

Irwin Hospital, New Delhi 1965



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Born in 1941, Vinod was brought up and educated in Amritsar. He attended Government Medical College, and subsequently trained as a surgeon at PGI, Chandigarh. He left for USA in 1969, and retired in 2003 as Director of Critical Care Services at a teaching hospital in Michigan. Married with two grown sons, he continues to visit India at least once a year.

We reached the famous Irwin hospital in Delhi one Sunday evening in 1965. There were few people around in the low-slung one storey building. All three of us carried our unwieldy trunks and hold-alls to the building. For a long time, none of our friends had believed that we would ever make the trip to Delhi. But here we were, with six months of training out of medical school already under our belt!

Ram Narain wanted to be an eye-surgeon, Raj Sharma a child specialist, and I had ambitions of becoming a general surgeon. I still recalled the embarrassment earlier in the year when selecting a speciality for training after finishing medical college, I had changed my mind to go into internal medicine for a house job. At the last moment, I had found out that the junior doctors at PGI, Chandigarh did not get to operate much. That top-heavy place was better known for its research capabilities than practical skills. So I was biding my time while I found a place where one would get to operate a lot. Irwin Hospital was reputed to be a place like that.

There was a lawn with trees at the back of the building that was meant for the house-officers. Located at the back of the ancient hospital, it was a good walk from the main hospital. A more modern looking girls' hostel stood nearby. We explained to the old man who came out of the kitchen that we had just arrived from Chandigarh and were going to join duty next morning. We gave the name of the clerk who was supposed to meet us and give us a dormitory room. He said that there was no one to help us, as the man with the keys to the empty rooms had left for the day. He thought another man might show up later on.

Then, a handsome doctor, who was dressed to go out, came out of a room and the old man approached him. The doctor took the three of us into the dining hall, and pointed to the long tables covered with tablecloth as possible sleeping places for the night. The old man told us that the mess (eating place) was closed on Sunday evenings. He suggested the nearby Daryaganj as a good place to eat.

We left our luggage under a tree; it was rather safe, we were told. We walked to Daryaganj and found the food to our liking in a *dhabha* run by a Sardarji. We passed by the famous open-air restaurant Moti Mahal, which had popularized the clay oven roasted tandoori chicken and butter chicken in north India. I had heard stories that the late Indian Prime Minister Nehru used to send specially packed chicken to Khrushchev, the Russian strong man.

It was dark by the time we returned to the hostel. We decided to wait under the tree where our baggage was. We had found the dimly lit and hot mess hall full of mosquitoes, but it was cool under the tree. We were tired and fell asleep.

It was morning by the time we woke up. Shame-facedly, a clerk opened up a large room next to the main entrance. It was Spartan by Chandigarh standards, where we were used to privacy of single rooms. It was similar to our medical school hostel in Amritsar. But the communal bathrooms were nearby, so we moved our gear into the dormitory. The partitioning walls did not completely separate the rooms that were built in a row. As we were to discover later on, one could hear most everything that went on in the next room.

Irwin Hospital was quite an institution. Named after a former viceroy of India, it was a sprawling complex of buildings separated by small lawns. It was located at the edge of old Delhi, where New Delhi began. The wards were high-ceilinged, old-fashioned long narrow halls with rows of iron-beds on either side. Patients' feet pointed to the central passageway through which travelled the doctors, nurses, orderlies and food servers. The ward was shared by two surgical services, one controlled by Dr Satyanand and the other by Dr. Bhatia.

In 1965, the hospital was staffed mostly by unpaid, voluntary consultants, and the wards were known after them. Most of these consultants donated two days a week and a few hours a day to provide care. They also supervised and trained house surgeons as well as postgraduate trainees. Most of them had degrees from England, such as FRCS or FRCP. They made a good living, running posh facilities for the paying patients in and around Delhi. Some of them like Dr. Sen were quite famous and were frequently named in the newspapers as they provided care to the rich and famous including the politicians.

I found myself attached to an old surgeon, Dr. Bhatia, who had a small nursing home in Daryaganj. He had a large protruding paunch, lined jowly face, and wore thick glasses. His glasses seemed to slip constantly from his nose. He seemed to be quite forgetful, and rarely paid much attention to me or my colleagues.

