

I had always had a special interest in Neurology as a post graduate studying for the M. D. (Bombay) General Medicine examinations. This was further kindled when I attended a three-month course in Neurology in 1951 at the National Hospital for Nervous Diseases, Queen Square, London. Being fortunate to get the membership quickly, I set about seeking a resident appointment in Neurology in a recognised department of Neurology in U. K.

There I came across my first career hurdle. After several unsuccessful applications later, I realized that I was too well qualified to get an appointment as a house physician and not experienced enough to be appointed as a registrar. This was because in our days at the J. J. Hospital and Grant Medical College, there were no registrar's post. I had held only two six month posts of houseman in general medicine and obstetrics and gynaecology. Then, we attended clinics, read our books and passed the M. D. and attended courses in London and took the membership examination. Hence, I had no practical experience to qualify for a registrar's post in Neurology.

Finally, I managed to get a house physician's (not surgeon's) post in the large department of Neurosurgery at the Newcastle General Hospital, U. K. under Mr. G. Rowbotham, F. R. C. S., a renowned neurosurgeon of the day. I was told straight away that I should forget my fancy postgraduate qualifications, roll up my sleeves, start from the bottom and work at the same level as the other two house surgeons who had recently completed their under-graduate training. I had no problems with this as I was really a starter in Neurology, despite the solid Queen Square course. On my side, I made one condition, that I should not be called to the operation theatres. This was because during my house post in obstetrics and gynaecology, into which I had insensibly strayed, I had realized that I owned one of the most clumsy pair of hands and no stomach for surgery. This condition was readily accepted, though I did enter the operation theatre once when an extra pair of hands was required thoroughly messed up things and was promptly thrown out of the theatre.

Newcastle General Hospital was a large, sprawling hospital, attached to a medical college, in the north-east of England, snow-bound during winter, when one had to walk some distance from the quarters to attend calls in the hospital. The night calls in December and January tested the resilience of even the strongest. It was good that I was still young then. But it was a Godsend opportunity which seeded my career. In those days there were perhaps a little over a dozen such large departments or centres in the whole of U. K. mostly located in London. Newcastle drained a large amount of Neurosurgery from a fairly vast captive area, and the neurology I saw was staggering. I took to it like duck to water.

Six months went rapidly, and nearing the end in December 1952, I sought Mr. Rowbotham's advice. He asked me to apply for a House Physician's post at the National Hospital for Nervous Diseases, Maida Vale, London, which Sir Russel Brain attended. I wondered before the interview whether I would be fortunate enough to learn neurology under this master neurologist, whose book I had read many times through long hours of postgraduate study. I had seen him only once as President of the Royal College of Physicians, chairing the unnerve, do or die, final viva of the membership examination, which I took and luckily passed. He appeared then in my benumbed state, as very large and forbidding.

Came the interview, the competition was strong from the local applicants, but by then I had nine months of solid neurology under my belt and Mr. Rowbotham's strong recommendation. Russel Brain was there and after many questions he asked me "Will you go back to India, or stay here"? My unhesitating answer was "I will go back". Those were the heady days of post-independent India, of Jawaharlal Nehru with his "promises to keep", and the urge to participate at whatever level in this effort, was great. There was no desire to stay back. Sadly, those invigorating days are no more for the young. Russel Brain and Douglas McAlpine of Multiple Sclerosis fame were the senior neurologists, and there were six other very competent neurologists visiting the hospital regularly. The days of neurosurgery,

valuable as they were, were over. I began seeing classical neurology practised by first class clinicians, when CT and MR and much else had not been born, when all we could do to make a diagnosis was to put a little air into the brain, record EEGs and perform myelograms with oily dyes. Cerebral angiography was only a few years old, and executed with a direct

carotid puncture. Postgraduates from all over the world came to learn there on structured courses, such as the one I had myself attended, and we sat behind as the masters took the clinics. McAlpine was a superb bed-side teacher and it is to him that I owe much of whatever ability I have to teach (as also to Professor Kothari, who enlivened Chemistry by his lectures at the St. Xavier's college).

