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Wabā

Hasan Manzar

Introduced & translated by

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Introduction

Syed Manzar Hasan is a prominent figure in Urdu Literature. He was born in Hapur, Uttar Pradesh in 1934 and received his early education in Moradabad. After 1947 he moved to Lahore with his family, where he completed his matriculation at Iqbal High School. This was followed by a BSc program from Forman Christian College after which he joined King Edward Medical College, for his MBBS degree. He continued his medical education in psychiatry at the Royal Edinburgh Hospital, later obtaining additional qualifications from the Royal Colleges of Physicians & Surgeons in Glasgow, and the Royal College of Physicians, Edinburgh. Work took him to England, Malaysia, Nigeria and Saudi Arabia. His travels expanded his experiences and enabled him to incorporate them into his literary writings and he wrote while he pursued his career as a ship's surgeon aboard the K P M motor vessel and at the Epidemic Diseases Hospital in Karachi, where he witnessed the emergence of a smallpox epidemic. As a psychiatrist, he practiced for many years in Hyderabad.

His first collection of stories, *Rihāi*, was published in 1986. Followed by five other collections. *Khāk Kā Rutbah*, which was published in 2008, he received the national Maulvi Abdul Haq 'Baba-e-Urdu' award for best fiction, He has published essays, and children's books. His work has been translated into English and published in Delhi and Karachi. *Al Asifa*, *Dhani Baksh Kay Betay*, *Wabā*, and *Do Muḫhtasar Novel*, have been published. He is the recipient of multiple awards including the Lifetime Achievement Award by the Academy of Letters, 2022 and the Sitara-e-Imtiaz from the Government of Pakistan.

It has been a privilege to work on this translation under the guidance

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of the author. The translation is not word for word, but I have tried my best to maintain the integrity of the Urdu text. Written long before the pandemic, this haunting novella centers a post partition government hospital and those associated with it – doctors, nursing staff, administrators and of course the patients and their attendants. Intricately woven between two timelines; a day in the life of a hospital, breakfast, lunch and dinner, and within that, the personal lives of both the doctors and the patients and written against the backdrop of a military regime, this novella explores with great wit and sensitivity the dynamics between the junta and the populace. Revealing the complexity between the ruling and the ruled.

Dr Hasan Manzar brings to this novella, his vast experience of working in government hospitals at home and abroad. According to him, “The writer in me is older by two or three decades than the doctor.” In his unique style, which I feel, cannot be compared to any other writer’s, he makes his readers weep and laugh at the same time. Written with great compassion and without any rancor, it is a masterpiece, relevant even today, since nothing seems to have change.

Dr Hasan Manzar is a psychiatrist, and his understanding of the human psyche influences his work and what a reader meets with characters in the flesh. With great economy of words, he completes a portrait in its entirety. This novella has been written from an omniscient narrator’s perspective, and we are introduced to characters who play their parts and leave. An old man clutching the lenses of his dead grandson, wrapped in crumpled paper, hoping that they can be put back into his eyes, a young woman suffering from smallpox who knits for a young doctor. Densely packed with people and situations you can relate to and visualize, this is an unapologetic ode to the people who work, sometimes in unbearable circumstances to provide succor in any which way they can, with little to no regard to their own personal safety and well-being. Hasan Manzar holds a mirror to society without a trace of being preachy or didactic. The novella is a powerful tribute to our underpaid, overworked, often abused government hospital employees – they, who truly deserve to be foregrounded.

Epidemic: A Novella

It is a day like any other at the hospital.

The soft, early-morning sunlight has just begun to shine upon the flowers and buds in their beds, and the droplets of dew on the grass are ready to depart.

Mothers who have spent the night sitting on stools beside their sick children have rested their heads on the beds and fallen asleep. Those who remained awake after their prayers, fingering their rosaries, seem drowsy. Children who are very ill are listless, much as they were last night. The mischievous ones, aware that their mothers are not watching them and that the nurses will not scold them, are playing a game of shaking the intravenous tubes attached to their arms, while, with the other hand, making the droplets fall faster or slower.

A slightly older brother and sister, who are in adjoining beds, are examining their throats in the early-morning light filtering in through an adjacent window, using mirrors they had hidden under their pillows. They are examining whether the white membrane covering their tonsils, palate, and uvula has diminished overnight. When they were admitted, they had been betting on whose membrane was bigger; now they are wagering on whose is smaller.

They do not have an iota of belief in what the doctor says about the white membrane in their mouths, the membrane of diphtheria: "If one does not rest the entire day and engages in horseplay, then the heart might fail, which means that one can die."

This conversation about death had been whispered to the parents by the doctor a little away from the beds because the children had been observed jumping from one bed to the other. Later, however, the parents informed the children about dying in order to instill some fear in them. Once their curiosity about what the doctor had said had been satisfied, whatever fear they might have had disappeared. Their father had never instilled fear in them with regard to climbing trees, falling, and splitting their skulls. Could something like this ever really happen, they wondered?

This is a children's ward. Fathers of children who are gravely ill visit throughout the day, but at night, only the mothers stay. Fathers who visit the ward during the day clearly do not seek permission to enter; most of the women observe purdah in their presence. They conceal themselves in a burka or a chador. Sometimes, they are so completely oblivious to themselves that they are not even aware of where their dupattas are.

The bed next to the naughty brother and sister is occupied by a child who is unconscious. His mother remains covered in a burka even when there are no men in the ward. When the doctor, male nurse, or ward boy arrives, she even veils her face.

When this child was brought in the day before yesterday, he had

been restlessly moving his hands and feet because he was in great discomfort. Now he is perfectly still. He does not cry when an injection is administered, nor when he is hungry. At the time of admission, the white membrane of diphtheria was visible in his nostrils; it has now crept forward from the roof of his mouth to his lips.

He had been given injections at home, but when he was brought to the hospital, he had already turned blue. In the Emergency Ward, they made a hole in his windpipe, inserted a tube, and put him on a ventilator. When his lips, nose, and fingers turned faintly pink again, his mother found some relief, but she had not slept a wink for the past two nights. One does not know whether she had managed to shut her eyes when the child was at home.

She clutches the panjsura in one hand and, with the other, keeps searching her child's body for hidden signs of life.

On the first day, the child had not protested even mildly when he was administered an injection. Dr. Anees had said to the staff nurse beside him, "I believe there are two moments, when treating children, that are the hardest for parents and doctors. First, when a child does not protest or cry out even a little while receiving an injection; and second, which is even more difficult, when a child himself asks for an injection because he is in so much pain."

The staff nurse remained silent because she had heard this sentence before from Dr. Anees. She knew that the patients who were brought to this hospital every day were in the clutches of death. This would make tears well up in her eyes, but she had learnt the art of controlling them.

At this time, the night-shift nurses are handing over their charge to the day-shift nurses. The ward boys are busy washing syringes, tongue depressors, drip sets, and thermometers, and boiling those instruments that need to be sterilized. Where necessary, the ayahs change the bed sheets. Spittoons, which are also filled with used cotton, and bandages are carefully washed by them. After all, they have children at home, and their own lives are also at constant risk. The sad truth is that, for all this work, the hospital management does not provide any additional monetary benefit to those undertaking such hazardous tasks.

After the night nurses leave, the breakfast trolleys start to roll in: tea, milk, two slices of buttered, untoasted bread, and, for those who are allowed, eggs. The trolley rolls ahead without pause past certain beds, such as that of the unconscious child, whose mother sits on a chair beside him, holding his hand in hers. Her breakfast had been brought by her

husband: a thermos full of tea, a second flask full of cold water, and something else, whatever it might be, in a flat aluminium box.

The main gate of the hospital—the rest of the gates normally remain closed—is being opened for visitors who arrive one by one to see their patients. Everyone is not being allowed in because the whole city might become infected. Not by diphtheria or those diseases that are slow to spread, but by smallpox, the number of patients with which is steadily increasing. Now there are more restrictions on visitors to those wards.

During the course of the day, a single bed is occupied by multiple patients in turn; sometimes there is not enough time to change the sheets. This ward is at a distance from the other wards and is located near the boundary wall at the back of the hospital. Except for the second one, Ward Number Four is at a short distance from the main gate, on the right-hand side. It is constructed out of wood and sits atop the administration block. It remained closed for years and has recently been reopened. It was constructed as a temporary ward for an epidemic in the past. As with all temporary buildings, when it was no longer of any use, it was abandoned. The wards with new metal roofs will also be left standing after the epidemic is over.

Attendants accompanying patients admitted to these wards are greeted by an old ward boy. In the language of the ayahs, “ward bhai.” If he is on duty, he gives them these orders:

“Members of the family should not visit. There should only be one attendant, a man or a woman. Bring one branch of the neem tree and wave it constantly over the patient—let no fly sit, particularly on the eyes, or the patient will lose his eyes. Once the patient is cured, he has to be bathed with carbolic soap at the hospital. Clean clothes will be brought from the house, and the patient will be dressed in them before being taken home. Clothes worn by the patient from home will be burnt here. If he dies, straight to the cemetery, not to the house.”

If someone asks where carbolic soap is available, he replies, “That was available during the time of the British.”

“What should we do now?”

“Now make do with a local bar of soap. It is strong.”

All attendants accompanying patients know that the ward boy’s conversation is superfluous. They reason: when the patient has already spent time at home prior to the onset of pustules, with a high fever, what difference will it make, after death or without a bath with carbolic soap, to take him home? They are firm in their belief: those who are destined

to get the pox will get it. And those who are not meant to get the pox will remain all right in spite of the fact that they are not vaccinated. No one can convince them to get vaccinated.

As for the clothes worn at the hospital, well, they can be washed at home. These clothes have not been stitched to be given to the ward bhais, ayahs, and sweepers.

If the attendants have an important question to ask with regard to the disease, they often speak to Sadiq. He clearly seems to know more about *maata* than the young doctors because he can converse with them in their language. Whatever the origin of the language, he can speak it. His speech does not contain medical terms or jargon. It is important to understand his form of communication: he speaks an amalgamation of all the languages spoken in the city. That is why everybody understands what he says. One wonders what language he converses in with his children at home.

There is something else only Sadiq can do: resetting a slipped kneecap.

It happens often that Fateh Khan, while walking through a corridor, practically throws whatever he is carrying aside and groans loudly. At that time, it seems as if this compact, short man's soul is being seized. At such moments, the nurses, ward boys, ayahs—whatever they are busy with—forget everything and inadvertently leap towards the doors and windows to see what is happening to Fateh Khan and call out, "Where is Sadiq? Call Sadiq!"

A smile lights up Dr. Abdullah Mustafa's face. "Sadiq is being called. He is the most important person in the hospital at this point."

At that moment, Sadiq, wherever he might be, arrives at top speed, like an ambulance flashing its red light, and after a few manoeuvres resets the dislocated knee. With that, Fateh Khan's groaning stops.

After remaining on the floor for a few moments, Fateh Khan gets up, dusts the seat of his trousers, and resumes his journey. But this does not happen every day. However, the cooks and nurses do not dispatch tea trays or glassware with him.

An old man with long, messy hair and a tangled beard has been waiting for the doctor in the verandah of the old smallpox ward. In a matter of days, everybody has got to know him and his family. His son is dead, so is his wife—meaning his daughter-in-law. He did not have daughters, or perhaps he did, and they are dead; he does not clearly remember. He was brought here about a week ago with his two young

grandchildren from his hovel, which is now lying open and vacant. No one is going to occupy it in his absence.

His grandchild died during the night, and the body has been shifted to the tin shed. It has been confirmed that there is a smallpox epidemic, and this shed has temporarily been converted into the death ward.

The second grandchild is lying inside.

The old man is holding a piece of carefully folded paper in his hands. He looks like a plant that has been hacked down; even the breeze cannot move it. Winter is setting in, and the last joy life can offer him is mild sunlight, and he is basking in it. One does not know if he has had the tea that was sent for the patients in the ward, which must have been sent for his grandsons.

