Perspectives from the past lessons for the present

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During the 1880s, two Christian Missionary surgeon brothers Arthur & Ernest Neve established the first hospital in Kashmir Valley at Drugjan Srinagar, what became known as the Kashmir Mission Hospital and which is currently called the Chest Diseases Hospital, Srinagar. Within a few years of their arrival, the hospital expanded and became a referral center for patients not only from the Maharaja's dominion of Jammu & Kashmir but also from the plains of British India, Nepal, and even from far off places like Yarkand in Xinxiang China. Miss Irene Petrie, a Christian Missionary stationed at Srinagar during the 1890s described the hospital as follows:

"Even with its present accommodation for 125 patients, it's hardly large enough . . . The average annual number of outpatients is 36000; of inpatients over 1300; of operations 3500; . . . over 30,000 surgical operations being the whole record for the ten years 1889-99. . . Though at Srinagar it is by no means for Srinagar only."[1]

The Neve brothers worked at Kashmir Mission Hospital for over three decades and established the Western allopathic system of medicine and surgery in Kashmir. The older brother Arthur caught Influenza during the Spanish flu (also known as Bombay Fever) Pandemic and died in Srinagar on 5 September 1919. He was buried with honors at Sheikh Bagh Christian cemetery Srinagar. British troops, the Maharaja's band and people from all walks of life took part in the funeral procession.

Both Neve brothers were able and hardworking clinicians, efficient administrators, and prolific writers. To dilate on their non-medical writings, which have been described by me elsewhere[2], is beyond the scope of this article, but their contribution to medical literature in peer-reviewed journals is also commendable. In particular, they published a mortality review on 10,000 surgical operations performed by them at Kashmir Mission Hospital from 1882-1889 in The Lancet in 1891[3].

They worked in an era when a medical specialist could either be a surgeon or a physician and the former could operate on any part of the human body. The list therefore comprised of a variety of surgical procedures such as eye operations, surgery for tumours, operations for septic conditions, amputations, surgery for urinary calculi etc. The authors described the individual mortality rates after different procedures that I have tried to summarise in Table 1, and which provides an overview of the case-mix and surgical scenario of that era. It is noteworthy that the death rate after bladder stone surgery and major amputations was significantly higher than other procedures.

It is no surprise that the vast majority of deaths were related to sepsis which they described as 'organismal causes' of death and divided these into three categories: 1. Those with acute sepsis before the operation; 2. Those in whom acute organismal fever followed the operation; 3. Those in which chronic septic processes or suppuration exhausted the patient.

Summarising their findings, they wrote:

"It is impossible to indicate here in any detail the ratio of mortality to major operations. These may be estimated

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approximately at 3000, with a mortality of 2%."

Considering that this was an era when antibiotics didn't exist, sepsis as the cause of death is hardly surprising but the low overall mortality rate of 2% is truly remarkable, for which they provided an explanation:

"There can be no doubt that the splendid position of the hospital and its fresh mountain air have much to do with such recoveries; still greater stress perhaps is to be laid on the fact that all the dressing of in-patients is performed by the surgeons themselves, and never relegated to dressers or ward assistants."

It is clear that they followed the principles of antisepsis rigorously. Ernest Neve highlighted the importance of antisepsis in surgery in his book 'Crusader in Kashmir' in the following words:

"The great surgical revolution on the last quarter of the nineteenth century, which we owe to Lord Lister, has changed all that. Kashmir has every reason to salute the memory of that great man, and to, add its tribute to his glorious achievement[4]."

The Lancet paper is a superb example of meticulous record-keeping and manual data collection, undertaken 130 years ago by two clinicians with inquisitive minds in a remote part of the world that was approachable only through mountain passes at that time. The paper projected Kashmir, its fresh mountain air, and the surgical scene of that period to the outside world. That is truly a lesson for the present and our future generations.

Should we call their study clinical research or clinical audit? I leave that for the reader to judge. Broadly speaking, however, research investigates what should be done, whereas audit scrutinises whether it is being done and if not why not? Both require formal data collection and the use of methodology and design to reach sound conclusions and that's clearly evident in this paper.

One of my current assignments is being a Board Director of a healthcare organisation in Sussex one of the English home counties bordering London, with the statutory responsibility for over 1.6 Million people. This appointment brought home to me the wise English saying 'As you sow, so shall you reap' and the equally astute Kashmiri proverb Wov baa wov, zih Ione baa Ione' (Sow, brother sow, that you may reap).

The Neve brothers were born and brought up in the Sussex Downs and had their schooling at the Grammar School located at Brighton the famous sea-side town in Sussex. They dedicated their working lives to the service of my forefathers in Kashmir. Here I am a century later, a Kashmiri, born and brought up in the alleyways of downtown Srinagar at the service of Sussex populace, completing the circle of give and take between Sussex and Kashmir, two sets of immigrants forever intertwined.

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4. Crusader in Kashmir by Ernest F Neve, published by Seeley Service and Company Limited, 1928, page 98.

Table 1: Distribution of mortality rates after major surgical procedures at Kashmir Mission Hospital Srinagar (1882-1889)

Surgical Procedure	Total Number	Mortality Rate
Major bone operations	500	1%
Removal of simple tumours	483	0.5%
Removal of malignant tumours	306	3.6%
Nerve Stretching for leprosy	180	2.2%
Joint excisions	76	2.6%
Hernia surgery	67	6%
Major amputations	48	8.5%
Vesical calculus surgery	40	20%
Urethrotomies for stricture	27	0%
Exploratory Laparotomy	4	0%