

*Ninth  
Krishna Raj Memorial Lecture on  
Contemporary Issues in Health and Social Sciences  
Instituted by Anusandhan Trust*

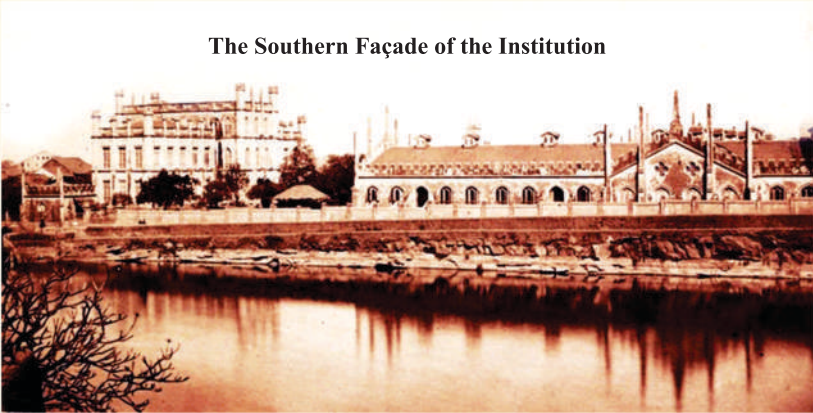
# *Understanding the Fate of Institutions*

*Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital  
Foundation, Renown and Decline*

**Sunil K. Pandya**

Neurosurgeon, Jaslok Hospital, Mumbai, Editor Emeritus, IJME, Mumbai  
Retired Prof. & Head, Dept. of Neurosurgery,  
Seth GS Medical College and KEM Hospital, Mumbai

**The Southern Façade of the Institution**



*Hosted by*



**Centre for Enquiry Into Health and Allied Themes, Mumbai**

**With**

eSocial Sciences, Department of Medical Humanities,  
Seth GSMC and KEM, Hospital, and  
The Forum for Medical Ethics Society (FMES)



Anusandhan Trust has instituted the Krishna Raj Memorial Lecture Annual Series on Contemporary Issues in Health and Social Sciences to honour the intellectual and academic traditions that Krishna Raj set in place, and in his memory. This is a humble tribute to the memory of the visionary editor of the *Economic and Political Weekly (EPW)*.

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Survey No. 2804 & 2805, Aram Society Road,  
Vakola, Santacruz (East), Mumbai - 400055.

Tel.: 26673571 / 26673154

Fax : 26673156

E-mail : [cehatmumbai@gmail.com](mailto:cehatmumbai@gmail.com)

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## Abstract

This lecture attempts to capture the nuances of the early narrative of the **Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital**, the circumstances of their establishment and the people involved. The founding of these institutions, in the face of failure of an earlier attempt at creating a medical school, posed formidable problems for Governor Sir Robert Grant and his medical attendant Dr. Charles Morehead in 1835 who initiated the effort. It was only after a detailed survey throughout Bombay Presidency on the state of medical education and practice in vogue showed that the local population would welcome modern medicine, that they could overcome resistance from the colonial rulers. Unlike the medical schools in Calcutta and Madras, the Bombay institution was not aimed at creating native assistants to British doctors in the army, but produced fully qualified medical practitioners capable of rendering medical care of high quality. Another important and necessary feature was the setting up of a full-fledged hospital attached to the college. The hospital was established through the generosity of Sir Jamsetjee Jejeebhoy. The curriculum was, in many ways, superior to that in many contemporary medical schools in England and in America *and* the College featured such eminent teachers as Drs. Morehead, Peet and Giraud at the start. After 1845, the college appears to have gone into decline and lapsed into a shadow of its former self. Moreover despite the involvement of well-known researchers the institution never saw the setting up of a flourishing centre of enquiry, investigation and experimentation in the college. Towards the end of the century, the tensions and conflicts between the new and rising Indian Medical Service, who now wielded much authority, and others in medical service impacted on the functioning of the College. The narrative throws light on the conflicts among many authorities in the setting up and running of the College and Hospital, but also draws attention to the dedicated efforts of eminent people, both Indian and British.