The outer corridor of the children's diphtheria ward, where preventive injections for smallpox are administered, seems clean and undisturbed. This work is now being done in the new registration room, which is housed at the other end of the same building as the office block.

Attendants accompanying all kinds of patients are coaxed and pleaded with to be vaccinated against smallpox, with the promise that they and their families will be saved as well. Some of them, particularly those who accompany patients with smallpox, succumb, but there are those who do not allow you to touch their backsides.

Dr. Samiullah, who is in charge of the leprosy ward, has no faith in the smallpox vaccine. For generations, no one from his family has ever been vaccinated because he maintains that it is still possible to contract smallpox; besides, once you have contracted the disease, you have immunity for life. His face bears smallpox scars, as does his daughter's, who is a gynaecologist at the city corporation's female section—if you like, you can refer to her as a “Jinay-cologist”—and perhaps his wife's face as well.

If Dr. Samiullah becomes the health minister, he might do away with the practice of vaccination. It is the veritable truth: no matter the intensity of the smallpox epidemic, it cannot harm him or his daughter, Mehrunnisa.

There is a hustle and bustle in the wards. This inevitably happens when there are four people together, whether they are ill, suffering, or sorrowful, as long as they have an interest in one another. Those astonished questions from the day nurses have also ceased, the questions they used to ask the night nurses:

“That bed number... where is that patient?”

“Is Maliha’s breathing any better? Did you need to give her oxygen? She is a pretty child.”

“Francis Lobo?”

“Is alive.”

And this news is a little joyful for everyone.

He had erupted in pustules everywhere: on his eyelids, in his mouth, in his nose; his entire face, neck, chest, and stomach, his hands and feet—every part of his body was in their clutches—and he had been kept at home. When, on the fourth or fifth day, the pustules settled back, as if some powers were forcibly pushing them back under the skin, he developed a high-grade fever, which was like poison spreading throughout his body, and he slipped into an unending slumber. He had given up eating much before that.

Dr. Rouviston Banker, who was the doctor at the bank where Francis’s father worked, looked at the spots with his pocket lens, examined all his orifices, and shook his head glumly.

“You will have to shift him to the hospital. There is blood everywhere—in the whites of his eyes, in his nostrils, his throat, in his ears, and...”

Francis’s mother had held the headboard of the bed and supported herself with great difficulty. She was a woman of immense patience, and when Lobo senior looked at her after the doctor had left, she nodded her head in acceptance.

Since that day, she has come to the hospital every day. During the early days, she would sit with him, but ever since the flesh on his stomach and between his ribs has emaciated, and instead of an eighteen-year-old boy he resembles an Egyptian mummy, and all the medical intervention cannot stop the smell of his rotting skin and flesh, she does not sit in that small ward. She sits on a folding chair outside the ward, and the position of her chair keeps changing according to the angle of the shade. One does not know if she has breakfast before she comes.

Dr. Anees and Mudhat have developed a keen interest in Francis Lobo’s case. Whenever they pass Mrs. Lobo, they often give her unnecessary hope: “He will be well, Mrs. Lobo.” With a slight nod of her head, she seems to say, “I hope so.”

In all honesty, Anees, Mudhat, and the nursing team of this ward have made Francis a test case. If he survives, they will believe that haemorrhagic smallpox has been defeated.

Mr. Lobo does not come to the hospital. Amy Lobo once said, “His heart is weak.”

Dr. Abdullah Mustafa is not interested in Francis’s case because, in his professional career, he has never seen pustules that sink back. Whether they are measles or chickenpox, once they sink back, they do not leave before killing the patient. And this is smallpox. In order not to annoy the goddess of smallpox, a large portion of the populace calls it *maata*, mother. Perhaps she will have compassion once she is called mother.

Doctor Mustafa does not object to the fact that Francis is being administered expensive medicines, some of them on experimental grounds.

Sometimes, when he sees the two young doctors, whose passion for fighting diseases is still alive, who have not succumbed to the frost of defeat, and when he sees them entering his office, he asks, “Now tell me, how is your patient?” without a hint of sarcasm.

Even today, when the nursing staff and ward boys saw Dr. Anees heading towards the small, twenty-bed ward, they announced, “Francis is alive.”

This good news no longer elevates Dr. Anees’s spirits, nor does it lessen Mrs. Lobo’s grief. Everyone is aware that Francis has reached that stage in life where his whole life should lie ahead, brimming with possibilities. However, death will be victorious.

A few burka-clad women go from ward to ward to read silent prayers at the bedside of the very sick, both young and old. They carry *panjsuras* and rosary beads. The mothers of young children look on with hopeful eyes as they pray, wishing that their prayers will be answered.

Everyone knows that they, too, have loved ones admitted to the hospital, and their hearts bleed for them. Time and suffering have created new bonds. Unveiled in black burkas, these women seem like celestial harbingers of good health... angels.

It is not Sunday today, or else Father would have arrived by now. He stands at every ward and prays and makes the sign of the cross. If the duty nurse calls out, “Can you please come here, Father?” and takes him to a particular bed, he stands and prays for a long time, all the while making vertical and horizontal lines on the patient’s chest.

Sometimes the gatekeeper, Ramzan, has to leave his post in someone else’s care to read Surah Yasin over a patient. His beard does not have a single white hair as yet. For this service, which he considers

a religious duty, he is not prepared to accept even a rupee.

If arrangements for an imam cannot be made to lead the funeral prayers, he steps in to lead the prayers at the death ward, where the body lies wrapped in its burial shroud. It seems he has learnt to lead funeral prayers after being posted to the hospital.

He has just one annoying habit: the tendency to give a speech on what a person truly needs after death. If the burial is at the expense of the municipal corporation, and the funeral car arrives to receive the dead body, and if the driver or the loader of the dead body says in a strict tone, "Okay, Maulvi, enough!" which forces him to fall silent, then he goes back to the gate and complains to his colleague:

"What kind of people are these? They are not prepared to listen to one word for their own salvation. Do I charge any money to lead the prayers, that I will extend my sermon unnecessarily to be paid more?"

The most despondent patients and attendants become hopeful for a few moments when they see the women and the Padre praying over patients. Because once a patient is admitted to the hospital, particularly those with smallpox, tetanus, and unstoppable diarrhoea and vomiting, all those in their senses have one fear:

"I have been brought to such a market where the only commodity is death. What was wrong with my being at home, that they dragged me here?"

And this apprehension also bothers the attendants at every moment. Everyone knows that either in the morning or the evening, at best a couple of days down the line, they will receive a call saying, "Come and get your patient."

The patient who had seemed hale and hearty, and of whom hopes had been high that he would be sent home, suddenly could not breathe. The attendants would call for the nurses: "Sister, call the doctor."

The oxygen tubes and emergency injections worked sometimes and, at other times, did not. And sometimes, as they prepared to leave, they ended up helping the hospital staff fix the bed and surroundings for the next patient.

But this despair is not at the same level in every ward. Nature, in its bounty, bestows generously, but can be stingy as well. It seems as if the distribution of illnesses and accidents is also governed by similar laws.

"Indeed, if it's not like this," it has been said by Dr. Mustafa's wise friend, Dr. Abdul Haleem, "then why is it that someone's lot in life is to become afflicted with tuberculosis and spit blood, while someone else

has never coughed even once in his entire life?”

Dr. Abdul Haleem’s daughters are short, dark-complexioned, with a hint of khaki, and devoid of any beauty. They have both completed their master’s degrees. They are hardworking and expert homemakers, but that does not mean anything; the colour of the skin is of utmost importance for marriage, then height, and then whatever is on top of that height—that is, the façade.

Dr. Mustafa ignores his friend’s allegations about nature. They had both received their MBBS degrees from Bombay.

Whenever Dr. Haleem visits, he heads straight for Dr. Mustafa’s office. If Dr. Mustafa is out doing his rounds, the peon and office clerk are well aware that Dr. Mustafa need not be called. Dr. Haleem will wait for him to return.

When they are together, they converse in either Urdu or Konkani. Tea is brought from the house, which is literally at shouting distance. If a junior doctor arrives for some work, Dr. Mustafa offers him his cup of tea, which has grown cold lying in front of him, and everyone knows how much sugar Dr. Mustafa has added to kill the bitterness.

For the last eight or ten months, Dr. Haleem has stopped visiting. Dr. Mustafa visits him now.

Approximately thirty-five or forty miles away from the city is a hill with a waterfall in one of its crevices. A small quantity of water has made it verdant and beautiful. A God-fearing man who himself was a doctor built a convalescent home on the hill. It was for those doctors who could not afford expensive medical treatment in their old age or before. For those who had not managed to accumulate assets during their tenures and practices that would have been sufficient for them after they had retired. They could not afford to see specialists even then, when they were employed, let alone now. This was because, contrary to an unwritten agreement, they would not refer patients regularly to those specialists in private practice.

Tea for the nurses was boiled on the heater in the covered corridor in the diphtheria ward, which led to the room used for boiling syringes, needles, etc., all day. The tea is precious to Dr. Anees and Dr. Mudhat because it is brewed by an elderly staff nurse who serves it to them with a lot of affection.

“Doctor... drink some. You must be tired.”

If Dr. Anees’s hands are covered in pus from oozing smallpox pustules, which happens numerous times during the day, Sister Hashmi

holds a cup to his lips and says, “You need this.” And if her daughter sends *naankhatais* or samosas from the house, she gives him bites in between sips of tea.

Sister Hashmi is Marathi. Pre-Partition, her name was Shanta Numbulkar. It is Sara now. Sara Hashmi.

The tea is now brewed in the new registration office. Just as before, the old doctors and the new, whoever is around at that time, are shown the same courtesy.

Dr. Anees is showered with extra kindness by the nurses because he is always within reach of the patients and their families. Ever since smallpox has turned into an epidemic, he has taken to sleeping in the room that houses the minuscule hospital laboratory. There is an old-fashioned incubator, a microscope, and a stand with bottles filled with coloured liquid, which create a contrasting background against which to discern infections and slides.

The lab boy prepares the slides and leaves them behind, and Dr. Abdullah, Mudhat, or Anees, whoever has the time, goes over them and prepares a report: what was seen in the patient’s throat swab, what germs flourished after incubation, and who created colonies.

On the nights Dr. Anees manages to sleep, the following morning he washes his hands and face in the sink used for washing slides.

When he is called at night, he puts a bathrobe over his nightclothes and rushes to the ward.

If the day is free, he visits his home—not his own, but his maternal uncle’s, which actually belongs to his aunt. The aunt has been married for five years, and she is still annoyed with Anees because his mother chose her to become her brother’s wife. That is the reason Anees spends most of his time at the hospital.

Dr. Anees does not possess another gown except this bathrobe. Certainly not the kind that makes one look respectable no matter what is worn underneath. It was in this very same gown that he visited Ahmed numerous times during the night, the one whose mother was always clad in a burka. It seemed as though the burka was a covering for the clothes she had probably worn since she had come to the hospital. Ahmed was not in good shape. Except for sympathetic concern, nothing much could be done for him.

The bed that was given to a twenty-three- or twenty-four-year-old girl ten days ago had been occupied by Ruby. Ruby had been admitted in serious condition, and she was all of five years old. In comparison to

her age, her body had a tremendous hidden capacity to fight disease. For a week, her life had hung by a thread.

Anees would make numerous trips to the ward during the day as well as at night. When he went home to change his clothes, Mudhat took over. On the eighth day, she had become a delight for the nurses and for Anees as well.

On the morning, she was discharged, she gave Anees a small pink purse. He asked in amazement, "What am I to do with it?" The nurse accompanying him broke into laughter, and so did Ruby's mother.

Ruby replied, "Doctor Sahib, this is not for you, it's for your mother." When her mother nudged her, she said, "Sorry, for your wife." In the next breath, she asked, "Dr. Sahib, how big is your wife?"

Anees raised his hand a foot above the floor and said, "This high."

When Anees got back to his office, he kept looking at the purse and thought: "Perhaps it's made out of silk, or synthetic? I am no authority on fabric. It seems to be made out of silk."

