Ministerial Staff and Drivers of Department of Health are available round the clock (24x7) in all weather.
Message from the Editor-in-Chief

It gives me great pleasure to introduce the topic for the current edition of the quarterly newsletter introduced by the Directorate of Health Services Kashmir. Our basic mandate is to provide modern medical treatment of the people of Kashmir Valley. To ensure efficient services customized to local needs, one needs to study the past events that shaped the present healthcare delivery system. Therefore the focus of the next few issues will be a comprehensive look at the history of modern health care in Kashmir. As will be outlined over a few issues, the advent of modern health care in pre-independence Kashmir is synonymous with Christian missionary activities. We are indebted to Walter R. Lawrence, the famous Settlement Commissioner for detailing the traditional treatment methods before the advent of the missionaries. The following is an excerpt from ‘The Valley of Kashmir’ published in 1895:

“Even now the mass of the people believe in their own doctors, many of whom are men of considerable ability and experience. There are 300 Hakims or doctors in Kashmir, and as a rule the profession is hereditary. Their system is based on the Greek system of medicine, and I have known cases in which some of my subordinates have derived great benefit from the skill of the Kashmiri Hakim. Once, when I was in great anxiety, a deputation of Kashmiris begged me to allow a well-known Hakim to treat my son. They urged that this Hakim had never failed to cure the disease. The Hakims have a considerable knowledge of herbs, and their herb-collectors are the shepherds, who spend the summer on the high mountains where the most valued plants are found. The Hakim charges a wealthy patient eight annas a visit, but he makes some money by compounding medicines. The Hakim does not dabble in surgery. He will mark with a pen the vein which is to be opened, but a barber must be called in to operate. There are over 1,900 barbers in the valley. If leeches are to be applied a special man is sent for. Such samples as the Hakim does not obtain from the shepherds are bought from the druggists, of whom there are 159 in Kashmir. The Hakim never attends midwifery cases; special women, of whom there are seventy-four, dispose of these cases. Besides the professional Hakims, there are many ‘wise women’ in the villages who have considerable knowledge of the properties of herbs, and it is a remarkable fact that nearly every peasant seems to know something about the medicinal powers of plants. The sovereign remedy of the Hakims for all very serious cases is the chob-i-chin (Smilax China), a kind of root brought from China and administered internally.

The people believe greatly in the efficacy of amulets given by Pirs. They cure all diseases. The amulet is either fastened on the right arm, neck or turban, or is put in water and the water and ink of the writing drunk by the patient, or is burnt and the smoke inhaled by the sick man. This inhalation brings dreams, and the dreams must be told to the Pir, who at once knows what is to be done. The chief principle in the treatment of the Pir fraternity is that illness is caused by evil spirits, and that a talisman suitably prepared, with the name of the patient’s mother on it, will drive out any devil. ”

It was this scenario that existed before western treatment concepts were introduced in Kashmir by medical missionaries as described in the cover story for this issue. I appreciate the painstaking historical research conducted by Dr. Bakshi Jehangir for this series of articles.

Saleem-Ur-Rehman
Director Health Service Kashmir
The Pre-Independence Era
The history of modern health care in Pre-independence Kashmir is synonymous with Christian missionary activities. While their motives were admittedly of a missionary nature, yet the pioneering role of the Kashmir Medical Mission cannot be denied.

Kashmir Medical Mission
The founder of the Kashmir Medical Mission was the Rev. Robert Clark. His wife, a qualified medical specialist, has the distinction of introducing the western concept of medicine in the valley. On his return from a missionary tour in Kashmir, Ladakh and Skardu, Mr Clark received support for a Medical Mission in Kashmir from a group of leading civilians and British officers, including Sir Robert Montgomery, then Lieutenant-Governor of the Punjab. A fund of fourteen thousand rupees was raised to set up a Medical Mission in Kashmir. The Lieutenant-Governor sent an invitation to the Church Missionary Society (CMS) and made a personal donation of a thousand rupees to the proposed Kashmir Medical Mission.