**Dr Sunil K. Pandya** a neurosurgeon and is currently associated with Jaslok Hospital. He is known for his contribution to ethical medical practice, and for his untiring advocacy to bring ethics to the centre stage of health care and into the conduct of health professionals. Over and above everything Dr Pandya's contribution has been in laying the foundation of a medical ethics journal, *The Journal of Medical Ethics*. His interest in the history of medicine and medical practice led him to document the history of his alma mater, the Grant Medical College, to trace the development of hospitals and medical services in Mumbai, to write the history of medical ethics from ancient times to today in India, and so on.



# *Understanding the Fate of Institutions*

## **Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital Foundation, Renown and Decline**

This talk is an exercise in understanding the fate of institutions over time. What happened to institutions like the Grant Medical College (GMC) and Jamsetjee Jejeebhoy Hospital (JJH) (both of which were started in 1845) over the following 150 years and more? I shall attempt to understand the fluctuations that occur in the fate of institutions everywhere but specifically referring to these two institutions.

In 1845, most of India was under the East India Company (EIC). In 1800s - 1840s the government in Great Britain had no established policy for higher education. It was expected to look after the primary education of the citizens but nothing much beyond that. There was no organized government-regulated higher education. Naturally the EIC, which was essentially a trading company when it came to India, was not interested in introducing any kind of higher education in India. Why then did the EIC set up institutions to teach modern, scientific medicine to Indians? The EIC began to set up institutions to teach modern medicine to Indians around the 1820s following a decision by the Board in London, prompted by one of the directors of the board, Charles Grant, to pass a regulation stipulating that the EIC would spend a sum of Rs. 1,00,000 for introducing education of the natives in the sciences each year. (Today we may think of Rs. 1,00,000 as a small sum because we talk of thousands of crores in scams. In the 1820s, Rs. 1,00,000 was a lot of money. The monthly salaries of those who were well placed were Rs. 200-300 at that time). The result was that Lord Bentinck, when he was the Governor-General, set the ball rolling for the establishment of a medical school in Calcutta in 1822.

## **Establishment of the Native<sup>1</sup> Medical School in Bombay**

In Mountstuart Elphinstone, Bombay had a farsighted governor from 1819 to 1827. In January 1826, he decided to set up a medical school that would enable Indians to serve their countrymen as physicians and surgeons. This was to be different from the medical school in Calcutta. The Calcutta school was set up in order to produce attendants who would help British doctors look after Indians employed as soldiers in each of the Presidencies – Bengal, Madras and Bombay. To the British way of thinking, getting expensive English doctors to spend time and effort attending to sick Indians was poor usage of their time. The solution was to train Indians to serve as attendants for their countrymen. The attendants would work under the instructions of the British doctors.

Elphinstone envisaged the school in Bombay somewhat differently. The school was intended to produce full-fledged doctors who would go out and treat their countrymen in the Presidency. Unfortunately, Calcutta was in a commanding position and the political bigwigs there dictated the pattern that was to be followed in Madras and Bombay. Unwillingly, Elphinstone had to toe the line and water down his original plan so as to produce not full-fledged doctors but attendants who would work under the British doctors.

Elphinstone appointed John McLennan, a promising young physician in the Bombay Presidency, to set up this school. The conditions under which McLennan was told to teach students medicine were indeed very difficult. He had a total staff of four, two of whom were munshis and one, a peon. That left McLennan as the only medical person on the team. His brief was to teach anyone above the age of 12 years who sought to attend the

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<sup>1</sup> The Company referred to us as natives, not in a derogatory sense but to differentiate us from foreigners living in India.

school. Students were to be taught in their native languages, Marathi and Gujarati.

There were no books in either language, or for that matter, in any Indian language that he could use. So he obtained the appropriate English texts from England and prepared translations that he could use. Some of his translated books may be accessed even today at the Mumbai Marathi Grantha Sangrahalaya, next to Sharda Cinema Hall, Dadar. These books were in use long after this medical school was abolished. The last book by McLennan was published in 1852.