The rooms that house tetanus patients—children, women, and men—are places where their bodies become rigid like bowstrings at the slightest sound, even when a door is shut as silently as possible. Their mouths clench as if they will never open again; their eyes squeeze shut so hard that the eyelids develop deep creases, and the face turns blue... as if there will be no next breath.

The doctors on duty cannot tell the attendants with certainty whether the next step of the disease is death or recovery. The more intelligent patients and their attendants have accepted that what has befallen them has nothing to do with fate but with human folly.

Dr. Mustafa, according to habit, has been repeating for years—he came from Bombay fourteen years ago—telling each and every one:

"Your woman's umbilical cord was cut with a pair of dirty scissors, which is why both mother and child have tetanus. Couldn't that midwife sterilize the scissors for two minutes over an open flame?"

Or else:

"Why did you get your ears pierced? The woman who pierced your ears used a dirty wire."

Or else:

"Why did you go to the fields to pick lemons and chillies barefoot, when you were fully aware that there are thorns? You have been pricked by one. People use these fields as toilets."

“Why did you walk barefoot on the street? Haven’t you ever seen rusted nails lying on them?”

Dr. Mustafa has a great quality: he never asks anyone to exercise patience. His answers convey his experience and knowledge. He has never been one to exercise patience throughout his entire life. His answers shut the attendants up without their comprehending a word. All the things on his list of candid replies backfire at times, and a question that makes him fall silent is:

“Why is this happening to us?”

Or:

“Why didn’t this happen to us before?”

Fatima, in all likelihood, will not make it to the evening. She is a good-looking Makrani woman. She had tried to get an abortion in secret, without informing her husband, who is a mullah. Seven pregnancies by the age of twenty-three and a half years: three miscarriages, four births, and this, the eighth. Was she a hen, to lay an egg every day and then sit on top of it and forget about the world? And once they were hatched, acquaint them with the outside world?

Fatima had given the midwife a lamb as a fee for an abortion. Whenever the mullah enquired, she said, “It’s dead.” Her sin was never revealed; instead, she is lying in the tetanus ward.

Dr. Anees has seen her four times since three in the morning, up until 11 a.m. The anti-tetanus shot has been given, and the woman reeks of chloral hydrate; the smell is unpleasant for others.

When Fatima’s body stiffens, it seems as if her spine will break. She cannot eat or drink. This cruel, vice-like grip controls her face, body, hands, and feet. It has not spared her swallowing and breathing tubes.

Out of habit, Dr. Mustafa speaks in a low tone in the tetanus ward, and this mannerism seeps effortlessly into the nursing staff and attendants. He has come at this time because he had heard that it was a young woman with no chances of survival. He saw the patient and nodded his head in answer to some question that surfaced in his mind, glanced at the medical chart, and left.

He was a straightforward man, which was another name for unequivocal.

If he had had any compassion for the sick, it had become nonexistent after having spent years, day in and day out, with dying people. Much like those doctors and nurses who worked in cancer hospitals.

Comparatively, on the ladder of compassion, on the lower rungs were those attendants who worked with patients with serious mental illnesses.

Dr. Mustafa's reserve of tears was limited. How long could they have lasted? Till such time as he retired? A man is not a cloud that bursts and releases all it has, and then leaps at the ocean to replenish itself.

Dr. Mustafa's home is in the hospital compound. It is called a bungalow, and he lives alone. On the first or second day of the month, he goes to his house to give his wife spending money, which cannot be a large amount because he has never earned much, and he does not consider it necessary. He spends an hour or two at home and returns to the hospital, where the nurses who belong to his time and are ready for retirement admire him.

Some have two years until retirement; some have four or five years left to go.

"It would have been wonderful had we retired together," someone had once said jokingly.

To that, the nurse from Goa who smoked eighty cigarettes a day replied, "After locking up the hospital."

The right side of her lower lip hangs constantly. After completing her eleven-o'clock round, she has gone outside the hospital gate to the kiosk selling cigarettes and paan to buy her daily ration—eight packets of the cruelest cigarettes. The only advantage is that they are the cheapest. One matchbox is enough for this ration.

She will go to her quarters, make tea, and look for something to eat. An eggplant, potato, or marrow, whatever is available; once she boils it, it will become her entire lunch.

On the first of the month, Sister Eighty's brother visits: "Alfonso de No Good," the latter part of the name having been given to him by his wife, and he is living up to it.

Ruth, Mrs. No Good, initially worked for the sake of her children and herself. Now she receives a pension. Alfonso is fond of alcohol and a kind of date wine called *taari*. Alcohol can be of any kind, provided it is available all the time, and *taari* whenever possible.

No one has ever seen him bring his sister a bouquet of flowers on Christmas or New Year's, let alone a gift. He comes every month, takes a large chunk of her pension for himself, and leaves.

Sometimes a Jewish nurse comes to visit Sister Eighty Cigarettes. If

she is not at the hospital, then she knows that she will be in her quarters. Hannah retired two years ago, but she remembers that, no matter what the textbooks say, Dr. Abdullah Mustafa's fixed doses of diphtheria and tetanus medicines are a certain number of units of ADS and ATS. Very small amounts.

She still refers to the dome-shaped ampoules as bulbs, much like Dr. Mustafa. If these medicines need to be repeated a few days later, then half a bulb is given to one patient and the other half to the next. Dr. Mustafa is a frugal man. Perhaps it was this very trait that did not allow intimacy to grow between husband and wife.

Leftover diphtheria or tetanus vaccines were never thrown away. Dr. Mustafa spent government money as if it were coming out of his own pocket. After all, he belonged with the millions who took part in making this country. He could not bear to see it destroyed.

Sister Hannah is going to Israel, where her expertise will be of no use. Once she leaves, one does not know if the synagogue will remain open or if it will close forever. Everyone knows Sister Hannah is the last Jew in the city.

As lunchtime approaches, signs of life are seen in Dr. Mustafa's house. The Kashmiri staff member at the hospital, who is called the honeybee, aka Banbur Yamberzal, has gone to his house to cook two meals.

At dusk, this same man wipes the chimney of the lantern, fills it with kerosene, trims the wick, lights it, and hangs it in the trellised courtyard. Dr. Mustafa gives him a little extra for this; however, he is quite happy to work for him for nothing.

He does nothing in his spare time because all his time is spare. He does odd jobs for Sister Sara Hashmi or the Goan nurse. He feels happy when he sees Sister Hannah and asks her, "Sister Jee, when will you go back to your country?"

Sister Hannah was not born in that country, nor had she ever visited it. Banbur, the honeybee, has his own country, but he can never go.

Dr. Mustafa had shifted ten miles away into a rented house after giving the hospital accommodation to his wife and children. He had remarked to the person who read the electricity meter, "You call this a minimum bill, indicating that it cannot be any lower? I barely use this much. I sleep by ten or eleven o'clock. If I get up for five minutes, how much electricity can I possibly use?"

That man had a cordial relationship with the doctor, and he laughed

and said, "Then have it cut."

Dr. Mustafa replied, "Cut it."

Since then, Dr. Mustafa sleeps without a fan even when it is hot. Everyone laughs at him and calls him eccentric. Dr. Mustafa has never once said to anyone, "I couldn't sleep because it was so hot last night."

These days of darkness will soon be over because Dr. Mustafa will retire, and in his stead Dr. Anees will take over. He is about to get married and, at this moment, is more desirous of a home than a wife.

If the days of drowning in darkness are numbered for this house, then the days of fortune for the hospital are few, because a doctor as duty-bound and honest as Dr. Abdullah Mustafa will, in all likelihood, never be found.

The entire staff is upset at his retirement. This is not confined to the old or young, nor to any religious order or to those who speak different languages. They have all suffered numerous attacks of epidemics together. References to them creep into conversations like discussions of countries being attacked: how many died, how many were maimed, and how many were missing.

For instance, the outbreak of meningitis in 1955, which swept away children and adults. Bodies burning with fever, children vomiting, elders moaning with headaches; many had fits resembling epilepsy. Adults did not know who they were or where they belonged to. The fluid taken from their spines would be murky.

Or the case of the fellow with diphtheria, with a bull-like neck and foul breath. In spite of all their compassion, the nurses were weary of going close to him. He had bloated from his jawline to his chest. He could not breathe, nor could he eat. It was written clearly on his case history: "Malignant Diphtheria." Somehow, life was refusing to surrender him to death.

And the rumour of the plague! When the city nearly emptied because some cruel joker had started killing rats and leaving them on trams and buses. He was finally caught in a Chinese restaurant with a dead rat wrapped in a newspaper.

When Dr. Anees reaches the old smallpox ward for his daily rounds, the old man sitting on the verandah has already changed his place numerous times because of the glare of the sun. When he sees him, he stands up. He has immense faith in Dr. Anees and, on that basis, pushes forward a piece of paper clutched in his hand.

“What is it?” Dr. Anees asks with empathy, putting his hand on his shoulder.

The old man remains silent.

The nurse who is in charge of the ward says, “Baba has been sitting all morning with this piece of paper. If someone asks him, he says, ‘I will show it to Dr. Anees.’”

Dr. Anees takes the piece of paper and examines it. It is an ordinary piece of paper, like those flying about that should have been put in the wastepaper basket, or like those given to attendants bearing a list of what is required for the patient: menthol powder, deodorant, oil that can be applied to scabs when the pustules dry and fall off.

Dr. Anees unfolds the piece of paper. He finds two semi-squashed, faintly clear, small round balls, and looks at the old man.

The nurse’s body jerks back, and she says, “Doctor, he has been carrying his grandson’s lenses since the morning. They had fallen out of his eye sockets when we cleaned his eyes with a little water. He went around asking everyone for paper. Somehow, he got hold of it, and now he is showing it to you...”

Dr. Anees looks at the lenses again and at the old man.

The old man says, “Can these regrow in Luddun’s eyes?”

The doctor shakes his head sadly.

“Then he will never be able to see again.”

The doctor can find no answer. The old man does not have tears to spare. He stands there, hanging his head.

Dr. Anees, while doing his rounds, reaches a bed in the ward, and he is told by the staff that this bed was occupied by the old man’s second grandchild, and that those were his lenses, which the old man had kept in a piece of paper, hoping that they could be put back.

When he completes his round and leaves the ward, he does not see the grandfather of those two boys. He stands there in absolute silence and looks at Sadiq, who is busy explaining the rules and regulations of the hospital to a bevy of attendants.

Dr. Anees asks Sadiq a question:

“Where is the old man who had been sitting here since morning?”

Sadiq replies, “I saw him leaving the premises. The gatekeeper called him back, but he did not listen. I don’t think he will come back.”

“His address?”

“No one knows. People like him normally don’t return to claim their dead.”

“Then?”

“A burial form will have to be filled out by Dr. Abdullah or you.”

It’s time for lunch. We will shortly see the trolleys arrive. The patients who are now better will have their faces light up with anticipation and hope, which was absent earlier.

Ahmed’s father could not come. The boy he sent with the tiffin was perhaps Ahmed’s older brother—the eldest among all the brothers and sisters. Or perhaps Ahmed’s mother’s brother-in-law, because she did not seem very old, nor did she look as if she were the mother of four or five children.

The boy touches Ahmed’s forehead with trepidation. He looks carefully at his face. Then he looks at the flask and tiffin box. Everything seems the same, but he is surprised when he lifts the flask of water; it seems as if he was expecting it to be heavier.

He says to Ahmed’s mother, “If you don’t eat, and something happens to you, then who will look after him?”

Ahmed’s mother nods her head sadly and says, “I will eat, but don’t send so much food.”

Frailty, which accompanies old age, has limited Dr Mustafa to the less dangerous wards, those which need less running around—towards where patients die of diarrhoea and vomiting, who clearly do not have cholera. Nonetheless, newspapers continue to print, “Cholera epidemic in the city.”

His wife is waiting for the day when he will have breakfast, lunch, and dinner with the family. She hopes he will become as he should have been when they got married.

