

BOOK REVIEW

Preserving institutional memory: Reading the Annals of GS Medical College and KEM Hospital

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Sunil K Pandya. *Annals of Seth Gordhandas Sunderdas Medical College & KEM Hospital (1925–2025): Nationalism, Foundation, and Growth*. Edited by Lopa Mehta. Fremont, California: GOSUMEC Foundation USA; 2026. First digital edition. ISBN 979-8-9943479-1-1 (PDF). 776 pp. DOI: 10.5281/zenodo.19055652.

“...the institution is like a flowing river. The flow of water continues, serving its purpose, but it is never the same water twice.”

— Professor Lopa Mehta in her Foreword to the book

This powerful metaphor offers a useful point of entry into *Annals of Seth Gordhandas Sunderdas Medical College and KEM Hospital (1925–2025): Nationalism, Foundation, and Growth*. Authored by Dr Sunil Krishnalal Pandya (1940–2024) and subsequently completed and edited by Dr Lopa Mehta, this centenary volume is best understood as a hybrid work: part institutional archive, part commemorative narrative, part reference compendium. It is not simply a monograph making one sustained argument from beginning to end. Its stronger identity is as an institutional history sourcebook.

This review is shaped by two complementary vantage points, one by archival and organisational history concerns, and the other by one author’s engagement with the Dr Sunil Pandya archives at the SL Bhatia Museum in St John’s National Academy of Health Sciences, Bengaluru. Read together, these positions allow us to see the book both as an act of archival preservation and as a narrative of institutional self-fashioning.

The first thing that strikes a reader is the moral pitch of the volume. The official *Annals* page states that the book tells the story of an institution shaped by those “who believed that medicine must serve society, not power, privilege, or profit” [1]. That sentence is not just ornament. It tells us what kind of history Dr Pandya wants the reader to read. The Seth Gordhandas Sunderdas Medical College (GSMC) and King Edward Memorial (KEM) Hospital are presented here not merely as successful institutions, but as ethical projects: institutions born out of civic resolve, municipal courage, philanthropy, and nationalist aspiration. The origins narrative is framed through the inequities of colonial medical education, the exclusion of Indians from positions of authority, and the making of a counter-vision under Indian leadership. That framing has force. KEM’s own institutional history still

describes the college and hospital, founded in 1926, as major teaching and care-providing institutions, largely funded by the Municipal Corporation of Greater Bombay (now Mumbai). The institutional motto, “Not for self but for all”, emerges as a guiding principle embedded in everyday practice, framing the hospital as a space for care, particularly for economically deprived populations.

Spanning a hundred years, the volume draws on administrative records, annual reports, and personal accounts to trace the making and expansion of one of India’s major public medical institutions. At the same time, it preserves an internal narrative shaped by those who studied, taught, and worked within it.

The volume is organised into three sections that trace the evolution of GSMC and KEM Hospital. Part I (1925–1945) examines the institution’s origins within a colonial medical system, dominated by the Indian Medical Service, highlighting the limited opportunities available to Indian practitioners and situating its establishment within broader efforts towards Indian-led medical education, legislative reform, imperial commemorative projects, and philanthropic mobilisation. Part II, *Chronicle* (1946–2025), documents the institution’s post-independence consolidation and expansion through statistical records, milestone-driven accounts, biographies, interviews, and personal recollections, capturing both measurable growth and the professional cultures that shaped institutional life. The final section, *Potpourri*, brings together archival materials, institutional records, jubilee publications, and personal contributions on research, departmental development, student life, and institutional achievements. Collectively, the volume demonstrates how the institution emerged through the interaction of civic authorities, philanthropy, and administrative planning, underscoring the roles of urban governance, financial patronage, and bureaucratic organisation in the development of medical infrastructure.

The volume’s discussion on foundation also gains significance when situated within the broader history of Bombay’s urban transformation. As Bombay (now Mumbai) expanded through industrialisation and population growth, concerns surrounding overcrowding, sanitation, epidemic disease, and inadequate healthcare infrastructure made medicine an increasingly important component of urban governance. In this context, the establishment of KEM Hospital and GSMC can be read as part of the city’s wider

public health response to the challenges of a rapidly growing colonial metropolis. Architectural features such as pavilion-style wards designed for ventilation and light reflect the contemporary understanding of hygiene and disease control, demonstrating how medical knowledge was embedded in the built environment. Additionally, the institution's academic affiliations from the University of Bombay to later shifts in educational governance indicate that the foundation extends beyond the physical establishment to include the evolving frameworks through which medical knowledge is organised and transmitted.