Russel Brain was a big man in every way. He had published the first edition of his book a little before he reached his 40th year. It was an instant success. He was the President of the Royal College of Physicians then, Chairman of a Royal Commission, member of many national and international Committees, Editor of Brain etc. He was consulted by patients, often high and mighty, from home and abroad, including Winston Churchill, but he showed equal concern for his NHS (National Health Scheme) patients in the hospital wards. Despite all his commitments, he read voraciously and wrote profusely on a variety of divergent topics ranging from his original descriptions of the Carpel tunnel syndrome, Cervical spondylosis, Paraneoplastic syndromes, to aphasia, higher cortical functions and even conversations like those he had with the renowned poet Walter de la Mare ("Tea with Walter de la Mare" was the title of the book). He was a quiet man of few words, appearing pompous and remote to those who did not like or know him, but really a shy, concerned, unassuming man. He never talked about himself or his achievements which were many. He could cope with his enormous load of work and commitments by being thoroughly organized, punctual and to the point. For example, when we residents wanted to talk to him about ourselves, we had to ring his secretary, Miss Marwood for an appointment. He would come the next day and with a smile and say "Miss Marwood says I have to talk to you for 15 minutes". This is how he saved or I should say shared his personal time. To some, this would appear superficial and pompous, discourteous or even ridiculous, but to those of us who knew him and worked with him it was quality time. In 15 minutes he would grasp our problem (whether in research, career development, personal etc.), give a solution and promise to help if he could. And he was as good as his word. He was thus a kind, shy, very busy man, concerned with many things beyond neurology.

A year and a quarter sped by and the question of "shall I now wind up and return home" nagged my mind, uncertain of the prospects of specialization in Neurology in India then. My mind said "this overall two years training is not enough, there was so much more to learn and do". But advice from those high up in my medical college administration was "return home, and start practising general medicine, there is no scope for neurology in India". I sought advice from Russel Brain and Redverse Ironside, another kind, perceptive neurologist on our staff. One of them I forget now who, wrote to Macdonald Critchley, who had just visited India to ask him his view about the scope of Neurology in India. This was in the early fifties. His unequivocal reply was that neurology as a speciality would rapidly take deep roots in India. How clairvoyant was this great neurologist on his short visit to India and how wrong were those who were in the very administration planning the development of health and education in the then undivided Bombay province (Maharashtra and Gujarat were then one entity in 1952 \_ 1953).

Russel Brain quietly asked me to apply for the post of a Registrar in the department of Neurology at the London Hospital of which he was the Head. Equally quietly, I do not know how, he got me appointed despite fairly stiff competition from many applicants, including those trained at the London Hospital itself. Amongst some simple questions asked by the selection committee, most of which I do not remember now two stuck in my memory. "Do you speak good English" and "will you be able to teach medicine and neurology to our undergraduates?" Having received a firm affirmation from me, I was appointed.

Work at the London Hospital was different from Maida vale: Maida vale was small and specialized, the London was a 200 years old medical school with a big campus, with departments in all fields of medicine and surgery. In those days even in the UK, neurology had not separated out from medicine in most medical schools. Russel Brain and Rorild H. Nixon his young neurological colleague both took general medicine cases in the wards, had one OPD in general medicine, and their registrars had to take emergency duty by rotation in medicine. I got to see many general medical cases, interesting emergency medicine and participate in teaching mostly neurology, but general medicine too.

This was just what the doctor ordered. I could jump either way back into general medicine or forward into neurology when I returned home. Besides, neurology in a large general hospital and medical school has a somewhat different flavour than in a specialized hospital. It gave me an opportunity to see additionally another variety of neurology – the neurological manifestations of systemic diseases and childhood neurology, such as I had not come across at Maida Vale.