The bodies of tetanus patients become stiff as steel rods at the slightest noise. Children suffer from meningitis—often grown-ups too. Those with rabies are brought here to die, in the hope that the hospital staff will succeed in making them drink water and that they will not leave the world thirsty.

Bloody smallpox, measles, chickenpox, mumps, and life-threatening diphtheria can no longer scare Dr Mustafa. He has also lost his compassionate interest. What he needs is a few days filled with peace. He sees patients in his room and then shuts his eyes and drifts into nothingness. But only until the lab boy prepares the laboratory reports of

throat swabs and spinal fluids, and the slides for culture, so that he can review them and decide whether the patient has indeed the disease for which he has been admitted, or something else.

Once again, he sits on that chair and remains awake, yet aloof from the world and all that it contains. But what happens here is something at which his slow-flowing, elderly blood practically begins to boil.

Mostly, the patients' families and family doctors bring them in when it becomes impossible to treat them at home—when the white, opaque film of diphtheria has left no space in their air passages, or when it is much too late to administer the anti-rabies and anti-tetanus vaccines.

Chasing diseases no longer inspires compassion in him. Instead, the fire of self-immolating anger boils in his heart and mind. He has hardened himself to become indifferent; otherwise, he would have died a long time ago.

Dr Mustafa spends most of his time doing office work: stocks of medicine, their purchasing, daily expenditure. The hospital compounder can be as honest as possible, but he is of no use to him. The sheets in the wards, pillowcases, and blankets; their constant tally; syringes, drip sets, and the accompanying steel boilers; spittoons; oxygen cylinders and masks are probably seen by him in his sleep.

The younger nurses and doctors say, "Sometimes the light is on in Dr Mustafa's office in the middle of the night. He wakes up, walks to the room, and counts the cut-up ampoules of serum that have been administered during the day to ensure that the staff have not misappropriated any. If someone arrives from the head office to audit, then what would he say?"

The bathroom adjoining his office, which has never been used, is full of jute sacks filled with empty ampoules. Some have broken glass syringes in them and other such useless things. Broken steel spittoons and rusty enamel urinals lie on the floor.

What hides behind all this? A childhood spent being whipped and beaten into obedience? A professional life that, in its earlier days, had the possibility of being tainted with allegations of misappropriation? No, not at all. Inherent kindness, perhaps, which has tried to slowly emerge like a plant raising its head in the breeze. And that too in an environment where it is considered impossible for someone to be honour-bound and above greed. There is no prior knowledge of anything dubious in Dr Mustafa's past.

The most ancient of the nurses will say, “We have always seen him like this.” Sister Hannah will say the same thing, and she will retire before him. This is exactly what Dr Haleem will also say. So will Mrs Mustafa—but with bitterness: “He has always been like this. He has never taken his children to the cinema, let alone to the river on their holidays.”

The office at the hospital, which in reality is Dr Mustafa’s home because he spends eighteen hours here, seems impressive at first glance. Teak cupboards, a refrigerator, his grand writing table, his chair, and the chairs opposite the table. The cupboard against the wall on his right-hand side contains bottles which are two inches wide at the bottom and an inch wide at the mouth. They are round and flat, tapering into a funnel-like shape. At the top, they are encircled by a collar.

These bottles are beautiful. Even a grain of sand would have been visible in the solution inside the glass, because they belong to a time when things were created for durability and with great craftsmanship.

Perhaps until the early twentieth century, these bottles were used as drips, filled with concoctions of salt, glucose, and medicines, and given to patients dying of cholera. The mouth of the bottle was covered with white muslin cloth. When the clip attached to the tube protruding from the bottle was released, the tube would be connected to the patient’s vein through a needle.

Dr Mustafa has safely kept all these things, which at some point saved many lives and which time itself has rendered redundant. Even the pills in beautiful bottles enclosed in wooden boxes—their time, too, has passed for entering a patient’s body.

Lying in the same place are rolls of litmus and filter paper, and a dozen or two glass funnels. Dr Mustafa’s juniors would not be able to recognise these things.

Was he fearful that someone might come in and check whether he had thrown these things out? Or was his conscience fond of torturing itself?

There is a microscope on the large table in the laboratory. He views slides carrying blood, spinal fluid, and samples of sputum there. There is a wooden trunk underneath the table. If you were to open it, you would find a horse saddle, reins, and stirrups—all made in England.

All this stuff was left behind by the last English doctor in the nineteenth century, when he probably visited patients at their homes.

If you ask Dr Mustafa why he has kept all these things, he will reply,

“Forget it, let it be. Why does it bother you?”

“Have you ever used these?”

He will laugh and say, “Does the hospital own a horse?”

One wonders if the hospital had a horse and what happened to it when the British left. Or if it had been put down in old age.

We have heard that there was also an elephant which belonged to the municipal committee, which was probably used to give rides to children at the zoo rather than carry the mayor around. When the audit team raised questions about it and said that it was not visible at the municipal committee office, nor did they have any news of its whereabouts, an experienced clerk resolved the matter:

“Sahib, there was an elephant carved out of wood in the children’s park. It was probably burnt down during the riots.”

It was just as well that the register which carried the entry of the elephant did not specify whether it breathed or not. In fact, one does not know where the park was then or where it is now.

This is also a famous story: a lift was imported, and when it was installed in the magnificent corporation building, one found out what thieves the English and Americans were. The lift seemed not only second-hand but third-, fourth-, in fact, fifth-hand, and people were afraid to enter it, fearing that they would find themselves suspended somewhere.

Anyway, Dr Mustafa was in no way connected to the lift or the elephant. He might have learnt to ride. In the era to which he belonged, certain questions were commonly asked when entering most professions: “Can you ride a horse?” Perhaps he was asked this question when he was selected as a doctor. It was cheaper to keep a horse for the doctor than to maintain a carriage.

The lower outer walls of the main hospital building do not carry any signs confirming that the doctor tied his horse there before visiting a ward—a long metal pole, or a pair of horseshoes embedded on either side of them.

At this moment, Dr Mustafa is in the children’s ward, where a child has been admitted. The ayah gave him this news in his office somewhat like this: “It’s a case of meningitis.”

The doctor agreed with her assessment. He was tired, but he did not seem to mind the child being admitted. What exhausted him completely

was taking fluid out of the patient's spinal cord—a lumbar puncture.

The lunch trolleys have been wheeled away. The children who could eat, along with their mothers, are dozing or trying to. Most of them do not think it necessary to cover their faces.

Dr Mustafa is busy, focused on the child's back. He has painted certain sections with tincture of iodine, and with the tips of his fingers he is counting each disc of his spinal cord, determining where and between which discs the needle will be inserted.

Rubber gloves conceal the white hair and wrinkles on his hands. The mother is simultaneously patting the child and reading prayers under her breath. A ward boy has pinned the boy's arms and legs down on the bed. A nurse stands with a test tube to collect fluid samples from the spine.

Finally, the child emits a squeak of protest. The mother can no longer contain her tears. The matron tells the terrified mother, "This happens every day."

The old, concrete, small female ward is now full of only female patients because the number of those with smallpox has grown. A young patient is resting against two pillows, knitting a sweater. Everyone remembers her name—Seema.

The day she was admitted, on that very same day, on that very same bed, another woman had lain for a few hours. She was accompanied by all her in-laws, and perhaps her own family. Her pustules had sunk back, and there were spots of blood everywhere. Not spurts of blood—when you touched the area, you got some on your finger.

She was faint and burning with a high fever. The family members had not removed her fine clothes or bangles, nor had they removed her rings, nose ring, or earrings, fearing it would be a bad omen.

Her young husband overheard what Dr Mudhat whispered to the family, and, losing his mind, he hugged his wife close, calling out, "Oh, my darling."

Earlier, would it have been possible to say these three words publicly?

Seema's spots have dried, and the dry scabs fall onto the white bedsheets. She is following the doctors', nurses', and particularly Sadiq's instructions: "If you scratch the spots, they will leave behind a scar."

And whoever she is knitting a sweater for, she wants to protect her face for him.

During the day, she asks the nurse on duty numerous times to bring

her the spray from the injection trolley, which is actually a perfume bottle: like a pink diamond, cut with many facets, with a pink, net-covered ball attached to it. When the ball is squeezed, a spray falls on her face.

This is not perfume but a liquid antibiotic to ensure that flies do not complete the work that smallpox could not finish.

There is a joke attached to the sweater Seema is knitting. The nurses say, “Knit away, but you won’t be allowed to take this sweater outside the ward, because each knot has the smallpox virus hidden in it.”

Seema replies, “I will show it to him. Winter has set in, and I have not been able to knit him one.”

She has knitted three sweaters for him ever since they got married. One wonders if the one currently on the knitting needles is the third or the fourth.

There was also a copy addressed to the “American Lady Doctor Jane, expert in smallpox,” beneath which was inscribed: “By way of kindness, can you please consider my daughter as your own and take her under your care? I trust you implicitly.”

Jane walked into Anees’s office at four, before leaving for home, and, with an embarrassed smile, handed the copy of the letter to Anees, saying, “You deal with it.”

Anees is about to get married for the first time, and certainly for the last, because he believes that no one has ever fallen in love with him. He thinks, “I wonder how this silly woman agreed. No one will ever destroy my first marriage. This marriage will be my first and last—unless, of course, she has not been vaccinated against smallpox, and the moment she enters this hospital, she contracts it.”

He does not pay much attention to these thoughts. Similarly, he does not pay much attention to the possibility of contracting rabies. There have been times when he has shoved his finger down the throat of a child suffering from a serious bout of diphtheria because the child had clenched his teeth at the sight of the tongue depressor. Once the back of the tongue was pushed down firmly with a finger, the mouth was incapable of closing.

When Dr Mustafa saw this strange practice of keeping the mouth open for the first time, he had blurted out, “Do you have special antibodies that protect you against diphtheria?”

It is not that there isn’t an idol tucked away in the depths of his heart. There had been a couple of fleeting, distant dalliances, which came and

went with the swiftness of a dream.

Once he had spoken to himself in Urdu: “I am that unfortunate one who does not have a girl.” He had burst out laughing. “Am I married that I should have a girl?” How strange, the transition of words when spoken in a different language.

The first girl who had caught his fancy—one wonders if she had so much as glanced at him. Yes, Anees had convinced himself many times during the night, after putting his book down, that he must have figured in her thoughts. And to convince himself, he would think about those small instances: something she had said during a group discussion that pointed towards a meeting of the hearts.

An inexperienced lover creates a charming world around himself and immerses himself in it.

One day she disappeared from college. They heard a few days later that she had given up the idea of becoming a doctor. He thought about her for years; he still did, but in a different guise, because she was beautiful—extremely beautiful—and his mind would say, “Does such a lovely girl ever complete her education? She is always grabbed before.”

The second girl had arrived with a bang in his life. She was his older sister’s friend, whom he had never seen. He knew that she lived in the vicinity and observed purdah. Hence, he was convinced that she had seen him. Clearly, he had not seen her. She must have been older than him, but not particularly bright, because she was behind him in college, whereas, according to the number of years she had spent in education, she should have been ahead.

An older friend informed Anees that she was in love with him. This had been told to his friend by his fiancée, who had become friends with that girl in college. They were best friends.

This news of love descended like a holy book from heaven, and without realising it, he started to imagine her as younger than him.

Before his older sister got married, the girl would bring her books from the college library—translations of spy novels, romances, and novels about Islamic history. Could this arrangement be restarted? he had thought to himself.

The girl’s younger brothers interceded, and books started coming from the library. With great trepidation, he wrote “Thank you” about three times on the front border of the page, and on the last blank page of the book he wrote, “Thank you for the book.”

The next day, as soon as he returned from college, the messenger

was already there, and he returned the book. It was then that he decided that the boy was young indeed, but aware of all the intricacies of this secret.

Slowly, the notes written in pencil in the margins grew from a few words to sentences. During the early days, a book remained with the scribe for two or three days, and eventually only one night. They were both unaware of the subject of the book, whether they had read it before or not. The younger brother would bring a new book and take back the earlier one.

