall with designs of great minutiae all over his house came and sat down with Nagaraj. A superlative artiste and a philosophical man with an insight that comes only with study, meditation, age and tolerance for things.

“How is The Hospital going?” Master asked.

“Right now, it is not working in any appreciable manner. Not even the out door. No admissions. The workers are completely uncooperative, harming the patients. The doctors have declared that they will not trust their patients with any of these workers, and are on strike. The atmosphere has become horrible. We are not in a position to continue.”

Tilak shot back from inside the house.

“What are you talking? It is not even fifteen days, when the eye camp had ended. We were all there. If there was any problem, we did not even get the scent of it. I am surprised and

shocked and pained. It is with so much sacrifice that we have brought it up in so good a manner. My God!” Tilak simply sat down holding his head.

Nagaraj allowed him and the Master to recover. Gradually he told them the whole story. There were tears in the eyes of Tilak when we heard that the rumors were spread that the Doctor had stolen fifty thousand rupees and gone for a holiday.

“What will we be doing now?”

“Nothing, nothing is possible, under or outside law. An honest effort would not succeed, only the jungle raj of labor union can continue.”

For some reason, Lawyer Rudrakumar, staying opposite Tilak’s house had walked in. Rudrakumar was the one who had taken up the brief of Shashank, the canteen manager so that a fight within the organization does not go public. With a sledge hammer the Doctor had solved the matter but it was also the magnanimity of Mr. Rudrakumar that he had asked the client to settle out of court and go off from the hospital. Later in the eye camps his association had grown thick and well. Nagaraj had a feeling that he had walked in at the most opportune hour because he was destined for it, if something is to happen.

“What are you closing down? Something as solid as The Hospital? Over millions of rupees transacted yearly, with such a fair-sized staff and reputation? Not just difficult but impossible to close it.”

Rudrakumar had heard the last remarks and like his nature and had burst out with his honest forthcoming opinion. This was something really good about Rudrakumar. He won’t hold you guessing. Concerned, in knowing what had happened, Rudrakumar demanded to know a few specific things. Apparently, he knew quite a bit of what was happening.

“Nagaraj, I know everything up to the point today, that it is unable to function and if it continues this way, it will close. All of us want that it should run normally. We do not know the ways. I, as a lawyer or our great friend Shrivijay or our dandy friend, I don’t think we deal with industry and labor much. Most quarrels in here are property, personal, or murders. I came in for a different reason, to see Tilak. It is a great coincidence that I saw you. Sharad had told me most of the things. Sharad wanted me to share his tensions, pain and frustration. These frustrations are as much mine as his. The Hospital has been on my mind for last seven days. For the last four years we have been doing wonderful work. And we simply cannot see The Hospital closing. I will give you all possible help.”

Nagaraj was looking at Rudrakumar steadily and gratefully, Rudrakumar continued. There was no trace of indifference, but only genuine concern. Rudrakumar and Tilak belonged to a caste traditionally hateful of Brahmins. Here, they were the saviors. One of the deepest concerns of Sharad was nullified here.

“For me, The Hospital project means a lot more. Let us all find a solution within ourselves. If you want us to play any part in it, we are there with you.”

“Sharad, I have found your replacement.” Sitting for the afternoon lunch with Sharad, Nagaraj announced.

“So fast?”

“Yes.” Nagaraj narrated to him the story of his walk and everything that followed.

“Tilak is our man. I did not tell them that the solution has been worked out. We have about three weeks now to implement the solution. Tilak will have gone to his pilgrimage and back in the next five days or so. We will approach him to accept the job once he comes back. In the meanwhile, just prior to that, we will brief Rudrakumar also, and induce him to see that Tilak accepts. We can then tell them why of this job. Once he agrees, the rest is simple.

Sharad, according to the instructions of Nagaraj, went to see Tilak, in his house to see that all the family members hear the discussions. They did.

“You know the situation within The Hospital. The solution is being worked out. It is necessary under the scheme that the position of the secretary has to be given to someone else; I am not to continue. We are asking you to take it up.”

“If you go, then what will happen to the hospital? And I do not see why there should be this change?”

“The same answer, Tilak. Nagaraj has said only this much to me, that if you take my place, for a year, the situation can be reversed more easily. He is not ready to say anything more.”

“Nagaraj! If he has given you a word, then we can close the eyes and believe in what he has said. The only thing I am worried about is there should be no personal trouble.”

“Physical harm is out of question for anything and anybody. For protecting The Hospital property, we will soon have three people permanently stationed in the hospital. And something as unlikely as that happens to you, the attackers will have to go over my dead body before any harm comes to you.”

“Enough of this Sharad Sir. You do not have to say such things. One does not say such things. One knows such things will not happen. Does not one?”

“You are a man with all your life in front of you. I am more than half way through. You will not understand how we oldies feel!”

“I can promise you one year. Beyond that, ...

Sharad interrupted Tilak.

“God bless you. One year is more than what we may need. Who has seen what might happen one year down the line? We have scouted all the three continents, if you want to know, before deciding to come and request you, and we are glad you stand by us.”

Returning from the door, Sharad held and lifted Tilak’s hands to his brow, the greatest mark of being considered a man greater than oneself and that of gratitude or blessings also.

“Arey, arey, what are you doing, Sir? You are like a father to me. Don’t embarrass me like this.”

"I am grateful to you beyond what the words can express. Your one year will give you satisfaction of having done something wonderful, for that you will be proud throughout your life. I have only these words to offer you right now, other than my gratitude."

"You cannot break down like this Sir. I am here, for you and for The Hospital. I believe you."

Tilak's father, the Master Painter got up, patted Tilak on his shoulder and said,

"God bless you. All the more so because you accepted it on your own. And I am proud of that, son. In this position you will have done something, you will be proud of for the rest of your life. We oldies do see much longer in future. The ability to see in future probably comes out of a certain purity you achieve when you go on and on in life, for many years."

Sharad's eyes welled up in tears.

"You are already familiar with the way The Hospital works. The Doctor will familiarize you with the detailed working. Be sure that on financial side there are no problems. This is a labor problem. There is little hope however that they change their attitudes."

"It will not change. But what is the remedy?"

"That Nagaraj is working out. The one thing I can assure you is that the solution will be delivered and no responsibility of that decision will be yours. A much younger man like you will probably be a better man to work with the Doctor. The Hospital had run on itself where nothing more than signing the cheques already signed by the Doctor, is all that I have been doing. The Doctor has made it easy to run the complex machine." Sharad returned.

After visiting Vishnugupta with Nagaraj, they returned.

"Now you have to give me two large tables, Ramraj, who is already working in The Hospital for the project will be working with me. And after your garage hours, I want your accountant, Damodar. The records I want from The Hospital office, I will take. We are on our way, Sharad, for the final show down."

"But I still do not know what is the plan for the show-down!"

"You will know it when you should."

This was the first instance in twenty years of their association during which Nagaraj had refused Sharad any information. The new year made its appearance. In couple of more days Nagaraj came to meet Vijayini.

"Madam, I want you to go to your mother's place or wherever you want, at the earliest, with children. As it is, we are not working and you will at least be able to spend some time with your parents. You will need help, Nivedita will also be coming with you and come back with you, all expenses paid. We have made reservations in a good class for all of you to and from your mother's place. Go comfortably. Come back comfortably. In between, in these days, you will unnecessarily suffer and get pained all the time. The Doctor will stay."

"That generally has been the case in reverse. But what is the matter? Certainly not for long!"

“No. Certainly not! May be just about 15 days. But you have to be back on 24th of January to be precise. Certain decisions are being taken. There is only one plan which needs a lot of attention to detail and executed in complete secrecy.

“Does my husband know what the solution is and what it can mean?”

“Yes. Only he and I know what is the solution Vishnugupta has given. Even Sharad does not know nor anyone else. Not even parts.”

“Okay, we will go!”

Nagaraj then spoke to Asaavari.

“If it is a secret plan, it is better that I am not around. Let us create an impression that the doctors are going away. Whatever your solution is but it is not a bad idea to create this impression.”

“I had not thought of creating an impression that all the doctors are leaving for good. That is excellent. We will ask Pradyumna, Murari and his friend Ananda also to go.”

By the next day evening they were gone. The laboratory trained girl Janhavi came down, to their nursing quarter quite excited.

“Madam, Nivedita madam, Asaavari madam, all other Doctors have gone. Children also went. I heard them telling Yamini that ‘they are not coming back,’ it seems. They were saying that ‘whatever they did here has all gone waste, that they have been made the criminals. And there is no justice in this world. The union is all that law cares for. It is least bothered about those thousands of patients benefiting here year after year. It is all non-sense. We wasted our time.’ The loyalists, assembled to see them off all were crying. Our Doctor Sir, has remained.

That the madams were not coming back should have been exciting news. But it fell flat. They did not know how to react. All of them went to Balyogi with the news. He called Dr. Siddha and the chemist Earhole to share the news.

“I think the doctors are not likely to come back. They are already scared. Soon even the main culprit Doctor will go. They have removed the medical officers also. What is our strategy?” Siddha asked.

“Simple. Every 3rd day we write to them. The first thing I want to accuse them is unfair labor practices, like not providing the work to the employees. I am wondering if we should mark a copy to the labor commissioner. I don’t think we should. We will show on the letter that we have.

“On the other hand, all the workers have to behave in an insulting manner with the Doctor. He has a lot of self-pride. Let us destroy that self-pride and also try to provoke him into reacting. He has a violent temper. We will use that to further abuse him and make grounds for us for being humiliatingly ill-treated.

“Every day Bawara must come to me and tell everything that happened, at an appointed hour, when Siddha and Anantha also can come to get an idea of what is going on. We will see to it that in the next three weeks, the Doctor also should get fed up and go. I do not think that the local trustees are interested in the hospital, whether it sinks or floats.”

“What might happen then?” Siddha asked.

“We will then approach them with some high-level influence from state HQ to adopt some of us as trustees and honorary Doctors. In a month’s time we will see that it happens. Our doctors will then or even earlier start diverting our work to the hospital. Slowly, with you all, Dr. Koppikar and Dr Siddha, some physicians from Government hospital, we will entrench ourselves. What can Nagaraj and Sharad do with the uninterested local trustees? Yield!”

“Balyogi, we will have to work on local trustees, try wearing them down.”

“I don’t think it is difficult, but it is not necessary. Once they see that our doctors are bringing work for The Hospital in February, the main Doctor as being useless then, they will acquiesce. The reaction of the Trustees will be, ‘If they want to run, let them run the hospital. Relieve us.’ Balyogi said.

