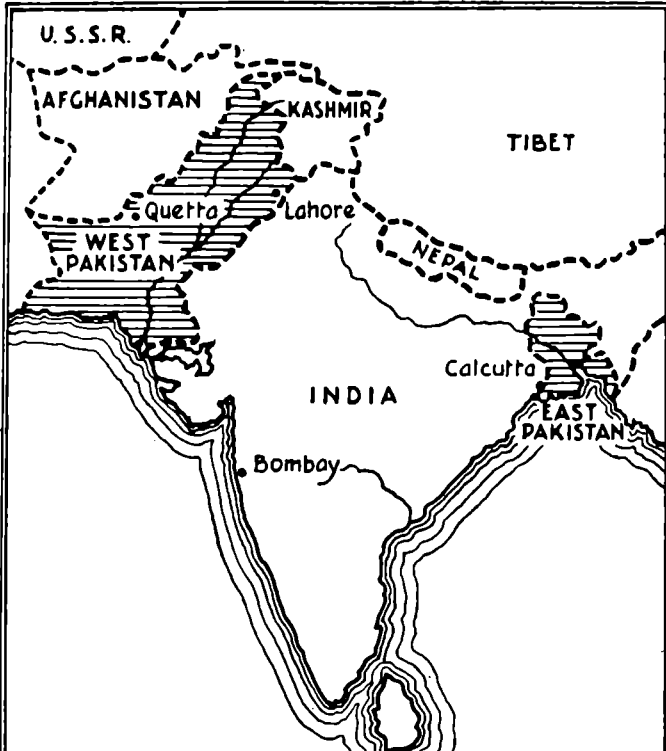


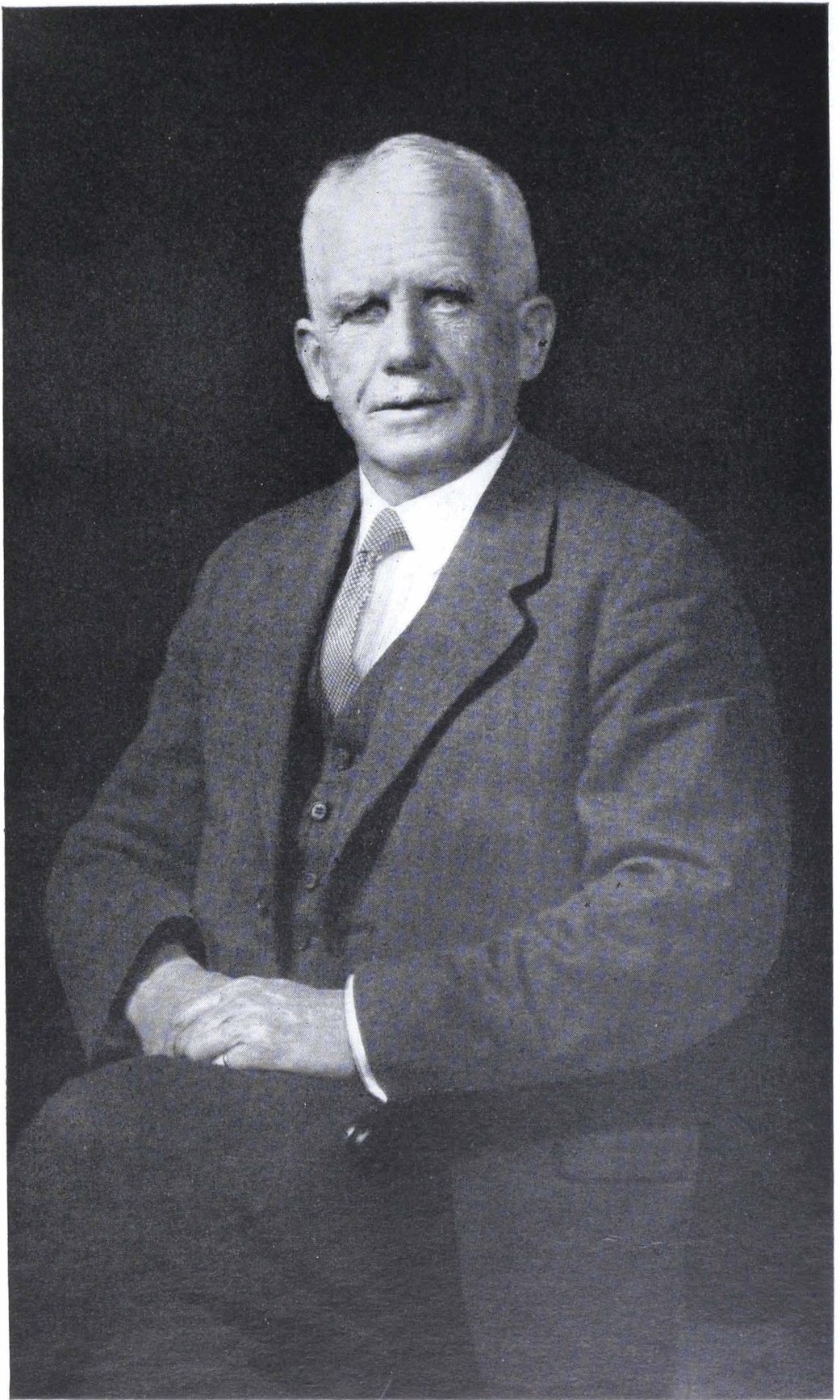
FRONTIER DOCTOR

By

SIR HENRY
HOLLAND







SIR HENRY HOLLAND, C.I.E., M.B., CH.B., F.R.C.S.E., F.I.C.S.,

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FRONTIER DOCTOR

AN AUTOBIOGRAPHY

BY

HENRY HOLLAND

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FOREWORD

by

General Sir ROB LOCKHART, K.C.B., C.I.E., M.C.
Indian Army (Retired).

I FELT very greatly honoured when I was asked to write a foreword to this book. Although I had spent a number of years on the North-West Frontier, it was only in 1947 that I had the privilege of meeting Sir Henry Holland for the first time.

Long before that, as I well knew, his name had become a household word throughout the length of the Frontier, and in many other places too. He was a welcome guest alike in the homes of Viceroys, Commanders-in-Chief, Governors, tribal chiefs, and the poor amongst whom so much of his great work as a medical missionary of the Church Missionary Society had been carried on for over forty-five years.

This book might justly have been called "Who would true valour see". It is the story of a man who might have used his great talents as an ophthalmic surgeon to acquire riches: instead, he chose to eschew them and to devote his life and skill to the service of God and his fellow-men amongst the people of (what was then) North-West India, principally in Baluchistan and Sind.

In this book Sir Henry tells the story of his life. It is the story of the life and work of a truly great man: God-fearing, courageous, adventurous, skilled, humble, human and loving. I sincerely hope that it will be read by many people.

ACKNOWLEDGMENT

IN writing my personal reminiscences of fifty years as a doctor on the North-West Frontier, I should like first and foremost to express my very deep debt of gratitude to Miss Phyllis Garlick for all the help she has given me in the actual shaping of the book. She has brought an imaginative understanding to bear on the mass of material which I had put together, and has been invaluable in setting the main points of the narrative in their true perspective. Few could have found a colleague so sympathetic and stimulating, and I cannot envisage the book as it now stands without her. Any success that it may have will, I feel, be largely due to her generous and inspiring help throughout.

To her, and to my son Harry's work on the manuscript right from the beginning, is due the shape that the book has taken. My son's advice and suggestions and checking of the typescript have been invaluable. I am also indebted to the Church Missionary Society for permission to reproduce a number of Frontier photographs. And not least are my thanks due to Mr. Paul Hodder-Williams for his constant encouragement in the recording of my reminiscences.

Lastly, I would like to thank the great company of my friends, British, American, Indian and Pakistani, without whose gifts of friendship and help there would have been little in my life worth recording.

HENRY HOLLAND.

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PART I

PREPARATION

CHAPTER I

ROOTS

I AM a North-countryman born and bred. The second son of a country parson, I was born on February 12, 1875, in my grandfather's house in Durham. That this first event in my life should have taken place there is of special interest to me, for my grandfather Tristram was a great character in my childhood. He was a residentiary Canon of Durham, and his dignified house in the quiet cathedral close came to have a very special flavour for me.

Though I started life thus in a typically English setting, I was soon on my way abroad. For one who was destined to spend three-quarters of his life overseas it was perhaps prophetic that travelling days began in infancy. While still a child in arms, I was taken out to Riga in Lithuania, where my father was at that time English chaplain. In those days Riga was a flourishing port and a great centre of the timber trade; numbers of English and Scottish merchants were to be found there.

As we remained in Riga until I was five, I still have vivid recollections, particularly of Turkish soldiers, prisoners of the Russo-Turkish War, being paraded through the streets. Riga was a gay place in those years, for the merchant princes lived in large houses and entertained lavishly. In the summer we used to go to the pine forests on the shores of the Gulf of Riga.

When I came home with my father, mother and elder brother, we sailed on a Wilson steamer to Hull. On the voyage I was punished for refusing to obey the captain's orders. Apparently I spent my time on deck in trying to avoid the ship's officers and climbing up the rigging. I did this once too often, and had to pay for my sins by being tied with a rope to one of the masts and was obliged to stay there for half an hour meditating on my misdeeds.

My father having been appointed to the living of Cornhill in north Northumberland, we went to live on the banks of the Tweed. We had long had close family ties with Northumberland on my mother's side, my forebears for three generations being Northumbrians. My grandfather, Canon Tristram, and his brother, Chancellor Tristram, were born in the village of

Eglingham, a lovely spot on the moors, and were proud of their Northumbrian "burr". Grandfather Tristram married a Bowlby, the family which produced the famous surgeon, Sir Anthony Bowlby of "Bart's".

While my mother's family links were thus with the North (and on her side we also have a very strong Irish strain), my father's family hailed from the South. My grandfather Holland was Vicar of Walmer Beach and chaplain to the Duke of Wellington. There is a family yarn concerning an incident in which my father, at the age of six, had a tussle with and defeated the "Iron Duke". The Duke was very fond of children and used to take my father out for walks on Sundays when he was a small boy. On this particular occasion he said to my father: "We'll go along this path today," to which my father replied firmly: "No, I won't!" The Duke tried to insist. My father then produced his trump card. "If you go along that path you will have to carry me," he declared. Whereupon the Iron Duke threw in his hand.

My grandfather Holland married into the Sladen family, whose members are thick as blackberries in the south of England. Those were the days of very large families; my father was one of nine, and my mother was one of a family of eight. My relations and connections are legion. A friend once said to me: "You seem to have a cousin in every village!"

Canon Tristram loved stories concerning "the Cloth", and he used to tell one about the big families that parsons produce. A certain young town curate, he said, was spending a weekend in the country with a sporting squire who took him to see a rabbit shoot. The curate was amazed to see the tremendous number of rabbits popping out of the warren. "Are rabbits very prolific?" he naively asked the gamekeeper. "Stoats and parsons," replied the keeper, "be the most breedsome critters I know on!"

I realize now how fortunate I was in being brought up in the country. I have the happiest recollections of our home at the Rectory, Cornhill-on-Tweed, on the Border, where I used to ride my pony and join in fox hunting, and where I landed my first trout and salmon. It was a fascinating countryside for a boy to explore. The Tweed valley was country which continually changed hands in the Border raids; within less than ten miles of my home were the ancient Castles of Norham, Twizel-on-the-Till, Wark and Etal, and the site of the famous Battle of Flodden. The village of Cornhill, about midway

between Berwick and Kelso, is just on the English side of the border.

Living so close to the Tweed, I was able to run down from our house the quarter of a mile to the river whenever I felt inclined. From the age of seven or eight my favourite sport was fishing, and the joy with which I landed a sea-trout kelt of five and a half pounds was something I shall never forget. My particular fisherman friend was Mark Johnson, with whom I landed my first salmon. My brothers and I were very attached to the Johnson family; we spent a lot of time too with the village carpenter, and at the smithy where we loved to watch the sparks fly out as the blacksmith hammered out the iron on the anvil. We were in and out of many homes in the village; they were people for whom we had a great affection, and they always made us welcome.

Riding was a close second to fishing as a favourite sport of my very youthful days, despite the fact that at that time I was considered to be delicate. I was put on a milk diet, and no lessons were allowed for about three months. It was then that I started to follow the hounds. Cornhill, being just on the border, was a wonderful centre for hunting. The Berwickshire and the Duke of Buccleuch's hounds used to meet within easy reach of my home on the north of the river, while in Northumberland there was the Glendale Pack and the North Northumberland. The opening meet of the North Northumberland hounds was always held in Cornhill, and a great crowd of villagers used to attend it. I well remember being introduced to Lord Dalkeith by the Master of the Berwickshire Hunt as "a well-known member of the North Northumberland". This was a very kind way of presenting me, for I was just a boy of not more than nine or ten, and could only attend the meets when they were within easy distance of my home. Most of my hunting was done with the Glendale Pack, whose Master was a well-known sportsman, George Grey. He was extremely good to me as a boy and often asked me to stay at his home at Milfield. It was with his son Neil that I shared the glory of what was for both of us a red-letter day in our youthful hunting experience.

The meets were at 6 a.m. in those days, or as near sunrise as possible, for the scent is better early than after the sun is up. To join this particular meet, which was to prove such a memorable one, I had a good eleven-mile ride before me, to Akeld, at the foot of the Cheviot Hills. It meant a very early start, so I planned to get up at 5 a.m., and to avoid waking

the rest of the household, the boy who looked after the pony and garden roused me by pulling a long string tied to my thumb, the end of the string having been dropped from the window.

We had a long day, I remember, and finally the fox took to the hills and made for the Cheviot itself. The top of Cheviot was covered with snow, and when the hounds reached its margin, they were finally called off. It was only then that I looked round and discovered there were only some six or seven left in at the end of this run. It was later described in the local papers as "a memorable run, and two who were in at the end on their ponies were Henry Holland and Neil Grey, son of the Master of the Hunt". I found I had over twenty miles to ride back to my home, and the pony, a great favourite of mine called Ben, had already had a very long day. However, I proceeded to hack home, and after a rest at one of the roadside inns so that I could give the pony a feed, I reached Cornhill at about seven in the evening, having been out for more than twelve hours. I must have ridden over fifty miles on that same pony, and he survived to tell the tale! Ben was a Norwegian; the other pony on which I used to hunt was a grey called Taffy. Unfortunately the family finances at the Rectory did not permit of my keeping a horse.

One of the great thrills of my North-country hunting days was the first time I was given the "brush" as a ten-year-old. I remember the pride and almost solemnity with which I came riding slowly homeward through the village, with two-thirds of my trophy protruding from my coat pocket so that my friends in the neighbourhood should know all about it! In all, I was given four or five brushes and a couple of masks. I am sure I did not deserve them, but they were given me by the huntsmen because I was often the youngest boy out in the field.

Riding as I did all across country proved the greatest help to me later on in my life on the North-West Frontier. Without my boyhood experience I should have found it very difficult to undertake extensive travels to remote parts of Baluchistan on camel or pony—as later descriptions of some gruelling rides over that rough countryside may suggest. The sport that I loved was helping to fit me, all unconsciously, for that far harder riding ahead.

Riding was always one of my chief joys during school holidays. But there were many other enjoyments too—and certainly not least my frequent visits to grandfather Tristram in Durham, my birthplace. He was a great personality. His

home was a port of call for many visitors, and he was a delightful host. Hospitality was to him a real joy and pleasure, and all who visited that house came away with a realization of his charming personality and many gifts. He was a leading ornithologist, and his collection of 30,000 bird skins was sent to the Liverpool Museum as the "Tristram Collection". His eminence in natural history was marked by the fact that at an early age he was made a Fellow of the Royal Society. He was one of four noted ornithologists of his day, the others being Lord Lilford, Newton and Rothschild.

His keen interest in bird life once saved me from a wiggling. He was staying with us at the time when on this particular Sunday afternoon I brought home two not very common bird's eggs, the redpole's. As a firm upholder of the sanctity of the Sabbath, he was torn (so he told my mother afterwards) between a desire to punish me for breaking the Sabbath by bird-nesting and a longing to congratulate me on finding what was a rather rare egg. Fortunately for me, the ornithologist came out on top!

He always took a great interest in out-of-door sport. I liked to hear him tell the story of how as an undergraduate he had had a bad fall when steeplechasing. This resulted in the rupture of a blood vessel, and at the time it was feared that he might develop a tubercular lung. So he was sent for a long voyage to the West Indies and his doctor advised him always to wear a beard for the protection of his throat. When he was ordained, he found to his dismay that he was the only ordinand with a beard, but he was told it would be all right if he tucked it inside his collar. This he actually did and kept up the custom for many years. He used to entertain his children by pulling his beard out of his collar, much to their amusement and delight! Certainly his children and grandchildren had the greatest admiration, love and affection for him. He was widely popular with a great variety of people, including the Durham miners; he was also a leading Freemason.

Besides all the interesting people he had met, another thing about my grandfather which made him fascinating company for a small boy was that he had travelled in the East so widely. This was made possible by the fact that though he was a residentiary canon he only had two months each year of what was called "close residence", when his cathedral duties in Durham occupied him every day. He was a scholarly member of the Palestine Exploration Fund and wrote a number of valuable books on Palestine. No doubt his first-hand experience

of the East partly accounted for his enthusiasm for missionary work.

On a great many questions he held strong and decided views which he was always ready to express with great forthrightness. Besides being a die-hard Tory, he was a very active member of the Church militant, and a convinced Evangelical. People today can hardly realize the bitterness of feeling there used to be between the various parties in the Church. The Evangelicals feared that unless they fought for their principles there was some danger of the Church of England being absorbed by the Church of Rome. My grandfather championed the strong Evangelical party that opposed every measure in the Anglican Church which savoured of ritualism.

At that time the Dean and Chapter of Durham consisted of the Dean and six Canons; half the canons supported the Evangelical branch of the Anglican Church and the others the High Church section. At times feeling ran high, and looking back on it now it may seem that a great deal of what was said might have been put in a more diplomatic way. My grandfather would certainly never have made a diplomat; he always said what he felt regardless of what others might think of his views. Once at a big conference of clergy, after he had made an impassioned speech in support of his own point of view, one of his opponents said: "It is no good listening to Tristram. We know he is an 'extreme' man." To which he replied warmly: "Thank God I *am* extreme! I am extremely right and you are extremely wrong!"

My grandfather was an Oxford man and never wore what we commonly call a "dog-collar"; in those days many Oxford and Cambridge parsons used to wear a white tie and either a turn-down or a stand-up collar. After my elder brother was ordained, he came to visit my grandfather, who was horrified to see him wearing a "dog-collar". "Can't you dress like an Oxford gentleman," he exclaimed, "instead of putting that thing round your neck?"

My brother answered quietly: "The wearing of a white tie and a white shirt every day is expensive, and I can't afford it."

"Oh, if that is the trouble," replied our grandfather, "I will pay your laundry bills. But *do* dress like an Oxford gentleman."

Canon Tristram was the only member of the Chapter who wore the old-fashioned full surplice down to his feet, with no cassock. When one of his brother canons approached him about this, saying: "I think the Dean would be very much

obliged and also would think it more seemly if you were to robe as the other canons do, in an ordinary short surplice," my grandfather had his answer ready. "If the Dean thinks I am going to wear any of his white shirts and black petticoats, he is very much mistaken!"

All his life he maintained that wine was one of God's good gifts, to use and not abuse; he never drank water, nor did he expect his guests to do so. When a visitor came to stay, he was always asked, "What will you have to drink?" If his guest said "Water," he would reply, "Oh, you can get that in your bedroom!"—somewhat to the embarrassment of the ardent teetotaller. My brother blotted his copy-book once more by arriving at grandfather's house wearing the teetotaller's "blue ribbon" in his button-hole. "You've come here to teach your grandfather, have you?" he said—and went on to tell him what he thought of him.

On another occasion I remember my grandfather came up to London for one of the Exeter Hall meetings to bid farewell to outgoing missionaries. After the service I thought I ought to invite him to a light supper. It did not occur to me that the restaurant to which I had taken him was a temperance one.

"Henry," he said reprovingly, but with a merry twinkle in his eye, "fancy bringing your poor old grandfather to a place like this where he can't get a drink!"

What a lovable person he was, with all his oddities and with all his robust humour and independence! I had a great admiration for him as well as deep affection. His zest for life, his interest in people, his genial hospitality, his moral courage—all helped to show me a pattern of character which even as a boy I longed to follow for myself.

The Tristrams as a family were a tough lot, of whom Chancellor Tristram's daughter is certainly a good sample. As recently as 1956, at the age of eighty-eight, she defeated a gang of four bandits in Tanganyika. She awoke in her bungalow at Moshi, in the middle of the night, to find she was being strangled by one intruder while another was sitting on her legs. She let out with her right hand at the terrorist's face and apparently hit him in the eye. With a piercing scream of pain he ran from the room, and so did the three other men who were with him. The same gang were caught two months later, by which time the assailant had lost the eye which had been cut open by my cousin's fist, and this fact helped to identify him. Her brother in telling me of the incident said: "I always told Zoe—if you have to hit, then hit like a man,

not a woman!" Zoe had carried out her brother's instructions to the letter.

CHAPTER 2

FAMILY CIRCLE

THERE is no doubt that the dominant influence in my life, and in that of the rest of the family, was our wonderful mother. Even now, whenever I go to the North, people still speak of what she was and what she did. She was such an all-round person, with indomitable energy, and always on the look-out for something to do to help others—either individuals or societies. Anyone in trouble or need could always count on her sympathy and understanding.

She had many interests and many hobbies, and few had the knack of running a household as she did. Though my parents had only a small income, they always managed to keep "open house", thanks to a modest but very efficient staff of three maids. Isabella, our cook for over forty years, was a treasure. She produced the most superb girdle-cakes and ruled supreme in the kitchen. How often as children we were turned out of it—"Now get out of my kitchen!" she would say. In spite of occasional upsets, when Isabella threatened to give notice, we knew that she had not the least intention of leaving us, nor would we ever have let her go.

My mother showed wonderful skill as a needlewoman: even in her old age she would still take up a new stitch or a new type of embroidery. By her needle she used to make some twenty or thirty pounds a year for the annual sale for foreign missions which was held at the rectory. In that very small village they usually raised from sixty to a hundred pounds a year in this way.

My mother's great interest in overseas work began when one of her sisters, Katie Tristram, who was Mathematical Lecturer at Westfield College, went out to Japan as an educational missionary under the Church Missionary Society. In the 1880s it was something very new for university women to go abroad as missionaries, and our Aunt Katie seemed to us something of a heroine. She was our first family link with the mission field, though of course grandfather Tristram was well known as an active supporter of missions; I believe he

preached on the work overseas in over three hundred churches. But a flesh-and-blood "family missionary" in the person of Aunt Katie marked the real beginning of a long missionary tradition in our family. I know it was the greatest possible joy to my mother when many years later her own two elder sons applied to the C.M.S. and were accepted; and the third son, my brother Bertie, also went out under short service conditions and for a few years was Home Secretary of the C.M.S.

But this is to anticipate, though it goes to show how much personal example counts for in a family. And here our mother was quite outstanding. I think of her as a person of exceptional vigour and strength, up each day very early and often quite late to bed. Among her wide and varied interests, education was one of the most absorbing; she was a member of the Education Committee of the Northumberland County Council, and her fellow-members spoke with respect of her remarkable knowledge in this field. She was always ready to start anything new in the way of social service. When my parents first settled in Cornhill in the spring of 1887, their arrival coincided with the annual hirings at which the "hinds", as the farm-workers were then called, found their employment for the following year. The village was crowded for this special event, and there was nowhere for the people to get refreshment except at the inn, where many took rather more than was good for them. My mother at once enlisted the sympathy of the ladies in the neighbourhood, and among them they organized a soup-kitchen which was greatly appreciated. I can still remember the people coming in their crowds to the village school and sitting down to steaming bowls of soup which cost the large sum of one penny—and it was good soup too, made in a big cauldron. There was also hot tea, bread and butter, and currant loaves. The whole meal could be had for fourpence. This custom continued from year to year until the annual hirings came to an end and the farmers engaged their workers either by letter or interview at the farm. But so long as the need remained, my mother took an active part in meeting it.

One of her great hobbies was stamp-collecting; she had a very fine collection which her father had begun over a hundred years ago. Often when she stayed up late she would be working at her stamps, a task demanding the very keen eyesight which happily was hers throughout her life. Some of the stamps were very valuable, and for a long time she used to collect and sell them to raise funds for the C.M.S.

As a family we enjoyed hard exercise, and both my father and mother were keen cyclists. On occasion I have known my mother to ride up to fifty miles in a day. It was characteristic of her that about the time of their golden wedding she took up motoring; on her seventieth birthday she drove the fifty-six miles from Newcastle to the Tweed with a man beside her as this was the first time she had ever driven! After that she proceeded to drive all over the country to committees and conferences in her Ford car. She largely disregarded the rules of the road, and her many friends in the district who recognized her when she came along waited with interest to see what she would do next. Once, when she was about seventy-five, she narrowly escaped a very serious accident. It was at the time of a big sheep-sale; several of the owners had evidently had a good day and duly celebrated their success. My mother was driving along a road which was at right angles to the one from the sheep market, when she saw a man coming straight down this road from the market, driving very fast. Without a second's hesitation she turned sharp right and went straight through the hedge into a field. The other driver, being unable to stop, went through the hedge too, about twenty yards from her. My mother's car was damaged, but she escaped injury. This is just one instance of her quick reaction in a crisis.

Our family consisted of three boys and a girl; Eleanor, in many ways, followed in Mother's footsteps, being extremely capable and always ready to do all she could for others. I have often been told that I had the reputation of being a tease and my only sister was often my victim, so much so that my parents laid down the rule that when I made her cry I should not come down to dessert. I am afraid that for days on end I had to miss it! But Eleanor had a forgiving disposition. On one occasion when I was caught smoking at an early age, my father, instead of administering the stick, debarred me from going to a friend's house for a big annual strawberry tea. In the evening, the family party returned from the feast; my sister Eleanor, feeling sorry I had missed it, had collected some strawberries and put them in the crown of her big straw hat so that I could have a few. When she took off her hat, strawberry juice poured down her cheeks and over her face, and the residue was inevitably mush. Poor girl, she was very upset that after all the trouble she had taken I was unable to reap any benefit!

As boys, up to the age of eight or nine, Willie, Bertie and I were taught at home, and two of my aunts used to take part

in our tuition. One of them was extremely grieved by my many sins of omission and commission; of the latter, she was especially down on the habit of smoking and constantly exhorted me to give up this wicked habit. I am afraid I showed signs from a very tender age of straying from the straight and narrow path, for I was barely eight years old when I was first punished for smoking. I remember an occasion a year or two later when I went with my brother to the nearest town to buy some cigarettes. Suddenly, to our horror, we saw our parents coming up the street. We thought the best thing to do was to drop the cigarettes outside the shop, behind a packing-case, and to go back for them later. Alas, some well-meaning individual saw us drop them, retrieved the packet and came up to my parents and the two of us saying: "I think you dropped this small parcel." We were well and truly caught out! The result was confiscation of the cigarettes and three or four strokes of the cane when we got home.

This was only one of very many occasions when as a boy I came into closer contact than I liked with my father's cane. But looking back, I must say that every time I received corporal punishment I fully deserved it! My father's stick was kept behind some books in the library. On one occasion when he failed to find it in its usual place he picked up a long tortoise-shell paper-knife, of which he was very fond, and gave me a tremendous whack on the hand. I think I can be excused my fiendish delight when the paper-knife broke in two.

There was certainly discipline in our family. My father was a regular tiger for punctuality. When any of us arrived after grace had been said at either lunch or dinner, we had to take the choice of standing up for the whole of the meal or going without one of the three courses. You can imagine what interest we showed in the menu before we decided which course we would do without!

We thought that we were being very strictly brought up, but my mother used to tell us that when *she* was a girl, if ever she spilt anything on the tablecloth and made a stain, a brown holland napkin was placed over the spill to mark the crime she had committed, and there it remained until the tablecloth was washed.

With all its ups and downs, how thoroughly I enjoyed my boyhood! Besides all that my mother did to make our home life happy, my father entered into all that we did as children. He was very keen on riding and kept a horse for some years, until he realized that this was something he could not afford

to continue to do. He was an enthusiastic tennis player and also enjoyed a game of croquet. He had a great sense of humour and was always ready to enter into the gay side of life, except at those times when his state of health (he was never very strong physically) made him suffer from depression. We had, however, a great friend of the family living in the next parish, who was well known in the neighbourhood as a wonderful mimic, and when my father was in low spirits Mr. Coulson would come over to see him and cheer him up.

The squire of Cornhill in my boyhood, Mr. John Collingwood, was widely known and greatly beloved. For many years he was churchwarden. Here again was a great character, and everyone, high and low, was devoted to him. He was tremendously keen on anything to do with horses, and at one time had a pack of harriers. It used to be said of him that he never missed a Sunday morning service or a race meeting! It was in his family pew that some years ago I took up a prayer book in which I found these words written in pencil: "I back Double Chance for the National"! Evidently Mr. Collingwood had had one of his sporting friends with him, for whoever stayed with the squire was expected to accompany him to morning church.

Many were the delightful games of tennis we had at the Squire's home, and also in the neighbourhood, for at that time small tennis parties were the order of the day. There were also quite a number of large garden parties given by the leading county families, where we were able to meet many interesting people, some of whom later held high office in the Government. In the rectory garden at Cornhill we had a court to which numbers of people came for tennis parties, though tennis in the 1890s was very different from the lawn tennis of today. In those days most people served underhand, and it was thought bad form for a man to stand at the net when playing in mixed doubles. I remember the first time I saw volleying at the net on the part of a very fine player who had just come down from Cambridge. He proceeded to volley with great success. "I suppose," someone remarked, "he does not know any better."

One of our great family friends, Mr. Beauchamp Selby, was also a notable character. He much enjoyed a game of tennis, though he was never exactly brilliant. He was a short man, some five foot four, and he used to arrive arrayed in knickerbockers, rather like the later plus fours, and a tweed tail-coat which he never took off. As he was not very active,

we usually arranged for an energetic and expert tennis player to be his partner. On one occasion his partner was Mr. Armitage, who was six foot four in height and had a wonderful reach. When he came to serve, Mr. Armitage was surprised to find there were no tennis balls about. "I have them in my pockets," Mr. Selby said, and handed them out, two at a time, throughout the game. Mr. Armitage at the net took something like ninety per cent. of the shots, Mr. Selby staying at the back of the court and giving an occasional grunt of satisfaction when his partner brought off a really fine stroke!

Mr. Selby was very proud of his nephew, Lord Curzon, who was Viceroy of India for seven years. When many years later I came home on leave, he apparently expected to hear that I ran in and out of Calcutta and Delhi seeing his nephew, for he always asked, "How's George?" As a matter of fact, I only met George once!

Mr. Selby had some good trout-fishing on one of the tributaries of the Till. His niece once hooked and landed a salmon of sixteen pounds on that stretch of water—which I believe never happened before or since. He also had a lake on top of Pawston Hill, and sometimes he took my brother and me up there to fish for perch. Mr. Selby managed the boat and seemed quite content to put worms on the hooks while my brother and I fished. I remember we once caught over a hundred perch in the day.

But to return to our tennis parties. The ladies at this time used to play in long skirts which swept the lawn. They held these in the left hand while playing with the right. Tennis then was certainly not of a high order, but we all thoroughly enjoyed ourselves. Our rectory tennis court had to be banked up at the bottom because of the downward slope of the garden. At one end of the court there was a drop of three or four feet, and as there was not a very long run back we were always afraid someone might disappear through the net at the bottom. This actually happened on one occasion, when a member of the Diplomatic Service who was on leave from the Middle East was invited by my parents to play tennis. In the middle of an exciting rally, to our dismay and that of his wife, our distinguished guest vanished through the net and landed on his back in the rhubarb bed below. Luckily no damage was done.

Among those who came to stay in the neighbourhood or visited our church was the widow of Lord John Lawrence, who came for a four-month stay one summer. The great Lord

Roberts (Bobs) once came for a visit to one of the officers who had served under him, Sir Richard Stewart. He came to our church in Cornhill, and we were asked to meet him. When he heard that at a village three miles away there lived an old retired postman who had served under him in the Afghan War, Lord Roberts made a point of being driven over to see him—it was characteristic of him, this interest in the individual. While they were in the district, he and Lady Roberts paid a visit to Flodden Field, the site of that famous battle being within three miles of my home. It is said that King James spent his last night before that great defeat at Ford Castle, some four miles from the battlefield. Up to the time when I left the neighbourhood, the bed on which he slept before that ill-fated day was still shown to visitors.

At one time the village of Cornhill had had an odd link with Edinburgh (some forty to fifty miles away by road), which I appreciated more fully when I later became a medical student at the University. In the days when bodies were snatched from their graves to be sold to the Anatomy Department at Edinburgh, a small watch-tower was built at one end of Cornhill churchyard to prevent these nocturnal raids. The relatives of the deceased mounted guard there for the first two or three nights following the burial; after this time the body was, shall we say, no longer of use commercially. This tower was still standing when we went to Cornhill, and was not demolished until about 1890 or later. Accounts of these body-snatchers appear in a number of books. Their method of transporting the bodies by road to Edinburgh was somewhat gruesome but clever. The corpse was dressed in widow's weeds, with a thick veil, put in a gig between two men, and thus driven to its destination.

My father was a very keen parish priest and visited every family, whether they were church people or not. I remember him telling of one occasion when he visited the Coultert family, who lived in a very small cottage, as did most of the villagers at that time. The houses generally consisted of two rooms with large box-beds in the wall, and there was no sanitary convenience of any kind. My father was talking to Mrs. Coultert and asking her to bring her husband along to church, as most people in the village did, when she startled him by saying: "Mr. Coultert is in the bed behind me—you can tell him yourself." My father was somewhat taken aback, but when he spoke to the man himself about it later he was

told: "I always come to your last service before you go on holiday!"

Father was a good companion on long cycle rides in the summer holidays. I remember one cycling tour I did with him and my two brothers, when we cycled from the Tweed to Oxford and back. Even when he was nearly seventy my father used to do fifty or sixty miles a day. We would stay either with friends or relations or at some small inn. I kept up an interest in cycling and once did 126 miles in a day, during a journey from Ripon in Yorkshire over the border to Grantown-on-Spey. A great friend was with me on that trip, and as there was a strong head-wind for some way we took it in turns to go in front and shelter the one behind. I recall too a certain picnic which a number of us went to on cycles. It was a dusty day and we all got rather grimy. One of the girls in the party said when she arrived home that she had had a very good time, to which her parents replied, rather sourly: "So we see." On her waist were the marks of the male hand which had been helping her along!

On the Border at that time there were some well-known racing men, including Sir Richard Waldie-Griffith, who not only won the Derby but also possessed one of the best salmon beats on the Tweed, Henderside. It was on that beat, I believe, that a Captain Taylor of Chipchase Castle landed thirty-five fish in one day. (I have recently discovered that that total was exceeded 160 years ago by Lord Home, who landed thirty-six salmon in a day.)

Charlie Cunningham, the famous steeplechase owner, was the father of a schoolfellow of mine, and lived not far from Kelso. He was a wonderful horseman, and his horse, *Why Not?* won the Grand National—but only after he had sold it to another owner. I spent two Christmas holidays with the Cunningham family. Alec, the eldest son, was killed in the South African War; I felt his death very keenly.

Friends of the family, friends of my own—what happy memories I have of that Border country, so dear to me! The hospitality extended to our family and to me I can never forget. Whenever we go to our old home, we look up the few of our old friends still alive and receive from them the same hearty welcome. My younger brother, whenever he goes to Tweedside, always invites the old fisherman Willie Swann and his wife to dine at the hotel, and goes to tea with them in their lovely cottage by the mouth of the River Till.

CHAPTER 3

SCHOOLDAYS

WHEN I was eleven, my parents felt it was high time I should leave the tuition of my father and two maiden aunts and go to school, where I would meet with sterner discipline than under my home roof.

For one term I went to Durham School, where I was a day boy and lived with my grandfather, Canon Tristram. My elder brother was also there. At that time, Durham was one of the few schools where rowing was possible; the River Wear flowed just below the school walls.

The only vivid recollection I have of that one term at Durham is of seeing what is described in *Tom Brown's Schooldays* as "bottling"—the custom of holding a boy over the fire until steam rose from his hindquarters. Then, when his trousers were judged to be hot enough, he was suddenly pushed down on a form. It was neither good for his tail-end nor his trousers! I was in the big schoolroom where this bullying was going on, but it happened to be the last case of it. I imagine the parents must have written to the headmaster to complain that the boy's trousers were ruined. At any rate, the Head called the chief bully and gave him twenty-one strokes of the cane before his orm, which put an end to this brutal type of bullying. At the end of that term I was told I was to go to my uncle's school, Loretto, near Edinburgh.

At the time I entered the school there were only some ninety boys, but though its numbers were few, Loretto had then a very high reputation for Rugby football. In one year there were seven old Lorettonians who played Rugger for Oxford, an amazing achievement. On one other occasion, I remember well, the two Varsity captains of Rugger were both Lorettonians; one of them, Frank Swanston, is still living, the other, J. R. C. Greenlees, afterwards became headmaster of Loretto. *Punch* had a cartoon showing the rival Varsity captains shaking hands, one saying to the other: "Didn't we meet some time ago at a small school in Scotland?" I believe it is unique for the Oxford and Cambridge captains of Rugger to come from the same school.

In my time the headmaster was Hely Almond, who married an aunt of mine. He was a great reformer in education, and was what one would call now "a fresh-air fiend". He believed,

and rightly so, that boys could work much better if the rooms were well ventilated. The head boy of each classroom had to inform the master if the temperature reached sixty degrees; then the order was given to take off coats and we sat in our shirt-sleeves. The Head was also a pioneer regarding rational dress. For six days in the week we went to our classes in shorts and open-neck shirts, but on Sundays, in order that boys should not forget that they could be smart on occasion, the customary Eton jackets were worn by the smaller boys and tail-coats by the seniors. Each boy had to wear a pair of light kid gloves in chapel, and was also given a button-hole.

At Loretto the boys were trained in a Spartan régime, the school motto being *Spartam nactus es, hanc exorna*, which can be freely translated: "You have inherited Spartan traditions, live up to them." At night ventilation was ensured, for in each window there was a draught board so that no window should be shut. Under each bed was what we called a "sparrow" bath, a flat bath of cold water; each morning the boys had to sponge in that water, which in winter was icy cold. After roll-call there was a compulsory short run across the golf-links, before a good and substantial breakfast. The Head was very much against the boys eating lots of cakes and sweets; these were in fact forbidden, though at the beginning of term we were allowed to bring jars of home-made jam and a supply of home-made cakes. We were also allowed to buy, at the baker's in the town, scones and buns, but nothing more. In many schools at that time boys had to supplement their ordinary diet at the tuck shop. Not so at Loretto. Breakfast, for instance, was most generous: a large plate of porridge followed by either eggs, bacon or fish, and the celebrated Scottish roll called a "bap", and as much bread, butter and marmalade as a boy wanted. Many boys went to Loretto rather poorly developed and not very strong. The school life, so much of it spent in the open air, and the generous diet coupled with daily exercise, improved the health of some boys out of all knowledge. Each term, systematic note was made of a boy's height, his chest measurement and other important details.

Hely Almond had his own distinctive methods of discipline. He was down on tale-tellers, but there was one exception to the rule against telling tales. If a boy heard any filthy language, he was in honour bound to report the matter to the head of his house. The Head often told us that a far better method was for the boys to take the matter into their own hands, to

remove the offender to the gymnasium, put him over the vaulting horse and then give him a good hiding with the singlestick. As in all schools, smoking was not allowed, but in the case of the prefects they were permitted to smoke in the Head's room with the consent of their parents. That, I think, was a unique ruling. In his free time, any boy was allowed to go where he liked in and around the town; there was no question of out-of-bounds, but should he be found to have transgressed any of the school rules, he received very strong disciplinary action. The Head, in his efforts to ensure that boys should be in the open air as much as possible, would not permit impositions, or the practice of setting boys lines to write or learn. Instead they were given two or three strokes of the cane across the shoulders. I remember that in my second form at Loretto, when our Latin or Greek proses were returned, we would find one or two asterisks at the bottom, and the master would explain: "For every false concord you have five marks taken off and two marks laid on!" The two marks were in the shape of strokes of the cane.

As a result of this robust training, Loretto boys on the whole turned out a straight, manly, healthy type. I may be biased, but I know of no school which has a cleaner or better tradition than Loretto. My second son, Ronnie, was educated there, and of the present generation three grandsons have followed on.

The school has always had a great reputation for the music of its chapel services. During my schooldays one or two trebles were usually given musical scholarships. On Sundays we had services both morning and evening, with anthems and canticles set to music by well-known composers and sung by the choir, which represented eighty per cent. of the whole school. I had a strong voice, not particularly good, but for four years I led the trebles.

At these Sunday services the Head preached forceful and original sermons on such themes as "Do not follow the multitude to do evil", "Fight against the stream", and "No matter what others think, take a line for yourself". Another I always remember (I think it figured as a sermon once a year) was "Alas, master, for it was borrowed". He used this text to drive home our responsibility for taking care of things like school games equipment, cricket-bats and footballs, instead of treating carelessly things that belonged to the school.

As to games, the Head had very definite views: he was not enthusiastic about tennis and golf, as neither fostered the team spirit; it was rather a case of each man for himself. He told us

that that tended to create a selfish outlook, whereas in cricket, hockey and football each man played for his side. We were taught that it should be our aim not only to excel in our school games but to play the game in the real spirit of a sportsman. As an illustration, in one school cricket match the finish was extremely exciting. There were three wickets to fall and a very short time left for play. As our team were considerably behind the other team, the captain decided that he was not going to play for a draw, so each boy as he came in was told to run from the pavilion to the pitch, to save time. The school eleven were all out with a few minutes to spare and the match was lost, but the Head said that it was a real triumph and that the captain had shown the true spirit of cricket.

Hely Almond was, without doubt, one of the greatest of schoolmasters, a man of independent mind and discernment. When he died, he was succeeded by his brother-in-law, H. B. Tristram, he in turn by A. R. Smith, and he by J. R. C. Greenlees. Curiously enough, all three were Varsity Blues and international Rugby players. They were not chosen for their prowess in the Rugby field, but as men of outstanding character.

Despite the Head's views on golf, I was glad to learn to play at Loretto, for we were allowed to play in the long intervals and sometimes in the afternoons. Our school, which was in Musselburgh, at that time had the advantage of being quite close to the famous Musselburgh Links. This was only a nine-hole course, but up to 1890 or 1895 it was a recognized championship course, and both the Open and Amateur Championships were played there. I met several golfers who won the Open Championship. Willie Park had his shop in Musselburgh and gained the championship three or four times. Before him there were other by now almost forgotten names among the champions, such as Bob Ferguson, Willie Campbell and the two Browns. Loretto was very proud of having, in John Laidley, an old boy who twice won the Amateur Championship. My own knowledge of the game which dated from Loretto days stood me in good stead when I went up to Edinburgh, where I continued to be a keen golfer and eventually played for the University.

At the end of my last summer term at Loretto I arrived home to find that my parents had paid the necessary fees for me to attend a public schools' camp at Cresswell in Northumberland. My opinion had not been asked, otherwise

I should certainly have said, "On no account!" The Universities' Camps for Public Schools were instituted in order to bring the claims of Christ before our public schoolboys. Many who now occupy responsible positions in the Church at home and abroad, and many missionaries as well as leading Christian business-men, have been deeply influenced by them.

My elder brother, Willie, had persuaded my father and mother to send me to this camp, and I went very much against my will. The camp, which lasted for about a fortnight, was held in a delightful spot on the Northumbrian coast not far from the Farne Islands. We numbered some sixty to seventy boys. The Commandant was a retired regular officer who was not only a keen soldier in the army, but also a keen soldier of the Cross. In these camps every kind of exercise was enjoyed by the boys. There were cricket matches, bathing expeditions, lawn tennis and sailing, and altogether we had a very good time. In the evenings there was always a service in the big dining-tent. This we were all asked to attend. We had a number of young people's hymns and choruses, and addresses were given by one or more of the officers. Many of these leaders were men of fine intellect and strong Christian character—such as J. H. Oldham, Temple Gairdner, Alec Fraser. Each evening ended with an appeal to the boys to give their lives to Christ and His service.

At first I must confess I shuddered when I heard this message put to us. I determined that, come what may and however many others might make this great surrender of their lives, I would hold out to the end. I felt, as many young people do, that it meant giving up too much. I knew that I ought to take this step, but when I saw any of the officers coming towards me I beat a hurried retreat! I felt rather like a stag being stalked down and had no intention of being brought to bay. But when I found that some of the most popular boys in the camp, who were keen sportsmen and were doing well at their public schools, had responded to the challenge, I began to ask myself: "Am I really right in holding out in this way?" Still, I could not accept the idea of giving up everything to follow Christ.

On each of the last three or four evenings of the camp my feeling of discomfort and uncertainty increased. Finally, on the last night, I realized that this might be my last chance of making this great decision; I gave myself to Jesus Christ. This decision brought about a complete revolution in my life; from that time I began to realize that it was not what I wanted

to do but what I could do for God, with His help, that ought to dictate each step in my life.

My parents got to know of the decision I had made, and were very thankful; they congratulated me on the step I had taken. One evening my mother came to me and said: "We have been talking about your future, Henry, and we think you would make a very good country parson."

"God forbid!" was my reply, I am afraid. For though I had decided to give my life to Christ's service, at that time the idea of being ordained did not appeal to me at all. I had always had a great desire to be a soldier; so many of my male relatives had been in the army or navy. But when I raised the question with my father, he said he could not possibly afford the £100 or £200 allowance which would be necessary for a lieutenant in the army, so that it was no use my considering the matter further. I certainly did not want to follow the example of others of my relatives who had gone into the Church, and it was really for this reason that I decided to ask my parents if I might become a doctor—and go to Edinburgh University for my medical training.

To put it bluntly, I decided to become a doctor in order to avoid going into the Church. But I did want to serve God—as my parents had prayed that I should—whether in a profession or in business. I know that their prayers have helped to influence my life from the very first.

I went up to Edinburgh in 1894.

CHAPTER 4

MEDICAL STUDENT

MY first few years in Edinburgh as a medical student were full of interest; it was an extremely happy time for me, and I made many friends.

Our professors were certainly an interesting subject for study, each with a marked individuality. One in particular, the Professor of Physiology, Professor Rutherford, was a great character; he was a wonderful lecturer, a real disciplinarian, the possessor of a beautiful baritone voice, and extremely good to those of his students who worked well and did well. At that time, 1894-5, the question of vivisection was continually under discussion. Professor Rutherford felt that a modified

form of vivisection was essential for research work, in the course of which he operated on a number of dogs. This his class of about 150 men knew quite well, and many were keenly interested. One morning, as Professor Rutherford entered the lecture theatre, he was accompanied by a dog wagging its tail, whereupon there was a great uproar among the students, some of whom signified approval by applause and others disapproval by scraping their feet on the floor. After a minute or two Professor Rutherford left the theatre and did not return that morning. Many of us regretted the disturbance, and I offered to take on the rôle of peacemaker. I went up to his room and knocked at the door, to be confronted by an irate professor who evidently had not yet cooled down.

“What do you want?” he demanded.

I explained that the disturbance was nothing to do with him, but was in connection with the dog; whereupon he replied: “No matter; the noise increased as I entered the room, and was insulting to the last degree.” I left his room hurriedly with my tail between my legs, feeling less sure of the “blessedness” of the peacemakers!

His attitude to women caused us much amusement; he belonged to the old school and found it hard to accept women as students in their own right. For the first three years of my course, women were not eligible for the University degrees and could only take the College qualification. The only University at which they could then take their M.D. was in Brussels. It was now realized by the senate of the University that the time had come when women should be admitted as full members and allowed to take University degrees. Die-hard as he was, Professor Rutherford had to toe the line and examine women as well as men for the degrees in medicine. He confided to my doctor brother-in-law that he did this under protest, adding: “When I examine women students for degrees I always sit with my back to them so that I cannot be influenced by their appearance”! Many of the poor women emerged frightened out of their lives by having been examined in this way; but though severe he was just, and before long he honoured the women students by asking them to sit at the table facing him and not behind him!

In contrast to Professor Rutherford, our Professor of Chemistry was no disciplinarian and had great difficulty in keeping order. Often when his students got out of hand and an uproar occurred, after he had tried in vain to quieten them down he would leave the lecture theatre and then return

later, put his head round the door and say: "I will come back, gentlemen, if you are going to be good." This, of course, was the signal for an outburst of cheering, after which the lecturer was able to proceed.

One of the most interesting characters was Dr. Littlejohn, Professor of Forensic Medicine and Public Health. He had been a police surgeon for some thirty years. He was a born actor and his class was often convulsed with laughter by his stories, told with a keen sense of humour. Certainly he had the faculty of impressing points on his class by very original illustrations. There was an interesting medico-legal point regarding a body found decapitated on the railway line by a passing train. Had the body been decapitated after death, or had the man been alive when he fell on the line? The answer was that if he had been alive when he was decapitated the tendons would have retracted into the tendon sheaths, whereas if he had been run over after death the tendons would not have retracted. To impress this fact on our memories, the professor told us of a great artist who had been called to Constantinople to paint a portrait of one of the beautiful ladies of the palace entourage. Having finished the portrait, to fill up the time until the sultan should come and express his approval or disapproval of it he painted a picture of John the Baptist's head on a charger. When the sultan came, they all stood to attention and he expressed the greatest approval of the portrait. Then he turned to the other picture and said: "What is that?"

"It is John the Baptist's head on a charger," replied the artist.

"Perfect nonsense!" the sultan retorted. "Bring a slave. Cut off his head!" Then he added: "Now you will see that the tendons have all retracted into their sheaths, and are not hanging out!" Dr. Littlejohn ended the story by saying that the artist thought there was far too much "swish; swish business", packed his carpet-bag and left that evening. (Naturally, none of us could ever fail to remember the story as he told it.)

Another of our professors, extremely able and brilliant, used to refer sometimes to having been called to attend members of the royal family. This was not forgotten by some of his students. Once a year there was a famous kitchen concert given by the house surgeons and house physicians of the Infirmary, to which all the professors were invited and they always accepted. Each year a topical song was composed about the various professors and tutors, taking off some of their

chief characteristics. In regard to this professor, I remember the chorus of one of these songs ran:

You'll find my treatment never fails,
As I remarked to the Prince of Wales!

This was received with great applause and amusement by everyone, including the professor himself.

Professor Blackie, of the Faculty of Arts, was a most picturesque figure. He used to be seen walking along Princes Street with a Rob Roy tartan shawl over his shoulder. It was about him that a story was told which has become well known. One morning he was indisposed and unable to lecture; an announcement was put on the blackboard: "Professor Blackie regrets that he cannot meet his classes today." Some wag among his students erased the "c", so that when Professor Blackie returned next morning he found he had been unable to meet his "lasses". Without turning a hair, he rubbed out the "l". The class was convulsed with laughter and realized that their professor had won!

During my later years at the University, I should say that the majority of the professors of the medical faculty were sincere and earnest Christians. I can think of six at least who were always ready to take the chair at any of the meetings in connection with the Christian Medical Association. The Principal of the University, when I first went up, was Sir William Muir, a fearless and consistent Christian who had been Lieutenant-Governor of the United Provinces. We were very fortunate in having many such as he.

Through my elder brother, Willie, who had gone up to Oxford two years before I went to Edinburgh, I was admitted during the vacations to a wide circle of friends he had made. Among them were a number of men who had decided to become medical missionaries. I often heard them discussing this question, but at that time it never struck me that I possibly could or would want to become a missionary doctor. At Edinburgh I used to attend the various services which were held for University students—especially when the great Henry Drummond was speaking on Sunday evenings. He was one of the most striking speakers I had ever heard, and always had a bumper audience. Up to this time, though I had been taken by my parents to religious meetings of various kinds, the speakers—apart from those at the schoolboy camp—had failed to interest me at all deeply, except perhaps Pilkington

of Uganda, a man whose outstanding intellectual gifts had been consecrated to God's service overseas. Now as a result of hearing Henry Drummond and coming under the influence of people with a real sense of missionary vocation, I was gradually and largely unconsciously being led to the point of offering myself for foreign missionary service. Though not without a struggle; I still continued to "kick against the pricks", and I kicked pretty hard!

Then one evening I was asked to tea with two of the leading members of the University Christian Union, who were both going out to China as medical missionaries. I was sitting before the fire making toast, when I looked up and saw above the mantelpiece words which puzzled me. "Not for ours only," I read.

"What on earth does it mean? Where do the words come from?" I asked.

"Don't you know?" was the answer. "It is one of the finest missionary texts in the Bible . . . 'He is the propitiation for our sins; and not for ours only, but also for the sins of the whole world.'"