Church Missionary Society
Dr William J. Elmslie, the first medical missionary appointed by the CMS, arrived in Kashmir in 1865. He was the son of an Aberdeen cobbler and had obtained M.A. from Aberdeen University and M.D. from Edinburgh University. During the summer of 1865, Dr Elmslie treated about 2000 patients. At that time no European was allowed to remain in the valley in the winter. On his return in 1866 Dr Elmslie was unable to obtain adequate accommodation due to strong state opposition to the missionary component of the CMS medical activities. However, displaying true Scottish never-say-die spirit he successfully treated 3365 patients in a single tent serving both as OPD and IPD. Dr Elmslie revisited the valley of Kashmir each summer till 1869 and treated thousands of patients including the victims of a widespread cholera epidemic in 1867.

In 1870 the Rev. W. T. Storrs manned the Kashmir Medical Mission. In 1872 Dr Elmslie returned to find Srinagar in the throes of another severe cholera epidemic. His own health was affected and he died on the return journey in the autumn of 1872.

Dr Elmslie’s successor, Dr Theodore Maxwell, was politically well-connected and was able to resume the activities of the Medical Mission in 1874 under favourable conditions. Official opposition was withdrawn and Maharaja Pratap Singh granted a site for a hospital at Drugjan on the Rustam Garhi hill. A small building was constructed at State expense where Dr Maxwell worked for two years till his own health broke down and he was compelled to leave India.

Dr Maxwell was succeeded by an Indian Christian doctor, John Williams, and then by Dr Edmund Downes in 1877. Dr. Downes erected the Mission Hospital with facilities for more than a hundred in-patients. He also obtained permission to stay in Kashmir in winter.

From 1877-1879 Kashmir was afflicted by a severe famine. Dr Arthur Neve arrived in Kashmir in March 1882 followed in 1883 by the Rev. J. H. Knowles. In 1886 Dr. Arthur Neve was joined by his brother, Dr. Ernest F. Neve in Kashmir. Later their sister, Miss Nora Neve, became Superintendent of Nurses at the Mission Hospital. In 1888, 1892, 1900, 1907 and 1910. At that time practically the whole population of Kashmir contracted smallpox in childhood. It was described by Dr. Neve as the most frequent cause of total incurable blindness. He wrote that from smallpox and other causes, fifty per cent of children in Kashmir were said to die in infancy.

An epidemic of plague with over 95 per cent mortality was reported in 1903. The disease gradually died out, after lingering in some isolated villages near the Wular Lake.

In the year 1899, 35,000 visits had been registered at the hospital, besides patients seen in the villages while trekking through the countryside. Nineteen years after his arrival, the Kaisar-i-Hind gold medal was conferred on Dr. Arthur Neve for Public Service.

During this period a number of catastrophes, both natural and man-made, hit Kashmir. In 1885 a great earthquake occurred and five serious cholera epidemics with at least forty thousand deaths each year occurred in 1877-1879, 1882, 1885, 1889, 1894, 1898, 1901, 1904, 1907, 1910. In the year 1899, 35,000 visits had been registered at the hospital, besides patients seen in the villages while trekking through the countryside. Nineteen years after his arrival, the Kaisar-i-Hind gold medal was conferred on Dr. Arthur Neve for Public Service.

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Kashmir Medical Mission, 1893. (average of past five years)
- Mission Hospital Srinagar (Eighty beds) 8,688 out-patients and 853 in-patients 2,086 minor surgical operations and 503 major surgeries.
- Temporary winter branch, (two months) 1,469 new patients in a total of 2,022 patients.
- Villages (90 days total) 5,167 patients.
Church of England Zenana Missionary Society (CEZMS)

CEZMS efforts were started in Kashmir in 1886 by Mrs. Rallia Ram as an honorary worker of the society. Dr. Fanny Butler was the first student enrolled at the London School of Medicine for Women and in 1880, the first woman medical missionary sent to India. She had been inspired to travel to India as a medical missionary by an appeal for medical women issued by Dr. Elmslie just before his death.

In May 1888, Dr. Butler reached Srinagar and Dr. Neve's request. The CEZMS rented a dispensary in the city and named it the "Zenana Shifa Khanah". Five patients were treated on August 5th, 1888, the opening day. By the end of the year five thousand patients had been treated with thirty-five in-patients admitted in June 1902. The doctor in charge was Miss. Minnie Gomery, M.D.