Then Anees wrote, "Hardback books are better. The cover protects the book; they don't tear easily, and they are more substantial. If one pays attention, in order to protect the book, a space is created when one opens the cover at the spine."

One day, when the messenger did not arrive, he walked past the girl's house aimlessly, numerous times. The next day, when he came to collect the book, he wrote and asked, "Why didn't the messenger come yesterday?"

When he received an answer that the messenger had fallen ill, he felt relieved. The to-and-fro of the books was not a danger as yet.

Often, the letters were such that one was led to believe that the book had been in a home which traded in cotton or wool, and that the letters had been put in the flap of the book and forgotten, like receipts and order forms which, once discovered, could not harm anyone.

They were at a stage in their lives which is called adolescence in English and kishore in Hindi. Boyhood had been left behind, and youth was a short distance away. This was the stage in life when boys and girls accepted dangers with a smile.

Anees believed in his own genius the day he developed a new script, which could be read by the girl with the right key; for those who did not have the key, the writing was no less complex than Chinese or Hebrew. A secret script.

He explained to the girl, "Let's write like this. We will be able to speak to our hearts' content, and if someone were to discover our letters, it wouldn't matter."

The girl replied, "Your new script is interesting," as she had written numerous times before, "but think of how helpless we are. How will we meet? There is no place or opportunity."

Then came the day when he was waiting for her at the bus stop. After recognising her by the colour of her burqa, he slowly started to walk

beside her along the road which led to the main road near their home.

They slowly walked together, and that day Anees realised another thing about himself: he was a coward as well as stupid, because the road ended in a few heartbeats and he hadn't uttered a word to which she could have replied, and he could have heard her voice. He could have at least given her his hand, and she could have held it, even for a moment.

He found a letter when he got home:

"Well, are you going to insist that we meet again?"

Anees returned the book from the previous day:

"Forgive me. Your nearness made me lose my mind. I just couldn't think of anything to say. I hope you will forgive me. I will wait for you at the same place tomorrow."

The next day was progressively worse.

"What happened was," Anees replayed the scene in his mind after he had finished eating the patty and gulping down the dregs of the remaining coffee, "I came back from college and lay down under the fan because there were still fifteen minutes to go before her bus arrived. I woke up when the messenger knocked at the door. He left the book, which I hurriedly examined. The book was thick and had a hardback cover. There was nothing anywhere, not even in the hollow of the spine of the book where it should have been, where I had kept a few petals for her yesterday. She had not even replied to that.

"I looked at the alarm clock on the table, which woke me up early in the morning to study. I felt something push at my heart. It was four o'clock. I wonder how long she had stood there for? Perhaps she had bent down to check her sandals. What other excuse could she have had for waiting there? She couldn't have waited for so long—or perhaps she had, confronting her own growing anger.

"Perhaps after yesterday's walk, she had sensed that she was not desired. I am no Prince Charming. Had she found out that I had not fallen in love with her on my own? About the fact that her friend had told her fiancé, who in turn had told his friend, and that friend had told me?

"If she had considered it all—the writings in the margins, the messages in the tunnels of the books, which resembled bookkeeping receipts—as an affront to her, was she wrong? This was no bona fide way to start a love affair."

For many days afterwards, when his fertile mind took a tour of that brief affair, Anees found himself walking on the narrow road with that

girl. He would imagine that, to overcome his embarrassment, he would try to laugh and say, "I was such a fool in those days. I could not even tell you then. You are lucky that you can see me, whereas all that I see is the path passing beneath your feet."

And then he would think, "I should have extended my hand, and she could have touched it. In reality, I was simply not good enough for any girl to have fallen in love with me."

Girl number three was his cousin, who was about the same age as him. Somehow, she managed to convey through her glances that she loved him, at least that is what Anees felt. However, she tricked him and accepted the first proposal that came her way, and she married a cousin twice her age.

At that time, Anees had convinced himself that it would take him seven or eight, or perhaps ten or twelve years, to get on his feet. That cousin belonged to the air force. He had just returned from a training programme in Britain with a German car. He would proudly show off his car and add, "This was the car Hitler designed for his people."

The girl was smart. She had taken the right decision. She knew that a young doctor could take seven or eight years to own a house and a car, or perhaps more.

She was unkind—she hadn't even bothered to meet him one last time, to sit by his side and shed a tear or two and say, "Will you forgive me? You might find it difficult right now, but I believe that soon enough you will forget me."

In spite of trying, he could not despise her. Not even when he thought, "Was youth such a burden?"

A sentence he had often heard from women—rubbish.

xxx

When Anees reached the hospital, the wards and corridors were lit. The visitors had left. Before entering the office, he instinctively went to the ward where Francis Lobo was admitted.

Outside, on the cemented floor of the wide corridor, a group of men sat chatting. One of them had had his father admitted that morning. He had a terrible eruption of smallpox pustules and was burning with fever. One wondered how he had dodged maata all these years.

Two seasoned caretakers were giving him advice and reassurance.

"Don't be afraid. He will survive. The one you call bad is the one protecting him. Only the fortunate ones break out in such dense spots."

“And now,” the second adviser added, “he will never get smallpox for the rest of his life.”

“For the rest of his life,” the son repeated, and laughed.

When they saw Anees, they stood up. The one smoking a beedi hid it behind his back. The one with the packet of cigarettes offered it to Anees.

Amy Lobo was not sitting outside. This was nothing unusual. What was unusual was the fact that the folding chair she had brought from home, which she would leave standing against the wall when she went home at noon and at night, was no longer there.

Without pausing, Anees entered the ward. The bed Francis had lain on for twenty-three days—in reality, slumped on—was without a bedsheet, pillow, or mattress. What remained before him was the metal frame and the metal springs.

The nurse on duty saw Anees and hung her head.

It seemed as if there had been a death in the ward.

xxx

Dr Mustafa was standing in the office with the refrigerator door open, counting the bottles—or, rather, in medical jargon, bulbs—of anti-diphtheria and tetanus serums.

He himself had taught this word to the illiterate staff at the hospital. For them, all injections were one and the same, whether they were penicillin or Coramine, which was given to everyone with a failing pulse, mixed in a glucose solution and administered drop by drop.

The serums were a separate matter. They were expensive, and it was important to keep a count. Without showing any emotion, even though news of Francis’s death had already reached him, he looked at Anees and got on with his work.

On the outside, he seemed disinterested in people, but he was deeply concerned about his staff.

When Anees had been at the hospital for just over a month, after performing his duties to the best of his abilities, he would come and sit across from Dr Mustafa’s desk. In those moments of leisure, he would sift through the famous book on medicine. That was the only book in the office.

It must have been kept with the view that it might come in handy, but this edition was fifteen or twenty years old. Anyway, it wasn’t that outdated: malaria was still considered to breed from foul air. However,

it was not sufficiently up to date to mention medicines that could combat viruses.

Yes, it did mention why “small” was the word used for smallpox. When this was mentioned, any curious person might wonder: if this were smallpox, what might big pox be?

Big or grand pox had been bestowed by syphilis. When the first edition of this book must have gone to the press, that must have been the case. By the time the edition Anees was flipping through was published, it had been eradicated. And now the disfiguring smallpox reigned supreme.

The day this incident occurred, smallpox was smouldering in pockets across the city, but it had not become an epidemic, and if a doctor chose to, he could flip through a book in moments of leisure.

When he raised his head, he saw a young man dressed in the latest fashion, with shoes to match, berating Dr Mustafa in sentences punctuated with English words. Dr Mustafa was sitting there silently listening to him.

Witnessing his response, one could understand why he had not been transferred to a different clinic, to the leprosy hospital, or to some other God-forsaken place.

The young man was in a rage because his sister-in-law was admitted to the same dark tetanus ward, which housed women, men, and children in clean clothes, as well as those whose clothes were torn and whose shoes were patched and dusty.

“Was this the way to treat esteemed members of society?” he stormed.

Listening to him refer to Dr Mustafa as tum (you), a word used to address a much younger person and considered disrespectful, Dr Anees did away with the usual niceness of asking, “Where were you educated?” and instead asked, “Who educated you?”

“London,” he replied, puffing out his chest and raising his chin.

Anees slammed the thick book shut, placed it on the table, and said, “Neither here nor there. No one taught you how to speak to your elders?”

This sudden attack stopped the young man in his tracks, and his tongue faltered.

Anees said, “You and your brother are such bigwigs. What did your sister-in-law do so wrong that you brought her to this poor man’s hospital? Or do you want us to remove all the patients from this dark

ward and lay them on the grass outside and convert this ward into a 'special ward for VIPs' for your sister-in-law?"

The young man left without a word.

Dr Mustafa looked on in amazement. No one before had ever stood up for him. Not his mother when his father was shouting at him, nor his wife when his children reproached him that his honesty and dedication were of no value to them because he had not been able to provide them with jobs, let alone a house.

Dr Mustafa remained silent. The book was back in Anees's hands, and he was flipping through the pages without reading a word.

Once he had calmed down and got up to leave, Dr Mustafa said, "Are you stepping out for a cup of tea?"

Anees nodded.

"Have a cup of tea with me."

He called out to the servant who was polishing the chimney of the lantern at his house, "Allah Baksh, make tea and toast some bread."

Just as well he ordered tea in one breath, or else Anees would have thought that he was going to take him to one of the tea stalls dotted throughout the area.

New patients are admitted in the registration room, as are those who have suffered a relapse. Once they have been escorted to their designated wards, things quieten down.

The temporary silence that imposes itself on the staff breaks and gives way to light banter. If this does not happen, and everyone sits around with their mouths shut for twenty-four hours, then, according to Sister Eighty, "Man! Every mouth will stink. Laugh and talk, otherwise life is impossible."

No one knows when life was bearable for Sister Eighty.

Everyone agrees, and there is an element of truth in it: when the Pathans leave their homes, which they refer to as *muluk*, they are the easiest prey to TB and smallpox, more so than people belonging to other areas.

It seems as if they appear from the Frontier or Afghanistan and arrive in these densely populated plains, and the next thing you know, they are vomiting blood or covered in smallpox.

It appears that when people create separate nations on the basis of language, diseases play the same havoc.

There is a nation of people who not only defy smallpox but have learnt the answer to an oft-repeated question asked by census surveyors and those who register people for ration cards: “What is your mother tongue?”

To which they simply reply, “Mother.”

When asked what language they speak, they often reply, “Mother tongue,” or simply “mother.”

Patients arriving from the Frontier, and those accompanying them, will always declare their language as Pashto and their home as Peshawar—both of which can be incorrect.

All faces light up when they hear the two words “mother tongue” from patients and their attendants. If stoic Sister Panth is around, she often remarks, “Poor fellows, they have no idea who they are.” Only those sitting close to her can hear this comment.

Only once did Dr Mudhat ask, after the patient had been sent away, “What does it mean? How can he not know who he is? Then how is he capable of telling you his name?”

Sister Panth remained serious and did not raise her head from the register. She replied, “Find me one person who does not remember the language his mother spoke to him in.”

The male nurse standing behind her, preparing the drip set, burst out laughing and said, “Sister, that was not a man, only a boy, and the one who replied was his mother.”

Had Sister wanted to, she could have scolded Zaigham, but she continued working. One does not know what lies behind her serious demeanour, whether it is anger or exhaustion stemming from the repetitive work she has been doing for ages, which has seeped into her mind and body.

Dr Mudhat believes Sister Panth speaks to herself when she is alone. That might not be the case, but everyone agrees that she definitely does so in her head. That is why she is always startled when someone speaks to her.

As far as Master Zaigham Abbas is concerned, he has been at the hospital for barely six months. He doesn’t really fit in when it comes to the nurses of Dr Abdullah Mustafa’s time.

He wishes he were sent back to the clinic he came from. There, everyone laughed wholeheartedly at his jokes; here, no one likes it when he comments on things said by senior nurses and doctors. Whereas there

everyone paid attention to what he said, here no one was interested in his more serious conversations.