The words hit me fair and square, and I left that room feeling unsettled and miserable, for at that time I did not want to give up everything I loved in this country and go abroad. For two or three months those words haunted me day and night, but every time I thought "I ought to go abroad", I would say to myself: "What a lot I could do in this country as a private practitioner." My ideal at that time was a private practice somewhere near a trout stream, and when the practice increased, a day or two with the local pack of hounds! But the thought persisted: "No, you are called to obey the command of Christ, 'Go ye into all the world . . .'" Finally I made that choice, joined what was called the Student Volunteer Missionary Union, and signed the declaration: "It is my purpose, God willing, to become a foreign missionary."

My parents were delighted when I told them of my decision. Some of my friends were pleased, others were, to put it mildly, quite amazed. I was known on the Border as being devoted to sport of all kinds, particularly hunting and fishing. I remember during vacation going to a meet of the Duke of Buccleuch's hounds, and the father of a great school chum of mine saying: "What is this we hear about you? Are you going out to the Chinks? What do you think you will do amongst them?" I had not very much to say in reply, except that I felt it was my duty. Later I went to stay with an old cousin in Malvern who had

always been a keen hunting man. When I told him that I was going to be a missionary he said incredulously: "*What?*" I repeated it, and he exclaimed: "Henry, they'll make Bovril of you!"

I may say now that I have never regretted my choice. It made a profound difference to the whole of my life, and gave it a new sense of drive and direction. The reason I had taken the initial step in following Christ at the schoolboy camp a few years before was that I longed for a power beyond my own to keep me straight and enable me to meet the temptations of adolescence. Having opened my life to the greatest Power in the world, I had now to follow where it led, however far afield.

CHAPTER 5

THE TEST OF VOCATION

THE first real test of my new-found missionary vocation came in a most unexpected way.

During the first year of my medical course I had several severe attacks of influenza, and on the last two occasions I was admitted to the students' wards of the Infirmary. I was looked after by the clinical tutor serving under the Professor of Medicine, Dr. Fleming (who eventually became my brother-in-law). I can well remember the professor, Sir Thomas Grainger-Stuart, coming to me one morning. Standing at the foot of my bed, he said: "Well, Mr. Holland, you are looking very flat this morning, like your country!" Excellent physician as he was, he did not realize that my low temperature and low pulse were my normal condition. He tried to raise the pulse rate by giving me quite liberal doses of whisky two or three times a day. This went on for about ten days, but the pulse rate remained the same and he then stopped the whisky ration!

When I went back to my "digs", Dr. Fleming came to see me and took charge of my case. But in spite of all he could do I did not seem to pick up at all. So one day he said: "The only thing that I can suggest is that you should go abroad for a long holiday. This means giving up one year of medicine, but I think it absolutely essential." He suggested six weeks or two months on the Riviera; I replied that this was impossible, for I felt I could not ask my father for the money required, since at the

time he had two sons and a daughter taking higher education. Next morning, to my amazement, Dr. Fleming arrived with a cheque for £60, saying that his mother had sent it as a present for me to enable me to go abroad.

My father was in the habit of taking his annual six weeks' holiday in the winter, and I went off with him to the Riviera and had a delightful time at a place called Nervi, close to Genoa. Here I spent the whole day playing tennis, and in the evening games of all kinds. I still possess a fishing-rod which I won as a prize at a tennis tournament on that visit. Certainly, life among the cosmopolitan group who lived in Nervi for the winter proved an excellent tonic. After six weeks I felt as fit as a fiddle, but as the winter term was half over I could not go back then to my medical course. My father was about to return home with me when, to my surprise, I was invited by a Liverpool merchant, Mr. Stead, to accompany him on a voyage to America. I said that there was nothing I should like better, but that I certainly could not afford even to contribute to the expenses of such a trip. To this he replied: "When I invited you I meant you to come as my guest. Will you come with me?"

I rose to the offer like a trout to a mayfly and accepted with zest.

It proved an exciting trip, an unexpected experience for a young medical student. We travelled in great comfort, sailing from Genoa in the German boat *Colombia*, at that time one of the largest and most luxurious of the transatlantic steamers.

On February 7 we reached Sandy Hook, and at sunrise the pilot took us up to New York, eight miles distant. The first land we saw was white with snow; the weather was bitterly cold. We steamed up between Long Island and Coney Island, and saw the famous Statue of Liberty at the entrance to New York Harbour; an American pointed it out to me as "the old gal".

On landing we drove to Astor House, an enormous hotel, but then everything is on a large scale in New York. I was greatly struck with the number of skyscrapers on every side, on this my first visit nearly sixty years ago. As the weather was bad and Mr. Stead had little business to do in New York, we took the train from New Jersey to Charleston. All my railway travel in America seemed truly luxurious. Our train ran straight from New York to the Gulf of Mexico, and the Pullman car had splendid smoking-rooms, drawing-rooms, sleeping-cars and dining-rooms. The servants on the train were all coloured, and most attentive. Before we turned in for the night we had passed through Philadelphia, Baltimore and Washington. Next morn-

ing we were in the country and travelled through miles and miles of forest, with wooden houses and the huts of the coloured people straggling here and there. Many who had taken part in the Civil War were then still living, and I heard both sides of the colour question—a burning issue in our own day.

In Carolina, travelling by day, I noticed that my very comfortable saloon carriage had only one passenger besides myself. I sat at one end of the carriage, and the other passenger at the far end. I had not been there very long when I saw the passenger press the bell for the attendant. The latter came up to me and said: "Say, boss, are you coloured?" I replied that I did not think so. He said: "Well, I guess you had better move out of this carriage. This is a 'coloured' carriage, and the lady objects to your presence." I felt she had every reason to act as she did, for then, as at the present time, many of the coloured peoples in the United States, especially in the Southern part, were treated with (to put it mildly) the greatest discourtesy.

Without doubt, the war has done a great deal to improve conditions in the States and in other parts of the world regarding the colour bar, but we have still a very long way to go.

Everything in America seemed to me new, but when I said to someone at our hotel in Savannah, "I imagine this is a new town?" he opened his eyes wide and answered: "It is as old as the hills. Why, it was founded fifty years ago!" Our idea of age certainly differs!

Gainesville, the centre of the phosphate industry, in which Mr. Stead was interested, was his headquarters in Florida. Here we stayed for a short time with one of the partners of the big bank, Colonel Dutton, as Mr. Stead had a good deal of business to transact. Later he introduced me to the other partners too; they were most cordial in their welcome and lavish in their hospitality. I stayed in the house of a wealthy couple, Mr. and Mrs. Nicholl, who entertained me royally. I remember my hostess tried to teach me some of the American steps in dancing, and though I was not very quick in picking them up, she did not despair! She wanted me to stay for another day or two so that she could get up a big dance.

By complete contrast, we later went down to an Indian village called Homosassa, on the Gulf of Mexico, a great centre for tarpon fishing. How dearly I would have loved to hook one; they are magnificent fish and provide excellent sport.

Our first evening at Homosassa I went out by moonlight in a

canoe with a coloured boy. I was very keen to see an alligator at close quarters, but not so the boy! He kept to the middle of the stream, and though we heard an alligator making his peculiar call close to us we did not see him as he kept to the rushes. The huge forests, of great antiquity, swarmed with game of all kinds. It was a veritable sportsman's paradise, quail being abundant and deer very plentiful.

Throughout the trip Mr. Stead was extremely generous, and in every town we visited he would give me a handful of dollar bills with which to amuse myself.

Before we finally sailed for home, I had a most interesting day in New York. Two former schoolfellows of mine at Loretto, who lived in the city, called for me and took me round to see the sights—the grand view of the city from the top of the *World* newspaper building; the famous Fifth Avenue, where we saw the Vanderbilt houses and those of other celebrities in the financial world, and in the evening we dined at the Lotus Club, where in the visitors' book I saw among other famous names those of H. M. Stanley, Henry Irving and Perry.

After a very full two months in the States we took passages on a Cunard liner and set out for home. One day on board ship Mr. Stead said to me: "I have been watching you quietly all the time you were in the States with me, and I have come to the conclusion that you are straight and can be trusted."

He paused, and I wondered what was coming next.

He went on: "So with great pleasure I offer to make you my representative in America." The salary he named was staggering; such an offer was unlikely to come my way again. He had himself been most kind.

I managed to reply: "I am extremely sorry, but I am pledged to go abroad as a medical missionary, and have already done one year's training."

On hearing this he turned on me and called me every name he could think of. He could not understand my being, as he thought, such a fool as to turn down his good offer. In fact, he was still so annoyed when we arrived in Liverpool that I thought I should see no more of him. As a matter of fact, three years later, when I was in England again, he invited me to go and stay with him in the Riviera.

I certainly came back from that trip to the States very much fitter in health. Even so, I thought at that time that I might not be accepted by any missionary society owing to my previous medical history. However, towards the end of my course at Edinburgh I became stronger, and by the grace of God I was

fit for any profession or climate by the time I graduated in 1899.

From the time I decided as an undergraduate that I wanted to become a medical missionary, I had joined whole-heartedly in all the evangelistic meetings and missionary activities of the University. All through the remaining years of my medical course I took part in Bible study circles, and in the ward services at the Royal Infirmary on Sunday mornings. I was Secretary and later President of the Christian Union.

Many of my friends told me that I spent far too much time in these activities; that my chief aim during my medical course should be to take a good degree, and that these other interests would mean that my medical studies must suffer. Yet I felt that while in Edinburgh I had this special opportunity to mix with and try to influence men of my own age and standing through active Christian work. As events proved, I was justified. By disciplining my days I was able to devote all the time necessary to my medical studies and, thanks very largely to the prayers of my friends, I passed among the first eight of my year, with distinction in both my second and final examinations.

Having made my own decision to serve and follow Christ, I naturally wanted to do all in my power to persuade others to face up to the demands of the Christian faith. We were able to get some fine speakers to come down and address the Christian Union. One of the most remarkable was Charlie Studd. In my student days, his was a name to conjure with. He was certainly one of the most brilliant amateur cricketers. He played for Eton; he played for Cambridge; he played for England. When he and his brother were in the Cambridge eleven, Cambridge beat the Australians for the first and only time. He and his father and brothers were all converted through Moody's campaign at Cambridge. They were members of a wealthy sporting family. Soon after his conversion, Charlie Studd decided to give up everything and go out as a missionary to China, as one of the "Cambridge Seven". The others were Stanley Smith, the stroke of the Cambridge boat; Host; the two Polhill Turners; Sir Montague Beauchamp, and Cassells. They sailed to China under the China Inland Mission.

Soon after his arrival in China, Charlie Studd received the sum of £35,000 as his share of the inheritance. He straightway wrote out cheques for £30,000 for evangelical missions. When he had finished, his wife said to him: "Charlie, what did our

Lord say to the rich young man? He said, 'Sell *all* thou hast.'" He immediately wrote cheques for the other £5,000. He and his wife began their missionary career together with a few suit-cases, two bedding-rolls and no private means.

It was largely due to the example of the "Cambridge Seven" that so many offers came from the Universities for missionary service abroad. When Studd came to Edinburgh to address the students, he had a crowded audience who listened intently to his message. One illustration he used about prayer I have never forgotten. He told the story against himself. One of his friends asked: "Charlie, do you pray about everything?" He replied: "I try to." When his friend asked: "Do you pray about your cricket?" Charlie answered: "Of course I do." "Well," his friend exclaimed, "that is one of the lowest down tricks I ever heard—to pray for your side, unless you know there is someone praying for the other side!"

During the time I was at Edinburgh, the Christian Union decided that its members should take part in summer open-air services on Sunday evenings in the Meadows by the Middle Meadow Walk which led from the University. Those of us who took part had to put up with a good deal of chaff, and I certainly had cold feet every time I went out to join others in these meetings. I do not know whether we really accomplished much among those who stayed to listen, but these services certainly did us a great deal of good by giving us the "guts" and moral courage which I for one sorely needed. They were an excellent training-ground for those who were to embark on any form of evangelistic work. A great friend of mine with whom I lived during my last year in medicine used to join me and insisted on coming to the meetings dressed in a top-hat and morning-coat, just as he attended church. Naturally he became a marked man. Most of us attended in ordinary lounge suits.

In our vacations, many of us who belonged to the Christian Union went to various conferences and conventions, especially the Keswick Convention, which I attended twice as a medical student, and to seaside services arranged by the C.S.S.M. Many who took part in those services and conventions found their way abroad as missionaries. Those gatherings were a great inspiration to me, and I met there a number of men who became my lifelong friends.

For the one year that I was President of the Medical Christian Union it was my privilege to preside at and to organize evangelistic meetings of various kinds. It was my last year at Edinburgh, and the famous American student evan-

gelist, John Mott, came at the request of our Christian Union. We arranged a big meeting for him in the McEwan Hall. Some people thought we were mad and would never be able to get 3,000 people to come to an evangelistic meeting. We made it a matter of prayer for three months that John Mott's visit to Edinburgh might be greatly used of God for the extension of His Kingdom. The meeting was advertised in the daily papers, and the Principal, Sir William Muir, and all the staff were invited.

The hall was packed out, and John Mott spoke magnificently. He dealt very forthrightly with the question of Christian discipleship and the special temptations of student life which could only be met by a power greater than one's own. After the meeting, he said: "If any of you would like to stay behind to talk with me further, I shall be only too pleased if you will go to the adjoining small hall." Such a crowd responded that we came back to the main hall, and there John Mott spoke with great power and eloquence. Some well-known men at the University were deeply influenced by that memorable meeting in the McEwan Hall.

The next day I heard that the Professor of Surgery, one of the "old school", was going to make a protest against the meeting, which he had attended himself. I was a member of his class, and went in fear and trembling to speak to him. I found him just finishing breakfast, and he said: "Well, what can I do for you, Mr. Holland?" I told him I had heard that he was going to make a protest against Mott's address and that if he did so it might undo a great deal of the good that had been done by the speaker. He looked at me and said in his old-fashioned way: "Well, I have always told the lads to behave themselves, but I didna do it like yon man!" Eventually, however, he said he would make no protest.

On leaving Edinburgh after taking my degree, I was faced with two alternatives: either to take house appointments in the Edinburgh Royal Infirmary or some other hospital, or to accept the post offered to me of Travelling Secretary of the Student Volunteer Mission. I was asked to succeed Alec Fraser, who, in turn, had succeeded my elder brother when he left Oxford. Many of my well-wishers told me that I was extremely foolish to take on this work, but on looking back I feel that the seven months spent in visiting the various colleges and universities in Great Britain and Ireland gave me an exceptional opportunity and a worth-while task. It brought me in contact with undergraduates in all the leading universities and colleges;

not only did I gain much help and experience thereby, but I believe that I was able to stir up real interest in overseas work in the various colleges I visited. On the other hand, I realize now that for the professional side of my work it would have been better had I worked for a year or two on the staff of one or other of our British hospitals to gain experience. That is why when my two sons in their turn decided to follow my example and to come out to the Frontier to help me, they first took hospital appointments in this country before going abroad.

At the time I qualified, there were one hundred and fifty medicals in the Christian Association, and many went overseas to serve in mission hospitals. In my own case, as a member of the Student Volunteer Missionary Union, I was more or less pledged to go abroad as a medical missionary. Yet such is the contrariness of human nature that right to the very end I had a feeling that I would not be greatly disappointed if the Medical Board turned me down. However, I offered my services to the Church Missionary Society shortly after I had graduated, and was accepted.

In March 1900, when there were still four months left of my contract as Travelling Secretary for the Student Christian Movement, a surprise call came. It was an urgent S O S from C.M.S. headquarters in London, asking me if I would go to Quetta on the North-West Frontier of India, that spring, to take the place of the doctor who was shortly going on leave. They wanted me to be out there before the very hot weather got under way. I had just three weeks' notice.

It was all rather breath-taking. Quetta—I had never even heard of the place! I had hoped that if I should be passed fit to go abroad I might go out to Nigeria to join Dr. Walter Miller, a pioneer who had impressed me very much on the two or three occasions I had met him. My reason for choosing Northern Nigeria was that there would be no social distractions. I knew how much the world and its pleasures attracted me and thought that there I should be safe!

But the directness with which the call had come made me certain that here was God's guidance. The S.C.M. were extremely kind in permitting me to accept this sudden summons although my term with them was incomplete.

Quetta, then, it was to be. As a young man of twenty-five I hastily got my kit together and prepared for my totally unexpected assignment to the remote north-west corner of India (or what is now West Pakistan).

PART II

DOCTOR AT WORK

CHAPTER 6
TO QUETTA, 1900

FEW present-day travellers to Pakistan who have flown out recently, as I have done, in a Constellation or by other big passenger plane, within twenty-four hours' flying time, will recall the very different conditions of more than half a century ago. As I contrast the new with the old I realize what a revolutionary change in travel to the East has come about within my lifetime. True, the expense of travel now is more than double what it was at the beginning of the century, but in speed and comfort the change is incredible.

I made my first voyage out to India in 1900. In those days most passengers travelled overland to Marseilles, thereby gaining an extra week in England. One certainly saved a week, but for those travelling third class on the Continent the journey was by no means comfortable. It meant sitting up all night, often with five people jammed together on each side of the compartment. A French lady of very ample proportions sat next to me on that particular journey. I noticed that she seemed to be in some distress and was shaking herself about in a way that I could not understand—when suddenly a pair of corsets emerged and were placed on the luggage-rack above! I admired the technique with which she got rid of them in so short a time. Apparently she had often travelled in France before, and she seemed to think it was possible that I might have a flask of brandy in my pocket in case of emergency. She thought right, for my mother had given me a small pocket-flask in case I should need it. The French lady's opening gambit was: "I feel very faint—have you any cognac?" and she continued to feel faint at regular intervals until the contents of the flask were finished!

From Marseilles I sailed by P. and O. in the liner *Caledonia*. At that time there were no electric fans and practically no ventilation in the lower berths allotted to second-class passengers. My cabin was on what was called the "All Orp Deck"—the lowest deck for such passengers. It was right away from any hatch, and portholes were not opened as they were below sea-level. I was surprised to find how few passengers there were on board—only forty second-class and seventy or

eighty first-class, for this was the slack season when people tried to avoid landing in India at the beginning of the hot weather.

One great difference in travelling now, compared with the days when I went out, is that owing to the use of oil fuel we are spared the very unpleasant experience of coaling at Port Said. Those who have no experience of the old days can scarcely realize the fearful discomfort we had to endure when the work of coaling was proceeding. Every porthole was closed, and when the coaling was over, everything was covered with coal dust. Several people said that it reminded them of Dante's *Inferno*! The work was done by coolies, who carried the coal up in sacks on their backs, then threw the contents through the hatch. There was a regular procession up one gangway and down the other, and as they came up they chanted what sounded like a hymn, but was an invocation to the Prophet to help them in their task. They were naturally black from head to foot, but it was amazing how quickly the work was carried out. Now coaling is no more.

Another great difference in proceeding to the Tropics nowadays is an entire reversal of policy regarding protection from the sun. Fifty years ago we all went out with solar topees, glare glasses, spine pads and cholera belts. We were given orders to wear these cholera belts during the hot weather. I am glad to say I have not seen one in evidence for many years. As for the solar topee, it is hardly ever seen in India now, though when I first went out there exposure to the sun without a topee was thought equivalent to joining the Suicide Club. During the Second World War, topees were never even issued to the troops, yet there were fewer cases of sunstroke or heatstroke than ever before. I imagine there are many explanations why the absence of a covering on the head does not lead to sunstroke nowadays, but I suspect that the most likely ones are connected with better treatment of malarial fever.

I hope we have seen the last of the diving boys at Aden. On my first voyage, as soon as the steamer came into Aden, several of these diving boys appeared, asking us to throw money, and they would bring it up in their mouths. They dived for sixpences, and even, at the end, for pennies. Two of them dived right under the ship and came up on the other side. It was very amusing when three or four dived for the same coin. I was glad no sharks appeared to take off the limbs of these boys. There was a boy in one of the boats who had had parts of both legs removed by sharks some time before;

he only rowed and did not dive any more. The diving has now been forbidden and is illegal, but I think the authorities at that time sometimes winked at it. As for the presence of sharks, we had good evidence of the fact. One of our fellow-passengers, a young subaltern, procured from the cook a butcher's hook with a large piece of pork which he attached to a chain and threw overboard. This was greedily snatched by a shark, and five or six of us attempted to pull it on board. Evidently the hook was not of very good steel, for the weight of the shark, and its struggles, caused the hook to straighten out until it was no longer a hook but more like a gigantic knitting-needle, and the shark escaped. The quartermaster was extremely glad it did so, for it would have made a great mess on the deck.

After leaving Port Said, I had my first anti-typhoid inoculation. It was the early days of inoculation and the injection was given in one's back. A very large amount of the anti-typhoid solution was injected. The result was that I had a high fever for two days and was in great pain. The doctor put me in the ship's hospital and looked after me. Yet in spite of this inoculation I managed to contract typhoid fever seven months after reaching Quetta.

In the Red Sea we had a following wind for two days, and the heat in the cabins below was unbearable. Most of us slept on deck, and in those days the stewards used to take one's mattress up on deck and bring it down in the morning. Some years later if one wanted to sleep on deck, one had to hump one's own mattress! Nowadays, thanks to the air conditioning and electric fans, no one minds sleeping below.

From the very beginning of the voyage, I remember, I was exercised as to what was my duty on board ship as a missionary. I felt that, as I had given my life to serve and to help others, I ought to start right away and do what I could for my fellow-passengers. My object was not only to help those in the East, but all with whom I might come into contact. I realized how easy it was to sit back and amuse myself and forget what the real object of my life was. On board ship I was constantly confronted with those in real need of spiritual help, and I knew it was up to me to do what I could to give such help, however difficult it might be.

Eventually the voyage was over, and I set foot in India. Now came the train journey going north from Karachi towards my final destination—the Frontier outpost of Quetta.

Four hundred miles of strangely contrasted scenery we

covered—from the dust and sand and intolerable heat of the Sind desert and the plains, to the upland plateau where Quetta stands, 5,500 feet above sea-level. The noise and shouting of unknown tongues at the stations continued through the night, then towards daylight came an increasing sense of remoteness and quiet as the train climbed gradually into the cooler air of the bleak Baluchistan hills. I noticed, besides the wild and rugged scenery, that the people at the stations were of a quite different type from down on the plains. Tall, virile tribesmen, they were almost as rugged and wild-looking as the surrounding hills. These were the sort of people, then, I should be seeing as patients in hospital.

At Mach station, forty miles from Quetta, Dr. Summerhayes, my chief, was on the platform to welcome me. His breezy greeting put me at my ease at once, and we were soon chatting over a meal in the refreshment room, for Mach is the station where passengers from Sind and the Punjab always broke their journey for breakfast. I was glad of this chance to see something of my new colleague before reaching Quetta.

Before long we were in the train again, on the last lap of my journey from England. From the window I looked out on an impressive scene as we neared the top of the Bolan Pass. Hill lover that I am, my spirits rose with the increasing grandeur of the mountains and the succession of deep gorges and ravines.

Now we were through the Pass and the train was nearing Quetta itself, high up on the open plain within a ring of towering mountain peaks. I had arrived. It was the sixth of May—and one's first sight of Quetta in spring is one to remember. For then all is green in this city-oasis, and the roses are in bloom everywhere.

My work in hospital began almost at once. From the start I liked Dr. Summerhayes. He was an extremely attractive man, and, as I was soon to learn, beloved by the people, especially the chiefs and leading men. He was a fine type of the muscular Christian, a man of courage and resource. One of the first stories I heard about him brought this home, for some time before I arrived he had been involved in an ugly situation in which his prompt action had saved many lives. It happened at Mach station, where I had met him so recently. Dr. Summerhayes was seated in the refreshment room, enjoying his breakfast, when he heard shouts outside on the platform, and found the whole station in a state of panic and uproar. Then he realized the seriousness of what had happened. The English guard was lying in a pool of blood, brutally murdered by a Ghazi (Muslim

fanatic). The murderer was running down the platform, brandishing a scimitar, looking for another Britisher to kill. The local Levy Sawars (guardians of the peace), who were supposed to keep order and protect passengers, were panic-stricken and stood helplessly looking on. Summerhayes seized a sword from one of them and tackled the fanatic himself. In a few seconds he had disarmed him and thrown him to the ground; the man was at once arrested, taken into custody and summarily dealt with. Summerhayes' prompt and brave action had undoubtedly saved the lives of other Europeans in the station and on the train.

Soon after the doctor had dealt thus with the Ghazi, a young British subaltern popped his head out of a window farther down the train. He said to Summerhayes rather shamefacedly: "Sorry I wasn't any help. I'm only just out from England; not used to this sort of thing I'm afraid."

To which Summerhayes replied with a broad grin: "Well, I don't do it every morning after breakfast myself!"

The sword and the rifle with which the fanatic had been armed were presented to Summerhayes after the assailant's execution, and he received the thanks of the Resident.

This incident made a great impression on my mind. It told me a great deal about Dr. Summerhayes. It was also a forceful reminder that such fanatical outrages as he had recently encountered were in those days no uncommon thing on the Frontier. The perpetrators were bigoted Muslims who regarded the killing of a Christian, an infidel and "blasphemer", as a sure way to attain Paradise. Though I was to hear of many more similar outrages during the early part of my service on the Frontier, and to see in the cemeteries at Loralai and Fort Sandeman not a few graves of European officers murdered by the Ghazis, I am thankful to say that since the end of the First World War such outrages have been conspicuous by their absence.

I was soon to discover that this fanatical element and the blood feuds and banditry formed only a part of the tribesman's character and way of life. The Pathans are a wonderful people with great possibilities, and through the hospital I quickly began to make friends. The need for medical and surgical care was obvious. To try to meet that need was the most direct way of making the Gospel real to the tribesman. I call to mind Dr. Pennell's words which he gave his life to prove in his work among Pathans at Bannu: "There is one door which only the doctor can unlock, and that is the door of the Frontiersman's

heart." Raw recruit as I was, I longed to advance far enough with the language and in knowledge and understanding of the people to be able to infiltrate that well-guarded position with the compassion and love of my Master.

CHAPTER 7

APPRENTICE HAND

WHEN I arrived in Quetta in May 1900, I found the work of the hospital in full swing, for the spring and autumn months are always the busiest time of the year. Freed from the iron grip of winter, human traffic can circulate freely through the passes, on the roads and rough hill-tracks, and a motley crowd of patients finds its way to the mission hospital at this season of the year. Among the babel of tongues in out-patients one soon learns to distinguish the type if not the language of the tribesman—the nomadic Brahui from the uplands, the Baluchi from the southern foothills and plains, and most typical of all, the fine upstanding Pathans¹ from the mountainous north, courageous, independent and fanatical, yet with a delightful sense of humour. Their strongly marked Semitic features and fair skin, beard and puggaree, and their long, full garments, give them a patriarchal appearance akin to the ancient Israelites. Their names as well as many of their customs recall Old Testament times and give point to their claim to be descended from the lost ten tribes of Israel. A common practice discovered when Englishmen first came in contact with the Pathans was the sacrifice of a sheep or goat in case of illness, the blood being sprinkled on the doorposts to ward off pestilence.

As one would expect to find, the tribesmen are a hardy people adapted to a bleak environment of rugged hills and mountains and stony plains, of climatic extremes of intense heat and bitter cold. Hospital attendance is governed by these seasonal changes. The largest "invasion" is that of the Brahuis on their lively return in the spring from their winter sojourn to the plains south of Sibi. Back they come to the high lands, some 300,000 of them, with their camels and sheep and goats;

¹ The Pathan is the name of the Afghan living on what was then the British side of the border. These Pushto-speaking tribes form one of the chief language groups described further on p. 62.

the road from Sibi to Quetta is alive with these people moving in picturesque caravans—women, babies, chickens, tiny lambs and kids all piled indiscriminately on the back of long-suffering camels and donkeys. The Brahuis are of smaller stature than the Pathans and are supposed to be of Dravidian extraction.

The Baluchis we see much less of in hospital until the middle of the hot weather, for they hate the cold. They inhabit the plains running east from Sibi to the Punjab frontier. Like the Pathans, they have Semitic features and are often of very fine physique. They are a fighting race, and prior to the advent of the British made their living by raiding. Among the best known of the Baluch tribes are the Marris, Bugtis and Rinds. Their language is an early form of Persian.

In contrast to the frontier tribes, other typical patients seen at Quetta are Sindhis and Punjabis, up from the plains.

These patients of many different tribes and languages arriving at the mission hospital from near and far, on foot or by camel, soon gave one insight into the medical and surgical needs of this frontier region. Dysentery and malaria were the most common ills, and surgical cases treated in the early days were mostly piles, tubercular glands and cataract.

I have often been asked if I had done much ophthalmic work or any form of surgery before going out to the East. I have to confess that I had no practical experience of any kind in any hospital! As a senior medical student I had hardly even pulled out a tooth or opened an abscess, for I could not bear doing anything which caused pain, and in those days most minor operations were still performed without an anaesthetic.

I therefore arrived in Quetta with no practical knowledge beyond that which I had acquired through my obstetric cases. I had to learn, sometimes by bitter experience, how necessary it is before going abroad to hold some hospital appointments at home. In fact, I had to teach myself to a large extent, though for some months Dr. Summerhayes was able to help me before he left for furlough. I spent two or three hours a day working alongside him in hospital, learning something of surgical practice and technique. He was a keen teacher, always anxious to help me as much as possible.

I was not long in discovering that there was a great field for surgery open to us, and that the sooner I got down to it the better. Before many months had passed I became a very keen though hardly an expert surgeon. The Latin proverb *experientia docet* (experience teaches) is certainly true of all forms of surgery. Later on in my years of apprenticeship I had oppor-

tunities of widening my knowledge and experience through visits to other stations in Kashmir, the Punjab and Sind.

At Quetta, one difficulty we were up against in the effective care of patients was the great distance many of them had to travel to the mission hospital from their homes in outlying parts of the country. A long journey meant dangerous delay in receiving the medical or surgical treatment necessary. In those days the only means of transport was the horse, camel or donkey. For Afghan patients travelling on foot or by camel it meant a month's journey to reach our hospital; for people coming from Mekran it was nearly a month's march. Yet in spite of such delay patients often seemed to make a good recovery. "We've got you and God," said a grateful tribesman to the doctor, with perhaps a quicker recognition of the spiritual element in healing than one might have expected.

From my early experiences in wards and out-patients I quickly sensed that while the atmosphere was distinctly hostile towards the Christian message, our small hospital at Quetta was already beginning to win a measure of confidence among the people of this isolated countryside. There it stood in Quetta city, on the border of the cantonment, a brave gesture of Christian care and compassion in the heart of a Muslim area. Now that I was actually seeing it for myself in its frontier setting, it was easier to grasp something of the vision which had planned this hospital as the southern bastion of a chain of mission hospitals along the North-West Frontier—Peshawar, Bannu, Dera Ismail Khan, Quetta. It has been said that each of these mission hospitals, linked with the chief mountain passes, was worth three battalions of troops in keeping peace on the Frontier.

Through Dr. Summerhayes I could learn at first hand more of the circumstances and character of the patient pioneers whose efforts had brought into being a medical mission to Baluchistan centred at Quetta. Here, as in other parts of the Frontier, it was characteristic that missionary effort owed much to the initiative and support of Christian army and political officers on the spot.

Before the Second Afghan War broke out in 1878, a pioneer C.M.S. missionary from the Punjab, the Rev. George Gordon, visited Baluchistan to explore the possibilities in and around Dera Ghazi Khan, where a beginning had already been made in response to an appeal to the C.M.S. by Colonel (later General) Reynell Taylor, Commissioner of the Derajat region.

He had offered £1,000 towards the expenses of such a mission. Gordon and a fellow-missionary, taking medicines with them, jogged along for twenty miles by camel to visit the chief of one of the many clans of this part of Baluchistan, and were impressed by the quality of the people, their chivalry and generous hospitality. A further journey brought them in contact with Pathan tribesmen from over the border—"as stalwart a set of Highlanders as ever carried sword and shield". Gordon reported further on this itinerating mission among the Frontier tribesmen: "These wild yet simple people have qualities which would adorn the Christian profession, were they led to embrace the Gospel of Christ. Their bravery, their truthfulness and their chivalry have endeared them to all our Frontier officials who have had to do with them."

When shortly afterwards war broke out, Gordon, knowing that there was not a single padre ministering to the British troops, and that he would not be allowed to accompany them as a missionary, volunteered as an honorary chaplain. He was attached to General Biddulph's army and welcomed the long march from Multan to Kandahar as a Christian opportunity to serve the people of the Frontier as well as his own countrymen. For his army service was a means of his re-entering Baluchistan *en route* for Kandahar, the old capital of Afghanistan. In November 1878 he reached Quetta with the troops and spent a month there surveying the prospects with the eye of a Christian strategist.

In August 1880 he was killed while caring for the wounded during a sortie from Kandahar. But his vision of a Christian medical mission in Baluchistan lived on, and he left behind a fund to establish it.

The following year another C.M.S. missionary, the Rev. G. Shirt of Sind, having spent three months in Quetta, recommended the opening of a hospital there. As a result, in 1885 Dr. S. W. Sutton was asked by the C.M.S. to organize a medical mission to Baluchistan, with headquarters at Quetta. And it was due to his indefatigable labours, organizing gifts and personal liberality that the Quetta medical mission came into being.

What a story of faith, pluck and patience lies behind the start of the adventure! When Dr. Sutton joined Mr. Shirt in Sind in November 1885, they both knew it would be folly to go up to Quetta in the bitter winter months since they would have to live in tents till they could obtain land and build. During his enforced stay in Sukkur, Dr. Sutton made the most

of the time by starting to learn Persian as his first oriental language and gathering together equipment, tents and camp furniture. In March 1886 he and Mr. Shirt made their way north to Quetta by the only route then open; by rail as far as Sibi, then up the Bolan Pass, through which a railway was under construction. Mr. Shirt went ahead with one of the bullock carts carrying their equipment and reached Quetta on April 4. Dr. Sutton eventually walked the last twenty-four miles and arrived two days later.

As there was no house available, they lived in two small tents in the old dak bungalow compound. Within a week of their arrival in April 1886, a service was held in Mr. Shirt's tent, and some days later the first patient, a Baluch, attended Dr. Sutton's dispensary, which he had started in a small hired house in one of the bazaars. Three months after reaching Quetta Mr. Shirt died, and Dr. Sutton was left to carry on alone for the next eighteen months. Braving the loneliness and the most formidable odds, he laid the foundations of the medical mission. He purchased on behalf of the C.M.S. land for a mission bungalow which he occupied in January 1887, and the present hospital site. The original building which he put up was dedicated by the Bishop of Lahore in 1889—exactly three years after Dr. Sutton had first walked into Quetta from the Bolan Pass.

That, then, was the adventurous start, and here was I, eleven years later, beginning my term of service with the pioneer's successor, Dr. Summerhayes. The hospital as I saw it then had not been altered since it was built by Dr. Sutton. He himself had added to the original out-patient building four wards with twenty-eight beds for in-patients, connected with the first building by a covered corridor. Besides the operating room there was a dark room for ophthalmoscopic work.

I soon found that Dr. Summerhayes was a personality who counted among the people. He had come with a great reputation from the C.M.S. Frontier hospital at Dera Ghazi Khan, where his name was one to conjure with among the Baluchis. He had so many natural points of contact with the Frontiersman: a good sportsman with a keen sense of humour, a wonderful physique and brave as a lion. Wherever he went he made a deep impression. He believed in the old maxim, "Spare the rod and spoil the child", and many a young man who richly deserved punishment received it from the hands of Dr. Summerhayes yet never showed the slightest resentment. He

was always ready to help anyone in need and would sometimes sit up half the night with a seriously ill patient who depended on his medical skill and experience. Often he was seen at his happiest seated on the floor with a small group of primitive inquirers gathered round him to be taught. A man of very robust but simple faith, he took immense pains in teaching the servants and their families in the compound. Each morning after breakfast we all sat in one of the big verandas for family prayers, which either the doctor or Mrs. Summerhayes would take.

Mrs. Summerhayes was an even more remarkable character than her husband. I have yet to meet a keener or more devoted missionary, and her influence lives on today in the lives of many. In those early days she was a great inspiration to me, as she was to the whole Christian community in Quetta. As a missionary she was never off duty: nothing was allowed to interfere with her work as an evangelist. I remember one day hearing a commotion in her bedroom, then two or three frightened Indian women came out of the room, followed by an angry Dr. Summerhayes. It turned out that the women were inquirers, and Mrs. Summerhayes was teaching them from her bed the day after the arrival of an infant! The doctor, who thought there was a time for all things, not unnaturally considered this unwise in her present state of health, hence the commotion and the precipitate exodus on the part of the inquirers.

Mrs. Summerhayes was a keen horsewoman. I well remember an occasion when Colonel Scott-Moncreeff was staying with us, and he and Mrs. Summerhayes and I went for a ride across country. We came back via the Quetta racecourse, and cantered round the course, taking the jumps of the steeplechase course in our stride. Colonel Scott-Moncreeff remarked to Mrs. Summerhayes with a chuckle: "Wouldn't it be dreadful if any fatal accident occurred and the paper were to report 'two missionaries killed on the racecourse'?"

Another time Mrs. Summerhayes was out riding with a Hazara *sais* (groom) riding the other pony. She gave him the sign to dismount and they then walked some distance along the road, leading their ponies, while Mrs. Summerhayes took this opportunity of bringing before the groom the claims of Jesus Christ. It was due to her efforts that a school was founded for the children of the sweepers and "outcastes" in Quetta.

Though I realized soon after I reached Quetta what vast

possibilities for Christian evangelism lay before us, there was little I could do at first without a knowledge of any of the languages of the Frontier. Occasionally I gave talks through an interpreter, and half the day was spent, or should have been spent, in language study. I was instructed to begin with Persian, for with a fair knowledge of this language the study of both Pushto and Hindustani is comparatively easy since they include many Persian words. In those days there were no language schools. Each missionary had to employ a *munshi* and be taught by him when he could find the time for study!

The language problem has always loomed large in Quetta. Of all my colleagues through the years, one of the most remarkable was Dr. Sidney Gaster. He was able not only to converse but to give addresses in some six or seven languages—Urdu, Persian, Pushto, Baluchi, Brahui and Sindhi. He was one of the few Englishmen of whom it could truthfully be said that if when he was talking one shut one's eyes, one would think he was an Indian. The value of so great a linguist in a hospital where, owing to its geographical position, five or six different languages are regularly used is obvious. North of Quetta lies Afghanistan, where the Afghan or Pushto language is spoken; to the west, Persia with its own language; to the east, the region of the Punjabi language; to the south, Sind with the Sindhi language, while Baluchistan itself has two languages of its own, Baluchi and Brahui. In this small-size Tower of Babel it is extremely difficult for a medical man to become an expert linguist.

Gaster was a notable exception. I never became a real linguist; all I could do was to pick up something of each language as I went along in order to carry on my work. I managed, however, to pass examinations in Persian, Pushto, and Hindustani or Urdu. When I eventually went in for my Pushto examination, I was examined by three members of the British Government, with Sir Denys Bray as president. At one point I was asked to give a free translation of words in Pushto which consisted chiefly of swear-words and abuse; Sir Denys remarked with a smile that he hardly thought one in my position should be called upon for an idiomatic translation to do justice to this aspect of Pushto!

During my first year in Quetta, when the language difficulty prevented me from taking part in evangelistic work, I was fortunate in living close to the well-known Sandes Soldiers' Home, which I was able to visit several evenings a week to help in the magnificent work of the ladies in charge. They were a wonderful team, and it was an inspiration to me to come into

contact in that Home with really "tough" cases whose lives had been completely changed through the influence of such people as Miss Fiske and Miss Maguire. This fine band of women were virtually at the service of the British soldier from early morning until ten at night.

I recall one occasion when Bishop Lefroy, at that time Bishop of Lahore, visited the Soldiers' Home in Quetta and met the G.O.C. and other senior officers for an informal chat. The General remarked to the Bishop: "I admire these ladies immensely for the work they are doing here, but why is it necessary for them to give so much time to the evangelistic side? Why cannot they look after the soldiers without introducing the religious element?"

To which the Bishop replied: "If you can find me ladies of their type who are willing to spend their lives, often in the worst possible climate, and who are not actuated by the one desire to help these men spiritually, I should be extremely surprised."

Their whole time was at the service of the British soldier. They provided breakfasts and suppers and personally served all who came into the large refreshment room, as well as providing a games room where the men could enjoy bagatelle, draughts and chess. Miss Fiske had a wonderful way with men who were under the influence of drink. I remember once finding her engaged in a game of draughts with an obviously intoxicated soldier. One of the men remarked to me: "What I like about this place is that you are welcome, drunk or sober."

For me the Soldiers' Home in Quetta was a fine example of a Christianity that works, and it taught me much about the meaning of Christian vocation.

During those first months at Quetta I was able to keep extraordinarily fit, for there was ample opportunity for physical exercise—I found to my delight that there was a pack of hounds which met twice a week, usually at seven in the morning, and the hunt was generally over by nine. A pony was essential for me to get about the country, and on that same pony I was able to follow the hounds. To keep a pony then was absurdly cheap. I kept that pony, my first, including its food and the wages of the groom, for RS. 30 (£2) a month. My hunting cost me nothing, and that splendid exercise in the early morning fitted me for the day's work in hospital. By joining the club and gymkhana I was able to play hockey, football and golf, and my contact with British officers there meant a great deal to me and marked the beginning of many

friendships. My chief, Dr. Summerhayes, had a great reputation in Quetta as a sportsman, being a Trial International Rugger player.

Alas, I had only been out there seven months when I contracted a very severe attack of typhoid fever to which I almost succumbed. My eventual recovery I feel I owe largely to the wonderful care of Dr. Summerhayes and to the prayers of all whom I knew in Quetta. The medical board thought it advisable that I should return to England to recuperate, so within a year of having set out with such high hopes I found myself back again on the banks of the Tweed, engaged in my favourite sport of trout-fishing.

It took time to build up strength again, but I was fortunate in meeting, during this spell of sick leave, a very wealthy business-man who was looking for a doctor to accompany him on a private yachting cruise to the Arctic Circle. On hearing I was a mission doctor, Mr. Drew told me he had never met one before; however, he and Mrs. Drew seemed to approve of me, for they invited me straightaway to join them on their cruise to Norway. There is no doubt that the way to enjoy Norway to the full is on a private steam yacht. The beauty of the wooded fjords, the lonely islands south of the Arctic Circle with the jagged peaks of the mountains covered with snow, that wonderful glimpse from a mountain peak of the midnight sun as it began to set and then rose again without touching the horizon—all are unforgettable memories of a delightful cruise which was one of the most enjoyable months of my life.

It was not long before I was passed fit again and was able to return to Quetta.

CHAPTER 8

EARLY DAYS IN BALUCHISTAN

As a young missionary on a Frontier mission station I felt rather lonely at first, but I often think how different my early days in Quetta were from those of a recruit, say, in a remote part of tropical Africa. Quetta, as the largest military station in the whole of India, had a distinctive life of its own. I found myself one of a large British community, chiefly army officers and their families.

Our mission bungalow adjoined the cantonment boundary,



A typical Baluch tribesman.



A Christian Afghan girl, wife of a Christian Afghan doctor at a Frontier mission hospital.



The author with a grateful Hindu patient,

and from the very first I received great kindness from officer friends in the various regiments. In some ways this might be thought to have its disadvantages, for I admit that one may be tempted to spend too much time in the social life of the cantonment, and possibly to neglect one's duties as a medical missionary with a responsibility towards the people in the city and surrounding villages. Though the British community as a whole were most friendly and hospitable, few showed any interest in active Christian work. On the other hand, I remembered that we in the C.M.S. owed the foundation of our Frontier mission to a few keen Christian officers and men, and part of one's duty might well be to their successors.

The size of the cantonment and civil station at Quetta helped to bring home to me the large-scale military and administrative problems with which our army and political officers were faced. Right from those early days I met with great kindness from many officers of the political department as well as members of the Quetta garrison, and these personal contacts helped to widen my knowledge and understanding of the country's problems. I shall have more to say of this later when describing some of the interesting tours of the district which I made with officers of the civil administration.

At a time when externally and internally there were threats to peace, strategic considerations were naturally a governing factor. The approach of the Russian Empire southwards towards India had long caused the British great anxiety. Between the gradually extending Russian Empire and British India stood Afghanistan, a buffer state jealously guarding its mountain freedom. And in the barren hill country between British India and Afghanistan lived the turbulent border tribes whose armed raids and ambushes were a frequent threat to internal peace and security, making it necessary to maintain adequate policing all along the Frontier. In 1900, besides the large cantonment in Quetta, there were garrisons at Fort Sandeman, Loralai, Chaman and Jacobabad. The Baluch regiments were posted in turn at these stations and also in those farther afield.

In Quetta there was a considerable railway population; the business community was comparatively small, for at that time there were no industries. A glance at the map shows that the main line, crossing the centre of the country through Sibi at the foot of the Sulimans up to Quetta plateau, divides Baluchistan into two parts which roughly correspond to the chief tribal groupings. North of the line runs the highland

district of the Pathans; south of the railway the far larger territory occupied mainly by the Brahui and the Baluch—except for the Marri and Bugti Baluch tribes, whose land (including the newly-rich “Sui Gas” area) is north of the railway line.

When the railway was first planned it was thought of as strategically, not economically, important. Since the population of Baluchistan consists of less than a million people all told, and is scattered throughout the country in small hamlets and villages, a railway could certainly never pay its way. In this wild and mountainous country with its towering peaks, precipices and deep gorges, as well as its climatic extremes, it was a costly and skilful feat of engineering to build a railway at all, and was only embarked upon as a military necessity to ensure the speedy transport of troops and military supplies. When the first railway from Karachi to Quetta was opened in 1885, it was the fear of Russian intentions that had speeded up the work at a remarkable pace. By the time I went out in 1900 the line had been continued to the Afghan frontier; to Fort Sandeman in the east and to the Persian frontier in the west. Without a railway to the Persian frontier it would have been almost impossible to transport an army of any size, and I heard much talk of the Russian peril and the need to maintain a large garrison at Quetta lest Russia should attack India. There was the further need already referred to of sufficient troops to guard the Frontier against frequent tribal raids from over the border, and to keep the peace among the local tribes.

Its dominant position has enabled Quetta to be a major factor in preserving peace and security on this part of the Frontier, and has stood in the way of any advance on India through Kandahar. Its possibilities as a natural fortification were seen long ago. It was no great distance from the route followed by Alexander the Great when he pushed across the Frontier to invade India in 327 B.C. The actual name, Quetta, is in fact a variation of the word *kwat-kot*, signifying a fortress. It is an interesting link with the past to reflect that the name of Alexander the Great is still probably the best known of any there has ever been on the North-West Frontier, and that hundreds of children are still being named after him every year! The local way of spelling Alexander is Iskandar, and the first President of independent Pakistan is Iskandar Mirzer.

As the southernmost point in the line of Frontier posts in the

nineteenth century, Quetta rose to prominence in 1876 when Sir Robert Sandeman founded a residency there. He is regarded as the real founder of Baluchistan under British rule. Under his wise administration and as a result of his conciliatory policy, warfare between the various tribes of Baluchistan ceased and the country settled down to a more ordered existence in which the law was upheld.

A man of great ability, drive and immense personal courage, Sandeman was beloved by the various tribal chiefs, who therefore respected his authority. Though he had passed on when I arrived in Quetta, many who had served under him in the political department used to tell of all he did for Baluchistan. I heard numerous stories of the hazards and difficulties he had to face in the early days of his administration. On one occasion he demanded the presence in Quetta of the leading men of a neighbouring tribe. He received a most insolent reply to the effect that if he cared to meet them at a stated point some twenty miles from Quetta they would shoot him on sight. He replied: "I am coming." He went out with a quite small escort, and a bullet was instantly fired at him. It went through his sun helmet, but Sandeman stood his ground. The tribesmen were thunderstruck by his personal courage and bravery, and at once surrendered.

Sandeman had a keen eye for character, and those he chose to serve under him never let him down. His most trusted assistant, a Hindu, Jamiat Rai by name, was a great diplomat, extremely able and with a never-failing memory of previous practice and precedent. For years he was "chairman" of a tribal council (*jirga*) held every year. On the municipal councils, whenever he was asked for advice it was readily forthcoming and nearly always accepted. "Jum-jum", as he was called by his intimate friends, was a charming personality. He was devoted to Sandeman, and Sandeman to him.

The post which Jamiat Rai held so ably as Extra Assistant Commissioner (to give the full title) was one of a number occupied at that time not by Muslims, as one would expect in a Muslim country, but by Hindus—a significant fact to which I shall refer again later in this chapter. Besides Jamiat Rai there was a famous Ganpatrai, who held the same office in the district of Sibi for, I think, twenty-three years. While he was there, there was little or no trouble, and the heads of the tribes looked upon him almost as their ruler. During my time in Quetta I travelled on several occasions in company with Ganpatrai. His arrangements were always perfect in detail; it was

said that he forgot nothing, even the particular brand of whisky or wine which the political agent of Sibi personally favoured!

These Extra Assistant Commissioners were the backbone of Sandeman's administration and seldom made serious mistakes. It was Sandeman's policy to encourage tribal responsibility through the indigenous system of tribal councils or jirgas, and in order to help the people economically he established the system of tribal subsidies. Many of the tribes, especially the Baluchis, had little land they could cultivate and were therefore extremely poor. They existed by raiding the villages on the plains for booty in the form of sheep and cattle. Sandeman recognized the difficulty of controlling these tribes so long as their only means of subsistence was to loot and plunder. To make up for the income they lost from raiding once they lived within the law, the heads of the tribes were given worthwhile subsidies which, in spite of the modern transfer of power to Pakistan, continue to the present day. These subsidies were only withheld if certain of the tribesmen got out of hand. The result was that there were seldom major disturbances.

My arrival in Quetta happened to coincide with the period of improved organization following the settlement of border disputes by the drawing of the Durand line in 1894, demarcating the limits of the territory held by the Amir of Afghanistan and that of the tribes. The position of the border tribes was thus made clear in international law; they were recognized not as British subjects but (to quote Philip Woodruff) as "British Protected Persons, living in a belt of independent but protected republics". Also, in 1900, the year I arrived, a major change was made by the forming of a North-West Frontier Province, separated from the Punjab and with its own administration, directly under the Government of India. This had the effect of freeing the regular army for service against an external enemy, leaving the task of keeping order among the tribes chiefly to irregular tribal forces.

A major factor in limiting the development of the country in those early days was its isolation. Apart from the railway, communications were sketchy in the extreme. In most of Baluchistan there was little or no transport by road, for the simple reason that there were no roads—with two or three exceptions! The only method of reaching Quetta, if one did not live near the railway, was either on foot, by camel, or on horseback over a rough track. Whereas in those days it took nearly a month to make the journey from Mekran to Quetta,

today it can be covered in less than twenty-four hours by car or motor lorry. Even now there are few motor roads, again for economic reasons. Baluchistan has always been described as a backward province, but now that industries have been established it is hoped that revenue will keep pace with the cost of civil administration.

Deserts and mountain ranges have together formed natural barriers to easy intercourse between the various elements of the scattered population, who live for the most part a pastoral or nomadic existence, compelled by the climate and the nature of their country to change their dwellings with the season of the year. For centuries there has been a steady flow of the population eastward and southward to the more favoured countries of the Punjab and Sind. The vastness of Baluchistan and the sparseness of its people are well illustrated by a former census report: "So vast is the Province, that if the British Isles, including the Channel Islands, were dumped down in it, there would still be room for some 13,000 square miles of sea. Yet its population falls far short of the births of the British Isles for a single year, being but 834,703 all told." In this wilderness of rock and sand, Quetta had prominence as the only city, the one centre with real claims to civilization.

One result of the remoteness of the country and the isolating effect, mentally as well as physically, of few communications was seen in the general lack of education. In the city and district there were few educated Muslims. While Hindu and Sikh children of both sexes thronged the schools, there were comparatively few Muslim pupils. It was for this reason that Sir Robert Sandeman and his successors felt obliged to send to the Punjab and Peshawar for educated Muslims to assist in civil administration. It was not that he preferred to employ Sikhs or Hindus, but that there *were* no local Muslims of sufficient education to help, even with ordinary office routine. Gradually, as Muslim education developed, the Sikh and Hindu officials were replaced; the Muslim population came to realize that if their sons were to be given posts in the Baluchistan administration and to take a leading part in the government of their country, they must be educated.

But such development was slow. In my early days in Quetta there was no desire at all for education among the Baluchis and Brahuīs in the Quetta-Pishin area. The story told of Sir Shahbaz Khan is typical of the attitude of the heads of the tribes in those days. When an Englishman asked Sir Shahbaz why he had never learnt to read or write, he is said to have

replied: "Why should I, when I can pay a *babu* twenty-five rupees a month to do it for me?" Even half a century later we find the strangest contrasts: one of the most colourful personalities in the Frontier Province, the old Wali of Swat, was quite illiterate when he held the reins, whereas his son, the present ruler, who was educated in Peshawar, is just as much at home in English as in Pushto, his mother-tongue.