Two of my colleagues were Dr. Gupta, a moonfaced short man, and Dr. Bajaj, a scowling, bespectacled, dark-complexioned woman. I first met them in the small annex next to the ward at the ten o'clock coffee break. Both of them had studied at the medical school attached to Irwin Hospital and lived in Delhi. They had also spent six months each working at the hospital. As I was to find out, I was the provincial and they were the sophisticates! They promptly let me know that coffee break interrupting the morning rounds was the most important part of workday, as it kept Dr. Bhatia in good mood. So, either a nurse or Dr. Bajaj had to prepare the coffee paste, which consisted of beating Nescafe powdered-coffee with granulated cane sugar in a cup, and then pouring boiling water over the sticky paste to make a cup of homemade espresso coffee. The more foam that a person could generate for Dr. Bhatia's cup of coffee, the better for the entire surgical team!

We also had a brand new registrar, Dr. Pandey, to supervise us. The slim, handsome man with a full head of hair had just finished his Master's degree in surgery from Lucknow, and spoke the chaste Urdu of that city. He was a sort of king on Fridays, when for twenty-four hours we operated on all surgical emergencies. We would finish our outpatient clinic, and then camp out in the area adjacent to the causality ward. We hobnobbed with our medical counterparts who were there to admit medical emergencies.

On Friday evenings, there always seemed to be knifings going on in nearby Muslim dominated Chandni Chowk and Jama Masjid areas. It was my first exposure to the Muslim patients in large numbers. They were often poor and illiterate. Dark, bearded men dressed often in the muslin kurta and checked *lungis* with narrow muslin caps on their heads, they appeared quite meek and docile. The women were covered head to toe in the black *burqas*, carrying small children, and were often deadly pale when they uncovered their faces.

Many a time Dr. Pandey would supervise us from the doorway, barely covering his face with a mask, and asking us if everything was O.K. He would even act as our ‘anaesthetist’, while he poured ether over an inverted gauze-covered sieve. This was the well-established open-drop ether method used for simple operations. For short procedures, we did not like to bother him. Since both of my colleagues, Dr. Gupta and Dr. Bajaj, planned to go into internal medicine after the six months’ training, I was left to scrub with Dr. Pandey for major cases. I did that even with Dr. Bhatia on regular operating days. I did not mind it. Despite a total lack of charisma, Dr. Bhatia was a good, fast surgeon, and I had a great deal to learn.

The second registrar was Dr. Rajan, a dark complexioned man from Kerala state. We rarely saw him, as he was preparing for his board examinations. He preferred working with the neurosurgeon, Dr. Rao. But on rare occasions, he would help out Dr. Pandey for a break.

When our ward ran out of beds for the patients, new patients lay on thin red blankets on the floor-space between the beds. On a Saturday morning when I went in to help with the new admissions, I would find some patients lying on the floor all the way in the corridor outside the ward. We would discharge several patients home to make room for all the new admissions. This state of affairs was very different from Chandigarh but similar to the situation in the VJ Hospital in Amritsar, where I had gone to medical school.

One Saturday, I found a small, dark complexioned man admitted with blood in his urine, who was lying on the floor. Very quickly, we realized that the man was the well-known tabla-player Chatur Lal. The story of his treatment is available [here](#) as a separate story.

A few months after starting our training at Irwin Hospital, Pakistan attacked India. Our neighbour was trying for the second time after Independence to forcibly capture Kashmir. In anticipation of the military casualties, our wards were emptied of all but the most urgently ill or injured patients. Now we had a lot of time on our hand, which we spent on gossip, drinking coffee, smoking and looking for news. At the time there was no television; we had only a few government-controlled radio broadcasts a day and daily newspapers. In the late afternoon, newspapers ran one-sheet papers, which street urchins hawked in Daryaganj. We would walk there to get them and read the lurid headlines.

I was worried about my brother Satish, who was a lieutenant in an artillery unit and at the front. Ram Narain had a brother-in-law who was a captain in the army. Moreover, the Pakistani Air Force had targeted my hometown of Amritsar, and Raj’s hometown of Gurdaspur as well.