There was no hospital attached to the school, so the students had no access to patients. All training was theoretical.

The function of the school was reviewed in 1831. By then, Elphinstone had returned to Britain and there was a new governor in Bombay, the Earl Of Clare. The Medical Board under this governor came to the conclusion that this school was a dismal failure. Even more tragically James McAdam, Secretary to the Board wrote: "...medical knowledge is not communicable to the natives of this country...". The school was abolished on June 20, 1932.<sup>2</sup>

### **A New Medical College in Bombay: Object Lesson in Planning**

There are many lessons to be learnt from the manner in which this college was set up. The need for this college was established by obtaining responses to a detailed questionnaire administered to several distinguished experts and workers in the field.

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<sup>2</sup> Board's CollectionsF/4/1357 1832-33. No. 54154. Collection no. 8. 'Abolition of the Native Medical School'. Accessed at the India Office Library in 1975. (These holdings are now at The British Library.)



Deficiencies in the older medical school that was shut down were studied in detail and steps taken to ensure that these were corrected in the college being planned. The goal was the establishment of a medical college and hospital on par with best in Europe, intended to provide well-trained doctors for the population at large. Further, the individuals appointed to key positions in the college were highly motivated, talented and of proven integrity, chosen purely on merit.

The 'failure' of the older medical school was to prove a big stumbling block when Sir Robert Grant, the son of Charles Grant, was appointed Governor of Bombay. The Bishop of Calcutta, a close friend of the Grant family later noted that Sir Robert had no objective as dear to his heart as the formation of a school of medicine for the native medical youth. This school, which Robert Grant wanted to setup and envisioned, had to match the highest standards available in Europe at that time.

With the help of his surgeon, Charles Morehead, he set in motion a series of steps aimed at determining whether "...a seminary should be established for the education of the natives with a view to qualify them to practice medicine and surgery...".<sup>3</sup>

The first step was to send out a comprehensive questionnaire to surgeons, vaccinators, teachers in schools teaching Indian students and to eminent natives. A sincere attempt was made to capture the existing situation with regard to native medical practitioners in various regions. Other information gathered included data on the pattern of education that the native practitioners were put through; their remuneration; the confidence they commanded among respectable natives; deficiencies and abuses in native medical practices if any, etc. An attempt was also made to assess whether they were really of help to the population; whether the native

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<sup>3</sup> 'Minute' by Sir Robert Grant dated 5 March 1838 in Board's Collections. Volume 1745. 1939. India Office Library (now British Library), London.

population was ripe for the introduction of modern, scientific medicine, and whether native medical practitioners would be open to the idea of learning modern scientific medicine.

The findings of that survey were revealing. The system of medical training among the natives was very haphazard. In some cases it was from father to son with the practice running in the family. In others, training was through apprenticeships in the home of a hakim or vaid whilst also performing the menial tasks of the household over years in return for education. Books were scarce. Many native physicians and apprentices were illiterate. This could be regarded as a biased study carried out by the British who had the ulterior motive of setting up a medical school. However, findings in an independent study, later published as a paper by Sakharam Arjun, a graduate from Grant Medical College, matched those of the earlier survey.<sup>4</sup>

The survey led to the following conclusions. First, the establishment of a collegeteaching modern, scientific medicine was practical and advisable. Second, the best medical education could only be provided by approximating, as nearly as possible, the systems of instruction in Europe. Third, there was to be no compromise in standards which were to be as high as in any medical school in Europe. Finally, students were to be trained not to become assistants to British doctors in government service, but to be able to serve their compatriots as independent physicians and surgeons.

The original proposal put forth by Governor Elphinstone in 1826 was reinstated. This was a radical departure from what obtained in Calcutta and the one in Madras, which were intended only to educate assistants to British doctors to treat Indians under their employment.