Next day they met again. Bawara reported.

“There are no patients. Those few who came were asked to go elsewhere, by the Doctor. He also refused to take the x-rays and he has locked x ray department. Atreya similarly refused all investigations from outside. We tried to provoke him by snide remarks. But he does not speak. He looks at us as if we don’t exist. We feel afraid of him. Even if he loses his temper, we will not feel scared. But when he clams up, we are afraid.”

“Oh, no. Don’t worry about that. That is temporary. He will flare up. Don’t be afraid of him. I think our strategy will help.”

“Nagaraj Sir has come to stay with the Doctor. Ramraj is there with them all the time.”

“Nagaraj must be watching to see that at least this Doctor does not go away. So does Ramraj. What else are they doing?”

“Stay up late in the night in the Doctor’s house. What they do there, we do not know.”

“Doesn’t matter. Continue.”

With two big bags Balram came to The Hospital in another two days, after the doctors departed. He went straight to Ramraj’s room in the canteen buildings and deposited them there. Balram was a burly double fisted Greenspan boy who had spent many years as a full-time worker in Bharat Seva. Now Nagaraj had asked him to leave his work elsewhere and come to stay in The Hospital till further orders. Balram was very jovial. He had a mild temper and a cool head for all his strengths. He went to see Nagaraj in the Doctor’s house.

“Please come. Good that you have come immediately.”

“What is wrong Mr. Nagaraj? The message was puzzling. I do not know what is brewing.”

Nagaraj told him the story.

“Don’t these bastards have a head on their shoulders? How well everybody was, how well they worked. How well The Hospital was working. The last time I came here was with a rich but a childless man. He wanted to adopt one. it was so satisfying. The staff had arranged the small function so well. These same people were then crying because the child was going away! It is unbelievable that such a change has occurred.”

“It is true. But is it unbelievable? Men and women apparently do not like to be on a higher plane of thinking nor behavior. They slip down.”

“Accepted. What do you want me to do?”

“The staff is on the warpath. We are afraid that they may get down to violence, larceny or attack the loyalists or the Doctor himself. We are as much worried about the equipment worth hundreds of thousands of rupees which we have so painstakingly collected. These characters might damage them some day.”

“That is quite possible, Nagaraj Sir.”

“I want you to simply keep on moving from one end to the other of the hospital. Stop here, stop there. Try to hear what people are up to. Be as stealthy as a cat. Be as watchful as a dog. We will have to send trust worthy people like you around to carry important documents.”

“You don’t worry about this aspect. My mere presence will send different signals. People will behave.”

“That is expected and fine.”

Sharad dropped in on one of his unpredictable visits. Seeing Balram he grinned with satisfaction.

“Nagaraj, Balram and Ramraj will be able to manage even better if we call in Surendra also, as trustworthy and strong.”

Surendra was the younger son of Pralhad, where Nagaraj had taken Doctor’s parents. Pralhad had another son, whose epilepsy and mental aberrations due to that were so well treated and rectified by the Doctor that he went on to become a diploma engineer, later coming back to the estate when Pralhad died. Dr. Vishnu Murty had many years ago removed a big tumor from the belly of Pralhad’s wife. One of the two surgeries in all the years after the Doctor joined. The second was a thyroid surgery. It had gone in to a thyroid storm, for which the Doctor had to spend twelve hours standing by the bedside to save her.

Surendra had been somewhat of a vagabond. He had been brought to his senses here, in the hospital. Two days later he also joined. Surendra and sophistication just would not go together. As soon as he came to know what happened he bounced back into The Hospital to meet Dr. Pranesh.

“Doctor, you are an educated Greenspanian. I thought at least you had some brains to know what is right and wrong. You are responsible for all this venom.”

Although Pranesh reddened Surendra had bounded off from him to say anything, which anyway Pranesh could not have been in a position to say. Surendra went to Jaising and Bawara.

“Jaising, Bawara, I will break your bones if you try to spoil anything.”

When Surendra also started moving around there were ripples again. All the rebels once again went to Balyogi pour out all their anxieties, the complete breakdown of communication and fear caused by Surendra and Balram, Ramraj added.

“God only knows why this man keeps moving around. We are scared of him.”

“He is a Bharat Seva man. He won’t harm us.” Balyogi said.

“You cannot say that at all, with any certainty, Sir, that he will not physically harm you.”

“If he does, come back to me with witnesses. I will book him for violence and send him to jail. You people have never got into this sort of a thing earlier. These threats, fighting, talking rudely, insultingly are common.”

Balyogi’s assurance somehow did not reverberate with the rebels.

“One reminder. Continue to provoke the Doctor. Sooner or later, he will get provoked and do something rash. Report it to me, that too with witnesses. I will then book him as well.”

In their next meeting Balyogi lectured them on what the fight was about.

“You are so good at work, dependable, conducting such huge camps so competently. And what do you get? Paper publicity! If they demand from you so much work for weeks together, have so much money to spend, why don’t they give you a good chunk of money. That is our primary fight. Are you not convinced that what you deserve much more than you get? are going to get is what you deserve?

“But nobody takes more than others, even the doctors are lowly paid! That is why we did not mind that! And even with the work stopping, they have given this month’s wages they had promised, even before the union letter.”

“But then where do the huge amounts spent on camps come from? There are ways and ways of getting and distributing money among themselves without anybody even suspecting it. Otherwise, why do you think highly qualified doctors, coming from long distances will work so hard, and for so many years? They must be getting their pockets lined well.”

“No Sir, it is not possible. We handle all the money. Pradnyagouri collects the maximum. Kusumlatika keeps accounts. Everything is accounted for.” Bawara said.

“Anyway, you will not understand. Bribes from outside for example. Leave it. The point is, do you get anything substantial at all? You say the rates of charging are low. Then let them raise the charges. Why do they want to serve the people by putting you down financially and to your graves?”

“No Sir. At least we have not felt that. We have been given rise in our salaries without our ever asking or even thinking about that. For long it has been above minimum wages. And now the last increment.”

“You have been mesmerized in to the concept of service by these cunning and crooked fellows. I ask you, why no other Doctors have stayed in The Hospital. Only these two? And then their friends? There must be a deal for them. And there is no deal for you. So, the point number one is, you must get more money because others are already getting it under the table. Then the second point is that they are extracting too much work. That should stop. So that is your basic position.

“The third point is what is going on right now. They have brought two goons on the campus. I know Balram is a muscleman and Surendra is a rogue. They just want to scare you but you should not get scared. Hit back. Speak back to them. What will happen? If they physically hit

you, come running to me with a witness. I will book them in court. Unions are very powerful things in our country. No one can touch you! All laws are in favor of unions. Do not worry on that count. If you don't want to come in their contact, keep away but don't get scared. This is a small hospital. Unions have stopped big businesses, wrecked and dismantled them and destroyed. What is this tiny hospital?

"If Balram, Surendra and the Doctor keep moving around, you move around behind them. People do all kinds of things when alone. Find out something that is bad. Report to others so that you create witnesses. Come and tell me. We will catch them at their own game. Keep it up."

"But how long this will continue?"

"Let it continue for a few months to come. What are you loosing? You are employees. Getting money every month, even when you are not working. Paying your salaries is their headache not yours. Anyway, you are at leisure, doing nothing and getting paid. Why don't you like it?"

"No Sir, we get bored and miserable without work!"

"That is because they have put you in to that habit. If you want union then remember the fundamental golden rule. Unionism is to get paid more and more for doing less and less or even nothing. That is how common it is. I am surprised that you are at this stage wondering about it. I have told this you earlier also."

"What will happen if we go on?"

"What happened on 7th of this month? You got your pay. Let things drift. On next seventh and the next seventh you will get pay. Now you will know how and where the money was hiding. They will say it is donation, but it will be all fake receipts. Money will come and how long can they continue without work? Without earning? Not long. They will have to come for negotiations. Once they come for negotiations, we will screw them right."

"But why should they pay when we are not working?"

"Bosch and nonsense. Can they prove that you are not working? Have you given in writing that you are striking work? No. The Doctors are on strike, you are not, and are willing to work. They are not entrusting the work to you. That is not your fault. It is another unfair labor practice they can be and will be screwed on.

"I will tell you something interesting. When you people put the eye towels of the septic tanks with an intention of putting them back again to foul the game, why did they not call police? Because that would put the noose around them and not you! But your madam is a very wily lady. She is too smart, too upright and too much bold, unafraid of anything or anybody. I must say that she has more guts than even your doctor. She defeated the move. Nivedita and Asaavari look very jovial, mixing and genial type. But Nivedita is extremely sharp and metallic inside. Almost crooked! Asaavari on her own observes and understands what goes on very well.

"But they are now totally on the defensive and scared. Why did all the three madams go away? Because they are convinced that this will go on for months! They will have to do

something to earn money, may be in their native place. After all they are highly qualified. But be sure, they are not coming back.

“Take it from me. Now only Doctor with Nagaraj, Sharad, Balram, Ramraj and Surendra remain. Pradyumna, once the conflict is over will come to our side. The Doctor will not stay long after we win on the negotiation table. It will be too insulting for him. With him Sharad, Nagaraj and Co. will go. Then I will be the boss. We will revise everything and be well off.”

Balyogi was obviously relishing their attention and his rhetoric. What he was not able to spot was that somewhere deep inside, barring Pranesh, they were not relishing it.

“Suppose they can’t get the money and do not want to negotiate also, what will happen?”

“Closure! That is the only way. In that case you all will get thousands of rupees to be able to sustain for months together. Then we outsiders will pressurize through other channels the Bharat Seva office to reopen and hand over The Hospital to me to run. With Dr. Koppikar’s weight and other like our Sambashivrao, and so many others higher up, we will grab the hospital. After all we have the support of so many Doctors from outside. After all this gold mine must be for all of us.”

“If The Hospital reopens, will you take us?”

“Yes. And under the law it is a must. We will want all of you employees back, for excellent patient care you deliver. Are you satisfied?”

“Yes, sir.”

By 20th of January Nagaraj disappeared again in the night without telling anyone where he was going. Before that he talked to the Doctor.

“Dear Doctor, I am going away for two days. I have called a meeting with all the members of the new body, demanding hundred percent attendance and they have said yes. You alone know fully what the strategy is going to be. But before we take the final step let us sit down and summarize.”