From the early days the general lack of education among the Muslim population had an obvious effect, too, on the life of the Church. I soon discovered in talks with Dr. Summerhayes and our clerical colleague, the Rev. A. E. Ball, that as yet there was no truly indigenous Frontier Christian church, and I was continually being told that until there was such a church it would be difficult to attract the Frontier people to the Christian faith. The churches in the cantonment, Anglican, Presbyterian and Roman Catholic, served in the British community; they were originally built with the military population in mind, and the Anglican church, which could seat well over 1,200, was, I believe, the largest cantonment church in India. In the city itself there was the one small mission building which was used for all church services for the handful of Indian Christians until the first Indian church was built in 1903. This very small Indian community was not a Frontier church, since nearly all its members had been "imported" from the Punjab, most of them as servants attached either to the various regiments or to the British officers living both in the cantonment and in civil lines. For reasons which are natural enough, these Punjabi Christians never really welcomed the Pathan and Baluchi inquirers. They are so different in character, temperament and outlook that they do not seem to mix well. A Gaelic-speaking crofter in the West Highlands of Scotland and a Sussex farm labourer would have more in common with one another than these two groups.

When I first arrived in Quetta there were only two Frontier converts. Qazi Abdul Karim (whose story follows later) had been brought into the Christian Church by Dr. Sutton, the founder of the hospital. The other, Barkhuda Khan, was a magnificent Baluch from Sind, a well-educated man with a knowledge of Arabic and Persian. He had first heard of Christianity through his brother, a business-man in Karachi, who had come in contact with missionaries of the C.M.S. through bazaar preaching in the city. Barkhuda was so impressed by the books his brother brought back with him that he

resolved to go to Karachi to inquire fully into the Christian religion. The visit ended in his baptism on June 28, 1896, and early the following year Dr. Sutton engaged him as a preacher. Thus when I reached Quetta he was already installed as a hospital evangelist.

Barkhuda Khan was beloved by us all, and was a tower of strength in the hospital. From early morning until evening he was engaged in talks with out-patients and in-patients. When he told them that previously he had been a Muslim, the atmosphere often became distinctly hostile, but dear old Barkhuda was never ruffled. With the most delightful and engaging smile he would tell them what he had found in the Christian faith that he had not found in Islam. Quite often he preached Christ from the Koran by pointing out passages which referred to a great prophet.

Since he died in 1909 there has been no one on the hospital staff with the same spiritual calibre or charm of character as Barkhuda Khan. We had hoped that his son would carry on the same tradition as his father, but I fear that his Muslim relatives proved too much for him, and to our great regret we finally lost sight of him.

From the start I could see that there was an uphill task ahead before the Christian message could make much impression on the hard and stony soil of this Frontier region, where years of patient preparation were rewarded with so very little fruit. How often I was to call to mind in the years ahead the wise counsel and strong unruffled faith of the brothers Neve in Kashmir. During my second year in Baluchistan I was sent up to help and to learn from them in their well-known hospital at Srinagar. There as in Quetta I heard the same tale of years of evangelistic work with but meagre results. I was thus greatly inspired and cheered to find that in their work in the hospital, as in that of Canon Tyndale-Biscoe's famous school, there was not the slightest sign of frustration or even of disappointment. I asked Dr. Arthur Neve, the elder of the two brothers: "Don't you sometimes get rather down in the mouth and depressed when you see so little of what you might call spiritual results for your work?" He answered at once, without hesitation and with a wonderful smile: "Not at all, for I am always glad to think that our work will make it easier for the younger generation to follow."

That kind of faith was at once a comfort and a challenge to an apprentice hand, one of the younger generation called to follow in the same tradition.

CHAPTER 9

"THE SEED OF THE CHURCH"

QUETTA, with its irregular and scanty rainfall, depends on the winter snows for irrigation. When the heavy snow melts from the passes and hills, and the streams come rushing down the mountain-sides, the valleys are transformed almost overnight by a rapid growth of green. Many travellers have remarked on the surprising beauty of a Quetta spring. Suddenly the iron grip of winter is over, the trees burst into leaf and the beauty of blossom is everywhere.

Those who have known in their work in this Muslim land the hard winter of discouragement have found a parable of faith in this thought of blossom and fruit following the deadness of winter. We had such glimpses in Quetta during my first years in the mission, in the wonderfully courageous witness of some of the first to follow Christ. It is typical of the Frontier that the miracle of spiritual change and growth is seen in the lives of ones and twos, not in any kind of mass movement towards Christianity.

Two Christian Pathans connected with the early days of the Quetta medical mission sealed their faith by their blood as martyrs in Afghanistan.

Abdul Karim was the son of a leading Pathan *maulvi* (judge) in Quetta—an adjudicator in Muslim law. As a young man he came under the influence of Dr. Sutton, the founder of our hospital. Through his ophthalmic surgery the doctor was able to make contacts with many of the Muslim gentry in Baluchistan, and that was how he came to know Abdul Karim. Sutton became greatly interested in this young man, and as their friendship grew they began to read the scriptures together. Abdul Karim was steeped in Muslim lore and knew the Koran from beginning to end. The more he read and compared the New Testament with the Koran, the more convinced he became of the claim of Jesus Christ to be the Son of God. He realized, however, that if he were to confess his faith openly he would inevitably face ostracism, persecution and (in those days) death—for the strict penalty for apostasy among Muslims is death, a penalty which has never been abrogated.

Yet from the outset Abdul Karim made up his mind to confess Christ boldly before his fellow-countrymen. Finally he asked to be baptized.

After his baptism he at once had to face the most bitter persecution. By this time he was a landowner with property in outlying districts, but now that he was known as a Christian he could not get men to work for him, neither could his wife secure any servants. They were entirely boycotted by the Pathans among whom they lived.

Dr. Sutton stood by Abdul Karim and encouraged him to live down the opposition in his village even at the risk of endangering his life. The wealthy young man had now become a pauper, but the doctor helped him in every way he could.

One night an attempt was made by some of Karim's persecutors to break into his house while he and his wife were in bed. They threatened to take his life unless he denied his faith in Christ. When Dr. Sutton heard of the narrow escape Karim had had from death, he gave him a revolver for self-protection. A few nights later a determined attack was made on Karim's life. His wife was so abominably treated that she died later in hospital. In self-defence Karim had fired his revolver, killing one of his assailants. The case was tried before a European judge, and Karim was imprisoned for three months on the grounds that he had fired an undue number of shots. It was thought, however, that the motive behind the sentence was to provide Abdul Karim with asylum where he would be safe for a time from his enemies.

When he came out of prison he joined Dr. Sutton and was taken on the hospital staff as an evangelist. He spoke daily to the patients, both in the out-patient department and in the wards. He was always calm and never lost his temper, however great the provocation. Like his fellow-convert from Islam, Barkhuda Khan, he would often quote passages from the Koran in defence of the Christian faith. He was fearless as a preacher, and knowing the Koran so well was able to meet Muslims on their own ground.

Whatever happened to Abdul Karim, he always turned up smiling. I was in close touch with him for six years, from the day I arrived and found him installed as a member of the hospital staff till the time of his death in 1906. For three years he was my *munshi*, helping me with the Pushto language, and he often acted as my interpreter when I gave addresses in hospital.

He was a fine evangelist. I was often amazed to see him stand up and face a distinctly hostile group in hospital, preaching to them out of his own experience of faith and trust in Jesus Christ.

One of his particular difficulties was to learn to live within his extremely limited means. Considering his background, I did not blame him for finding it hard to cut his coat according to his now much reduced cloth. Up to the time he became a Christian, Karim had had an ample private income, for he came of a very well-to-do family. The Mission could only afford to give him a bare subsistence allowance, which he found very inadequate to his wants. Several times he came to me having spent his month's pay within a week or two, and finally I tried paying him weekly instead.

One summer I took him up to a camp in the hills so that I could study the Pushto language; once a week he would visit the shops in the nearest village, Ziarat, the headquarters of the Baluchistan Government, to lay in supplies. He returned one evening very delighted with his purchases, having spent the whole of his week's pay on scented soap and a bottle of Crosse and Blackwell's "piccalilli". There was nothing left to provide flour, rice or ghee! In some ways a child, Karim was also a man of deep affection, and I was very fond of him. He had a charming personality and a great sense of humour. Though I had to find fault with him at times, he never bore me any ill-will.

As a Christian Pathan, Abdul Karim was not only invaluable in the hospital as an evangelist and interpreter, he was always prepared to go with me when I travelled to the villages near Quetta, and he would witness boldly for Christ out there in those villages.

I had a notable experience of his moral courage on one occasion when we were in camp about a hundred miles from Quetta. Padre Dixey was with us too, and I was seeing patients every day and discovering in a new way how direct an approach one had to the people through the ministry of healing. We had been in camp a week when a leading *mullah* (Muslim priest) came to me to ask if on the Sunday, when there would be no medical work, I would have a public discussion with him on Christianity and Islam. He had discovered that the addresses given by Abdul Karim had aroused great interest and, to his surprise and concern, no animosity.

Personally, I have always disliked public controversy, but to decline the mullah's invitation would have suggested that I was unwilling to meet arguments brought against Christianity, so I consented. I found this Muslim priest was the head of a small theological college, and when he arrived for the meeting

fixed for 5 p.m. on Sunday afternoon he brought with him all his pupils and some twenty or thirty other mullahs from the surrounding villages to hear him put the Christians to rout.

News that the chief mullah was himself to lead the discussion regarding Islam and Christianity was in itself sufficient to draw a crowd of some 250 people. He and his contingent made an imposing sight, for they brought literally armfuls of Muslim commentaries and books of reference which they piled up on a large bedstead. I realized then that we might be in for a tough time. We were but three Christians, Padre Dixey, Abdul Karim and myself, to face this large crowd of Muslims.

The chief mullah was an astute man. "Sahib," he said to me, "most of these people are quite ignorant, so I propose that we conduct this discussion in Persian and not in Pushto."

I saw at once the reason he wanted our discussion to be in Persian rather than in the language which the people understood: if by any chance he should be defeated in his attack on the Christian faith, the bystanders would be in happy ignorance of the fact, and his prestige and position would not suffer in consequence.

"My dear mullah sahib," I replied, "it would be a thousand pities if the people standing round were deprived of hearing your eloquent words in defence of the Muslim faith, so I must insist on the discussion being carried on in Pushto."

At that time my Pushto was not of a very high standard; Abdul Karim was therefore entrusted with meeting and answering the various objections to Christianity brought forward by the mullah. There he stood, a fine ambassador of Christ's Gospel, meeting calmly and courteously each fresh point which the mullah raised, himself turning often to the Koran to support his argument.

As the discussion went on it was quite obvious that the mullah and his party were growing rather depressed, for they were certainly not having it all their own way. Finally, when Abdul Karim had replied to all the objections and the mullah realized he was being defeated all along the line, he suddenly turned to me and said in excuse: "Sahib, the sun is sinking, it is time for evening prayers. We must adjourn this meeting at once." It was clever of him to have timed the discussion so that in the event of things going badly for him he could retire from the scene with this excuse!

What impressed me at the time more than anything else was the spirit and bearing of Abdul Karim and the effect he

had on that Muslim crowd. Their respect for him was very noticeable. Though in their eyes he was a blasphemer, having denied the faith of the Prophet, yet it was obvious they were impressed by his knowledge and sincerity, his immense courage and unfailing good temper. Though many nasty things had been said to him, nothing upset his calm self-possession, and always his wonderful smile was a dissolvent of bitterness.

Rather to my surprise, I found that the crowd seemed pleased on the whole that Karim had had the best of the day. One man said to me: "The mullah is a very wonderful man, but Abdul Karim is much more wonderful." I noticed, too, that no animosity was shown to Mr. Dixey or myself, and at the end of the week we all three left the village, having received the grateful thanks of the people as a whole.

I have never met a man who was more keen to win his fellow-countrymen for Christ than Abdul Karim. He was always ready to journey far afield in the hope of winning people for his Lord, to whom he was so devoted. On one occasion he came to me and said that he felt led by God to walk from Quetta to Bannu (some 400 miles) as a Christian fakir. This he did, preaching as he went and depending on the villagers for food. Nearly everywhere the people jeered at him, often they spat upon him and treated him roughly. In many villages he was refused food or even water.

He finally arrived in Bannu little more than a skeleton after his grim experiences and terrible privations as a Christian fakir. But he made no complaint and accepted the fact of persecution as part of the cost of being loyal to his Master.

It would not of course be true to Abdul Karim to portray him as a faultless character, fine and fearless Christian though he was. Besides his expensive habits which led him astray at times, his dislike of manual labour showed itself in an unwillingness to undertake work in the hospital wards, and he failed to appreciate some of the regulations which he was expected to observe as a worker connected with the C.M.S. He could not understand why he should not be allowed to work on his own lines without being subject to rules. He refused, for example, to present himself for the examinations he was expected to pass. A sensitive man by nature, he was apt to think he was being slighted or perhaps not wanted, and this made him less popular in the other mission stations he visited. Yet everyone admired him for all he had undergone for the sake of his faith, and his later eccentricities (including a fear that his food was

being poisoned) were evidence of the long strain imposed on mind and spirit by an increasingly hostile environment.

In spite of all he had suffered, Abdul Karim told me on many occasions that his one desire was to preach the Gospel in Afghanistan. I advised him against taking this step, telling him that he was invaluable to us here in Quetta, and that if he crossed the Frontier into Afghanistan death would be the inevitable result. I hoped I had convinced him, for I did all in my power to dissuade him, knowing as I did that there were very few Afghan Christians, if any, who had crossed the Frontier to preach Christ and returned alive to tell the tale.

But my efforts were unavailing. One morning in May 1906 some of the hospital staff came to report to me that Abdul Karim could not be found. We did not know what had become of him, but a week later the local Government was informed that a Pathan from the British side of the border had been arrested in Kandahar and was suffering considerable privations and even torture. As he was a British subject, our Government demanded his release and safe return to Quetta. This might have been effected had not the Amir of Afghanistan, who was in or near Kandahar at the time, decided that he should be sent to Kabul to be dealt with.

It was not until many years later than I received further information as to what happened to Abdul Karim. In 1936 there came into my hands a copy of the original letter sent to the Indian Government by one of the British Secret Service Agents. The statement was dated July 24, 1907, and ran thus:

I had gone to Kandahar to visit some relations and was informed that at that time Abdul Karim, Christian, was a captive in the hands of the Afghan Government. He was being subjected to torture and I asked the reason of this, but they gave me no satisfactory answer. Some said he had come to this country as a spy of the British Government, while others said that the Amir's men wished to turn him into a Mahomedan, which he had refused to do, and was therefore being subjected to hardship. It occurred to me to go and see him. I saw Abdul Karim with my own eyes. He had a chain round his neck weighing some seventy pounds, fetters round his feet, and handcuffs on his wrists. He had a bridle in his mouth. I was told that he had been presented to the Amir several times, but I do not know what conversation took place between them. Orders were then issued for Abdul Karim to be sent to Kabul. The chain round his neck was removed and it was noticed that Abdul Karim's head and face were swollen. Several men gave him slaps in my presence, while others threw small bits of stone at him. He was in a sore plight.

The day following his departure for Kabul I was told that orders had been given that he should be taken to Kabul with the least possible delay.

From the time Abdul Karim disappeared, we in Quetta could get little information of subsequent events. As I have already indicated, steps were taken by our Government since he was a British protected subject: the External Affairs Secretary communicated with the Afghan Government, demanding that he should be set free and returned to British territory. Apparently he was discharged from prison, but very soon the rabble in Kabul heard of his impending departure. They accordingly seized him and told him that unless he denied his faith in Christ he would be killed. He was offered his life if he would recant, and when he refused, one arm was struck off. Again he was offered life and liberty; again he refused to deny his Lord, and his other arm was struck off. Finally, he was offered life, liberty and honour, but he bravely confessed his faith in Christ, and he was beheaded.

It seemed a grievous waste at the time, but years later a missionary writing from Meshed near the western border of Afghanistan pointed to a wonderful sequel. He said he had met an Afghan who, as a boy, had witnessed the martyrdom of Abdul Karim. The Afghan exclaimed: "I have never been able to forget it. I saw him tortured and hounded to death for his faith in the streets of Kabul. He was a Christian, so they told me to spit in his face, and they cursed him for an infidel, but the remembrance of the light and peace of Abdul Karim's face remains with me to this day. I can never forget it."

It is believed that this man too was later executed for his loyalty to the Christian faith which Abdul Karim had inspired him to follow.

The martyrdom of Abdul Karim, one of the most remarkable Pathan converts, made a profound impression on my mind. I had lost a friend and colleague—and it was my first deep experience of the cost involved for the Frontiersman in making open confession of his faith in Christ. How often I have thought: "Would I have been prepared to face martyrdom at the hands of the Afghan mob in Kabul, as he did?" It would have been so easy for him to have avoided death. He had only to repeat the Kalima: "There is one God, and Mahomed is his Prophet"—and at once he would have been set free. But since this would have involved denying Christ, Abdul Karim steadfastly set his face against it.

How true it is that "one loving spirit sets another on fire"! When news of his death reached Bannu, more than one of the Afghan converts there offered to go to Afghanistan to take his place as a herald of the Cross and to bear the consequences.

I have related the story of Abdul Karim at some length for the light that it sheds not only on the cost of being a Christian on the Frontier but also the immense possibilities in the Pathan character when inspired by a Christian loyalty and purpose. I must add a short note on another outstanding example of Christian loyalty, to the giving of life itself, on the part of another valued member of our hospital staff.

Nasrullah Khan became one of my great friends. He first came into touch with missionaries when as an Afghan merchant his business brought him from Kabul into the upper parts of India. A fine, tall, strong man with good features, he was a splendid specimen of a manly Pathan. He had a strong sense of humour and a fund of kindness, and was specially fond of children. In his earlier days he had been in the Amir's army as one of his bodyguard.

It was in the out-patient department of the mission hospital at Peshawar that he first heard about Christianity. Later, when his trade took him to Quetta, a spell of illness brought him to our hospital. Gratitude for a healed body caused him to inquire seriously regarding the things of Christ, and Dr. and Mrs. Summerhayes both gave him much personal teaching. He responded with the whole of his strong nature and was intensely eager to learn. After a long period he urged that he might be baptized. He was told that he should still wait until there was further proof of his sincerity. His answer was very characteristic: "Then, if our Lord comes tonight and I have not been allowed to confess Him by baptism, the responsibility will rest on you." Finally he was baptized with a new name meaning "God's gift".

For some years after his conversion he worked in the hospital, latterly as a compounder. He so bravely preached Christ in Quetta that plans were laid to assassinate him, and twice an attempt was made on his life. On one occasion when Dr. Summerhayes had to go away for a conference, he felt it was unsafe to leave Nasrullah Khan at Quetta, and took him too. While there, Nasrullah Khan contracted pneumonia and was taken to the station hospital, where his life was despaired of. When he was lying at death's door, some Muslim ward attendants tried to induce him to recant, but Nasrullah remained firm. He finally recovered and returned to Quetta,

where he worked for a long time in hospital. He accompanied the Rev. Duncan Dixey on several of his tours in the outlying district, acting as compounder and speaking to the patients about the Christian faith.

Nasrullah Khan was married to a fine Christian girl from the C.M.S. school in Amritsar, who made him a good wife and kept a clean and happy home which the missionaries found it a pleasure to visit. Subsequently Nasrullah left the mission and set up on his own again as a merchant. Later he secured a good post under the cantonment committee as Sanitary Inspector. Many of those under him were his racial enemies. Nasrullah Khan and his wife welcomed, to their little home under the hills, these men who had been so hostile, taught them and tried to influence them for Christ.

It was during his life here, on the outskirts of Quetta, that his nephew, a Muslim, came to live with him for some months, enjoying his hospitality, ingratiating himself with his uncle to further his own ends. He was constantly urging him to revisit his home in Afghanistan, saying that he would be responsible for his safe conduct. So it came about that in August 1908 Nasrullah Khan obtained two months' leave from the Government and started off with his nephew and six other men for Chaman. As far as we were able to piece together the story later, what happened was this. When they were within forty yards of the Afghan frontier, his nephew said: "Now we have you in our power. Recite the Kalima and become a Mahomedan again, or you will die." He refused to deny his faith, and was cut down by his own nephew's sword.

That same day news came to the Government in Quetta that a man, thought to be a Christian, had been murdered on the Frontier. Padre Ball and I, finding that Nasrullah Khan had gone in that direction the previous day, set out at once for Chaman. We arrived there to discover that the body had been buried by a mullah in a Muslim cemetery on the previous night. We were shown the clothes and three letters, and had no difficulty in recognizing them as belonging to Nasrullah Khan. The nephew had been careful to cross into Afghan territory before actually attacking his uncle. I was informed that the young man had boasted about his crime at Spin Balduk, across the Frontier. He was reported to have said: "For some years I have always had the finger of scorn pointed at me because my uncle had become a Christian, so I determined to make him a Muslim or to kill him if he refused. I was with my uncle in Quetta for three months, waiting for

my opportunity, and at last it came. I deceived him by telling him that his relations in Kabul were ill and that he ought to go and see them. At last I prevailed on him to accompany me. On the Frontier, as he refused to become a Muslim again, I killed him."

I vividly recall the scene now, when we visited the place of martyrdom and saw within ten feet of the Frontier stone the bloodstains where Nasrullah had been killed. After dark, Padre Ball and I visited the Muslim cemetery, and there by the light of a hurricane lantern we saw the martyr's grave, where we knelt down, thanking God that Nasrullah had been faithful unto death. I shall never forget those few minutes as we knelt in prayer by that Christian grave in a Muslim cemetery in August 1908.

As my mind thus goes back to those two fine Christian Pathans, Abdul Karim and Nasrullah Khan, I consider it an honour and a privilege to have counted them among my friends. If "the blood of the martyrs is the seed of the Church", then the seed of the tiny Frontier Church in Quetta is in the great Christian tradition, of service through suffering, of life out of death.

CHAPTER 10

BREAKING NEW GROUND

THOUGH our mission hospital in Quetta was by no means the only hospital in the city, it had its own particular contribution to make to the welfare of the people. When I first arrived I found there was a Government Civil Hospital to attend to the needs of the civilian population in Quetta; a small Lady Dufferin Hospital with fifteen beds; and the Church of England Zenana Missionary Hospital which was working exclusively among women.

As confidence in our hospital grew, more and more patients came to us for help. But it was obvious that we were touching a mere fraction of the need. Whereas people in contact with the life of the towns would use our hospital freely, it was only occasionally that patients from the far outlying villages would come in for treatment. They had great confidence in their village *hakims*, and in those early days only came to us if their native doctors had failed in their treatment, or if they had been advised to come to us for major surgery. As we thought

of the mass of unrelieved suffering out in the district, of which we had glimpses on our occasional treks on foot or on horseback, we longed that a way could be found to take to the people where they were the medical help and the Christian message of which it was so direct an expression.

This need to get out into the surrounding countryside was the reason why the coming of Duncan Dixey in 1903 was such a strength to our team at the base hospital in Quetta. For he was a born pioneer and was specially sent to work in the district. To trek in the wilds of Baluchistan appealed to him far more than settling down to the more regular city life he would have lived as an ordained missionary in Quetta. He would come and talk with Dr. Summerhayes and myself about his hopes for pioneering in Kalat State. Up to that time nothing had been done about this needy area, where in any case there would have been considerable opposition to direct village preaching.

Dixey saw that the only method then available for evangelizing this vast State, which forms four-fifths of Baluchistan, was by medical evangelism. He was an ideal choice for this great experiment in breaking new ground. Though a padre by vocation and training, he had a natural flair for things medical, and before launching out officially on his work in the district he spent much time in our hospital in Quetta, where he gained a fair working knowledge not only of dispensing and diagnosis but also of surgery. While most of the operations he later performed were what we should call minor ones, the most common complaint in the district, haemorrhoids, he learned to treat surgically with considerable success.

Dixey's approach to his outsize task was to study closely the habits of the people whom he longed to serve, especially the patriarchal Brahui. He saw that the great majority of them were nomadic; he watched as I had done before him that lively, colourful march on the roads in spring, when in their thousands the people come up from the plains near Sibi with their flocks and herds to cultivate the land in the hilly districts round Quetta and Mastung. He discovered that they were a happy-go-lucky, peace-loving people. In those days practically none had received education of any kind. Their methods interested him; before these nomad cultivators went down to the plains in autumn to escape the bitter winter, they would sow their crops for the ensuing year. Many of these crops depended on the scanty rainfall; should there be a drought, they often failed. The only irrigation came from the under-

ground channels called *kharezes*—sometimes very generous in flow but unreliable in a bad year. Most of the land belonged to the heads of the various tribes, and the cultivators worked for the local sirdars.

Dixey spent two strenuous years itinerating, getting to know the land and the people. In that time he covered most of the country and explored in particular the most out-of-the-way parts of Baluchistan. In the year 1905 alone, he travelled over 1,000 miles by camel and saw over 8,000 patients. Through these long treks he increased his contacts greatly and gained intimate knowledge of the habits and character of the tribespeople.

Their nomadic habits decided his plan of action. He realized the necessity of small dispensaries to which patients could be sent. He had two particular centres in mind: one on the Kalat plains, near Sibi, for winter work, and one on the plateau at Mastung Road, some thirty-five miles from Quetta, for the summer. Through these two centres he would be able to keep in touch with the tribesmen throughout the year.

There was naturally some difficulty in acquiring sites for these village dispensaries, for at first the building of such centres to be run by a Christian mission was looked upon with some suspicion. A long time elapsed before permission was finally given and land secured. Dixey hung on patiently, knowing that the people could be reached by no other means than the ministry of healing; that the only evangelistic work possible in this Muslim State would be within the four walls of the dispensary. The actual opening of the two new centres in 1905 marked the first step in the expansion of our work from Quetta.

Once the dispensaries were established at Mastung Road, and the winter headquarters of the Khan of Kalat, at Dadhar, near Sibi, this district medical work began to draw the people. Suspicion was allayed as they came to realize that Mr. Dixey and his small medical staff were there to help them in every way possible. Patients arrived in increasing numbers for treatment, and those suffering from surgical complaints which required major operations were sent by Mr. Dixey to the base hospital at Quetta.

The secret of Dixey's success was that he loved the people. He had a wonderful way of getting alongside his beloved Brahuis with that special measure of patience and humility which called out their affection in return. Though he was often sorely tried by the tribesmen among whom he worked,

I never saw him ruffled, never once saw him lose his temper even in the most trying circumstances when I should certainly have gone off the deep end! Several Brahuis have said to me: "Dixey Sahib is a *firishta* [angel]." Though his medical skill and knowledge had only been acquired by degrees—and through keen observation and practice he never lost an opportunity to develop it—he was looked up to as a doctor by the village people for besides dispensing medicines he undertook minor, sometimes even major, surgery with increasing skill. He was helped by an Indian Christian medical assistant, Dr. Hira Lal. For twelve years Dixey continued to run those pioneer dispensaries, the only Christian witness in the Muslim State of Kalat.

With a qualified sub-assistant surgeon in charge of each dispensary, Mr. Dixey was able to spend a good deal of his time touring the most remote parts of the country, getting in friendly touch with the Brahui and Baluchi tribes.

In a very literal sense he dug down deep into the soil of the country. For one of his great hobbies was archaeology. He excavated some of the mounds in Baluchistan which contained relics of the ancient "Indus" civilization, as old as that of Ur of the Chaldees. During his time in the country he collected some splendid examples of pottery of that period, bringing back with him twenty to thirty perfect specimens. Dixey was also a tremendous reader, and I think it would be true to say that what he did not know about the history and habits of the Brahui was scarcely worth knowing.

His was a life full of adventure, often great hardship, but always immensely worth while. He had the physique and temperament which fitted him for this strenuous life—a sort of John the Baptist, loving the deserts and open spaces, preferring to live in a wild countryside to the fleshpots of the military cantonments. He was impervious to extremes of heat and cold, and could rough it to any extent. Besides the privations he suffered on his long tours, there were the sudden dangers and risks to life which Dixey encountered. One alarming experience was when the camel he was riding went mad and had to be destroyed, after making repeated efforts to destroy the intrepid Mr. Dixey!

Several times over, Dixey came back from these exhausting tours completely knocked out by bad and insufficient food, and often suffering from the after-effects of malaria and dysentery, which are so rife in many parts of Baluchistan. But

nothing daunted him, and after four or five days in Quetta he would be back on the job again.

His constant difficulty in obtaining food when on tour was a very great hardship which might have had serious consequences for a less tough constitution. He was persuaded once to mention the difficulties to the political officers concerned. They furnished him with a document which stated that the Rev. A. Duncan Dixey should be given food, milk, fuel, etc., on payment, wherever he went, and as this was signed by the chief official in the district he was assured he would have no further difficulty. Dixey pocketed the document, but used it on one occasion only, I believe. It was typical of him that he preferred to have his needs met not "officially" as a Government servant, but as a friend of the people whom he had come to serve.

In his efforts to get alongside the people with real understanding, he made brave and determined attempts to master the two languages of Southern Baluchistan—Baluchi and Brahui. But try as he would he never became an expert linguist. (We used to remind him of his *faux pas* in giving out the notices in our mission church in Quetta in his early days, when he announced that there would be a Bible class for the corpses on a certain day—he had been tripped up by the fact that the words for "corpses" and "men" are very much alike and the slightest mispronunciation makes all the difference to the sense!)

We often used to chaff him too about his method of acquiring the language. Whenever he went on a journey by camel he would sit behind the driver with a Brahui gospel in front of him and read aloud, trying to pronounce the words accurately. At that time there was nothing printed in either Brahui or Baluchi except two or three of the gospels which had been translated by Mr. Mayer, a former missionary. Both languages are very limited and singularly poor in abstract terms, and Dixey's difficulties were formidable. Brahui,¹ being essentially a pastoral language, contains, for example, different words for a one-year-old sheep, a two-year-old sheep, and so on, and the translator had found it extremely difficult to give the equivalent for many English passages. When Duncan Dixey tried to read a page or two aloud from the Brahui gospel to some of the tribesmen, they were apt to say: "Why don't they write in our language? That is not Brahui." And he met with

¹ Brahui is a Dravidic language, and Baluchistan is the only northern part of the sub-continent where there are any Dravidic-speaking inhabitants. Baluchi, on the other hand, is a form of Persian.

similar objections from Baluchi listeners when he tried to read aloud from a Baluch gospel. Clearly there remained much to be done in the work of translating the Bible, especially the New Testament, into the colloquial tongue of the people.

I was glad to be able to accompany Dixey on two or three of his long tours, for I learned a great deal from him and these visits to outlying parts of the country brought one in close touch with the people.

A tour with him in the Marri country in 1904 was of particular interest as the Marris are the largest of the Baluch tribes, notorious in the old days as the cattle-raiders of Baluchistan.

We left Sibi, the winter headquarters of the Baluchistan Government, at the beginning of February. Our two riding camels were nearly three hours late in arriving, so instead of the very early start we had planned it was 8 a.m. before we set off for our eighteen-mile ride to Tali, where we found the first contingent of patients assembled to meet us. We set to work at 11 a.m. and went straight on till 4.30. I performed two major and five minor operations and saw about thirty patients. My journal of the days which followed gives some idea of our experiences and the value of such a tour:

Feb. 3, 1904

It is a great joy to be among the Marris at last.

On account of various murders and crimes they have committed, the Marris are practically blockaded. They are not allowed to leave their own country, nor, without special leave, to enter Sibi, which is only eighteen miles from here. The result is they cannot go to hospital when they are ill, and can get no treatment except that of native *hakims* (quacks), which is sometimes worse than no treatment at all. Not long ago some of these gentlemen (!) murdered the postman in order to get the clothes he was wearing. It is only a few weeks ago that they had a small fight with another tribe, but they are disposed to be very friendly to us and delighted to have us among them.

Here we are tonight, sleeping out, eighteen miles from the nearest Englishman or government official. The people are extremely ignorant and fanatical, so up to the present we have not preached to them. We want to win their friendship and confidence first. If there were to be a row now, missionaries might be debarred from visiting this country again. The people know that we do this work for "Hazrat Isa", for they were

overheard discussing the matter, and they decided that He must be "a good man" after all, if we did this sort of thing for His sake.

Feb. 4, 1904

We have just finished a very busy day. We started work at 9.15 a.m. and went straight ahead until 6 p.m., with only twenty minutes off in the middle of the day for refreshment. Padre Dixey and I have seen some seventy patients and have done fifteen operations, including five cataracts, four other eye operations, and a case of stone in the bladder.

Last evening, the Nawab, the head of the tribe, arrived with twenty-one of his followers, mounted on horseback. He was on his way to pay a visit to the political officer at Sibi, having been given a written permit to do so. At 9 this morning the Nawab sent a message to say he would like to see me, so I sent a reply saying I should be pleased to see him. He came with his nephew and heir and four or five followers. Having exchanged the usual greetings, we asked him to sit down on a bedstead over which we had thrown a rug. We talked for some time, then I asked him if he would like to see an operation performed. He replied that it would give him great pleasure. This operation was a serious one, for a very large stone in the bladder. (For the interest of medical readers, the operation was a lateral lithotomy).

Before the operation, as was our custom, we had a short prayer. It was rather reminiscent of a Salvation Army meeting, for all through the prayer there was a regular chorus of "Allah, Allah" (God), and other such invocations, and the Muslims joined most lustily in the "Amen". The operation and its setting were certainly strange—the theatre a very dirty room in a native house; the operating table a wooden bedstead; and assistants only two. Mr. Dixey, who had had no medical training before he came to us, gave the anaesthetic. With us we had a Hindu worker to look after the instruments and dressings, and to help me generally.

We had a critical audience—the Nawab and six or seven other Marris who were seated on the floor, and others on a bedstead, all very ready to help with suggestions throughout the operation! The stone was large and the boy very small and weak. Only with great difficulty was I able to extract the stone, and to add to my task the boy stopped breathing in the middle of the operation. I had to give the Nawab an exhibition of artificial respiration. This last item was not in the original

programme which I had intended to carry out! However, the boy made an uneventful recovery.

Feb. 5, 1904

Another busy day has passed, in which we saw over seventy patients and performed a number of operations. In the three days we have been here, altogether twenty-eight operations have been performed. We have now been given one large room in the native *serai*. (The *serai* is a kind of square, round which are a series of empty rooms and stores for horses, camels, etc., belonging to travellers.) In this room we have at present eight patients; it serves as a small hospital in fact.

After-treatment is the great difficulty on these tours. Padre Dixey and I have to go on to a large village of three thousand people tomorrow, thirteen miles away. We shall have to leave the patients here in charge of an old catechist who knows practically nothing about medicine. My plan is to stay in the next village for two or three days and put up a temporary hospital there for operation cases. I shall then return to Quetta. Padre Dixey will look after the two villages until I have operated; he will go backwards and forwards on alternate days, dressing the cases in each place. This is not an ideal plan, but I do not see what else we can do.

Here one is struck by a great difference between Muslim and Christian countries and peoples. The black ingratitude one meets here would not be encountered in any Christian country, I feel sure. Last night, for instance, we could not even get a little milk for our tea; although we knew there was milk in the village, the villagers refused to let us have any, even on payment—and this in spite of the fact that Mr. Dixey had been slaving among them for a week, and I have been here for three days working from early morning to evening, giving them medicine and operating (all free, of course). This morning I called on the head mullah, the Marris' priest, and on the headman of the village. I asked them if they thought it was generous on their part to treat us in this way. I told them I could have got a letter from one of the political officers instructing the headman to give us eggs, milk, meat, etc., but I did not want to adopt such methods. Finally, they became thoroughly ashamed of themselves and brought us milk and other food, both morning and evening.

One other instance shows the callous indifference of the people to human suffering. Just before Christmas, in the village which we hope to visit tomorrow, a girl was brought to Padre

Dixey with her arm broken, and gangrene had set in. The arm was just hanging on by one or two tendons. He snipped through them and then asked for three men to carry her into the hospital at Sibi, eleven miles off. With great difficulty he persuaded three men to go with him and the little girl, but half-way they ran off, whereupon Mr. Dixey went to the headman of another village and asked him to provide three men. He replied: "I am just off to my prayers and can do nothing." He refused to help in any way. Finally, Mr. Dixey compelled two boys to help in carrying the girl, so at last she was taken to hospital and safety.

The other day a blind woman, whose eyes were past treatment, came to me for help. I said, as I put my hands on her shoulders: "I am sorry, but I can do nothing for your eyes. They are beyond the reach of surgical skill."

This statement was received with a roar of laughter from the men, who said to the woman: "Off you go! Don't trouble the sahib; nothing can be done for you." One often hears such remarks as: "Leave him alone, he is only an old man, he cannot have long to live anyway." It sometimes makes me inclined to despair of these people, but then one realizes that they have no experience of real love, because they know nothing of its source—our Lord and Saviour, Jesus Christ. One hopes and believes that the time must come when, influenced by the love of God as manifested in Jesus Christ, they will begin to show some sympathy and love and gratitude to others. In the meantime, we must be content to work on.

(*N.B.* Most of this was of course written over fifty years ago, and I may say truthfully that a great change has taken place among the people, due to some extent to the kind treatment and care they have received from the doctors and nurses at the mission hospital in Quetta.)

Feb. 7, 1904

The tour, as far as I am concerned, is now over. On Friday night we had to send on our camp with drugs, equipment, etc., as far as Khazak, thirteen miles distant. As a young Christian in charge of the camels was rather nervous about travelling by night, Padre Dixey said he would go with the baggage camels himself. It is so like him to help others at cost to himself, and to take on jobs which other people either decline or obviously do not want to tackle.

He set off at midnight as there was a good moon. He had placed his bedding on the top of two medicine boxes and off

he went, imagining, or hoping against hope, that he would get some sleep. He was an optimist. I set off at 6.45 next morning on a pony provided by one of the village headmen, and a hospital assistant with me on a riding camel. Imagine my surprise and horror when I saw, eight miles from Tali, Mr. Dixey with the baggage camels! I knew something must have gone wrong for he had been on the road for eight hours and had only done eight miles. It turned out that the baggage had tumbled off three times and he had had to spend about two hours in reloading. To crown all, when Mr. Dixey had at last been able to doze off on the top of his camel, he suddenly awoke to discover that the camels were going in exactly the wrong direction as the driver had lost his way. After some time they got back to the right road, and then Dixey, who was dog-tired, lay down for two hours' sleep on the ground beside his camels. As a result, he got to Khazak by 10 instead of 5. We did not have breakfast until midday, and at 1 we began to see patients. They came in great numbers and we saw over sixty before the evening.

Today is the last day I can spend in seeing patients, so I have tried to see all who needed attention; with the result that we saw ninety-one patients and did fifteen operations. In the evening I was dead-beat, and the one thing I wanted was rest.

My operating-room was also somewhat out-of-the-ordinary. It was a large room with two domes on the roof, used by the Hindu shopkeepers of the village for watching the burning of their dead. The great drawback was having no windows and, instead, open doorways. As there were no fitted doors I could neither keep the wind and dust out, nor could I keep the many inquisitive eyes from looking in. I tried to close two of these entrances with some matting. This shut out the light, so I had to do most of my operating in public, though every now and then I got up and drove the men from the room, catching hold of two or three lusty Baluchis by the shoulders and forcing them out. Once or twice I stood in the middle of the room with my arms folded and said: "I won't touch another patient or give any medicine until every man clears out of this building." After a great deal of shouting and pushing they then cleared out, and I began my work—only to find each doorway once more filled with ten to fifteen inquisitive pairs of eyes! Before each operation I had a prayer. From the remarks that passed I gathered that they were greatly impressed.

Yet still that stone-wall of unhelpfulness remained. I had

operated on an old woman for cataract, and after I had finished I said to the men: "Come along and lift her off the bed, and make room for the next operation case." Not one offered to help; either they were all too big swells in their own imagination, or else they were not closely enough related to her to feel responsible. As no one came forward I took her in my arms, carried her out of the building and said to the onlookers: "There is not a man among you in Khazak!" At this, some looked ashamed and others laughed and brought forward as an excuse that I was so much stronger than they. Absolute nonsense! I find that with these men it is best to make them look ridiculous and to chaff them. Then slowly, very slowly, they begin to react and melt.

I drove into Sibi that evening, thirteen miles, and found two Indian Christians, whom I asked to collect a few of their brethren so that I could have a short service with them. They were all, with one exception, well educated and English-speaking, in Government employment, so we had the service in English. We were a congregation of nine adults and several children—the doctor in charge of the Government hospital and his wife, the lady in charge of the Government women's hospital, and the Government schoolmistress and her husband; also two clerks in Government service, one of them in charge of our bookshop. This fact of having a group of Indian Christians, nearly all educated people, would stagger the many critics who come back from India and say there are no decent educated native Christians there. There we were, a chance collection, but all occupying responsible positions in the community.

I left Sibi early next morning and reached Quetta at midday.

That tour of an outlying district with Duncan Dixey showed me at first hand what invaluable work he was opening up in the surrounding countryside. As a pioneer par excellence he was a unique figure in our Quetta team. We have never been able to replace him. And in the affections of the people, the Brahuis, Baluchis and Persians whom he loved, "Dixey Sahib" will long remain a household word. I shall always be personally grateful for all that I was able to learn from him and from his close and intimate touch with the people which gave him an insight invaluable to us all.

CHAPTER I I

OTHER SIDES OF LIFE

QUETTA's high altitude, which gives it its cool nights in summer, makes it extremely cold in winter, so cold indeed that travel for the poor, including most hospital patients, is severely restricted. This meant that in the early years, before the development of our eye work in Sind in January and February each year (described in a later chapter), hospital work in winter was very slack compared with the spring and summer rush. It was the natural time for us to take our leave in the plains across the Indus, in the Punjab, or farther afield.

The opportunities for sport on the Frontier—riding, shooting and fishing—were an unexpected joy to me. In going out as a missionary I thought I had said good-bye to all forms of sport and was prepared to give them up. But God gave back to me in a wonderful way a great deal that I had been willing to forgo. As I look back now on my long period of service on the Frontier, I am sure that my keenness on sports of all kinds brought me into closer personal contact with many Englishmen and let some of them realize that a missionary might be in many respects not unlike themselves!

For a start, Rajputana, famous for its game shooting and for its polo, was an obvious place for me to explore. I visited it several times, both on holiday and to see patients. It produces game of all kinds in abundance—tiger, panther, black buck, gazelle, many kinds of deer as well as small game. Bikaner holds the world's record for the number of sand-grouse shot in a day. These big sand-grouse shoots were, to my mind, wholesale slaughter. For twenty-four to forty-eight hours the birds were kept away from a big lake where they used to come to drink. Then in the morning, when some fifty or sixty guns were placed, the birds would come down in vast droves in search of water. Several times, over 4,000 were shot in a day—but that kind of massacre does not appeal to me as sport.

On one occasion I visited Bharatpur, which affords magnificent wild duck shooting. Once when wading through the marsh after snipe, I stepped into water very nearly up to my waist and discovered that *this* marked in fact the footprint of an elephant! At that time elephants were used for driving both big and small game. Thankfully I managed to extricate myself.

In the winter of 1903 I spent a holiday in the State of Alwar, as guest of the political agent there. At that time the Maharaja of Alwar was one of the finest polo players in the East. Several times I saw polo played at Alwar; certainly the Maharaja was not always merciful to his mounts.

The Marwaris of Rajputana are extremely wealthy men; needless to say their fortunes were made outside the State. Several became multi-millionaires, among them Birla, who was always ready to give financial aid to Mahatma Gandhi.

Once I was invited to Jodhpur to operate on a member of the royal family, Zalim Singh, brother of the famous Partabh Singh. Polo at Jodhpur was at that time at its zenith, and I greatly enjoyed going round the stables of the Jodhpur polo ponies. These were in charge of Rao Rajah Hanut Singh. I was struck by the fact that no straw was used for bedding the ponies, but only sand; the stables were spotlessly clean and free of any odour.

I have mentioned the name of Hanut Singh, for at the present time he is probably the best-known polo player alive. He remembered my visit to Rajputana, and has twice asked me to meet him at Cowdray Park, where he is a visitor each year.

I owed my interesting visit to Jodhpur to Colonel Hance, now Sir Bennett Hance; he was at one time Civil Surgeon at Quetta, and we became great friends. When an urgent eye operation was called for on Zalim Singh, Colonel Hance happened to be Residency Surgeon in Jodhpur, and strongly advised the Maharaja to send for me from Quetta. Not only was this a very interesting and pleasant trip, but I was able to credit our mission hospital in Quetta with the large fee which he gave me for my service.

On another occasion, when Colonel Hance was Residency Surgeon at Rajkot, I was once again sent for at his suggestion, this time to visit the ruler of Junagadh State. For many years Junagadh had lodged in my imagination as the only part of India where the lion is still found. Not long after I went out to India, a British political officer was mauled and killed by a lion in that State, and it is still supposed to have some sixty to seventy lions in its forests. I remember reading in the Indian Press that one evening the postman of a certain village received a personal call from one of the Junagadh lions—and needless to say beat a hasty retreat! The Indian lion does not as a rule attack unless perhaps accidentally disturbed or directly hunted.

It was a five days' journey from Quetta to Junagadh, and on

arrival I had a great welcome from the ruler, as he hoped and expected that I should be able to cure the night blindness from which he was suffering. Unfortunately, night blindness is still one of those congenital diseases for which very little can be done. I remained there for three or four days and was agreeably surprised when asked to visit the ruler again; apparently he hoped that in the interval some new remedy might have been discovered. I informed him that I would come if he so desired, but that I did not hold out much hope of increasing his vision.

These two visits gave me the opportunity of visiting the State of Nawanagar, where the great Ranjit Singhji, the Cambridge cricketer, was then ruler. Sir Patrick Cadell was at that time Administrator. He was a great sportsman and a generous supporter of active Christian work. I mention my visits to Junagadh State as an illustration of the fact that so often it has been through the ministry of healing that the Christian missionary has found access to countries and cities which had previously been closed to all forms of Christian evangelism.

In the course of centuries, the tiger has succeeded in displacing the lion as king of the jungle in India—except for the last survivors in Junagadh State. For many years it had been my ambition to go on a tiger hunt, and when in 1909 Major Goodwin, a great friend of mine, asked me to accompany him to the Central Provinces as he had just taken on rent a block for tiger, I gratefully accepted his invitation. However, just before we were due to start, I found myself engaged to be married, and as I could not find the money both for the tiger shoot and for my marriage, I naturally had to decline Major Goodwin's kind invitation! Of that other great adventure on which I embarked instead I shall have more to say later.

As this personal record will continue to show, my work was constantly bringing me in touch with a wide variety of interesting personalities, both nationals and British, many of whom became my personal friends.

In my early days in Quetta—and for many years to come—one of the most forceful personalities there was Frank Beaty. At the time of my arrival he was the Superintendent of Police for Baluchistan. Many believed him to be the original of Kipling's "Kim". He was a great sportsman, at one time the finest shot, the best billiard player, and among the leading tennis players in the country. It was characteristic of him that he was known as "the subaltern's friend", for he would take just the same trouble for the most junior subaltern as for the G.O.C. or any high

official. It used to be said that if any young officer was stopped by the police for riding his bicycle without a lamp, he had only to say "Beaty Sahib's friend", whereupon the policeman would salute and allow him to pass on his way! Besides his gift for friendship, he was a great raconteur and at guest nights he kept the officers in fits of laughter.

Beaty was a notable linguist, at home in most of the vernaculars spoken in Baluchistan. He was always ready to help the young officers before their language examinations, for which he had to supply Baluchis, Pathans and Brahuis to converse with the candidates. On several occasions he invited the candidates to supper beforehand, and produced the individuals who were to engage them in conversation. He told the candidates what kind of questions they would be asked by these examiners, and also told the latter the questions they must put. The result was that the candidates learned the replies by heart and passed the conversation test with flying colours! This leaked out to high authorities and Beaty was informed that it must not happen again.

While he was in charge of the Baluchistan police there was very little trouble of any kind. He would adopt native dress and go disguised as a Baluch or a Pathan and find out the exact state of affairs in the villages. He had his own method of getting the truth out of offenders. One way was to tie a man's hands behind him and wrap him very snugly in a blanket for the night, the blanket being occupied also by creepy-crawlies of various kinds. This was generally successful in obtaining evidence!

Beaty's knowledge of the country and the people was exceptionally wide, and he had characteristic ways of imparting it to others. When King George V paid a visit to Quetta as Prince of Wales, with Queen Mary, or Princess Mary as she then was, he impressed them with the wonderful variety of game to be found in Baluchistan, by staging an unusual display. On arrival their Royal Highnesses were introduced to a regular natural history museum assembled on the station platform—partridges, sand-grouse, duck of all kinds, the wild sheep called oorial, and the markhor. Never had such a collection been made of game, both big and small, typical of the country's wild life. The Prince of Wales was so taken with Frank Beaty that he kept him with him on his tour of Baluchistan, enjoying his stories of the people whom he knew so well.

Beaty was one of the most popular men in Quetta. No big sporting meeting, no athletic tournament was complete with-

out him. He used to organize big shoots to which he invited the officers in the station, among which was a well-known standing winter camp in Sind.

After he retired from Government service, as his post carried no pension with it, the Quetta Club made him Sports Secretary, and in that post too his Indian staff were devoted to him. Quite often now, since I have returned to England, officers who have served on the Frontier ask me about the great Beaty Sahib. A colourful figure in Quetta for over forty years, there will never be another Beaty.

Throughout my time in Quetta, those in authority were of the greatest help to us. At the time I arrived, Sir Reginald Hart was in command. He was nicknamed Hannibal from the time when on autumn manœuvres he took the garrison right over one of the highest mountains surrounding Quetta. Assured by some beforehand that such an undertaking was simply not feasible, he succeeded nonetheless in crossing his "Alps".

Among other outstanding officers whom I first met in my early years is one well known to all who served in Baluchistan and on the Frontier—Colonel Barrett, the only British officer, I believe, ever allowed to grow a beard. He was called "Boomer", and one only needed to hear him talk to know the reason why! He was a great character. It was due to his kindness and generosity that electric light was installed in the Zenana hospital, run by our sister society in Quetta city. It was one of many kind actions of his to think of installing this gift, which was to prove such a boon to the hospital, while Dr. Stuart, the lady doctor in charge, was away on leave.

With a kind heart Boomer combined an aptitude for language which could hardly be called "parliamentary". On one of the frontier military expeditions he was seen leading his Baluch battalion into Peshawar when he was met by a friend of mine. Boomer's version of their meeting ran thus: "When he saw me coming in leading my troops and noticed my beard, he thought I was one of those many loyal padres who had been commissioned during the war; but when I opened my mouth he decided for some reason or other that I wasn't a padre!"

Besides his loud voice, another nickname-making feature of Boomer's was his almost complete absence of chin: he was sometimes called "the hangman's dilemma", for the noose would almost certainly have slipped off!

In my contacts with officers of the political department, as

well as members of the Quetta garrison, I received great kindness and help from the beginning. I soon found that many of them were leading Masons—a fraternity to which I had long felt drawn because of my admiration for my grandfather, who was a member of the Grand Lodge of England. Eight years after reaching Baluchistan, I joined that great brotherhood, and ever since I have found some of my best friends in its ranks. I became a Mason, not from what I knew of its objects and principles, but because of my regard and friendship for so many good men who were keen Masons. If there were Masons so enthusiastic as Sir Henry MacMahon and Field-Marshal Sir Claud Jacob, I argued with myself, then there must certainly be something in Freemasonry.

To my mind it has done a great deal to bind together members of different races and creeds. I know of Muslims, Sikhs, Hindus and Parsees who have, largely I believe through Freemasonry and the Masonic services in our Christian churches, a warm corner in their hearts for Christianity. I have in my possession now a beautifully bound copy of our English Prayer Book which was given to me by a leading Hindu Mason shortly before he died. A widespread movement based on brotherly love and understanding must surely be a great factor for peace and goodwill.

As one instance, Sir Henry MacMahon has often told me how the Amir of Afghanistan, Habibullah Khan, became a Mason on visiting India. From that time up to the day of his death, relations between Afghanistan and Britain were most friendly, and he and Sir Henry MacMahon used to correspond regularly. Sir Henry certainly believes, and I agree, that those happy relations were largely due to their regard for one another, and to all that the Amir had learnt of the principles of Freemasonry.

An event some twenty years later is a further illustration of the way in which Freemasonry has fostered friendly relations between men of different countries and creeds.

In 1927, when a deputation from the Grand Lodge of England visited the chief Masonic centres, we were all delighted that Quetta was honoured by a visit from such distinguished men: the deputation consisted of Lord Cornwallis, Sir Kynaston Studd, Colonel Monckton Arundel (afterwards Lord Galway) and Colonel Pleydell Bouverie. As Senior Mason at the time, it fell to me to arrange for their entertainment and accommodation. At one Masonic gathering we were a party of 148.

