Prologue

What's past is prologue

Dear Readers

At the last meeting of the Editorial Committee of JMS, a decision was made to introduce a section on 'History of Medicine with particular reference to Kashmir' in the journal and I have been asked to take on the responsibility of editing it. First, I wish to express my gratitude to the Committee for bestowing me with this honor, and second, for someone in whom the thought of being a Kashmiri provokes a feeling of immense pride, the opportunity imbues me with excitement.

The human race continues to be overwhelmed with many burning issues including poverty and war, not to mention Mother Nature's fury in the form of the Covid-19 pandemic which has devastated millions of lives worldwide including in Kashmir. Given these challenges, one could be forgiven for asking if we should be focussing more on the present to shape our future rather than examining the past? Considering what has already transpired cannot be changed, is this simply a meaningless intellectual exercise aptly summarised in the Kashmiri proverb, *'Shaal chalith bathen chob'* (beating the ground after the jackals escape'), or does it serve a purpose?

I would argue that we must reflect and learn from the past to inform and influence our decision-making for the future. Laplace (1) describes our present state being the effect of its past and the cause of its future, what is commonly referred to as the 'Laplace's Demon'. Shakespeare's quotation, "What's past is prologue" spoken by Sebastian in *'The Tempest'* meant that what happened up until now sets the stage for the future. In other words, we take control by learning from our past and thereby have the ability to set a bold but different story for our future.

Stories are the lubricant that oils the gears of most conversations and are also the soul of education and knowledge that can help the reader or listener capture the complexity of a given situation and weave together the disparate parts into a meaningful whole.

We, clinicians, are unique in the sense that in our day-to-day working lives, clinical stories are narrated all the time, in outpatient clinics, operating theatres, hospital corridors, consulting rooms, in fact at any place where a clinical encounter takes place. Some stories are narrated to close audiences, both in informal and formal gatherings, social get-togethers, or across dinner tables. There is, however, a large pool of true stories that are truly untold. Therefore, I request that you dig deep, put pen to paper, and submit any stories from your memory banks for publication in the journal. But what sort of a story are we looking for?

The article that you wish to forward to the journal must have a historical perspective and must be related to health and disease with a Kashmiri context. Your story could be on a subject that you have researched. It could be an interesting personal experience that you wish to share with others, or an event or episode albeit an authentic one, that was narrated to you by others. It could even be related to a topic that you always wanted to write about but never got the opportunity or the publishing space to do so.

The manuscript will of course be subject to editorial review and its length should not exceed 2500 words. The main criteria that will determine the suitability for publication will be *1. Is it historical? 2. Is it related predominantly to health and sickness? 3. Is it related to Kashmir? 4. Will the readership find it thought-provoking and out of the ordinary?*

So, let's make our interesting past our prologue and begin with a sense of hope and optimism for our future. In this spirit, I have filled the blank page with the story about the clinical audit with reference to Kashmir that was undertaken over 130 years ago.

Best wishes

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