“Everything we did here was in a selfless manner. The journey of the last 9 years was fraught with great personal discomforts, great tensions, in the most difficult physical conditions, without any support. We have now an ideal model answering rural Indian Health Care needs. And it is aimed at, to be destroyed by outsiders. It has to be preserved at all costs. It is the good and the gentle that the world aims to destroy and it should not be allowed. Our actions will be without bias, or any mala fide intentions. It is to show the world that evil cannot succeed over sacred, that sacred will not submit to such an evil. We do it for the posterity to know that there were people who fought it till the end and won.”

“Yes.”

In the State Bharat Seva office in the full gathering, Vishnugupta the lawyer was the only non-official person. The newly elected or nominated president of the Trust that was to run The Hospital began the proceedings.

“My friends, we are in the midst of a serious problem and frankly we do not know what is the solution! The crisis like no other before which we have solved, has developed rapidly, with

more malignant and malicious intentions. For the first time in these years our presence and direct intervention are needed. We are as yet know nothing about the solution, which we will hear today. May I ask Nagaraj to continue hereto from?”

Suddenly Babu Aravind got up. Everyone looked back to see Patavari and Avadhoot shastri standing there, listening in.

“Arey, arey, you were to be in Hyderabad. It is very fortunate that both of you are here?”

“Our plane landed here; fog in Hyderabad. We have four hours between. We heard you.”

Once they were seated Nagaraj began.

“Let me assure you that between Shri Vishnugupta, myself and the Doctor we have found a solution. It will end the present problem fully without a trace of what has happened because of it.”

A wave of relief and enthusiasm went over.

“Today it needs us after a long time, not just for moral but economic support, more than anything else, to come out of the crisis effectively. Will this body be willing to bear a rather steep cost it involves and it can afford for the lawful procedure?”

When it came to an affordable solution the yes response was involuntary.

“Yes, we do understand that. We will do it, but what is the plan and our part in it?”

Babu Aravind spoke on behalf of everyone. Vishnugupta raised his hand to interrupt.

“My friends, may I seek the permission on behalf of Nagaraj to describe your part to play in it, in about four more days? I invite all of you to be in The Hospital on 25th January early morning at six am. The action would take place there. Will it do? No harm will come to anybody. There will be no problem and violence. But your presence is mandatory.”

“Granted.”

Since the time Vijayini left, Nagaraj had occupied the Doctor’s house almost fully. On one table he had all kinds of registers piled up. He had a big pile of blank sheets, pencils, erasers, measuring scales and pens, along with a few calculators also. No one knew what he was calculating, till late in the night. Every evening, he called Damodar, Sharad’s Manager. Poor fellow, Damodar would take up a calculator. Nagaraj would start shooting figures for calculation and Damodar would reply back. Then Nagaraj would enter the figures in some long charts of wide length. It went on for long hours.

The staff could not help noticing all that was going on in the Doctor’s house and in the office when documents were being removed or put back. They could wait no longer and went to see Balyogi and gave him all that they had seen in the long hours of the last few days gone by.

“O lawyer, we are sacred. Are they going to dismiss us?”

“Dismiss? So many people, as a single action? Impossible, impossible to dismiss even a single permanent employee. They will be digging their own grave. And they know this extremely well. Had it not been so, that Nagaraj and Sharad would have done it long ago. Their inaction leaves no ground created for any action except to call us to the negotiation table. I just cannot

understand why you all are scared. Wait for a month and a half more. I will give you The Hospital back with myself in the controlling positions. Then see the fun and the money that will follow and you will be getting.”

Nagaraj returned within a day after the meeting addressed by Vishnugupta. He spent one full day in writing various documents, getting them printed in original putting them in open envelopes. Then he made a long register. He took the help of Ramraj, Balram, Damodar and the Doctor to finish the whole exercise. On the night of 22nd Ramraj and Balram boarded the bus to meet Babu Aravind., the new president. Nagaraj spoke from Greenspan to Babu Aravind to tell him what to do about the documents. By evening of 23rd both Ramraj and Balaram were back.

On 24th January afternoon by two, Murari, Ananda, and Pradyumna, returned. By four the same afternoon, Vijayini, Nivedita, Asaavari and the children came back on their heels. Each unionist saw them coming in, in the broad daylight, all others running, encircling them.

“We never thought, never believed that you will not come back. Never thought you have left us and gone forever. You can’t be scared of these goons.”

The house greeted them just as they had left it. Of all the sprawling paper work Nagaraj was doing for so long, there was no trace. Nagaraj and the Doctor watched, their eyes tired, lifeless, their countenance blank without expression. Their movements a shade slower but surer. At the end of day locking his house door, the Doctor permitted himself a smile.

On 25th of January early morning at five, three cars slipped quietly in The Hospital. Eight people alighted, some taken to the Doctor’s house, some in other quarters to get refreshed. At eight forty-five Babu Aravind, the new president, with all other persons, of the new Trust, Sharad and Nagaraj occupied the Doctor’s chamber. Ramraj and Balram put a heap of envelopes, all sealed, in front of them. The second Manju and Yamini were sent to call all the employees to come to the office. Everyone came, stood in the outer space of the office. Dharini one of union members and one of the oldest employees was called in. Babu Aravind began.

“Look here, Dharini, we are now the new management of The Hospital, and we want none of the employees presently in service in the new set-up now. Take this envelop. It has the notice of your removal from the service. The cheque has all amounts due to you. Your pay for January till date, gratuity and provident fund and a large sum in addition, as a further compensation in view of your dismissal. That will give you sustenance for some more months till you find an alternate employment. It is done as per the law and its requirements. Sign here.”

Not knowing what to do, she put the inked thumb on the register. Sharad witnessed it. One after another, beginning with the Doctor, followed by other doctors, and then every loyalist, were called. Babu Aravind repeated the message to each one, diligently clearly. The Doctor signed calmly and went out, signaling others to sign. Then the unionists followed and took the envelope, signed and went away.

The letter given to each one in their own name, in original ran simply like this.

“Dear Staff member of The Hospital,

The management of the Bharat Seva Public Charitable Trust, managing as one of its activity The Hospital has changed. The new management under the article 25 (FF) of Industrial Disputes Act, which empowers them to do so, if they so wish, to relieve you from the service with effect from today, with all the compensations due under law. You therefore stand dismissed from the service w.e.f. today.”

As each one fielded out, stunned, speechless, shocked, unable to exactly understand that they have been dismissed, or, how this could have happened, without as much a scent of it to anyone. Not just the union members, but everyone. By habit they all went to their work places and sat down.

Ramraj, Balram and Surendra, filed out after them.

“Please go. Do you understand that you have been dismissed from the service? All of you! You have no right here. Get out. All of you! Come on, out!”

Broken, speechless, blank they all went out. They had only one emotion, this was the place they wanted to stay. This was the only place they knew they had grown with and they wanted to stay in. Removed? Summarily dismissed? No longer to come here as the day dawns tomorrow? Why? Because of what? We made a union. So what? Does that mean that we be removed? Where do we go? From where will now come any employment? Do we go back to the work of estates from where we came here? What sort of a work we may have now to do? We know the hell the outside world we are thrown in is. Why?

“Will you all go to my house?” The Doctor, as soon as the rebels went away, called after the loyalists. Readily they assembled knowing instinctively that there was a deal.

“I want all of you to hang around for an hour.”

Within an hour, reappointment letters were issued to the thirteen loyalists. Babu Aravind repeated the message to each in as diligent a manner as he did couple of hours back. He further added by saying,

“You must encash the cheques of compensation in the bank. That will complete the legal formality, absolutely necessary. But it is also a token of our gratitude for the wonderful work you have done in last ten years and unflinchingly stayed by our side, especially in the last few months. We have made provisions in The Hospital account. So! Do not think you are hurting The Hospital at all. We will soon appoint people from other towns and cities to supplement the workers needed. The major problem has been solved at one stroke. The recovery from this major operation is expected to take its own time. Bear with us.”

Informally, as if on a cue they all met in the canteen with their letters, sat around the two long tables with the marble tops. Nagaraj Sharad, with the new member trustees with President Babu Aravind joined them. Nearly two hours had passed since the dismissed employee’s exodus and things looked quiet. Atreya broke the rigid ice of the impact of these events had created. He roared in a happy voice. “Irene, make a good cup of tea and snacks after that, for all.” The Doctor looked relaxed, cool, inwardly happy, much younger than his thirty-eight years.

“We are still unable to understand how you could manage this. The operation went through like a hot knife through butter. Now all of us here, we need to and have a right to know it fully. Who will explain?” Babu Aravind asked.

“I think I shall do that!” Nagaraj came forward.

“Keeping these people around and hoping to work without risk to the patients and the doctors was impossible. Leave aside the service ethos of it. It was even more impossible. We started looking at ways of removing the miscreants, save the intrinsic value of this great experiment when the Doctor clearly said, ‘We have to show to the world that it is a strong model, it cannot bow down to anyone. That cannot be allowed to be defeated.’”

“The real question was, ‘Isn’t there a way within the legal system of our country where a good work can not only be saved but perpetuated on an even greater scale, not defeated by this industrial hooliganism called Unions? I became more worried because wherever I saw, the good works shut down, far outnumbered the works that survived. Large corporate giants, multinationals, have deep pockets. They can buy the unions and their leaders. We did not have the capacity nor was the way acceptable to me and the Doctor. The small-scale operations suffer far too severely and generally close down. We had nearly come to that stage. I was not worried about closing down. I was wondering whether within the law there was a way to preserve the good works, like ours, and good people like you, afflicted by unions and still continue!

“Industrial disputes are extremely costly. Lawyers defending the management are extremely costly, and they will not give their fullest attention. I was certain that they will not understand that it was not just an industrial dispute like any other. That they would be saving a work of service, of great benefit to the society.

“The name of Mr. Vishnugupta suddenly struck me. He is a private lawyer who works for managements. He is an old full timer of the organization, a man of integrity. One who cares for such good works from getting destroyed. Therefore, I did not have much difficulty in talking to him with the Doctor by my side, on many sly visits of the Doctor to Bharat Seva HQ, in last two months.

“Vishnugupta patiently heard the story of the development of our hospital and its victories and its ethos. Then he went with a fine comb through all aspects of our work that could be a legal liability to clear first, a difficult task. There were none.

“What he offered us was simple. There is only one straightforward fast acting ruling in the Industrial Disputes Act, 1948, the 25FF, that helps management come out of a crisis. But it is economically extremely costly. Secondly it requires too much, almost reckless courage to decide to adopt that and execute it. That is the reason why we do not see anybody implementing that to end up the crisis. Managements generally either succumb under pressures or find devious ways. This rarely used article is called as 25FF. It states simply that if the management of an enterprise is changed, the new management has full right to dismiss all employees with their due legally compensations, but it must dismiss ‘all.’ If they want to reappoint any of them, they are free to do so, or appoint all new guys. Dismissing ‘all’ makes it costly and it is extremely courageous to do so.”