Impressed by the CEZMS activities, Mrs. Isabella Bishop donated 500 pounds to build a new thirty-bedded women's hospital as a memorial to her husband. In June 1890 the John Bishop Memorial Hospital was opened by the Bishop of Lahore at the Maidan Bagh. Next year the flooded Jehlum damaged the hospital and its work had to be transferred to temporary premises near the Dal Gate. In 1892 a second flood wrecked the John Bishop Memorial Hospital completely and it was rebuilt in the town of Anantnag on land donated by the Maharaja at the request of Lord Frederick Roberts, Commander-in-Chief of the British Army. The first in-patient was admitted in June 1902. The doctor in charge was Miss. Minnie Gomery, M.D. and her Nursing Sister colleague was Miss. Kate Nownham.

The Church of England Zenana Missionary Society Hospital was established at Rainawari in 1908. Elizabeth Mary Newman was bestowed the title of the 'Florence Nightingale of Kashmir' by Tyndale-Biscoe for her work at this hospital. The CEZMS Hospital underwent extensive upgradation in 1936.

Other Hospitals

In 1891, a separate State Leper Hospital was established by the State under the management of the Church Missionary Society. About twelve acres of land on a peninsula projecting into the Naini Lake and £300 for a thirty-bed hospital and one year's maintenance were granted by the Maharaja. By 1911 the number of patients had reached one hundred. In 1891 the Maharaja of Kashmir also donated land and a sum of Rs. 1500 for setting up a Visitors Cottage Hospital exclusively for white people at the foot hills of the Shankaracharya Hill.

The St. Joseph's Mission Hospital was established in the mid-1930s in Baramulla by the Mill Hill Missionaries.

State Medical Service

Possibly as an indirect result of the work of the Kashmir Medical Mission, the first Kashmir State Dispensary was started in the late 1860's. This was to be the forerunner of the State Medical Service.

In 1895, Walter Lawrence reported that the State maintained "one excellent hospital in Srinagar and six dispensaries, three of which are situated in the districts".

The State Hospital, situated at Hazuri Bagh, was managed by Rai Bahadur Dr. A. Mitra as its first Chief Medical Officer. He later served as Public Works Minister on the Maharaja's State Council. It was initially known as the Maharaja's Hospital and later as the Sadar or State Hospital. British Residency Surgeons acted as Superintending Surgeons to this Hospital.

In 1891-92, the State Medical Services treated 122,960 out-patients and 615 in-patients; 2,188 surgical operations were performed, of which 283 were major surgeries.

Of the diseases treated in the State Hospital and the dispensaries, the following were the most common: fevers, syphilitic diseases, rheumatic affections, nervous system diseases, eye diseases, respiratory diseases, dyspepsia, diseases of the digestive system, connective tissue and skin diseases. Venereal diseases formed 25 per cent of the surgical cases. Walter Lawrence also reported that excellent surgical instruments were being manufactured in Kashmir, and many instruments in use in the State Hospital were locally manufactured.

In 1892-93, 146 lunatics were treated at an asylum connected with the Srinagar Jail. The Diamond Jubilee Zenana Hospital at Nawkadal was built in 1897 to celebrate 60 years of Queen Victoria's reign. Obstetrics & Gynaecology Services were shifted here from the State Hospital. At present Govt Girls College for Women Nawkadal Srinagar stands at the riverside location of the erstwhile Diamond Jubilee Zenana Hospital. An X-ray plant was installed in the State Hospital in 1913-14 and a dental wing was opened in January 1930.

In 1929 a sanatorium for patients suffering from Tuberculosis was set up in Tangmarg.

In 1940 several important schemes to provide better health care facilities were introduced in Kashmir, including the construction of a major hospital comparable with the best medical institutions. The estate of Hadow Mills Carpet Factory was acquired for the purpose, and the foundation stone of the State (SMHS) Hospital was laid by the Marquis of Linlithgow, the then Viceroy of India on October 15, 1940. The hospital was inaugurated by his successor, Lord Wavell on 11th of October 1945. Even today old-timers refer to SMHS Hospital as 'Hadhwn' Hospital.