For instance, why did Pashto speakers contract TB or smallpox when they left home?

He normally posed this as a question, and when the audience remained silent, he proceeded to enlighten them. The reason, he explained, was that they were people who had remained secluded in the mountains and lived in small dwellings dating from the time of Alexander the Great, where typhoid, TB, smallpox, and meningitis did not exist.

The minute they entered cities in the plains in search of work; they fell victim to these diseases in the first round.

Sister Panth replied with an angry “Hnh.”

He kept interjecting, “I have seen those mountains and valleys. My brother is a hairdresser there.”

At that, Sister Eighty said, “Abbas, no one is asking you whether you have seen those places or not. You are in the wrong place. Go there, buy a pony, and take tourists around. Show them your mountains and valleys. Why tell us about them? We won’t budge from here.”

Only then did Sister Panth break into a wholehearted smile for the first time.

If someone believes that Sister Panth’s serious demeanour makes her incapable of compassion, then they are wrong. She can hold a patient’s hand and sit for long stretches, and she knows how to calm a baby after an injection.

During the day, if a Pathan is to be admitted and is accompanied by a horde of Pashto-speaking attendants, Sadiq points towards the ward where the patient needs to be taken, adding, “Everyone stick together.”

He ignores their “sanga, sanga” (“What? What?”) and continues with his instructions: “The rest of you step outside the hospital boundary, or go back to your homeland. Do not come into the ward every minute to inquire about him.”

The strange thing is that these Pathans comprehend what Sadiq is saying. They understand that he cannot accommodate their entire clan in the hospital. If this were to happen, all the beds and floors would be occupied by them, along with their niswar boxes, complete with mirrors.

At night, when the traffic is thin, these people who share the same language spend the night on the footpaths. If they are not woken by the

patient's attendant with the news that "Mohammad Omar is dead," then they sleep soundly until morning.

After dark, the hospital lapses into silence. The grand team of civil doctors is not visible, nor is the Army Medical Corps in its crisp uniforms. Now, before noon, only their Land Rover or ambulance makes a round.

Dr Bukhari is already in place to welcome them. The number of news reporters has also dwindled.

Two days ago, a car from the American Embassy had come to collect Jane Wolff for the last time. She does not work for the American Embassy. She is connected to the embassy because of her spouse. That's all.

Sadiq is not there at night. The patients who are admitted at night, as well as their attendants and relatives, will be informed about the protocols by Sadiq the following morning—what can and cannot be done in the hospital.

The problem he faces is that the Pathans do not understand the significance of neem, nor what carbolic soap is, and, with great difficulty, if he manages to get through to someone, they utter, "Ash shabash" ("Well done!").

Master Zaigham does not shy away from expressing his vast knowledge.

"Khan, you must stay outside the hospital. Everyone coughs and sneezes here. If a sneeze so much as passes near you, you will get pneumonia, nothing less, and then we will have to cure you."

At this, the Matron had once said to the attendants, "Yes, he is the senior-most doctor here. He treats all diseases, including pneumonia and polio."

When the entire registration room burst into laughter, to hide his embarrassment, he decided to tell a joke:

"In search of a job, a Pathan can spend months sleeping in a truck with no roof. He can spend years miles away from his home in a wooden hut which he has constructed himself in the middle of a jungle to sell his local medicine, which never seems to run out. And if he is not content, then he is incapable of finding solace in the biggest city.

"My brother says they miss the arid mountains of their homeland, where he is content shepherding his goats the entire day without laying eyes on a single person. This is a joke."

“Which your brother told you?” Sister Mary Joseph blurted out in the middle, but this did not break Master Zaigham’s narrative.

“A young Pathan who had absolutely nothing to do, and no one entrusted him with their goats out of fear that he would fall asleep and the goats would destroy a corn or sugar-cane field. His parents handed him over to a relative who worked in Calcutta, who was visiting for a month or two, as was the norm for most expatriates.

“The relative assured him that he would surely find a job which would please him in that huge city. In a year or two, he would be able to return with his pockets full and spend six months at leisure.

“Anyhow, he left home for the first time and sat on a train for the first time. He was happy while he was with his relative. When he was left on his own, he could not survive in Calcutta for a week and headed home.

“People asked why he had returned so soon.

““What was the problem? Did you not find a job? Did you fall ill? Were you starving? It’s a huge city. Surely you could have found something to do?”

“The young Pathan heaved a sigh and said, ‘It has everything—hundreds of jobs. If you fall ill, there are hospitals. Even if you live there for a hundred years, you will not hear one word of Pashto. Go see for yourself.’

“The listeners said, ‘Calcutta is the largest city in Hindustan, bigger than Peshawar and Landi Kotal. When people who speak Pashto live there, how is it possible that in twenty days you heard no one?’

“The young man sighed again and said with great longing, ‘Only the call to prayer is in Pashto, and the dogs bark in Pashto.’”

The listeners said among themselves, “And Master was told this joke by his older brother.”

Whenever a Pathan is brought to the hospital, those initial moments of registration are particularly difficult for the nurse when she is entering the patient’s name and his father’s name.

What should be written next? His address is only one word: Peshawar. As if the entire nation lives in the same city.

And if he dies, the number of people who accompanied him to the hospital doubles. It becomes impossible to explain that if he is without family, the funeral rites will be performed by the corporation, free of cost.

No one objects to the free ritual bath and burial shroud, nor to the funeral prayers, which end in a speech in Urdu. What they do with the body afterwards, no one knows.

The soft-spoken Sister Hashmi insists, “They cannot possibly take him by taxi, train, or aeroplane back to his village. They simply don’t have the means.”

It is true that there is great unity amongst them. Even an unknown person is never abandoned by them at the hospital out of fear of the accruing bill.

“Then?” Reporters ask this question to make the news more sensational.

“To carry the body back, whether the distance is a thousand miles or more, an open truck is not a bad option.”

Dr Abdullah Mustafa has explained, “Haven’t you noticed the man who removes his shirt in fear of exploding in the sweltering heat of May and June, sleeping peacefully on the crushed rocks which are meant for building roads? You will find them sleeping on rubble and rocks where roads are being constructed. Then? Does a dead man need more comfort?”

In the days when smallpox patients were being admitted morning and night, and accordingly the death rate was high, a young army medical doctor belonging to “Operation Healthcare Pox” had asked, “Don’t you provide them with hermetically sealed coffins to transport the dead body?”

At this, Dr Mustafa had remained silent, but Dr Anees had spoken up, “Do you remember them? I have read about them, but never had the opportunity of seeing one.”

Sadiq’s explanations have been in vain:

“Bury them here. If you travel with the body in an open truck, you will spread smallpox along the entire route, and you will infect the entire village.”

He admits himself, “The Pathan transfers his confusion on to others, turning them into Pathans as well!”

Whether anyone agrees with Sadiq’s declaration or not, the stout Matron agrees because registering the patient and filling out the death certificate is her headache.

Often, she has to show one bedsheet less in the “ward linen” after they have draped the body in it and, in all likelihood, transported him

back to his village.

This entry would probably break Dr Mustafa's heart. "Who could refuse this?" would have been his sentiment.

A glance at Francis Lobo's empty bed led one to believe that the nursing staff wanted to leave this bed vacant for as long as possible so they could mourn his loss.

Anees headed straight for the office and from there to his safe haven to wash the despair off his face. That place was unrecognisable.

Someone had removed everything from the table to one side, including the microscope, and instead spread a white tablecloth with a dinner plate on it, which was covered with another one.

It was set with a knife and fork, as well as a salt and pepper shaker. On the right-hand side was a cup covered with a saucer. On further investigation, he discovered that it was filled with powdered milk. There was a packet of tea next to it.

When he removed the saucer, he realised that he had dropped two sugar cubes onto the table.

Nothing belonged to the hospital or to him.

He removed the plate covering the other plate and discovered four sandwiches with white meat peeking out of them.

Then he remembered Nurse Dorothy Crawford had mentioned, "Have your tea in your room today. My husband went hunting yesterday and killed a rabbit."

Nurse Crawford is an Anglo-Indian, and she has been transferred here temporarily from the eye hospital. Everyone agrees that a nurse as efficient as her cannot be found in the entire corporation, let alone the entire city.

In the blink of an eye, even if she is sipping tea, she is with the patient in a flash.

She has one drawback—she is white.

When she met Anees for the first time, she had introduced herself as Dorothy Crawford and added, "Call me Dora."

There was a mischievous expression in her eyes, much like that of a girl of sixteen.

Once Dora had given Anees this good news and stepped away, Sister Mary Joseph whispered in his ear, "Doctor, don't eat the meat from their house. These people eat pork."

Sister is Punjabi and not fair in complexion.

Anees stretched out his hand for the sandwich, but his hand froze. He laughed at himself. In spite of the fact that he was not hungry, he sat at the table with the knife and fork in hand, as if sitting down for a proper dinner.

He wished that the girl who had agreed to spend her life with the air-force man were here. The one who had earlier agreed to be with him—had she been here, she would have found out how popular he was with the staff, not only with the old and haggard ones, but with the young ones as well.

She would have seen that, in spite of his being out of the office, a nurse had set a table for him.

Dinner had been served in the wards a while ago. “Visiting hours are over.” Even those who had ignored the announcement had left.

The corridors were silent, and only the patients, their attendants, and staff remained in the wards.

Ever since Anees returned after his patty and coffee, he had felt ill at ease. He was aware of the reason. Memories which had been ignited while having coffee were completely forgotten.

The sandwiches Dorothy had brought were undoubtedly good. Had he seen her, he would have thanked her, but she was part of the morning staff. She must be with her husband and children, listening to music or, if the children were asleep, to the news.

Perhaps there was a piano at her house.

Her husband was lucky to have found such a beautiful and agile wife, and that too, a woman unaware of her beauty—beauty at its absolute height.

If a death or an accident causes a doctor immense grief, then the only cure is to spend time in the ward speaking to other patients. Medical science will never discover another panacea for nurses and doctors who are emotionally involved with their patients.

The mischievous brother and sister in the diphtheria ward had finally fallen asleep. The fifteen-year-old girl who had been admitted that day was reading a course book under her blanket. Some new faces.

He went up silently towards the young girl and lifted the blanket as if to scare her with a “boo.”

The girl was embarrassed.

Anees said, “Didn’t anyone tell you that reading while you have this disease will make you cross-eyed?”

The girl replied, “If I don’t study, I will fall behind in class.”

Anees added, “Behind the class or in the class?”

The girl replied with embarrassment, “For the moment, in the class. And if you don’t cure me, then I will lag behind.”

Ahmed’s mother’s niqab had fallen. One hand was grasping the boy’s leg, the other a punjsura.

Anees stood by the boy for a long time and wished he were sleeping as deeply as he was.

Then he asked the nurse on duty for a stethoscope and lifted the boy’s shirt to listen to his chest. He wished his breathing were deeper and his heartbeat more audible.

After the diphtheria ward, he went to smallpox ward number four.

There was silence in the ward. Some attendants had drawn their stools or chairs close to the bed and rested their heads on them and fallen asleep, unconcerned with the proximity of shedding scabs or the fact that they might get stuck to their faces and heads.

A patient saw Anees walking towards him. He gestured with his hand towards his sleeping attendant and indicated that Anees should not wake him up.

The infant girl who had been admitted a few days ago, whose father had only one wish—that the baby should be treated by none other than the American lady doctor—was lying prone in bed. Her complexion was the colour of wheat, like her mother’s.

The pustules were few, but her fever was high and her breathing was laboured.

He picked up the stethoscope from the table and listened to her chest carefully. He returned the stethoscope to where it belonged and said to the mother, “You probably can’t sleep?”

The mother looked at him with an expression that seemed to say, “How can I?”

“What’s her name?”

“Her name is incomplete. Her grandparents have gone for Umrah. When they return, they will name her. All of us call her Razzo, little Razzo.”

Anees didn’t ask, “Who is big Razzo?” as he placed the baby on the

mother's lap.