“How much time did it take before you made that decision?” Sharad asked.

“It took us much less than one minute to say yes. Vishnugupta then laid down the rules of calculation, which I completed in the Doctor’s house when all doctors went away on my request. It ran into nearly seven hundred thousand rupees. Too big for a hospital that operates on a low tariff, but not Bharat Seva, who could give us that money to finish off the crisis. After that keeping the amount ready in The Hospital account, write the individual cheques and letters was all that was needed to be done. “

“Did you not think of the consequences in that one minute?”

“We considered it later, not in that one minute when we decided to implement it. In fact, much later. At worst, we thought they will try to storm The Hospital and its property and damage it or forcibly occupy The Hospital. That is an illegal act and we had to have some security internally for that. Ramraj, Balram and Surendra sitting here did the protection part really well, demoralizing the employees constantly. Or else we thought, the crisis ends without a ripple, as it has ended, at least for the present.” Nagaraj concluded.

Standing in the corner on one leg with the other crossed, reclining against the wall, the arms folded, the Doctor spoke.

“I have never believed in accepting my environment as I inherited it but always wanted to shape it according to my own values and vision. That is why I strived so hard to build my values in our work. Any number of them you can think of, because you are the products of that process and share my values as much as I do of yours.

“My uncompromising demand for working out these values in practice led us in to several crises, since the early years, like Vasudev, and others who defended the ugly atmosphere he created, which I wanted to destroy. And I did. Those who could not live up to these values and attempted to damage it, I threw them out!

“My freedom to act against what I consider immoral and unethical is priceless for me, something I cannot see fettered and bound by narrow considerations or lowly individuals. I do not allow people to become stones, tied around my neck, not allowing me to go by my speed. In most places such refusal is not undertaken. I have never understood this, nor endorsed it. I also believe my life and the limited time I have to do what I want in this life, is just too precious. That is why I have to win in a crisis and get on to the work again. I have no sympathy for these wriggling worms who do not understand the values of my life.

“Two people have told me something for which I have great concern and which I follow. One of them said that he wanted to ‘achieve’ for this nation, something worthwhile in *this life of his*. I always wanted to achieve, right in front of my eyes. Another great thinker had said, ‘tell me the solution! Do not chew a problem so much that you become a part of the problem.’ In all these years I worked here, I have given you solutions, not discussing problem ad libitum, ad nauseum as I have seen the world doing. All of what I said just now, put together, did not take me more than fifteen seconds to say yes to the solution.”

“Nagaraj, why did you keep it secret? So secret, to tell us as well our part of it less than 48 hours ago, our Vishnugupta conniving at it.” Babu Aravind asked.

“One of our fears was the plan should not leak or it could, if it was more widely known, inadvertently, but yes. If the plan had leaked then Balyogi could have initiated the legal procedure, instructed the workers to refuse to accept the compensation cheques. Then we would have had to send by post what we gave them in person, which they could have returned without accepting it. Then we would have to justify it in courts. There was also a minor legal problem, if any, even one of the errant employees had not accepted the cheque and the termination order, we could have been dragged to the courts. Then it would have taken an interminably long period to get The Hospital restarted.

“The element of surprise had to be so total; no time given for anyone to think of escape, only sign and accept, not to react and go under the pressure of circumstances we created, and accept. That is how Dharini that uneducated woman, also, one of the oldest employees was chosen, who would be the first Union member to accept it. With Sharad and myself standing over there, you people conducting the proceedings in presence of all the employees within earshot, she just could not refuse. A little mind game which I planned. Once that was through and when everyone saw that the Doctor himself and all the other doctors dismissed, accepting the cheque and going out, they knew there was no other way. All were to be dismissed. That was the point.”

“Nagaraj, I must congratulate you on this. I could not have imagined in the wildest of my imagination that you could have thought this. I have never seen 25FF being used in all my thirty years, in Industry. Frankly I did not even remember that 25FF exists.” Babu Aravind said.

“Courage is on the part of the Doctor. The refinement of each staff, the development here was far beyond anyone’s imagination. They were his children. Imagine his feelings in these three months. It is not difficult to imagine what he would have felt when the remedy became final, knowing that he was going to destroy them and their families completely. His own children, to kill his own kith and kin. He did it with complete detachment since values and ethic was at stake. That requires courage.”

“I was worried of his physical violence when Vijayini was insulted in that letter of Balyogi. We have never shown that letter to her or anyone else within The Hospital. But he became cold, clamped up, stopped talking to anyone. It was then that I knew that he will now act and kill.” Asaavari said, all the time looking at Vijayini.

The Doctor spoke again.

“Long time ago, Avadhoot Shastri told me something. ‘Doctor, you belong to the Movement. You will have your own difficulties with them. But your poor wife! None realizes how great a lady she is to have come with you to such a godforsaken place, done such wonderful work, with so much strength and under such great tensions.’

“The value I have for her honor is beyond anything. She is Caesar’s wife and has done no wrong. And yet people slung mud at her. Hurt her. I had to see tears in her eyes. I could not bear it. In the epic Mahabharat, Keechaka the vile brother-in-law of the pious King Virat, throws dice on his face and the blood starts flowing. Dharmaraja disguising as Kanka, holds a vessel so that blood does not fall to the floor. Kanka says, ‘the blood of pious should not fall on the earth. It creates disaster.’

“The tears in the eyes of my wife are as valuable as the blood of Virat. They should not fall on earth. The Keechakas who have done the act for the tears to appear had to be destroyed, so that disaster does not break out. Today is her thirty seventh birthday. As a husband, I am proud to have given her this gift as no husband could ever think of, as a token of all my gratitude towards her, for her forbearance in spite of the ways she suffered here and had the courage to continue.”

The Epilogue of Victory? Defeat, Disillusionment or of The Ultimate Untruth

Once upon a time they were a small group, determined to build their abominable, miserable, Society from within, accepting it with its innumerable faults, and the animalistic abyss it was; as a tender notice, on an ‘as is and where it is’ basis. Fired by the idealism, illuminated, guided by the founder’s presence, walking by his side. They took poverty, hardships, ridicule and non-acceptability of their creed, as their existential prerequisites, persecution as their daily menu for food. They existed in and only for the Movement, for the society and for each other.

Their vision was to create an organized, united and powerful nation, endowed with a common national character and a homogenous Society, ‘*within their life time.*’ The founder literally drove himself to death through all hardships. But he could see only a small, a miniature, only a symbolic representation of what he had conceived, before he died. Then came a time when the nation saw its own vivisection and its terrible aftermaths. A deadly blow with a bid to destroy their creed was delivered. There were no friends left for them. The leadership and the cadre, beleaguered and tired from within, led to the preservation, continuance and rebuilding the movement and organization to the extent possible, more than anything else. They turned their back to all other issues of immense importance and kept out the long-term hazards from coming into it. Perseverance and tenacity, an immense faith in the ideal saw them through to some respectability over their hardest years.

In this existential crisis, the dream of achieving what they wanted ‘in their own lifetime’ receded. This goal of nation building was converted in to a vision and mission as an unending process, generations after generations. The compulsions of doing it in their own lifetime that once thrived within, were taken away. The stimulus to achieve targets disappeared, without setting any time limit for achievement. Complacency then crept in.

Need to exist within the structure, to remain in some seat of authority became an unconscious, reflex attitude. Now people did not exist for each other, but for themselves, no longer a live vibrant band fired for death, if needed. The live organization became a fossilized hierarchy in its name.

Then came then a man at the helm of affairs who overhauled the systems and the buildup, completely, and rewrote the rules of the game. Growth and power came in. But the decadence arising from it also set in quickly after his departure. This societal acceptance became a misconstrued belief of their being the most credible lot.

Then came the time of this story, when there were too many, too small for their chairs, with feet too small for their boots. The intolerance to brilliance, to originality, to ingenuity, to

intellect, to scholarship, to sacrifice, to truth and to justice, a loss of perspective, balance, and the large heartedness, bred itself in. The clay feet prophets abounded.

Those, in spite of such a meltdown, who believed that a great deal of the ‘original’ had remained with them, fought against these new trends...

Did they win? Or did they lose? Their story, told so far now continues...

It took all of the dismissed unionist employees two days to assemble and go to Balyogi. He did not know what had happened in between. They told him their story, and showed the letters and the cheques with the calculations.

“But why did you sign?” After recovering from this blow, he screamed.

“Do you not have even this much brain to realize that you were being trapped? And that you should not be signing it and accept your death warrant? After having taught you so much, you messed it up!”

He continued to scream. He knew he had been defeated, neck and crop, now lying flat on the boxing canvass. Defeated by the one person he hated most. His white face, trembling hands, the dried throat, looked pitiful. The dream of taking full control of The Hospital he wanted so badly and maneuvered for it for so long had vanished.

“They removed all the workers, not just us, the union members, Lawyer! Including the Doctors, the chief and everybody. What would we have done, other than accept?” Dr. Pranesh asked him.

“What? They removed everyone with a pay cheque with these calculations as compensation? Oh my god! That means they already had provided themselves with these hundreds of thousands of rupees to take care of this! Rascals! Moneybags! I was telling you all along! They have money but they do not want to give it to you. How the hell did they land up with this idea and this much money?

“That Nagaraj is a terrible fraud from the income tax department. Boasts of his clean character, says he could have had five Mercedes Benz if he wanted to. He must have produced the money! And that Doctor is another crafty rascal. Intolerant, arrogant, and an absolutely ill-tempered man!

Balyogi would have gone on. Kusumlatika interrupted him. She spoke quietly in a resigned manner.

“Lawyer, I have been seeing the accounts for last two years. Till these few months ago, we ran The Hospital, literally. I wrote all the cheques that went in to the huge constructions, utilized judiciously. I know from my own knowledge till date it was all lying there only. Neither the Doctor, nor Nagaraj has tampered with a single paisa. Don’t talk about what they are. We believed you when you said no one can remove us. Now all of us are on the streets. What is union now, of any consequence?”

Cut off from his screaming, Balyogi remained panting. Dazed he looked at them.

“Now at last be sensible. Do not put the cheques into the bank for a few months. We will find some solutions and see that you are reinstated. We will go to court. Howl them up to the judges. Wait.” His tone had started rising again.

“Do you really think it is possible and of any consequence once 25FF was applied?” Bawara and Pradnyagouri asked him.