Ronald Henson was a much younger man than Russell Brain. He was appointed a Consultant at the London Hospital and also the National Hospital, Maida Vale in his very early thirties, an unusual achievement in England of those days and even now. He had been senior registrar at the London Hospital under Russell Brain and in the initial years as consultant found it difficult to carry the burden of his neurological ancestral lineage at the London, starting with Huggings Jackson before the turn of the century, followed by Henry Head, George Riddoch and Russell Brain, each a major player in Neurology in the UK of their day. Sadly, soon after his appointment he was struck down with bulbo-brachial poliomyelitis (still present in post war Europe !!) and it took great courage to get back to work after partial recovery. I still remember him early in my appointment with a hoarse voice taking sips of water to clear his throat. However as he recovered he developed his own independent . His main work was in paraneoplastic neurological disorders and he wrote an unusual book with Macdonald Critchley on the Neurology of Music. He was an honest, religious, church-going family man, steeped in music. He was kind too and I owed him much. He made me comfortable in the unaccustomed environment of an old-world renowned medical school, where I had got an appointment beyond my wildest dream in the early fifties when the "old-boy" network still prevailed in the UK. In our later years, we became friends as I was only 10 or so years younger than . him. My contemporaries at both hospital were fine men, classical neurologists in the British mould, most of whom became heads of departments, and some made contributions to neurological research. Though far apart now, and not all alive, we have warmed up to each other whenever an opportunity has arisen.

My first year as registrar was coming to a close, when Dr. Henson hinted gently "we do not continue registrar appointments automatically every year. We expect you to take interest in clinical enquiry and research, and publish papers". I was most grateful for this piece of advice because it pushed and initiated me into clinical .research which had given me many" pleasurable hours throughout all these years, and taken me all over the world. It has made the practice of routine neurology more lively and in some ways more bearable. Thus my first publication-'Atypical features in Acoustic Neuroma" in Brain, of which I am still proud, was born.

I took to teaching avidly, McAlpine being my mentor. Each registrar was also tutor to the medical school and every term we were allotted two to three new tutees for whom we were responsible till they finished their undergraduate years. we took time off to supervise their progress, solve their difficulties in medicine and even attend to their progress problems. Amongst the students I taught there, one remains outstanding in my mind. He became the Professor of Medicine at the London and the senior censor of the Royal College of Physicians.

When still there in mid-fifties, we heard the exciting news that a huge postgraduate institute, the All India Institute of Medical sciences was coming up in New Delhi and a hi-eh - powered committee of selectors was coming to interview candidates for the various posts at the Institute. I applied for a position in Neurology at the new Institute knowing that it would not start till I completed my training in England. I had the full backing of Russell Brain, but after the interview I heard no more from the committee. Inquiring letters to the Secretary brought no response, as also a letter from Russell Brain to the then Health Minister of India whom he knew well. This was a second career hurdle, which I failed to take. I was disappointed as I always wanted to be a full-time, academic neurologist working in a large Institute in India, and that was not to be.

A little later, I wrote to Professor Jacob Chandy about. whose pioneering work in Neurology at vellore, I had heard much. His response was spontaneous and warm. He offered me a position, I do not remember at what consultant level, but perhaps the missionary rife and salary (I think Rs. 4001- per month) may have appeared spartan for a like me, as I opted to wait for another opportunity. Nearing the end of my term I turned to my Alma Mater the J. J. Group of Hospitals, seeking a position and like a mother she responded. I was informed that I should apply for appointment as honorary Assistant Neurologist. I did this expecting that the appointment would start after some months. To my surprise, the appointment letter came but perhaps too soon for my good.

There was an opportunity on finishing three years of registrarship to do a post in neuropathology at the London with the internationally renowned neuropathologist Dorothy Russell (of Russell and Rubinstein- "Tumours of the Nervous system" fame). I wanted to do it badly not only to improve my academic credentials, but because I was attracted to it. Those days the study of chemistry, genetics, immunology had not deeply invaded the nervous system and most contributions like those by Raymond Adams and Denny Brown at a somewhat basic level beyond pure clinical research,

were through neuropathology and neurophysiology. I asked for a year's time to join as an assistant neurologist to the J. J. Group of hospitals and tutor to the Grant Medical College, but was told that I must join within six months. From their point of view it was fair, because surprisingly as it may seem for those days and even now, I was appointed without an interview by the enlightened college council, amongst whom were many of my old teachers. With a heavy heart I agreed to join, I discussed my problems with Russell Brain and Dorothy Russell and bade farewell to the London Hospital. Did I do the right thing? Looking back, 'yes'. I always wanted to come home and work. What would have happened if I had finished neuropathology and there were no positions open for me in India are now ifs and buts of history, such as we all face in our lives all the time. Though one thing I know, I have always felt an incomplete neurologist for not having trained in neuropathology.