"Raise your thighs up and down. It will ease her breathing."

The woman started to raise her thighs up and down. Her arms were full, and she couldn't wipe away her tears.

Anees said as he walked away, "Whenever I get the time, I will come and see Razzo at night. Continue pumping your legs fifteen times or so, then return her to her bed. Do this at intervals, or you will exhaust yourself."

The woman nodded slowly.

Around nine o'clock, Anees went to Dr Mudhat's house and took a bath. At that time, Dr Mudhat was doing what was expected of him. He was poring over a spy novel.

Anees had rarely seen him write home. Inevitably, a letter would arrive for him from home. Unlike others, he was rarely in a hurry to slit the envelope open. He would continue working, and when he got up to leave, a nurse sitting at his table would remind him, "Your letter, Doctor."

And he would pick it up with a hint of a smile.

After his bath, they spoke for a while. They mentioned films and spoke fleetingly about politics, as if they were aware that it did not deserve more attention.

Then came amusing anecdotes concerning the hospital. If these humorous incidents didn't occur, the hospital would seem as if it were deserted, an abode of ghosts.

They remembered the incident of the sanitation worker John Masih, who had slapped a smallpox patient running a high fever and then marched across to the washbasin and promptly washed his hands and wiped them on a towel hanging there.

"Exactly what doctors do after examining a patient."

"He had performed surgery, and it was important to wash his hands."

"I wish he had washed his hands before slapping him."

This narrative and other minor incidents ended on a humorous note.

John Masih's story led to that silent business that takes place in the medical store—the business of medicine samples, which remotely might not resemble the smuggling of narcotics, but "can be extremely profitable if managed well."

“And the silent private practice during work hours and, of course, home visits.”

The jacket cover of the book Dr Mudhat was reading was lying separately on his bed, and next to it was the string that had been tied around the book. This book would go to the next owner in the same manner.

He placed the book like a tent on his bed and said, “I think we should have tea.”

“I don’t think you have noticed that Dr Khalifa has bought an air-conditioned car after three years of service, which is still not within the reach of the Chief Medical Officer. This is possible after one practice in the evening.”

Anees sat on his bed and picked up the novel.

Their conversation turned to medicines found at medical stores, whose expiry dates or government stamps were scratched off with blades.

“Old blades which the chemist and druggist can no longer use for a last shave.”

Mudhat added, “People in this line of work don’t need to shave. They have beards.”

When they were down to half a cup of tea, Mudhat said, “Have you heard about Dr Tazeen’s monumental achievement?”

“Which one? The one about him becoming Medical Officer of Health? To become the guardian of the city’s health?”

Mudhat nodded his head gently.

“Sir! There is no harm in my repeating this story because Dr Tazeen has himself proudly told junior doctors, medical representatives, and a visitor. A friend of mine went to see him with my reference. Had I not written the note, he wouldn’t have been admitted inside his office.

“He needed to be vaccinated against typhoid, cholera, and smallpox for travel purposes, with very little time on hand. Dr Tazeen Sahib was regaling his courtiers, and my friend was guilty of overhearing it.”

“And you for listening to your friend,” added Anees.

“The real reason behind this story was the fact that Dr Tazeen wanted me to understand that he was doing me a favour. He was clearly doing something which should have been handled by a junior officer. After all, being a Medical Officer of Health was no small post, and in

that position, he could very easily bring down those who chose to ignore him.”

“What happened was that he had gone to the airport to see a friend off, who had been posted to Peking. He was travelling with his family. According to Dr Tazeen, ‘to meet Mao Tse-tung.’

“Doctor Tazeen took his friend and his wife to the restaurant for a final cup of tea. According to him, the time was drawing near for the final announcement to proceed to the departure lounge, and the waiters would give him no attention. They must have paid attention, but clearly not enough to match his post.

“When the tea was finally served, it arrived with no patties or cake, when in reality he had given his visiting card to the waiter to send it to the manager.”

“Dishonour,” Anees added. “A grave dishonour.”

“And that too in front of his friend and his wife. That was unacceptable. To make matters worse, the waiter shoved the bill under his nose at the exact same time his friend and family were being called to the departure lounge—the waiter, on the other hand, was worried about him leaving without paying the bill.”

“Anyway, the family flew off to Peking, but I believe Dr Tazeen lay awake all night thinking about his dishonour. The next morning, he arrived at the airport restaurant accompanied by his clerk and health inspector. At that time, the restaurant was teeming with the gentry of the city.

“The health inspector and clerk, according to the doctor’s instructions, ignored the people in the restaurant and headed straight for the kitchen, where they gave a mighty shove to the door and entered, with Dr Tazeen in tow. They must have thought it was a raid.

“Dr Tazeen spoke to the clerk in English: ‘Check the general sanitation!’

“The poor fellow, let alone understanding a word of English, could barely speak his mother tongue. The entire team of chefs stood to attention.

“The doctor summoned the head chef and asked him to remove the lid of a pot. He pointed his finger into the pot, and the chef removed something which he had clearly overlooked.

“After that, at every pointed finger, the chef removed the lids of the pots and fished out flies.

“At that point, a very flustered manager arrived in the kitchen. It seemed as if he had leapt off a plane which was about to take off. He asked the chef, ‘What happened? Does Sir have a complaint?’

“The chef replied, ‘Every pot has a fly,’ to which the manager could only repeat, ‘Sir, sir...’

“At the manager’s nod, the head chef removed the Health Inspector from the open doorway, which had merged the two worlds. After his removal, the door swung three times and shut.

“With a lot of persuasive effort, the manager took the inspection team and chose a table for them with a spectacular view of the airport. That is when the doctor’s anger subsided.

“After further investigation with his staff— ‘Who made the mistake of not recognising Sir?’—he apologised to Dr Tazeen.

“‘Sir, perhaps my staff made a mistake,’”

Anees promptly added, “Because of which there was a fly in every pot.”

Mudhat continued, “And the manager continued, ‘But it was not intentional. Please forgive the chef. This won’t ever happen again. Next time before you come, or if you send someone important, just tell your clerk to call me.’”

“After my friend received his vaccinations and the International Certificate of Vaccination and Inoculation, with the relevant signatures, he said to me, ‘What kind of a man did you send me to?’”

I replied, “Man or not, did you thank him?”

“He replied, ‘I wanted to slap him in front of everyone, and you are asking me if I thanked him?’”

When Anees got ready to go and sleep at the laboratory and reached for his towel and soap dish, he said, “Mudhat, you read so many novels. Why don’t you write one?”

Mudhat replied with a thoughtful smile, “The future belongs to the likes of them.”

“And to those who refuse to walk with them shoulder to shoulder, read second-hand English novels at night, and solve riddles by day,” Anees added.

“And some delay their wedding until they find a home for their wives,” Mudhat added.

Before retiring to his sleeping area, Dr Anees decided to stroll in the

hospital grounds in his bathrobe.

The sky was clear. During the day, it was obscured by smoke and diesel fumes, but now it seemed like the flowing anchal of a light-blue sari worn by a tall, svelte young woman.

The full moon was beaming with its fellow stars. The beautiful woman's face was obscured by high-rise buildings. The breeze flowing in from the south was cool, gently patting the trees, ensuring that she did not disturb their slumber.

Tomorrow they would inhale the same smoke which had made a permanent home in half the people's lungs.

When he crossed ward number four, he peered in through the metal door frame. Razzo's mother could not read the Quran in the dim light; she was gently fanning the child with its leaves.

"My mother must have done the same for me," he thought, because he had grown up listening to how double pneumonia had weakened his lungs.

This sentence had ensured that a cigarette never touched his lips.

Smallpox had never touched the nurse on duty. Her skin was flawless, and she was in a deep sleep with her head on the centre table.

Could any spoilt, fussy girl or woman who had been told to be careful in the ward because it was teeming with the smallpox virus have slept like her?

The office and laboratory were at the end of the corridor, and the registration room was at the front.

He stood at the door and greeted Sister Sara Hashmi with a salam. Returning the greeting, she asked, "You are still awake?"

"I am just going to lie down. I just wanted to check if there were any new cases since the morning."

"No smallpox cases since six in the evening. I believe the epidemic is coming to an end, Alhamdulillah."

Anees twirled the ends of the belt of his bathrobe and replied, "I believe so, Alhamdulillah."

"No cases of diphtheria or gastroenteritis either." Then she laughed and added, "Only two cases of paralysis admitted by Tahir."

"Two cases brought in by Tahir? That too, of paralysis?" Anees remarked, sitting across from her.

Sister Hashmi replied, "He is upset that so many children with

paralysis are admitted every day and most of them are cured and sent home. He brought two cases, and they weren't admitted. I am not sure if they were relatives or from his neighbourhood—he must have given them a lot of hope.

“Dr Mustafa couldn't explain to him that the hospital only took polio cases, not those who were afflicted with paralysis, nor could Dr Mudhat.”

Dr Anees replied with a compassionate smile, “Tahir's word carries weight. Eventually, in both diseases, the legs and hands stop working. How would the poor man know whether those children developed a fever and a headache? Whether they were bothered with a stiff neck? After which their hands and feet became weak.

“And the people he must have brought, after having given them a lot of hope, probably never had a fever or a headache. They must have woken up in the morning with one part of their body immobile, or they must have opened their eyes to find that one foot was no longer being controlled by their mind.

“He is a simple man.”

The sister added, “What made him angrier was the fact that Sister Panth asked him to shift them to the General Hospital, where they had already spent time.”

“And now they must be massaging them with almond and olive oil, day and night, and blowing incantations over them in the hope that they will stand up again.”

Sister Hashmi spoke at length about his simplicity. No one at the hospital was prepared to let Tahir get transferred elsewhere. He was a part of their lives.

Anees said as he got up, “I will explain everything to him tomorrow, and if he doesn't understand, I will go to their homes and comfort them and leave behind a prescription.”

Sister Sara Hashmi was an emotional woman. Seeing her eyes brim over, Anees added, “What else does medicine have to offer? To comfort people and give them hope.”

Sister wiped her tears with her anchal and nodded in agreement.

At four in the morning, Anees was woken by a sound in the office, and the person who had entered switched on the light.

“Who is it?”

“Abdul Hafeez,” the ward boy said in a fluster. “Ahmed is not well.”

Anees leapt off the narrow metal bed and, putting on his bathrobe, headed towards the diphtheria ward.

He knew what was happening. It was not diphtheria; the culprit was his heart.

Patients who had been administered sedatives were fast asleep. The girl who read under her blanket had her book lying on the floor, and she was also fast asleep.

The large bulb above Ahmed's bed was lit, as was the bulb on the wall. The staff nurse on duty, two junior nurses, the ward boy, and the ayah, who was clutching the sterilised tongue depressor in a metal bowl, had surrounded Ahmed's bed.

An oxygen cylinder stood by the bed. The mouthpiece was on the child's face, but there was no movement of breath.

The two who had brought Ahmed's mother tea in a flask and breakfast were also there.

Ahmed's mother still clutched the punjsura with one hand, and with the other she clutched both his feet, as if stopping him from running away or as if detaining him.

Anees checked everything with the speed of lightning: the needle of the oxygen meter, the tube in his nose, and the medicines that had been given.

He removed the child's face mask and held the back of his hand under his nose. He lifted his shirt, placed the chest piece of the stethoscope against his chest, and tried to listen.

He could hear sobs coming from behind him. He lifted his head to say something.

Ahmed's mother's niqab had been pulled away. She removed it completely and said, "Doctor, I am Rashida."

Ahmed's father and the other boy stood like statues.

Anees did not know what to say or do.

He placed his ear on Ahmed's immobile chest. When he raised his head, he saw that the prayer mat had fallen on the floor, displaced when the woman had got up.

He folded the prayer mat and placed it back on the chair and, without saying a word, walked to the door.

That was when he heard a muffled scream.

It was strange that this scream had taken so long to travel to his ears.

Anees woke up at eleven in the morning. The effects of the sleeping pill hadn't worn off, and his head was splitting.