But one of the most interesting social functions during that visit was a luncheon-party given at Mastung by a leading Muslim official, not a Mason, Sir Mir Shamshah. He was delighted to entertain the Grand Lodge party, and they were greatly impressed not only by his hospitality in Mastung but also by the fact that from the Kalat border to Mastung, a distance of twenty miles, the Kalat Levies lined the road on either side to do them honour. The luncheon itself could not have been bettered in a leading Bombay hotel. We were actually guests of His Highness the Khan of Kalat. Our host, Sir Mir Shamshah, had carefully chosen every item on the menu, and though a teetotaler, took advice as to the wine list and provided the best wines he could procure for his guests. The wife of one of our distinguished guests, sitting next to me, looked down the wine list and said: "I do not drink as a rule, but when I see Cognac brandy sixty years old, then I think I must!" Our hospitable host finally said to me in a stage whisper: "Do you think that our guests will expect me to provide some of the *wilyati gosht* [English meat] which sahibs like so much?" He referred of course to ham, which is forbidden to the orthodox Muslim. Needless to say, I replied: "No, certainly not." But it was typical of the old man to want to entertain his guests with the utmost hospitality.

One good reason why Freemasonry helps to make for fellowship and peace in the world was pithily summed up by an old friend of mine: "Masonry makes one think about a man's good points, not his bad ones, and that leads to friendship and good understanding."

I was able to set my work at the hospital in a much wider context through touch with leading men of the country with whom it thus brought me in contact. In this way I gained insight into many matters quite distinct from and yet with an "environmental" bearing on the work of a missionary doctor.

I was privileged, for example, to attend a number of administrative and judicial gatherings.

The idea of tribal responsibility, underlying the tribal councils or *jirgas*, was one of the positive traditions which Sandeman encouraged in building up a sound and wise administration. This tribal council, which has proved so great a success in Baluchistan and on the Frontier, is really a development of the village councils known as *panchayat*, which have existed almost from time immemorial. Every matter of

any importance would be brought before this village council for discussion and decision. From long custom the villagers feel at home in bringing their requests before the elders of their own community. Although the village council continues in many parts of India to the present time, yet the jirga or council, comprising the heads of the various tribes, is gradually dying out in many regions and its place has been taken by magistrates' courts. In fact, the British judicial system has ousted the old-established national council.¹

When I first went to Baluchistan, I found little dissatisfaction with the jirga and the village council system. Both sides felt they could state their case quite freely, and did so in the hope and expectation of receiving justice. Those hopes were generally realized. I cannot remember any case in which the Baluchis or Pathans complained of injustice in decisions made in the various courts.

At the Shahi Jirga, as the chief council in Baluchistan is termed, all disputes are settled, petitions are heard, and civil and criminal cases decided. These decisions and the sentences awarded are forwarded to the District Officers for confirmation. In the past this chief council meeting was always followed by the Durbar—a colourful annual gathering instituted by Sir Robert Sandeman to draw together at Sibi each "cold weather" the leading men of the tribes of Baluchistan. In this way he was able to meet any who lived in remote corners of the province. At these gatherings it was customary for the Chief Commissioner to make a speech dealing with the country's progress during the past year, touching on revenue, irrigation and other such matters of importance.

The delegates to these Durbars prized the occasion very highly, and no greater punishment could be inflicted than to debar an individual from attendance on account of some misdemeanour he had committed.

Ceremonial always has a great attraction in the East, and every detail of this annual gathering was worked out from earliest times and strictly followed, each of the many tribal chiefs being allotted a special place and position in the assembly. Those entitled to sit in the Durbar (the "Durbaris" as they were called) were seated under big canopies forming three

¹ Opinions vary as to the wisdom of this move, but whatever the pros and cons may be, the fact remains that Western judicial procedure has come, and come to stay. Even before the transfer of power, Western procedure had been fully introduced. On the last three or four occasions on which I have been to Pakistan, the leaders of the various provinces had evidently been working to introduce the Western judicial system into their provinces.

sides of a square: Government officials on one side, distinguished visitors and wives of the Government officials on the other, while facing the platform were the tribal representatives themselves.

Before entering the Durbar enclosure, the Agent to the Governor-General inspected the Guard of Honour, then the band struck up and the procession entered, headed by two of the Residency staff in scarlet and gold uniforms, each carrying his wand of office. The A.G.G. then ascended the platform, and the Durbar having been officially declared open by the chief secretary, the A.G.G. delivered his Durbar speech to the picturesque company. This was followed by the reading out of the names of all due to receive gifts in the form of money awards, each man in turn being presented with an envelope. This part of the ceremony alone took nearly an hour as so many were due for award by the Government. In the afternoon all the Durbaris were invited to a large tea-party given by the A.G.G.

Throughout "Sibi Week" there were entertainments of various kinds each day. The horse, cattle and sheep show was one of the most important, for breeders of both cattle and sheep would come from all parts to make their purchases. Baluchistan produces some of the finest draught-animals to be had anywhere, and they fetch a high price. Owing to the mechanization of the army there is now comparatively little demand for horses or ponies, but in former times, when the Indian Cavalry were in their prime, many fine horses were bought and sold in Sibi Week.

There was also a day's racing, when the jockeys had no saddles and neither spurs nor whips were permitted. Nearly every Baluch is a horseman, and these races were looked forward to with great keenness. On the racing day the A.G.G. was at home to the chief officials, nationals and Europeans. On the last day there would be a fine fireworks display; this followed tribal dancing, which was always entered into with the greatest zest.

During Sibi Week the A.G.G. and his political agents granted interviews to the leading Durbaris, many of whom came with requests for remission in revenue or for grants of land, these grants being given for good service. Whether or not it is true that the Durbars in Baluchistan are a thing of the past, they were certainly great occasions for the tribes to meet one another. Besides the leading one at Sibi, there used to be smaller Durbars in various parts of Baluchistan, notably at

Jacobabad, where the week's celebrations were run on similar lines.

On my most recent visit to Baluchistan, in the spring of 1956, I was privileged to attend what I am afraid was my last Sibi Durbar. I was one of the party staying at the Residency, where, as always, I was most hospitably entertained. At an informal dinner-party given one night by a Government official I found myself seated next to one of the leading sirdars whom I have known for the past forty years. After inquiring about the harvest, the crops and his tribe, I asked him: "Sirdar Sahib, how many children have you?"

"Children?" he queried. "I have ten sons."

"Very fine," I responded, "but how many daughters have you?"

"Daughters!" he exclaimed. "God knows, but I have never counted them."

This remark is typical of the outlook of the old Baluchi and Brahui sirdars. I fear that women were not given the place they deserved. And in present-day Baluchistan it will be some time yet before they occupy the position they now have in other parts of Pakistan—a modern State which has among her ambassadors the widow of Nawab Liaquat Ali Khan, the first Prime Minister, whose assassination in 1951 was such a grievous blow to his country.

CHAPTER 12

GROWING POINTS

IN the growth of a hospital many intangible factors are at work. Statistics tell only part of the story. For it is the spirit, tradition and influence of the hospital which count for most. At the same time, a marked increase in the number of patients suggests a growing confidence, which is a fundamental need and asset. In a frontier hospital in a Muslim environment, confidence and trust are won only by slow degrees through the exercise of much faith and patience. While the witness of figures is solid encouragement, to have it said of a mission hospital "they really *care* about people there" means far more to the doctor in charge than mere numbers. For it goes straight to the Christian purpose of the work he is trying to do in the name of his Master.

Here a modern instance from Quetta illustrates the point. One of my two sons who succeeded me on my retirement was exercised on this very question of how to maintain a real spiritual care for patients as "whole" human beings in the midst of a tremendously busy hospital routine made all the more demanding on time and energy by shortage of staff. He wrote of this dilemma:

Though we can speak in the tongue of the Afghan and the Baluch: though we have the gift of the gab and can understand the workings of the Sindhi mind; though we have faith which can remove mountains of official red tape; it is nothing. Though we give our physical lives by driving them to the point of exhaustion; and though we do hundreds of clever operations—and do not really *care* for the souls and bodies of those round us, we are nothing. That is why I was particularly happy when a Pakistani policeman on whose son we had done several plastic operations brought a cake for us at Christmas with one word on it—"CARE".

It is that spirit of caring, in the Christian sense of the term, that the staff at Quetta have through the years tried to express through their work in the hospital.

Sometimes this is seen in the particular methods chosen in the care and treatment of patients. A much appreciated development was the gradual addition of family private wards where patients could be cared for in a "home from home" atmosphere. This is how it came about.

When I first arrived, there were no private wards for paying patients. We realized that these were essential to attract the type of patient who would willingly pay a rent of, say, one rupee a day for private accommodation but would not be prepared to go into a public ward. Fortunately we were able to acquire in 1904, after a good deal of bargaining, a plot of land adjoining the original hospital building, which made extension possible. So one by one private wards were erected which were a regular source of income to the hospital. They were, almost without exception, the gift of grateful patients, chiefly well-to-do shopkeepers from Sind. There were no funds in hand for hospital extension, so all new buildings that were put up had to be paid for from local gifts and hospital fees.

Dr. Martin Luther, our much beloved Indian doctor (up to the time of his death from malaria in 1909), was responsible for the building of at least seven of our first private wards. He certainly had a very persuasive way with him. If any well-to-do Hindu came up from the plains and had a successful operation, Dr. Luther would ask him if he would not like to show his

gratitude by building a private ward with his name attached—and the idea quickly caught on. So it came to be the natural thing for a patient or his relatives to come to us and say: "We would like to put up a ward in token of our gratitude." This is a form of giving which greatly appeals to the Indian and Pakistani, who likes to have his name associated with a private ward. It has the effect, too, of making the hospital feel more their own.

As I have said, these were all fee-paying wards. I felt that we ought to have the same kind of accommodation to offer the very poor who could not afford to pay. So in 1908 we bought an additional piece of land on which a *serai*—on the Eastern plan of providing accommodation for travellers and their camels and ox-carts—was built to house fifteen poor families in rooms round an open courtyard. It proved popular from the start. The family principle justified itself both in the private wards and in the poorer family wards: the former each had a little compound of their own. For a man to be able to come into hospital accompanied by his relatives and the family cooking-pots was a much more natural arrangement for our people than for the patient to occupy one of a long line of beds in a big ward.

The *serai* for the accommodation of poor families was always crowded in the summer months with a mob of Brahuis, Baluchis, Pathans and a few Hindus—men, women and children—filling the space in the centre of the square, and not infrequently a camel, donkey, goat or sheep would be smuggled in too! The surgeon at home would hold up his hands in horror at the very idea of surgical cases being treated in such an environment, but man often rises above his environment, and certainly hundreds of surgical cases have proved successful in these very primitive surroundings: the survival of the fittest, some of our critics would say!

But in dealing with a nomadic, patriarchal people our methods must differ from those employed by surgeons at home. Often a complete family will arrive at the hospital, father, mother and child, having made a ten days' journey to come to us. The child perhaps is suffering from bad tubercular glands. We cannot isolate him from his parents; they have nowhere to go and cannot afford to pay for accommodation in the city. So we take father, mother and child into a room where they can all live together till the child is ready to go home; and very happy and grateful they are to be able to live thus in the hospital *en famille*.

The family wards were scattered all over the hospital compound, which in some respects resembled a Pathan or Baluch village, except that we did have some sanitary convenience. Architecturally, however, our hospital was certainly not a cause for pride! For the building was not in accordance with any plan. Like Topsy, the buildings "just grew". We put up an odd house here, and an odd wall there, and the ramshackle result left a great deal to be desired. Had anyone realized in the early days how the popularity of the mission hospital would grow, then like most other hospitals it would have been built according to plan. Instead, we had to take things as we found them and make the best of primitive-type buildings of mud-brick, with poor equipment too. For primitive they were, with the exception of the four original wards which Dr. Sutton, the founder, had built. This main block of four wards, lofty and dark, was surrounded by verandas out of which a small passage led to the one and only theatre; out of that ran the doctor's consulting-room, on each side of which were the out-patients' waiting-room and dressing-room and a very small laboratory. In the compound stood the dispensary, and behind that the already-mentioned family wards—a series of little native-built houses forming three sides of a square and nicknamed "Holland-a-bad". This was the nucleus of our hospital, which continued to expand in a haphazard way up to the time of the earthquake in 1935.

Increase of patients and extension of hospital buildings are practical evidence of development. But the most significant growing point in any mission hospital is of course its Christian staff.

When I first went out to Quetta, the nationals on the staff, though few in number, were of magnificent Christian character and there was a wonderful spirit of harmony about the place. Though with the years the hospital staff was to grow out of all knowledge, yet the fine Christian character of the small group when I arrived has never been surpassed.

To the little group of nationals already mentioned by name—Barkhuda Khan, Abdul Karim and Nasrullah Khan and Dr. Martin Luther—I must add Dr. A. J. Daniel, our Indian doctor in those early days. He was a fine Christian and a skilled physician who at the same time was ready to take on any part of our hospital work. A few years after my arrival there was an appalling epidemic of typhus fever in a large village some six miles out of Quetta. The mortality was very

high, and there was great fear that the infection might spread to other villages—typhus being spread by the rat flea. To prevent any individual from leaving the affected village, and to protect the villages adjoining, a military cordon was placed there on duty.

But besides these necessary protective measures, an active and dangerous bit of service was called for. The urgent need was for a doctor to look after the inhabitants of the village where typhus raged. It was a proud moment for our hospital when our Christian Indian doctor volunteered. He was appointed medical officer to the typhus camp, where he shouldered a great responsibility, living and working among the hundreds of desperately ill patients and showing devoted care for all whom he treated.

After a few weeks, to the great grief of us all, Dr. Daniel himself fell a victim to the disease and died. The fact that he had given his life in this way made a deep impression on people in Quetta. We were justly proud that it was a Christian doctor who had offered to meet this dangerous emergency. It was a magnificent object-lesson in caring for people to the point of sacrificing life itself.

In years to come that tradition of Christian service in the hospital was to be immensely strengthened by the building up of a Christian nursing profession. The gradual development to a high standard of training forms a notable chapter in the hospital's growth and contrasts with the early days when our nursing staff was very limited and inadequate. Up to 1904 there was no hospital sister in charge of the nursing; the only material available from which to make ward orderlies consisted of illiterate Hazaras (Muslims), and a few recent converts who were thus given a means of earning a livelihood. One was Nasrullah Khan (already mentioned), who was martyred on the Frontier; another was Abdullah, a convert from Islam, formerly a village mullah; and a third was a "sweeper" convert from the mass movement areas, a fine man. They had of course neither certificates nor diplomas.

Our first hospital sister at Quetta was Miss Vanderpant, who arrived in 1904; she had not been with us more than a year when she succumbed to an attack of enteric fever. Her place was taken in 1906 by Miss Tunbridge, who a few years later did me the honour of becoming my wife.

But the building up of the nursing side from slender beginnings has been of such central importance to the Christian witness and influence of the hospital, as well as to its medical

and surgical efficiency, that it demands a chapter to itself at a later stage in the course of events.

Once having dug myself in and feeling thoroughly at home in the life of the hospital, I looked forward to a long and useful period of service. But my hopes of a steady, uninterrupted spell of work were dashed to the ground in the winter of 1905-6. While on temporary duty at Amritsar, I was laid low by a very severe illness which made it impossible for me to carry on. My medical officer said it was essential I should have a complete change, and recommended a long sea voyage.

Naturally it was a great disappointment not to be able to carry on just when I was beginning to feel that I had a grip of the work in Quetta and on the Frontier. I had also hoped to have another year's study of the Pushto language. And besides this unwelcome break in language study, my leaving so unexpectedly upset the work at other stations, for there was a general shortage of medical and surgical staff. However, there was nothing for it but to obey the doctor's instructions.

It felt at the time a strange interruption, difficult to understand. I remember once my elder brother, Willie, wrote out of his own missionary experience in India that a Christian shows the spirit and stuff he is made of by the way he deals with interruptions to his work. Well, here was an unlooked-for break in mine of a major size and scale! Yet in the providence of God it was to prove an enlarging kind of experience which gave a wider horizon to my outlook on the work which I had been called to do in one remote corner of the world.

The long sea voyage on which the doctor insisted was not an easy undertaking to face from the financial point of view. I realized that to spend five months in travelling to England via the Far East and Canada would cost a considerable sum of money. I got down to it, sold my pony, bicycle and everything else I could think of, and finally raised £126. I determined that, having taken my ticket to London, I would carry on until the money gave out. I was very fortunate in having as a fellow-traveller Dr. Brown from Amritsar, who was going home on leave via the East and was delighted to have a companion on the voyage.

CHAPTER 13

WIDENING HORIZONS

FOR a young doctor of thirty-one, whose knowledge of the world was necessarily limited, that world trip in 1906 was a thrilling experience. Its highlights were many, and though I shall single out those with a more direct bearing on my work, it was the sum total of a mass of new impressions of other countries and peoples that gripped my imagination and widened my outlook.

I left Calcutta with the thought of a great personality fresh in my mind: I had just finished reading the life of that saint and scholar, Henry Martyn, who in five years accomplished more than most men in a lifetime. His brilliant work of translating the New Testament into Persian and Hindustani in so short a time fired my imagination, as did the spirit of this great missionary whose prayer was that he might "burn out for God".

As a newcomer to the East beyond the borders of North India, I found day after day crowded with new impressions—new to me then, yet how "dated" many seem now with the passage of time and the emergence of a new Asia!

At our first port of call, Penang, I enjoyed many talks with a Chinese, a senior officer and fellow-passenger. In Singapore I had my first ride in a rickshaw and saw the Chinese ladies of those days with their tiny bound feet, walking with great difficulty. We had on board a large number of boxes of opium, and I watched many of the deck passengers smoking their opium pipes. Before I left China two months later, I realized more fully from constant observation the dreadful effects of opium-smoking.

From Hong Kong we went by river steamer up to Canton, and I saw for the first time a typical Chinese city. I was interested to find that it possessed a large mission hospital with 250 to 300 beds and a medical college connected with it run by the London Missionary Society. When we arrived there, a service for the out-patients was in progress, the hymns being played by a Chinese woman. The hospital struck me as being very well equipped, for it had an excellent X-ray apparatus, the gift of a grateful patient.

At Swatow I went ashore and spent most of the day with members of the English Presbyterian Mission; they had a

large hospital for men with 200 beds, and a women's hospital with 70 beds, as well as schools and a college in the district. I enjoyed meeting a fellow-student from Edinburgh on the medical staff, Dr. G. D. White.

It was at this point on the voyage that I met an outstanding personality for whom I conceived an immense regard—Dr. George Morrison, the Peking correspondent to *The Times*, who was known throughout the length and breadth of China. He was a man of exceptional strength of character, a combination of the Aberdonian and the Australian. We found a personal link straightaway in the fact that he knew my great-uncle, Sir Charles Sladen, Lieutenant-Governor of Victoria, and was thoroughly familiar with the literary works of my grandfather, Canon Tristram. We continued the voyage together, and I shall have more to say about him at a later stage of the journey when he invited me to visit Peking with him.

Our next port was Foochow, at that time a centre of the tea trade. One of the most interesting institutions I visited there was the magnificent girls' school where 250 Chinese girls were receiving a Christian education under the direction of Deaconess Lambert. Besides this, the C.M.S. had a very large and efficient hospital. I spent over a month in Fukien province, visiting as many as possible of the C.M.S. and C.E.Z.M.S. stations, both in Foochow and up-country. At a hospital manned by members of the Dublin University Mission I was asked to operate on two cases.

As I knew that a great part of my journey up-country would be made in chairs carried by coolies, I took with me a Pushto New Testament to read, and in order to keep up my Persian, a copy of *Robinson Crusoe* in that language. We travelled twenty-five to thirty miles a day, and as I read and thought I looked out on the beauty of flowering trees and shrubs and roadside flowers. The path grew steeper as we climbed up into the hills. One pass we went over, I remember, was well over 3,000 feet.

If such journeying up-country brought to mind our Quetta hills in their very different setting, my visit here to Kuchang brought home to me the truth that the blood of the martyrs was the seed of the Church in China as it has proved in other parts of the world. I felt as if this part of China was particularly sacred through the blood of those missionaries—the Rev. and Mrs. Robert Stewart and six women missionaries martyred in 1895. Grim as is the story of that massacre—and the thought of those brave Englishwomen confronting the Chinese mob—their

blood was not shed in vain, for from that time the work began to go forward with new life.

Another thing that impressed me was the evangelistic efficacy of the hospitals in Fukien. In one hospital the doctor in charge told me that there were thirty converts whose new quality of life was due to the work of that hospital, and wherever I went I heard the same kind of evidence. How different from the slow, uphill work on the Frontier, with its Muslim background.

At so many points on my journey, "home and abroad" were compared and contrasted and continued to overlap. On arriving back in Foochow after my tour up-country, I received the sad news of my grandfather Tristram's death. That entry in my journal dated Easter Day, April 15, 1906, reads: "I cannot say how much I shall miss him. Home will not be the same without him." A further entry for that day records:

"On Sunday afternoon at one of the Chinese city churches I saw Archdeacon Wolfe baptize ten men and two children. It was a sight I had never seen in India. But here in Fukien they have on several occasions baptized as many as forty and fifty at a time."

On Easter Monday we went to the Methodist Episcopal Church, and the sight of some 1,600 Chinese Christians assembled together was most inspiring. Christianity had certainly made great strides in Fukien.

On our way from South China we visited the famous medical mission at Hangchow, which was then in charge of Dr. Duncan Main. We were impressed with the wonderful administrative ability shown by Dr. and Mrs. Duncan Main; not only was there a fine general hospital, but also a flourishing hospital for leprosy patients and another for tubercular cases. At that time Dr. Duncan Main was probably the best known mission doctor of any C.M.S. institutions in China. One had only to visit his hospital to realize what a loyal servant he was of Jesus Christ. Many were the patients who were won for Christ's service through the work of that hospital and of many other mission hospitals in China.

The obvious contrast between the success of medical evangelism in China and the paucity of evangelistic results in our north-western part of India naturally made us pause to consider whether we were working on the right lines on the Frontier, and whether we were as faithful witnesses as we ought to be. Although I felt that on many occasions I had been far from being a strong and fearless witness, I nevertheless

realized that conditions were very different, and that no one could question the missionary spirit and purpose of such doctors as Theodore Pennell and the two brothers Neve. Through the years I have come to realize increasingly that until we have a really indigenous Church on the Frontier, consisting of Pathan and other Muslim converts, the work of Christian evangelism in the full sense cannot be attained. As I think of the Christian Church still maintaining its witness in Communist China today, I give thanks for the evangelistic influence of the hospitals as well as the schools in building up that earlier generation of Christians from which the Christian Church in China today derives. During my stay in China I learned a great deal about the faithful witness of the Christians, both Chinese and foreign missionaries, at the time of the Boxer rising. It is estimated that over 300 missionaries were put to death, after suffering torture, in the days immediately preceding the siege of Peking in 1900.

The spiritual quality of many of the Christian Chinese in those testing days was vividly brought home to me by Dr. Morrison, *The Times* correspondent in Peking, to whom I have already referred. We travelled together to Taku, the port for Peking, as he had invited me to accompany him to the Manchu capital of China as his guest. On the voyage up and while we were in Peking I heard many interesting details of the siege of Peking by the Boxers.

The legations were saved almost by a miracle. Dr. Morrison told me that when the Chinese attacked the legations there were only about two hundred Europeans there, while outside there were some two million Chinese in the city. Apparently, when matters came to a head in Peking, withdrawal to the port of Taku was considered, but it was decided to remain, and there was the hope that if they did so they would be relieved. Some three thousand Chinese Christians were taken into the legations, at first against the advice of members of the other legations. Dr. Morrison took it upon himself to do all in his power to convince those in charge of the legations that it was not only wise to admit these three thousand Chinese Christians, but that, should they not do so, they would all most certainly share the fate of other Chinese Christians and be massacred. He told me that he went round to each embassy in turn, and generally the conversation took the following line. He would be met and asked: "Well, how are you, Dr. Morrison?" and his invariable reply was: "Ashamed of being a white man, for these three thousand people became Christians through your

fellow-countrymen and mine, rightly or wrongly, and it is up to us to save their lives if possible."

The presence of these Chinese Christians was of the utmost benefit to the legations, for they did all the raising of the earth fortifications and throughout took a great part in defending the legations. Morrison said to me: "At that time I had nothing to say in favour of foreign missions, but I had made up my mind to save those three thousand people." One of the ministers maintained that the Chinese would never take the legations and that the position was not as critical as Dr. Morrison and others thought; and to prove his point he rode out into the city. He was cut down and killed just outside the Lama Temple. Morrison showed me a map which made it quite clear that throughout the siege those two million people in Peking were not more than thirty yards away from the fortifications of the legations.

As soon as it was known that the legations were besieged, an expeditionary force was at once assembled, consisting of French, German, Russian, Italian, British and Americans, commanded by Sir Alfred Gaselee. Those in the legations had almost given up hope. Morrison told me of the joy and thrill they experienced when they heard the sound of rifle-fire outside the legations and knew that relief had come. As soon as the women knew that the siege was over, they went to their suitcases and pulled out the gayest dresses they could find to welcome the relieving force. The first entry into the Chinese city was through the Water Gate, and I was told of the experiences of the relieving force by several of my Quetta friends, among them Colonel Scott-Moncrieff of the Royal Engineers, and also several of the Baluchi regimental officers, including Colonel "Boomer" Barrett. From what I understand, Morrison was responsible for saving the lives of the people in the legations, for, after the relief, evidence was found that the Dowager Empress, while promising those in the legations safe conduct down to the port, had given an order to the officer commanding the regiment which was to escort them to see that none of them reached Taku alive! Morrison was, in a very real sense, the saviour of the legations. He modestly said very little about it, and I do not think that the fact has ever received due recognition.

An interesting outcome of the siege of the legations was that from that time onwards Morrison became a strong supporter of missionary work in China: a great change from his original attitude, as one can see from his first book, *An Australian in*

China. On one occasion when he was emphasizing his support of Christian missions, a member of the embassy said: "Look here, Morrison, you are standing up for foreign missions, yet some years ago you did everything you could to run them down." Morrison apologized and said: "I will give it to you in writing that I have entirely changed my views on foreign missions because of the magnificent behaviour of the Chinese Christians we took into the legations."

During that week in Peking I attended a large luncheon-party given by Dr. Morrison at which there were some twenty to thirty foreigners present. He sat at one end of the table, and at the other was a merchant who, for no apparent reason and in no uncertain terms, expressed his dislike of foreign missions on every count. He said that if he had his way he would have all the missionaries taken down to the sea, dumped into the water and drowned, and that would be a good riddance to them! He had hardly said this when a quiet voice from the other end of the table replied with all the authority Morrison could muster: "The man who says that foreign missions have done nothing for China can only be classed as a fool."

My experience in Japan was similar in this respect, that it was the people I met who made the deepest impression on my mind—thrilled as I was by the superb scenery, the beauty and variety of this lovely land.

Several times I was asked to speak to large audiences through an interpreter, and on the whole this worked quite well. But on one occasion when I described Baluchistan as dry and barren and in many parts a sandy desert, contrasted with the beautifully green and well-watered Japan, I was told afterwards that the interpreter rendered this passage: "Baluchistan is a lovely green country and has many pretty girls"! The reputation I left behind was that of a great admirer of the fair sex!

In Osaka I was invited by the Bishop (who had been at Marlborough with my father) to join him on a short tour of his diocese. I had not been sufficiently warned beforehand regarding some of the Japanese customs, especially that of the hot bath on arrival at one's hotel, so I was a little surprised at what happened. I went to a small hotel with the Bishop and was sitting enjoying myself in the hot bath provided (it was rather like a broad drain-pipe set on end, so that once one was in the bath nothing but one's head was visible), when a charming Japanese lady attendant came along and asked if I were quite comfortable or would I like some more hot water! I was some-

what taken aback, but I bowed politely; later I told the Bishop of my experience. He said that it was a customary way of showing politeness and hospitality. He went on to tell me of an ordained S.P.G. missionary who was asked on one of his first tours whether he would like the customary hot bath in the evening. He said he would, whereupon the hotel-keeper replied: "How very nice! You will be able to join my wife and me; we are just going to have a bath." When the missionary expressed a little shyness about joining them, the hotel-keeper said: "You English people are extraordinary! Of course we look down on our women, but we do not refuse to bath with them!" A further entry in my diary which dates back to more than fifty years ago! It is odd, though, to reflect that mixed bathing had long been the custom in Japan before it became fashionable in our own seaside resorts and swimming-baths.

I shall always remember my stay in Osaka for the opportunity it gave me of meeting that well-known figure, Paget Wilkes, a great evangelist who was co-founder of the Japan Evangelistic Band. I stayed with him, and one of my most stimulating experiences was watching him conduct a mission. At those crowded evening services in his big preaching hall, though I could not understand a word he said, I could tell by his gestures and the response of the audience something of the content of his message. On the last evening, when he was speaking of the Cross, several inquirers came forward, and I thought how different was the attitude among the intelligentsia in Japan and China from that on the North-West Frontier.

During that thrilling month in Japan I was also encouraged to do as much sight-seeing as possible and was able to visit with a party of fellow-missionaries the Imperial Palaces, the largest Buddhist temple in Japan, and numbers of interesting towns and villages. Wherever we went we found the temples thronged with reverent worshippers and I realized the firm hold that the Buddhist religion had on the people. I felt, though, a lack of joy and happiness such as can be found in the Christian faith.

I spent a very interesting evening in the Bishop Poole Memorial School, of which my aunt, Miss Katie Tristram (one of the first woman B.A.s of London University) was principal. At that time there were 300 girls in the school, of whom the majority were Christians. There had been a remarkable spiritual revival in the school, as a result of which 130 young lives had been given to Christ and His service. The results of the revival were certainly practical, for eight graduates of the

school went into training at that time for missionary work among their own people.

We visited several hospitals on our journey through Japan, one of the most outstanding being the American Episcopal Hospital in Tokyo. I was invited to see one of the finest Japanese surgeons perform an operation. His skill as an operator could not be called in question—in fact, it struck me that he could give a good many Europeans points in operating technique. The operating theatres were quite up to date, and I have never seen greater care in the preparation of patients, surgeons and assistants. There were about six assistants and three very smart Japanese nurses, all in white and spotlessly clean. As in present-day operating theatres in London hospitals, spectators wore large white overalls, rubber shoes, etc. I felt I could have trusted myself to any skilful Japanese surgeon, knowing that the operation would be performed with great skill, though from what several of them said I am not so sure that I would have trusted them to quite the same extent in deciding whether an operation was really necessary. I thought of some of our brilliant Scottish surgeons, and our own Surgery Professor at Edinburgh, who used to instil into us the maxim that if an operation could not benefit the patient, on no account to do it!

In Tokyo, where we visited two other large hospitals, I had a particularly interesting talk with the Bishop and Mrs. Awdrey of the American Episcopal Church. Our discussion centred on the difficulties that were facing all Christian Churches at that time, due to a growing restiveness on the part of nationals to being under foreign control—a natural trend which was to lead increasingly to the handing over of responsibility from Mission to Church, through the building up of national leadership.

Now the trip was nearing its end. We came back via Canada—Vancouver, a trip through the Rockies, thence to Toronto, a sight of the Niagara Falls, Montreal and Quebec—then homeward bound. I reached Liverpool with seventeen shillings and sixpence in my pocket. Thanks to the kindness and hospitality with which I had been treated wherever I went, I had spent very few days in hotels and so was able to complete my five months' voyage (first class) from Calcutta to Liverpool, via China, Japan and Canada, on the £126 with which I had started my travels.

When I returned to Quetta towards the end of 1907, completely fit again, it was to find myself in full charge of the

hospital—a responsibility for which I hoped my world tour had helped to equip me.

CHAPTER 14

“AT THE POINT OF THE
CATARACT KNIFE”

AMONG the many tragic and preventible forms of suffering to which the Indian villager is a victim, blindness is one of the most common. Eye diseases, so prevalent in the East, are widespread on the Frontier, in Baluchistan and down on the plains in Sind. Glare and heat, dust and flies, together with vitamin deficiency in diet and calcium excess in water, are all contributory factors. As for cataract, there is said to be more of the condition in the Indus region from Peshawar to Karachi than in any other part of the sub-continent.

Soon after reaching Quetta, I saw for myself that there was great demand and scope in Baluchistan for the treatment of eye diseases and the prevention of blindness. At the time of year when hospital work was light and we were able to spend more time itinerating, we found in travelling from village to village that there was a great deal of eye work to be done in the country districts.

It was my good fortune to be sent to a hospital which already had a name for the treatment of eyes (particularly surgical treatment), and to be given a unique opportunity of adding to that reputation. From the first, Quetta has been an “eye” hospital. Its founder, Dr. Sutton, was a Moorfields man; he started eye treatment in response to the very great need, and became well known as an ophthalmologist. Dr. Summerhayes continued the work and performed many operations for cataract. I learned from him and gradually increased my skill, though in my first year I do not think I was allowed to do more than half a dozen cataract operations myself. As I have already mentioned, I had had no special training and no post-graduate instruction in ophthalmology, neither had I seen a cataract operation performed when I was a student.

In those days our method of removing cataracts was confined to the extracapsular operation, the only one we knew. But during my early years in Quetta the fame of “Jullundur” Smith in removing cataract began to be noised abroad. As

a pioneer of the intracapsular operation (removal of the lens of the eye complete within its capsule), Colonel Smith of the Indian Medical Service was experimenting with a new technique which came to be known as the "Smith" operation.

In common with other doctors on the Frontier, I had been using the older method, but when I heard of Colonel Smith's successes among the hundreds of patients who flocked to his clinic in Jullundur, I was interested and wanted to know more. So I went down to see his work and to watch him operate. I found this brusque, genial Irishman was not the sort of character to display any diffidence as an exponent of his own methods. Generous and warm-hearted as he was, I do not think that humility was one of his distinguishing characteristics. I am reminded of the amusement he caused once when giving evidence in court; he was asked by a distinguished Counsel who had come out from England: "Colonel Smith, I believe you are a well-known surgeon?" To which he promptly replied: "I should think I am!"

But watching him at work I was impressed: he was certainly getting results—in spite of the ever-present cigar, "the ash is sterile anyway," he would say. I determined to try out his operating technique, for my meeting with him in 1908 coincided with my first term in full charge of the hospital.

A series of events then led in a remarkable way to the extension of our eye work into North Sind.

In December 1908 I was invited by the Hindu community in Jacobabad to operate on eye cases in the precincts of one of their temples. I spent a week there, operating on a number of cases. The city authorities were so grateful for what I did that they offered to give a large piece of ground and to build a women's hospital if the Mission would send a lady doctor, towards whose salary they promised to provide Rs. 200 a month. Alas, there was no one to send and a great opportunity was lost.

But the week I was able to spend in that Hindu city had far-reaching results. Six private wards were built by Hindus from Jacobabad in our base hospital at Quetta, and a steady stream of eye patients began to flow in. And the influence of this ophthalmic work spread farther in Sind: Jacobabad is only twenty-three miles north of the ancient city of Shikarpur, and the eye work at Quetta hospital became known there too. The number of eye operations had now increased from about fifteen in 1900 to some ninety or a hundred in 1908. We

noticed also, to our great satisfaction, that in the summer months a number of eye cases were coming up from the plains from Sibi and Shikarpur.

Step by step we were led to expand our eye work, which has in fact been the chief cause of increase in our hospital at Quetta. Our new contact with Sind, through my visit to Jacobabad, was followed less than a year later by a remarkable request which reached me from an exclusively Hindu city. A former caravan trade centre, with a population of about 70,000, Shikarpur lies some 200 miles south-east of Quetta.

It was in the autumn of 1909, when I happened to be in Karachi, that I received a telegram from a Shikarpur resident quite unknown to me. "Too many sick people here—can you come?" ran the message from Seth Hiranand. I arranged to meet him on the platform at Shikarpur on my way up to Quetta by train. It was a meeting with consequences neither of us could have foreseen. There on the Shikarpur platform at midnight I found waiting for me a genial-looking, very stout Hindu merchant. As we talked, I was at once impressed by the sincerity of Seth Hiranand, a wealthy banker who was at the same time a true philanthropist. He told me that in the past he had been paying the railway fares of his poorer fellow-citizens to go up to Quetta for eye treatment. Now he had thought of a much better plan. Would I come down to Shikarpur and operate there on the hundreds of patients suffering from eye trouble who were too poor to make the long journey to Quetta? If I would do so, he would be responsible for all expenses in connection with my visit, including the housing and feeding of all patients, and would put at my disposal his own private house, just outside the city gates, to serve as a temporary clinic.

It was a surprising request to be made to a Christian missionary by a Hindu banker from Shikarpur, a city notorious for its bigotry. Some years before, our sister society, the C.E.Z.M.S., had had a flourishing girls' school there, with Englishwomen in charge. But this work had come to an end with tragic suddenness when one morning one of the girls openly confessed her faith in Christ. The next day every pupil was withdrawn from the school and every door in the city closed to the missionaries, who were compelled to leave. Shikarpur had thus remained for some years without a Christian witness—until now, when the closed city was about to be reopened "at the point of a cataract knife", as Dr. Arthur Neve so graphically expressed it. We thanked God that the way had

been prepared for reopening the gates closed against the Gospel—though I had yet to learn the truth of St. Paul's words that though "a great door and effectual is opened unto me . . . there are many adversaries".

On December 5, 1909, I went down with Mr. Duncan Dixey to open the work in Shikarpur. The large semicircular veranda surrounding Seth Hiranand's bungalow had to serve as out-patient waiting-room, operating theatre and dressing-room. The wards were booths in the garden. It was typical of Seth Hiranand's generosity that he put up these shelters for the patients in his grounds, and fed them all, sometimes more than 300 in a day. Not only did he provide the patients with food, he gave them hookahs and tobacco.

The rooms inside the Seth's bungalow were placed at our disposal; but of privacy there was none. From dawn till late at night patients trooped in, often while we were having our meals! So great was the rush and so large the number of patients who flocked to us, that I sent an S O S to Dr. Arthur Neve, who was then on tour in the Punjab. A distinguished surgeon, he came to the rescue and on a single day performed forty-seven eye operations; without his help the work could not have been undertaken.

For over three weeks we continued to operate, and in that time we saw nearly 4,000 new cases and performed over 500 operations, of which 203 were cataract extractions. It meant that we were able to try out Smith's operation on a large scale—and it worked. But in what adverse conditions we were called on to operate and to do all the dressings! How well I remember the flies and the dust which vitiated the atmosphere. I made up my mind that we could not visit Shikarpur again and repeat the performance unless more suitable arrangements were made by which we could operate under less primitive and unhealthy conditions.

On our last evening in Shikarpur the Seth, with his brother and a nephew, came to our sitting-room, each bearing a large bag of rupees—one for Dr. Arthur Neve, one for Mr. Dixey and one for me.

"Is this a donation for the Mission?" we asked.

"No, no," the Seth replied, "it is a present for each of you individually, for your own personal use."

When we declined, they were utterly astonished. The Seth evidently thought that though I had said I would come down and work for nothing, I should expect a large tip at the end of my visit. That anyone could work without expecting to be

paid for it was quite a new idea; it seemed to make a great impression on all three of them.

The Seth was so pleased with the results of our first visit that he begged us to come every year in future. I then had to tell him quite frankly that it was fair neither to me nor to the patients to operate and treat cases in an open veranda filled with dusty, often thoroughly dirty people, stirring up the dust as they came, to the accompaniment of the buzzing of swarms of flies!

“*Not* a suitable environment for eye surgery,” I said. But I could not leave it at that. The need was too great. I said that we would come again if he would agree to certain definite conditions for our future visits. If he would build us a small hospital with two operating theatres, out-patient waiting-room, dark room, and so on. . . .

At first this rather took his breath away, then he expressed his willingness to discuss terms. Finally, he contracted that for ten years he would pay all the expenses of the clinic, including housing accommodation and food for all the patients; he would make himself financially responsible for our staff, our travelling expenses, our food and lodging.

“One last condition,” I said. “If we come, we must be free to make known the Christian message, to sell gospels—to use the evangelistic methods of a mission hospital. Now, if you will agree to all these conditions, we on our part promise to come to Shikarpur for two months every winter to work at the eye clinic.”

The Seth, though a very orthodox Hindu, assented. The formal agreement having been drawn up and signed by Mr. Dixey and myself, Seth Hiranand and his brother added their signatures. The Shikarpur venture had begun.

But there were indeed “many adversaries”. Soon after we had gone back to Quetta, we heard that there was widespread hostility to the new project on religious grounds. In July 1910 a public meeting of protest was held at which most of the leading citizens were present. The concensus of opinion was against giving municipal support to the clinic unless the C.M.S. would promise to do no preaching and would be responsible for seeing that there were no converts. The local Government had a reporter present, and I have in my possession a short account of the meeting and a synopsis of the speeches made. One speaker said: “The condition about preaching . . . is not acceptable. It will outweigh the good done by the new hospital.” Another declared: “Our religion

is the first consideration to be kept in view; eyesight is only a secondary consideration." Finally, the meeting decided almost unanimously against our hospital and the Municipality refused to make a contribution.

Seth Hiranand, as the donor of the money for the support of the clinic, was in a dilemma. This was July—and work at the eye hospital was due to open in the following February. But he courageously stood his ground. The line he took was: "If you can find someone who will do what the doctor can do for our people, without preaching, show me the man. If you cannot, why should you prevent this good work from being done among our people?"

So he refused to budge, and went on with the building of the hospital. We were warned that there might be a boycott, so great was popular feeling. But the Seth held on unperurbed. It was due to the strength of character of this Hindu banker that a door was reopened for Christianity in Shikarpur. We shall follow that story farther in subsequent chapters.

CHAPTER 15

ANNUS MIRABILIS, 1910

I HAVE good cause to remember the year 1910. It stands out as a year of notable events both in my personal life and in the growth of the work. The unexpected call to extend our eye work into Sind was very fresh in our minds as the year began. Though there were many vicissitudes before that new venture was safely launched, the next twelve months marked a critical and decisive stage, for Seth Hiranand stood firm to his purpose of building a clinic for us which would be nearing completion by the end of the year.

It was fitting that a year of new beginnings held for me a travel adventure in medical evangelism near its start.

In March 1910, before the work of our Quetta hospital speeded up after the winter lull, I was able to go on a most interesting trek in the desert between Sibi and Jacobabad. Baluchistan, an almost entirely mountainous country, has great stretches of arid desert and stony plains which lack any of the colour contrasts of the wide valleys where irrigation make possible the raising of crops.

My companions on this desert trip were Mr. Rattan Chand,

one of a famous trio of Hindu officials brought in by Sir Robert Sandeman, and the imperturbable Duncan Dixey. The plan was for us to accompany Mr. Chand on his administrative duties in this remote area, so that we could at the same time explore the medical needs and opportunities of a region which no doctor had visited before.

As we set off at 6.45 that March morning I was in high spirits at the prospect of a trek which at that time very few Englishmen had made, and with the knowledge that I should be back just in time to prepare for my marriage to Miss Tunbridge at the end of April.

A four hours' march of some twenty-five miles lay before us. Fortunately it was a cloudy morning with a breeze blowing; otherwise it would have been a "scorcher", for practically the whole distance lay over sandy desert, miles and miles of barren land with not a sign of water anywhere.

My journal takes up the story at the point where we reached our first sign of water—at Gandava, a striking contrast to the type of country we had covered so far.

Gandava, March 14, 1910

This is quite an oasis and is watered by a stream which comes down the Moola Pass, through which our road lay. Here we were met by the chief Indian official of the place, who had pitched our tents in a lovely shady garden belonging to the Khan of Kalat. This was in fact one of the winter resorts of the Khan, and the garden was full of mango and orange trees. Our heavy baggage had been sent on overnight so that when we arrived we found our tents pitched and ready for us to enter, under the shade of the trees in this delightful garden.

(As a later postscript to this sojourn in Gandava: largely owing to that visit we have had patients coming from this place to our eye clinic at Shikarpur.)

We spent a whole day here; next morning followed a short march of only eight miles, which was just as well as the camels needed a rest. The baggage camel does not do more than two or two-and-a-half miles an hour.

Katra, March 15, 1910

Close to our camp at this place lives an aged aunt of the Khan of Kalat. Two of her nephews came out to meet us when we arrived. We returned the call, and were received graciously by the old lady. She struck me as being extremely sensible. We had a short conversation in Persian and then withdrew.

Mr. Rattan Chand told her we had come to treat any of her sick people. She replied with great dignity: "Those who ask for treatment may have it." The Brahuis still fight shy of Western treatment and have more faith in their own *hakims*. Soon after our return to camp the old lady sent over a sheep as a present, for which we expressed our thanks.

Kua, March 17, 1910

Yesterday we were to have left Katra, but on the evening of the 15th all thirty baggage camels decamped, and we were left in the lurch! This kind of thing is by no means unusual in Baluchistan. The animals had been hired through a Government official, but since their owners had no wish to go in this particular direction they made off, even at the cost of losing the money that was owing to them.

As we could not continue the march, I saw a few patients instead. This morning, thirty other camels being forthcoming, we made an early start in the dark at 6.30 a.m., and had a long march of five hours up the picturesque Moola Pass. Before one enters the Pass, the country is apparently desert and looks like any part of Arabia, but shortly after entering we came upon a magnificent oasis; it consisted of a large grove of date palms watered by a spring, the water being quite warm. At the head of the spring was a large sacred tank full of mahseer fish, two to three hundred of them.

From this grove the rest of the road lay up the side of the stream, which is as big as any stream in Baluchistan and irrigates a large area of land. When we were about two miles out from our camping ground, we were met by a large cavalcade who had come to welcome Mr. Rattan Chand. The company, nearly fifty strong, were on horseback and the majority were Brahuis in long flowing robes, armed with shields and swords—a most picturesque sight. Our arrival was very different from what it would have been had Duncan Dixey and I been alone, but as Mr. Rattan Chand was the senior Government official of that district he was met at every stage by the leading "gentry" of the place.

On reaching camp we had lunch and a good rest, then Mr. Dixey and I went down to the river and had a delightful bathe, a treat which one does not often get in Baluchistan as there are very few rivers or streams in which the water is deep enough to bathe. Here the water is deep and not too cold, and we lay in the shallow parts of the stream with topees on our heads—to the great amusement of the local aristocracy! Some of the on-

lookers were perched on rocks, and one, we discovered, was watching from a tree what was to them all a very foolish proceeding.

Washing is a luxury not often indulged in in this part of the country, and I believe I am right in saying there is no such thing as a washerman in the whole of the province of Jalawan, which is 300 miles in length and 200 miles in breadth. This afternoon we acted as our own washermen and washed sundry garments in the river while we were bathing.

Among our patients in this neighbourhood was the brother of one of the Brahui chiefs who had a badly inflamed eye which had been long neglected. Two days' medicine gave him immense relief, and this I know gave the people confidence in our treatment. In the whole of this province, about the size of England, there is no qualified doctor of any kind and no dispensary.

March 18, 1910

Up at 5.30 again; had a very rough march of three-and-a-half hours through a stony river bed, and are now encamped on an old rice field facing a large patch of green wheat.

The leading chief, who was with us, is at present in disgrace. Last year, when this part of the country was in an unruly condition, I am told he did not play up well, and for that he was punished in two ways. His monthly subsidy paid by the Government has been reduced by nearly half, but what he feels much more keenly, he has been refused admission to the annual Durbar, or Court, held in Quetta each April. He is a big man and ranks as Number 6 in the Durbar, and it is a fearful disgrace not to be allowed to attend. Each chief has his own order of precedence. In Baluchistan only two are allowed chairs, the Khan of Kalat and the Jam of Las Bela; the others sit in order on a carpet. (Now when the chiefs attend the Durbar in Quetta or Sibi they are seated on chairs.)

March 19, 1910

We are still marching up the Moola Pass. The march today has been of great interest. About two miles up from camp we visited a steep rocky gorge or defile in which there was said to be a wonderful hot stream. At its mouth we saw the remains of what had evidently been an old aqueduct built of stone and very good mortar. We inquired about this aqueduct, and were told that it dated back two thousand years, before the

Mahomedan invasion. Such aqueducts have been found on the Persian frontier, but have not been described in this Pass before, so we took a photograph. Then we ascended this wonderful gorge, with rocks two hundred to one thousand feet up on either side. After two miles the gorge had so narrowed that we had to dismount for it was only four to ten feet in width and completely filled by a rushing hot stream among the rocks. We all stripped, including the two sirdars, and went up simply wearing shorts or trousers. The water was quite hot, 80-85° F., and rushed from pool to pool. These pools were five to seven feet in depth and we were able to swim in the warm water, which was most enjoyable.

Coming down, we shot from pool to pool over the smooth slippery rocks. It was most amusing to see the big sirdars, who very seldom indulged in a hot bath, playing about in the hot water with us, like children. We were told that jinn or ghosts are supposed to inhabit this waterfall and no one dares to go up the gorge at night. The local people say that whoever attempts to do so will die. They also believe that at night the water dries up altogether. The Brahuis are a most superstitious race. On our way up the Pass we had passed a big stone with a small hole under it, just big enough to allow a very thin man through. The Brahuis said it was a test as to whether a man was "clean" or "unclean". If "clean" he could pass through the hole; if "unclean" he could not. I fear that my waist measurement, according to this test, would have declared me "unclean"!

March 20, 1910

We are back in camp for two days as Mr. Rattan Chand has to hold a court and try two judicial cases.

In the morning, Mr. Dixey and I saw about twenty-five patients, including the big sirdar whom I have already mentioned. It was strange treating these people and realizing that I was the first doctor who had ever visited this part. Several said they had never seen a white man before. Their complaints were many and varied. Some had wonderful ailments dating back ten and twenty years, and they seemed rather aggrieved by our not being able to cure them in one day! This being Sunday, after we had seen the patients we had a service in our tent—Mr. Dixey, two Christian assistants and myself. In the afternoon we received our first letters since leaving Quetta eleven days ago; they were brought by a mounted orderly.

March 21, 1910

Still here in camp, as there are several more cases to be tried by Mr. Rattan Chand.

Last night we were entertained by the gramophone which Mr. Chand brought out here for one of the big sirdars. We listened to records in Hindustani, Punjabi, Persian and Pushto, Sindhi and even Baluchi, all produced by a firm in Bombay. The gramophone has spread through India to an extraordinary extent.

March 22, 1910

Emerged from the Pass and entered the Kuzdar Plain, where we spent over a week. I hope to start early tomorrow on my return journey to Quetta. Mr. Dixey will be here for another three weeks. During our week together we have seen some three hundred patients, a very fair number for a start, especially as people are still rather afraid of us and we have yet to win their confidence. However, they are ready to be friendly. One day I rode to a place ten miles from here and saw several patients, including two women blind with cataract. I induced one of them to come here for operation, and I operated on her under a tree close to our tents. I also did a partial excision of the lower jaw, and we have had several minor operations. Rather nervous work, doing one's first operations in a new country, for so much depends on the success of the first few cases. If these go wrong, the people will sheer off, whereas if they are successful, people will come in greater numbers.

We have given addresses to the patients in the last two days. In a new country I feel it is wiser to gain their confidence first, and then to speak of what God has given to them in the person of Jesus Christ.

Surab, April 1, 1910

I am naturally keen to return to Quetta as quickly as possible, for the great event of my life, namely my marriage, is to take place on the 28th of this month.

Today we had a long march of sixty-one miles. I was up at 4.15 and left camp at 5.15. I rode the first stage of about twenty-five miles on a pony, accompanied by a Brahui on horseback. At 8.45 I dismounted and changed over to a riding camel which had been provided for me. Now followed a stage of ten to twelve miles, and most uncomfortable it was! At 11.45 I changed mounts again, this time for a pony, but as I

had had no food since 5 a.m. and had done over six hours' riding I was quite ready for my breakfast—a cold potato cutlet. It doesn't sound very inviting, but wait until you are hungry and then it is most acceptable! I then mounted my fourth mount, a Brahui pony with a native saddle, an abomination of wood with buckles which always hit you in the wrong place, and the stirrups far too long behind one. However, I managed to accomplish the last twenty miles and arrived here at 3 p.m., having been in the saddle for nearly ten hours and having covered a good sixty-one miles. (Had I not been accustomed to riding in England I would have felt far more stiff and uncomfortable than I did. Riding a pony, even with an uncomfortable saddle, is bliss compared with riding on a bad and uncomfortable camel.)

Soon after arriving here at the local police station I had some tea. One of the men, with hands none too clean, peeled two hard-boiled eggs for me, and then in a weak moment I asked for some salt. This was brought, but as it was very coarse a man took it on himself to crush it up smaller by rubbing it between his two hands, which were only approximately clean. As I write this I am sitting on a bed, feeling very saddle-sore, but sore or not I must do forty-five miles tomorrow, in order to reach Kalat.

Kalat, April 2, 1910

Here I am, after a very tiring and uninteresting journey of forty-seven miles. It was shorter than yesterday's journey, but I did it on one riding camel, with the result that both the rider and the ridden were very sorry for themselves at the end of the day! We left at 6.30 and I did not get in until 5.45—over eleven hours, with only an hour's rest in the middle. I was so stiff that I could hardly walk, but now after tea and a huge bundle of letters I feel as fit as a fiddle. All the same, I hope never again to do forty-seven miles in a day on a riding camel.