Come 3rd January, 1957, I joined the J. J. Group of Hospitals as an assistant Honorary Neurologist under Dr. Menino D'Souza. The contrast with London was stark. There was a somewhat unbridgeable time, vision and sound gap. We lived then in the days when home was a long-long way away from London. There was no instant communication as today and the world was not a global village as now. We lived in an era when letters took 14 days to reach back and forth, yet travel and television had not arrived, and it was unthinkable to come home for vacation as students do today at the drop of a hat. So sudden return home was not easy. To give an example my last classes and clinics in London were in December, 1956 and my first clinic at the J. J. was on 7th January, 1957 and the difference was evident. The Londoners collectively were confident and outgoing, whilst my J. J. Students were shy, uncertain and tongue tied, requiring much coaxing to answer questions. I had been used to a secretary, a dictaphone, a large neurology library, a medical records department, which produced backrecords of 30 years in a few hours and OPD by appointments. Back home there were no special neurology beds, no records worth their name, open walk-in out patients, notes were what you wrote and not dictated, and an old irreparable EEG machine. [It took some adjustments, but after some moments of uncertainty and hesitation, I decided to meet the challenge and plunged into the uncharted waters of Indian neurology. There was no going back.

I was attached to one of the six general medicine units whose head was Menino D'Souza, who had opted for specialization in Neurology within medicine, as other unit heads had in cardiology, haematology etc. The era of specialization had dawned in India. Dr. Menino D'Souza was all kindness and encouragement, giving me unadulterated freedom to do what I wished in developing neurology further from where he had initiated. I have been always thankful for his large heartedness. Slowly the patients came and neurological references from my old teachers increased.

There were no special investigative facilities in the hospital. The EEGs when possible were performed at the K. E. M. Hospital through the kind courtesy of Dr. N. S. Vahia and Dr. Anil Desai because our machine was non-functioning. We had to make do with the standard radiological equipment and there was a small monthly quota of x-ray plates after which we had to "beg, borrow, steal" or raise money to buy them. I had a fairly large experience of doing pneumoencephalography, myelography and direct puncture carotid angiography, with state-of-the-art equipment, but at the J. J. I had to improvise. There were no automatic or even hand manipulated cassette changers. We had to make do with one AP picture and two lateral pictures, which were obtained by removing the plate manually after the first "shoot" and put another quickly in its place.

Yet we managed and picked up all sorts of conditions like tumours, AVMs, aneurysms, cerebral abscess, haematomas etc. Dr. Ram Ginde was the only neurosurgeon then in Bombay and some patients were referred to him, and some others were operated on by our general surgeons with me standing by their side in the operation theatre. I can now recall a few of them. A convexity meningioma, a spinal cord tumour, a cerebral abscess, a couple of subdural and intracerebral haematomas were dealt with, with variable success. The first posterior decompression for myelopathy caused by congenital atlanto-axial dislocation was done by our renowned surgeon Dr. Shantilal Mehta, with excellent result. That was an exciting time with things taking shape despite many handicaps.

Dr. Gajendra Singh arrived, by December that year, fresh from training in Vellore and there was much relief. Happily we were friends from our college days and more importantly we had played cricket together in our college team. He was my captain and the bond between us which began then, has lasted a life-time. We still work together at the Jaslok Hospital

and Research Centre. His friendship and companionship has been an important pillar in my career. It is indeed a fortunate neurologist whose neurosurgical colleague is a friend. Not many are so lucky.

I soon began to realize that neurology in India was somewhat different from the West. There were many times, when I diagnosed a glioma and a tuberculoma turned up, which I had not seen in my training days. An isolated third nerve palsy was often due to other causes than an intracranial aneurysm which was the common cause in the English patients. I began seeing and diagnosing a range of diseases which I had rarely or never seen before. Tuberculoma, tuberculous spinal meningitis, craniovertebral anomalies, especially congenital atlanto-axial dislocation, Wilson's disease, nutritional disorders of the nervous system and an unusual autosomal dominant ataxia with peculiar slow eye movements (which was later sorted out as slow saccades). I went down the manganese mines of Central India many times and visited ferro-manganese plants as a part of an enquiry committee of the Government of India, as neurological intoxication had been found amongst them by a young alert civil surgeon. The patients were later brought to the J. J. Hospital for further study. It was obvious that multiple sclerosis was less prevalent than in the West. But what intrigued me was that I was seeing more patients with multiple sclerosis (relatively speaking) in my own tiny Parsi community of less than a lac persons, than in my large hospital practice or private clinic amongst the general public.