The expected army casualties never arrived. Instead, they went to Chandigarh. As I was to learn later on, an entire ward was given over to the army doctors at the institute and the civilian doctors gained valuable experience with management of injuries.

Rumours were rife. A rumour gained currency that a woman doctor named Azmina had been arrested for being a Pakistani spy. She was reputed to go around the hospital at night with a flashlight and pinpoint targets for Pakistani bombing! This lady who was known to be a former airhostess was beautiful, Muslim and older than most of us. The fanciful story was not accepted by all of us. But the woman had disappeared from circulation! We questioned Raj closely as he seemed to know everyone. His answers were emphatically in the affirmative. Raj was of medium height, wiry & always slouching. His sharp, nose sat in the middle of a face that had many flat surfaces. In the medical school, he was once nicknamed *chapta* (flat). He never seemed to lack in confidence.

So I asked another woman doctor, Asha Singh, who made fun of the assertion. She was also training to be a paediatrician and was a Delhi native. The whole story was outrageous! Asha even invited Raj and me to her house for Diwali celebration. She was no beauty. But she had an open face, easy manner and friendly disposition. She dressed simply in white cotton sarees. I thought

that she was being kind to both of us as we were from border towns and worried about our homes and folks. I would at times go out with her for a cup of tea. What I could afford were the small restaurants across Asif Ali Road.

There were blackouts in the evening, and not a great deal to do.

The three of us Chandigarh friends would, when we could afford, have some *pranths* packed and ride an auto-rickshaw to Connaught Place. Our adventure consisted of eating our dinner on the lawns, and going for a movie afterwards. One memorable evening we decided to eat at Mikado, a Japanese restaurant near Regal Cinema. There were few customers because of the daily blackout during the war times. Once we were seated, we realized that we could come up with seven rupees in all. Hurriedly scanning the expensive looking menu, we ordered a plate of soup and shared a plate of fried rice. As we gulped glasses of water, we knew that the paltry tip of four annas wouldn't do. We left in a hurry. But getting back to the hostel was a bigger adventure as the bus-service had stopped for the night!

After the three weeks of the war, things got back to normal. This was the war that made the diminutive Prime Minister Lal Bahadur Shastri a folk hero. It was unfortunate that he did not live long enough to enjoy his popularity. The hospital wards were full again, the outpatients crowded and shortage of medicines and blood as pervasive as ever!

The young doctors were as randy as we were at Chandigarh. We even had one of our former classmates join an orthopaedic service. He had been thrown out of the training program at Chandigarh for child molesting. He seemed to have lost none of his verve, except that he usually avoided us. He had graduated to copulating with the Kerala nurses on the hard stone counter in the ward! Some of his colleagues would tell us the stories of his grabbing and mountings with obvious relish. But now they seemed rather routine.

I had been the unwitting object of barely suppressed titters in the beginning. Whenever I introduced myself, young men would smile and say, "Oh you, we know you!" I didn't understand it, as I had never worked in the Delhi hospital. Months later I found out that a medical student with the same name had quite a reputation. It was rumoured that during a surprise inspection at night by the hostel- superintendent, the young man with the similar name was found to have hurriedly hidden a stark naked girl in a closet in his room. How he had survived expulsion from medical school was a mystery. One of his close buddies was a tall moustachioed, smiling doctor who worked in our ward for the other medical service. Seth was the son of a famous Punjabi singer who also happened to be a high official in all India Radio. He was rarely communicative about his friend even though otherwise he was quite outgoing.

One benefit of the end of war was that my brother was able to visit me and drop off some army-issue liquor. Ram Narain's brother-in-law had done the same. Ram Narain was a quiet man from Haryana. He spoke little and was uncomfortable with spoken English. A neatly trimmed moustache was his only concession to fashion. A strict vegetarian, he would sit through our lamb and chicken-eating sessions.

With the suddenly available liquor, we had to have a party! On a Saturday evening, three of us had a few drinks and went out to Daryaganj for dinner. Back in the room, we started to drink again at a leisurely pace. I would have probably chalked the rest of the evening to my youthful indiscretion if it weren't for Raj!

