

‘Whenever you hear my songs, you will hum with me’



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PALLAB BHATTACHARYA

IF I am asked to pick one song from a Hindi film that best encapsulates how the posterity would look back at the singing legends Lata Mangeshkar and Mohammed Rafi, it would be “*Pagla Kahin Ka*” (1970), where they sing: “*tum mujhe yun bhula na paoge / jab kabhi bhi geet sunoge mere / sang sang tum bhi gungunaoge*”. Translated loosely, it means, “you will never be able to forget me, whenever you hear my songs, you will hum with me”. Interestingly, both Rafi and Lata sing the number separately in the movie.

Lata Mangeshkar, who died on February 6, 2022, epitomises the voice of all of us in the full gamut of our emotions. She is one of those few singers whose music mirrors the myriad of feelings under the sun—filling our hearts with love and longing, welling up tears of joy and sadness, making our body often sway in happiness, or pushing us to introspection. Such was the depth and range of her voice that it never failed to thrill the listeners, cutting through the shifting sands of time and tastes of every generation. There is something for everyone, for every special moment in life, be it for children (“*bachche man ke sacheche*”), one’s first fling in life (“*solah ki baras ki baali umar*”), for nostalgia for an old flame (“*beeti na beeti raina and tere bina zindagi mein koi shikwa nahin*”).

It’s really a Herculean task to choose the best from the rich oeuvre of Lata Mangeshkar—from the tribute to the Indian soldier (“*Aye mere watan ke logon*”) she sang in the presence of Jawaharlal Nehru in 1963 at Delhi’s Ramlila Maidan that brought the latter to tears, the classical “*Mohe panghat pe*” in “*Mughal-e-Azam*” (1960), to the intensely romantic “*Ajeeb dastaan hai ye*” in “*Dil Apna Aur Preet Parai*” (1960), the lilting “*Baahon me chale aao*” in “*Anamika*” (1973) or “*Allah tero naam Ishwar tero naam*” in “*Hum Dono*” (1961) which reflects the secular ethos of India.

Lata Mangeshkar sang not just in Hindi but in many other languages too, driving home the adage that music knows no physical or linguistic boundaries. Being a national cultural icon of India did not come in the way of her being the flag bearer of her Marathi identity, as reflected by the song “*Jyoti kalash chalke*”.

Since her first recorded song in 1942 for a Marathi-language movie, when she just 13 years old, the Indore-born singer has earned many sobriquets along the way—like the “melody queen”, “India’s nightingale” and “the voice of the millennium”—with the common thread being her mesmerising voice. In a career spanning nearly 80 years, she sang an estimated 25,000 songs in 36 Indian languages, including Hindi, Bangla, Marathi, Tamil and Kannada, and across classical and other genres. The body of her work is overwhelming and impossible to fathom in one go. She was awarded the Bharat Ratna, India’s highest civilian honour, the Dadasaheb Phalke Award, India’s highest award in the field of cinema, and a host of other honours.

Lata’s much-talked-about competition with her sister, Asha Bhosle, was the stuff of headlines and rumours. But the Mangeshkar sisters never allowed themselves to be distracted by such talks, nor did they bother to respond to claims about how they completely overshadowed other singers in the film and non-film playback industry. As is quite common in a cut-throat competitive industry like Bollywood, controversies could not entirely elude Lata Mangeshkar. There was her tiff with Mohammed Rafi over royalties and her brief fall-out with Raj Kapoor, but those were just blips in a long, prodigious career.

Not many know that Lata Mangeshkar’s singing talent was an accidental discovery by Pandit Deenanath Mangeshkar, a Marathi musician, when she was just five years old. But then, the untimely death of her father brought the family’s financial burden on a 13-year-old Lata’s shoulders. A family friend came to their aid and she started singing and acting in his father’s theatre company.