* Flavanone in oranges, grapefruit, and other citrus fruit may modestly reduce stroke risk. published in April issue of Stroke: Journal of the American Heart Association.
WELCOME

Ms. Tanveer Jehan

Ms. Tanveer Jehan, Commissioner/Secretary to Government, Higher Education Department will hold the additional charge of the post of Commissioner/Secretary to Government, Health and Medical Education Department. Ms Tanveer Jehan is an officer with impeccable administrative credentials. Born into a business family of Srinagar, the 1977 batch KAS officer did her schooling from Presentation Convent. After graduating from Women's College Srinagar, she moved to Delhi to pursue post graduation in political sciences. Having the distinction of being the first female Deputy Commissioner of Srinagar, Ms Tanveer Jahan has held important administrative posts during her inspirational career including key posts in the departments of Higher and Technical Education, Tourism and Culture, & LAWDA, among others. She has inspired many young students particularly girls to follow in her footsteps into administrative services. We hope that she will lead the Health & Medical Education departments to ever higher goals.

FAREWELL

Mr. G. A. Peer

Mr. G. A. Peer has been an upright, hardworking and dedicated officer with an unblemished service career. Starting as a Tehsildar he rose through various hierarchies in the administration like Dy. Commissioner Pulwama, Anantnag, Budgam, Director School Education Kashmir, Secretary Education and finally Commissioner/Secretary to Government, Health and Medical Education Department.

His service has been recognised by the State Government which awarded him the State Award for his meritorious public service for the year 2008. The Directorate of Health Services Kashmir wishes Mr. G.A. Peer a healthy and happy post-retirement life.
Hon’ble Health Minister tour of JLN Hospital, Rainawari, Srinagar.
International Congress on Emergency Medical Services (EMS 2012)

Venue: AIIMS New Delhi

Hon’ble Chief Minister of J&K addressing EMS Congress at AIIMS, New Delhi

Demo of JKATS EMS ambulance at Govt Kashmir Nursing Home
Hon'ble CM of Jammu and Kashmir Mr. Omar Abdullah, giving Momentos to health workers

Hon'ble Chief Minister presenting momento to Health Minister Mr. Sham Lal Sharma
President of India Smt. Pratibha Devisingh Patil and Union Health Minister Sh. Ghulam Nabi Azad inaugurating Pulse Polio Immunization Day.

Health Minister Mr. Shyam Lal Sharma, Health Secretary Mr GA Peer, Director Health Services, Kashmir and Mission Director NRHM in Workshop.
Notable Surgeries

**Carcinoma Ovary** 50yr old female (post chemotherapy)
Total abdominal Hystrectomy with B/L salpingoophretomy with B/L pelvic lymphadenectomy with appendectomy with supra colic appendectomy

**60yr old female with swelling and scapula diagnosed case of chondrosarcoma with metastasis to spine**
Scapulectomy done under G.A on 17/01/2012

Name of Institution: JLNM Hospital, Rainawari
Team Members: Dr Najeeb Drabu, Dr Ab Wahid, Dr Manzoor, Dr Nikhat, Dr Iqbal, Dr. Muzaffar, Mr Mohd Yousuf, Mr Surbjeet, Ms. Safia
Huge Myomatous Tumour of Uterus
Type of Surgery: Total abdominal Hysterectomy with Salphigo oophrectomy
Team Members: Dr A. Wahid, Dr Manzoor, Dr Arifa, Mr. Mohammad Yusuf, Mr. Sarabjit
Institution: JLNH Hospital, Rainawari
Symposium/Patient Awareness Camp on Gastro Intestinal Malignancies

A symposium was conducted at Gateway of Kashmir (TRC) Qazigund under the aegis of Association of Surgeons of India J&K State Chapter which was attended by Guest Faculty from GMC Srinagar, SKIMS Soura, SKIMS Medical College and around 50 surgeon specialists of Directorate of Health services Kashmir. A free Upper GI Endoscopy camp was also held at Emergency Hospital Qazigund.