“25FF? Goodness me. I don’t even remember what it is. The Doctor so intolerant to things he does not believe in, must have used it. He will not hesitate even for a fraction of second if he has to shoot someone to kill, or use this 25FF, equally coolly.”

Kusumlatika again interrupted.

“Lawyer Saheb, you say we should not encash the cheques. But we have to eat. Our houses need this money. We have also been provided above that for a few more months of support. We will not encash the cheques if you yourself, Dr. Siddha or Dr. Koppikar and your Sambashivrao are prepared to feed us, like how they do in Bombay for unions on strike.”

“Hah, hah, hah, how is that possible? But I don’t think you can’t pull on for a few months, without depositing the cheques, till the issue is solved. But now let us see how to get in The Hospital again. I would suggest first to go individually or together to request Sharad to take you back. I will call those two people who have been given the responsibility for the development of labor union in Greenspan, against the Communist Unions. Maybe, we sit down again in three or four days?”

Balyogi had suddenly quietened by the mention of shelling out money to support these twenty-six exiled workers, they may pester him with for financial support. He wanted to use them for ascending the throne of the power center at The Hospital. Money was too dear for him to be given to anybody. Suddenly sobered, he had dished out the first available option for the workers to go and beg to Sharad.

After two days a meeting began between him, the rest and the two persons responsible for labor union development in Greenspan. One of them spoke.

“Lawyer, after we were given this task, we had approached the Doctor. He flatly refused to have a union, but his argument was cogent. He asked us a simple question. There are unions in large estates, even medium sized estates at least a few hundred. Two uncouth labor leaders run them as their fiefdom, labor interests coming only secondary. Why don’t we go and correct that in such a large area than infiltrate in The Hospital where the law has been more than complied with? Why create that element of division when The Hospital is run mostly by the staff? He also quoted the Labor Policy book saying it more than fulfills all the twenty-six expectations of the staff. We are already a large industrial family he said. We had no answer because we have seen the wonderful atmosphere.”

“But that is past. Now they have already fought with us and an injustice has already been perpetrated. Is it not even now, your duty, to take up the issue? If not now, then when?” Dr. Siddha asked.

“As such we have not done much work in labor area nor do we know or have experience of how to handle it. We will take this matter to Shri Balraj, who now, after Sujit Kumar’s tragic death, looks after the service projects. Whenever it comes to The Hospital the matters have to be referred to him.”

With a few representatives of The Hospital workers, these two took off for where Balraj had been camping for some days. Past incidents cause unpredictable repercussions on future at indeterminate time intervals.

The employees told Balraj the story as coherently as they could. They hid the part of the eye camp towels and the intended sabotage of it and their other miss deeds. Then letter of formation of the union and then the contents of Balyogi’s letter demanding ouster of the outside doctors and Sharad Sir, sharing authority was briefly told about.

“Sir, after that the Doctor was furious and said he will destroy the union and its members by throwing them out.”

“That is what he has been doing for the last nine years. Throw people out.”

“Then the doctors decided to cut the work down fully, all doctors, except our Sir, left The Hospital saying they will never come back again. But we did not budge.”

“Then?”

“But all of them came back on 24th January. The next day, the new management from Bharat Seva came from the capital City and dismissed all of us. This is the letter they gave us. It happened so fast. Just in three weeks we were out. Sharad sir refused to reinstate us and we are on the streets now.”

Progressively reddening in his face Balraj sat half listening, looking at them. The past thirteen years and all the insults and challenges hurled at them by The Hospital were passing in front of eyes with the speed of light. He was reflecting. Balyogi had got them off his back by sending them here. Balraj wanted to think about his next steps. He asked the dismissed employees to go on a sitting demonstration to start the trouble.

‘I cannot let go this great opportunity which has come walking to me, to take my revenge. I will throw the Doctor out. Create enormous trouble to The Hospital and destroy it, once and for all times. They will pay for their arrogance and intolerance.’

All along the last nine years The Hospital had put the bosses in awkward positions. All the dear once of Balraj, Vasudev, Sambashivrao, Koppikar, in whose luxurious house they were accustomed to leisure and pleasure, were thrown out summarily. The real slap had come during the conference. That in every such instance, Balraj knew, that The Hospital had the justification and the organization was wrong. To defend these wrong issues was a mistake they had consistently committed and Balraj was repeating it. The Hospital had risen, without an iota of help from all of them. Balraj never could accept nor forget this. Help from the HQ was withheld deliberately, under the tacit, unsaid understanding that, help will not be extended.

Balraj did not realize that this latest issue in its core, was in no way different from a series of instances where the top bosses had backed the wrong horses. It was, like before, an ethical and

moral issue. A service project meant for poor, fully aligned to the goals of the Movement. Discomfited people in the District of Greenspan, wanting to grab it to make money. For them poor people could go to hell. That is why it was even more worth saving now also, as before, than pander to the lust of their blue-eyed boys. None of these issues entered Balraj's mind filled with long standing hatred towards The Hospital and its people. The chain of mistakes and sins began with this, once again.

Balraj resented in particular the Doctor. The Doctor, unlike any in the organization, had once given Balraj his mind. He took it as an audacious insult and a blow to his self-conceived prestige. The Doctor had told Balraj that "if I am to do service to the people, it will be on my terms and capabilities, not necessarily dictated by the organizational hierarchy. If you want to set the terms, you have to also provide me for means at least, to achieve them. Talking about one and not the other, binding me, making me answerable for what is not achievable, or to be achieved under such terms, is gross injustice. I will not accept that. If the people like my terms, we transact.' When the push came to shove humility was not a word in the Doctor's lexicon.

Strongly built, little over five and a half feet, Balraj was considered a fiery orator. Having listened to the masters all his life, Balraj to the Doctor was but a caricaturing copycat, imitating the master's, worried about their approval. Balraj and company in this hollowness, expected to be addressed with folded hands, low respectful tones. But he did not have warmth of camaraderie with the cadre. They were a paranoid species, on guard, suspecting all the time if advantage is being taken by others, or anything was going on behind their back. This breed was absent in Bombay. That made the contrast detestable.

The sitting demonstration in The Hospital campus started on the tenth day after Vijayini's birthday, and on the marriage anniversary of them. The dismissed workers trickled in at nine in the morning, put up some carpets in the car park and sat down. Most were women. They could not have been pushed out physically, leading to trouble thereby. Surendra, Balram and Ramraj tackled them directly.

"Why and for how long do you want to sit here? This door is now closed on you, permanently. No one will listen to you. Get lost."

"See Mr. Ramraj, we have big people behind us, backing us. All of you from top to bottom, will have to bend before them. You don't think so? Please yourself. Any way we are not going away." Vidyullata, one of the more rabid unionists said.

The trio relayed the whole thing to Sharad, Nagaraj and all the doctors.

"They will sit for a few days and go." Sharad did not seem to think of it much.

"I think we should order for the police protection. Meet the Superintendent of Police. If they suddenly rush and damage anything or attack any one of us?" Vijayini asked.

Asaavari and Nivedita supported her. But Sharad would not hear any more and over ruled her. Despite his honest reconciliation with the Doctor, his reaction was unfathomable.

"What about their claim that they have the back up of great people?" Surendra queried.

“Big ones for them are Dr. Koppikar, Balyogi, Dr. Siddha and who else?” Cynically Sharad asked.

“No Sir. They may not be only ones. Who else could they have approached? How did they get the idea of a sitting demonstration?”

“Who knows? Forget it.”

The sitting demonstration persisted.

Every time any of the reappointed persons crossed in front of them, they booed. Nivedita tolerated it for a couple of days and then went up to them.

“If anyone of you take my name or anybody else’s and boo again or make comment, I will slap that face so badly that you will not like to see yourself in a mirror for ten days.”

The booing stopped.

Then the patients coming in were attempted to be stopped from entering. The lower gate, directly under the control of OPD was opened to bypass it. Patients continued to come in as usual. The demonstration continued on top. The word that something was wrong in The Hospital was spreading, through silent whispers. There was no news in the paper.

The police were finally paid to evict the demonstrators and to protect the property. They sat in their chairs doing nothing. Vijayini walked up to the police.

“These people are illegally occupying our premises. This is trespassing. We have asked you to come here to clear them away. Do you realize that? Why do you not move? Do you want us to finish it for you? If we do throw them out and if there is a skirmish, then you will not hesitate to catch us and not these people. But right now, you have no guts to evict them.”

Blank, unmoved by any sense of shame, not even doing some preliminary duty for their payment, they sat there. Vijayini flared again at them.

“I can see that you have taken money from the opposite party also. Who offered it to you? Tell me. That explains the extent your insensitivity, shamelessness and this impotent inability or unwillingness to act. My father was an upright S.P. He literally fumed at wretched incompetents like you. No avail. This is what Indian Police Force is.”

“We must publish the entire episode in the Greenspan newspapers. Let the people know what we did and that we have restored peace and working.” Again and again, Vijayini pleaded to Sharad and Nagaraj.

“We do not know how it might affect our work.” That was the stock reply.

“At present we are working and whatever word is going about is relatively slow. Putting it in papers will unnecessarily make it known to the public who may not even be aware of it. Spreading it much farther and wider, does not seem to be a good idea. This will adversely affect the work. We may say that the problem is solved but why make the problem public to start with? We will not be believed, in fact come under suspicion. The Hospital’s work is increasing every day. Let it build up. Let us allow things to drift. Let the patients who are coming here, go back and say, ‘There is some disturbance, but we got our treatment as before without difficulty.’

Vijayini did not agree. The Doctor also thought it necessary to publicize the episode, publicly naming and shaming Balyogi and others. The least it could have done was to reach their well-wishers, donors, who had supported them for so long, and could create a counteraction. Sharad and Nagaraj did not listen.

On 10th day of the demonstration, Sambashivrao, the district head came and sat down with the workers. It was a shameless act unbecoming to his position, stupid and senseless in every way. But then it dawned on everyone in The Hospital the claim Vidyullata made, on having big people behind them meant. That they had gone to the ‘bosses.’ No one then knew but came to know shortly that Balraj was consulted. Possibly he had ordered the demonstration, and might have asked Sambashivrao, Koppikar and Balyogi to go there to show their solidarity with displaced workers. Sharad and all others realized that these three had now exposed the organization’s hand.

After that came Dr. Koppikar, Balyogi and Earhole, and joined the workers, brought out big Tiffin boxes and gave it to all of them to eat. Surendra roared from The Hospital porch.

“The beggars are beggars are beggars. Don’t you feel ashamed to eat out of the hands which made you lose your brain, mind and now your job, kicked out? Those who made you to act vile and become jobless?”