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<sup>4</sup> Arjun Sakharam: 'The practice of medicine in Bombay'. Transactions of the Medical and Physical Society of Bombay. 1883;III(New Series):1-24

## **Establishment of the Medical College<sup>5</sup>**

On the basis of the collated findings of the survey, Sir Robert Grant proposed the formation of a medical college in Bombay. Jamsetjee Jejeebhoy, a prominent merchant in Bombay, learnt of this proposal and instantly offered a grant for the creation of a hospital, which would be set up side by side with the medical college. One of the principal reasons for the failure of the school set up by Dr. McLennan had been the absence of an associated hospital or even access to any hospital. Jamsetjee's generous offer ensured that teachers and students in the new medical college would have free access to patients. I do not know of any other example in this country or elsewhere where one man has donated an entire hospital to a medical college.

A detailed proposal was sent from Bombay to Calcutta, the headquarters of EIC in India. In those days, in the absence of the telegraph, papers would take 8 to 15 days to travel that distance. The reply would take a similar period. Often papers would travel to and fro when queries were made and answered.

Calcutta did not have the authority to make the final decision. Papers had to be sent to London by steamship. The reply from London, also by steam ship, would return to Calcutta and then be conveyed to Bombay. All decisions took time.

In 1838, Sir Robert Grant referred to this in his Minute—one of the most premonitory Minutes that has ever been made in history. As he pushed his colleagues towards action on the proposal for the medical college, he wrote, on April 20, 1838: "... I should be sorry to seem impatient or

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<sup>5</sup> Pandya, Sunil: Medical Education in Western India: Grant Medical College and Sir Jamsetjee Jejeebhoy's Hospital. Lady Stephenson's Library, Newcastle upon Tyne: Cambridge Scholars Publishing 2019.

precipitate. But all is full of casualty in this country and I own I am very anxious to bring it quickly to the test whether the Government will or will not be pleased to sanction our design; as in the latter event we must encounter the further delay and hazard of a reference to England. Let us once be empowered to proceed and we can then take all due time to mature details.”<sup>6</sup>

Sadly, that July, while he was at Dapoorie near Poona, Sir Robert Grant succumbed to a massive haemorrhage into his brain. He did not see the fruition of his proposal and the creation of his medical college.

A little later, George Eden, Governor-General in Calcutta, conveyed the sanction for the formation of this medical college to the government in Bombay. At a public meeting which was held to condole the death of Sir Robert Grant, Jugganath Sunkershet, a prominent citizen of Bombay (after whom Nana Chowk is named), proposed that the college be named after Sir Robert Grant who so ably and enthusiastically planned and zealously advocated its cause.

At last, after many years of effort by Sir Robert Grant and his team, the foundation for the Grant Medical College (GMC) building was laid by Daniel, Lord Bishop of Calcutta. The College opened its doors in 1845. Dr. Charles Morehead, who had helped Sir Robert Grant in setting up this college, was appointed professor of medicine and the first principal of this college. There were, in all, three professors when the college began.

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<sup>6</sup> 'Minute' by Sir Robert Grant on 20 April 1838. Board's Collections Volume 1745. 1839

**Illustration 1: The Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital**



This is how the institutions appeared in those days. On the left is seen the college, and on the right Sir Jamsetjee Jejeebhoy Hospital. The hospital has been demolished since and in its place is a building six floors high. The college building still stands but is in a dilapidated condition.

## Illustration 2: The Southern Façade of the Institution



The photograph above shows the southern facades of these institutions. On the left, beyond the wall, is the college and on the right is the hospital. In the foreground is a body of water - the Babula Tank - which was subsequently filled up.

### Quality of Education at GMC

The quality of education planned to be imparted at GMC from day one merits study. Model regulations for staff and students were drawn up and publicised. Admissions were made with no reference to caste or creed. The medium of instruction was English.

Students were admitted after an examination by representatives of the Board of Education, which included assessment of their proficiency in English. They were expected to understand, read and write fluently in this language. (The Board was responsible for education in the entire city).