The RCH(Reproductive and Child Health) camp was organized by BMO Budgam and inaugurated by CMO Budgam on 08-03-2012

NCD screening for Diabetes/ Hypertension

Screening for NCD was started in Leh in 2011 where 18,315 citizens were screened in the harsh winter when temperatures plummeted to minus 20 degrees and the credit for this work goes to Chief Medical Officer (CMO) Leh Dr Tsering Motup and Nodal officers Dr Norfil/Dr Motup Dorjee. NCD teams have screened more than 1 lac citizens in 20 days under Diabetes & Hypertension Screening Programme. The achievers are Dr. Iqbal BMO Sogam, Dr. Muneer BMO Langate and Dr. Majid & Dr. Firdous (Block Kalaroos) and their team members. The whole credit goes to Nodal Officer NCD Kashmir Division, Dr. Rehana Kaunsar, CMO Kupwara, Dr. G.N. Khan and Nodal Officer Kupwara, Dr. Aftab and their team members for this remarkable achievement.
Workshop on Rabies
At
Regional Institute of Health and FW
Organized by
Block Medical Officer Magam, Budgam District
21st January, 2012

Participants in the workshop

Fifty three cases (53) of ARI reported from the village Yamlar, District Kupwara. The village with a population of 1500 IDSP team from State HQ visited the area, took the samples (Throat Swabs) which were sent to NCDC, Delhi (to rule out Influenza A H1N1) and were negative for Influenza A H1N1. The situation is under control. No new cases reported and all the cases are under treatment and responding to the treatment.

Sample taking in Progress
Sanitation Fortnight
At
Block HQ, PHC Ompora, District Budgam
18-19th January, 2012
Main objective of training was awareness regarding Water and sanitation, Early detection of outbreaks, Hygienic Hand washing, Construction of Sanitary Latrines and emphasis given to construct these latrines away from water bodies. Method of collection of Water Samples in case of outbreak Water borne diseases (Diarrhoea, Hepatitis). Participants were ASHAs(109), MPHWs(48), NRHM staff(35) and all Medical Officers/Dental Surgeons/Lab. Technicians

Alternative Training Methodology for IUCD Services for Doctors/LHVs/Staff Nurses
At
JLNHM Hospital, Srinagar
Organized by
Deputy CMO, Srinagar In December/January, 2012

Director Health Services Jammu Dr. Madhu Khullar & Director ISM Dr. Kabir Dar on tour of Health Institutions

Hon’ble Health Minister Mr Sham Lal Sharma, Director Health Services Kashmir Dr Saleem ur Rehman and Director ISM Dr Kabir Dar visiting Health Institutions

Dr Kabir Dar, Director ISM with Director Health Services Kashmir and Mission Director NRHM addressing ISM Doctors
Management of Trauma patients in peripheral Hospitals
Venue: Regional Inst. Of Health and FW, Dhobiwan
Date: 17th December, 2011

A workshop on "Management of Trauma patients in peripheral hospitals" was conducted at Regional Institute of Health and FW Dhobiwan on 17th Dec 2011 which was inaugurated by Dr. Saleem-ur-Rehman, Director health Kashmir and Prof. Baldev Singh professor and head of urology depth SKIMS and Secretary Association of Surgeon of India-JK chapter. It was attended by 102 Assistant surgeon of various block of kashmir division and various lectures were given on management of trauma patients like Initial assessment and management, Air way, CPR, abdominal trauma, head injuries, and musculo-skeletal trauma. Various faculty members of SKIMS- Prof. Altaf Kirmani, Prof. Fazl Parry and others graced the occasion. Practical demonstration about Endotracheal intubation and CPR was imparted to the participants.

BLS Training at Kupwara
Provincial Trainer for BLS, conducting training at Kupwara on 7th January 2012 where 20 doctors and 10 paramedic were trained in BLS, endotracheal intubation and CPR
Endoscopy/Sigmoidiscopy Camp

An Endoscopy/Sigmoidiscopy Camp was held on 10.03.2012 at Kulgam as a Joint Venture between DHSK and SKIMS as part of a regular screening programme in the peripheries.

In the first camp conducted at Kulgam 38 out of patients 2 have tested positive for malignancy.

SKIMS authorities have already put in place a priority dating protocol for patients from peripheral health institutions. Initially a pilot is being run in Kupwara, Kargil and Leh districts. This is one of many joint ventures being planned by DHSK and SKIMS to improve the healthcare delivery system in Kashmir from primary to tertiary level.