All this experience was within the first five to seven years of joining the J. J. Hospital. I began to realise that besides routine service and teaching, I must study, investigate, describe in detail and report many of these unusual conditions not seen commonly in the West. What I also saw but did not study in depth were patients with painful ophthalmoplegia, non-compressive myelopathy of unknown aetiology, juvenile motor neurone disease slowly affecting one upper extremity.

The difference from western neurology and the different prevalence of neurological disease in India was initially both fascinating and surprising. But much later, as colleagues from other parts of India began describing conditions indigenous to our country, like tropical spastic paraplegia, hot water epilepsy, neurological complications of fluorosis, Madras motor neurone disease, arsenical neuropathy amongst opium eaters, strokes in the young, monomelic amyotrophy (to mention only a few), my surprise became less. I realised that the neurology described by master neurologists of the West was limited to relatively small populations of their major cities and that the neurological diseases of very large chunks of humanity, even in their countries leave alone the rest of the world, still remained to be described and investigated. Indeed neurology though more than a 100 years old was but an infant, till the end of the Second World War and real growth was to be expected as neurological practice rapidly spread world-wide.

The beacon of light in those very early days was Dr. Shantilal Mehta the doyen of surgery, my teacher and Medical Superintendent of our hospital. He had his own vision of medicine, medical colleges and medical education. He had recently taken over the administration and was all set to revamp it and make it dynamic. He wanted to do new things all the time. It was he who had sent Gajendra Singh to Vellore to train in neurosurgery and been instrumental in my appointment. He wanted results and was prepared to help us in getting them. As soon as Gajendra Singh joined his unit as Assistant Honorary Neurosurgeon, he asked us what we wanted, having sensed my frustration and despair at the lack of facilities. He was as good as his word. At the end of my second year at the J. J., the then state-of-the-art Elema Scheonander equipment for angiography and pneumoencephalography arrived. Further, Dr. Jimmy Sidhwa who had been trained by James Bull, the senior radiologist of Queen Square, was appointed a neuro-radiologist on our persuasion of Dr. Mehta. We now had a three cornered set up and felt happier. Soon enough 6 separate neurological and 6 neurosurgical beds were allotted. All six surgical and medical units headed by our old teachers, who were extremely supportive, released one bed each. We were grateful, as a nucleus for our dedicated department was formed. As our work increased and our former teachers appreciated our work, teaching and research output, more beds were released for us to form a 16 bedded unit each, and when the new building was ready, I believe round about 1960, we had 45 beds each in three large wards, with extra beds in side rooms for serious and post operative patients. So we had a department of nearly 100 beds within four years of starting !! All thanks to Shantilal Mehta and our former teachers, especially my ex-chief Dr. R. V. Sathe who was noblesse oblige and who I have long remembered with so much admiration and fondness.

We had by now these three neuro units, large wards and comfortable operation theatres in a new building. We felt very fortunate, though we still did not have an electro-encephalograph or sufficient x-ray plates to do more routine and

research studies. Just as we were exulting, Shantilal Mehta resigned as he had strong differences on hospital affairs with the Health Minister. A new medical superintendent was transferred from Baroda (before final administrative division between Maharashtra and Gujarat). Unlike Shantilal Mehta, he was from the medical service cadre and brought with him the deadening weight and attitude of bureaucracy. He was not of our alma mater and felt nothing for it. With him at the helm, a cold freeze on our effort descended. I went down to ask him for more facilities, x-ray plates etc. and got a flat "no", something which Dr. Mehta rarely said. "There is no milk for patients in Baroda, and you want more x-ray plates." His reply sent me reeling, and I decided to wait before seeing him again for anything. But my mind was turbulent. I had felt that our department should widen its service scope, for which I had made plans. I wanted that our department should in time have more neurologists and neurosurgeons who could visit our sister hospitals G.T., St. George's and Cama to examine neurological patients there and advise treatment to the local physicians. Such patients who needed more special attention would be transferred to the J. J. I also wanted to start special care clinics for epilepsy and for paraplegic rehabilitation. All this would have received instant support from a man like Shantilal Mehta, but when I saw our new medical superintendent, he not only said "no" once again but suggested half-sarcastically that I should go and consult our senior psychiatrist, Dr. Marfatia. I felt insulted, folded my plans up and left his office dejected. What appeared to me as entirely rational was irrational in his narrow vision.