There were two types of students, free and stipendiary. Stipendiary students were paid a small sum during the course of their studies. This incentive was offered in order to attract native students to join the medical college and to help overcome the taboo among local citizens against dealing with the sick, exposure to pus, urine, faeces, and the fear of being rejected by the community for such 'unclean' activities. The paid seats were limited in number and granted on merit. The remaining students were admitted free of cost.

The duration of courses for medical studies in Britain at of students was perfunctory.

Dr. Morehead and his colleagues set up a compulsory course of studies lasting not less than four years. As we shall see shortly, strict discipline was enforced upon the students. External experts drawn from the Board of Education and not the teachers conducted the final examination at the end of the course. These and other precautions were put in place right from the start.

**Table 1: Syllabus of the Grant Medical College**

Subjects taught during the course of five years		
<i>Subject</i>	<i>The period and order of attendance by students</i>	<i>Remarks</i>
Anatomy	1st and 2nd years	By Dr. Peet
Chemistry	1st and 2nd years	By Dr. Giraud
Physiology, Pathology & Therapeutics	1st and 2nd years	By Dr. Giraud
Materia Medica, Pharmacy and Elements of Botany	2nd and 3rd years	By Dr. Giraud
Institutes of Medicine	3rd, 4th and 5th years	By Dr. Morehead
Institutes and Practice of Clinical Medicine	3rd, 4th and 5th years	By Dr. Morehead
Surgery, including the doctrines of clinical surgery	3rd, 4th and 5th years	By Dr. Peet
Materia Medica and Medical Jurisprudence	4th and 5th years	By Dr. Giraud
Clinical Medicine	4th and 5th years	By Dr. Morehead
Clinical Surgery	4th and 5th years	By Dr. Peet
Midwifery	4th and 5th years	Professor appointed later

These details of the course were recorded in the annual reports of the college. One cannot but admire the exhaustive coverage of topics and subjects. Classes were scheduled from 8 a.m. to 4 p.m. and all activities of the students were closely supervised by the teachers. Lectures in each subject were carefully planned and announced at the start of each year. From the second year, students were required to attend the hospital. The emphasis was on learning at the bedside of the patient in addition to acquiring information from books.

Roll calls were taken before each lecture and clinical session on the wards. Students who were irregular were disciplined. An example of the details in the Annual Report, 1848-1849 is in Table 2.



**Table 2: Attendance Records of Students**

APPENEDIX (B)

*Abstract of Roll-calls for the Session 1848-49*

Table 21-5: Attendance of each student during the year 1848-1849						
No.	Names	Absent	Leave	Sick	Total	
1	Bhawoo Daji	3	37	29	69	26 absent were late at Morning Hospital Roll-calls
2	Atmaram Pandurang	7	9	16	32	
3	Paul Francis Gomes	7	57	6	70	
4	Furdunjee Jamsetjee	4	51	22	77	
5	Anunta Chundroba	4	11	121	136	
6	Sebastian A.D. Carvalho	1	13	171	185	
7	J. C. Lisboa	2	41	135	178	
8	Burjorjee Dorabjee	1	11	144	156	
9	Dosabhoy Bazunjee	1	4	53	58	
10	Muncherjee Sorabjee	30	5	41	76	
11	Merwanjee Sorabjee	2	1	182	185	
12	Ardeseer Jamsetjee	3	10	78	91	
13	Naserwanjee Bomanjee	---	14	44	58	
14	Narayan Daji	---	18	---	18	
15	Shamrao Narayan	1	21	98	120	
16	Sudashew Hemraj	5	27	40	72	
17	Balcrushna Chintoba	1	34	12	47	
18	Balcrushna Sakharam	8	50	9	67	
19	Hurichand Chundroba	22	46	86	154	
20	Wittul Anant	4	10	69	83	
21	Palunjee Pestonjee	2	---	21	23	
22	Rustomjee Byramjee	1	1	1	3	

Number of roll calls during the session: 1,555

Charles Morehead

Supt. G. M. College

When not attending lectures or demonstrations students had to read and make notes under the supervision of the teachers, who would go through the notes made.