There were no new slides near the sink.

"Were any new patients admitted yesterday?" he questioned himself. "I don't remember."

When he entered the office after washing his face, Dr Mustafa said kindly, "You had a difficult night."

He put down his pen and said, "My dear, this is the one problem in this line of work. This one is dying, and the relatives are standing ready to fight: 'You have killed our patient.'"

"You can keep repeating, 'Why did you admit him so late? Did you believe he would recover at home?' They have only one solution: report the matter. Earlier, it was to the Chief Medical Officer; now to the Health Secretary, the head of the Army Medical Corps, and the newspaper."

Anees spoke as if he were still dreaming.

"Then what do you do?"

"What the Health Secretary and the Army Medical Corps Lieutenant General, or whoever else, does: silence."

Anees said, "I wonder where Banbur is. Can you ring the bell?"

Dr Mustafa gave the house keys to Anees and said, "Go take a bath. That house now belongs to you. Why do you sleep here in the laboratory? There are extra beds in the house, the furniture which is part of your trousseau. Start placing it in the house now."

Anees looked at him in surprise. Where had this light-heartedness come from?

"Who is managing things outside? Dr Mudhat alone? He must be tired."

Dr Mustafa prepared to ring the bell.

"Leave Banbur alone. Sister Hashmi will give me tea. If there is none, she will send for some from her house. Baby has made tea for me many times."

Anees stepped out into the corridor from his office and stared at the lawn. The grass, plants, and flowers all had a deathly pallor. The dew had vanished, and the plants had not been watered. The sun had also reached its zenith.

Attendants and relatives were seen sitting here and there in the sun.

He stood for a while, touching the low ceiling of the corridor. If

anyone had enquired what he was thinking of, he would have been startled. He realised that he wasn't thinking of anything. That was not his habit.

When he passed by the dispensary, he saw Sister Hannah sitting on Tahir's chair, while he was sitting sadly with his back against a medicine cabinet.

A thin woman in a skirt and blouse, with a bare head, whom he had often seen on the premises, was saying something to Tahir.

Tahir, in his limited English, was saying, "No, no, no."

Everyone knew that she was the niece of a famous, revered political leader who had been dead since Dr Mustafa left Bombay.

It seemed as if she were oblivious to food, and she had lost all the flesh from her body.

"What is it, Tahir?"

Tahir replied, "Nothing, Sir."

Sister Hannah replied, "She is here for her atropine shot."

Tahir said, "She goes around asking for atropine, and when she finds it, she begs the nurses and ayahs to administer the shot. Sometimes she comes to me."

"And you give her the shot?"

"No, Sir."

"Tahir, you are a very compassionate human being. I am sure you give her the injection."

"No, Sir."

Anees said, as he walked away towards the admission room, "Give her the shot. It's not a huge addiction."

The pleading woman said, "Thank you, Doctor."

There was complete silence outdoors. It was one of those days when nothing happens in the world—no accidents, no diseases, no deaths.

Dr Mudhat had solved the puzzle and was doing nothing else, to the point that he wasn't even scratching his head.

It seemed as if the temporary team had not arrived. Sister Mary Joseph had already complained about them.

The Matron said, without raising her head from the register she was filling, "They came without giving us notice, and without notice left everything strewn about. They have left bowls, soaps, brushes, and

towels lying around. Who is going to make the inventory?”

“Don’t make it,” Dr Mudhat said softly.

“What if a Major or Colonel shows up tomorrow demanding one? Who is going to be answerable for that?”

“Any important news?” Anees asked.

Mudhat replied, “Francis Lobo’s obituary was in the paper. The mourners listed are Amy Lobo, Luis Lobo, and Dr Rose from Lisbon. The service will be at Saint Xavier’s.”

This was followed by silence. It seemed as if it were in Francis’s honour.

The tea that had been made for Sister Hashmi out of hours was nearly finished when everyone heard Fateh Khan’s voice. His voice had risen to the treetops.

None of the nurses or ayahs moved from their spots.

Anees spoke to Dr Mudhat in an apologetic tone.

“I woke up late. The other doctor had not arrived. The weight of everything fell on your shoulders.”

Mudhat replied, “There was no weight to begin with. Fatima passed away at nine. Her spasms did not stop till the end. They have just claimed the body.”

More bad news, Anees thought, and got up to leave.

At that moment, Sister Eighty walked across to the admission room with her ration and replied to what she had overheard:

“Our doctor is upset.”

Sister Hashmi added, “He is new at the job.”

“Hope his wife will bring him some courage in her dowry.”

If someone were to exit the office and survey the hospital, the diphtheria ward would be on the left-hand side of the admission room as you headed for the main gate.

After the open platform was the permanent female ward. This was followed by another open courtyard, after which was the permanent male smallpox ward.

Until yesterday, Amy Lobo’s folding chair had been visible there.

When you enter the gate, smallpox ward number four is on your right-hand side. It is on the path which leads to the two rows of wards behind it. There, the wards are constructed one behind the other.

The front-row wards are permanent and were built by the British. The temporary wards are constructed out of metal sheets and steel angle rods, which as yet are not bothering patients.

When the cold winds from the mountains begin to blow, then the skylights and doors, as well as their frames, will have to make way for them. And in summer, these roofs and walls will become hell.

At the end of the row of temporary wards is the temporary mortuary. That too is built with metal sheets. There is a courtyard alongside for funeral prayers.

Behind the mortuary is the place where the dead are bathed.

If someone were to cross this area, leaving the nurses' and matrons' bungalows behind, they would end up at the administration office.

This is Dr Anees's kingdom. His expected kingdom, in the next couple of months.

The boundary wall is behind ward number four. "Rampart" is much too grand a word. It is the garbage dump for the municipal corporation of the area.

The corner beyond ward number four houses the corporation's medical store. These two will have to be tolerated by Dr Anees, much like Dr Abdullah Mustafa and the doctors in charge before him.

The patient in the permanent female smallpox ward, the one who was knitting a sweater, looked at Dr Anees and smiled and waved the sweater without the knitting needles before his eyes.

Anees said, "Congratulations. Would you have found time to do this at home? How many children?"

"Three. One is mine, two belong to my brother-in-law. The next sweater is yours."

This was the same girl who had seen Anees visit a patient at two in the morning. When he had completed the check-up, she had motioned to him to come close and whispered, "What time do you sleep?"

Anees took a step down from the corridor and went to ward number four.

Little Razzo was covered from head to toe in her mother's white dupatta. Her mother was praying with her back towards the bed. Her eyes were closed, and you could tell that every word she uttered was accompanied by stifled sobs.

"Probably the chasht prayers," Anees thought, because this was not

the time to offer the obligatory prayers.

He had seen his mother, or his aunt and grandmother, offer them.

Had he moved forward, it would have been impossible for her not to recognise him. He did not want to break this bond of grief between her and the One who had created them.

Razzo's father was not in the ward.

Seema was going to be discharged from the permanent smallpox ward. The diphtheria ward was ahead.

Anees found himself tired, which was something new for him. Even then, before heading to the office, his feet inadvertently turned towards it.

There was silence in the ward. This was normally momentary in any hospital running on the business of life and death.

Except, in one corner stood a woman who looked worried, asking the nurse for a doctor urgently.

It was not difficult for Anees to recognise her. It was Ruby's mother—the one who had made her daughter give him his wedding gift much before time.

Anees moved towards her as if he knew what he would find.

The five- or six-year-old girl lying on the bed had milk seeping out through her nose. It seemed as if she had not eaten or drunk in days.

Without saying anything to the mother, he picked up the girl's arms and legs and let them fall. Like anything with weight, they fell.

He listened to her chest with a stethoscope. There was very little left to listen to.

The girl was looking at him with her eyes opened wide. They held nothing but fear, which was peeking out in all honesty.

During that time, the mother informed him that after having taken her home, a few days later her voice started to go. Then she stopped eating. Even the milk that Sister had fed her was leaking through her nose.

This time there was no high fever. Her throat was sore, and she would say, "Mummy, my tongue is paralysed."

She looked at Anees, who stood silently, and said, "Is it the same thing?"

Anees nodded in agreement and said, "Yes, it has come in disguise."

The nurse on duty looked the other way and wiped her tears.

He walked out of the ward with leaden feet.

After having spent an hour in the ward, when Anees got to the office, he saw the medical representative sitting opposite Dr Mustafa—the one who had convinced the other doctor, who always came and went in a rush, to buy those expensive samples of medicine.

Anees turned his chair to face him and said, “Is Dr Ayyub your friend?”

The medical representative replied, “Yes.”

“Leave, right now.”

He said this in a very quiet voice. A quiet voice is not necessarily a precursor to a peaceful solution.

The medical representative broke into a cold sweat, and he started to gather his belongings strewn on the table, which comprised an expensive ashtray, a coffee mug, and a silver spoon bearing his company’s logo.

All those things were never of any use to Dr Mustafa.

“You probably have a private practice?”

“No.”

“You are probably referred to as ‘doctor’, and whatever you earn, you probably spend on gambling.”

The medical representative stood up.

Anees pointed towards the gifts and said, “Pick these up.”

The representative looked at Dr Mustafa with imploring eyes, asking him to stop Anees from disgracing him.

Anees said, “I don’t ever want to see you at this hospital again.”

He protested and appealed to Dr Mustafa.

“Sir, won’t you say anything? You are in charge of the hospital.”

Dr Mustafa put down his pen, cracked his knuckles, and said, “I was trying to say the same thing.”

Once the medical representative left, there was silence in the room. You could only hear water dripping from the laboratory.

“Maybe the tap has been left running in the sink,” Anees ventured.

“Jane Wolff and Bob are probably in Dacca right now, and a couple of weeks down the line they will be in Brazil,” Anees said without listening to Dr Mustafa.

“Have I overreacted?” he suddenly thought.

The room would have been enveloped in silence had Dr Mustafa not turned the pages of his register at intervals.

He was turning those pages so softly that one would imagine that a baby had fallen asleep in the room, and he didn't want to disturb him.

There was a rap as a teacup was placed on the table.

Anees opened his eyes and saw that there really was a teacup before him. He wondered when he had called out to Banbur to serve him tea.

Dr Mustafa was also not in the room. One did not know when he had left.

There was a knock at the door. It was Sakina, the ayah.

Anees turned to look at her, and she said, "We have a case."

"What does it seem to be?"

The ayah replied, "Meejils."

Anees smiled and said, "I'm coming."

He pushed the teacup away from himself and said, "The tea was good. If my wife cannot make good tea, it won't really matter. Banbur can continue making it."

He was humming a tune when he left the office.

An old tune.

Shama Askari is a translator and performing artist. She has been associated with the performing arts for the last twenty years. She started her acting career in theatre in 1999, with *Tehrik-e-Niswan*, and then moved on to television, film, and dramatized readings, performing all over Pakistan as well as India. In 2021, Shama was selected to be a part of the Transforming Narratives – Cultural Leadership Programme supported by the British Council, which provided a platform for collaboration between creatives from UK, Bangladesh, and Pakistan. She completed a project 'Producers of the Future: From Keighley to Karachi', led by the Bradford Literature Festival 2021. She worked with the Adab Festival Pakistan and was the Project Director of the festival in 2022. She has worked with Dr Asif Farrukhi compiling and collecting Ibn-e-Sa'id's work, which was published by Oxford University Press in 2017. She was the runner-up to the Jawad Memorial Prize in 2022. She has translated *Hiroshima and Other Stories* by Ibn-e-Sa'id (Lightstone Publishers; 2022); "Begum" by Ibn-e-Sa'id; published in *Urdu Studies* (<https://urdustudies.in/>; 2023); *Queen Zarqa: A Transgender's Odyssey* (the Pashto Nainzak; Lightstone Publishers; 2024); "The Story of a Drop Caught in a Moustache" by Jeem Abbasi (excerpted from *مونیچہ میں اکے ایک قطرے کی کہانی*; Pakistan Academy of Letters; October 2026).