Google best tool to predict flu outbreak

As per an Economic Times report, researchers at Johns Hopkins have found ‘Google Flu Trends’ a powerful early warning system for emergency departments. They say monitoring Internet search traffic about influenza may prove to be a better way for hospital emergency rooms to prepare for a surge in sick patients compared to waiting for outdated government flu case reports.

Cheaper Life Saving Drugs and Better Health Facilities for Poor in Budget 2012-13

As per an Indian Health News online report dated March 16, 2012 the budget for 2012-13 Friday focused on cheaper life saving drugs and better health facilities for poor in rural and urban slums, increasing the outlay of the National Rural Health Mission (NRHM) and launching the National Urban Health Mission.

The budget allocation for health has been hiked by 14 percent for the current year to Rs.30,702 crore (Rs.307 billion/$6.1 billion). Last year’s allocation to the sector was Rs.26,897 crore (Rs.268 billion/$5.3 billion).

Presenting his seventh budget, Finance Minister Pranab Mukherjee proposed to extend concessional basic customs duty of five percent with full exemption from excise duty and anti-subsidy duty to six specified life saving drugs and vaccines used for the treatment or prevention of ailments such as HIV/AIDS and renal cancer.

The government hiked by nearly 15 percent the budget for NRHM with an outlay of Rs.20,822 crore (Rs.208 billion/$4.1 billion). The allocation to NRHM was increased from Rs.18,115 (Rs.181 billion/$3.6 billion) crore in 2011-12 to Rs.20,822 (Rs.208 billion/$4.1 billion) crore in 2012-13.

World Arbor Day

Hon’ble Health Minister Mr. Sham Lal Sharma inaugurating plantation drive in health institutions at Govt. Kashmir Nursing Home on the occasion of World Arbor Day.
Dr Ali Jan Fazili, the doyen of Medicine in Kashmir, was born at Gojwara, Srinagar on 3rd December 1914. He secured his MBBS honours from King Edward Medical College, Lahore in 1937 at the age of 23 years. In 1950-51, he passed DCH and MRCP (Edinburgh) in the minimum period of 9 months.

Dr Ali Jan was also awarded Padma Shri in 1975, by the then President of India for his meritorious services in Medical and Health Education. He had many awards and gold medals to his credit. From the regime of Bakshi Ghulam Mohammed to Sheikh Mohammad Abdullah and Farooq Abdullah, Dr Jan influenced all major political and governmental policies, especially related to health care in Kashmir.

Dr Ali Jan started as a Medical officer, in charge of eradication of venereal diseases in the hilly areas of Jammu Province. During the years 1938-39 Dr Jan travelled through the length and breadth of Doda and Udhampur areas on foot and pony. He later worked as a District Medical Officer in Baramulla, Anantnag and Gulkarg.

Dr Ali Jan rose to the position of Physician specialist and Pediatrician SMHS Hospital. He also worked as Tuberculosis Officer and Superintendent Chest Diseases Hospital, Srinagar. He retired as Professor of Medicine, Govt Medical College, Srinagar.

Besides his unparalleled clinical skills, Dr Ali Jan had a major contribution in shaping medical education in Kashmir and giving a scientific approach to Medicine in Kashmir Medical College.

Dr Ali Jan was the founder and the President of the Rotary Club and Tuberculosis Association of Kashmir. He rendered free medical advice and treatment through community service programmes in remote villages through Rotary Club of Kashmir.

He was also member of Kashmir University Central Council, and the Vice Chairman of the Governing Body of the Medical Institute Soura, Srinagar. Dr Ali Jan was also the chairman of the faculty, member of the apical selection committee, member of finance, purchase and other committees of the institute. He was also the member of the Health & Family Planning Advisory Committee of J&K state.

Dr Ali Jan was Fellow of the Academy of Medical Sciences India in 1980. He was awarded Nelson Raghbir Singh Gold Medal for being the most distinguished graduate of King Edward Medical College in 1937.

- Dr Rahim Khan Gold Medal for standing first in Surgery.
- Neil Memorial Silver Medal for standing first in Midwifery and Gynecology.

Dr Ali Jan had a great sense of aesthetics, enjoyed classical Indian and Kashmiri music, qawals, ghazals and also western music especially Beethoven, Mozart and Tchaikovsky.

