

#SENSE

Be Left And Be Right

Why Britain And India Drive on the 'Left' Side of the Road



If you've ever visited the United Kingdom or watched British movies, you might have noticed one thing that feels a little unusual: cars drive on the left side of the road. For much of the world, driving on the right side is standard, so why does Britain still stick to the left? The reasons go far back into history, rooted in tradition, practicality, and even ancient customs.

Historical Origins: Medieval Times and Beyond
The practice of driving on the left dates back to medieval times. Most people were right-handed, and in societies dominated by sword fighting and horseback riding, it made sense to keep to the left side of the road. This allowed right-handed knights and soldiers to have their sword arm closer to an approaching opponent, while keeping their dominant hand free to defend themselves or greet others.

Similarly, horseback riders preferred to mount and dismount from the left side, which meant traveling on the left side was safer and more convenient. Keeping to the left also helped prevent collisions, as riders could better judge distance and oncoming traffic.

The Influence of British Law and Infrastructure
The habit of driving on the left became official in Britain with the introduction of formal road laws in the 18th and 19th centuries. The General Highways Act of 1773 recommended traffic keep to the left, and later laws reinforced this practice. When the first cars appeared in Britain, they naturally continued this tradition.

This was further cemented by the design of British roads, vehicles, and traffic systems optimized for left-side driving. Changing the

entire country's traffic flow would be hugely costly and confusing.

The Global Context: Why Most Others Drive on the Right

While Britain stuck to left-side driving, many countries, especially those influenced by France and the United States, adopted driving on the right. Napoleon Bonaparte is often credited with spreading right-side driving across much of Europe during his conquests. The United States standardized right-side driving partly due to the design of large freight wagons and later cars.

Interestingly, many former British colonies still drive on the left, including Australia, India, and South Africa, while others have switched to right-side driving over time.

Modern Implications and Safety

Driving on the left might seem 'wrong' from an outside perspective, but in Britain, it's simply tradition and practice. British and Indian vehicles are built with the driver sitting on the right side, allowing better visibility of oncoming traffic. Traffic signs, road markings, and infrastructure all support left-side driving, creating a consistent and safe system.

When tourists drive in Britain, it can take a moment to adjust, but locals rarely think twice about it, it's just the way things are.

Britain's left-side driving is a fascinating example of how history and tradition shape everyday life. From medieval knights on horseback to modern traffic systems, the choice to drive on the left side has deep roots and practical reasons. While it may feel unusual to visitors, for Britain and many of its former colonies, it's the norm, and a reminder of how the past continues to influence the present.



Francisco.

● Rakhee Roytalukdar

Twelve-year-old Francisco Mbeu sits on the side of a barren playground in Nampula city. He watches the other kids play football, running around energetically after the ball. He is sad and dejected. He is not able to walk properly after he lost his leg in an accident. He has crutches for support, but even then, he finds it difficult to attend his village school.

Francisco's father is not one to give up easily. He coaxes the boy to go after the ball. And looks for all alternatives to get his little boy up and running. Then, he gets to know about the Jaipur Foot camp currently underway in Nampula. The camp is being conducted by Bhagwan Mahaveer Viklang Sahayata Samiti (BMVSS) at Nampula's Central Hospital since November's third week. He immediately takes Francisco there, gets him registered, and in a day, the boy is fitted with a Stanford-designed artificial limb. Hesitant, Francisco takes small steps initially. But as he begins to walk with his father beside him, his confidence surges and so does hope.

Like Francisco, there are scores of people who are coming to Nampula's camp every single day, so much so now that the BMVSS officials are thinking of extending their stay beyond Dec 31, 2025 to attend all patients who are coming from far and near.

Although Mozambique removed close to 171,000 landmines in 2015, which were designed to damage the enemy camp in their struggle for independence and long civil war, hundreds of civilians including children were wounded or killed by these landmines. Some of these people were on crutches and were eager to get Jaipur Foot artificial limbs once they heard about the camp. In recent time, three camps were held in Yangon, Myanmar, Guatemala and Maputo, Mozambique along with the support of the Ministry of External Affairs and some 1900 persons were rehabilitated in these camps.