Things had to remain quiet after that till he left. He was followed by a more reasonable and erudite man, whom I could respect. He was helpful about my plan but mentioned that only one new honorary appointment could be made when Gajendra Singh and I would be promoted full honoraries. So things had to wait but I was welcome to take on the burden myself, which I somewhat did.

Another bigger opportunity came soon to do something more. We had three spokes of the department, neurology, neurosurgery and neuroradiology, but a fourth one of neuropathology was missing. The Indian Council of Medical Research (ICMR) had decided to close down its neuropathology research unit at Tata Memorial Hospital under Dr. Khanolkar. I felt that it was a great shame. Some most useful research work had come out of that unit with young neuropathologists like Dr. C. G. S. Iyer and Dr. D. Dastur assisting their head Dr. Khanolkar, whose leprosy work was internationally renowned. Indeed we were already collaborating in a small way with them, in studying autopsied brains of J. J. patients.

Dr. Gajendra Singh and I urged our new superintendent Dr. Virkar and Dr. R. V. Sathe my chief, to make proposals to government to take over the unit lock, stock and barrel, as an independent unit at the J. J. (not under pathology or neurology). They readily agreed. They approached the director ICMR Dr. Pandit whom Dr. Sathe knew well and with the Health Minister's assent had the whole unit transferred to the new Post-graduate Research laboratory building in our campus. Dr. D. K. Dastur came along with it, but Dr. Iyer had before then decided to move to Chingelput, Madras to continue his research activities there. This was indeed a feather in our cap as there were other bids for the unit with its considerable material and scientific stock. We felt that the four sides of the neurological discipline were now complete.

The autopsy rates at the J. J. were high and there were weekly brain cutting sessions and review of neuropathological material which came not only from our departments, but also from the paediatric hospital in our campus. All this resulted in much collaborative effort, followed by publications.

During that period of early mid-sixties (dates may not be accurate, as I draw on memory now), two events happened, one exhilarating and the other debilitating. Just as we were in the initial process of negotiating for a large PL 480 grant through the National Institutes of Health, Bethesda, U. S., we received a Maharashtra Government order mentioning that we were superseded by a new departmental Director. Dr. R. G. Ginde. The order mentioned that all the four units within our department, that we had so assiduously built, would be under his direction. No reason was given. This was a body blow. It hurt us to know that our considerable effort had not only gone unappreciated but even unnoticed by the powers that be.

Dr. Gajendra Singh and I decided to appeal and if unsuccessful, resign from our positions. This was the only time in my entire career when I felt that coming back home was a mistake and it was more sensible to find new pastures in UK. Fortunately, I suppose, our appeal prevailed, and the Director was authorized to direct his own unit and we were left to our own devices. It was a sad moment for all of us and I believe for Dr. Ginde (whose surgical skill and knowledge I

respected) too. All together, equitably and reasonably we could have climbed greater heights, if only he had shared his plans before execution.

The NIH grant ultimately came through and was disbursed to the J. J. Group and the departments of Neurology at the K.E. M. and Nair Hospitals for research in nutritional and vascular diseases of the nervous system. A considerable amount of work was done resulting in several joint papers from the Neurology departments of the J. J. and K. E. M. Hospitals and our neuropathology unit.