Dr Ali Jan was very fond of duck hunting and trout angling on weekends from his personal hut at Pahalgam. Dr Jan was also a member of the Kashmir Golf Club, Nagin Club and the President of Srinagar Club.

This illustrious son of Kashmir passed away on 31st October, 1988 suffering from cancer of Pancreas.

He is a ROLE MODEL, Still

Dr. Naseer Ahmad Shah, Former Principal GMC, a close colleague of Dr. Ali Jan

Dr Ali Jan was my colleague and my role model; still he is a role model. When I joined Medical College he was my senior; I observed patient care was his first love. He was never jealous of another intelligent person in his department; in fact would look after those who I thought were competent. He was a different type of a person and a different doctor I must say, in the sense that while examining his patients he used to forget everything else. The patient was his first priority.

What held him class apart from the rest was examining patients and coming to diagnosis with the limited facilities we had at that time.

His prescription was like an AMULET

-Dr Showket Ali Zargar, Director SKIMS

Dr Ali Jan was a doctor par excellence. He was the chairman of the Governing Council of the Institute. Perhaps it was the idea floated by him whose significance was realized by Sheikh Mohammad Abdullah that led to SKIMS coming into existence. His dream was to have an excellent tertiary care institute in the valley. He emphasized the benefits of doctors getting involved in research. If we have one of the premier institutes in Kashmir the credit goes to Dr Ali Jan. Today when the institute has come a long way we should never forget the role played by its founding fathers like Dr Ali Jan. If SKIMS governing council takes independent decisions and is free from bureaucratic wrangling it is all due to the pioneering efforts of Dr Jan.

Nobody can match the remarkable accuracy of his diagnosis, with limited resources that we had at that time. The patient would carry his prescription like an amulet; it tells you something about the satisfaction that they would have. Our young doctors need to take a leaf out of his book.
Dr. Gurcharan Singh MD (Dermatology, Venereal Diseases and Leprosy)
Retired as Deputy Director Schemes.
A Medical Graduate from Govt. Medical College Srinagar (1969)
Joined as Assistant Surgeon in 1978
District- Kargil, Kashmir.
He Served as State Tuberculosis Officer (Directorate of Health Services
Kashmir) from 2010 to 2011 and later Deputy Director (HQ) from 03-02-2011 to 04-07-2011 and at the time
of super annuation as Deputy Director (Schemes) from July, 2011 till December 2011. We wish Dr Singh a happy, healthy and peaceful life.

Farewell to Dr. Gurcharan Singh
Eye camp at Kashmir Nursing Home. Dr. Asmat performing IOL (Intra ocular lens implant)

Endoscopy/Sigmoidiscopy camp at Kulgam (Joint Venture between DHSK and SKIMS)
Boniyar Fire Incident

Recently the Directorate of Health had circulated a Fire Advisory initiated by Mr. Sham Lal Sharma, Hon’ble Minister for Health to all Medical Superintendents and CMO Offices. Acting on the advisory Dr Sheikh Farooq Ahmed, BMO had installed fire extinguishers at the office of BMO Boniyar. During a meeting three days later, a fire incident occurred due to gas cylinder leakage which could have turned fatal but for the prompt action by Iqbal Singh, Nursing Orderly who used a fire extinguisher to control the fire.

As a result of the exemplary actions of Iqbal Singh for using his training to control the fire, and Dr Sheikh Farooq Ahmed, BMO in promptly following up of advisory, a catastrophic fire incident was averted by following the steps outlined in the advisory.

Neurosurgery in Kargil

Neurosurgery was performed by doctors on nine-year-old Nasreen Fatima, a resident of the Baroo hamlet in Kargil District Hospital after CT Scan showed a huge blood collection in the right frontal region. Due to road blockage following severe snowstorms the patient could not be shifted.

Ms. Shafiqa Bano

Designation: FMPHW
Place of Posting: PHC Makhama, Block Magam District Budgam

Ms. Shafiqa Bano has rendered 16 years service with the Directorate of Health Services Kashmir. She has been posted at newly upgraded PHC Makhama of Block Magam since the past two months. She has conducted 03 (three) deliveries independently at the centre even after after working hours. She has also demonstrated outstanding performance in other activities like immunization, MCTS, VHND etc.