Far away from Mozambique, in Jammu and Kashmir, BMVSS has been holding camps in the border districts like Kupwara, Trehgam, Sharifabad, Anantnag, Shopian and Srinagar. In November this year, BMVSS along with Chinara Corps organised camps to empower differently-abled people.

Those living in the borders often become victims of shelling by the Pakistan Army and also landmine blasts. BMVSS officials say that rehabilitation in the local hospital is difficult. And with their disability, many find it difficult to reach Srinagar. So, the camps were held in various villages, where the locals identified the disabled and brought them to the camp. "It is a kind of door-step rehabilitation, unique to BMVSS," says Prakash Bhandari, BMVSS's media advisor.

BMVSS has been holding such camps outside India since 1995, the first one being in Afghanistan. Not only outside, BMVSS has 37 centres across India and holds camps in many cities and remote places too.

BMVSS has been restoring smiles and dignity amongst the disabled since the last 50 years, without charging a single paisa from any of its patients.

Twenty-one year old Manjit Kumar Girin from Gopalganj in Bihar came to the Jaipur centre in November, 2025. He says, "I came here yesterday, have been fitted

with the Jaipur Hand, would have to do some physiotherapy and would be leaving tonight. I had lost hope initially, but coming here and watching how this centre is trying to provide succour, has rekindled my faith in humanity."

Manjit lost his right hand while working in a factory in Dahod in Gujarat last year in November, while operating a JCB machine. The machine malfunctioned, somehow fell on him and he lost his right hand, fractured his leg and got injuries in his waist. No factory owner or insurance came to see him, let alone any talk of compensation or treatment.

Manjit says fellow villagers, who also work there, took him to a hospital in Ahmedabad, where the doctors said his hand would have to be amputated as it was too late. So, Manjit lost his right hand, his job and came back to his home, disabled and in pain. Because of his fracture, he could start walking only after two-and-a-half months. Being the eldest in a family of six, his job was important for them.

Manjit, a college student, however, did not lose hope. He kept browsing social media for any treatment that may be available. He had never heard about the miraculous Jaipur Foot. "I suddenly came across this video about Jaipur Foot and also got to know about Jaipur Hand. It was an amazing feeling then. I saw how people who had legs amputated, because of accidents or diseases, were walking again. And it wasn't just about fitting the limb but restoring their dignity. I made up my mind immediately and caught the next train to Jaipur. I came here yesterday and have been attached with the Jaipur hand. It isn't as flexible as my left hand but I will make it work," says Manjit, trying to work on his right hand fin-

#SEVA PARMODHARMA



In Nampula.

gers, opening and closing them slowly but steadily.

The uniqueness of Jaipur Foot

Established in 1975 by Devendra Raj Mehta, it has rehabilitated over 2.5 million people since its inception, providing the low-cost prosthetics, the Jaipur Foot, the Stanford-Jaipur knee joint, an artificial knee joint that was named as one of the 50 best innovations of 2009 and the

Jaipur Hand. No patient is charged for these limbs as they usually fall from below the poverty line. They are given lodging during the stay here at the centre. It also provides rehabilitation assistance in the form of callipers, crutches, tricycles, wheelchairs and hearing aids. In 2022-23, BMVSS rehabilitated about 89,000 patients.

What actually separates BMVSS from other such healthcare facilities is that anybody, both rich and



Manjit Kumar Girin.

poor, can walk into the organisation's premises at any time without any prior appointment or registration. Here, even the guard on duty can admit patients and the doctor would examine them in the next set of working hours.

Mehta says, "The patients who come here are from poor families, most do not know how to read or write. How do you expect them to register themselves and book appointments? They are scared of

the formal system. So, we must operate in a way that puts them completely at ease. We have an open door policy. We provide them a place to stay. They only sign one piece of paper at the end of their visit to record the type of assistance they have received." And this exactly is what distinguishes BMVSS from other healthcare centres, who are more doctor-centric and based on the concept of user-charges with the result that neediest get excluded.

The Story of Jaipur Foot

BMVSS inception in 1975 was closely linked to the invention of the Jaipur Foot in 1968, a prosthesis for both below and above knee amputees. The Jaipur Foot's story began with a chance meeting between Ram Chandra Sharma, a sculptor, adept at recreating human likeness and Dr. Pramod Karan Sethi, an orthopaedic surgeon. Sharma saw Sethi working with accident victims who had lost their limbs. He observed that few patients were fitted with artificial limbs. The hospital produced only a few such limbs per year based on American and German designs, as it was a time and skill intensive process and imported limbs were expensive.