Dr. Koppikar and company, not able to bear with this insult hurriedly went away. All the joy of the strikers was gone. Middle of March was crossed.

The patient number increased steadily. The work piled up again. The police continued to sit around. The Hospital did not budge. Vatsa, a young, robust pharmacist boy from the Garden City, took charge of the drug store. One major area was taken care of. The Doctor taught Surendra the techniques and he started to take X-Rays. Balram and Ramraj helped the staff keep The Hospital neat and clean. The agitation was now more an eye sore, not affecting the work. The fountainhead of it, the brain of Balaraj, the symbol of the hatred the parent had, had to be stopped from complicating the matters.

Disgusted and nauseated the Doctor raised the issue of going to the top bosses of Bharat Seva and then the HQ.

“I have left several messages in Bharat Seva office for Patavariji and Avadhoot Shastri to come here at the earliest. Both of them are incessantly touring.”

What Nagaraj meant was, the crisis did not seem to be high on their agenda.

“Have you then asked Raghunath Pant to see the bosses?”

“Yes.”

“Then when is he going to them?”

“I do not know. I have exhorted him enough to do so. He is a mild-mannered man, tends to avoid confrontation. After Pantaji and Balraj now it is only Kalyanmurty we have to go.”

Sharad refused to accompany them.

“I do not wish to come. I will blow my top if I see him.”

Nagaraj, the Doctor, a few other persons from the newly constituted committee from the Bharat Seva office went to see Kalyanmurthy in that wonderful school premises again after a long time. Nagaraj narrated the story in full. Kalyanmurthy refused to believe any one of the facts, as usual.

“When three of your blue-eyed boys have come to demonstrate against us, it is obvious that you and Balraj are the ones, actively seeking to destroy the prestige of the project. That hurts.”

“Don’t drag Dr. Koppikar in. He is rich and beyond all this.” Kalyanmurthy remarked.

“Dr. Koppikar’s riches are threatened by the rapidly increasing work of The Hospital. Balyogi’s game to snatch The Hospital stands defeated and about Sambashivrao, less said the better. The primary issue, your support to the strikers, should be withdrawn first, unconditionally. And we have come to request you to do that, more as a formality, even when we know your intentions are geared towards destroying the work. If you want to continue to disgrace yourself, at least we cannot be accused that we did not inform you the ground reality.”

“Mr. Nagaraj, you have virtually killed 26 families. We must look after everybody.”

“Whom? You mean these 26 are innocent people and we are the monsters? If these nauseating facts I have told you do not anger you, if you do not feel ashamed your life long preachings are a fraud in the equally fraudulent person you are. They nearly killed us.”

Nagaraj also told him about Balyogi’s letter to the trust quoting ‘An asylum for all the incompetent, refugee Maharashtrian Doctors who cannot make a living to come and feed themselves here and that they should go.’

“Are you going to tolerate this parochial nonsense, protect and foster them, something fundamentally unacceptable, in your pan-Hindu outlook? Such a thing has not happened anywhere, across India in those long years.”

“And you are hell bent upon destroying deliberately the work for the benefit of those few, and through them, as you did in the past. Why? Because it goes under the name of Bharat Seva and no credits for you? The Hospital in common perception stands as the best symbol of all Hindu work. It includes what you represent and all our affiliates. Now it is up to you to understand this and bring Balraj on track and straighten Balyogi, Koppikar and Sambashivrao? We have nothing more to say. Revel in the dirt. As the first step to atonement for your sins stop the agitation.”

“I will speak to Balraj about the demonstrations without directly advising him anything about it.” Kalyanmurthy concluded.

“This same double speak as before, will not help. Let them be honest and frank that Kalyanmurthy supports what Balraj has started. The matters are going to be made far more complicated. The thinking is on, in the direction of completing the rout. Nagaraj, there must be many more reasons behind this revenge. We have to find that out.” The Doctor clearly expressed what he thought.

“One main reason is we are successful in spite of their machinations and without their support. They hate us for that. We have kept out all the third raters they supported. But yes, there must be more reasons.” Nagaraj agreed.

Better late than never, but Patavari came down on an evening, four months after the sitting demonstration started. He came because he had to, more as part of the protocol, as the head of Bharat Seva in the state, to take stock. His attitude showed that. Other than the Doctor, no one was there in the house and on the campus. The Doctor finally asked,

“In its present stage the agitations *do not hurt us or our work*. Kalyanmurty however is not going to stop this non-sense but intensify it. The issue that stands out clearly is the ‘Moral Degradation’ of our parent, manifest in their actions so far. There are two things I want to know. First the reasons behind this hatred. And second what are you going to do about stopping this degradation. I know for sure; Mr. Pant and you have not confronted Kalyanmurty or Balraj or even Gopalrao, their superior, over it. If so, why?

Patavari was always considered a strong man, known to be able to face up without fear the parent organization, express his opinions even to the seniormost Gopalrao. The reality, as the Doctor saw now, was not that. Patavari remained still, with bowed head.

“Do you even think these issues are worth confronting the higher ups, against the backdrop of the ground realities you have to live in? Or accept that Justice and Ethics can go to hell?”

As he spoke his voice rose and the face reddened. Patavari on the other hand could only breathe deeply, face beaten, bearing the assault. His face was empty. He must have registered the meaning of the words. But his face, his body did not respond to it as a challenge. It did not swell with any pride that he was going to do something about it. It shrank. It shrank at the prospect of having to go and tell this to all concerned. He looked completely hollow, helpless, hapless and dying.

He could have probably been told by the bosses to find out how things were going on, and what The Hospital people were thinking, to say nothing, assure without really assuring them of action, come and report. Patavari’s reluctance to get in to it, was obvious. At the center, something else could have transpired between the bosses and him over this crisis, not in favor of The Hospital. Worse, he could have been given an ultimatum over what he should deliver, going there. It was possible that he loathed doing that also. And yet, he had no way of refusing that demand. Or was it to get the parents out of the hopeless position they got in to, the bosses wanted Patavari’s help?? That was much less of a possibility. It could have been done without him.

Or was it to clean the mess by destroying The Hospital for which his help was sought? Help that would cover or dilute their actions, their sins, when both parties would be acting together? What was it? What could have been asked of him? Or was it the need to afford any justifications and without making the real nature of it public. Or was it the disgust that Patavari felt over what he did not seem to have control? Was it the impotent contempt he felt against Kalyanmurty and himself?

Or was it Patavari’s own inability to act, for many reasons which made him so hapless? What reasons? What held him back from telling the bosses that he will not do what The Hospital

asked for? A confrontation. He had the whole of the Bharat Seva organization with its power, recognition and activities in public, its own sterling image riding high? Was this position coming under jeopardy? Or the support he needed once in a while from their full force to carry their movements and agitations, will be withdrawn? Or he would be dethroned, that he was afraid of? His manner of dealing did not do grace to the man who had fueled the Temple movement.

In four months of the sitting demonstration the number of demonstrators was declining by the day. Their initial enthusiasm had waned. By the afternoon they would start skulking away. The strikers simply wanted to get out of it and go home, having lost all hope that they will get anything at all from The Hospital, or from their own directors; their work they had loved was all they wanted. The directors noticed that the game to bring The Hospital to its knees was slipping away. The perpetrators knew that they could not hold on to the strikers to continue. And unless the strikers held on, they could not have seen at least the destruction of the hospital, they were still hell bent upon. Sensing this, in one of their urgent meetings the crafty Koppikar suggested something to all.

“Let us ask Balraj to send two impartial persons to woo The Hospital people to take back all of them, talk to us as third party and the strikers. Mr. Narendra Singh, the member of the legislative assembly and the trustee of our huge publication house, Jayprakash would be good choices. Let us get a suggestion across that a further and good compensation to the strikers will end the crisis.”

“Why do you suggest that when hefty compensations are already given?” Dr Siddha asked.

“I know the Doctor. He will erupt at this suggestion and if we can force it on the Bharat Seva, it will be the best insult.” Koppikar opined.

In the middle of May, Narendra Singh and Jayprakash came. One could not have found a dumber person, bereft intellectually, for this publication division than Jayprakash. The battle field had now extended to the political outfit and another of its wing. When they met the strikers and the orchestrators, they were down in the spirit and morale. Dr Koppikar in his hoarse, smoker’s voice, Balyogi in his slick and soft tones were exhorting Narendra Singh and Jayprakash.

“We are happy that you have risen to our defense. The prestige of the ‘Movement’ and all of us, is involved here. We have locally taken a stand against The Hospital. Reinstating these 26 workers would have improved the image of The Hospital, originating from our folds, but that option is closed forever. As an alternative The Hospital authorities should give the dismissed employees one more compensation. We cannot think of any other way to deliver justice.”

Narendra Singh and Jayprakash were offered the carrot. The onus of who will pay it was left unsaid and hanging in thin air, indirectly making it the responsibility of The Hospital or Bharat Seva. The strikers, and the orchestrators both assured the visiting duo that they will then be out.

They met Sharad after this.

“Now to stop Kalyanmurty from further toppling down from the moral ladder, make these local goons to withdraw unconditionally, vacate the premises and step out of our way. Contrarily, you are suggesting a further compensation as a pre-condition to withdraw. It will not happen, come what may.”

The Doctor present there, literally shouted at them.

“This is not the way my men in my organization behave. They should be given another dose of 25 FF, the Final Fuck. Second compensation to the goons? I will never allow The Hospital to pay. Nor Bharat Seva. If that happens, all of you will suffer at my hands, something you cannot imagine. If it happens, I will bomb The Hospital out of existence and I mean it.”

Both of them listened with heads bent not wanting to meet Sharad’s or the Doctor’s gaze. Their instructions however were clear. Do not hurt the local goons in any way, raise the issue of unconditional compensation with Sharad. Narendra Singh had enough sensitivity left to know that other than unconditional withdrawal will prevent another act of commission and crime, to cover up Kalyanmurty. Demanding compensation would be tantamount to give legitimacy to the acts of all the destroyers put together. And Narendra Singh knew that without hurting the locals, no right solutions were possible. By now the course of events and the ugly traits on human psychology were clearly laid out. The meanness of egos was hurt by the moral dismissal of the immoral Vasudev and all else that followed over years, against the achievements of their own brothers. From it had sprung up the cruel emotion of vendetta to compensate their unjustifiable hurts, the moment an opportunity presented itself. Hapless and gutless, they ran away to tell Kalyanmurty what happened. Both knew that Balraj had erred in starting the game, by defending his favorites. Kalyanmurty had defended Balraj and the orchestrators, for the same baseness of emotions, reinforcing the error of conniving at the crime. Now he wanted to cover it up. He made the state level political and publicity wings a party for it, extended the circle to defend the original ongoing chain of errors. That put the provincial outfit in a strange situation. While none wanted it, all of them had no way but to keep defending the erring bosses. All that was left for them to report their adherence to their orders, by listening to the other side also, informing what they proposed. They spoke to Kalyanmurty and Balraj.