As in the silver screen, life in the Bollywood music industry has strange twists and turns too. When Lata Mangeshkar went to Mumbai, she was rejected by film producer Sashadhar



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PHOTO: REUTERS

Mukherjee because he found her voice too thin. But destiny had a different plan for her. As Lata Mangeshkar recalls in Nasreen Munni Kabeer’s documentary “*Lata Mangeshkar: In Her Own Words*”, her song “*Aavega aanevala*” in “*Mahal*” (1949) became such a rage that people would enquire about the identity of the singer, forcing a radio station to contact the gramophone company HMV to ask who had sung the song. As the first line of the song predicted, a crooning star appeared in the Indian music firmament. A star that shone brighter and brighter until she passed.

Lata Mangeshkar’s voice has helped Bollywood heroines rise to superstardom down the ages—from Madhubala, Meena Kumari to Madhuri Dixit and Preity Zinta

and scores of others in between. Such was the power of her voice emoting for actors across almost all eight decades. It was a sure guarantee of success and leading heroines down the generations would insist on giving their lips to her songs, often making it part of their contracts.

The 1950s belonged completely to Lata Mangeshkar who went on to work with eminent music directors like Shankar-Jaikishan, Naushad Ali, SD Burman, Hemant Kumar, Madan Mohan and Salil Chowdhury. These were also busy years for her. She would at times record six to eight songs in a day, go home, sleep for a few hours and then catch Mumbai’s local train again to a recording studio.

In 1960s, Madhubala was once again the face for Lata’s voice in the evergreen “*Mughal-e-Azam*” film, with the defiant “*Jab pyaar kiya to darma kya*” becoming the byword for many a never-say-die lovers. The decade also marked the beginning of her work with another Bollywood composer duo, Laxmikant-Pyarelal, with whom she would go on to sing over 700 songs over a period of 35 years, most of which became super hits. This was also the time when Lata recorded duets with Mukesh, Manna Dey, Mahendra Kapoor, Mohammed Rafi, and Kishore Kumar.

This was followed by the 70s which will be remembered for Meena Kumari’s last film “*Pakeezah*” (recall the song “*Chalte chalte*”) and “*Abhimaan*” in which Lata Mangeshkar sang some memorable songs. The 1980s saw her lending her voice in the films “*Silsila*”, “*Chandni*”, “*Maine Pyar Kiya*”, “*Ek Duije Ke Lye*”, “*Prem Rog*”, “*Ram Teri Ganga Mailli*” and “*Masoom*”. Fast forward to 1990s and 2000s, and there were Lata’s songs in the Gulzar-directed “*Lekin*” and Yash Chopra’s films “*Lamhe*”, “*Darr*”, “*Dilwale Dulhania Le Jayenge*” and “*Dil To Pagal Hai*”. Lata’s last full film album was “*Veer-Zaara*” in 2004.

Among her other unforgettable songs are “*Lag jaa gale*”, “*Satyam shivam sundaram*”, “*Ajeeb dastaan hai*”, “*Hothon mein aisi baat*”, and “*Pani pani re*”.

With such a vast repertoire of songs for all emotions of all people, one cannot miss Lata Mangeshkar even for a day because our hearts hum with her voice. It is part of who we are.

Is your hospital invested in your safety?



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THE word “safety” has multiple connotations when applied to hospitals and other healthcare facilities. In developing countries like Bangladesh, there could be concerns about structural integrity of buildings, personal security from assault, or even confidence in the financial system used for payment. These and other similar issues abound, but are easily discerned by many users of the healthcare system who can take precautionary measures against them. There is, however, one aspect of safety that people take for granted, or even fail to consider at all, when it comes to hospitals: their health. We assume that in an environment that caters to specialist healthcare, we need not worry about the intricacies of various diseases and their effects, as skilled practitioners are there to do that for us. But are we wise to do so?

The first issue of safety is recognition. It is reasonably straightforward to identify a sick patient—this is what hospitals are for. However, how efficient are our hospitals in identifying a deteriorating patient? In other words, how effective are they in picking up the cues of active progression of pathology in an erstwhile well patient? Most facilities will have their nursing staff make regular observations and document these readings in the patient notes. This mundane task invariably turns into nothing more than a data collection exercise, and it is for this reason why the “medical early warning scores” have been developed.