(This place, Kalat, is the old capital of Baluchistan, but owing to maladministration by several Khans the town has sunk to nothing and there are not more than four or five hundred people, so I am told, whereas there used to be as many as eight or nine thousand. We must write "Ichabod" over the gates of the town.)

It will give you some idea of what parts of Baluchistan are like when I tell you that today, on the long journey between Kalat and Surab, I passed only one village with some eight or nine trees. But for this, the whole country through

which I rode was barren, absolutely devoid of trees of any kind. I sat down for lunch by a well, and saw a typical Old Testament scene enacted before me. A shepherd boy came up and watered his flock of about a hundred sheep and goats, drawing water from the well with a bucket made of leather, just exactly, I imagine, as they used to do in the time of the patriarchs.

Quetta, April 5, 1910

I arrived here safe and sound yesterday, and you can imagine how thrilled I was to find Effie Tunbridge at the station to meet me. In reaching home I did nearly a record, travelling the last eight to nine stages in four days, but then I had this great magnet at the end—my fiancée was waiting for me. The spring flowers in the fields were lovely. Some fields were covered with small purple irises and others with scarlet and golden tulips, a really lovely sight. . . .

Strange how little things imprint themselves on the mind in moments of deep happiness. I remember so vividly the beauty of those spring flowers in that moment of my home-coming.

For over four years Effie Tunbridge and I had been colleagues in our Quetta hospital. She came of a missionary family—her father was a C.M.S. missionary in the Santal country—and she had received her nursing training at Mildmay. We had become great friends, with so many shared interests, and the fact that our temperaments were so different balanced us up rather well. Her quiet, steady patience helped to offset my more impetuous and restless ways. We fitted in; and now she was to be my wife. Our minds were full of plans for our wedding, which was to take place on April 28.

On the evening before the great day I gave a bachelor party to twenty-one friends in the club ballroom. My elder brother, Willie, who had come up from Allahabad for the wedding, described our stag party as “a thoroughly jolly, rowdy, altogether nice dinner”. Beneath all the banter and fun I was greatly touched by the real affection of these friends whom I had come to appreciate so much in my first ten years in Quetta. One thing that specially struck me was the tribute paid to the missionary work we were trying to do by one of the party who a few years before was a sarcastic scoffer of missions. He spoke most warmly not only of my own contribution but of all he had seen of my fiancée’s work as matron of the hospital.

We broke up at midnight after an unconventional missionary's wedding feast. Next morning early we were busy arranging the masses of presents in a tent at the house of Colonel Archer, the Revenue Commissioner. He and Mrs. Archer were to be host and hostess at the reception.

The wedding was at eleven in the beautiful garrison church. The nave was full: I suppose there were 500 or more present at the service; half were Indians, the rest British people from the cantonment. I remember how encouraged we were and delighted beyond words to find how many of our Indian friends who were not Christians came to the wedding, to the church as well as to the reception—leading sirdars and chiefs, Persian-speaking Hazaras, Baluchis and Afghans alike.

The bride had the honour of driving to and from the church in the state carriage of the Agent to the Governor-General. It was a great joy to us both that my brother Willie was there to conduct the marriage service; he was assisted by the Rev. Duncan Dixey and the Rev. Tom Dixon.

We drove off from the church under a shower of spring flowers. Then came the reception at Colonel Archer's, followed by a second reception for our Indian Christian friends. This was held in the hospital garden, with crackers and fireworks; a scene of great enthusiasm and high spirits.

We set off for our honeymoon in one of the only cars in Quetta at that time; it was owned by Colonel Oldham, who drove us. On that thirty-mile drive to Pishin he was so shy, I remember, he never once turned round to look at us or to ask us anything at all! It was our day.

So began a wonderful partnership which has enriched the whole of my life and the whole of my work from that day to this. How much I owe to my wife is more than I can say; she is everything to me.

By making Effie Tunbridge my wife I had deprived the hospital of its nursing sister. A further "new beginning" in that year 1910 was the arrival in November of Miss Anne Manwaring to take charge of the nursing side, acting as sister and matron of the hospital. Of what the coming of "Auntie Nan" was to mean in later years to the training side of the work is a fine tale in itself, woven into the warp and woof of our mission hospital. On that bitterly cold November day on which she arrived in Quetta, feeling shy and strange and not greatly impressed by the sight of our ramshackle buildings after working in a London hospital, it must have felt indeed a

very new beginning. But looking back over the years, the gift of "Auntie Nan" to our hospital is certainly another outstanding event of that memorable year.

Annus mirabilis, 1910—a year of new beginnings.

CHAPTER 16

SIGHT FOR THE BLIND

SETH HIRANAND was as good as his word. In spite of continued opposition to the setting up of an eye clinic in Shikarpur, he succeeded in getting everything ready for us to start up our eye work again in the new year, 1911.

So when we went down there in January we found waiting for us the promised new hospital which the Seth had erected with two operating rooms and plenty of housing accommodation in his grounds. But more than that—there were 500 new patients waiting for us! We had arrived not knowing what kind of reception we should meet with in this Hindu city, only to find that the people who had been asked to boycott our clinic had come in greater numbers than before! The attempted boycott had in fact served as a magnificent advertisement which furthered rather than hindered our cause!

The hospital was formally opened by the Collector of Sukkur, Mr. Chatfield, and Padre Ball followed with a prayer in Sindhi which was warmly applauded! We spent two months working in the new hospital, and during that time 817 major operations and 503 minor operations were performed, 563 of these being for cataract. The Gospel was preached there to some 10,000 people, and nearly 1,000 copies of the gospels were sold. So much for the threatened boycott of our hospital.

The need was so apparent for general surgery as well as for eye operations that from the start we were compelled to face the question whether we should undertake both, or concentrate, here at Shikarpur, on eye surgery only. Quite a number of patients came to us suffering from hernia and stone in the bladder, for example: how could we turn them away? Yet we knew that these operations would take much longer than ophthalmic ones; should we therefore be wiser to concentrate entirely on eye cases, we asked ourselves?

The tragedy of untreated disease and Seth Hiranand's advice decided us. "Some of these poor people," he said, "have

spent a month's or two months' wages on their railway fares to come to you for treatment, and you ought to do what you can for them."

So we decided that, although we did not want to advertise the fact, we would do a certain amount of general surgery, though our main work was to be ophthalmic.

From that time we met with no serious opposition, although articles occasionally appeared in the press criticizing us and our work. Gradually, most of the people who had first opposed our coming became friends and supporters. I was greatly struck by one prominent Hindu, a Government official, who had formerly stood out against us. He said that even if we did not preach or give away copies of the scriptures, still the kindness of our hospital sisters and staff would have a great effect on the people who came, and would probably lead several to become Christians.

That second visit in 1911 definitely assured our new undertaking at Shikarpur. From that time to this our Quetta team have carried on the eye clinic for two months every winter, except for one year when we had to stay away because of an outbreak of plague in Shikarpur. It was a great joy to us that the work was thus firmly rooted from the time of our second visit, for in November 1913 the Seth died prematurely. I was called to his bedside, but could see he was past all human aid. His passing was a great loss to us all. A man of singular liberality and real kindness of heart, he will always be remembered as one who did much for the sick and poor of Sind. Without his help in all probability we should never have launched out in Shikarpur. For five years he had continued to finance our work there. Soon after his death we learned that he had left a lakh of rupees, the interest on which was to be used to provide for our annual visit to the Shikarpur eye hospital. Unfortunately the administration of the fund was not in our hands and in time much of it was lost owing to unwise speculation by the trustees.

But the work itself had taken firm root, and fees paid by the wealthier patients helped to maintain a Christian ministry of healing which brought new hope to hundreds of poor patients for whom no other help was available.

It was most rewarding work. The people were so spontaneous in their gratitude for the gift of restored sight. I think, for instance, of one devoted couple, blinded by cataract, who had been unable to see one another for years. After I had operated, I had them placed side by side on the bed and

arranged that their bandages should be removed simultaneously. It was a joy to remember the expression on these two faces when restored vision gave them their first sight of one another after living in darkness for years.

This sense of new life, awakened by the power to see, is almost as great a miracle for the doctor to watch as for the patient to experience. One of my enduring memories of our work at Shikarpur is to have seen over and over again this unspeakable joy which lights up the face of a cataract patient when after operation the bandage is first removed, and having lived long in the dark he looks up at you and cries out incredulously: "Why, I can see your face! Oh, thank God, thank God!"

How one enjoys, too, their sense of fun, their ready response to a joke cracked in passing. One amusing incident I recall concerned three brothers. First of all two men, aged about forty, came for treatment; they were so ridiculously alike that I thought I had seen the same man twice. Both were operated on for stone in the bladder, and on the day of their operation a third man turned up, looking absurdly like the other two. He announced with a beaming smile that he had not got the same illness as his brothers, but had come to take care of them. We then realized that the three men were triplets! Both operation cases did well, but once up and about it was impossible to tell one from the other, and great was their amusement when the third brother, who was not ill, was asked one morning, "Had he any pain?"

I always say that the Christian life is a cheery life—there is no kill-joy element in it. And that is the way we have wanted to live it out, both in Quetta and Shikarpur. There is so much poverty, malnutrition and consequent ill-health among the people of Shikarpur which the work of the eye clinic has been able to help and relieve, not only in terms of medicine and surgery but through the personal human touch that greets a man by name and treats him as an individual who matters. He matters to us because he matters to God: that is the truth we try to get across to the simplest by word as well as deed. At the eye clinic, before each batch of patients is seen by the doctor, they sit tightly packed on the floor and listen intently for a few minutes to a story read from the Sindhi New Testament of Christ healing the sick and blind. After the terrific hubbub with which they first come surging into the outpatient room, with two policemen to regulate the traffic, the sense of quiet and rapt attention with which the people would

listen as I told them why we were there, and that we were going to ask God to bless the treatment they would be given, was very moving. Instinctively they would raise their hands in an attitude of prayer as I said the Lord's Prayer and two more short prayers that the peace and power and healing love of God might be felt in our midst. Hindus and Muslims alike would join in a fervent Amen.

With this short service by way of preparation, the patients then came forward for examination, one by one. I found with experience a growing sureness and speed in diagnosis, so that my wife or Sister Manwaring had hard work to keep up with the note-taking of case after case. There were those ready at once for operation; others who must wait some time before the cataract was ripe; others again whose case was hopeless—often neglected glaucoma—but who seemed nevertheless to draw some comfort from a prayer offered from the heart as I put my hand on each of the sufferers for whom I could do nothing, with the words: "May God Himself be your helper and your Guide."

Those selected for immediate operation were sent to wait squatting on the floor round the operating theatre, which was part veranda. They were taken in rotation: a ward servant or relative would lead in or carry pick-a-back style the patient, whose eye had already been treated with atropine. Each cataract case was operated on on a hard table, and as quickly as a table was empty a new patient was placed on it.

After operation, the patient was removed to the shed-like nursing ward with its rows of beds in which other patients were lying with bandaged eyes. The beds were simply four short posts with a strong mat of grass rope stretched across. We found that most of the patients turned them upside down and slept on them with the mat part on the ground and the legs sticking up in the air, the idea being to keep the cold air from coming up through the bottom of the bed. Between the beds, almost every available space on the floor was occupied by relations or other patients who might not need to be lying down.

In operating for hours on end, perhaps on one cataract case after another (I have done up to seventy in a day), I have been so conscious of the spiritual atmosphere created by prayer beforehand. For at Shikarpur we always pray before we operate and thus witness to Him in whose name we work. To me, prayer, preaching and healing all go together. I feel I am expressing the Gospel of God's healing love with my

hands, as a surgeon, working with Him. Our Lord Himself undertook the work of healing without waiting first for a man to listen to Him, and I feel that I am expressing Christ just as much in performing an operation as in preaching in the ward. People often say they come to our hospital because the work gives new meaning to the Christian faith. It means much to them that we want to use such surgical skill as we have to serve our fellow-men of a different race and nation.

Year after year, during those crowded eight weeks in January and February, patients continued to pour into our eye clinic at Shikarpur. They came from near and far—some from the narrow, dusty streets of the city itself; far more from the villages and mud-walled camps in the surrounding countryside; and as our reputation grew, so patients came to us from an ever-widening area, by train, by camel, or by bullock cart. Often the whole family would arrive, together with livestock and household goods. These processions of the blind became a common sight in Shikarpur; so also on the return journey the collection of eye patients on the station platform became another familiar sight. Each train carried away batches of discharged patients wearing green muslin eye-shades, a colourful mark of the fact that they had been treated at our eye clinic.

In a land where blind man and beggar are almost synonymous terms, it is a wonderful privilege to be able to bring new hope to these sufferers. Besides cataract, trachoma and its complications, glaucoma and leucoma following smallpox are responsible for almost all the blindness and disability in these parts, and sufferers from these conditions form the bulk of our eye patients.

Often we have felt overwhelmed by the sheer pressure of human need. I found it no uncommon experience to have to see 200 to 300 out-patients a day. Face to face with a mass of unrelieved suffering, and with very limited resources and facilities at our disposal, we had to make the choice: whether to spend money on providing more elaborate treatment and care for the few, or to treat as many patients as possible who urgently needed our help and in whom faith and hope were at least stimulated to do their quickening work.

I believe we were right in trying to bring to as many sufferers as possible light in their darkness.

We know that physical sight has been given to many thousands of sufferers through the hospital at Shikarpur. It is true that of those thousands only a handful have apparently

received the gift of spiritual sight which would have led them on to an open Christian discipleship. But through the influence of the hospital the Word of God has been broadcast throughout the length and breadth of Sind. The many thousands of gospels sold and distributed, the addresses and the teaching given to out-patients, and the directly personal evangelistic work carried on in the wards by whole-time evangelists—it is impossible for us to know or to measure spiritual results, which are in the hands of God.

CHAPTER 17

SURGEONS ALL

How little we guessed in the early years of the Shikarpur venture that it was destined to become one of the largest eye clinics in the world, able to care today for as many as 600 patients at a time. With practically half a century of experience behind it, the hospital can record more than 150,000 eye operations, including over 80,000 cataract extractions. Statistics provide solid ground for encouragement in the fact that out of the thousands of cataract operations performed over the years, ninety-seven per cent. proved successful—in spite of what we at home should consider primitive and altogether inadequate conditions of work.

Such figures give some idea of the pressure at which our eye team continued to work at Shikarpur, since those numerous operations were all performed during the eight busy weeks of winter, in January and February each year. For the first ten years at least we were a very small team; the way in which our hands were later strengthened by visiting surgeons from far and wide is one of the most fascinating developments of the Shikarpur story.

It came about in this way. The rapidity with which the eye work took root and grew at Shikarpur made me realize how fruitful a field we had here from the professional as well as the humanitarian and specifically Christian point of view. I felt that with so much clinical material available we ought to be able to widen the range of our usefulness by sharing our experience with eye specialists and surgeons from Britain and America, as well as from India and (what is now) Pakistan. When visiting the eye departments of our hospitals at home, I

found that there were no opportunities given for visitors to operate, and the thought struck me that it would be a great asset to the profession if ophthalmic surgeons from different parts of the world could widen their operative experience by sharing in the work at Shikarpur. For any surgeon coming to our eye clinic would have the unusual opportunity to perform from 100 to 200 cataract extractions during a month's stay; whereas in a hospital at home two or three cataract cases in a week were as many as he would be likely to see.

So it came about that Shikarpur developed as a meeting-place for eye surgeons from all over the world. For more than forty years surgeons from the U.S.A., Britain and the Continent, as well as from India and Pakistan, have visited our clinic, in all about 150. Colonel Smith himself came to see us in the early days; and year by year a regular succession of ophthalmic surgeons have been delighted to come to us, to take part in the work and to observe our techniques, to see for themselves whether our methods work and what lies behind the statistical evidence of success.

Among the many American surgeons who have visited us at Shikarpur is Dr. Derrick Vale, now Professor of Ophthalmology at the North-Western University of Chicago. He came to us in the 1920s with his wife and his son, who is also an ophthalmic surgeon. Other well-known men who have visited us include a number of the ophthalmic staff of the Mayo Clinic at Rochester.

So greatly did visiting surgeons prize the opportunity of this kind of ophthalmic surgery that one leading surgeon, Dr. Fisher of Chicago, actually came to visit us three times in four years. In the first winter he joined us we had an exceptionally heavy two months at Shikarpur, in the course of which we saw nearly 8,000 new cases and performed more than 2,500 operations, including 1,322 cataract cases, our largest number up to that time. His own record number of cataract extractions in the years he worked with us earned him the nickname of Cataract Bill. His successor came to Shikarpur twice, and several other eye surgeons also came for a second spell of service. Without the help of our many visiting surgeons from year to year in those winter months it would have been impossible for us to have carried on at Shikarpur. As it was, this outside help meant that as a rule four of us could operate for about six hours each day. We had two operating rooms, each with two operating tables. Usually at least 100 eye operations were performed daily, though on peak days I have known the

figure to be nearer 200, about half of these being cataract cases.

We have had much encouraging evidence of the value of this interchange of surgical knowledge and experience. Several of the visiting surgeons have since written to tell us of their gratitude for all they have learnt at our eye clinic. "It is a professional interlude always to be remembered," wrote one American surgeon. Another wrote to tell me he had learnt more in a week at Shikarpur than he had during the past two years elsewhere. This is possible, as we could provide him with an abundance of clinical material: twice we had over 190 operations in the day, and in the busiest week nearly 800 operations.

Not only did those who came to operate benefit from the experience; the clinic itself and our regular staff gained a great deal from these visitors from the United States and elsewhere. My elder son, Harry, joined me in the work in 1935, and my second son, Ronnie, in 1940; we all certainly benefited from the visits of these surgeons from other parts of the world, who came with the latest operative ideas and techniques and brought a spirit of freshness into the work.

Besides visiting surgeons from America, we have had others from Britain; three from Moorfields visited us in recent years. And from the first there have also been those who came from different parts of India and Pakistan. Great help has been given, too, by the many medical missionaries who come to Shikarpur each year, perhaps for ten days or a fortnight.

The work of our team at Shikarpur was further strengthened by a visit nearly every year from a member of the Royal Army Medical Corps or the Indian Medical Service. Two in particular I must mention, for they gave us immense help a number of times.

For four years in succession, Colonel Cruickshank of the I.M.S., who was at that time ophthalmic surgeon in Rawalpindi, took his annual six weeks' leave in attending our clinic at Shikarpur. He did most valuable work as Registrar, taking careful notes of every case, and he had an eagle eye which no complication of any kind escaped. He was also an extremely able and skilful surgeon. While he was with us he did a series of eighty cases, following the technique of Barraquer, the famous surgeon of Barcelona. He wrote a paper on this operation for which he was awarded a Gold Medal by his own University of Aberdeen. He also helped me to prepare a paper on "Five Thousand Consecutive Cases of Cataract Extraction"

which I read at the Oxford Ophthalmic Congress. We greatly missed him when he was transferred to South India.

Another member of the Indian Medical Service who came to our clinic four times was Colonel Harold Williamson, whose brother, Williamson Noble, is a well-known ophthalmic surgeon in London. Colonel Williamson used to visit us for two or three weeks at a time and was a very real help to us in every way.

We have been greatly encouraged by the fact that many of our visitors (particularly those from America and Canada) have said that following their experience at Shikarpur they have returned to their practice at home with such increased confidence and assurance that they have doubled their operative work within a very short time. The experience acquired through their visits to our eye clinic is not only that of observing the various cases which come in and taking note of their treatment; but of actually being given the chance to do from 150 to 200 cataract operations in a matter of three to four weeks. It is this unique experience that gives the added self-confidence which is so great an asset in every form of surgery.

Our own opportunities for research in the matter of cataract have necessarily been limited at Shikarpur to trying out the many suggestions of friends and fellow-surgeons for refinements and modifications in operating technique. My only regret is that owing to pressure of work and limited staff and resources we have been unable to keep as complete and detailed records as we should like; but each patient is recorded as to diagnosis, treatment, operation and operator, complications—and final result.

One fallacy on which our experience at Shikarpur has shed considerable light is the idea that after a cataract operation absolute rest in the recumbent position is essential. I know that I may meet a storm of protest when I say that in my humble opinion it is quite unnecessary for a patient to be kept lying down after cataract extraction—but I have had living proof of this fact over a great many years. Cataracts have been removed from some 80,000 eyes in our clinics, and as a general rule the patient has got up from his bed and walked to the lavatory, guided by an attendant, usually a relative, and I cannot remember any serious complications resulting from this procedure. On one occasion I recall that following a deluge of rain which poured through the rough tents where the post-operation cataract cases were lying, all the patients

rushed indoors for shelter. Only one of those ninety cases was adversely affected—and he happened to bump his head against a chest of drawers in the general stampede.

To insist on absolute rest, lying flat, is in any case an impossibility for us with our lack of resources for post-operative nursing and care. As we have over 500 in-patients at our busiest time, we simply could not cope with the situation if we had to nurse these patients and give them urinals and bed-pans. As it is, we admit no patient without a relative or attendant to look after him, to cook his food and bring it to him. Two European sisters and about a dozen male Pakistani nurses find their time very fully occupied all day in the operating block. The patients, men and women in the same wards, are allowed to eat anything, drink anything, sit up in bed, and walk to the toilet led by their attendant. No restrictions are laid down; if they were, it would be impossible for them to be carried out. Imagine twelve male nurses, most of them not fully trained, trying to cope with a mob of not less than 1,000 patients and attendants! To insist, too, on old and elderly patients lying on their backs for a week is often detrimental to their health. They are much happier, and I think better, if allowed to sit up in bed.

Another fact of experience concerns the operation itself. In the technique of intracapsular operation as we have performed it at the eye clinic for nearly fifty years, I feel that one of the most important procedures to ensure success is to put the orbicularis temporarily out of action. Before we used the technique which we now employ, of blocking the facial nerve, the assistant was able to control the action of the orbicularis to a large extent by Smith's technique. And here it was plain for our visiting surgeons to see, as it was for ourselves to appreciate in the course of those cataract operations, the skill of our two Pakistani theatre assistants. Hardly ever did they let us down in this respect, though both had come to us entirely untrained.

The first of them, Qadir Bakhsh, arrived in Quetta with a request from his father, a Baluch convert from Khairpur, brother of Barkhuda Khan, that we should give him a job of work at the hospital. While Barkhuda was an Arabic as well as a Persian scholar, his nephew Qadir Bakhsh was entirely illiterate at that time. He was taken on as an assistant in the operating theatre, for at that stage we had no trained male nurses, and he developed into an extremely able assistant. In the Smith operation, his work was to control the eyelids. We

realized his worth as an eye-holder whenever he was absent from an operation for cataract. On coming into the theatre, I was almost always able to find out his estimate of the operator's skill by a sly glance he would give me, as much as to say: "I don't think much of this man", and after-events would show his estimate was correct!

After Qadir Bakhsh's death, we were fortunate in having another assistant who had worked under him for some years and had often taken his place. His name was Sohan Lal. He was a Punjabi village Christian and came up with several others to the training school for male nurses at our hospital. With great perseverance he managed to pass his nursing examinations and became a responsible member of our theatre staff, as well as the father of the most numerous family in the married staff quarters! We were very sorry when he left us, for he was as skilful as his predecessor. Each of them must have held some 20,000 to 30,000 eyes for cataract operations.

Whatever of value in the matter of technique and clinical material we may have been able to make available to our visitors, I for my part found these personal contacts with fellow-surgeons of the greatest help and stimulus, keeping me in touch at the highest level with the professional side of my work. It could have been easy to let oneself be persuaded to accept other work with wider scope and standing from a professional point of view—had I not long since known with a sure sense of vocation where my true work lay. I have never regretted my decision to devote my life to the work of a medical missionary. From time to time, however, pressure has been brought to bear on me to reconsider that decision and to enter private practice on my own terms.

One such instance arose from the visit to Shikarpur of Dr. Fisher of Chicago. For several years after his stay with us I continued to receive letters from him in America, asking me to join his staff at a very good salary. He promised that later I should be able to succeed him as head of a private Ear, Nose, Throat and Eye hospital. Each time the invitation was renewed, my reply was the same: I had set my hand to the plough and did not want to turn back; had I wished to gain a larger income through my professional work, I should not have chosen to go abroad as a medical missionary. Finally, after I had repeatedly declined his generous offer, he asked me if I would pay him a month's visit with my wife in 1928. He said he would be responsible for all travelling expenses and for

hotel accommodation while we were there. I told him quite frankly that we had no intention of remaining in America, but that if he realized we should be coming simply for a holiday as his guests we should have much pleasure in accepting his generous invitation. I underlined the sentence that "for no consideration would we give up our work in Baluchistan".

We had a most interesting trip. We stayed in one of the best hotels in Chicago, and visited other parts of the States, including Rochester, where we saw the famous Mayo Clinic. When the time came for us to return (we were going to England on leave), Dr. Fisher was frankly disappointed that we still would not consider joining his staff. I was told afterwards that one of the staff had said to him: "Every man has his price, and if you will only offer Dr. Holland sufficiently attractive terms, I am sure he will stay." But I had made up my mind, and my wife supported me in declining this chance to stay in America. I was glad our joint decision led us to this point. I should have been miserable had I, accepting Dr. Fisher's offer, turned my back on my original decision to devote my life to the work of a medical missionary.

For many of our visiting surgeons, the eye clinic at Shikarpur was their first direct touch with anything avowedly missionary. Many people have indeed asked me: "Do you accept the services only of those who would call themselves Christians?"

"Definitely no," I reply. "And no question is asked about their relation to the Christian faith. It is sufficient that they are anxious to come."

We have always hoped that as a result of their visit to Shikarpur the attitude of the many who come to us with a purely pagan outlook may grow more understanding of and sympathetic towards the Christian faith and the works which it inspires. One of the rewarding things about these visits has been in fact just this: that many have sensed the therapeutic value of the Christian atmosphere of the hospital, and have therefore been more ready to believe that there is something in the Christian faith which can change a situation and transform the life of the individual.

Some who came with outstanding professional skills had only the most rudimentary ideas of what the Christian faith was all about, and their reactions were often rather odd. Dr. Bill Fisher, whom we called Cataract Bill, was a complete newcomer to the whole idea of any form of Christian worship: he seemed never to have heard even of such a service as the Holy Communion. I told him at the start: "This is a free

house and we do not ask people to attend any of our services unless they want to do so, but we have family prayers each evening and we shall be very glad if you will join us." To which he replied: "I should be tickled to death"—never having heard of such a thing as family prayers. We noticed that as soon as I started to read the portion from the Bible he lit up his cigar, and when after a period of prayer we rose from our knees, he was still puffing away! After two evenings, when he found that he was the only one who smoked during worship, he gave up the idea! I asked him once to which Christian denomination he belonged. "Well, I guess you have me there," he said, "but I do recollect my father saying he believed his grandfather was a Methodist!"

It is rather remarkable that among our visiting surgeons from America and other parts of the world have been several Roman Catholics. One was Señor Poyales, who was Surgeon to the King of Spain and also at one time Secretary of the International Ophthalmic Congress when the meeting was held in Madrid. He came regularly to evening prayers and brought his Testament, from which he followed the passages in the Bible. He brought with him to Shikarpur another Spanish doctor who also said he would like to come to our services though we began by saying we should quite understand if he did not wish to do so. Since that time we have had only one Roman Catholic surgeon who asked me if I would excuse him from attending services as his priest would not approve, and I said "Certainly." He was one of the finest men we had, and a loss to the world when he died at a relatively early age.

Another of our visiting staff, a Jew, made two visits to Shikarpur. One Sunday morning my son asked him if he was going to do the ward round. "No," he said, "I am just doing a round with St. Paul today!" That Sunday he read through the whole of the Acts of the Apostles and later some part of the Epistles which he had never read before.

A few years ago I had a most cheering letter from one of the visiting staff after he had returned to America. He wrote to tell me that he had greatly benefited by the surgical experience gained at the eye clinic, but that to him the most outstanding feature had been its spiritual atmosphere and the help he had received through the Christian teaching he had heard while he was with us. Another, in the course of an article he wrote on Shikarpur, said that the experience had made him realize "we must not lose sight of the therapeutic effect of

prayer on patients, preceding operations"—a truth we have proved over and over again.

A further tribute to the Christian influence of the hospital came from a well-known woman ophthalmic surgeon who visited us at Shikarpur. At the time she did not appear to be particularly interested in the religious aspect of our work, but twenty years after her visit she wrote to tell me that she had been so impressed by the Christian atmosphere and teaching at the clinic that she had decided to become a Christian and at the age of forty-five had been publicly baptized in her own town.

One of the most valuable things about the work at Shikarpur has been the two-way flow of giving and receiving; of learning so much from one's friends and colleagues and of sharing experience, both at the professional and personal level.

Because Shikarpur opened out to us through the years a creative opportunity, I have let it carry me far beyond the time span to which it actually belongs in the sequence of this personal narrative. I shall return to it again later in the book to speak of subsequent developments which followed on the building of the new hospital there. But I must now go back and pick up the threads at that point in time when the Shikarpur enterprise was barely five years old—the beginning of the First World War, which took me into Government service.

CHAPTER 18

ON GOVERNMENT SERVICE

ALTHOUGH I interpreted missionary service as, in my case, life service, when a national emergency arose I felt it was my duty to offer my services to the Government, and the C.M.S. gave me permission to do so at the beginning of the First World War in 1914. I offered to join either the Royal Army Medical Corps or the Indian Medical Service for military duty, but as so many of the I.M.S. had already joined up, I was asked if I would sign on first as Civil Surgeon and later go overseas. This I rather reluctantly agreed to do, and was posted as Civil Surgeon, Sibi. I found myself working in my own district, and so was able to keep in touch with our mission hospital in Quetta, for the local Government was prepared to give me a free hand provided I did not neglect

my duties as Civil Surgeon. These were not very arduous, but they brought me in touch with many of the leading people in the outlying districts of Baluchistan.

Winter, when the Baluchistan Government headquarters was in Sibi for three months or more, was a busy time. The civil hospitals in Sibi and Ziarat were small and I was able to do a good deal of itinerant work. There were four or five dispensaries which had to be inspected, and my visits gave me some amusing experiences.

The inspection of one dispensary was due at 9 a.m.; as I arrived at the station the evening before, I paid a short visit then and there, after duty hours, and noted the number of out-patients attending according to the register. To my surprise, next morning I found twenty-five to thirty more out-patients listed in the register. The sub-assistant surgeon had added these names, which were fictitious, in order to impress on me how popular he was and how eagerly the patients flocked to him for treatment. He had no explanation to give for the false entries and realized that he had been fairly caught out!

On another occasion I visited a branch hospital without giving notice beforehand. The surgeon in charge was obviously put out, and later I discovered the cause of his perturbation. The inspection began with the out-patients department, operating theatre, and the male wards. I then said: "Now we will look at the female ward," to which he replied: "But, sir, there are no females in the hospital at present." I said: "All the same, I would like to see the ward and make sure it is in good repair." When the doors of the ward were unlocked, I found it full of hay and straw, evidently food for cattle. I told the doctor what I thought of him, and pointed out that a hospital ward must not be used as a hay loft.

Having inspected the hospital buildings, I saw a small building quite apart from the wards and was told it was a mortuary. I said I would like to see it, whereupon the doctor objected: "But, sir, there are no corpses in it at present." I saw he did not want me to inspect it, but as I insisted he walked over to the building with me and I opened the door. Out rushed a cow, and I narrowly escaped being knocked down as it stampeded past me!

"But, sir," the doctor said, "had you warned me when you were going to inspect the hospital, it would have been all swept and clean; there would have been no cattle fodder in the female ward and no cow in the mortuary!"

If the object of inspecting a hospital or dispensary is to discover how they are working, it seems obvious that a surprise visit is the best method of finding out. If one sends word beforehand that the inspecting officer is coming, the wards are sure to be in apple-pie order and the beds probably filled specially for his benefit.

My first piece of work as Civil Surgeon was to go up to Fort Monroe with the political agent of Sibi, Colonel McConaghey. This delightful small hill station was close to the boundary between the Punjab and Baluchistan. In October each year a joint tribal council, or jirga, was held there, when representatives of the tribes from both sides of the frontier met to decide all disputes, civil and criminal cases, affecting the Baluchi tribes on the Baluchistan-Punjab frontier. The jirga system (to which I referred earlier) is seen at its best in Baluchistan, and its findings are, as a rule, very fair and wise. The decisions are based not on British law but on tribal custom and law which, in many respects, bears a close resemblance to the Mosaic law, on which a great part of the Islamic law is founded.

For murder, except in British Baluchistan, there is no capital punishment. The murderer is sentenced to a long term of imprisonment, and his family or tribe have to pay a large sum of money in compensation. This has a much greater deterrent effect than the death penalty, which affects only the individual concerned. As far as possible, tribes prevent their men from committing murder which would render them liable to this heavy fine. The compensation is often paid in money and kind; for instance, the family of the murdered man may be awarded so much in money and one or two girls as well, rather in Old Testament fashion. In some cases these girls may be as yet unborn, but have to be made over to the murdered man's family at birth or at a stipulated age.

In a case of adultery, the husband is expected to kill the guilty couple. This holds good among Pathans, Baluchis and Brahuis. Should the paramour escape, the husband is expected to kill his guilty wife. In some cases, undoubtedly, this leads to a miscarriage of justice, for there have been instances in which the husband was anxious to get rid of his wife and so killed her on the plea of her having been unfaithful. It is so great a disgrace for a man to admit that his wife is unfaithful that no further proof of adultery is required beyond the husband's evidence.

Life is still held very cheap among some sections of the Frontier tribes, and murder is by no means uncommon. These

tribes are always prepared for an inter-tribal or inter-family fight. Once when I was on tour in the district, a cow was stolen. This immediately gave rise to a dispute which resulted in a free fight, and six men were killed and ten wounded. At one time we had a Baluchi in hospital with eleven wounds on his body, one in his knee joint which absolutely crippled him. I performed an operation which I hope gave him a straight leg—after which he was quite ready for the next fight or scrap that might occur!

In contrast to this side of the tribesman's nature are some very attractive qualities. Hospitality is one of the outstanding virtues of the Baluchis, for which they are justly famous. Whenever we went amongst them, we were always received with the greatest goodwill. Each head man offered a sheep, according to his means and position. On this particular occasion, when I was accompanying the political agent of Sibi, Colonel McConaghey, I did a long trek across Baluchistan from Fort Monroe right along the line of the railway running from Jacobabad to Sibi. It was a barren, dry and thirsty land, and yet the arid desert we crossed did not seem to have dried up in any degree the wells of Baluchistan hospitality. For over a hundred miles we were escorted by the Bugti sirdar, Sir Shahbaz Khan, a magnificent specimen of a Baluchi and one of the late Sir Robert Sandeman's greatest supporters. He and his eldest son and twenty-five retainers were with us in camp every night, and as soon as we reached the borders of his country the old chief informed us that we and our camp followers were his guests, and so we remained for ten days. It was no light task to feed seventy to eighty men, as he did. There was hardly any grass on which to feed cattle, much less shops to provide for our necessities, but he had summoned his own Hindu shopmen and they brought with them flour, butter and other necessities, and supplied the wants of the camp. Throughout our visit the Bugti sirdar was determined to lavish the most princely hospitality on the political agent and myself.

We finished a very interesting tour of this district by a long day's march of seventy miles, thirty-five on horseback and thirty-five in a wheeled conveyance in which we were well jolted about.

Later during the same winter I had several more interesting tours visiting other tribes, having first met their leading men at Sibi, the winter headquarters. Here I had a great deal of surgery and performed about sixty operations for cataract. Previously there had been little or no ophthalmic surgery in that district.

The last tribe to be visited was the Marri, formerly famous as the greatest raiders of Baluchistan. As they had little or no cultivation in their country, they made their living by raiding cattle and stealing anything they could lay hands on, not unlike some of our forefathers on the Scottish Border! This tribe was a veritable thorn in the side of the Government when the British first occupied Baluchistan some seventy years ago. Though the Marris often talk now of the good old days, and recount their former exploits with evident relish, they became a law-abiding tribe, and despite some fighting among themselves have ceased to give much trouble to the authorities. As long as they behave, the chiefs and leading men are subsidized by the Government, a part of the Sandeman policy which proved so successful in Baluchistan that many Government officials have thought that the same policy might have been adopted with advantage on other parts of the Frontier.

As we were returning from one of our tours, news was brought that some Afghan outlaws had come over the frontier and were in the neighbourhood. This gave quite a spice of adventure to my last two days' ride. I had a mounted Indian cavalryman by way of escort, and he insisted on my taking a revolver. I took it under protest as I had made a habit of never carrying any weapon. On the first day I rode eighty-one miles on horseback, with five changes of ponies, covering the distance in about ten hours—which was not bad going. On the way I heard that the mail tonga had been looted the previous night only three miles from my destination, but my journey was quite uneventful and I met with no outlaws of any kind.

I look on the time spent in the district as most important from every point of view. The visits paid to the headquarters of the different tribes very soon showed results in the Quetta hospital, for several patients whom I had seen in their own homes came there for operations soon after my return. My circle of friends increased and I was able to keep in touch with many of them until I left Baluchistan. There is no doubt that by visiting them in their villages and district, riding with them on the march from stage to stage and joining with them in fishing and shooting expeditions, I was enabled to get on much better terms with them than I could have done if they had simply visited me in hospital as patients. As a Government servant I was, however, debarred from taking part in any Christian propaganda or evangelistic work. This has always

been the case in India, where the British Government has been strictly neutral as regards religion since it took over from "John Company" after the Mutiny.

Apart from my official duties in the district, I also found time for some excellent sport, including mahseer fishing; one day I landed twenty-eight. Then, too, as Civil Surgeon, Sibi, I was able to spend a large part of the summer at Ziarat, the delightful hill station for Quetta. It stands 8,000 feet above sea-level, and affords the sportsman some of the finest chikor (red-legged partridge) shooting in the world. One day when I was one of the guns, the total bag was 150 brace. As regards big-game shooting, the wild goat (markhor) and the wild sheep (oorial) can be shot within two or three hours of Ziarat. Among our greatest enjoyments were the beautiful walks in the juniper forest, the second largest in the world, for which Ziarat is famous. The scent of the juniper, especially following a shower of rain, is unforgettably lovely.

Although I enjoyed my life as Civil Surgeon, Sibi, I was constantly making applications to go on military service; at last I heard from G.H.Q. that I had been appointed Surgeon to the Bombay Hospital in Alexandria, which was dealing with all major casualties from Gallipoli. This hospital was financed and equipped by the Government of Bombay, but the surgeons and senior staff were to be provided by the Indian Medical Service. I did not realize this when the first news of my appointment reached me and made me jump for joy! My hopes were soon dashed when I was told that Lieutenant-Colonel Novis of the I.M.S. had been appointed in my place as his pay would be met by the Indian Government. He was a brilliant surgeon, and I envied him this post.

Soon after, I was asked if I would accept the post of Civil Surgeon, Hyderabad, Sind, and set free Colonel Bennett for overseas service with the Army. I felt I had to accept this appointment, though I hoped that I would only be there for a short time. But in fact I found the work at Hyderabad very much to my liking. I was surgeon in charge of a big civil hospital, also Principal of a medical school with some 250 students. I had charge of twelve or more dispensaries which I had to visit, and was also a member of the Managing Committee of the Municipality. Besides this, I had to lecture both in surgery and obstetrics in the medical school, and was also Civil Surgeon of Nawabshah. This, however, was a sinecure. I received Rs. 100 a month and only had to visit Nawabshah

when called on to do so. Since this occurred no more than three times in three years, it worked out at Rs. 1,200 a visit—quite a paying proposition! I was also in charge of the mental hospital, which had up to 150 patients. Altogether I had a busy, varied and interesting life.

While I was in Hyderabad I was able to help the clergy on Sundays. I used to preach in Hindustani in the mission church, and one summer I took Sunday services at the Kotri English church, going there and back on my motor-cycle. I was very glad to have these opportunities of preaching and evangelistic work.

My time in Hyderabad, from the professional point of view, was invaluable. The Hyderabad Hospital had a great and well-deserved reputation for surgery. Probably no hospital dealt with so many cases of stone in the bladder. Some 500 to 600 cases were operated on in a single year, and I well remember one morning when there were sixteen operations for "stone". Then, litholopaxy was the operation of choice, and such cases were not admitted to the wards but slept one or two nights on the veranda and were then sent home—a great economy of bed space. I had as much surgery as I could wish for, and two excellent assistant surgeons to help me.

One of the most interesting duties assigned to me as Civil Surgeon was that of operative surgeon to the members of the Indian Army who had been invalided home and had to return to their depots before being discharged. I well remember one patient, an Indian soldier who was handed over to me as a case of shell injury, with a large piece of shell still to be removed. The man had come home from Iraq. He had a discharging sinus in the region of the hip, and a large lump could be felt. I cut down on this foreign body and, to my utter amazement, removed an enema syringe, complete but for the rubber pump! I could only guess what had happened. I think a ward orderly had been told to syringe out this discharging wound, when, to his horror, the nozzle became disconnected from the pump and disappeared into the deep wound. Apparently he had been terrified of "getting it in the neck" from his surgeon, and told no one, so the nozzle had lain hidden in the man's thigh until I took it out in Hyderabad Hospital. I did not show the patient the fragment of shell which I had removed!

As I was at one time the only British Civil Surgeon in Sind, and was supposed to be bribe-proof, several men were sent to me to be examined for fitness for overseas service. Few, if any,

wanted to go overseas. I was approached in various ways in the hope that I would make it possible for the individual to stay in India. A benevolent-looking old man called to see me one day, bringing a beautiful basket of fruit as a small token of appreciation, he said, for all I had done for the poor. I accepted this—though I smelt a rat. The next day he appeared with his son, and produced an application for overseas duty provided he was passed physically fit. I had a quick look at the young man and told the father I thought he was fit, but that if he would go to the office and not to my private bungalow I would deal with the case; whereupon he produced another basket of fruit, the fruit covering a large bottle of brandy. I was a bit rattled and said: "Take that away!" Finally, with hands clasped he said: "Sir, will champagne do?" I told him that champagne would *not* do. He went away a sadder and wiser man, I hope. I saw the young man in my office and he was passed fit for overseas work. This is just one example of the difficulties a Civil Surgeon had to contend with if he were honest.

In connection with my work I was often called in as a surgical expert to give evidence in cases of murder or other charges. I very soon realized that there was considerable money to be gained by a surgeon if he chose to be dishonest and to give a false report.

On one occasion I was called in over a case of rather savage assault. The barrister who was conducting the case was anxious to find fault with my report. He said to the judge: "My Lord, I notice that the Civil Surgeon has described the injury on the skull as a linear wound of three inches in length, but he has omitted to say anything about its breadth." I had a brainwave and replied that the eminent counsel was evidently unaware of the axiom that a line has length without breadth! The counsel at once subsided; he did not wish to display his ignorance.

The growth of our young family coincided with my spell of Government service. Harry, our eldest, who was born in Edinburgh in 1911, was a spirited young four-year-old when I took up my appointment in Hyderabad in 1915. Ronnie, our second son (who was born in Quetta), was just a year old; in June 1915 our daughter Esme was born—also in Quetta. Because of the extreme heat on the plains of Sind, we planned that my wife and children should go up to Quetta each summer from May to the end of September, and I would go up for

one week-end each month to see them and to be revived by the cool mountain air.

I was at Hyderabad for nearly three years and enjoyed almost every minute of it, barring some of the very hot spells when the temperature went up to 120° in the shade! In spite of the heat I kept wonderfully well, largely because of the exercise I took. Winter and summer we played tennis; some of us played cricket; and pig-sticking and mounted paper-chases gave us a great deal of fun.

Sind has always been a great country for small-game shooting. Some of the finest duck and partridge shooting is found there, as well as snipe. In Hyderabad there was not only the small-game shooting; many people liked to go out in the evening to shoot crocodile. I went out on one occasion, and two of us fired at the same time. The very generous sportsman who was with us assured me that it was I who had hit the crocodile, but I was quite certain I had not!

While at Hyderabad, living in the Civil Surgeon's bungalow alone, on the outskirts of the city adjacent to a cemetery, I had a narrow escape from being bitten by a cobra. My bed was on the veranda, as it was the coolest place, and I was about to get into bed when I saw a snake just where I would have put my foot. It gave me a fright, but the snake soon wriggled off. When I told this story next day to some of my gunner friends, they said: "Look here, Doc, why don't you come to the cantonment and sleep there?" Brigadier John Scott, who has always been a great friend of mine, asked me to stay for a week or ten days in his bungalow. To be away from snakes altogether, we slept on top of the roof, as was common in the hot weather. On the second night I woke up and, to my horror, thought I saw a snake climbing up one of the legs of my bed. I leapt out of bed, not realizing it was only a nightmare—and jumped off the roof. I remember trying to catch hold of the wall as I went down. Fortunately I fell on my feet on the porch roof; had I fallen on the ground, some thirty feet below, I should probably not be alive now. Captain Scott, as he then was, told me that he had woken up and seen me disappearing over the roof. Horrified, he leapt out of bed—to find I had landed safely on the roof of the porch below, from which he and his brother officer rescued me. I had my leg well pulled in the mess: "Well, Doc, you ought to drink another brand of whisky," they chaffed me, knowing that I never drank it.

Those were two remarkable escapes, first from the snake in

my bungalow, and next from falling off the roof. In India, thousands of people are said to die every year from snake bites, but the real figure may be much lower.

It was when I was at Hyderabad that I received a telegram with most grievous news. I was horror-stricken as I read: "Harold murdered. Can you come?" The message was from Mrs. Starr, wife of the surgeon in charge of the C.M.S. Hospital, Peshawar. I was a great friend of both of them, and Harold Starr had been with me only a few months previously at Shikarpur. At once I put in for a week's leave, and rushed off to Peshawar.

I was amazed at Mrs. Starr's courage. I went up with her to the mission hospital, and there she told me the whole story. She said that she and her husband had wakened between two and three in the morning, hearing somebody knocking on the gauze on the window. Her husband looked out and saw three men with a lamp outside. He thought a patient had come to see him, so he quickly put on his dressing-gown and went out. Then Mrs. Starr heard sounds of a struggle, and a few minutes later her husband crawled back into the room very seriously wounded in the abdomen. They operated on him as soon as possible, but the injuries were so severe that he died.

Nobody knew exactly why he had been attacked. He was doing a grand job of work on the Frontier. And now his widow, who had been such a fine partner in the work, was left alone with this deep tragedy to haunt her. The remarkable courage and generosity with which she faced it made a great impression on the Frontier. When she went back to England we little thought she would return. But after a few months she wrote to say she wanted to come back. I suggested that she should go to some other place, Quetta for example. I could not imagine her returning to the very same hospital where her husband had been murdered. But she had made up her mind. "No," she said, "I want to come back to work at Peshawar as a hospital sister." She had originally joined the hospital as a sister, and it was there that she had met and married Harold Starr. We all felt that by her action in choosing to go back she showed in a remarkable way what true forgiveness means. She continued to work at Peshawar for several years.

After I had been nearly three years in Hyderabad I was offered the post of Civil Surgeon, Quetta, and C.M.O.,

Baluchistan. I accepted with pleasure; Quetta had been my home for fourteen years and I was glad to go back there. I was placed in a rather curious position, however, for as Civil Surgeon, Quetta, I was in open competition with my own mission hospital. As C.M.O. I had all the outlying dispensaries and hospitals to visit, and as Inspector-General of the jails I had to visit the prisons regularly. In many respects the work was similar to that in Hyderabad, except that once more I was amongst my own friends and the people I had known for so many years.

Throughout my time in Government service I was fortunate in being able to continue to help with the eye work at Shikarpur in the winter. During the two years I was Civil Surgeon, Sibi, the Baluchistan Government gave me leave to go for three weeks or more to take part in the eye work at the clinic; and in my three years at Hyderabad, as I was only 150 miles from Shikarpur, I was able to take three to four weeks' annual leave to do the same. Had I been posted overseas, my Shikarpur service would of necessity have been interrupted.

When the war came to an end in 1918, I asked to be allowed to resign from my Government work and rejoin the mission hospital in Quetta. I realized, however, that since by this time all the Government officers, their wives and families, the railway staff and other civilians had become used to being in my charge, it would be difficult for me to refuse to keep them on as patients if I remained in the town. So, after some thought, I decided to ask to be transferred to Kashmir for a year or two; this would avoid embarrassment both for my successor as Civil Surgeon and myself. This request was granted, and my absence gave the new Surgeon a chance to settle down in his post at Quetta.

We moved up to Kashmir as a family—except for our eldest son, eight-year-old Harry, who in March 1919 was sent to boarding school in England. He sailed in a troop-ship in the care of Quetta friends, to start the new term at his preparatory school, Heddon Court, Cockfosters, with its missionary-minded headmaster, H. Frampton Stallard.

The problem of providing adequate education for their children is a very real one for missionaries working on small salaries and with no private means. The question of sacrifice goes deep at this point. One may sacrifice oneself in being true to a missionary vocation and be willing that one's children should choose to go abroad when qualified; but whose is the sacrifice if missionaries' children do not receive the education

to which as citizens they are entitled? Is it the missionaries' or their children's?

When as parents we looked ahead with the prospect of three children to educate, our first obstacle to surmount had been the cost of a good preparatory school for Harry, and here we were helped in a wonderful way. For we received a most generous offer from Mr. Stallard, who at one time had hoped to go abroad as a missionary. As this proved impossible, he made up his mind that so long as he could afford it he would have two boys in his preparatory school for the token payment of £9 per term, provided that their parents had been to public schools and universities. Not only Harry, but Ronnie also (four years later) profited by this act of far-seeing provision, and with the good start given them by Heddon Court, Harry won the top King's Scholarship at Durham, which would have rejoiced the heart of my grandfather Tristram, while Ronnie was awarded a substantial bursary at my own old school, Loretto.

Right from the beginning we were greatly helped by a succession of generous gifts on the part of friends and relatives towards our children's education, up to the time that our sons took their degrees and our daughter completed her training as a hospital sister at Edinburgh and Radcliffe, Oxford. When I turned down the offer of Dr. Fisher of Chicago to join his staff on a large salary, with a view to succeeding him, a friend who was impressed by the sacrifice involved paid £100 a year into my account towards our daughter's education. As a result of such generous help we never had to draw on capital for the education of our children, and we were in fact able to save some money during my time in Government service. I realize, of course, how fortunate I have been in this respect, while others who dedicate their lives to missionary service often experience great difficulty in regard to their children's education, though as a rule the societies to which they belong are able to find the means to help them to some extent at least.

When in 1919 my wife and I set off for Kashmir with the two younger children, we had the satisfaction of knowing that Harry's education was beginning on a sound foundation, a fact which made it easier to face this first break in our happy family circle.

CHAPTER 19

ON THE ROOF OF THE WORLD

MY two years in Kashmir, from 1919 to 1921, held some unforgettable experiences, both from the professional and personal standpoint of a missionary doctor.

To work alongside the brothers Neve, Ernest and Arthur, at the mission hospital, Srinagar, was a real inspiration. They (together with Dr. Vosper, a saint of a man) had built up the reputation of that hospital in a wonderful way; the fact that it was always full to overflowing showed that they had the confidence of the people of the Kashmir valley and beyond.

The two doctor brothers and the outstanding principal in charge of the neighbouring mission boys' schools, Cecil Tyndale-Biscoe, made a splendid team. Both hospital and schools (soon to be followed by the girls' school under Miss Mallinson) were giving a fine Christian witness to the people of Kashmir, demonstrating the Christian faith in action and its power to influence character. "In all things be men" was the motto of Biscoe's schools, and his educational methods ran true to that ideal. His first efforts had been to encourage his pupils to take part in sports and manly exercises; he himself had gained his Blue as cox of the Cambridge Boat. The majority of the boys who attended the school were Brahmins trained in the pundit tradition, for whom rowing or swimming or working with their hands were considered beneath their dignity. But Biscoe taught them a new way; the boys learned not only to row and to swim but to grow up with a healthy outlook on life by learning to serve others.

The ideal of manly Christian character for which Biscoe stood has had a great influence on the life of the people. But it has always been uphill work in Kashmir. He served for nearly fifty years without seeing any Christian baptisms resulting from the work in the schools; only towards the very end of that period did he have the joy of seeing twelve of his Brahmin masters, all old boys of the school, baptized. When, as I often did, I spoke to the Neves and Biscoe about the future, I found in them a faith too robust ever to be discouraged; none of them knew what the word failure meant.

From the Srinagar hospital, each year, the surgeons in charge would take a month's leave, which they spent in long treks through the valleys and over the passes of Kashmir. By

means of the camp dispensary which they took with them, they were able to gain an intimate knowledge of the people of the valleys who came to them for first-aid treatment. There is no doubt that many patients found their way to the base hospital in Srinagar as a result of these itinerant medical tours. I myself was able to accompany both Dr. Arthur and Ernest Neve, and I look back with the keenest enjoyment on those wonderful journeys with the two brothers. How sharp a contrast is left in one's mind—on the one hand, the beauty of Kashmir and its valleys surrounded by snow-capped mountains; on the other, the tragedy of so much unrelieved suffering and the extreme poverty of the people.