Although these artificial limbs were working well in the West, they were not suitable for Indian amputees. Indians squat, sit cross-legged, negotiate rugged terrain, walk barefoot so it was imperative that the foot was durable, flexible, water-proof and looked like a normal human foot so that the amputee could use it with or without a shoe.

Over the next two years,

The doctors merged the idea of the vulcanised rubber foot and the rickety SACH foot. They wrapped up the separated wooden block in light rubber and vulcanised the resulting structure into one piece. This was the first successful design of the Jaipur Foot, the only non-articulated, artificial foot that allowed several types of movement. The Jaipur Foot could flex during squatting, or climbing slopes and rotate inward while sitting cross-legged. To make the foot wearable for both above and below the knee amputees, the team used either a shank and brace or a shank, brace and knee joint to connect the foot to the patient's limb. At this time, the production cost of the Jaipur Foot was less than \$5. Even now, it costs a little less than \$75, which is around Rs. 6700. Further improvements led to a design with three pieces, a wooden ankle piece, a sponge rubber fore-foot and a heel, wrapped in rubber and vulcanised in an aluminium casting.

In 1969, Mehta, a collector then at Jaisalmer, was admitted to the SMS hospital after suffering severe injuries in a car accident while on his way to Pokhran in Jaisalmer district. Scans revealed that bones in his leg were fractured in 43 places. Although doctors managed to save his leg, Mehta spent five months recovering.

During this recuperating period, he closely observed travails of accident victims undergoing treatment at the hospital. A question kept nagging him. He had received good care because of his position and influence but what happens to poor patients who meet with such accidents. He wanted to find a way, and

six years later, BMVSS was born.

Despite being a low-cost breakthrough in prosthetics, only 50 patients were fitted with the Jaipur Foot from 1968 to 1975. Once BMVSS actively took up the fitment of limbs, this number grew to 109 the following year and gradually increased to 10000 by 1982. In 2024-25, BMVSS rehabilitated 2,35,228 people with limbs (78248), calipers (57252), crutches, sticks, splint, braces (643956), tricycles/wheelchairs (201016), hearing aids (145044), surgery (7472).

BMVSS's USP is that it is first and foremost patient-centric, and works on the corpus and donor field model of quality care. Its lean organisational structure and assembly line approach to limb fitment helped to rehabilitate on an average 180 patients daily at the Jaipur Centre. On an average, across all its 32 centres and outreach camps, BMVSS rehabilitates 300 people each day either by fitting them with artificial limbs or providing them with mobility assisting devices.

A patient could usually be fitted with a limb in as little as three hours. Barring a few complex and time consuming cases, most patients return home in one to three days. Staff has been trained to seek patient feedback to ensure continuous improvement.

In keeping with its focus on social rehabilitation of patients, BMVSS partnered with a government-run vocational training centre which referred patients for training in skills such as carpentry and stitching. BMVSS provides aides like sewing machines and tea-stall kits that could help patients become self-employed. Mehta says, "Our ethos is of help, not charity. These people are our brothers and sisters. When they leave from here, they are changed. They have regained their self-esteem."

Patient-centric ethos

Another special characteristic of the organisation is that some technicians are former patients trained in Jaipur limb technology.

Shree Krishna, hailing from Unnao in Uttar Pradesh, has been working at the centre for over 40 years. He lost his limb following a poisonous insect bite when he was 10 years old. After his limb fitment at SMS hospital then, he got trained himself and has been absorbed. "I have become a Jaipur resident, built my house here. I have retired but still work here. There is so much love and empathy here."

About his work, Krishna says, "Many things have changed over the years. Especially the technology has improved. Earlier, aluminium and plastic were used for joints. Now, High Density Polyethylene (HDPE) is used which results in seamless joints and very strong sockets."

To technologically upgrade its

prosthetic devices, BMVSS has partnerships with Stanford University, California, MIT, Cambridge, US, Santa Clara University and others.