Morehead and his companions justified such close supervision on the grounds that these students had never before been exposed to programmed teaching. Instilling a sense of discipline in studies was deemed crucial for their success as doctors. Weekly examinations were conducted to assess the extent to which students understood what was taught and to check what they remembered from the previous sessions. Teachers regularly checked all notes for accuracy and completeness.

Most historians of medicine tell us that the champion of bedside teaching of medicine was Sir William Osler, the Canadian physician who went on to become the first professor of medicine at Johns Hopkins Hospital in Baltimore, Maryland and was later appointed Regius Professor of Medicine at Oxford, England. Sir William Osler did emphasise bedside teaching, but Dr. Morehead had established this practice successfully at J. J. Hospital in 1845, four years before Osler's birth!

## **Examination of Candidates and Certification**

In 1851, the external experts appointed by the Board conducted the final examination at the end of the course. It was fitting that Dr. John McLennan headed this team. The examination conducted over 10 days, consisted of written papers, clinical examination of patients and a viva voce assessment.

It is salutary to read that every precaution was taken to ensure fairness and even in 1851 the printed papers were thus prepared: "...As the papers were only printed on the evening of the day before each examination, and as the forms of types were instantly broken up, their contents were

quite unknown except to the Examiners... ." The examiners conducted the examinations quite independently of the principal of the Grant Medical College and other teachers, though the latter were present during the proceedings.

At the end of the examination, the Report stated:

...The result of these protracted and searching examinations has been the ascertainment that of the nine candidates who presented themselves eight have been deemed qualified for the Diploma of Graduate, and only one has been rejected.

I submit the names of the successful candidates, in the order of their merit, as taken from the summing up to the findings of the Examiners and all the Assessors, on each examination, written and oral. The positions of all vary somewhat in different subjects and in the opinion of different examiners but the subjoined is the average of all, and is probably correct...

Sebastian A D' Carvalho  
Anunta Chundroba  
J. C. Lisboa  
Bhau Daji  
Atmaram Pandurang  
Paul Francis Gomes,  
Merwanjee Sorabjee  
Burjorjee Dorabjee."<sup>7</sup>

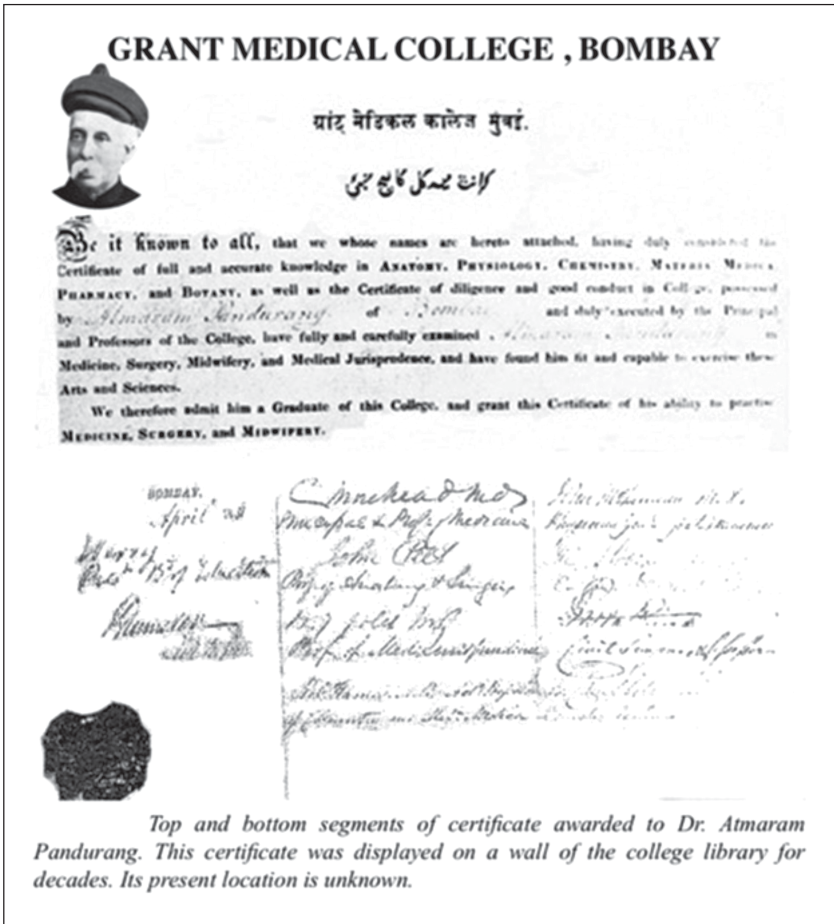
These students were awarded the certificate of Graduate of the Grant Medical College (G.G.M.C.). (The University of Bombay was founded