“Now compensation is a new solution. Take it or leave it. Ask yourself only one question. We own our huge publishing house outright, for propagandas. Would you have tolerated any such thing being done to it? That hospital is equally ‘ours.’ If you want to give a hefty compensation, take it from that publishing house where money is nothing. Money is rotting there. Don’t make The Hospital pay. That will be the absolution of what has been allowed to happen so far. Our last request. Don’t ever send us to that hospital again. We felt like worms crawling on the floor when we faced Sharad, because we represented the sins of all of you. They are too tall, for all of us. We cannot see their agonies multiplying by our efforts.”

Neither Kalyanmurty nor Balraj spoke. They did not look at each other. Each one knew that the other one will not opt for this moral act and alternative. They both wanted to destroy The Hospital. Both of them did realize that The Hospital pays one more hefty compensation to end the feud, had not occurred to them. They knew the potential effect that this option will have on The Hospital and the Doctor and the way he will fight it. They knew that they will never take the money from the publishing house. They could now see more and more clearly how they could destroy what had annoyed them for its success for so many years.

Immediately after this visit, the strikers went away for good. Before they were to arrive, Surendra, without asking anyone found a gallon can of the used engine oil in the generator room

and spread it all over the car park where the strikers sat all along. When they came in and saw this, dismayed, unable to believe it and the impossibility of continuing the demonstrations, they filed out for good, forever since. One part of the crises ended. Greatly pleased, every one congratulated Surendra whole heartedly. Beginning June Nagaraj went to Bharat Seva State office on purpose, carrying a draft of a sum, about a third, they had borrowed from it, during the 25FF implementation.

“Mr. Raghunath Pant, this is a repayment the three lady doctors have made possible. They have asked me to convey this to you.”

Nagaraj did not have the guts to tell Raghunath Pant what their actual message was. ‘We have acted like men and all of you, are capitulating, putting your tail in the legs in a manner unbecoming of men.’ The message was clear. ‘We have restored The Hospital. Now as men, finish off the rest of the matter.’

One fine day Dr. Vyankatrao came to the hospital. He was a homeopathy doctor, a full-time and ran a leprosy rehabilitation project.

“I know everything that has happened. You are dealing with two third raters who shudder at the sight of people like me and you, taller than them, to be around. It dilutes their cultivated but false greatness; they like to reinforce it again and again in front of and by the people. Many times, they cut the people down for that. We as old full timers have reconciled to their black deeds, done over and over again, at other places also. The pattern is the same. Anything brilliance and sacrifice achieves, never by them, but someone else, they will destroy it.”

“Dr. Vyankat Rao, the one question I have not been able to answer is, why are we not finding a single first-rate person who can or wants to rise up against them and effectively stop it?”

“I have not found the answer over my long years within. If you ever find it, it will be the final disillusionment of my life. You have already defeated them many times. Continue to fight and defeat them, become a lone exception, and tell the world what goes by the name of the Movement. However, if you lose, your frustration will know no bounds for the rest of your life and kill you. You will *have to* fight over something we have not been able to do. These people, so shallow, despise, men not for their vices or weaknesses, but for their best of the virtues and abilities. Virtues that make them proud.”

The next move was typically one only a deviated and pervert brain like Balraj could have expanded to nasty levels. He got a message sent to Nagaraj saying that because it is a labor matter G. Mahadevrao the state head of union issues, will be coming to Greenspan and settling the issue of compensation and he will follow Mahadevrao. The circle to defend the original mistake was widening even more. Their hatred would not allow the issue to die down, since they had already lost the first battle. Now they wanted to use this affair, to continue to insult, deride, humiliate not only the Doctor but also Nagaraj, Sharad and all the Bharat Seva men.

In a house nearby Balraj sat on a sofa that commanded the sitting room. Asaavari, Nivedita and Vijayini had gone to see them as called. None of them were offered a chair to sit and a chance to talk. They sat down on the floor. Balraj burst out.

“You have been asked to run the project and not to create schisms, differences, over throws and retrenchments to make people beggars.”

Vijayini interrupted him.

“Mr. Balraj, no one, and particularly not you or your ideological brethren, for whom we have no respect left now, have asked us to work here. We have come here to work out of our volition. We are not your servants. There is a big difference between these two situations.”

Already mad with rage, Balraj exploded in a much louder voice.

“Your hard stand is creating hurdles in giving justice to these men and women you have thrown out. All of you are as intolerant to things as that Doctor of yours.”

This time Nivedita had interrupted him.

“Our stand is competent and humane care of patients, not sabotaging the eye camp. You may call it whatever you want. And certainly, when it comes to it, we are even more intolerant than that Doctor of ours.”

By now, Balraj in his mounting rage had forgotten that he was talking to ladies, that too highly competent Doctors.

“What has the project given us and our related work fields? Only insults and ignominy; throw Vasudev out, throw Sambashivrao out. Treat us as if we were scum. What respect have you shown to all of us? And I am told you come from hardcore families of the Organization?”

“We are not in habit of insulting people just like that, but you seem to do so clearly, easily and loudly. Whoever and whatever you are talking about, we most certainly think that you and your great friends deserved what you got. Do not bring in our families. In here, we have seen only second-rate imitators like you, of the original. Asaavari and I are the original hard-core families. And like two of us this Vijayini, unconnected with anything also has only the same deep-rooted contempt for all of you.” Nivedita just would not give up.

“I will show you how powerful we are. I will make you bend backwards over this. I will make you and your hospital pay the money you boast you have earned.”

He raved and ranted. The three ladies could not believe their eyes seeing the mad indecent Balraj. He had forgotten that he was talking to ladies whom he addressed in all his speeches as his sisters and mothers. They could not believe their ears that this is the kind of language a man could use for women. In an instant when he paused the three ladies got up.

“You and everyone else among you, got what you deserved, the boot, Balraj. As it is, I have seen enough of you jokers. Now I can say that we have seen first-hand, the filthy side of them.” Vijayini loudly saying this, walked out with others.

Nagaraj and Mahadevrao were called in. Nagaraj started to explain all the technical and legal formalities, followed to the dot, in removing the workers.

“Put aside those sheets of calculations and the balance sheets. I don’t care what you have paid and whether you have followed the law or not. I want labor to be compensated decently,

directly and once again. The figure is two hundred thousand rupees. Take it or leave it. Otherwise, the labor problem will intensify!”

Arrogant, Mahadevrao spoke as if he was delivering the best of the judgments in the world. With his lifeless eyes Nagaraj looked at him. Even the guiltiest, however powerful they were, in Nagaraj’s income tax office, they pleaded. They had the shame.

“Compensation is now a question of our prestige because we have assured the workers that they will get it.” That was the last thing Balraj told Sharad and Nagaraj, in presence of all others. It was July 7th. No one knew what happened after that over the months that followed.

Patavari came in once again for reasons the Doctor could not fathom. Hammer and tongs the Doctor went after him.

“We have, my wife in particular has given you a project, all of you have been boasting about! All that was expected of you all that has not been done, reveals the value of our work in your eyes. It is no more than the cannon fodder, the cheap labor, I did not realize we were, in the eyes of all of you, we respected and worked for, as a substitute symbol of the Work. Not deserving enough to be saved but to be sacrificed, so that the wealth of Dr Koppikar and others should remain intact. Have you ever realized this fully? I had a belief in my organization, that no harm will be allowed to come my way for what I was fighting for. That has now got dashed.

“Remember one thing! I don’t care a damn about what happens to us here. We have enough power within us to make a life. I love my freedom. By that I mean that I love my right to decide what is right and then stand by it, without bothering to even stop and wonder if it will harm me or my family. It is just the love of the act to stand by what is right. Do you understand?”

What he was seeing in front of him was collapse of Patavari. Nagaraj spoke after Patavari left.

“My dear Doctor, after all that we have gone through, a few things are clear to me about these two vexations. Every person who acted against us, and everyone who did not stand up to this nonsense, are old, long time full timers. Either their families are dead or alienated to them. They know one thing. They are now incapable of anything else, or lead a new alternate life. All the ropes for any other form of life are cut for them, years ago. They belong only here and nowhere else. And if they have to continue then it is by finally listening to the parent alone. That is all that they can do and will do. As long as their energies are operative, getting dislodged from their position or isolated therein, or ignored or downgraded is something they cannot afford. Be it Mr. Pant or Patavari. Then they will be on the roads. Beyond a point, they must obey the abominable. And then they will do anything that is asked for! The merits of the act are irrelevant. The act alone and how well do they do it, matters. And it will be done with superlative efficiency, even more enthusiastically, than even remotely expected.

“In any organization a certain mobocracy rule. Sensitivities blunt. Ability to ignore matters, incongruent to humanity, justice, creeds and ethos, develops. And to stand up against it is not affordable. All that is important is to continue to belong. Their positions are also largely dependent on the whims and fancies of the bosses. That is why these people cannot look up the bosses in the eye and state things bluntly. And that is it.

“So, this is what our so called ‘The Great voluntary movement, involved in. This is the outfit then, building national character and through that, rebuild the nation. This is what it has come to!”

“Unfortunately, yes.”

The Doctor spoke again.

“There was great pressure on me ten years ago that I must go out as a full-time cadre person for long. I did not. The one, deepest in my heart, undisclosed to any one, was precisely the apprehension of what could happen to these people as we are seeing and to me. In the final analysis I did not want to lose my freedom to make my choices. To decide what is moral and what is not and my freedom and right to decide and act upon it, irrespective of the orders within. I love my freedom terribly. I could not have tolerated this unmanly role of an impotent. The narrow confines of the organization would have smothered me and killed my spirit. I did not want that to happen.”

“If you understand so much, then why are you so disturbed that Mahadevrao so enthusiastically undertook this immoral act of extracting a hefty compensation?” Nagaraj asked.

“That is because I have not learnt yet to tolerate indecency, to allow it mingle in my life and certainly not in my creation. I have not learnt to ignore these acts of degradation of humans as inevitable and make myself insensitive enough or forgiving enough! Because this in itself, I will consider as my act degrading me.”

Sharad and Nagaraj looked at each other. They avoided the eyes of the Doctor. With his head down Nagaraj spoke.