There were no postgraduate programmes for training in neurology and neurosurgery then, and no degree courses. As things began to take shape, I made plans for a training programme to set up similar units as ours in the three other medical colleges of Maharashtra State - Poona, Nagpur and Aurangabad. We would select two of the brightest qualified postgraduates in medicine and surgery keen on specializing in neurology and neurosurgery on deputation. They would train with us at the J. J. for 2 or 3 years, then go abroad for a year or more and join their medical school as trained neurologist and neurosurgeon. Whilst they were in training, money would be allotted by Government to buy equipment for their department with our advice. This would make the unit ready for instant take off when they returned. We would begin with Poona, followed Nagapur and Aurangabad in succeeding years. All this appeared eminently reasonable to my young and ambitious brain. I once again pushed with usual enthusiasm, but failed to convince those in authority to accept the idea. Perhaps my idea was unrealistic, but even today nearly 40 years down the line, there are no departments of Neurology or Neurosurgery in Nagpur and Aurangabad and only a small one in Poona.

Similarly a later effort by Gajendra Singh and me to raise funds from a private, charitable, research society to build an Institute of Neurology within the campus was shot down by the then Director of Medical Education and Research and the Health Minister. Not only this, but after the departure of Shantilal Mehta any small equipment for our department was given in such a miserly fashion by the Government, that we turned to charitable trusts/societies and research foundations for help.

The first Electromyograph in our campus, and one of the first such in India, was acquired this way by Dr. N. H. Antia, the head of the specially designated Rata Department of Plastic Surgery. It was for leprosy research, but he kindly permitted our neurological patients to be investigated there. Our own departmental EEG, EMG and Echoencephalograph were also donated by charitable trusts in the late sixties, helping us to set up the fifth arm of our neurosciences group, the section of clinical neurophysiology. This, I believe, was the first such separate department in our country, under a specialist entirely dedicated to the subject, Dr. Piroja Irani (nee Wadia). Some other equipment and furniture came through the NIH research program, as also the employment of a secretary and a full time research fellow. In the early seventies a handsome donation of Rupees one lac helped us to set up a departmental library. We were fortunate that, at least the Government allowed us to accept these equipments, books and furniture as gifts. In fact, looking back, the Government did us a great favour by its pusillanimity because it taught us self help, which after all is the best help. It is said "a kick in the pant sends you much further than a pat on the back".

Thus the years went by at the J. J. till retirement in January 1982. Over the years, my livelihood came from my private office practice and the private hospitals which I visited, because the maximum honorarium which I received at the J. J. was Rs. 250/- per month. But in my mind there was and is no doubt that many of the most precious hours of my life were spent there. Thus I felt good on retirement when I was appointed a "Consultant for Life" to my alma mater, a special designation. Looking back there were as many failures as successes, but the challenge was worth the meeting.

I would be remiss if I did not mention my departmental colleagues. Dr. Bhim Singhal was the first to join me in the early sixties, followed by Drs. Chicot Vas, Piroja Irani (nee Wadia), Sarosh Katrak and Neeta Shah over the succeeding years. Each in his own way, through his knowledge, expertise and skill helped to build up the well-recognized reputation of our department. We together also would have been less successful were it not for the constant support and collaboration of most of our colleagues in the sister departments of neurosurgery, neuroradiology and neuropathology.

Simultaneously from 1973, came the union once again with Shantilal Mehta after many years, when he called Gajendra Singh, Piroja Irani (nee Wadia), Anil Desai and me to put together a new department of neurological specialities at the newly built State of the art hospital which he was directing. This effort has been also most satisfying, giving me a chance

to complete much of the research work which I had initiated at the J. J. At present this department has almost all the facilities for the neurological specialities, with fine competent colleagues in all sections.

One constant source of joy and sustenance over the years was, with a few exceptions, the many residents, research assistants and students, who passed through our department at both the J. J. and Jaslok Hospitals. Their youthful enthusiasm and their loyalty were infective and their growth, development and success as they flowered was a source of great joy and satisfaction. Teaching them over the past 40 years has given me much pleasure and been a most rewarding experience. A large number of them have become neurologists, many good, and some have become internationally recognized. Alas, a good number of them left their motherland, and it is a pity that we did not have a system in place to bring them back home. Even now we have not found a way for the best of them to return the debt to the country of their birth, by sharing their newly acquired expertise if only on temporary basis. Finally do I regret that I came back to India. The answer is a big "no". Though the passage has not been always easy, what India and my alma mater have given me, I could have never got anywhere else in the world. In more ways than one, tangible and intangible, living and working in our country has brought me rewards I had never imagined when I came back.

I do hope that our successors will be fortunate enough to have the same satisfaction.