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<sup>7</sup> Annual Report of the Grant Medical College, Bombay, Fifth Year Session 1850-51. Printed at the Bombay Education Society's Press, Bombay, 1851, Appendix 'L', pp. 76-68.

in 1857. The qualification awarded was from 1857 was Licentiate in Medicine (L.M.). This was later changed to Licentiate in Medicine and Surgery (L.M. & S.). Modifications followed till the University settled on Bachelor of Medicine and Bachelor of Surgery (M.B. & B.S.) - which persists).

Illustration 3: Copy of Certificate Awarded to Students



This is what the GGMC certificate looked like. This was awarded to Dr. Atmaram Pandurang. In the lower half, right in the centre you can see the signature of C. Morehead M.D. The signature to its right is that of John McLennan.

Morehead and his colleagues had foreseen that these graduates might not attract patients for some time. To help them they created posts of sub-assistant surgeons who would be paid a stipend and serve the government till they could set up independent practices. Some of the students did make use of the sub-assistants post for a few months. Others, such as Bhau Daji, started independent practices immediately after graduation. Four years later, in 1855, the British journal *The Lancet*, featured 'Dr. Bhau Daji - an Indian physician', applauding his merits and recognising the extent and excellence of his medical and surgical practice.

Dr. Morehead retired in 1861 and settled down in Edinburgh. Though he was no more connected to GMC, he continued to evince considerable interest in the progress of the medical college and kept himself abreast of what was going on there.

### **Subsequent Course of the Institutions**

Under the strict discipline and intensive training described above, the college soon gained a very high reputation. However, some events after 1861 lowered the reputation of these institutions.

#### *Holding of classes in vernacular languages*

In 1861 in spite of the protests made by Morehead, vernacular classes were started at GMC, in Marathi and Gujarati. The experience gained from the problems faced by McLennan in the earlier medical school was ignored. These classes were intended for students wishing to serve in military hospitals. After a repetition of the failure that had followed McLennan's initiative, these classes were disbanded.

#### *Allowing private practice by teachers*

Morehead was also allowed private practice but he preferred to pay

attention to his college than to his private practice. Later teachers shifted their attention from their involvement in the college to their private practices. Teaching, and the care of the patients in the hospital took a backseat.

Dr. J. H. Sylvester was appointed Principal of the college in the 1870s. In 1872, he wrote:

Morehead may be called the pioneer of medical education in this country. Not one of his successors has ever laboured here as he did. Not one takes the lasting interest in the success of this institution as he did. He was an enthusiast, his objection to the vernacular teaching, I believe is well founded.<sup>8</sup>

Morehead wrote to one of his colleagues in 1877 :<sup>9</sup>

The college as a practical school of medicine is in a rotten condition, with little chance of recovery.

He then made a heart-wrenching statement,

It is not pleasant to have your garden of roses, being ploughed and harrowed over and planted with hemlock and thistles.

He ended this letter with the statement,

I feel that the present method of Indian education and policy has too much pantomime - not much substance.

I'm afraid that the final statement he made is valid even today.

Fortunes of institutions wax and wane. Over time there were other professors and principals who salvaged the reputation of these institutions. Henry Vandyke Carter and Indians such as Major S. L. Bhatia, Sir Jamshedji Duggan, N. F. Surveyor, Y. G. Nadgir, Raghavendra Row,

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<sup>8</sup> Haines Hermann A (Editor): Memorial of the Life and Work of Charles Morehead. W. H. Allen & Co., London. 1884. (Quotation from statement by Dr. J. H. Sylvester, Acting Principal. Page 63. Para 2).