It happened when I was in charge in Srinagar, in 1920, that a sudden call came which gave me one of the most adventurous journeys of my life. I was asked to operate on the Rajah of Shigar at his capital in Lesser Tibet. He was blind from cataract.

I found it would take me seven days on foot to reach the Rajah's remote State; it would then be necessary for me to spend ten days in his domains; together with the return trek it would involve almost four weeks' absence. Fortunately I had a month's leave due to me, so I accepted the invitation, provided the Rajah would pay Rs. 1,000 in advance into the C.M.S. hospital account in Srinagar. I made careful inquiries and found that he was not a wealthy man but could quite well afford to pay a fee of Rs. 1,500 (just over £100) and my travelling expenses there and back.

That trip was certainly one of the "high-spots" of my missionary service. To anyone with a spice of adventure in his make-up it would have been a thrill to undertake this journey over the Roof of the World to distant Shigar, which lies in the shadow of K.2, the second highest mountain of all. For much of the year this remote fastness is cut off from the outside world by snowdrifts which block the mountain passes.

I set out accompanied by a young Scottish doctor, Dr. Mathewson, and his wife. We went over the famous Zoji La Pass, known to every big-game hunter who has visited Kashmir, and on through Kargil to Shigar. The trek involved seven days of tiring and varied march, and wherever we camped *en route* crowds of villagers came to be treated for various disorders. We covered about eighty miles altogether, climbing up, day after day, through the wildest scenery imaginable. Five hundred feet below us roared the Indus, while all around were black, bare,

uninviting mountains, some 1,400 to 1,500 feet high. In Baltistan all the water there is in the river and a few springs, and there is little ground to cultivate; the little that is available is cultivated in skilfully contrived terraces, but elsewhere there is no sign of vegetation.

Amid the wildness of this desolate region I met with a strange experience. After one strenuous climb we came to a high spot where we paused for a rest. Just as I was settling down by what I thought at first were the roots of trees, I suddenly realized my mistake and drew back with a sense of shock. These were no tree roots, but the frozen bodies of seven men who as mail runners had been overtaken by an avalanche, their bodies buried by the winter's snow until this summer's sun now made only too clear the fate that had befallen them.

For the last four marches into Shigar our track lay along the precipitous banks of the Indus. We passed several magnificent waterfalls, 150 to 250 feet high; the volume of water was great, the spray splashing thirty to forty feet in the air. How thankful we were to spend a couple of hours close to one of these falls after a stiff 500-foot climb under a gruelling sun! Later, we encamped in an apricot grove, and here, soon after our arrival, a number of patients gathered, all wanting medicine. They had seldom, if ever, seen an English doctor. The language of the people is Balti, of which I did not know a word; only very few whom we met on our long march could speak a little Hindustani.

On the Sunday we had a short service together—Dr. Mathewson, a Baptist; his wife, a Presbyterian; and myself, an Anglican.

At this point on our journey the going became very arduous, for the road was so broken that we had to give up pony transport and hire coolies for the baggage. We hired twenty-two men at five annas per head. Fancy having to carry a load of sixty pounds over sixteen miles for fivepence! Here wages are still low, yet there seemed to be no difficulty in obtaining coolie labour. They are a wonderfully cheery lot; I passed them actually trotting along, singing as they went. This, at the end of a sixteen-mile march in the sun! For some distance we had to pass along a very narrow path with a sheer drop of 300 feet on one side into the Indus, and no protecting wall of any kind. One shy with a pony, or a bad stumble, and we would have found ourselves in the river. In the circumstances I preferred my own feet, especially as the ponies here would elect to walk on the extreme outside of the path, and if one

attempted to pull their heads round, it seemed as if their hind-quarters were going to swing over the precipice! To ride along such paths requires a good head and some nerve, yet we saw two Baltis galloping along the edge of the most precipitous part of the path as if they were on a broad road!

One evening, as we reached a more populous area, we prescribed for 200 patients and did two or three minor operations. One case was a hip dislocation of ten or twelve days' standing; we were able to reduce it under chloroform and put on a splint. Had we not come along just then, that young man would have been lame for life. He had fallen from a mulberry tree; the mulberry season was then in full swing. Each year in Kashmir several lives are lost by such falls; when I had left the mission hospital in Srinagar, there were eight cases of broken bones caused in this way.

Now we were nearing journey's end. At a point some six miles from Shigar we were welcomed by a delegation of the Rajah's men accompanied by the town band, consisting of four or five musicians. One had the inevitable drum, another an elongated trumpet, and the combined melody which they produced defies description! We were given ponies to mount and were soon surrounded by a crowd, who escorted us to the Rajah's house. Here we received a great welcome from the Rajah himself. I examined his eyes forthwith, and decided to operate on him the next day.

The State boasted no hospital and no electricity. I decided that the best place for the operation was in his house, on the big veranda facing north. Next morning, all preparations being completed, he lay down on the table on the veranda, under the gaze of an assembled crowd of some two to three hundred people, who were standing, I am glad to say, some distance from the operating table. Since Shigar had no cinema or entertainment of any kind, the people were determined to see what was to them a very rare occurrence, an operation on their Rajah.

I spoke to the Rajah in Persian, as I did not know Balti, explaining to him our custom to have prayer before an operation in the name of their Prophet and our Lord and Saviour, Jesus Christ. He expressed great satisfaction that we should have prayer thus before I operated on him. Both eyes were blinded by cataract, and both were operated on, then and there. I am glad to say that, thanks to the prayers offered, he had a very successful result.

I did not want to leave the Rajah until his eyes were in a fit state, so during the period of waiting we operated on a number of people from the village and round about ; altogether we handled some fifty to sixty cases in those twelve days. During our stay in Shigar I had as my interpreter the Balti who acted in the same capacity for the Duke of Abruzzi on his climbing reconnaissance of the great mountain K.2.

We had plenty of time to look round between spells of operating and seeing patients. A sight I saw then for the first time in my life was men being used as bullocks for ploughing, two men pulling the plough. Here also they have a strange method of manuring their fields. They dig a series of large holes or tanks alongside the mountain torrents and streams, and run the water into them. Later, they dig out the silt and use that as manure for the fields.

In the neighbourhood of Shigar I noticed on several occasions how terrified the women were at the sight of an Englishman; they would dash up a hillside or escape over a wall. I have never seen anywhere else the same terrified reaction to the sight of an Englishman.

On my arrival at his capital, the Rajah had given an order that I should be entertained with an exhibition game of polo in the evening; when he spoke of it then I told him that my first duty was to the sick, but that I should like to see a game before I left Shigar. Accordingly, some days later the Rajah sent up a pony for me to ride. He had given instruction that I was to be allowed this special opportunity of taking part in their national pastime. Before the game I had seen some 270 patients, the most I had ever dealt with in a day.

Some account of this my first game of polo in Lesser Tibet (which is the actual home of polo) may be of interest. It was very different from the polo that we associate with Hurlingham or Cowdray Park! We played at a place called Khapalu Estate, where there are no beautiful lawns but a piece of bare ground like a very broad roadway between two stone walls, without a vestige of green of any kind. The ponies were very small, and the polo stick more like a hockey stick.

I was never to forget that game. I soon found that the main object seemed to be to ride your opponent against the wall on either side. I was careful to keep the inside position! We had a fast and furious game for over half an hour, and at the end I was relieved to find that I was not a casualty. There was apparently no "off-side" rule, and if one were foolish enough to register a goal, that goal was not counted unless the striker

dismounted and picked up the ball after it had gone through the goal posts. As soon as the goal was hit, there was a rush of the defending team, who took good care not to let the goal scorer get near the ball. As far as I could see, had he attempted to do so his fingers and hand would have been bruised beyond recognition! Not an attractive proposition for a surgeon who was just then at the Rajah's service!

Before leaving Shigar, I went to pay my final visits to the Rajah, and as it was noised abroad that he had received sight in both eyes, an augmented village band was brought out to escort us from our camp to the Rajah's house. I congratulated the Rajah on receiving his sight and told him not to thank me but God, and Hazrat Isa, for whose sake and with whose help the operations had been performed. He had sent me several small presents the night before; these included a panther skin. The band and some of the leading people of the village accompanied us to the river, over a mile away.

As I was leaving the valley and we had standing ready the pack ponies carrying our bedding and other baggage, two men led up to me a dear old greybeard; he must have been between seventy and eighty, and I saw that he was blind. One of the men said: "Sahib, this is our father. Will you operate? We have come from a distant valley."

I explained: "Well, everything is now packed up and we were just about to leave."

But the two men pleaded: "Sahib, if you do not give our old father his sight, he will go down to his grave blind."

I knew that as a Christian doctor I could not refuse, so we had the box of instruments opened, got out a Primus stove and set it up on the polo ground. We sterilized the instruments in a saucepan, put the drops in the old man's eyes, and when all was ready he was placed on his back on the polo ground and I knelt at his head and there operated on both eyes. Naturally, I could not leave him without medical assistance, so I told my only surgical assistant to stay with him for ten days. He returned later with the news that both eyes had been successfully operated on.

When I say that sixteen years had elapsed since a doctor had visited Shigar, and as far as we knew it might be another sixteen years before another visited that valley, it illustrates what I have so often spoken of, the tragedy of untreated disease and suffering. Just imagine being sixteen years without skilled medical help of any kind being available!

The remoteness of that region, over the Roof of the World, was further brought home to us on the return journey by a different route. The first part down river we negotiated on a rough kind of raft known as a *zuk*, made of four rows of six goat-skins inflated, with planks placed criss-cross on the top. When I saw this frail craft and the rushing torrent of the Indus down which we were to pass, I realized that we were in for an adventurous time! Four men with paddles guided the raft, and most skilfully they did so, down some very swift rapids. Twice we ran aground, and many times it looked as if we must strike the rocks in the middle of the river, but the crew managed to steer us past all hazards, using their paddles sometimes as oars and sometimes as punting poles. When we reached the sandy shore, the raft was carried on the shoulders of the crew across a belt of sand half a mile wide. So we came to Skardu, where we had to wait for the coolies with the rest of the baggage.

When at length the coolies caught up, we set out on a most interesting three days' march to the Deosai Plateau, 12,500 feet. We climbed 200 feet to our first camp, which was well situated in a deep ravine among junipers. On the way we passed a most lovely emerald-green lake, nearly a mile long. The next day we had a 500-foot pull up from our camp; most of the march I was riding a sturdy pony which the Rajah of Shigar had lent me, but the last part I walked. This Pass is only open for two months in the year, and the last 500 feet was chiefly over snow and snow bridges. The snow slope along which we had to march was very steep, and taking the baggage ponies over the snow bridges was an extremely hazardous business. It was a marvel that we got through with only minor damage to some of the loads.

At the top of the Pass (15,000 feet) there was a beautiful ice-covered lake, but we had little view unfortunately, owing to heavy cloud. I had rather a bad mountain head, as I usually have at that sort of height. When we camped that night in bitter cold, I rejoiced in a hot-water bottle for the first time since I had left Srinagar.

From this point we had a sharp descent next day to a wide green plain where the alpine flowers were the finest we had seen. Here and there the banks of the streams were literally carpeted with primulas, anemones and gentians. In the distance, the pale yellow and white primulas on the banks looked like English primroses; the contrast between them and the purple and deep pink primulas was most striking, and the

deep blue gentians could be seen wherever the snow had recently disappeared.

When we reached the other side we saw below us the famous Burzil Pass, which yearly claims its toll of victims due to avalanches and blizzards. The descent to Burzil is very steep and we soon came to a tree area again, the first trees we met being the silver birch, which grow at an altitude of 10,000 feet. After seeing no trees at all for three days, it was a great delight to enter once more the forest-clad mountains of Kashmir. As we descended, the flowers changed rapidly. We left behind the gentians and primulas and came to grassy slopes bright with forget-me-nots, borage, and the most beautiful white columbine. Some of the columbine flowers were as much as two inches in diameter. As we descended farther we came to places knee-deep in white spirea, balsams and campion, growing in a lavish profusion, while under the trees wild strawberries and raspberries were still in flower.

We spent two nights in the famous Burzil Pass rest-house and the next evening we camped at a place called Minimarg, which, at 9,500 feet, has the distinction of being the highest Government telegraph station in the world. After the far greater heights from which we had come, we felt as if we were down to the plains again.

The Deosai Plateau over which we had marched, lives in my memory for the grandeur of the mountain peaks—rising to 18,000 feet—by which it is surrounded, and the wealth and sudden beauty of its alpine flowers. Stretching as a shallow basin between these snow-topped mountains, it extends some thirty-five miles in length and twenty-five in breadth. It contains tens of thousands of acres of fine pasture land, but as no fuel is to be had since no trees will grow, there were no shepherds at this altitude. We had to carry our own firewood with us. Apart from swarms of marmots, we saw no sign of animal life—only mosquitos, reputed to be the largest in the world, and which bite by day and not by night!

Now our long marches took us through beautiful wooded country. Along the banks of the Kishanganga River we saw a very productive deodar forest, the wood which had been in large demand for making, among other things, sleepers for the railway. The Kishanganga River was recently stocked and I am told it is now one of the best trout-fishing rivers in Kashmir.

So by stages we made our way back to Srinagar. I returned to work at the mission hospital after a wonderful five weeks'

trip in which I covered nearly 400 miles and saw over 2,000 patients.

My Kashmir interlude was a happy experience also from the family point of view, for my wife and two children were with me and they had a wonderful time. How those Kashmiri days stayed in the memory of the children—the marvellous expeditions among the lakes and gardens and the river highway through the city; the incident of the ducks that would stray into the holiday house at Gulmarg and were eaten for their persistence; the family scare when Ronnie had a mild attack of smallpox in my absence, and my exciting return, posthaste, through a bear-haunted wood!

At the end of my term of service at Srinagar I was due for furlough in England—my first home leave for nine years. After the happy time we had had as a family in Kashmir, it was a great joy to us that in 1921 we all came home together—my wife and I, Ronnie and Esme, able to link up again now with Harry, who had just completed his second year at his prep. school in England. It was a most refreshing furlough; and when the four of us returned to Quetta in 1922, I was ready to settle down to what I hoped would prove a long, uninterrupted spell of service at my own hospital.

Next year came the second big break in our Quetta family circle when Ronnie was taken home by “Auntie Nan” to join Harry at Heddon Court. And a year later Esme, the youngest, set off for boarding school in England; she left us for Liverpool College, Huyton, at the age of nine. In Quetta she had distinguished herself by her love for animals and her horsemanship, and just before she left for England she had an exciting experience through the kindness of General Sir David Campbell, Western Army Commander, Quetta. (He had had the distinction, as a lieutenant, of owning, training and riding a winner of the Grand National, and in the same year winning the Open Cavalry Tournament.) As his daughter was going to boarding school in England before the Quetta Horse Show, in 1924, he asked Esme, much to her joy, if she would be the jockey of his daughter’s pony, Princess. When Princess won the race, the General received the cup; then he came to Esme and said: “You’ll think me a selfish old man, I want the cup for my daughter. But the pony is yours—take him home.”

To leave Princess behind when she went to England that spring was an even greater wrench for Esme than parting from

her parents and her home in Quetta! The gift of the pony was characteristic of the General's generosity. He was a very good friend of our work at Quetta, and shortly before he died he arranged with his bank to pay any surplus on his account into our mission hospital funds.

CHAPTER 20

A DESERT OPERATION

I WAS now embarked on my longest period of uninterrupted service at the Quetta mission hospital, interspersed with tours of the district from time to time. It was in 1926 that an interesting experience came my way in the form of a shared encounter with a brigand chief on the Persian-Baluchistan border. Dost Mahomed was a famous, or infamous, freebooter of the Damani tribe which at that time was causing a great deal of trouble by constantly raiding the western part of Baluchistan and carrying off sheep and cattle to the other side of the frontier. As he owned land on both sides of the border, this brigand chief was in the habit of raiding the Kalat side and then crossing into Persia, where he remained, as he thought, in safety.

These raids had been so troublesome that in 1926 Colonel Terence Keyes of the Indian Political Department was deputed by the Government of India to visit that part of the Baluchistan frontier which was the site of the Damani raids in order to come to terms and if possible put an end to the trouble. Colonel Keyes (later to become Sir Terence Keyes) was the brother of the famous Lord Roger Keyes who was awarded the V.C. for his daring venture at Zeebrugge. The brothers were alike in their fearless courage. Terence Keyes was for many years in Kalat State as political agent, during which time we became close friends. Keyes was an outstanding Christian.

His object in taking me with him on this particular expedition was that I might demonstrate to Dost Mahomed and his followers the peaceful intentions of this enterprise; by attending these men and their families in my capacity as a doctor, Keyes hoped I should win their confidence and help to forward his mission of pacification. In planning a tour through this desolate country, his aim was also to try to improve

communications, which would help in the work of pacification by establishing closer contact.

We set off from Quetta as a small party consisting of Colonel Keyes, his assistant, Sir Mir Shamshah, and two of the Baluchi chiefs. From Panjgur (300 miles from Quetta), where the assistant political agent had his headquarters, we made our way to Grawag, a fort among the rocky hills within a couple of miles of the Persian-Baluchistan frontier. As an escort we had twenty-five of the Baluch Levies. Colonel Keyes had written to make arrangements for Dost Mahomed to meet us on the frontier.

At Grawag a marquee tent was erected as a meeting-place; word was sent to Dost Mahomed, who with a large number of his followers was camping on the frontier a mile or two from Grawag fort. The bandit chief duly arrived with a party of eight of his leading men. No doubt they expected to be trapped and probably arrested, for they entered the reception tent warily, each with a loaded rifle in his hand, obviously suspecting the possibility of treachery. I watched with the greatest interest that first encounter between Colonel Keyes and Dost Mahomed, for I was present at the beginning of their conversation; after which I left for the frontier to visit the large camp of some 2,000 people, the followers of Dost Mahomed and their families. It was here that my work lay. I crossed the frontier safely and was treated with great civility. I spent several hours among the people, treating their various maladies, and this personal touch with them in their need created a favourable impression.

When I returned in the afternoon to the tent at Grawag, I found the discussions still proceeding between Dost Mahomed and Colonel Keyes. Matters had apparently almost reached a deadlock. It was then agreed that they should break off the negotiations for a time and meet again the next day.

One of the objects of Colonel Keyes's visit was to improve communications by seeking a possible motor road from Grawag to the railway linking Quetta with the Persian frontier. Keyes knew that along the Persian-Baluchistan frontier there were supposed to be a number of wells which had been dug when the telegraph line had been laid; this line over miles of desert represented the longest single link between telegraph stations anywhere in the world.

On the day we were supposed to leave the fort in search of the possible motor road, Dost Mahomed arrived once more with his retinue. On this occasion we noticed that he and his party

left their loaded rifles at the entrance to the tent, a sign that they no longer expected Keyes to turn round and arrest them. During the discussion that followed, the attitude of Dost Mahomed seemed to us more friendly, but Keyes could not induce him to make any promises as to future good behaviour. Realizing that nothing more could be done to bring him to accept terms, he told Dost Mahomed that he would now have to move off. We had two cars in which we were proposing to travel as far as possible; they were objects of wonder to several younger members of Dost Mahomed's party who had never seen a motor of any kind. Keyes gave them the thrill of their young lives by taking them for joy-rides round and round the camp, with several hundred of Dost Mahomed's followers looking on.

Having previously made his formal farewell to the brigand chief, Keyes finally gave the signal for us to start on our trip. We set off by car and saw no more of Dost Mahomed. Some time afterwards, however, Keyes received information that it was more than possible Dost Mahomed and his men had intended to fire on him and our party as we left, but that as a number of young men and children were gathered round our cars, they had to abandon the idea as they might have shot some of their own people.

At the first camp out from Grawag we found that the well there had been filled up with sand and, as there might be no water at the next proposed camping ground, Keyes decided to leave the baggage camels behind. Four of us comprising the party would leave on riding camels, Keyes himself was on horseback, and we would push forward as best we could in the hope of finding water on the frontier. We each had a water-bottle filled with water, but Keyes gave instructions that this was not to be used until we reached our evening camp, in case we should find no water in the charted well there.

It was at this stage of the journey from Grawag to the railway that we had a remarkable experience.

After riding for some hours, we saw in the distance what looked like a small grove of palm trees. On pulling up here we found under the date palms a small tent containing three or four Baluchis, men of the Damani tribe that had been behaving so badly. To our horror we saw that one man was in great distress, suffering the most acute pain. We soon learned what had happened; the day before, he had fallen from the top of a tall palm tree when picking dates. I ordered him to be taken, on his bed, into my tent at once. I felt sure he had ruptured his

bladder and that his life could only be saved by an immediate operation. The insertion of a tube was absolutely necessary as a drain. Unfortunately I had no drainage tubes with me; I had brought only a haversack of ordinary medical instruments and appliances. But necessity drove me to improvise. I decided to contrive a tube from the yellow metal case of a clinical thermometer, in spite of the fact that it was nickelled over with some sort of stuff which produces verdigris in a day. While the water was being boiled to sterilize my instruments, Captain Packman helped me prepare. The following account of this emergency operation in the heart of the desert was written afterwards by Colonel Keyes, who was with me at the time:

"We had to smooth off the metal tube of the thermometer case with various files and tools and emery-board which had been brought along amongst our gear, and one of the sepoy who had been trained as an armourer's assistant filed off the rounded end of the case and smoothed it as effectively as he could in the circumstances. When it was ready I took it along to Holland's tent, wondering with some misgiving at what stage I should find the operation! But the Damani had been carried out into the open on his charpoy and put down under a palm tree. There was a cheerful ordinariness about the atmosphere.

"'Just drop the tube in the boiling water,' Holland said, and I retreated to where one of my little kitchen saucepans was boiling outside the tent, on a fireplace made on three stones, lit with dried camel-dung and bits of desert scrub.

"All this had taken place in the evening, and Holland was obliged to work as quickly as possible on account of the failing light. I was astounded at the rapidity with which it happened. At one moment there was a groaning man on a charpoy and then, for what seemed only a few moments, the droning sound of someone under an anaesthetic; in no time at all there was Holland again, outside his tent, washing his hands and saying in his cheerful cracked voice: 'Well, I've opened him up, put in the tube, and sewn him up again!'

"I couldn't help expressing my doubts as to the success of such an unorthodox operation. 'Surely it's a million to one chance against it?' I asked. 'That tube'll produce verdigris within twenty-four hours!'

"Holland laughed. 'You don't know anything about the inside of a Damani camel-man! And anyway, he's in the hands of God. But we must get him to hospital in twenty-four hours if we can.'

"This was a bit of a proposition. We knew it was a very

long march across what had now changed from silt to a dry gravelly desert to the point where we would strike the railway station; after that it would be another twelve hours by train to the place called 'Thieves' Water', which boasted a small desert hospital. There was no time to be lost, and all our arrangements were changed to try to save the life of this hostile tribesman.

"I went on to arrange for the whole camp to march that night. We had changed our little wild hill camels for respectable old males of the plains, and they were just coming in from grazing, looking incredibly aimless—straggling in anyhow, like unsteered ships. (Among the Baluchis an aimless person is called a camel without a nose-string!)

"The whole camp was in a state of preparation; people were talking and shouting; fires glowing; the Havildar calling in the men of the Levy Corps, inspecting their rifles and giving instructions for the night's march. The pungent aromatic smell of the little bushes of sage (which, like an iceberg, has more root below than shows above ground), combined with the smell of camel, gave an unforgettable bouquet. The men were ordered to have their dinner at once, and soon there were many fires twinkling on the now dark ridge, while the men cooked their *chapatties* on iron plates. There was a continual bubbling and belching from the camels as the pack saddles were fitted on; the shouts from the men as they led them off to water at one of the pools below the ridge, and the strange noises with which they talked to them! They have a special language, and a camel that has lived under the artificial life of the baggage train for some time will not drink, even when led up to the water and very thirsty, unless the camel-driver makes the appropriate sound—'Ppppppppppptrrrr-rru!'

"By now the sun had sunk out of sight, but all the way round the horizon was a green light that is only seen in a desert sunset, and in the west great slashes of crimson and orange. The colours were never stable for a minute but continually changing and blending, and from the north, whence comes the wind, the sand-laden air took on a putty hue.

"The Damani had already come-to from the anaesthetic and we decided to send him off without delay. We tried to devise a litter that could be slung on a camel, but this was not practicable and it was eventually arranged that he should be carried on foot in shifts of four men at a time. Eight men went with him at the start, four of his own people and four Baluchis from the villages near by. As night began to fall they set out towards the

north for the long trek, and soon disappeared into the dusk. Eight more bearers were collected after they had had their evening meal and were despatched on camels to catch up with the stretcher party; in the end, every one of the Levies and the camel-drivers, as well as his own tribesmen, took a hand in carrying him.

"It was a queer dinner that we had in the open that night at a little camp table, after our tents had been struck, but it would be a faint-hearted Goanese cook who could not produce a five-course dinner in the desert. On an occasion like this the cook always used to give us an entrée of what is euphemistically called 'sweetbreads', then followed saddle of mutton, date pudding, and a savoury of sardines.

"At ten o'clock we started. Under the radiant desert sky the track was as clear as by daylight: the surface so hard and smooth you could have driven a car along it at forty miles an hour. Overhead, in a sky of deep sapphire, the stars shone with dazzling brilliance, immeasurably far away. The majesty of the night reduced us to silence, and the little company of jogging camels and men with their small human purpose on ahead were a comfortable focal point under the immensity of the sky incandescent with stars.

"At about midnight we caught up with the sick Damani on his string bed. 'Hoosh! Hoosh!' shouted the camel-men as they leant over and smacked the animals on their knees. Very reluctantly they knelt down like the shutting-up of a pair of wire-cutters, and Holland, stiff after his long ride, waddled over to the charpoy.

"'Accha?' he asked, in his high cheerful corncrake voice.

"The men grinned and seemed to find great benefit from the mystical rite of the taking of the patient's temperature. His four friends hardly opened their mouths and evidently had a dog-like faith in the miracle that was being worked.

"We mounted again and continued our way to the north. On and on we marched through the night—and before we realized it, the dawn was there. The sun was scarcely over the horizon when we first saw the mud walls of the station. But there was no sign of life, not even a pi-dog. There can be nothing deader on a lonely plain than an isolated station, and this one was the deadest of all. We knocked up the Hindu station master, who was the ticket collector, porter and everything else. And now we were met with a terrible disappointment, for the times of the trains had been changed, and there would be no train for thirty-six hours. The best thing that we

could do in this little windswept place was to make the Damani as comfortable as possible under the lee of a mud wall, with a mat shelter over his head to protect him from the wind, dust and sun. This enforced inaction for two long hot days and a night was a considerable strain for the sick man. But we realized that the patient was in God's hands, and he never seemed to lose heart.

"When at last we arrived at the dispensary, which by courtesy is known as a hospital in the desert, we found only an Indian hospital assistant in charge, but he had some drainage tubes. The Damani was soon under an anaesthetic again and Holland operated without delay. By the time we were obliged to leave he was well on the way to recovery and all the septic conditions had abated. One of the party said that a fine faith had triumphed over the laws of medical science. But the Havildar of Levies, who came with us, said: 'Holland Sahib without doubt is a great doctor—and he is a better man of God. . . . But why save the life of a Damani?'"

We afterwards heard that the patient had made an uneventful recovery. Had a Damani fallen from a palm tree on any other day in the previous hundred or two hundred years he would certainly have died, as there was no doctor within reach. How thankful I was to have been there in time to save that life. His people were profusely grateful for what had been done.

Why save the life of a Damani? The answer depends not only on the value we set upon human life, but first and foremost on the importance of every individual in the sight of God.

CHAPTER 21

HOSPITAL AND COMMUNITY

IN the life of the medical mission the twelve years 1922 to 1934 proved a time of considerable growth and development, of steadily widening influence in the life of the community. When in 1925 we were able to instal an X-ray plant, it was a cause for thankfulness that this much-needed accession to our hospital equipment had been made possible by donations from local sirdars and others. The largest sum contributed was Rs. 8,000, the gift of His Highness the Khan of Kalat. A further

sign of local support for the mission hospital was that by 1930 the number of private wards had risen to fourteen, all of these being given by grateful patients. The year 1934 was a record, with the number of hospital beds increased to 124; in-patients numbered 3,447, and major operations reached a total of 3,760.

These figures reflected a changed attitude on the part of the people. The old suspicion and distrust had given way to complete confidence in their relationships with us. This was very noticeable regarding surgery. In my first three or four years I do not think we did more than one abdominal operation a year; our Frontier Baluchis and Pathans would not believe that such operations could be performed without great risk. Now they were often demanding abdominal operations when such a procedure was neither possible nor advisable. Their implicit belief in our power to cure all diseases, even those which were incurable, was often pathetic and tragic.

Then, too, the general attitude in hospital to the Christian message had undergone a considerable change. It had always been our custom to begin each morning with hospital prayers, to which the members of staff, Christian and non-Christian, came. After prayers, the hospital round took place and the daily dressings where necessary were carried out. At the same time the out-patient work would be in progress, the patients seated on the floor in the big out-patient room where either the doctor or the hospital evangelist gave short evangelistic addresses to the patients waiting to be seen by the doctor. In the early years the Muslim out-patients often showed their resentment at the talks we gave from the gospels; heated comments on their part were by no means uncommon, and many would be seen blocking their ears with their fingers. Now little hostility was shown, and our addresses were often listened to with great attention. Looking back, I feel that the practice adopted in some hospitals and missions, that unless a patient came in to listen to the out-patient preaching he could not receive medical treatment, was entirely wrong. As my brother once said to me: "Henry, can you imagine our Lord refusing to heal the sick of the palsy, or refusing to give sight to blind Bartimaeus, unless they first of all listened to what He had to say to them?" It became my practice, when speaking to the out-patients, to keep the outer door open so that those who did not care to come in to the short Christian service could stay outside if they wished to do so. To use anything like compulsion in bringing patients to hear Christ's teaching is, in my opinion, entirely un-Christian and defeats our ends.

An interesting fact regarding the increased number of patients from a solidly Muslim area emerges from our 1928 report: we had never had so many trans-frontier patients at Quetta before, and on several occasions a majority of the out-patients had come from Afghanistan. This was due partly to the hospital becoming better known across the border, but chiefly to the great increase in motor transport between British territory and Afghanistan, and also in Afghanistan itself. Formerly, patients from the Herat district (on the Russian border) spent as long as three weeks in reaching our hospital; now the journey could be done by motor lorry in three to four days. A big lorry service in Quetta naturally brought us an increased number of patients from outlying villages also; in the past their only means of transport was the horse, camel or donkey.

I recall a rather touching incident concerning three members of an Afghan family from Kandahar who came to us for help. A man arrived at our hospital one day in great distress of mind, bringing with him two lovely daughters, twelve and sixteen years of age; both were desperately ill and the elder one unconscious. I felt there was little hope for either of them. The poor man was broken-hearted, for his wife had died a fortnight before from the same kind of fever. He had only one other child, a little girl of six. Imagine his joy, and ours, when as a result of the treatment and help which the girls were given in hospital, together with the devoted care of their father, who was a really good nurse, they were able to make a full recovery. The father was full of gratitude, particularly because he was able to stay in the hospital with them and to share in looking after them. To see them set off for home again as a happy family group was one of those rewarding moments which make one thankful for the work we were able to do on the Frontier.

There are of course the disappointments and frustrations too. It is slow work to educate people in ways of health; to overcome prejudice, ignorance and apathy; to gain a community response to the value of preventive measures, for example.

In 1933 Quetta suffered from a severe epidemic of typhoid fever, the most virulent for nearly thirty years. The civil authorities realized that unless urgent measures were taken the results would be most serious. Every effort was therefore made to give prophylactic injections on as wide a scale as possible. As part of a campaign to win the co-operation of the

people by helping them to understand the facts, I was asked to give a lecture on enteric fever in the biggest hall in Quetta city. It was filled to capacity. In the course of my remarks I pointed out that the T.A.B. injections would prevent further spread of enteric. I also explained what should be done with regard to diet, dairies, drains, and so on. The injections were to be given free of all charge in the four hospitals of the city—the civil hospital, the mission hospital and the two women's hospitals. I do not think I ever made a more impassioned appeal than on this occasion to the citizens of Quetta, to unite and stamp out this fever which had already caused the death of many of their children. The medical practitioners who were present expected a great number of applications. Yet little more than fifty people went to any of the hospitals for the T.A.B. injections!

This is but one instance of how hard it is to rouse even the intelligentsia of cities in the East to take the necessary steps to prevent the further spread of an epidemic. I have experienced something of the same kind of difficulty both in cholera and plague epidemics.

Uphill as the task might often seem to be, we were greatly heartened by the many signs of growing confidence and support. During this period of steady growth and expansion our hospitals were honoured by three viceregal visits—from Lord Irwin (now Lord Halifax), Lord Reading and Lord Willingdon.

Lord Irwin was known throughout India and Pakistan for his devotion to his creed and to the practice of the Christian faith. On several occasions leading Muslim chiefs spoke of him as being very *dindar*—their word for a deeply religious man. His viceregal visit to Quetta lasted four or five days. As a member of the Municipal Committee I was presented to him at the railway station on his arrival, and had the honour of a talk with him also after the State dinner-party at the Residency. As their programme was a very heavy one, the mission hospital was not at first included as one of the places to be visited, but Lady Irwin at once said that she would most certainly pay a visit to our hospital as she had heard of the excellent services it was giving to the peoples of Baluchistan and Sind. We never had a more charming or more keenly interested visitor.

When Lord Willingdon was Governor of Bombay, he visited our eye clinic at Shikarpur, accompanied by his wife.

Having expressed his interest and his admiration for the work, he said he would very much like to see a cataract operation. It happened that the first patient to be operated on was a fakir, who at the time was obviously under the influence of alcohol or Indian hemp. His Excellency expressed surprise when I proceeded to operate on him. "But, Holland," he exclaimed, "the man's tight!"

"Your Excellency," I replied, "he always is—so I am told. But his relatives are very anxious that he should have his sight restored, no matter whether he is drunk or sober."

I accordingly operated on him with an anaesthetic; the same evening I was told that about 9 p.m. he sat up in bed, took off his bandages and walked round the ward saying: "All praise be to God!" It was a remarkable fact that his antics had no bad effect, for he made an excellent recovery.

Lord Willingdon never forgot this incident. He later visited Quetta, after the earthquake, and those who had helped in relief work were presented to him. When the name of our elder son, Harry, was called, Lord Willingdon shook hands with him and said: "You must be the son of my friend who operated on a drunk patient in Shikarpur!"

Mention of viceregal visits reminds me of another amusing incident. The story is told of a sermon preached by the chaplain of the Black Watch, Dr. Donald McDonald, at the time when Lord Linlithgow was Viceroy. He took as his theme "Hope". This was rather a dangerous subject to choose as the family name of the Linlithgows is Hope. Three of Lord Linlithgow's daughters were occupying the Viceroy's pew when the preacher ended his peroration with the words: "The whole world is filled with blasted hopes"!!

Dr. McDonald was a great favourite with the troops, not least for his ready wit. Once, at a united open-air service in cantonments, the chaplain of Quetta, Dr. Kelvie, intimated just before the collection that he would be very much obliged if the soldier who had put a button in the plate at the previous service would kindly bring the trousers to which the button belonged, to add to the collection. Then turning to Dr. McDonald he asked: "What do you say?" To which came the quick rejoinder: "I should say, 'Rend your heart and not your garments!'"

It was a great day when Harry joined us in the work in the spring of 1935. He had completed his five years at Edinburgh on a bursary he won which covered the whole of his fees, and

had then put in six months as a house surgeon in Stirling before coming out.

As I introduced him to everything and everybody, I realized afresh what changes had come to Quetta since I first arrived there in 1900. For one thing, the city had more than doubled its population. By 1935 Quetta boasted the biggest cantonment in the Indian sub-continent, and had expanded from a Divisional Command to the Western Army Command. With the increase in population of both cantonments and civil lines came a great influx of followers and their families from the Punjab, many of whom were Christians. By 1935, primary schools were instituted for them and were subsidized by the Government.

Trade had expanded on account of the large numbers of men attached to the regiments in the Western Command; the city, in fact, was now practically a cantonment bazaar. Most of the shopkeepers depended for their trade on the 30,000 people living in cantonments; many of them said to me that were the cantonment to close, the shops of the city would to a very large extent have to follow suit since there would be little or no trade left for them.

In my time I had seen the establishment of the Quetta Staff College, and its growth from 1905 onwards. The magnificent group of buildings of this Indian Staff College, which ranks level with Camberley, now formed the headquarters of the largest military force in India, and had a succession of famous men as Commandants and on the Directing Staff. I had seen the Hazara Pioneers raised by Colonel Jacob (later well known and beloved as Field-Marshal Sir Claud Jacob); and the Second 7th Gurkhas raised by Colonel Nigel Woodyat.

In the city we had a fine Indian church, St. Luke's, and there was also a Methodist church near the station. In the cantonment stood the magnificent Church of St. Mary of Bethany, which could accommodate 1,200 people. In addition, there was St. Andrew's Church, which was in use when Scottish regiments were stationed in Quetta.

In charge of our Quetta congregation—for over thirty years—was a leader of outstanding character, the Rev. Makhan Nathaniel. He was a man of peace as well as strength, with a gift for avoiding all cliques and factions in our church and for "pouring oil on troubled waters". I never heard him say an unkind word against any who opposed him, and when someone stirred up trouble in our community and made outrageous and unfounded charges against him or others, he would say

simply, with a smile: "He is a very strange sort of person!" That was the worst he would ever say of a man!

We certainly owe a great debt to the Nathaniel family. They have been the backbone of our Christian congregation from early days. They were a family of thirteen—until one son was killed in the earthquake; today there must be at least sixty or seventy of Makhan Nathaniel's relatives living in Quetta. Nearly all have done extremely well in Government service and in business. One of his sons was confidential clerk to the Revenue Commissioner, who always spoke in the highest terms of his integrity and hard work. Another was for many years in charge of the most popular garage in Quetta: it attracted a great many clients (most of them Muslims) because they knew they would get the best service there.

The Christian contribution of the Nathaniel family to the life of the city was typical of changing conditions during this period. By this time an appreciable number of Christians were occupying important Government posts not only in the cantonment but particularly in the city and civil lines. What a change this marked from the early days! In 1900 (if I remember rightly), except for the principal of the Government girls' school, Mrs. Ghose, and the doctor in charge of the Dufferin Hospital, there were few if any Christians employed in Government offices either in Quetta or the out-stations. Now there were a large number of Christian nurses in civil, military and mission hospitals. Several members of our Christian families who had joined the Government service at the bottom of the ladder were now holding trustworthy and influential posts. It was largely due to the quality of these men that the Government were prepared and anxious to employ other Christians.

Besides the Nathaniels, who have done so much to maintain the high Christian standards and traditions which we hope will always continue, I should mention the Dass family, whose Christian influence has also been marked. Sad to say, the head of the family was killed in the earthquake; his widow was given a good pension as well as scholarships for her children, one of whom has now attained Field rank in the Indian Army.

Our leading Indian Christians took an active part in all matters connected with the church. Dr. Samuel Luther was (and is still) one of the most respected of the Indian Christian community. A brilliant surgeon and a great evangelist, he was often in charge of the hospital, and was the leading Christian layman in our Indian congregation. His father, Dr.

Martin Luther, who was dispenser at Quetta hospital when I first arrived, worked with me for several years, and never could I hope for a more zealous and consistently hard-working colleague.

Many of the Christians living in different parts of Quetta city were of humble origin but of consistent Christian character. I think of one who was a sweeper when I arrived; later he was baptized, became a fitter on the railway, went out to Africa in the First World War, and back in civilian life in Quetta became a trusted member of our Parish Council.

We were, however, still disappointed in our hopes that there would be many Afghan and Pathan converts to form the nucleus of a Frontier Church. This is not remarkable, however, when one considers that if a Muslim becomes a Christian he has to pay a tremendous price for his decision—in ostracism, usually the loss of his property, in persecution, and it may even be by a martyr's death. I think of Izhaq, for example, formerly a Muslim mullah. After he was baptized as a Christian he found it impossible to obtain work outside the mission, so we put him in charge of a small primary school in the city. He married a delightful Christian girl. Then after some years he disappeared across the Frontier into Afghanistan and was never heard of again. From the rumours that reached us we think it most probable that he suffered a martyr's death for his faith.

Several Pathan converts have done and are doing good work on our hospital staff. One is a qualified male nurse. His brother is a qualified dispenser who could have made a small fortune as a contractor had he not chosen to serve the hospital instead; here he supervises all repairs as the "handyman" about the place. There is solid encouragement in finding a real sense of vocation and integrity among such members of the hospital staff.

CHAPTER 22

NURSES IN THE MAKING

IN no branch of the work at Quetta during the peak years leading up to 1935 was progress more evident than in the training of nurses, that all-important work of "multiplying the doers". Training had been going on for many years, but the way was now opening for a big advance.

The pioneer in the training of nurses in our hospital was

Sister Manwaring, who for just on forty years continued to serve with that love and devotion and sense of humour which made her so greatly beloved by staff and patients alike. I cannot speak too warmly of the influence of "Auntie Nan", as she was and is affectionately known; devoted in her love of the country and the people and her work in the hospital. There must be many, not only in Quetta and Shikarpur but also in the outlying villages, who remember her with great gratitude. Her work lives on in the many lives she has touched, and in the Christian nursing tradition of which she laid the foundations at Quetta.

As I explained earlier, when I first arrived at the hospital we had no trained Indian nurses of any kind. We recruited what were then called "ward boys" or "ward orderlies", and endeavoured to give them a smattering of knowledge regarding the duties of nurses. Several of them were Muslims, who having had no chance of education were not able to read or write; others were men who had been given jobs in hospital because, being converts from Islam, it was difficult for them to get work elsewhere. These had received some slight education, and with one or two younger Christian men completed the staff. Training, in the circumstances, was difficult, and the work of these "ward boys" was very limited. Some of the young Muslim men made good dressers, but being illiterate they had to have everything explained to them by word of mouth, and they did not always take kindly to doing things for other people.

Despite the lack of nursing training in those early days, it is remarkable how good were our surgical results. But this state of affairs was nevertheless unsatisfactory, as the superintendents of various mission hospitals realized. The matter was taken up by our British nursing superintendents on the Frontier, who met in conference a number of times. The result was that a course of training was laid down and those who passed the necessary examination in nursing received certificates. This scheme naturally placed a great strain both on our nursing staff and on our doctors, who had to share in lecturing to the trainees.

I should explain that the training of *women* nurses had been carried on for some time in our Zenana hospitals. In the early days it was almost impossible to treat women patients at the men's hospitals or general hospitals. The rigid seclusion imposed by the purdah system among the upper classes at that time made any kind of joint hospitals out of the question, and for this reason the Church of England Zenana Missionary Society and the Zenana Bible and Medical Mission undertook to cater

specially for the needs of women whom their husbands would not allow to be attended by male doctors. When I first arrived in Quetta the C.E.Z. mission hospital was already in full operation and it continued as a separate entity, with a growing reputation under Dr. Stuart, until the Quetta earthquake of 1935—and for some years afterwards. The staff were greatly beloved by the women and children of Quetta and the surrounding districts, and the service thus given was of the greatest importance in days when the purdah system was so strong that, rather than allow a man doctor to attend the women of a household, the family would often let a patient die.

In our Frontier hospitals the traditional attitude to women naturally affected the nursing side of the work. Owing to the objection of Muslim male patients to being nursed by women, or else their contempt for Indian nurses as being bound (in their eyes) to be of a low moral character, we came to the conclusion that male nurses were best fitted for looking after and nursing the men in our care. But as yet no facilities existed for training them or giving them professional standing of any kind. It therefore marked a new step forward when in 1923 the United Mission Board of Nursing decided that male nurses could take the Board's examinations, which up to then had been for women nurses only. We had by that time taken for training at Quetta several young Christian lads, after they had left school, and most useful they were. When the Board's examinations were thrown open to male nurses, two of our Quetta boys were the first in North India to gain the certificate.

The training of Christian boys as male nurses, with the aim of having an entirely Christian nursing staff at Quetta, marked a great advance. The fact that these lads were Christians made all the difference to the atmosphere in the wards and the readiness of the patients to listen to Christian teaching and preaching. Hitherto this personal work in the wards had depended chiefly on missionary doctors and nurses; now these young Pakistani male nurses-in-the-making were learning to take an increasing share. They came to us as probationers, straight from school, and signed on for three years, though not all of them stayed the course.

By this time it was obvious that the demands of the growing work on the nursing side and on account of the increased emphasis on training were too heavy for Sister Manwaring to continue to tackle single-handed, and in 1926 we welcomed the arrival of Miss Winifred Wheeler to act as a sister-tutor with special responsibility for arranging the training courses for male

nurses. Thus began the long and close partnership between the two nursing sisters which has been an immense strength to the Christian witness of the hospital as well as to its general proficiency. Miss Wheeler proved not only a devoted hospital nurse and sister; her Christian influence has been of a rare order. It is due to her and to Sister Manwaring that so many of our young Christian men have been trained as nurses and have left the hospital determined to keep up the high standards of Christian life and character set before them at Quetta. For the days of nursing training are also days of character training and of training in Christian service. In the hospital itself it is the male nurses who have the closest contact with and spend the most time among the patients; they therefore have the greatest opportunity of passing on to them the Christian message. If they are faithful in their work, their daily ministrations to the patients are a very real and practical demonstration of the Gospel which they preach. Now many of them take part in the daily talks in the wards and out-patient department; and the weekly lantern services in the wards are almost entirely run by them.

It is not to be supposed, of course, that these male nurses are without their faults and weaknesses. Perhaps the greatest lack among them is of a sense of responsibility, and this means constant and careful supervision of their work by the sisters. As a member of staff once said: "In routine work they need constant supervision, but in a crisis they turn up unsuspected trumps." Whatever their faults, these young men are key people in the life of the hospital and its witness to the meaning of Christian character and the service of one's fellows.

We were able to draw recruits for our hospital work not only from the North-West Frontier Province and the Punjab, but also from Sind. Sohan Lal, for example, was one of the many Punjabi village Christians who have been trained at our Quetta training school and have done and are doing extremely good work—not only in our mission hospitals but in Government hospitals, where there is great demand for their services. It is cheering to recall how Sohan Lal made good: he was a plodder, slow but sure—and he was the first in all India to qualify as a male nurse, and the best holder of eyes for cataract operations that we have ever had.

Besides the training of male nurses, our Quetta mission hospital has also trained a succession of boys as reliable dispensers, a most useful work which was started by a trained dispenser, Ada Magill, who joined our staff in 1931 as an

attractive Irish girl of twenty-seven. Thus began the real training of boys in compounding to the point of efficiency when they could take the examinations of the United Board of Missions and so gain their certificates qualifying them as compounders, and later the State examinations for pharmacists.

As a training school for male nurses, our mission hospital at Quetta has had a special responsibility as well as privilege in setting forward new ideals of service. The nursing profession in India and what is now Pakistan is still very far behind the medical profession; as in Britain in the days of Florence Nightingale, it has been looked on by many people as a work for the lower orders of society and for those who have no brains for anything else. Formerly it was almost impossible to recruit nurses from the caste Hindus or Muslims, with the result that Christians had the monopoly of nursing in the hospitals. Yet even when Christian Indian parents had to decide what profession they wanted their daughters to adopt, nursing was at the bottom of the list. It used to be said: "If a girl is pretty, marry her. If clever, make her a schoolmistress. If neither pretty nor clever, then let her be a hospital nurse!"

For a long time all women nurses were of Christian origin, and it was an uphill fight to persuade educated girls of good position that it was not *infra dig.* to become a nurse! Now, matters are very different; the Government as well as the various mission boards are sending picked women nurses to Britain or America for higher training. When I had the honour of serving on the Bhoire Commission¹, in 1944 to 1946, I well remember that in our conferences with experts from Britain, America and Australia great emphasis was laid on the urgent need for more nurses throughout the Indian sub-continent. One of the chief factors in bringing about a general change of attitude towards nursing as a profession has been the spirit and quality of the Christian nurses, both men and women, trained in mission hospitals.

Such developments give hope that many thousands of nurses will be trained in the various colleges and nursing training schools; and in this respect the medical profession owes a debt of gratitude to a large number of Christian training schools, such as Amritsar and Multan, Ludhiana and Vellore, for the hundreds of nurses, dispensers and pharmacists trained in these Christian centres. There are now many other training

¹ A Committee appointed by the Government to survey the problems of health and medical relief in India (see also p. 223).

schools of a fine type situated in different parts of India. The Countess of Dufferin Obstetric Hospitals are doing a wonderful work in training midwifery nurses. In order to raise the standard of the nursing profession, a B.Sc. degree is given in a few colleges for nursing, an award which confers a certain social standing and prestige.

I have dealt with this question of nursing in some detail because it is of such central importance. It underlines the fact that when, during the early 1930s, our hospital at Quetta began to develop as a training centre for male nurses, that was a marked feature of the record years immediately preceding the earthquake. In spite of hindrances at some points, we could therefore feel a growing sense of momentum in the work during this eventful period. Great opportunities lay before us, and our hopes were high for the future, in that lovely spring of 1935. As we looked ahead together, all seemed set fair for continued development, both at Quetta and Shikarpur.

PART III

DEVASTATION—AND REBUILDING

CHAPTER 23

THE QUETTA EARTHQUAKE

THOSE peak years in hospital, which gave such promise for the future, ended with tragic suddenness. The devastating earthquake in the early hours of May 31, 1935, marked the end of an era in Quetta and in the life of our hospital. Quetta town, which had taken over fifty years in building, was laid flat at a stroke. In less than thirty seconds some 20,000 people were killed, buried in the débris of the city, and outside Quetta itself the earthquake was responsible for the loss of a further 5,000 people. There has been no known instance of such heavy loss due to an earthquake in so restricted a space. Since the disaster came in the middle of the night, the majority of those overtaken and killed were buried under their houses with no chance of escape; over ninety per cent. of the corpses found were in bed. Besides the terribly high death roll, some 10,000 people were injured and a similar number rendered homeless and destitute.

The earthquake was a shaking horizontal movement which some have compared to the shaking of a rat by a terrier. The consequent destruction of property as well as human life was on so great a scale that officers who had been through the war said it would have taken weeks of a severe bombardment to have reduced the town to such a state. There was hardly a building left standing, and in our own mission compound the patient uphill work of very many years crashed in ruins about our ears.

We had experienced slight earth tremors before this, and in 1930 a considerable earthquake some fifty miles south of Quetta was a forceful reminder that we were living in an earthquake area.¹ But there had been nothing unusual to warn us of the terrible catastrophe looming on this oppressive evening in May 1935. Only the persistent barking of dogs throughout the city in the early hours witnessed to a fact brought home to us later, that the animal creation seems to know by instinct

¹ Though an earthquake area, Quetta is definitely not a volcanic region. After careful research the seismologists have come to the conclusion that earthquakes in Baluchistan are due to a geological fault, and not even remotely to volcanic action. The nearest volcano to Quetta is 300 miles distant, near the Persian border.

when natural disaster, such as an earthquake, is impending. But for the human inhabitants of Quetta city this had seemed a day much like other days. For us it had meant the usual routine in hospital, though for our Christian congregation in Quetta this Ascension Day was specially marked by a baptism service in St. Luke's Church when a young Sikh—a friend of one of our male nurses—was admitted to the Christian Fellowship.

I was late in getting to bed that night as I was a guest at the Residency, where the Queen's Birthday was being celebrated. The earthquake broke on the sleeping city at 3 a.m. I was soundly asleep, and all I can remember was the sound of a fearful crash. Before I could move I felt a heavy weight fall on my body, burying me, all but the right side of my head and my right hand. I realized then that I was pinned down, unable to free myself or to move hand or foot. I think the first thought that came to me was that very possibly I was the only one left alive in the house; there were three of us in the bungalow at the time, Harry, Dr. Iliff and myself. Imagine my joy and relief when I heard my son's cheery voice: "Dad, are you all right?" I replied: "Yes, God is good, I am all right, but I cannot move."

When Harry realized that I was completely pinned down, he and two others tore their way through wire gauze over a window and came to my aid. They had great difficulty in digging me out and extricating me, for they had to work in complete darkness and could only feel their way. Later, when I was almost freed, someone arrived with a hurricane lantern. The rescue work was fraught with danger, for following on the main earthquake shock numerous minor shocks continued throughout the night, bringing down more masonry and rubble. While I was gradually being extricated from the débris I felt a rather severe shake and exclaimed: "Hallo, there's another one." To which Harry replied cheerily: "Only a small one, Dad."

At last I was pulled out, but I was suffering from severe pain in my back and could neither help myself nor others. I was placed on my back in the garden.

I had had a remarkable escape—and so had Harry, as he told me afterwards. Having jumped out of bed at the first shock, he dived underneath the foot of it just before three of the four walls of his room thumped down, one after another. It seemed a Providential prompting which had caused him to do this, as he emerged without a scratch, and ran round the bungalow shouting for me.