“These are stiff standards for this Kali Yuga, the reign of falsehood, injustice and irreligious, immoral, unethical acts. What do you think we are dealing with? Truth? Or whom are we dealing with? I do not know in which reign you think you are living.”

“I know in which reign of beliefs with which the founder initiated it that we should live. If they are incapable of living it, they might as well wind up all their trumpets hereafter. I have now seen too many of them naked and certainly cannot boast of any Grecian beauty.”

Four day later, the Doctors were in the canteen building. It was eight fifteen in the night. The Doctor’s father was sitting in front of the house. His grandchildren were playing around. Vijayini was cooking inside. The electric supply of the town went off suddenly. Within minutes from the thicket just above the Doctor’s house a barrage of petrol bottles, lit up, were thrown at the house. Two of the bottles went through the door, others landed on curtains, roof and on the clothes hanging outside. The whole front of house caught fire. Balram, Ramraj, Pradyumna, the two other Doctors, Irene and Kalpana, Nivedita, all ran towards the house. Buckets of water were gathered; blankets were brought. It took them nearly twenty minutes to put it off. Balram rushed into the thicket, scratching himself all over, the branches on fire hitting him on the face, hurting one eye. He could not find anybody.

Sharad and Nagaraj rushed in. Vijayini did not address them. She took her children and went inside. She was not crying.

“When is all this going to end Mr. Sharad and Mr. Nagaraj? So far it was a matter of justice. Now it is a matter of life and death. Can you, and I know you cannot, assure me of the safety of my children and grandchildren? You will say that no harm will come to them and that you will protect them. Could you protect them now? If the fire had caught on? If they were to do it late in night then who would be there to protect or help? So far, I was with you all. Now I am not. I will now act. I will now be going back immediately to meet people whom I know at the top. I hope they act and do not behave in an unmanly manner. I do not need to know what my daughter in law decides but the verdict in her eyes is clear.”

The farce of first enquiry report was over. Nothing came out. No one was nabbed. The news that Doctor’s house was burnt became widely known. The news traveled to the headquarters of the organization. No one wanted to say by whose instructions it was acted upon; but they could neither own nor disown it. No one in The Hospital wanted to know anything now; it was worthless to expect anything. Vijayini clammed up. The children were a little bewildered of fire but could not have understood the larger complexity of the issues.

The Doctor’s father wrote to the man who had sent the Doctor to this place. He was not available nor contactable for direct talk. He was busy fueling some other movement. The letter was not forwarded to him. He got it after about two months. He did not act. He went in for another tour of the country.

Within a few days, Vijayini quit The Hospital with the children. Nivedita went with her, Asaavari stayed back. His father returned to Bombay for more action. The Doctor also stayed. Undeterred, they ran the hospital. The Doctor had told Vijayini that he will join her once he has settled scores he wanted to.

After Vijayini went, Irene told the Doctor once:

“Sir, all the people in this district including us Christians were behind this hospital. We Christians have a large number of hospitals like this for the service all over the country. They run for ten, twenty, forty and fifty years. Even then, we backed this hospital wholeheartedly, though our hospital could not be here. But you Hindus, you had only one such. Even that you could not save. I am sorry for this.”

Finally, the most powerful man in the organization came to see the Doctor. The Doctor spoke with steel in his voice.

“You are the most powerful person, at the helm of affairs for both the parties involved. There are only two questions. One, why were every evil act and people perpetrating it protected, through successively higher layers and across the affiliates? Two, why was there not a single person who stopped these actions, throughout the hierarchy? Are you trying to tell me that even you were or are powerless to stop it? If that is the case I want to know why? What are you afraid of?”

“Doctor, this is a twenty-year-old feud between our original movement and Bharat Seva and The Hospital is the cause. It has siphoned hundreds of thousands of rupees, which the parent wanted badly. This is an additional meanness any one of you may not know. On top of it the success bringing out all the other mean instincts...”

“So, you mean to say this is where all the thin veneer of character building has come to after sixty years of efforts and claims.”

“The Hospital and you are caught in the middle of these two elephants and are being conveniently trampled, while each one wants to destroy the other. In such issues, it is not what is right or wrong that matters. I advise you to leave the place.”

“It has not answered any of my questions. By asking me to quit, you at the highest layer are offering the same protection to them, like others. To me, all of you are no more than a pack of impotent men. To cover up that, you allowed the destruction of the most beautiful creation in your fold, for which you had sent me here ten years ago. I gave all of you a model to replicate, offered myself to do it in the seven sisters, one in each, quite a time back. None of you have shown the ability nor intelligence to even understand the importance and huge implications of such a venture.

“Janamejaya dragged all the evil snakes in his fire sacrifice of them. When the all-powerful God Indra hid the worst of the snakes from falling in it, the Takshaka, Janamejaya vowed that he will bring Takshaka and the Indra also down, into the sacred fire and did. You are, that Indra, protecting these numerous snakes, the Takshaka, while wanting to sacrifice me. Why? I have now dragged you, all the way to this godforsaken place to hear all the ugly truths. I have, completed my vow, like Janamejaya. And yet neither of my questions have been answered.

“I did not know about proverbial skeletons being hidden in cup boards aplenty and the unwritten rule that the sleeping dogs sleep and not to disturb them. Now I will want to find out the kind of skeletons there are. Good bye.”

To see Vijayini and his children and to particularly meet a couple of people, Doctor visited the HQ. Dr. Pandit was there. He came to the Doctor’s place.

“I am sorry to hear what all happened. I wanted to see Vijayini at home with you. I have come here to apologize for the grave misdeeds of my people. I know that there will not be any, no one, who will want to come and apologize. I want to do it to atone me, and all of them for the wrong done. I know the Doctor will not be with us hereafter. He has now turned his back on what he and I loved so much. He has shown the rarest of the courage, to face all of it, even after you came back for good. To break away like this, requires even more terrific and reckless courage, to go away, which he has. Even I cannot claim that sort of courage. We will stay on. We have no other existence nor have his courage to leave the fold. I wish him well.

“But I know one thing the Doctor wants to find out; why was it that no one acted. I want to tell him at least one truth I know about it. I hope it will abate his fury to some extent. It is unfortunate that today we have too many who are too small for their shoes and for their chairs they occupy. Most people we have today are of extremely limited capabilities, worse than mediocre, reigning on the rest of the mediocrity from high places of power or position. He proved to be too tall for all of them and they did not tolerate it. These are prophets with clay feet. It is a noon of only darkness. I hope he understands that. I hope if it can abate his fury. Good Bye.” With tears in his eyes, Dr. Pandit went out, head bent.

There was only one question the Doctor wanted to ask Dr. Pandit but he did not want to cause more pain to his lone friend.

“We had claimed for sixty years with certainty that people can be transformed, to a higher level of consciousness, by acculturation. A will for unbending adherence to fundamentals ready to fight for values they held, at any cost. Has that acculturation process failed here?”

Sitting in front of the old man, a veteran, Doctor waited for the answer for this question. The old man knew the Greenspan story in detail. He spoke.

“That humans can be elevated high in character has a status of a Sacrosanct Truth. The reality is that it is The Ultimate Untruth. Man will remain as vile as he was 10,000 years ago. Since times immemorial, noble ideas, religions, philosophy, have tried for this transformation of humans. No one has succeeded so far and may not for long.

“In your case here, the men, your adversaries, failed at the lowest district level, then the state and the central level, then across allied works; thus, we failed at the man making mission, and as a Movement also. More generally speaking, the failures have continued to global levels.”

“In the most recent history two extremely large-scale experiments, tried to infuse the spirit going beyond the individual level, work for the country. In one the idea was rammed down the throats of people. In another an attempt was made to bloom it for within. Both failed. In both cases, the attainability of such a change was over believed. That was the big mistake.

“In your case there is one additional question. Why from the bottom to the top the failure to act against the miscreants. And there are two answers to it. There is a mediocre man somewhere high up. The man next, below him, is even more mediocre and more incompetent, and more wanting in values to grasp the significance of such a grave, important issue. So does the chain continue till the bottom, and continues horizontally to the remotest. This has taken place in Greenspan.”

“Sir, I think it answers my question only partially.”

“Yes. You are right. Every organization, political, religious, needs a structure, which grows with it, bigger by the years. The original functional agility decreases as the structure becomes more rigid, then sacrosanct, and the people within it also become superlative, a status they do not deserve. Over years these people progressively rising higher lose their ability to do any work within or outside it. And nowhere to go thus, a dire need to remain in the structure arises, at all costs. In addition, the followers out of their devotion take care of their ‘needs, comforts, pleasures and leisure.’ They get too deeply accustomed, attached to it, not wanting to give it up.

“Weaknesses develop therefrom. Men are compromised. Most such people are in some way or other. These are widely known within, across and vertically. Not outside. Irrepressible ego, at times personal ambitions their most frequent weaknesses, add to the trouble. There could be other variations on the theme. In fact, there are. That is why, there is no greater moral authority, vested in anyone over others to firmly decide and act.

“In such compromising situations each one keeps quiet, without exposing others, others doing the same. When push comes to shove, these people dither, cannot act. All types of waywardness of the men, more often unsavory than not, goes unpunished for the same reasons.

“You were hell bent upon the delivery of justice. That threatened the very structure. It would pull out many loose decadent blocks or rusted rungs, showing what these humans were worth. It would have threatened the collapse of the structure. With collapse, the skeletons carefully hidden in the cupboards would tumble out. Seen publicly. The sleeping dogs kept undisturbed, letting them sleep, would awaken. And here a mortal fear of what could then happen to all of them arose.

“These ‘Great Men,’ however had a big advantage which you did not recognize. You were outside the ‘structure.’ Thus, it was much easier than you thought to gang up against you and destroy you. You and people like you are cannon fodder to them. Anything threatening their precarious and doubtful credibility of the hierarchy and integrity of the men and structure has always been punished, as was done here. At such scales there are no moral issues. Justice is the first casualty, many others following. In your case this is exactly what happened. Are you satisfied?”

“Yes, I am satisfied.”

Exactly one year after the coup the Doctor had engineered, he left.

And thereafter, no one could create that magic. At the time you are reading it, dear readers, the Doctor’s work has become a dead structure of the buildings. His contributions neglected and forgotten. The gangsters have become a non-entity and have faded out. All other works started by the looters in their own name are nowhere in sight there. It destroyed itself.

Each one connected to The Hospital, is left with a perpetual deep sensation that they have lost something precious; more truthfully, that they could not protect it.

Did the Doctor and others triumph or lost? Dear Reader, it is for you to make a judgment.