<sup>9</sup> Ibid., Page 65. Para 2.

Shantilal J. Mehta and V. N. Shirodkar are some examples. The college continued to retain a fairly high reputation till around 1965-67, when the rot set in. This has led to the sorry state of affairs that we see today.

## **Concluding Remarks**

What is the cause of this sorry state of affairs of the College? In my humble opinion, the first and the most important is the jettisoning of merit as the sole criteria for admission of students, as also the appointments of staff members to teaching positions and their promotions. To maintain the highest standards in teaching and the care of patients, there cannot be any criterion other than merit. Unfortunately this is no more valid.

Then there is the effect of reservations on the basis of caste and other considerations. While reservations can be justified in primary schools, secondary schools and perhaps even in the primary classes of general colleges, they cannot be justified in institutions of higher learning such as medical colleges.

Political interference and use of the weapon of transfer are also playing havoc. A staff member in the Grant Medical College in Bombay who displeases a powerful politician or bureaucrat can be transferred overnight to a distant institution. You can imagine what this does to the morale of the teachers in the institutions. It is the teachers that make the institutions, not the building or the equipment. No institution with demoralised or subservient staff members can survive and flourish.

The sanction of private practice by senior teachers in our medical colleges has vitiated both teaching and patient care. Inevitably, the attractions of Mammon have triumphed over dedication to students and patients.

The severest blow to excellence in teaching and the care of patients has been dealt by the uncontrolled mushrooming of private medical colleges. Owned by powerful politicians and created without the care and planning that preceded the formation of the Grant Medical College, they serve not only to enrich their proprietors but also result in the emergence of graduates whose primary task is recouping the huge sums 'invested' by their parents in sending them to such colleges. How can young doctors intent on earning huge sums to match those spent on their education adhere to ethical care or seek the welfare of their poor patients?

In a recent essay, Dr. Gopal K. Gandhi wrote that such institutions stand "proud of their past, uneasy in their present and uncertain about their future, they stand on unsure feet, where faith and fear meet".

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<sup>10</sup> Gandhi Gopalkrishna: Opinion: 'The curious case of Indian anxiety, despite optimism'. The Hindustan Times 27 September 2018. Accessed at <https://www.hindustantimes.com/htmls/the-curious-case-of-indian-anxiety-despite-optimism-opinion/story-BLDHd9RVGRvMBNxQ5AkoMK.html>





## **ANUSANDHAN TRUST**

Anusandhan Trust (AT) was established in 1991 under the Bombay Public Trusts Act, 1950 (Registration No: E-13480) to establish and run democratically managed institutions to undertake research on health and allied themes; provide education and training, and initiate and participate in advocacy efforts on relevant issues concerned with the well being of the disadvantaged and the poor in collaboration with organisations and individuals working with and for such people.

Social relevance, ethics, democracy and accountability are the four operative principles that drive and underpin the activities of the Anusandhan Trust's institutions. These constitute an ideal framework for building institutions with high professional standards and commitment to underprivileged people and progressive organizations which represent them.

The Trust governs two institutes:

**CEHAT (Centre for Enquiry into Health and Allied Themes)**, which was set up in 1994, concentrates or focuses on its core area of strength - social and public health research and policy advocacy. This also includes work on strengthening education and training in public health in the country, linking up with social science institutions and university departments in order to promote and undertake health research and training, and demonstrating intervention models to strengthen public health systems. CEHAT has its headquarters in Mumbai.

**SATHI (Support for Advocacy and Training in Health Initiatives)** is the Pune-based centre of CEHAT has been undertaking work at the community level in Maharashtra and Madhya Pradesh; and also facilitating a national campaign on Right to Health and other related issues. From 1st April 2005 SATHI has developed into full-fledged institution primarily involved in health action and campaigns.