Looking back on my own escape, too, I can only describe it as a miracle, for when Harry found me I was lying on what had been a bed, pinned between two iron girders that had fallen with the roof. Had these iron girders fallen on me I should have been crushed to death, as many of our patients in the hospital were. When my rescuers found me they discovered that the door from the bathroom, which was behind my bed, had been wrenched away and was actually poised at an angle that protected my head from above, while a big cupboard which had been thrown across the room was protecting the rest of my body. I was in fact pinned down not by the heavy beams but by hundredweights of rubble and plaster that had fallen over my body between the cupboard and the bathroom door. By the mercy of God my head was uninjured, but I could not move until the weight of débris and rubble had been removed.

Within twenty yards of our bungalow, 82 of the 126 patients at that time in the hospital were killed, with many of their friends and relatives. My son and I might well have been among the number. It happened that my wife had left for England just two weeks before.

Although the loss of life among the patients was so great, it is very remarkable that our staff losses in the men's hospital were few—Miss Magill, our dispenser and pharmacist; the elder daughter of our Indian colleague Dr. Luther; the wife and three of the four children of Jelal, our assistant compounder. Paddy Magill was killed by one of the subsequent earthquake shocks to which I have referred. Her bed was discovered empty, but she was nowhere to be found. Not till three days afterwards was her body discovered in Miss Wheeler's room, buried under a wall that must have fallen on her when, with no thought for her own personal safety, she had gone back to look for and to help her colleagues with whom she shared the bungalow. We were reminded of the words spoken of our Lord: "He saved others; himself he could not save", for had she not gone to the other part of the bungalow to save her colleagues she would be alive today. The two nursing sisters, Miss Manwaring and Miss Wheeler, were both rescued. Miss Wheeler had miraculously escaped through a small hole in the roof, her only injury being a sprained ankle. Miss Manwaring was suffering from cuts and bruises, as well as shock, when she was extricated from the wreckage. She had wakened as the earthquake began, jumped out of bed and was then violently thrown to the foot of the bed, the roof and walls

falling in at the same time. To quote her own account of her miraculous escape:

“Being thrown to the foot of the bed probably saved my life, for when the earthquake subsided somewhat, I found myself absolutely wedged, unable to move, with the ceiling just above my head resting on the foot-rail. I was able to shift one by one the bricks which wedged me down, so that I could move slightly, but I was unable to crawl out. The dust was appalling and suffocating. As the crash of falling roofs and brick walls died away, it was succeeded for a short time by a dead silence. I thought all the others must surely be killed, and then I could hear our patients calling for help, help which I could not give. The tremors went on continually all the time, and more and more débris fell in.

“After what seemed to be hours, but what was in reality only about half an hour, I saw a gleam of light and heard Dr. Harry Holland and Sister Wheeler calling me, and by the light of the lantern saw a small opening in the débris above me to which I managed to drag myself and attract their attention. I could not climb out, but Dr. Harry was able to crawl over some débris, remove a number of bricks, and drag me out by my arms.

“Outside was a ghastly sight; our whole hospital was down, and I heard that Miss Magill (our dispenser) had not been found, that our Indian house surgeon’s little daughter had been killed, as well as our compounder’s wife and three children, but that the rest of the staff were safe, though some were injured. The uninjured and the two young doctors (Dr. Arthur Iliff had joined the staff six months before Dr. Harry) were trying hard to get the patients out, but could do very little until help arrived to lift off the heavy iron roofs.

“Sister Wheeler managed to find an old garment with which she tied up my wounds, and I went over to Dr. Holland’s bungalow to wait with him in the garden for an ambulance to take us both to hospital.”

At the Zenana Women’s Mission Hospital, three-quarters of a mile away, the loss of life was as great as at our own hospital and worse among the staff, two Englishwomen being among those killed. Dr. Hooton, who was in charge of the hospital, had a remarkable escape. She was sleeping in a small room at the top of the hospital bungalow; when the crash came the floor collapsed under her and she came down with the falling masonry, but escaped unhurt. Her sister, who had come on a visit, was killed, also Sister Miller, who had only just arrived

in Quetta. I well remember Dr. Hooton coming over to our hospital in her nightdress with a blanket thrown round her, saying: "I don't know what has happened to my sister and Miss Miller—I can't find them anywhere." Their bodies were recovered later in the morning. Dr. Hooton herself did magnificent service subsequently for the injured at a camp hospital thirty miles away.

At 6 o'clock on the grim morning following the earthquake Sister Manwaring and I were taken off in an ambulance to a British military hospital, where we received every attention. As I lay on my bed in that hospital where I was dry-docked for repairs, I wondered if our mission hospital would ever be rebuilt. News kept filtering through to me of all who had lost their lives in our hospital. The outlook was not—to say the least of it—encouraging.

When I was extracted from the ruins of my bungalow and taken up to the military hospital, I discovered that I was minus dentures, spectacles and a pipe. It is interesting that quite a considerable item of expenditure under relief work was that of supplying dentures to those who had been buried and rescued! I was more fortunate. I sent my bearer to search in what had been my bathroom in the hope that he might find somewhere under the rubble a tin mug containing what were extremely valuable to me—my dentures. Within two or three hours he came back, triumphant, bearing them in his hand! With regard to spectacles, I was able to get them replaced; and as to the pipe, the wife of the Commanding Officer of the British military hospital came down and said: "I have a second-hand or maybe third-hand pipe, may I give it to you since there are no shops here?" I may say I accepted it with great thankfulness. So pipe, dentures and spectacles were in a very short space of time restored to me.

As soon as I was able to get out of bed and walk about in the hospital—I think it was at the end of the second day—I found my way to the big ward in which were lying the British women casualties, some of them so seriously injured that they were never able to leave that tent alive. I had no Bible with me and could not have read it if I had, as I had no spectacles then. I walked round the tent and found many of those brave women keeping back the tears with difficulty—not so much on account of their own injuries as for the dear ones they had lost. I longed to be able to give them comfort, and from one end of the tent I recited the beautiful twenty-third Psalm in the Scottish version, "The Lord's my Shepherd, I'll not want". One could have

heard a pin drop as I spoke the words and followed them with a short prayer. I realized that the psalm had once again given comfort to many, as it still does.

Meanwhile, within a very short time of the disaster, rescue work was being organized on a big scale in Quetta.

By 5 o'clock on the morning of the earthquake the city was full of troops, who had come down to help. The first British officer to reach the city was Major Howe of the Royal Signals. He had been rudely awakened by the crash with which hundreds of brick chimney stacks fell on the corrugated-iron roofs. He at once called two orderlies and went down to the city with a lorry and two men on motor-cycles. He told me afterwards that when he reached the Bruce Bridge which joins the city to the military area he turned on the headlights of his lorry and those of the motor-cycles and saw that Quetta was completely wrecked. He could not see a single human being moving, and realized that there had been a terrible loss of life.

Very soon the troops in the cantonment were roused, and under General Henry Karslake were moved down to the city. It was estimated that by 7 a.m. some 7,000 men from the cantonment were hard at work. News of the disaster and urgent requests for help reached Simla, Lahore, Karachi and other cities by wireless. Within a very few hours, doctors, hospital sisters, nurses and equipment arrived in Quetta by air. Meanwhile some three or four thousand casualties had already been taken to the cantonment hospital by ambulances and lorries.

One remarkable fact of the earthquake was that the cantonment escaped any serious damage. Had the military station suffered as had the city, the death roll would probably have been doubled. The chief reason the cantonment escaped was that the barracks and all military buildings were to the north of the city and were built on gravel and rock, whereas the city stood on alluvial soil. There was a clear line of demarcation between the cantonment and the city in the shape of a watercourse which ran between the two and, after heavy rain, became a rushing torrent. Perhaps I can indicate the restricted area of the earthquake when I say that if from my home I had driven a golf ball barely 200 yards towards the cantonment, that ball would have reached a part of Quetta almost untouched by the earthquake. Except in the Air Force quarters, which were near the watercourse dividing the military from the civil areas, there were no lives lost in the cantonment; in the Air Force lines some fifty or sixty British troops were killed.

But for the presence of the Army, the roll of the dead in the Quetta earthquake would certainly have been twice as great. There is no doubt that many civilians owe their lives to the prompt and efficient first-aid given by the Army. General Karslake was in charge of rescue operations, and without the help of the officers and men under his command the fate of hundreds would have been too tragic for words. Day and night for three days the troops worked in the city, rescuing thousands of lives. It was a merciful provision also that two military hospitals were standing and ready to help with the injured. Over 3,000 injured were taken into the Indian military hospital, and a very large number to the British hospital also. By the end of the second day after the earthquake, just under 6,000 casualties had been dealt with. How they worked, those doctors, sisters and voluntary workers, to try to relieve the terrible suffering! During the four days before the injured were evacuated the surgeons were working night and day and gave heroic service—not sufficiently recognized by the Government, in my view. I think especially of George Ledgard, who was operative specialist in Quetta, and then went down to Karachi to continue operating there. He certainly was one who deserved national recognition.

On the fourth day after the earthquake Quetta city was evacuated and surrounded by a military cordon. Within a few days the city had a big barbed-wire fence all round, and was floodlit by night; this was to prevent the inevitable looting which would have followed.

The work of rescue was really magnificent. Besides rescuing thousands of the civil population and taking the injured to the military hospitals, the work also involved the burial or cremation of 6,000 dead bodies. Then there were the homeless crowds to be cared for. Ten thousand refugees were accommodated in tents on the Quetta racecourse, and were fed by the military. To provide 10,000 rations a day was no small item of organization, and this rationing system was kept up for about three weeks, until most of the refugees had been sent down country, free tickets being given to them all.

After four or five days in the military hospital with a very stiff back and neck I had completely recovered, and was appointed Chief Medical Officer of Baluchistan. I was thankful to be on my feet again and ready for duty in relief operations.

CHAPTER 24

MEETING THE EMERGENCY

IN my new appointment after the earthquake my chief work was to look after the injured and also to reorganize what was left of the medical personnel in Quetta. When Lord and Lady Willingdon and the Commander-in-Chief, Sir Philip Chetwode, and Lady Chetwode arrived ten days after the disaster, I took them round the ruined city. It was clear that we were involved in an immense job of relief and reorganization to meet this great emergency.

I have already explained that the 10,000 refugees were accommodated in tents on the racecourse. A week after the earthquake, the Bishop of Lahore, George Barne, a man beloved and honoured by all, arrived in Quetta to show his sympathy with the bereaved. No church in the city was left standing, nor any place of worship; and the cantonment church had been condemned by the engineers as unsafe. The Bishop had to find somewhere to hold his services, and one of the largest tents was chosen. There he conducted one of the most moving Communion Services I have ever attended. There were no seats; people sat on the floor, filling the tent. Many had lost sons, daughters, wives, husbands or other relatives. The Bishop walked among them, administering to them one by one the Holy Sacrament. Later, arrangements were made by the Government for Divine Service to be held in temporary church buildings which were erected for the purpose.

As chief medical officer I was not only in charge of the rescue work and making provision for the casualties; it was also my responsibility to take the necessary steps to prevent epidemic diseases from spreading in and around the city. The Army health authorities in Simla feared that an epidemic might break out in Quetta, for at that time many thousands of bodies were only partially buried in the city; moreover, the hospital accommodation of 400 beds was utterly overwhelmed by the sudden influx of more than 5,000 patients. The authorities therefore gave orders that all the injured should be evacuated from Quetta to hospitals in Karachi and the Punjab.

When the news reached the patients and the injured in the military hospitals that they were to be evacuated at 6 a.m.

the next day, most of them were only too thankful, but those among the local inhabitants who were severely injured begged, with one voice, that they might be allowed to stay in Quetta. For them, places like Karachi and Lahore were unknown territory. As I was then in control of the relief work, I went to the senior military surgeon who had received the orders for the evacuation of the injured and explained to him that the women were terrified out of their lives at the thought of going to what to them was an unknown land. He replied that he had his orders from Government headquarters in Simla and had to carry them out.

I then returned to the attack and informed him that the local Government were prepared to give tentage and to arrange for camps outside Quetta for the wounded and injured local inhabitants. He still seemed adamant, then finally said to me: "Well, Holland, are any of them your girl friends?" I said: "All of them!" To which he replied: "Well, you can have them."

Word was taken to the patients in the hospitals, and had they been able to do so they would have jumped for joy.

Colonel Houghton, the senior medical officer, told me that those who were to be left behind should have some distinguishing mark—otherwise they would all be evacuated when the ambulance staff came round to move them in ambulance lorries. Here I received the fullest co-operation and help of the ladies at the staff college. I explained the position to them and said that if they could be at the hospital by 4 o'clock next morning with a supply of blue cotton bands, these distinguishing arm-bands could be put on the local patients who were to be left behind. Mrs. Cyril Noyes led the party; the blue bands were duly arranged and when the ambulance staff came to move those who were to be evacuated they could see at a glance which of the patients had to be left behind. The evacuees were then taken away in ambulances and lorries to the refugee tent-hospital in Pishin.

I shall never forget the expressions of gratitude from the patients who were allowed to stay in their own country. Many of them had not long to live, for there were a large number of cases of broken backs. Before the injured were evacuated from the military hospitals in Quetta, a large number of British officers' wives spent the day, and many of them part of the night, in helping to look after five to six thousand patients. To many of the Muslim and Hindu patients it was a revelation to find that colonels' and majors' wives were bringing them

their bed-pans and urinals. They fully realized that the British were out to help them in every possible way, and I know that many who were helped and cared for by British women at that time will always look back on the experience with grateful hearts.

One of the most dramatic and moving incidents in connection with the earthquake occurred on the last day before the city was closed and all troops were withdrawn. Just as three British privates were leaving the ruins of a building, one of them thought he saw a movement beneath the débris; to their surprise they found a Hindu, still alive but terribly bruised and knocked about. He could not move, but apparently was suffering no pain as a result of shock. The three lifted him out with the utmost care, put him on a stretcher, and he was then taken to the British hospital. As soon as he was in bed the doctor came to examine him. The injured man said in the most perfect English: "I was taken out of the city by three Christian soldiers who lifted me with the greatest care and gentleness. I demand the faith which prompted that kind action."

The chaplains were told and they found that he was determined to learn about Jesus Christ before he died; he knew he had not long to live. Eagerly he drank in the truth of the Christian faith. One day as the chaplain was talking to him, he noticed that the man's hands were held across his chest, and asked him the reason. "I am clinging to the Cross," he replied, "nothing else is of any avail. My Master is always before my eyes, and as long as He is there it does not matter what happens, whether I live or die." When Bishop Barne came up from Lahore he baptized him with the name of Nathaniel, and a few days later he died rejoicing in his new-found faith.

Within ten days of the earthquake two camps were set up for the injured who wished to remain in their own country; each was about thirty miles from Quetta. At Mastung, to the south of the city, Dr. Iliff, a member of our staff, was in charge of a relief hospital of eighty patients, and working with him were our hospital "boys". At Pishin, to the north, another tent-hospital, for both men and women, was in the joint care of Dr. Hooton for the women and my son Harry for the men. Although this relief work was carried on under the auspices and at the expense of the Government, the staff consisted entirely of workers from the mission hospitals. Thus, though

our mission buildings had been destroyed, the work lived on in the help that the mission staff were giving to the people in their great need. When in the late summer Dr. Hooton went home, Dr. Gertrude Stuart (who had retired just before the earthquake after twenty-seven years' service in Quetta) came out at once to undertake relief work in the villages during the winter. Her deep love for the people, which called out their love in return, gave her a special capacity to get alongside the women and to bring them spiritual comfort as well as physical relief, in the name of Him who is the true source of all comfort and strength.

Post-earthquake measures of relief, whether for the injured or in the interests of public health, had to be taken almost simultaneously. One of the most pressing problems I had to face immediately I was appointed Chief Medical Officer was how to deal with the fly-infested bodies which were still lying about in the city unburied. I realized the great danger to public health of fly-borne infection. The question was how to dig out and remove those half-buried bodies. While I was pondering ways and means, there arrived from Lahore, to my joyful surprise, Squadron-Leader Hogg with twenty-five Rover Scouts. I had known Hogg for some time; he was the life and soul of the Scout Movement in the Punjab. He greeted me with the very welcome news: "I have come from Lahore with these Rovers to report for duty." I asked him what they were prepared to do and what they felt their special work should be. He replied: "We are prepared to do anything—even to clean out latrines."

Being at that time Provincial Commissioner of Boy Scouts in Baluchistan, I was deeply touched and thankful—the more so since these lads represented all creeds, Christians, Muslims, Parsees, Hindus, including the highest caste of all, the Brahmin. I told the Squadron-Leader of the most urgent task before us: to rid the city of the menace of hundreds of bodies, many of them half-buried, some lying in the open, a prey to the swarm of flies which might well cause the spread of disease. If he and his Rovers would recover the bodies from the débris and bury or burn them, they would be doing a splendid job of work.

He said at once: "Of course we are ready to do that—we will start straight away." They all took it in their stride, accepting a task from which many might have shrunk, and carried on with this work of burning and burying bodies for a matter of two months. They not only carried on, but did

their work with cheerfulness, so great was their devotion to duty. When at the end of the first month some members of this troop had to return to their work in the Punjab, the vacancies were quickly filled by other volunteers from the Punjab and Sind.

Despite their different religious faiths, the Rovers lived together, fed together and were co-partners in this courageous piece of social service. They were naturally faced with certain difficulties regarding the disposal of the bodies, particularly when the condition was such that it was impossible to say whether they were Muslims or Hindus. Whereas for Hindus cremation is the customary form of disposal of their dead, and burial is objectionable, the exact reverse is true for the Muslim. When the Rover Scouts found bodies in such an advanced state of decomposition that it was impossible to say whether they were Muslims, Hindus or Sikhs, they had to use their judgment, often being guided to some extent by the area of the city where the bodies were found. Several thousand were buried as Muslims outside the town, and others were cremated.

One morning I was working with Hogg on the outskirts of the city, actually in the cantonment. We were digging for bodies in the sweepers' quarters. I saw two of the Rovers dig out and lift from the ruins the body of an "untouchable", a sweeper. Hogg turned to me and said: "Do you see the man who is doing that? He is the son of one of the most distinguished Brahmin pundits in the Punjab."

I was amazed. It showed me what the Scout promise can do, and how fine is the spirit of service which it inspires. That a Brahmin should take part in this work of lifting out dead bodies, carrying them to the lorry and either burying or cremating them hardly seemed possible. For a Brahmin even to touch a dead body—especially that of a low-caste worker—was considered defilement.

When I wrote to tell the great "B.P.", Chief Scout, of the grand work that the Rovers had done, he and Lady Baden-Powell were delighted to hear of their wonderful service to Quetta. It is a fine tribute to the spirit of service with which Squadron-Leader Hogg and Hardial Singh had inspired their Rovers that this difficult work was ever attempted, let alone carried out so successfully.

In those early days after the earthquake all possible measures were taken to reduce the risk of epidemics and the spread of

disease. The Director of Health Services sent us a large contingent of medical officers for preventive work among the people in the villages around Quetta. Thousands of injections were given against cholera. All the surrounding villages were visited and the patients were treated, with the result that no serious epidemic of any kind followed the earthquake disaster.

One minor though troublesome form of infection resulting from the earthquake was that of leishmaniasis or "frontier sores", sometimes called "Delhi boils". The infection is carried by the sandfly. Usually the sandfly attacks cattle rather than human beings, but it so happened that among the ruins of Quetta there were no cattle; the sandflies, having no cows to bite, turned their attention to the human race. Dr. Hooton and my son Harry, for example, suffered from a great many of these sores. Where they are not treated early and successfully, they leave behind them very bad scars; but gradually the cases of leishmaniasis lessened as the heaps of rubble were removed. The A.G.G., Sir Norman Cater, was one of the many whom the sandflies attacked. He went down to Sibi for a week and the surgeon sent down a nurse to look after him and give the appropriate treatment. The A.G.G. was a bachelor, and an amusing story was told regarding the nurse's arrival at the Residency. Sir Norman's English-speaking personal servant caused great amusement by going into the drawing-room, which was full of British guests, just before dinner, and announcing: "Please sir, your midwife has arrived!"

Amid so much that was grim and grave in the days through which we had been living, we were thankful for the sudden sparks of humour as well as the shining courage and unselfish service of so many in our midst. Many were the stories we heard—of unusual adventures and strange escapes during the earthquake. I referred earlier to the almost uncanny awareness of the dogs in the city of some impending disaster. Friends of mine living in different parts of the city told me how they had been forced to get up just before 3 a.m. because of the furious barking of their dogs. Colonel Hawes, one of the instructors at the Staff College, thinking that perhaps a thief was trying to break into his house, followed his dog outside; he heard a noise like the roar of an express train entering a tunnel—followed by a distant crash. Another instance was Brigadier Reid, whose dog "Whisky", an Irish terrier, woke him up at 2.45 a.m. and gave him no peace till he got up. A few minutes later the roof of

the bungalow collapsed. The Brigadier owed his escape to his dog's sure instinct; as I have said before, a classical instance of Whisky saving a man's life!

CHAPTER 25

RESURRECTION OF A HOSPITAL

FROM the moment that I recovered from the first shock of being buried in the ruins of my home and work I felt quite certain that my life had been restored to me in order that I might continue this same work for which I had originally come out to Quetta—to win the peoples of the Frontier for Christ and to serve them in His name.

In a matter of weeks and months we could say: "The work has not ceased." For Pishin and Mastung were soon well established as temporary centres for medical missionary service. When patients arrived having walked many days' journey to see me, it gave one fresh heart to plan and look forward to a new beginning in a new Quetta when that should prove possible.

As one tried to see ahead at the outset of this post-earthquake era, finance loomed large on the horizon. To find the money needed for a new and if possible earthquake-resisting hospital was a formidable task. Yet I knew that at all costs we must stand by the people whom we had come out to serve. It must never be said that we had deserted them. Earthquakes or no earthquakes, I felt sure that somehow we should be enabled to carry on. My own urgent representations to the Church Missionary Society at home that withdrawal of the medical mission at this juncture would appear to the people to be base desertion were strongly backed by the local Government and by the Bishop of Lahore. It was our unswerving opinion that rebuilding must be undertaken as soon as circumstances would allow.

At first I was at a loss where to begin. But from the outset those of us who remained of the hospital staff made it a matter of prayer that the way would be found to raise the money to build a worthy hospital. Quick action was called for. Within less than a fortnight of the earthquake an Appeal was issued for financial aid to rebuild; it was published in *The Times*, in England, over the signatures of Lord Irwin (the present Lord

Halifax), Field-Marshal Sir Claud Jacob, Sir Denys Bray, and many leading officials, including two Governors.

The Appeal at once met with a ready response. Realizing the truth of the axiom, "Strike while the iron is hot", I went home on short leave at the end of three months, that is, in August 1935, to do all I could to raise the required sum. This we estimated would be at least £15,000 to £20,000. I interviewed first the West Asia Committee at C.M.S. headquarters in London, and at once thanked them for their support of my Appeal, for which I was deeply grateful. I subsequently heard that they had had serious doubts whether they could support the building of a new hospital which would cost so large a sum, but in anticipation of their sanction I had already gone so far that they felt they ought to support me. They gave me permission to broadcast the Appeal throughout the country, though as a Society they were unable to make any direct gift.

That period at home proved a great inspiration; I was most encouraged by the numbers of new friends who rallied to our support. I found so many people were deeply moved by a personal account of the terrible earthquake and were prepared to help in rebuilding the hospital. A cousin of mine, who lives in Hove, promised to rent the Hove Town Hall for a meeting if I could obtain the speakers. It happened that General Karslake was in England at the time, having just retired from the Army; he had told me before I left Quetta that if he could do anything to help he would be only too pleased. I had not realized before that he had long been interested in overseas missions; he told me that in his home as a boy it was the family custom to pass round a C.M.S. box every Sunday evening and they all dropped their pennies in. I asked him if he would speak at this meeting in the Hove Town Hall, and he readily agreed to do so. The hall was packed, and we had a most generous collection. Later General Karslake spoke at a large meeting in Edinburgh on behalf of our Quetta Rebuilding Fund, and the Chair was taken by Lord Home, an old friend of the family. General Karslake also occupied the pulpit at St Mary Redcliffe in Bristol, and addressed a packed church; on that occasion the collection was over £400.

Many were the generous gifts I received towards the fund; I would only refer to one which touched me deeply, from General "Tim" Harrington. He had commanded in Quetta, was a great sportsman, a very keen member of Toc H. From

the time that he first came to Quetta he had taken a keen interest in our mission hospital, and was always ready to help in any good work. The week before he left, I had the honour of taking him round the wards, and he stopped and spoke to many of the patients. Afterwards he wrote me a letter which I greatly treasure, in which he said: "I can never forget going round Quetta hospital and seeing how grateful those Pathans and Baluchis were to you for what you had done for them." At the time of the earthquake he was Governor of Gibraltar; he wrote to me expressing his sympathy, and said: "'Gib.' is a long way from Quetta, but my wife and I will do what we can." Among other ways of raising money for our hospital, Lady Harrington (well known to her friends as "Paddy") organized a dance in Gibraltar, the cost of the tickets being two guineas each. There was a large attendance, and finally Tim Harrington sent me a cheque for over £700, saying he was sorry it was not more, and how greatly he and his wife sympathized with us in the loss of our hospital. I felt then, as I have often felt before and since, more than grateful for the generous help that I have always received from my fellow-countrymen, and I knew I could not let them down, any more than the people of Baluchistan. That personal link is still marked in the hospital today in the various supported beds bearing the names of many of the generous and kind friends that we have at home.

Support for our Rebuilding Fund thus came from Britain as well as from India, while the Baluchistan Government made a most generous grant of £7,500.

By December 1935, Sister Manwaring and I were back in Quetta again, joined by my son and Dr. Iliff. With three doctors from America and the help of our male nurses we were able to get started at Shikarpur during that winter period and successfully carried out our programme there as before—just seven months after the earthquake!

At the Quetta end, before any steps could be taken towards rebuilding, a major clearance operation was necessary for the whole of the ruined city. From the time of the earthquake it had been closed until the autumn, surrounded by barbed-wire entanglements. It was then divided up into wards and each ward in turn was opened up for salvage operations, which continued until the end of the year, when it was proposed to start clearing away the débris in the city.

By the end of February 1936 the clearing of our ruined

mission hospital began, and members of the staff helped with the salvaging and sorting of anything which might be useful in the building of the temporary hospital we had decided to put up as soon as possible. As we walked through the ruined city and over heaps of rubbish and wreckage which had yet to be cleared away, it seemed almost impossible that out of such appalling chaos order could ever come again.

A large number of coolies and small donkeys arrived to begin work on clearing the site. The rubbish was shot into sacking carriers and carted off on the backs of the donkeys to fill in all the low-lying parts of Quetta. Members of the hospital staff stood by ready to extract from the heaps of iron and wood and glass the variety of things that make up ward equipment—bedsteads and lockers, chairs and tables. Meanwhile gangs of workmen were busy stacking into separate piles iron roofing, doors, window-frames, wooden beams, iron girders and bricks, out of which to build the huts for the temporary hospital. One remarkable find among the medical odds and ends salvaged from the wreckage was a long lotion thermometer, one of the frailest of objects, which was nevertheless rescued intact. Though a number of useful objects were unearthed in the digging and delving operation, it was a sad sight to see so many of our belongings completely ruined. All the time that the work of salvage and clearance was going on, the people who were now once again living near this area kept coming to ask: "When will the hospital be open?"

The whole of the old site was cleared at Government expense by the end of March that year (1936), and the plans were speedily brought out for the building of our temporary hospital. The buildings were to be mainly of tin, but had to be earthquake-proof. Throughout April—when the city itself was thrown open once again—the work of building went on.

There was certainly no doubt of the people's welcome for these definite signs of rebuilding. To quote Miss Manwaring, who supervised the work: "The people in Quetta were very glad to get us back. While we were building, numbers came in each day to see if we were ready, and even before we could open the temporary hospital little groups parked themselves under the trees to await the opening. One man, an old hospital friend, came in to see us just as we began work. He said: 'I could not come to see you before, but when I heard the hospital was being opened again I put my puggaree (turban) at the feet of God and thanked Him!'"

Between March and the end of April, Sister Manwaring

succeeded in erecting the eagerly awaited temporary hospital. It was a fine achievement within so short a time, and the accommodation was extended by degrees. On May 1, 1936, one hut of twenty beds was opened and filled the same day, and a small dressing-room was used as a theatre. The C.E.Z. temporary hospital opened at the same time, and a common operating theatre and dispensary were arranged for the two hospitals. By June accommodation was available in our C.M.S. hospital for eighty patients under cover, while the overflow had beds under the trees and in tents. (Some patients preferred to have their beds under trees rather than in the huts with the tragedy and terror of the earthquake so fresh in their minds.) At the end of four months, 6,000 out-patients had attended our temporary hospital, 700 in-patients had been received and 378 major operations performed.

Quetta had become headline news at the time of the earthquake and the work of our medical mission came in for a share of publicity. In 1936 I received the honour of knighthood—an award given in recognition of the work of the mission hospital and our contribution to ophthalmology. Though this honour coincided with the post-earthquake period of reconstruction in which the mission was closely involved, recognition of the value of its work had in fact been made over a period of years.

It was the custom of the Indian Government from time to time to confer awards for some conspicuous service rendered to education and medicine. For example, the honour of knighthood was conferred on Sir William Wanless for his outstanding work at his hospital and college at Miraj (south of Bombay), and on Dr. Ewing, principal of the Forman Christian College, Lahore. Many of our missionaries, both educational and medical, received the decoration of the Kaiser-i-Hind medal (gold, silver or bronze) for public service. Mrs. Starr, to whom I referred in an earlier chapter, is a case in point. In addition to the gold medal and bar which came my way, the Government were so impressed with what our hospitals and clinics had done for the blind, that they gave me first the C.I.E. in 1929, and now in 1936 the honour of Knight-Bachelor. Both decorations were conferred on me by the Duke of Windsor: the first when he was acting for his father, at Marlborough House; the other during his short reign, at Buckingham Palace. On this occasion, as I had no suitable clothes in which to appear, I borrowed some from a friend, and only realized just before I left for Buckingham Palace that the top-hat was a size too small.

I accordingly carried it in my hand, and when asked why I did not put it on, I replied: "Because it does not fit!"

Such decorations and awards by the Government of India (now at an end since the transfer of power) were bestowed not so much with the idea of honouring the individual as to show the Government's appreciation of the service rendered by the institution which he represented. That is certainly true in my own case. Our eye work developed gradually over the years, and the decorations might just as rightly have come to others, like my two sons who have done such splendid work for the blind. Several outstanding surgeons on the Frontier had a far greater claim than I to Government recognition: Dr. Pennell and Drs. Arthur and Ernest Neve, for example. In my opinion the chief reason they did not receive that recognition was that they did not happen to "catch the Speaker's eye", and that work among the blind had a more direct appeal for the Government than the ordinary, though brilliant, work of general surgeons in the wards.

To return to our task in Quetta during the post-earthquake period of temporary and gradual reconstruction.

For nearly three years we worked on steadily in the not-too-easy conditions of a tin-hutted hospital, adding to it as the demand grew. The open-air wards—which were glorified sheds with a roof only—were very popular with the patients as their friends could stand and watch all that was happening in the wards. Though they were cool and airy, these buildings had many disadvantages; they could only be used in summer, and were not fully waterproof or dust-proof. From the nursing point of view a high wind would prove something of a disaster as it swept through these open wards, blowing away charts and case papers and covering the whole place with sand. But in spite of these drawbacks the extra accommodation was extremely useful, and for many cases, such as tuberculosis, very beneficial.

During this time, beyond our temporary measures we were beginning to see the shape of things to come. Our plan was to rebuild on a larger site the two original mission hospitals (C.M.S. and C.E.Z.) to form a single institution. The need for pooling resources was one of the lessons which the war was forcibly bringing home. Separate before the earthquake, the two mission hospitals would now form one new combined hospital, each of the two parts maintaining its own identity and independence but mutually profiting by a joint dispensary, X-ray, laboratory and so on. This closer missionary co-operation was one of the

positive and constructive things which emerged from the earthquake. It was often remarked, too, that nothing short of an earthquake would have removed so completely our old, hopelessly inadequate buildings, making it imperative for us to rebuild a more worthy hospital with a real sense of plan and design.

Many people were greatly surprised and rather horrified that when Quetta had to be rebuilt it was built on the very same ground on which the earthquake had taken place. But this was only done after close consultation with and advice from the seismological department in Simla. The Baluchistan Government and the Army Headquarters were advised that, as far as could be ascertained, wherever a disastrous earthquake had occurred, there had never followed on the same site a severe earthquake with great loss of life. For this reason the authorities considered that the safest site for the new city and cantonment to be built was that where the earthquake had actually taken place. They planned therefore to build one new combined mission hospital on the old site but with a considerable extension of land just across the road to allow for staff quarters and other buildings on an adequate scale.

The year 1938 saw our first permanent buildings go up—a series of family wards built round three sides of an open courtyard, as well as private paying wards on the men's side and nurses' and house surgeon's quarters on the women's side. Early in 1939 plans were well under way for practically the whole of the new hospital and staff quarters to be built in the year, and we had enough money in the bank, or in prospect, to complete the scheme.

It was a great joy when on May 5, 1939, my old friend, Bishop Barne of Lahore, laid the foundation stone of our new main block, and the work was taken in hand in June. We did not realize at this stage how very fortunate we were to have placed this big contract and to have bought all our steel girders before war broke out and the steep rise in prices made further building at Quetta almost impossible.

Our new joint hospital was finally completed at a cost of some £30,000. It would have cost much more to build if the work had been given out direct to contractors, and if we had had to pay an architect's fees. That this great building should have been finished in so short a time and at a lower cost than would have seemed possible was largely due—apart from the work of our own staff—to one man, Mr. Oddin Taylor of the Public Works Department, one of the engineers of the famous

Sukkur Barrage. All the planning and technical details were settled in close personal consultation with him; he most generously served as our honorary architect in charge of the building, and he and my son Harry worked continuously until the building was completed.

We celebrated the rebirth of our hospital on May 6, 1940—exactly forty years to the day since my first arrival in Quetta. Phoenix-like, out of the ruins of the old, had risen this fine double-storey building of reinforced brick and Dorman Long steel, with a capacity of some 200 beds. Our hearts were full of thankfulness that we had been enabled to build a hospital worthy—so far as we could make it—of the great cause for which it stands.

The new building was officially opened by Lady Linlithgow, the wife of the then Viceroy. A large number of our friends and supporters were present at the ceremony, and I was deeply touched by the gift of a book containing all their signatures and by the generous size of the cheque which accompanied it. A feature of that opening ceremony which brought home vividly the contrast between the “then and now” was that one of the temporary makeshift wards was purposely left to show the conditions in which work had had to be carried on during the years of rebuilding following the earthquake. Lady Linlithgow was so struck with the contrast that she suggested the old ward should be kept as a permanent memorial.

The foundation stone of the new joint hospital building bore the inscription: “To the glory of God and in the name of Jesus Christ the Great Physician . . .” And now, built into the face of the completed central block of the main building, high and clear for all to see, was the Sign of the Cross, the sign of our invincible Faith. We could not forget that we were celebrating the rebirth of our hospital in days of world crisis and upheaval. We were the more thankful for Sir Aubrey Metcalfe’s message as British Resident of Baluchistan, pointing out the relevance of the mission hospital at Quetta to the life of a world at war:

“At a time when man’s intellect and energies are so largely concentrated upon the destruction of life and the dissemination of hatred, it is a great consolation to see the resurrection of a hospital founded many years ago for the healing of sickness and the promotion of brotherly love between all classes.”

CHAPTER 26

BUILDING FOR THE FUTURE

ON the completion of the main block of the new mission hospital in the spring of 1940 another chapter of my life in Quetta opened. How changed were the conditions in which I now worked from those when I first arrived in 1900! The unbreakable link between past and present was the experience of friendship through the years, with British, Pakistani and Indian alike. I discovered how much I owed to the friendship of hundreds of British officers and their wives whom I had met in the ordinary course of my work as a missionary doctor, and with the establishment of the new hospital there was certainly no question of the British community holding aloof from the missionary community; they helped us in countless ways.

Similarly with our friends among the people of Baluchistan and Sind. The tradition of the old hospital was carried on into the new. We had become known to thousands on both sides of the Afghan border. It was no longer a question of trying to induce patients to come to us; the difficulty was to find room for them all! Such was the change which had come over the attitude of the tribes of Baluchistan and of the Frontier. That change, I think, one can put down to the ministry of healing, which is essentially a ministry of friendship. Now we had made countless real friends on the Frontier.

Another important factor in these post-earthquake years was that my son Harry was sharing in the work with me. He had already taken charge for me when I was on leave raising funds. He and I had worked together in Quetta and Shikarpur, and at the clinics in Khairpur and Karachi; and he had made a special contribution through his share in planning the new hospital building at Quetta. His bride-to-be, Andrea Pringle, had arrived in 1937, and their wedding reception was given at the Residency in April of that year by my friend, Sir Arthur Parsons. In August 1938 our first grandchild, Robert Henry Tristram Holland, was born in our temporary tin-hut bungalow, Roberts Tree House, built in the newly acquired residential site in the cantonment close to the new hospital.

By a happy piece of timing my second son, Ronald, came out with his fiancée, Joan, and my wife, in one of the last boats

to pass through Suez in 1940. They were just in time for the opening of our new Quetta hospital. To me, at the age of sixty-five, it was a special joy that both our sons should thus be sharing in this new and forward-looking stage of development. It augured well for the future that younger minds would be taking hold and gaining experience which would enable them to assume more and more responsibility.

In the autumn of that memorable year 1940, Ronnie and Joan were married in our temporary St. Luke's Church—another tin hut on the same residential site near the new hospital. They came back from their honeymoon to Roberts Tree Cottage, a little bungalow made ready for them, and which, suitably enlarged, they still occupy.

From that time on, despite Harry's absence on war service, the hospital was a joint family concern; a shared responsibility which while giving scope to the younger generation also allowed me greater freedom.

In commenting on the fact that both sons joined the C.M.S. as medical missionaries, many people have said to me: "No doubt you were constantly asking your boys to come out and join you in the work?" In answer I tell them what Harry said to me some years ago: "Dad, I always realized how keen you were on your job, and how enthusiastic you were about it, but you never put us in the awkward position of having to say 'No' if you had asked us directly: 'Won't you come out and join me?' That was one of the reasons we wanted to come, because we respected that attitude on your part." On that basis we could work together as a team. It is unnecessary for me to say how my wife and I rejoiced when our two sons made their offer of their own free will and were accepted by the C.M.S. Our only daughter, Esme, had also looked forward to working with us in the mission hospital—she had become a fully qualified nurse at Edinburgh Royal Infirmary and later worked on the staff of the Radcliffe Infirmary, Oxford; but since she became engaged to be married, and her husband's work lay in Britain, she was unable to join us though she has been a great supporter in our work.

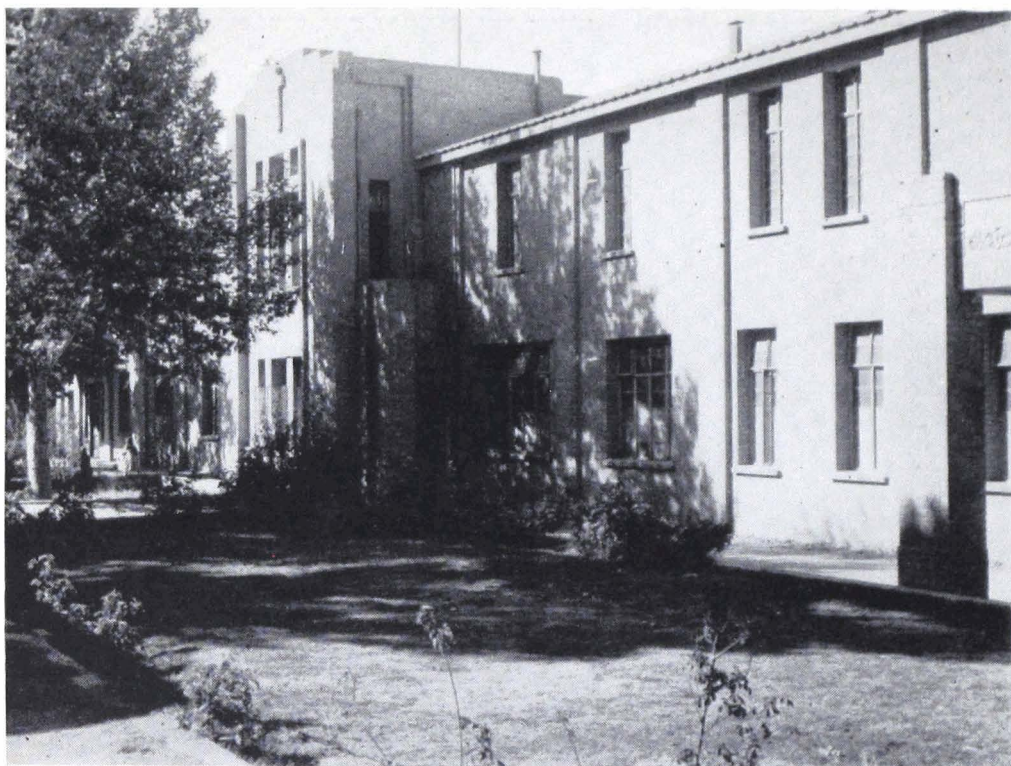
The fortunes of the family continued to have a close bearing on the life of the hospital at Quetta. It was a great shock to us all there when in 1941 we received a telegram from Ronnie, who was then taking a spell of duty at the mission hospital in Kashmir, to say that his wife was dangerously ill with high fever, possibly polio. They had with them their first child,

Veronica, a year-old baby. My wife and I set off for Kashmir at once, but were much delayed by breaches in the railway. When at last we arrived we found that Joan had been smitten by an acute attack of polio; it was her breathing which was chiefly affected owing to paralysis of the diaphragm and intercostal muscles. The breathing became laboured and painful and could only be kept going by artificial respiration, given by Ronnie and relays of willing hospital workers.

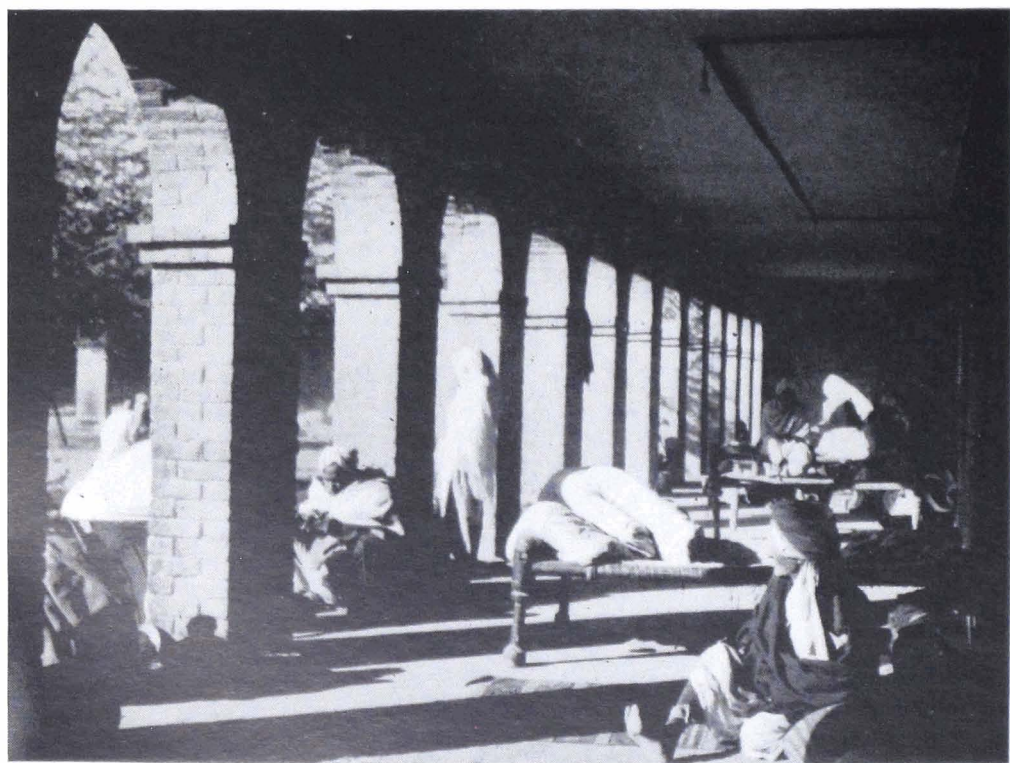
Joan's life was saved by a miracle. To begin with, Ronnie did not know of the existence of an iron lung in Srinagar and had little hope of saving her life. Then he heard of the iron lung in the State hospital, but was told that the bellows had burst. He sent two or three men down at once, purchased an inner tube and repaired the bellows. Then he put Joan on her back in a lorry and took her to the State hospital, keeping the artificial respiration going as he knelt beside her in the lorry. Directly they reached hospital Joan was transferred to the iron lung and began to breathe naturally.

Following a critical time in hospital, Joan spent two or three months with Dr. and Mrs. Vosper at their home in Srinagar; with their help and loving care she gradually improved and could spend longer intervals out of the iron lung. Many more months elapsed before she was able to undertake the return journey to Quetta with her husband. It was not only her breathing that was affected; one leg and one arm were very seriously paralysed, and remained so. As soon as arrangements could be made at the end of the war, she was taken by ship to England, and then to the wonderful Wingfield Hospital at Oxford, where she gradually regained her strength. Her recovery I attribute primarily to the power of prayer.

Most people took for granted that Joan's illness must put an end to her career as a nurse, but that was not her idea. She and Ronnie were determined to get back to Quetta and eventually were able to do so. Though she had (and still has) full power in only one arm and cannot walk without the support of her husband's arm or two hands, yet from the time of her return to Quetta Joan undertook the hospital accounts, and later began to give anaesthetics, both in our Quetta mission hospital and at Shikarpur. She is now regarded as an expert anaesthetist, giving the anaesthetics from an invalid chair and using the modern anaesthetic apparatus in the theatre. Her triumph over her disability and the spirit in which they have both accepted it have been an inspiration to many, British and nationals alike. Several of the officers and staff of the Quetta Staff College have said:



Quetta Hospital as rebuilt after the earthquake:
Women's block and main entrance.



Shikarpur Hospital: the veranda outside one of the wards.



A patient being carried from the theatre after an eye operation: Shikarpur.



A smiling trio after successful operations for cataracts.



Alas, he came too late for surgical skill to save his sight.

“That couple do not need to preach—their whole lives are a continual Christian challenge to us.”

In following through Joan's courageous struggle I have run ahead of events in the general life of the hospital and return now to the war period, when she and Ronnie first came out to Quetta.

For a time the war scarcely affected our hospital work; it took even longer in Pakistan than in Britain for it to become a real and not a “phoney” war. But late in 1940 the order came for the conscription in India of all British doctors eligible for foreign service, and the names of our two sons were sent up. Representations were made by the Head of our Province in Baluchistan, and by the Chief Medical Officer, that if both sons were taken for war service it would be extremely difficult for me, a man already past retiring age, to carry on alone. So it was decided that they would accept the offer of one of them, and our elder son was recruited while the second continued to work with me.

In March 1941 Harry, who had joined the Indian Medical Service, had his first period of military service in Quetta. After that he was sent as Surgeon to an Indian Casualty Clearing Station for the first Burma campaign. Following a period with a Field Ambulance preparing for jungle warfare at Poona, and later at Chindwara, in Central India, he was given command of a Light Field Ambulance attached to a Tank Brigade. He twice went on expeditions to Burma; the first time under General Alexander and General Slim, and on the second occasion he was attached to the S.E. Asia Command under Lord Mountbatten. With the C.G.S. he took part in that tragic retreat from Rangoon to Imphal, when so many thousands, both civilians and soldiers, died from malaria, dysentery and cholera. How delighted and thankful my wife and I were when we heard that Harry had reached Imphal! But it took him four or five years to shake off the malaria which he had contracted when marching through the Burma jungle, and the effects of recurrent malaria continued to undermine his health.

During the time that Harry was in the Army, his wife Andrea and their two sons made their home at Kinnaird College, where Andrea was on the staff as a lecturer in geography. Towards the end of the war I felt that the “powers that be” might permit him to return to medical missionary work on the Frontier, which was dangerously understaffed. Accordingly, I went down to Delhi and first of all tackled the D.M.S. He quite rightly said that

Harry was too valuable an officer to lose at that time, one of his great gifts being that of training men. Although I saw his point of view, I realized that the need to strengthen the work of our mission hospitals on the Frontier was acute, so I asked him if he minded my going to General Auchinleck to see what he thought. Having spent nearly all his military service on the Frontier, Auchinleck at once said: "I think Harry should go back to the Frontier, for your mission hospitals exert a very great influence among the Frontier tribes in keeping the peace." I was in rather a difficulty, but I went back to the D.M.S. and told him what the Commander-in-Chief, India, had said. He replied: "That settles it. If he thinks that your son should return to civil life as a doctor, I agree."

After his release from the Army, Harry went first to the Peshawar mission hospital, and then came back to us in Quetta. Here he helped Mr. Oddin Taylor, Ronnie and myself in a further work of reconstruction—the planning and building of a new hospital for our eye clinic at Shikarpur. Not until this work was completed in 1946 did he leave for his first furlough in England—well over eleven years after his arrival in Quetta.

Reconstruction at Shikarpur held great promise for the future—the need for new buildings had long been acute. Up to this time our in-patient accommodation was primitive in the extreme, though our eye work had continued to develop remarkably through the years. Pressure of numbers meant that additional shelters and sheds were hastily put up; the sheds in which the patients were accommodated had no windows and were certainly not rainproof. So derelict were the quarters in which the work had to be carried on that they drew the attention of a number of notable visitors to our urgent need of a new concrete hospital. Over and over again the comment was made: "What appalling quarters you have to work in! It seems extraordinary that the results of your operations should be so good!"

Finally, in January 1945, the Governor of Sind and Lady Dow came to see the hospital, having previously shown great interest in our Shikarpur work. The shelters, in which cases were put after operation, were looking more dilapidated than ever, and the roofs more sunken. To make a ward round, anyone over five feet really needed a crash helmet.

When she saw the hopeless inadequacy of our in-patient accommodation, Lady Dow was horrified. "It is wicked," she exclaimed, "that you should be asked to operate under such

conditions, and that up to now nothing has been done to give you a reasonably respectable hospital.”

She at once undertook to do all in her power to raise funds for building a proper hospital, and within a year she was able to collect nearly £10,000 from well-to-do Hindus and Muslims in Sind. Through Sir Hugh Dow's influence, the Government gave us a new site some little distance from the former one, and better in every way. For the previous site was so low-lying that during every hot-weather period there would be one or two feet of water standing on the ground on which it was built, and the water had not always drained away by January when we arrived for our winter spell of work.

How wonderfully different in every respect was the new concrete hospital from that in which we had worked for some thirty-six years! As it happened, I was away during the six months in which it actually took shape: when I left Quetta in the summer of 1945 the new building at Shikarpur had not even been begun, yet when I arrived in the following January I found the hospital almost completed. As I contrasted it with the old derelict quarters, I realized what the building operations had meant to Harry; he had had to work like a beaver all through the autumn, running down from Quetta on many occasions to help on the spot with his natural flair for planning and building. And I knew, too, how greatly we were indebted to our old friend, Mr. Oddin Taylor, who was responsible for all the plans of the new hospital and had been in charge of all the technical building arrangements. Without his aid the cost of the building would have been much greater. We shall always remember with gratitude the generous help given by this friend of the Mission, both in connection with the building of the new hospital at Quetta after the earthquake and now, within seven years, in helping us to build a worthier eye hospital at Shikarpur, once again giving his services free.

Above all, of course, the hospital owed its very inception to Lady Dow, whose name will always be associated with it. The whole scheme was her idea, and without her aid the hospital would never have been rebuilt. During the winter of 1946 the new hospital was opened by the then Governor of Sind, Sir Frank Mudie.

Ad Majoram Dei Gloriam. Our Quetta hospital risen from the wreckage of the earthquake, a well-established modern hospital with a future before it; our Shikarpur eye hospital entirely rebuilt at the instance of the Governor's wife to serve the needy

in Sind: we had indeed much to be thankful for in those widening opportunities for service in the days ahead.

Because of the special opportunities it gives us for personal contact with surgeons from many parts of the world, the Shikarpur clinic is far better known outside India and Pakistan than is the Quetta hospital itself, though Quetta was, and still is, our base. The eye clinics at Shikarpur and at Khairpur, a large Muslim State in North Sind (as well as that which we opened for a time in Karachi under the aegis of the Poor Patients' Relief Society), were in fact all branches of our base hospital in Quetta.

The rebuilding of the Shikarpur clinic in 1946 made it possible to adapt its construction to meet the particular requirements of a hospital which would only be open for six to seven weeks each winter. It was therefore planned that there should be no windows, only spaces for them, since previous experience had shown that where there are glass windows flies collect inside and are extremely difficult to dislodge. The new wards were built with neither windows nor doors so that any flies that might get in could as easily get out again.

