Vaccine against his research on the prevention of plague and developed his proposal. In a prophetic statement, for Gray's Anatomy, Waldemar Haffkine (who carried out his research on the prevention of plague and developed his vaccine against Yersinia pestis at the Grant Medical College), Sohan Lal Bhatia (the first Indian to be appointed Principal of the Grant Medical College), Jivraj Mehta (Mahatma Gandhi's personal physician) and Raghavendra Row (who suggested that leprosy be treated with a vaccine prepared from the tubercle bacillus). There were also V. N. Shirodkar (best known for his innovative operations in obstetrics and gynaecology) and Rustom N. Cooper (who did pioneering work on blood transfusion as well as on surgery for diseases of the nervous system).

More recently, two Noshirs—Drs Noshir Antia (who has done so much to rehabilitate patients with leprosy) and Noshir Wadia (the neurologist) have brought more fame to these institutions.

Factors favouring excellence at these institutions
All of us, however, who love the Grant Medical College and the J. J. Hospital acknowledge that over the past three decades, there has been a steady decline in their performance and standards. I think these are some of the factors that favoured excellence in the preceding century and may be used to institute corrective measures before it is too late.

Solid foundations. The Grant Medical College and the Sir J. J. Group of Hospitals had the unstinted support of the Government. Once the need was proven, funds were made available either from the Government's own resources or from philanthropists such as Sir Jamsetjee Jejeebhoy, Byramji Jejeebhoy, the Sassoons, the Wadias, the Petits and other industrialists. The Government took pride in these institutions and did everything possible to promote excellence in them.

These institutes were built to cater to the very poor. Sir Robert Grant and Sir Jamsetjee Jejeebhoy had laboured to ensure that all those in need, regardless of caste, creed or station, would receive help at any hour at their hospital.

When I was a student forty years ago, it was not uncommon for ministers in Bombay, officers of the Indian Civil Service and others who would, today, fall under the category of very important persons (VIPs) to seek medical advice and treatment at these institutes. This was mutually beneficial. The officials and ministers got the best in terms of medical advice and care and the institutions were kept on their toes. When help was needed for funds, equipment, personnel and civil work it was immediately provided as those holding the strings of power were aware of the quality of individuals requesting it.

Not till the 1970s did a senior official of the Government ever dream of terming the college and hospital 'a drain on the public economy' and insist that the poor should pay for themselves. Such thoughts would have created repugnance in the minds of each and everyone of the personalities referred to above, most of all in Sir Jamsetjee Jejeebhoy and Sir Robert Grant.

Appointments were on merit. The question of selecting an individual for a position of responsibility on the basis of any other criterion but merit was unthinkable.

This led to a cadre of administrators and teachers of unquestioned integrity and excellence. In turn they served...
as role models to generations of students and inspired similar qualities in them.

The presence of competent and capable clinicians, laboratory personnel and administrators also ensured that the services provided by the hospital to the patients seeking help and to the community at large were of the highest quality.

Administrative autonomy. The Principal (later termed Dean) was universally respected.

Let me give you one example. Whilst Dr S. L. Bhatia held this office, the Governor of Bombay, a Britisher, was all-powerful throughout the Presidency (which then included the present state of Gujarat). He held powers that exceeded those of the present Chief Ministers of Maharashtra and Gujarat put together. And yet, if the Governor wished to see Dr Bhatia, his aide-de-camp would phone Dr Bhatia’s secretary and fix an appointment for the Governor to come to Dr Bhatia’s office. The Governor did not expect Dr Bhatia to drop whatever he was doing and rush to him nor did Dr Bhatia ever offer to do so. Both parties understood that the responsibilities of the Principal towards the medical college and hospital did not allow him to leave the institution at short notice except on a matter of great urgency.

Decisions on administrative requests were made strictly on merit. There was never any interference with the administrative decisions made in the college and hospital; the Principal’s decision being final and binding on all parties including the Government.

Since the Principal was an exceptionally meritorious individual, standing high in the esteem of his own profession and in the eyes of the Government, discussions between him and officials at Government House were as between equals. There was give and take and, at times, thrust and parry but never even the hint of superiority on the part of officials or subservience on the part of the Principal. Indeed, any attempt at intimidating the Principal (or Dean) would have immediately resulted in his resignation.

Teachers of proven merit were given a free hand and allowed to develop their departments following the highest standards. All necessary help was provided unreservedly. As is noted below, teachers and students developed a bond with their department and institute. It was a matter of intense pride for them to ensure that their department offered its best in patient care, teaching and research and they strove towards these goals.

Members of the staff were exhorted to attend to their appointed tasks—treat patients, teach and carry out research. Their needs had to be conveyed to the hospital administration and justified before the Principal. Once this was done, they were free to return to their work. The rest was the responsibility of the administrative staff and the Principal. Never was a teacher expected to meet or discuss a request with anyone in Government House or the Secretariat. It was not necessary to do so.

Provided the teacher remained an asset to the department and institution, there was never any fear of unfair treatment in the form of transfer to another institute or supersession by someone with political connections.

Loyalty to the institution was greatly valued and encouraged. Teachers and students alike were encouraged to develop a loyalty to these institutions. Throughout the period they were associated with the college and hospital, they strove to do their best for their alma mater. There was a deep sense of belonging and a bond between teachers, administrators and students. To be a GMCite was to belong to an exclusive and cherished club.

Years after they had left the institutions, they would return to visit them with continued pride.

Would that were so today!

SUNIL K. PANDYA

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**Letter from Glasgow**

**PLAGUED BY BLINKERS**

Enough time has now passed since the outbreaks of pneumonic plague in Surat and bubonic plague in Beed to take a good hard look at some of the issues as seen from here.

The word that comes to mind when considering the British media’s reaction to the plague is ‘blinkered’. The outbreaks in India did pose problems for Britain in ensuring that British travellers to India were given appropriate advice and that the remote possibility of travellers coming from the subcontinent suffering from plague were adequately dealt with. However, to a neutral observer, the actions seemed to reflect an over reaction, with a concentration on the immediate rather than long-term issues, and in some instances spiced with more than just a hint of racism.

It was unfortunate that the actions of the Chief Medical Officer of England, Dr Kenneth Calman, of providing information on the efficiency of the surveillance system for communicable disease in Britain, the setting up of the Plague Task Force in the Department of Health, the monitoring of flights and travellers coming from the subcontinent, and the issuing of regular bulletins to general practitioners, fanned, rather than eased, concerns in Britain about the plague. Perhaps that was always likely given the media’s preoccupations and fears.

The overzealous intentions of screening travellers from India by the German Government were ascribed to the impending general election in that country. In Britain, at least one Tory Member of Parliament was advocating a more vigorous screening of travellers from India, a move amounting to virtual harassment of people of Indian origin. And, of course, there were the countries which banned all flights to and from India. All these acts had undertones of racism...