Growth here is articulated through a sustained emphasis on expansion, diversification, and continuity. While the increase in departments, patient load, and specialised services is documented in detail (pp 359-374), growth is not limited to scale alone. The volume also traces a gradual shift in intellectual orientation, particularly towards the medical humanities. This is evident in the establishment in 2016 of the Dr Manu VL Kothari Chair and Division of Medical Humanities, as well as in continued engagement with questions of ethics, communication, and the doctor-patient relationship. Publications and institutional writings further situate the institution within wider debates on ethical practice. Materials in the *Potpourri* section reinforce this trajectory, illustrating how reflection, narrative, and humane practice have become integral to its self-representation. As an institutional chronicle, this volume is substantial. Its strength lies in its archival depth and its ability to capture institutional continuity across time. At the same time, its emphasis on accumulation and commemoration invites a critical reading, attentive not only to what is documented but also to what remains outside its frame.

Such a tension is particularly striking in a volume associated with Sunil Pandya, whose work consistently overlapped the worlds of medicine, ethics, and history. *IJME's* own tribute described him as a founder who brought an ethical lens to the medical policy world, and quoted him saying, "I do not wish to exist without a meaningful and productive life" [2]. That line now reads almost like a key to the *Annals* itself: a book built out of memory, duty, and the desire to preserve what might otherwise disperse.

One of the book's strongest achievements is that it understands preservation as a scholarly act. The official description repeatedly emphasises archival permanence, open access, and discoverability: Library of Congress registration, WorldCat indexing, standardised metadata, and free digital circulation. In an academic landscape where institutional records are often scattered, inaccessible, or treated as internal memory rather than historical material, this matters enormously. The *Annals* does something many institutions fail to do: it gathers, stabilises, and publicly shares a large body of institutional memory. For historians, archivists, and teachers, that is no small contribution. The book's importance lies not only in what it argues, but in what it preserves.

The very features that make the *Annals* valuable as an archive also mark its limits as history. This is not a tightly argued analytical monograph. It is a curated institutional record. Its movement is often accumulative rather than interpretive. It gathers, lists, commemorates, excerpts, and preserves. Often that is precisely what the book should do. But the effect is that the reader moves through a history that is rich in documentation yet uneven in critical distance. The narrative voice tends to admire before it interrogates. Achievement, continuity, service, and excellence become the dominant notes. The institution appears as a moral and civic triumph; much less space is given to friction, exclusion, failure, or contradiction.

That does not mean the book is uncritical in intention. Rather, it is working in a commemorative genre with archival ambitions, and that genre has consequences. One of the major lines of inquiry that the book opens — but has engaged with in a limited way — is its social history. That is the story of its community, like the patients who made KEM a public hospital, and the labour of nurses, ward workers, clerks, ayahs, technicians and sanitation staff, which remains marginal to the narrative. Issues of caste, class and gender are in many ways part of the structuring realities that are not seen. These silences do not diminish the book's archival value, but they define the limits of its institutional gaze. Those silences do not cancel the book's value, but they do define it.

This is also where the review must distinguish between *a history of an institution and history through an institution*. The *Annals* succeeds admirably at the first. It gives future historians/researchers a dense record of names, departments, aspirations, and institutional claims. But it only partially opens the second. A more searching history through GSMC and KEM would ask what this institution can tell us about Bombay/Mumbai, about public hospitals as urban spaces, about nationalism and municipal medicine, about hierarchies inside medical education, about care and neglect, and about the ethics of public institutional life (which has been done by many historians of medicine now). Pandya clearly knew that medicine could not be separated from ethics and history. One wishes the volume had pushed even further in that direction.

Yet it would be unfair to ask this book to become a different book altogether. Its greatest strength lies in its self-awareness as record. One of the official testimonials says that reading the volume feels "less like reading a book and more like walking once again through the corridors that shaped our lives." [3]. That is an evocative description, and it captures both the power and the method of the *Annals*. This is a corridor-book: spatial, cumulative, inhabited by memory. It allows readers to walk through a century of institutional life, pausing at departments, people, publications, and episodes. For alumni and insiders, that produces recognition. For historians, it produces leads. For archivists, it models an ethics of institutional preservation.

The ethical dimension of that preservation deserves emphasis in the review published in this space. The open-access publication of the volume is not incidental. The official page explicitly frames the book's digital editions as freely available for educational and scholarly use worldwide. That matters because archives too are ethical objects. Decisions about what is preserved, catalogued, and made public shape future scholarship. In that sense, the *Annals* is not only about medical ethics in the narrow sense; it performs an ethics of access. It treats institutional memory as something to be shared rather than guarded. At a time when many histories remain trapped in private cupboards, departmental nostalgia, or inaccessible print souvenirs, this openness is itself a form of public good. This book has much to offer to the historians of medicine, public health experts, archivists, medical humanities experts and individuals engaged in institutional histories. Its value lies not in its interpretations but as a repository of institutional memory. It reminds us that medical institutions are not just spaces that treat a diseased body but produce narratives, silences and moral claims. To read the *Annals* critically is to acknowledge this.

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