I realize he has no malice, but for almost forty years, at least once a year he has told the story in excruciating detail! He tells the story at reunions, weddings or other occasions when we get together. This is one story that that has faithfully followed me to America.

As Raj remembers it, sometimes later that night I ran out of cigarettes and decided to go out for a new pack of Panama cigarettes. Raj tried to discourage me from this undertaking but I yelled at him for being a coward. Raj and Ram Narain came along to protect me. We walked to the small roadside stall in the dark and bought a pack of cigarettes. While walking back on the gravel road, I lost a slipper. Walking bare-foot, I must have hurt my foot. Getting back to the hostel room, I noticed a large gash on my right heel with blood dripping and burst out in tears. My friends helped with the foot, cleaned it and bandaged it. During the night, all of us were sick in the room and at times, we made it to the bathroom. The neighbours were mad and yelling abuse. We retaliated and threw slippers and shoes over the partitioning walls. In the morning, we found quite a mess and set out to clean it despite our hangover.

As time passed, all three of us felt confident professionally. Raj, as usual, was the most confident, claimed to be liked by his attending doctors. His supervisor was a woman, Dr. Ghosh, who thought highly of him and wanted him to stay beyond the initial six months. I thought that I had learned to operate more than I would have had at the Chandigarh hospital.

One Friday evening, as I sat in the causality ward, they brought in a well-dressed man who was involved in a car accident. His face and head was covered with streaks of blood and he seemed to be unconscious. As I examined him and obtained X-rays, I realized that he did not have serious head injury. Dr. Rajan came in and confirmed my impression. As I stepped into the hallways, I saw a familiar face. There was the daughter of Mr. Mehra, a neighbour from Amritsar. She was happy to hear that her husband was not seriously hurt in the accident. The injured man actually was able to go home the next day. But old Mr. Mehra showed up the next day and insisted that I come to their house for dinner. I had known this family forever. It was strange to be treated as a great doctor! I visited the Mehras at their large Civil Lines house and paid respects to Mrs Mehra, who was quite friendly with my mother.

Deflation set in a few weeks later. It was common for us to receive old men who could not pass urine because they had enlarged prostates. To relieve the pressure, we would put in a tube in the bladder after making a small incision in the lower abdomen. Then, the patient would have his prostate removed about a week later in the regular operating room.

I had taken one such man to the small operating room, next to the causality ward, with Dr. Bajaj helping me. What appeared to be a large bladder produced no urine when I opened it. Now I needed help! Dr. Rajan was on duty and walked in. He looked around and determined that I had opened a loop of small bowel, which was quite thick and inflamed. I felt a sinking sensation in the pit of my stomach. I was sweating profusely as I envisioned my surgical career coming to an end! Dr. Rajan reassured me. Exploring the abdomen, he found a perforated duodenal ulcer. He repaired it, drained the abdomen, and inserted a catheter in the bladder from below. I apologized profusely to Dr. Rajan as Dr. Bajaj looked on. I said privately to Dr. Rajan next day that I was thinking of giving up surgery. He dissuaded me, and invited me to dinner at his house in the evening.

I walked to his small house at the other end of the hospital feeling like a whipped dog. Dr. Rajan was very reassuring. He said errors do occur, and I should not quit surgery. We drank chilled vodka from Kerala, and ate fried green chilies before a dinner of Rasam, Idlis and rice with special yogurt. He explained his own background, told me how many years he had slaved so that he could become a brain-surgeon, so that he could provide well for a wife and a small child. Sitting on the verandah and looking at the moon and stars on a clear November sky, I had newfound respect for him, and admiration for the resolve of young men wanting to be surgeons.

By now, it was also clear to us that the postgraduate training at Irwin Hospital was not well organized. All three of us filled up applications forms for residency positions at Chandigarh. That

Christmas, the devout Christian nurses at Irwin hospital bade us goodbye. And at the end of December 1965, we made the return trip to Chandigarh. ❖



Raj Sharma, with his wife Vijay, USA



Ram Narian, India.

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