Funds and finances

Mehta says, "Over the last 50 years, the growth has been phenomenal, much beyond what we expected. We began in a small way and followed the evolutionary approach and avoided the big bang approach diligently. To ensure maximum utilisation of funds, BMVSS has kept administrative expenses low. Average administrative and overhead expenses account for 3.6% of the organisation's total expenditure, considerably lower than the average for the non-profit industry. Our belief is to function frugally."

A significant portion of BMVSS funding comes from government institutions and a mix of large donors such as Sir Dorabji Tata Trust, Azim Premji Foundation, Nomura and Deutsche Bank. Smaller one-time or recurring donations, grants and interest from the corpus make up the remainder. In 2013, the government amended the Companies Act, which made it mandatory for large businesses to spend 2% of their profits on pursuing corporate social responsibility (CSR). As a result, more companies wanted reliable, trusted partners to fund. With its reputation for integrity, BMVSS benefitted from this development, says Prakash Bhandari, who handles their corporate communications.

Mehta, who has been SEH chief earlier, says, "Funding is always a problem. Before you start any social organisation, it is necessary to have a corpus. We started with a corpus of Rs. 4 lakh, for which we got an interest of 13%. We now have a huge corpus which runs into crores."

Philosophy is help, not charity

At 88, Mehta is agile and active. He reads books in his spare time despite his busy schedule at the centre day. As to BMVSS's future, Mehta says, "There is a powerful management committee in place. Value systems are in place. The philosophy is that limbs are provided help, not charity. We believe in equality in assistance irrespective of financial standing, caste, creed, religion. The most important lesson we must remember is to treat patients individually with respect and as human beings."

"And what gives me immense joy is the transformation that I see in patients. When they come in, they are crestfallen, worried about their livelihood. But when they leave this place, they are happy and hopeful. Their hope coupled with joy are infectious and priceless. That joy will keep BMVSS going for at least another 50 years," assures Mehta.

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National Short Film Day: Celebrating Storytelling in Miniature

National Short Film Day is dedicated to recognizing and celebrating the art of short films, which tell powerful stories in a concise format. It highlights the creativity, innovation, and storytelling prowess of filmmakers who can convey emotions, ideas, and social messages in a limited time. The day encourages audiences to explore diverse narratives, from experimental cinema to impactful documentaries, and appreciate the craft behind every frame. It also inspires emerging filmmakers to showcase their talent on digital platforms and festivals. Celebrating National Short Film Day promotes cinematic diversity, artistic expression, and the power of storytelling in its most compact form.

50 Years Of Making Men Stand Tall

The doctors and Sharma had also been refining the Solid Ankle Cushion Heel (SACH) foot, a Western design consisting of a rigid wooden block covered in rubber. The wooden block ran from the ankle to the instep and was not flexible. While tinkering with the design, the duo took off the wedges and converted the single wooden block into two. This increased flexibility.



Rakhee (mugshot).

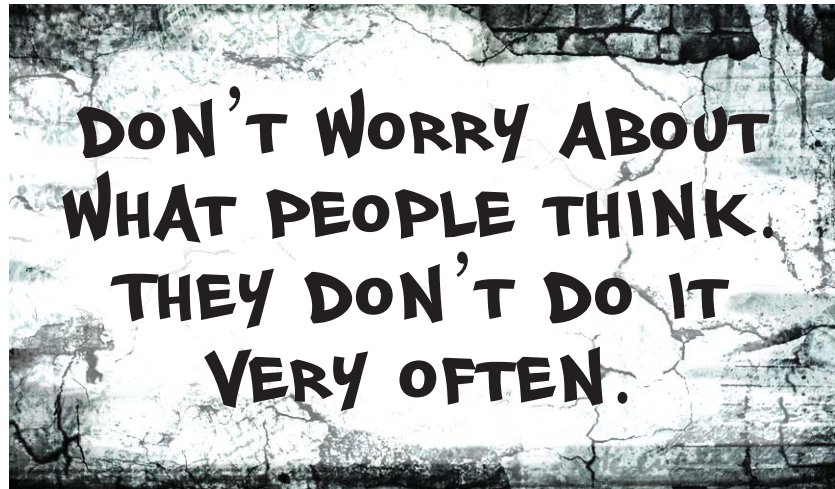


Shri Krishna Technician.



In Nampula.

THE WALL



BABY BLUES



By Rick Kirkman & Jerry Scott

ZITS



By Jerry Scott & Jim Borgman