An individual low reading of oxygen saturation or a high reading of heart rate may not trigger the mind to think that a patient’s condition is changing, but when these vital signs are grouped together and attributed a score, trends of deterioration can be picked up. When, in a space of a few hours, a patient’s early warning score starts to creep up, healthcare workers will know that they need to call for extra help when a pre-set



score is triggered.

This leads to the second issue of safety: Who do you call for help? The wards or on-duty doctors are usually the first ones to be called when problems arise. Although capable, these doctors are on the lowest tier of the medical hierarchy and responsible only for dealing with minor healthcare problems of their patients. The more senior doctors do visit their patients during rounds, but are otherwise occupied with other commitments—such as running clinics, performing medical procedures, etc.—and so may be difficult to get hold of when matters take a turn for the worse.

There is also the issue of patients’ condition deteriorating in a non-medical ward such as surgery or gynaecology, where the input of a physician is vital. At the critical end of the spectrum, hospitals in many countries have a “code” system in which a code blue is put out for a patient in extreme distress, and experts in the vicinity rush to help. Although an ad hoc arrangement, this can improve patient outcomes.

However, to improve safety, hospitals need to invest in a dedicated rapid response team. This is a group of specialist doctors who are trained to deal with acutely unwell patients all across the hospital and are allocated to this task daily. They remain prepared throughout their shift and have access to emergency kit bags, which they carry with them to a call. The hospital selects the team from relevant specialties like medicine, anaesthesia, emergency, and critical care, and provides the team with

PHOTO: COLLECTED

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In most cases, there is a dedicated number to call to activate this team. In the UK, for example, 2222 is the standardised rapid response hotline. Having this number standardised, as well as prominently displayed in all areas, is essential not just for allowing the public to activate this call when faced with a hospital emergency, but it also ensures that despite staff turnover, all staff members are aware of what number to call.

So, how would you know if your

hospital is invested in your safety?

There are two tell-tale signs: 1) The presence of a well-displayed medical early warning score that is designed to trigger a response; and 2) Guidance on how to contact the rapid response team, situated on the other end of every accessible telephone. Setting this infrastructure into place does incur a cost. But the cost of averting a medical crisis is much less, for both the hospital and the patient, than dealing with a critical care emergency that was initially missed.

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নিলাম দরপত্র বিজ্ঞপ্তি নং-১৫/২০২২-২২

সরকারি পুরাতন ভবন/স্থাপনা নিলামে বিক্রয়ের দরপত্র বিজ্ঞপ্তি

এতদ্বারা সর্বশ্রেষ্ঠ স্বার্থের অবগতিতে জন্য জানানো যাচ্ছে যে, সামাজিক বন বিভাগ, বগুড়ার আওতাধীন জয়পুরহাট সামাজিক বনায়ন নার্সারী ও প্রশিক্ষণ কেন্দ্রে বসবাসের অনুপযোগী ০৮ (আট)টি সরকারি পুরাতন ভবন/স্থাপনা নিলামে বিক্রয়ের জন্য এ সজ্ঞার অধিক প্রকৃত টিকাদার/প্রকৃতিকারের নিকট হতে সীলমোহরকৃত বন্ধ বামে নির্ধারিত সিডিউল ফরমে নিলাম বিক্রয় আহ্বান করা যাচ্ছে। নিলাম দরপত্র সংক্রান্ত শর্তাবলী ও অন্যান্য বিস্তারিত তথ্যাবলী অফিস চলাকালীন সরকারি জুটির দিন বাতিনে নিম্নোক্ত কর্মকর্তার কার্যালয় এবং ভারপ্রাপ্ত কর্মকর্তার, জয়পুরহাট সামাজিক বনায়ন নার্সারী ও প্রশিক্ষণ কেন্দ্র-এর নিকট হতে জানা যাবে।

১।	কার্যের নাম	সামাজিক বন বিভাগ, বগুড়ার আওতাধীন জয়পুরহাট এসএফএনটিসি-তে বসবাসের অনুপযোগী ০৮ (আট)টি সরকারি পুরাতন ভবন/স্থাপনা নিলামে বিক্রয়।
২।	নিলাম দরপত্র আহ্বানের স্মারক ও তারিখ	নিলাম দরপত্র বিজ্ঞপ্তি নং-১৫/২০২২-২২ তারিখ-০৩/০২/২০২২খ্রিঃ
৩।	নিলাম বিক্রয়ের সূত্র	পরিশেষ, বন ও জলবায়ু পরিবর্তন মন্ত্রণালয়, বন অধিশাখা-২-এর স্মারক নং-২২.০০.০০০০.০৬৬.০১.০০২.১৯.১০/১ তারিখ-১৯/০১/২০২০খ্রিঃ।
৪।	বায়নার টাকা	উদ্ধৃত সূত্রের মোট মূল্যের উপর ১০% (শতকরা ১০ ভাগ) টাকা নিম্নোক্ত কর্মকর্তার অনুমোদন পেলে বোন তফসীলী ব্যাংক হতে ইয়ুক্ত ব্যাংক ড্রাফট/প.অর্ডার নিলাম দরপত্রের সাথে অবশ্যই দাখিল করতে হবে।
৫।	নিলাম দরপত্র তফসীলের মূল্য	টাকা ৪০০/- (চারশত) মাত্র অফেরতযোগ্য।
৬।	কাজ সম্পাদনের সময়সীমা	কার্যালয়ে প্রদানের তারিখ হতে ১৫ (পনেরো) দিন।
৭।	নিলাম দরপত্র তফসীল বিক্রয়কারী	বিভাগীয় বন কর্মকর্তার কার্যালয়, সদর রোড, সামাজিক বন বিভাগ, বগুড়া এবং ভারপ্রাপ্ত কর্মকর্তা, জয়পুরহাট সামাজিক বনায়ন নার্সারী ও প্রশিক্ষণ কেন্দ্র, জয়পুরহাট।
৮।	নিলাম দরপত্র গ্রহণের স্থান	বিভাগীয় বন কর্মকর্তা, সামাজিক বন বিভাগ, বগুড়া-এর কার্যালয়, জেলা প্রশাসকের কার্যালয়, বগুড়া ও জয়পুরহাট।
৯।	নিলাম দরপত্র তফসীল বিক্রয়ের শেষ তারিখ	২৭/০২/২০২২খ্রিঃ অফিস চলাকালীন পর্যন্ত।
১০।	নিলাম দরপত্র তফসীল গ্রহণের তারিখ	২৮/০২/২০২২খ্রিঃ সকাল ৯.৩০ ঘটিকা হতে দুপুর ১২.৩০ ঘটিকা পর্যন্ত।
১১।	নিলাম দরপত্র উন্মুক্তকরণের স্থান	বিভাগীয় বন কর্মকর্তার কার্যালয়, সামাজিক বন বিভাগ, বগুড়া।
১২।	নিলাম দরপত্র উন্মুক্তকরণের তারিখ	২৮/০২/২০২২খ্রিঃ তারিখ বিকাল ৩.০০ ঘটিকায়। উপস্থিত দরপ্রদাতাগণের সন্মুখে (যদি কেহ উপস্থিত থাকে)।
১৩।	বর্ধিত নিলামের জন্য প্রকৃতিকার/অনুমোদন	২৭/০২/২০২২খ্রিঃ তারিখ পর্যন্ত অফিস চলাকালীন ভারপ্রাপ্ত কর্মকর্তা, জয়পুরহাট সামাজিক বনায়ন নার্সারী ও প্রশিক্ষণ কেন্দ্র-এর কার্যালয়ের সাথে যোগাযোগ করে সরাসরি দেখা ও জানা যাবে। এ সজ্ঞার বিস্তারিত তথ্যাদি ও শর্তাদি অফিস চলাকালীন নিম্নোক্ত কর্মকর্তার দর হতে জানা যাবে।

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