One of the difficulties in our eye clinic work has always been the large number of patients to be dealt with and the quick turnover of cases in the short period that the hospital is open. The new building was therefore planned to accommodate up to 700 in-patients, and since each patient has to bring at least one assistant or relation the number of people in the hospital actually totals very nearly 1,800 at the peak period. It would be quite impossible for our nursing staff to cope with anything like 700 in-patients at once, and as I explained earlier it is for this reason that every patient must bring an assistant who can give him his food and take him to the lavatory; with both eyes bandaged it would be impossible for the patient to find his way about without an escort. In the case of a patient who has cataract in only one eye, the other eye is left open, which makes it possible for him to get about much more freely. When the eye clinic was first opened all patients received free food and accommodation, but with the greatly increased cost of food it is only given free to the very poor, and each patient is asked to contribute to the expenses of the clinic. It is most encouraging to find how the patients still swarm into our hospital in spite of the fact that they are asked to make a small payment for their treatment, whereas at Government hospitals, which are well endowed, they have everything free.

Though Shikarpur hospital is open for less than two months each year, up to 3,000 operations have been performed within that period, the largest number of cataract extractions in one "season" being about 1,400. As a rule, patients are operated on on the day of their admission, except those for whom preliminary treatment is necessary, to clean the eyes and prevent any chance of infection. Up to 113 cataracts have been dealt with in one day, but now we consider that, if possible, it is better to reduce the number on each day, as it is difficult to maintain the pre-operative technique which is so essential.

It has been part of our policy at Shikarpur to invite not only visiting surgeons from the various mission hospitals, but nationals too, so that they can gain experience in operative surgery. Our own colleague at Quetta, Dr. Samuel Luther, who is a good operator, came for many years; also nationals from other hospitals. There is a big hospital on the Frontier at Taxila from which every member of the staff has come to us at one time or another for wider experience; they now possess a fine clinic of their own and perform as much eye surgery as we do at Shikarpur.

My sons and I have always felt that it is of great importance to show that in our operative work we are not just out for numbers. At the same time we realize that the material which this work provides on so liberal a scale gives us special opportunity from the professional point of view for contributing articles and lectures on the scientific aspect of ophthalmology. Both Ronnie and I have contributed articles to the leading medical journals in Britain and America, as well as in India, and have read papers at the Oxford Ophthalmic Congress.

Here I should mention Ronnie's undoubted skill as an ophthalmic surgeon. He is indeed the best surgeon of the three of us, and there are few branches of general surgery in which he does not excel. He feels, as I do, that we should continue to bring the scientific part of our work before the profession¹; and through articles in the medical journals we help to keep the mission hospitals "on the map". Since ophthalmic surgeons have continued to visit Shikarpur regularly from 1920, the work of our eye clinic is now widely known and recognized.

¹ For example, my son recently contributed an interesting article to the *American Journal of Ophthalmology* regarding "Observations on the Surface of the Vitreous after Cataract Operations", made possible by the aid of the slit lamp.

CHAPTER 27

TOURING STILL

IN spite of increasing age, my last few years in Baluchistan held many interesting experiences of touring the countryside, near and far, and enlarging still further our personal and hospital contacts with the tribesmen. Out in the open air I felt as fit as a fiddle; I have often attributed my good health to the time spent in open-air exercise. Through the years I had continued to find opportunity for sports and games, but even where my work was concerned much of the time spent on duty involved visits to patients, some of them hundreds of miles away, others in villages and tribes within riding distance.

Among my more colourful and adventurous trips was one undertaken in 1940 when I was called to the aid of one of the most powerful of the North-West Frontier chiefs—the almost legendary Wali of Swat. I had always wanted to visit that most interesting and romantic country which dates back to the Buddhist period and is known to have some excellent Buddhist remains. I was therefore delighted to be asked to visit the Wali in a professional capacity: he was going blind with cataract and wanted me to operate to save his sight.

The isolated mountain country of Swat lies beyond the Malakand Pass and was little known until the Swat Campaign of 1895 in which Sir Winston Churchill served as a war correspondent. Few people had ever visited Swat before the beginning of this century. After the Malakand Campaign the country was open only to British officials and to invited guests.

In the past there was continual fighting between the various divisions of the Swat people, but the whole country became united under its present ruler, the old Wali of Swat, who is considered to be probably the greatest ruler on the Frontier. The British Government acknowledged his position and gave him the title of the Wali. Since he became ruler he has spent more than half his revenue on the maintenance of his army. At the present time he has some seventy forts scattered throughout his country; each one of these forts is connected by telephone with his palace in Saido Sharif, so that he keeps in constant touch with all parts of his State, which is one of the most prosperous on the North-West Frontier.

In spite of the up-to-date methods and modern equipment which he had adopted, I found the Wali was entirely illiterate when I first met him on that trip in 1940. He was the most devoted orthodox Muslim; he was also a very keen shot. His land produced excellent chikor shooting, also wild duck. Now his hunting days were threatened by his failing eyesight. As he had cataract well advanced in one eye he realized that if the other eye were affected he would probably never be able to shoot again. He was therefore extremely anxious to have the bad eye operated on without delay.

Accompanied by Sohan Lal, my chief eye assistant, I was driven the last 150 miles of the mountainous journey by the Wali's secretary. After examining the old Wali's eye I decided that an operation should be performed and that the result should be good, as he apparently had no other complication. I told him that I always had prayer before operating, and this greatly delighted him.

Twenty-four hours after I arrived we operated on his eye in his own private residence in Saido Sharif. The first Christian prayer ever heard in the palace preceded the operation. I realized how much depended on its success: it was the one hope of saving the old man's sight.

I spent about eight days with my patient and was delighted and thankful to see how well the eye looked and how good the vision was. Later, I returned to Swat to test his eye for glasses and to see what could be done for the other eye. The one on which I had operated did extremely well and he actually shot more French partridges than he had succeeded in doing before the operation; naturally he was delighted and looked forward to the time when the second eye would be operated on.

I waited until the eyesight in the first was perfect, and then operated on the second. In all I paid five or six visits to that lovely country; the Wali asked me if I would bring my wife also, so she accompanied me on one occasion and greatly enjoyed her visit. The Wali was a wonderful host, and a staunch friend and ally of the British.

The trust and goodwill inspired by our medical missionary work were extended by these tours to outlying parts of the district which I was glad to be able to continue during my last years on the Frontier.

One illustration of this confidence in our motive for being out there I recall in connection with a tour I undertook towards the end of the war in 1944. I was asked by Dr. Harold

Anderson, the Medical Secretary of the Church Missionary Society, to join him in a visit to our chief stations in Iran (Persia)—Kerman, Yezd, Isfahan and Shiraz. I was delighted to have the opportunity to see the mission hospitals of which I had so often heard and which had done so great a work in that largely Muslim land.

The journey was by road, as at that time there were no railways in Iran proper. The Quetta-Nushki railway had been built some forty years before, but during the war all passenger traffic was in abeyance. The first lap of our journey was to Zaidan, just over the Persian border. I had the pleasure of the company of two friends from Quetta; we had a lorry besides the yellow Chevrolet car which had belonged to the Mission and which went by the name of "The Yellow Peril" in Quetta.

There were very strict passport regulations on the Persian-Baluch frontier. Without a passport it was impossible for a civilian to cross from Baluchistan to Iran or from Iran to Baluchistan. On the day before we reached the frontier I remembered, much to my dismay, that I had left my passport behind. Now we were "in a spot" indeed: what was to be done? We all agreed that it was most important for us to cross the frontier by a certain date because of appointments we had to keep in Iran. We decided that if the worst came to the worst I might even have to be smuggled across the frontier in the lorry, hidden behind rolls of bedding!

However, when we reached the frontier I found to my joy that the police official in charge of the police post was a former patient of mine whose eyes I had treated only a few months before. When I mentioned the question of passport he said at once: "Oh, that doesn't matter—don't worry about that." I was therefore able to reach Zaidan without any delay. How often we have found that trust has been our surest passport on the Frontier!

Such was the prelude to my four weeks' tour through Iran, during which I covered over 3,000 miles by road in this land of great distances. To me it was a fascinating experience to absorb on this visit to our four mission centres, so widely separated in Southern Iran, a sense of the country's ancient past. The 300-mile journey by road from Kerman to Yezd brought us to the district inhabited by the Parsees, Yezd being their sacred city. From this centre came, centuries ago, those Parsees or Zoroastrians, among whose descendants today are the merchant princes of Bombay, Surat and Karachi; in fact,

wherever one travels in India or Pakistan one meets some members of the Parsee community.

At a later stage of our journey, on the way from Isfahan to Shiraz by jeep, after travelling through wild, mountainous and brigand-infested country, I was thrilled to have my first sight of Persepolis (the ancient capital of Persia), and the tombs of Cyrus and Darius the Great. The ruins of the palace of Darius (who figures so prominently in the Book of Daniel) are in a wonderful state of preservation. For hundreds of years they have been buried in sand, and now that excavation has taken place, many of the frescoes and engravings are found to be almost in the same condition as 2,400 years ago.

In Shiraz I was struck with the beauty of the Christian church, with its windows of the old stained glass for which Persia was renowned. It was designed and built by one of our C.M.S. missionaries, the Rev. R. N. Sharp, who is a church-building genius. He managed to obtain the stained glass from the old shops in Iraq; it had been taken from the windows of Armenian churches which had been destroyed by the Turks.

During my tour in Iran I visited all our mission institutions and had the joy of addressing several gatherings of Persian Christians. It was interesting to find that the majority of those who became Christians did so through the influence and teaching of the mission hospitals. One of my outstanding recollections of the trip was the farewell party held in Isfahan (the headquarters of the diocese) for Dr. and Mrs. Schafer, who were leaving on their retirement. It was a large, representative gathering, held at the house of the most influential Persian in Isfahan—Ismael Mirza. In conversation our host remarked that while all other European names might be forgotten, those of the doctors Schafer, Dodson and Donald Carr would always be remembered for the great work they had done in the mission hospitals. I was the more saddened to think that at this very time, owing to the acute shortage of doctors to man the hospitals, we were obliged to reduce the scale of our medical work in Iran.

Towards the end of my period of service I made two trips to Bahrein, at that time the headquarters of the pearl fisheries in the Persian Gulf. I had apparently gained the confidence of one of the chief officials there, having successfully operated on his son in Quetta a short time before. He now asked if I would go to the help of the son of the ruler of Bahrein, and if necessary operate on his eye.

I flew from Quetta to Bahrein, where I stayed in the State hospital with a friend of mine, Dr. Dick Snow, who had worked on the Frontier at our Bannu mission hospital. Shortly after my arrival I went over to the Sheikh's house and there examined his son, who was suffering from an old eye injury. As there were no facilities for operating in the Sheikh's private house, we arranged to operate on his son in the State hospital. According to my custom I told the Sheikh that I always offered prayer before performing an operation: at this he seemed delighted and said: "Certainly!" After all, the Muslim and the Christian both acknowledge the one God, and although Muslims deny the divinity of our Lord, they yet consider Him a great Prophet.

I spent a most interesting time in Bahrein. I was able to operate on another nine or ten cases besides the Sheikh's son, and my stay there also gave me the opportunity of going over the famous oil-field which now produces the chief revenue of the State. In the past the chief revenue came from the pearl fisheries, but since the introduction of cultured pearls trade has diminished considerably.

Before I left, the ruler of Bahrein wanted to show his appreciation of my visit by giving a large State banquet on my last night. We all sat on the floor of a very long room, more like a passage. The food was brought in and put on the table; approximately one sheep to every three or four guests. I found that the method of cooking the sheep in Arabia was very different from that on the Frontier; full of stuffing consisting of rice, apricots, almonds and raisins, and extremely good to eat.

The chief British official's wife sat in the place of honour on the right hand of the Sheikh and I happened to be on the other side. I was somewhat amused as well as mystified when I saw our host take a helping of rice and stuffing and begin to roll it between his hands till he produced what looked like a sausage; this he offered to the chief lady present as a mark of honour; she duly accepted and ate it. After we had dined, as is the custom in the Persian Gulf, our host intimated to his guests when it was time to go by summoning the servants. Each guest then held out his or her hands while rosewater was sprinkled on them. Next came the servant with a censer of incense and the host waved the smoke towards each guest, who then rose and said good-bye. This seemed to me such a sensible plan, for on some occasions visitors find it difficult to decide when they ought to leave, but here in Arabia it was customary for

the host to decide when his guests should go and to show them in this ceremonial way.

Before I left on my first visit, the Sheikh asked me to return and to bring my wife with me, which I did. She greatly enjoyed her first visit to Arabia. We had somewhat smaller parties and lavish entertainment. When I went to say good-bye to the Sheikh he gave me a complete Arab dress, a sword of honour and a curved silver-handled dagger in its sheath; also a pearl necklace for my wife. Before leaving Bahrein I asked the political agent who was there at the time how I should be able to get the sword through the Customs as it had a fair amount of gold-leaf on the sheath. He said: "I will give you a certificate stating that you, in your official capacity, are entitled to carry a sword." I laughed and thanked him. My wife and I then set off by plane with the Arab dress and the gold-mounted sword and sheath. I realized that when we reached Karachi there might be trouble with the Customs authorities. When I was asked if I had anything to declare, I pointed to the sword, which was in a wooden case, and showed the certificate from the political officer, saying I was entitled to carry a sword. The Customs officer smiled and said that was a new one on him. I replied that it was a new one on me too! He then said he would ring up the Director of Customs, the head British official, explaining that a passenger had arrived with a sword which he had declared. The reply was that inquiry should be made as to the identity of the individual concerned. On being told, "Sir Henry Holland", the officer answered: "That is all right." We were not charged anything at all.

Another of my later long-distance trips took me right along the North-West Frontier between Peshawar and Quetta, in company with Sir Arthur Parsons when he was Acting Governor of the North-West Frontier Province. This gave me the opportunity to visit parts of the Frontier I had never seen before.

One excursion started from Kohat—mention of which recalls very vividly to my mind that heroic incident of 1923 when Mrs. Starr rescued Mollie Ellis from death at the hands of bandits. The trouble began with the murder of Mollie Ellis's mother in Kohat cantonment, followed by the abduction of Mollie Ellis by the outlaws, who bore her off to tribal Tirah across the Frontier. It was impossible to send an armed party over the Frontier in search of her on account of a promise made by the British Government many years before, that they

would send no armed force into this inter-tribal country which formed a kind of buffer state. The Governor of the Province therefore turned to Mrs. Starr (at that time Sister-in-charge of the mission hospital at Peshawar) and asked her if she would undertake the dangerous mission of crossing the Frontier in search of Mollie Ellis, and if she found her to stay with her until she could be rescued. The success with which she accomplished this hazardous enterprise was front-page news at the time. Not only the Frontier but many parts of the world rang with the praises of Lilian Starr for her brave and selfless action.

That story of some twenty-odd years before was much in my mind as I set off from Kohat with Sir Arthur Parsons on our tour of the Frontier, travelling in a large open car. We called at Bannu, a frontier town closely associated with the name of Dr. Pennell, and then at Dera Ismail Khan, the headquarters of Derajat. Wherever we stopped, the leading men of the district were summoned to meet the Governor. The tour, which was of exceptional interest to me, brought us to the Danosar Pass. We left the car at Moghul Kot, the entrance to it, and marched up the Pass to the frontier between Baluchistan and the Punjab, accompanied by the leading military and civil officials in that area. At the frontier we were met by the political agent of Fort Sandeman, who was to escort me thither.

On our way back from the frontier outpost in the Danosar Pass we were reminded of a very recent tragedy as we passed the scene of the murder of the political agent at Fort Sandeman, Major Finnis. He was loved by all the people of his district, Pathan and British alike. I had been on a shoot with him some weeks previously and news of his murder came as a great shock to us all. He met his death at the hands of Afghans from the other side of the frontier when unfortunately he was ahead of his escort and therefore unprotected. The raiders apparently were out for loot and had no idea who were the occupants of the car. They adopted the usual method of placing big stones across the road so that the car had to pull up; when the car stopped, they fired—and shot Major Finnis.

I remember his saying to me once: "It seems ridiculous for me to travel in my own district with an escort. They are all friends of mine and I do not mind riding alone through any part of my country." But this tragedy, and other attacks on lorries and caravans, showed the necessity of an escort for officials. It is a different story with our mission personnel, who

never carry arms. I myself have always gone unarmed—and unharmed.

There is no doubt that through the work of the mission hospital we enlisted a great many friends among the tribespeople. I think it was Lord Roberts who said of that outstanding missionary doctor, Pennell of Bannu, he was worth a battalion of troops on the Frontier in keeping the peace, because of the people's love and devotion for him. I am reminded of Pennell's story of a tribe restrained by his influence from joining in an affray against the British. He had given their chief medical care and treatment, and when the question arose of his tribesmen allying themselves with other hostile tribes, the chief declared: "We cannot fight against Pennell Sahib's countrymen." Pennell's influence undoubtedly saved many lives and much bloodshed.

It was through such tours as I have described, when I was able to accompany Government officials on their administrative duties, that I had special opportunity of making friends with so many of the leading tribesmen. On many occasions after my return from these excursions, patients came to our hospital saying that they had seen me at such and such a place, perhaps two or three weeks before.

In all my years on the Frontier it was this building up of friendship, confidence and trust which proved one of our most enduring assets.

CHAPTER 28

NEW OCCASIONS

OWING to the acute shortage of doctors during and immediately after the war, I postponed my overdue retirement until conditions were settled enough for me finally to hand over the work to my two sons and Dr. Samuel Luther.

Partly on account of my seniority, and also because I had reliable staff to leave in the hospital, I was able to undertake a good deal of outside work in my closing years of duty in India. This included service on Government Commissions, on Church and Mission Councils, committees and other interests—all of which helped to keep one alive to new trends of thought in a fast-changing India. I was given opportunity to share in the planning of the medical policy not only of the Church but also of the Government of India.

During my last six or seven years in the East I was appointed a member of two important Government Commissions in connection with the Health services. The first was concerned entirely with eye diseases. Half the members belonged to the Education Department, while the other half were members of the medical profession. They included the leading ophthalmic surgeons in India, such as Sir Jamshedji Duggan of Bombay, Colonel Kirwan of Calcutta, Colonel Dick of Lahore.

The report which we drew up dealt with four main aspects: preventive work, curative treatment, institutional treatment of the blind, and research. We realized that, of these, the preventive aspect was probably the most important, for obviously through preventive measures it should be possible to reduce the numbers of those needing operative treatment or care and training in institutions.

A fine instance of treatment for the blind resulting in a large measure of rehabilitation and useful service to the community was close at hand—in the work of Sir Clutha Mackenzie as Head of St. Dunstan's Institute in Dehra Dun. This took its rise during the Second World War, and dealt with the same class of cases which were treated at St. Dunstan's Home in England. This Dehra Dun Home had some 350 Indian and Pakistani soldiers who had been blinded during the war. (Sir Clutha himself lost the sight of both eyes at Suvla Bay, Gallipoli, at the beginning of the First World War, and ever since has devoted his life to work for the blind.)

In pioneering this work in India, Sir Clutha soon found he was up against a most difficult problem, namely how to induce the blind soldiers to enter a Blind Institution about which they knew nothing. Under Army Regulations, as soon as a soldier was discharged as unfit on account of total blindness the Army had no authority over him. Sir Clutha induced the Army to alter the rules so that all blind soldiers were under military discipline for six months after being boarded. They were all sent to Dehra Dun, and few, if any, wanted to leave before their time was up, so greatly did they appreciate the treatment they received there. They were taught to read Braille and to follow some useful kind of trade; with the result that well over ninety-five per cent., on leaving, were enabled if not to earn their own livelihood at least to earn a worth-while wage. I met several of these men, and they were the most cheerful people one could imagine. One who was totally blind was a prosperous merchant.

Sir Clutha himself is an incurable optimist and it is an

inspiration to hear him say, as I have heard him say at public meetings in India: "After all, ladies and gentlemen, blindness is a very minor disability, as I have found"!! To be with him is to realize that for a man of that stamp it *is* a minor disability. Nothing could get him down. He did not know what defeat was. Always out to help, never considering himself, he is a man of remarkably kind nature and with a great sense of humour. Once when he and I were lecturing on Blind Relief in the Islamic University in Peshawar, he was to address the audience first and I was to follow him. In an aside before he got up to speak he said to me: "Henry, if I go on too long, kick me in the pants, will you?"

He certainly spoke at some length, but always what he said was worth listening to.

Another important Government Commission to which I was appointed was the Health Survey and Development Committee. For two years I was a member of the Sir Joseph Bhore Commission, whose task was to work out a post-war policy for medical education, preventive treatment and curative work, and medical research. It was a notable fact that in appointing this Commission to examine the problems of health and medical relief in India the then Government of India included in its choice of personnel several Christians, both men and women. The committee had as its chairman Sir Joseph Bhore, a distinguished Indian Christian civilian, and Indian Christian women of outstanding ability included Dr. Hilda Lazarus, who in 1947 became Director of the Christian Medical College, Vellore. The Bhore Commission Report of 1946 is regarded as the most authoritative document available on problems of health and medical relief in India. It put forward as an aim to be fulfilled in ten years the increasing of the 7,000 nurses in India to 80,000; and stated that male nurses were needed and should be encouraged—a recommendation of particular interest to our Quetta hospital.

I felt it a great privilege to have such opportunities of serving India on these important medical questions, and of gaining fresh insight through personal contact with men and women of affairs. It is true that in those later years the number of committees which so often called me away from home became almost legion—and a joke in the family. "Sir Henry is away on one of his multitudinous committees," began our Quetta news-sheet for 1944—to which Ronnie added his personal comment: "My father, when he wasn't away at one of these beastly committees

he has to attend, was the same as ever—rattling through hundreds of out-patients a day, helping someone here, racing through dozens of operations there, dealing with obstinate patients who wouldn't take any advice, having to repeat his instructions about ten times to some of them, consoling some poor old man or woman for whom nothing could be done."

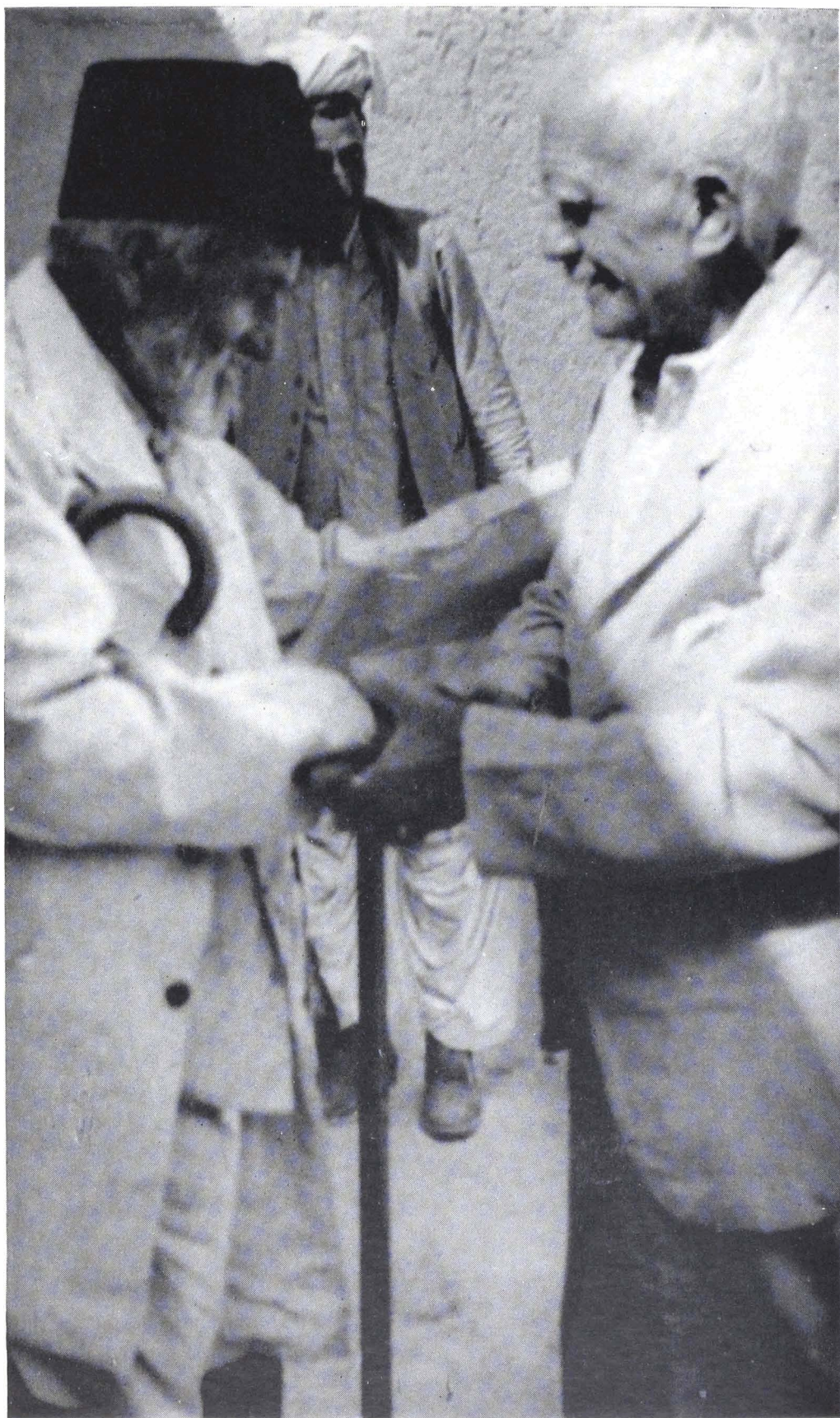
During my long term of service on the Frontier I naturally became keenly interested in all matters concerning the life and witness of the Church. For some twenty-five to thirty years I was a delegate not only to the Diocesan Council, but to the provincial councils which were held every three years and on which the laity were very strongly represented. It was a great joy to me to be present at those memorable provincial councils when first the Indian Church measure was passed, and later the truly epoch-making occasion when the Church of South India measure was passed by a large majority in the houses of laity and clergy.

Another outstanding experience of being present at an assembly where one felt that Christian history was being made was at the famous world missionary conference at Tambaram, Madras, in 1938. There I had the privilege of meeting Christian leaders of many races, including John R. Mott, a world figure in this movement, and Kagawa, that great Japanese Christian, whose work of Christian social reform, on a co-operative basis, is now part of the history of his country.

The quality of many of the Christian nationals—leaders in the younger Churches which they represented—was a notable feature of this world conference. It underlined the new trend in stressing "Church" rather than "Mission" and the growing emphasis on native leadership. I myself felt strongly the need for this emphasis in our work, particularly in the training of Indian Christian doctors and nurses for our mission hospital. During this representative conference at Madras the question was raised whether more Western missionary doctors were needed. I remember one delegate, a young Chinese doctor, who spoke very tellingly on this point: he insisted that missionary doctors from the West were needed, but that as Chinese and Indians viewed it, they should combine with other qualifications a real humility and a readiness to work with others in a co-operative spirit. I felt constrained to say something which would help our Chinese friend to know that his point was appreciated by others who like myself had first gone abroad with the limited viewpoint of inexperienced and untravelled youth, but had grown in



Child patients at Quetta and Shikarpur.



Farewell to the Frontier: the author bids good-bye to a local Malik, a Quetta friend of thirty years' standing.

understanding of the meaning of partnership and the need to devolve responsibility. It was good to have a Chinese doctor underlining so important a principle at this representative conference; today, as I look back, I see how much more clearly it has been recognized in recent years.

In my last years on the Frontier the spirit of change was in the air—very noticeably with the end of hostilities in 1945. One of the most far-reaching changes in the history of the Indian sub-continent was beginning to be felt even in our remote part of it—the preparations for the handing over of British rule. The momentous year 1947 saw the former India divided into the two separate and self-governing Dominions of India and Pakistan.

Our hospitals at Quetta and Shikarpur, and the eye clinic at Khairpur, now came within the borders of West Pakistan. Until Partition, Shikarpur was unique in that it was an exclusive Hindu city set in the Muslim countryside. In this Hindu environment our eye clinic had continued its work for nearly forty years. Prior to the building of the new hospital in 1946, the clinic was still, from the legal point of view, a Hindu charitable concern; but at the official opening the buildings and land were handed over by the Governor to the Church Missionary Society as its own property. So by 1947, the year of Partition, we were no longer in occupation of what was soon afterwards classified as “evacuee property”. It was most fortunate that this change had been completed just in time, before the transfer of power. The eye clinic could continue to function in up-to-date buildings, and since it was no longer dependent on outside agencies could carry on in Pakistan the work begun in the Hindu city.

While the new India was declared a secular State, Pakistan is by origin an Islamic country. It was formed from that part of the former India in which Muslims outnumbered Hindus and others. Its founder, Mr. Mahomed Ali Jinnah, knew that so long as Pakistan retained the essential character with which he founded it, Muslims could form their own constitution and continue as a Muslim power. Pakistan has since become the Islamic Republic of Pakistan, but in essence is the same.

I heard Mr. Jinnah address large meetings on one or two occasions before the transfer of power. He spoke in English and his speech was afterwards translated into Urdu and Pushto. He was a beautiful speaker, quiet and convincing, and his English was perfect. He was most moderate in all he said

on the subject of Pakistan. He pointed out that in provinces where Muslims were in the minority they could not expect a square deal; they therefore claimed the right to rule in provinces in which they were in the majority—the North-West Frontier Province, Punjab, Sind, Baluchistan and Bengal. These provinces would form Pakistan, and the rest of India would remain Hindustan.

My postponed retirement meant that I was still on duty at the birth of Pakistan. On Independence Day, August 15, 1947, there was a general holiday in the city, beginning with the hoisting of the Pakistan flag on all the shops and public buildings. We hoisted one on our hospital, together with our Red Cross one to show the nature of our building.

At 7.30 a.m. I went to the hoisting of the Pakistan flag over the Civil Secretariat. There were only two Englishmen there besides myself. The flag was raised with great cheering. At 9 a.m. my wife and I went to the ceremonial parade, which was taken by Sir Geoffrey Prior, Agent to the Governor-General. The rest of the day was spent in feeding the poor of all creeds, and at 5 p.m. there was a Pakistan tea-party, which I attended. Everything seemed to go off peaceably, all the minor communities congratulating the Muslims, and communal tea- and dinner-parties were planned to take place after the conclusion of the Muslim Fast on August 18.

All went well until the 20th—when a number of Muslim refugees, who had escaped from the horrors of the Sikh massacre at Moga in Eastern Punjab, arrived in Quetta. Their tales of the massacre, which lost nothing in the telling, stirred up communal passion, and serious trouble broke out between the Muslims and the minority population of Hindus and Sikhs. In many parts of the city, shops and houses were set alight, and some 200 or more Sikhs and Hindus were killed. It was discovered afterwards that the Muslims had divided themselves up into three sections: one to set light to buildings, one to loot, and one to kill. At that time there were no fewer than 35,000 Sikhs and Hindus living in the city.

This explosive situation called for prompt action; it was taken in hand by a Colonel at the Staff College, who at the head of a Muslim regiment gave orders to fire on the looters. It says much for the discipline of the Pakistan Army that to restore order the men were ready to fire on their co-religionists. As a result the situation was soon brought under control. There is no doubt that, but for the British officer of the Baluch Regiment, the casualties would have been infinitely

greater. All the refugees said: "*Angrezon ne hamen bachaya*"—"the English saved us".

I was thankful to use such influence as I had to help the authorities in checking the spread of the disorders. I went out into the district in a police car with three armed policemen and drove to Bostan, where we found the murdered bodies of eighty-five Sikhs and Hindus, and then on to Hindu-Bagh. Whole local populations of Hindus, especially at Hindu-Bagh, were able to be saved by my getting there ahead of those who wished to raise the riot. As I drove about the countryside to report conditions, I saw several grim reminders of mass violence, and was able to pick up a few refugees and hand them over to the police.

As soon as I arrived back in Quetta I made my report to the A.G.G. and he ordered all Sikhs and Hindus to take refuge in the police and scout lines. The Mission ran daily dispensaries in two of the refugee camps in the cordoned area of the city, treating minor casualties and ailments besides giving thousands of cholera injections. In thus caring for Hindu and Sikh refugees, as well as some of the Muslim casualties in our own hospital, the Mission could witness to the truth that in Christ the divisions of race and creed are overcome.

As soon as possible these many thousands of Hindu and Sikh refugees were evacuated and transferred to the other Dominion, leaving Quetta quiet again but with a much denuded population. Trade was also greatly reduced, since most of it had been in the hands of Hindus. We had passed through grim and tragic days, so soon after the people's rejoicing over independence, and very strong measures had to be taken both in Pakistan and "Hindustan" to bring the situation under control.

In the early days of independence I had the privilege of a number of conversations with the founder of Pakistan, Mr. Jinnah. He was fond of Quetta (especially Ziarat, the hill station), and was friendly in his attitude to our missionary team.

As the first Governor-General of Pakistan, Mr. Jinnah attended the annual Durbar at Sibi during his first year of office. So high an official had never presided before: Mr. Jinnah corresponded to the Viceroy during the British rule in India. I had the honour of being in the house-party on this occasion. We all noted with great regret that Mr. Jinnah

appeared to be far from well and looked extremely frail—in fact, he was almost like a living skeleton. He was only able to come to meals on two or three occasions, and then he was accompanied by his sister, Begum Fatima, who did all in her power to keep him from over-exerting himself. But frail as he looked, he was as upright as ever. He had a magnetic personality, and was almost worshipped by his Muslim subjects in Pakistan.

The Premier Chief of Baluchistan, the Khan of Kalat, had never attended the Sibi Durbar: he considered it *infra dig.* to do so. On this occasion Mr. Jinnah had been to his winter headquarters just outside Sibi, and the Khan had promised that he would attend the Durbar as the Governor-General's special guest. I was sitting in the Residency drawing-room when a mounted messenger arrived with a note saying that the Khan of Kalat was suffering from fever and was unable to attend. He sent his apologies, which he hoped the Governor-General would accept. One of those present said with a smile: "Would it be advisable for Sir Henry Holland to go along and attend to him and do what he can to reduce his temperature?" There was a general look of amusement, for I think most of us considered that the Khan had made what he thought was a polite excuse for non-attendance.

It was only some nine months after the Durbar that the founder and first Governor-General of Pakistan passed away, in the autumn of 1948. A great man and a great administrator, it was due to his indomitable energy that Pakistan came into being.

CHAPTER 29

HANDING OVER

WITH the birth of Pakistan we had seen the passing of an era. The pattern of things as I had known it for nearly fifty years, under the British Raj, was at an end. A new chapter was opening—with fresh possibilities as well as problems of its own. To younger minds and hands than mine would fall the responsibility of discovering how best we could fulfil our Frontier mission in these changing conditions. The world's most powerful Islamic State was in future to be the setting of our work, the environment in which the tiny Frontier Church must continue to give its Christian witness.

Looking back over nearly half a century, there was much for which one could give thanks. As well as the setbacks and disappointments, there were tangible (and intangible) evidences of growth. Together with the new hospital at Shikarpur, here in Quetta we were seeing the reward of the patient plodding, uphill work of past years. A small pioneer hospital had grown into a well-established, well-equipped medical and surgical centre and training school for nurses. Despite the long ordeal of two world wars and a devastating earthquake, the medical mission had clearly taken root in the hearts of the people, who had learned to appreciate the care and friendship they received at the mission hospital. Above all, many had come to realize that the work was being done in the name of Hazrat Isa (Jesus Christ) and not because the Government paid the doctors large salaries for being there. The people, too, were showing a far greater readiness now than in the past to listen to the preaching and teaching of the Christian message. On one occasion a middle-aged Sindhi Baluch was sitting on a bench in the out-patient room, the last patient to be seen. When asked what was wrong with him, he replied: "Oh, nothing, I don't want any medicine, I'm a relation of an in-patient in the *landis* (shelters) over there. I just came over to hear the sermon."

As we looked towards the future, here then were some of our assets: besides the goodwill of the people and of the tribal chieftains, based on confidence and trust, was a growing appreciation of the Christian qualities of compassion and integrity for which the hospital had stood through the years. There was, too, the all important fact that our medical and nursing staff were Christian, most of them nationals. This was one of the surest signs that the medical mission had taken root in the life of the people.

The loyal work and co-operation of my Indian colleagues through the years has been a great inspiration to me and a source of strength to the hospital. The long and faithful service of Dr. Samuel Luther, for example, both at our base hospital and as a respected leader of the local church, has told its own convincing story of the way in which Christian experience could combine with medical skill to produce a leader of standing among his own people.

Samuel Luther had always said that it was his desire to follow his father as a doctor at the Quetta mission hospital. He was educated at Lahore Medical College, and when volun-

teers were asked for to go to Persia and Mesopotamia on military service during the First World War, he was one of the first to offer. He did extremely good work as a temporary Sub-Assistant Surgeon in the Army, and on his return was offered a Government scholarship if he would become a Government servant on passing his final examination. This he declined to do as he had dedicated his life to medical missionary work. He came back to Quetta and for thirty years was a trusted member of the staff. It was a great pleasure to me to instruct him in ophthalmic surgery and other branches of general surgery. He was a born operator and was never happier than in the operating theatres. Like his father, he had a wonderful way with him and very soon became one of the most popular general practitioners in the city. He was not only a physician of the body but of the soul, and was a keen evangelist. Besides taking an active part in Christian evangelism, he gave great service in municipal affairs as a member of both the Municipal Committee and the Sanitary Committee.

We look forward in the future to more men of Samuel Luther's stamp to whom we can hand over responsibility. It has always been our aim to nationalize our hospitals. The chief difficulty at the present time is that there are but few of our Christian doctors and surgeons who claim the confidence of the public and thereby are able to earn the comparatively high fees which our British surgeons have earned for many years. It is such fees which have enabled us to keep our hospitals going. One of our great needs of the future is thus for highly skilled nationals—surgeons, physicians and obstetricians—to man the mission hospitals: doctors and surgeons who possess high qualifications as well as sterling Christian character and powers of administration. Unless such recruits are forthcoming, it will be extremely difficult for the local church to be responsible for the financial burden of the work.

We hope and trust that the present deficiency of national staff will soon be made up by graduates from the two Christian medical colleges which have supplied many of our best Indian and Pakistani doctors—Ludhiana and Vellore. Both colleges have only recently admitted men; a number of men students are now studying there for the M.B. degree. We owe to Ludhiana a beloved Indian doctor, who joined the Quetta staff soon after I retired. Dr. Ruth Charles, who has been in charge of all women's work at our hospital since 1950, has a deservedly high reputation. She came to Quetta, having resigned from a

Government post in which she received a salary more than double that which she now has at the mission hospital. Besides this salary, she was entitled as a Government servant to all fees for private practice, whereas now as a mission doctor she accepts the invariable rule that all fees which doctors earn in connection with our mission hospitals go towards financing the hospital concerned. She is one of the many who have shown the true spirit of Christian self-sacrifice and dedication. It is her Christian influence, as well as her skill as a gynaecologist, which makes her such a power in the life of the hospital.

The problem of financial support for our mission hospitals naturally increased with the coming of independence; we realized that with the withdrawal of nearly all the Europeans from Quetta there would inevitably be a big drop in donations, and that we should have to draw on reserves from home to tide us over. The co-operation and support we had always received in the past from British soldiers and civilians was one of the most pleasing and encouraging aspects of our work.

Following the transfer of power in 1947, we had yet to discover the possible reactions of the Pakistan Government to Christian institutions, hospitals, colleges and schools. It was by no means to be taken for granted that Pakistan would inevitably come under the sway of orthodox Islamic trends; in fact, we soon had an indication of a break-away from the more rigid Muslim outlook of the past in the emphasis of the Punjab Government on the training of Muslim girls as nurses. Such is the reputation of the Christian training for nurses that its influence is seen among the more progressive Muslim element in the country.

As we looked to the future, then, it was clear that our Quetta hospital with its record as a training centre for Christian nurses would have a particular contribution to make to the developing life of the country, now part of the new Pakistan. For this we were indebted to the splendid work of our Sisters, Miss Manwaring and Miss Wheeler, whose training of Indian male nurses has been a major factor in establishing the reputation of the hospital.

By a happy coincidence the year of independence saw a forward move in our work of nursing training. One of our male staff nurses, Fazl Din, was sent to Vellore in May 1947 to take a nine months' course to qualify as a master tutor. He was the first of our Pakistani nurses to attain this higher

qualification, which greatly increased the contribution he has since been able to make to the life of the hospital by concentrating on the student nurses and improving their standards.

At the present time Quetta is the one training hospital to which come male nurse recruits from various parts of the Punjab and the North-West Frontier Province. On passing their examinations they are expected to spend at least a year in our hospitals. Our trained nurses are now in various posts in civil, mission, police, as well as in special hospitals and sanatoria. One who took nursing and dispensing training, and also learned laboratory and X-ray work with us, became M.O. of a hospital in the Sind district with seven branch dispensaries also under his care. Most of the candidates come in the first place to qualify for a profession, but it is good to see some of them developing the true spirit of Christian service.

We had an illustration of this readiness for service during the troubles which followed so close on the partitioning of India and Pakistan. After the riots in Quetta, when we were asked to run daily dispensaries in the refugee camps in the cordoned area of the city, there was great competition among the nursing staff day by day to be the chosen ones to go for this work. When evacuation put an end to this particular service among the refugees, we found ourselves in the strange position of not having enough work for the staff, and with private wards practically empty we were faced with a drastic reduction in income. Reluctantly the Sisters had to tell the staff nurses that three of them would have to look for other work. Shortly afterwards, three of them came to Sister Wheeler with an advertisement they had seen for male nurses to undertake relief work among the refugees in the Punjab, and asked if the hospital would approve of their applying. When their applications reached Lahore, the Inspector-General Civil Hospitals wired for them to go at once. At first they worked in refugee hospitals in Lahore; then they joined my son Harry, who was in charge of a Christian Medical Relief Unit in the Punjab among the Muslim refugees who had fled from their homes in India to seek safety in Pakistan.

The state of the civil-controlled "camps" of these Muslim refugees was appalling. Thousands of men, women and children were herded together in impossible conditions, with totally inadequate food supplies, no sanitation and practically no medical aid. Cholera broke out and spread, malnutrition gradually increased to sheer starvation.

In the work of relief, Christians were right at the centre. The Churches had combined to set up a Christian Medical Relief Committee which handled all Christian relief work on both sides of the border. My son Harry, who was closely involved in this tremendous undertaking in which Britons and Americans, Pakistanis and Indians worked side by side, commented at that time on its wider implications for the future of the Christian mission in Pakistan: "The united action of Christian bodies in this great emergency in the Punjab has already made a favourable impression on the Government. The Christian Church has come to be recognized not just as a number of peculiar people doing different things, but as a dynamic force which has proved itself in action. The door is more widely open to Christianity in the area that is now Pakistan than it has been under British rule."

After the tragic events of the autumn of 1947 it was good to begin the new year with our usual busy spell at Shikarpur, then to return to our normal routine at Quetta again. I was particularly glad that the worst troubles were behind us, for the time of my retirement was now close at hand. To me, the thought of tearing myself away from Quetta in March of that year, 1948, seemed like a major catastrophe. But what a glorious innings I had had! How wonderfully God had blessed me in hundreds of ways, and how utterly unworthy I felt of these blessings! I longed that I might have done more for the people of the Frontier; that I had been more successful in winning those fine tribesmen for Christ and His service.

Now that the time had come for us to lay down our work, how thankful my wife and I were to feel that we had been able to pave the way for our sons, making it easier for them because they would be working among those who as friends of their parents would receive them with real friendship and affection. I was indeed a proud man in having my two sons, Harry and Ronnie, as well as Dr. Luther, backed up by a loyal Christian nursing staff, to carry on the work. I handed over with full confidence that the younger generation of Hollands would do more than I had done to further the cause of Christian medical work on the Frontier.¹

So in March 1948 my wife and I said farewell to the work and the people beloved through the years. The last good-byes were

¹ In the event, the staffing of our Frontier hospitals as a whole continued so inadequate that it did not really allow of both doctor sons being posted in Quetta at the same time.

said to the crowds of friends—Pakistani, Indian and British—who came to see us off; the train pulled out of Quetta station, our home in the hills receded from sight—but Quetta, we knew, would live deep in our hearts to the end of our days.

CHAPTER 30

HOME—AND BACK AGAIN

Now at last I was home again; not merely on leave this time, but back in England for good, planning to make a home for the family in Surrey, to keep in touch with a host of old friends, to follow up many interests and to travel about, speaking on behalf of the Frontier work as often as possible. But I was definitely on the retired list now, at the age of seventy-three. Well, it was good to see an English spring again, in that April of 1948.

Retired. It was a word which I supposed I must get used to, though after nearly fifty years of work which I loved on the Frontier it was no easy adjustment to make. On the shelf now—I wondered. There was life in the old dog yet!

I had been in England less than a month when a most unexpected summons came. On returning one day from London to our home in Farnham, I was told that a very urgent message had come through for me from the Foreign Office. Would I ring up as soon as I came in? Wondering what the urgency was, I rang the required number. I was told by one of the secretaries at the Foreign Office that they had just received a cable from Kabul to say that His Majesty the King of Afghanistan was getting in touch with them for the purpose of asking me to go out immediately to treat him for some acute trouble in his right eye.

I was asked if I could go within three days. I said I could and accepted with great pleasure. The arrangement was in their hands and that of His Majesty the King. I tried to discover something about the condition of his eye, and understood that he was suffering from severe inflammation associated with the root of one of his eye-teeth.

At the Foreign Office I was told that I must be inoculated against T.A.B. and yellow fever as the plane on which they had secured a passage for me was to refuel in Alexandria airport. I made particular inquiries whether anti-cholera

injections would also be necessary and was told quite definitely that they were not on this occasion (I stress this point because of subsequent difficulties). I was sent down in one of the Foreign Office cars to have the necessary injections. On the fourth day, when I was informed that a passage had been definitely booked for me, I was asked to take any equipment or instruments that would be required. Naturally, without a full history of the Amir's case, I was in some doubt as to what equipment to take, but I finally decided on all that I thought might be necessary.

The morning after I heard the news, a friend came to see me. "What language does the King of Afghanistan read?" he asked. I said I was informed that he read Persian and French, whereupon he said: "Would you like to take with you as a present from the British and Foreign Bible Society a handsomely bound New Testament in Persian?" I applied to the Society, and said I must have the Testament delivered at my Farnham address within thirty-six hours. It was to be bound in green calf, the Islamic colour, inscribed with the title *Injil-I-Muqqadus*—the Holy Gospel. The book-binding department carried out the work within thirty hours, and most beautifully it was done.

I had to get the passports for the various countries through which I should pass, and was to go by seaplane to Karachi. I left from Southampton and spent the first night in Sicily. As we flew on, I thought what a thrill it was to be on my way to Afghanistan of all places. It had always been our Society's hope that the Frontier mission hospitals would serve as a base for advance into Afghanistan when opportunity should occur. I had longed to be among the pioneers to go into this remote country to open the first Christian hospital there. But Afghanistan had remained one of the lands closed to missionary effort and it was difficult even to obtain a permit to travel through the country. My first link had been made some seven years before, when I was invited to accompany an Artillery officer, one of the directing staff of the Quetta Staff College, on a week's visit to Kabul. While I was there I was asked by the Prime Minister, the King's uncle, if I would see some members of the royal family about their eyes, and I said that most readily would I do so. He wanted my advice in particular about the eye condition of a princess of the royal house who could not come to me as she was in strict purdah: would I go to her house in the city and examine and prescribe for her there?

Naturally I had expected to find a princess in silk draperies of oriental fashion; imagine, then, my surprise when I encountered a beautiful woman dressed in a well-tailored, Western-style costume. She was seated at the piano when I arrived, singing an English song—"Cherry Ripe" I think it was. As we talked I found that she could also converse in the most perfect English. Before I left, having prescribed glasses for her, I said: "You will pardon my making a personal remark, but I am so amazed at the exquisite English that you speak." To which the Afghan princess laughingly replied: "Well, you see, I lived in England and on the Riviera until I was eighteen." She was now married to a Muslim; and since the flight and exile of the former King Amanullah there had been a swing of the pendulum back to the observance of strict purdah once more.

After that first visit in 1941 I little thought that I should have an opportunity to see Afghanistan again, although I greatly desired to do so. And now here I was on my way by air to try to save the sight of the present King.

When the plane touched down at Karachi we were met at the airport by representatives of the King of Afghanistan and also by the British High Commissioner. It happened to be a time of political tension when relations between Pakistan and Afghanistan were rather strained, so the question of getting me into Afghanistan was obviously causing the authorities some concern. I was informed that on account of the present strained relations between the States, Pakistan could not be responsible for sending me through to Kabul. As we were debating this tricky point at the airport, Major Iskandar Mirza came to the rescue. (He is now President of the Islamic State of Pakistan.) At that time he was in the Defence Ministry; I had previously known him when he was political agent in the Khyber and I had occasion to treat his eyes. He suggested to the British High Commissioner that it would be a generous gesture on the part of Pakistan—as this was an urgent case of illness—to send me through to Kabul; and that since the plane belonging to the then Premier, Mr. Liaquat Ali Khan, was not being used because he was out of Karachi at the time, I should be given a free passage in his plane from Karachi to Kabul.

I was overjoyed at thus being able to proceed at once to see the King, for I did not know how dangerous the condition of his eye might be. I was the only passenger in the Prime Minister's plane and was able to travel in great luxury. Our

only stop between Karachi and Kabul was at the Peshawar airport in Pakistan, where I was met by Sister France and Dr. Paul Joseph from the Peshawar mission hospital, who brought me very welcome refreshment. Then on we flew to Afghanistan.

I was obviously enjoying the trip far more than were the crew; they were Pakistanis and did not altogether relish this journey into enemy country. The instructions they had received from the Government in Pakistan were to conduct me safely to the Kabul airport and then return at once. They carried out their instructions to the letter; the engine was kept running while I hurriedly clambered out, and within a few minutes the plane was off again on its journey back to Karachi! The crew were obviously afraid that they might be interned in Kabul against their will. As I think of that adventurous trip, I am most grateful both to the Pakistan Government for most generously allowing me the use of the Prime Minister's plane and crew, and also to the Afghanistan Government for permitting the Pakistan plane to land at their airport outside Kabul.

From the airport I travelled by State car to a luxuriously furnished guest-house placed at my disposal by H.R.H. Mohammed Hashim. After I had had a bath and a light meal I was taken to the palace in Kabul. There I found the King waiting to receive me, with the Prime Minister and other members of his suite. His own private physician and also his own ophthalmic surgeon were present; the latter was a Frenchman and was most polite and punctilious in carrying out any instructions I had to give. I found that the King was suffering considerable pain and his eye was very inflamed; had it not been for the treatment he had already received before my arrival, including the extraction of the eye-tooth, his condition would have been much worse.

I had brought with me the usual penicillin and other antibiotics, and suggested the use of leeches, which were to be put round his eye. This caused considerable consternation among the members of the domestic staff; I was informed that His Majesty had never had leeches before, to which I replied that the sooner they were applied the better! They were at once forthcoming from Kabul city, where, as in other Eastern towns, they were used very extensively by the hakims, or native doctors. When the leeches were duly applied to the King's eye, I returned to the guest-house, having asked to be informed there how matters progressed.

I had not been back very long when the telephone rang with an urgent query: when should the leeches be removed? I explained that when they had had sufficient of the royal blood they would automatically fall off. On my return to the palace half an hour later I found that all was well; the leeches were no longer visible and His Majesty felt considerable relief.

During my stay in Kabul I made many visits to my friend Sir Giles Squires, the first British Ambassador. (At one time he had been political agent in Kalat.) He asked that I should be his and Lady Squires's guest, but His Majesty said that as I had come out to look after him he would like to entertain me, which he did extremely well. On the night before I left Kabul he gave a small State Banquet at which Sir Giles and Lady Squires and other British officers and their wives were present, together with his own Council and ministers. It was a most interesting occasion.

I was asked to inform the King's minister to what he was indebted to me for professional attendance. When I named the sum His Majesty told his minister it was too small and added a third. He also sent me many personal presents in kind, including two beautiful Afghan rings and a very fine Longine wrist-watch, the face studded with diamonds.

By the time I left, the King's sight was better and the pain had almost gone, but I knew that treatment would have to be continued. I therefore indicated the line of treatment which I thought would be successful, and told His Majesty (to his obvious pleasure) that when I reached home I would consult one of the best ophthalmic surgeons in Harley Street, telling him the history of the case and the previous and present treatment. If he should suggest anything further, I would cable out what should be done.

I was very much impressed by His Majesty, a man of great personal dignity and charm and of a rather shy nature. Though I had with me the beautifully bound copy of the New Testament, I felt it would be unwise for me to present it to him while I was treating him as a patient. It would look rather as if I were trying to make use of the fact that I was his physician in order to introduce the Christian faith. Sir Giles Squires agreed with me, and it was suggested that instead I should send the book back with the plane on its return flight to Kabul from Chaman.

I was asked if I would like to have an Afghan pilot. As at that time there were none of great experience, the British Squadron-Leader who was instructor to the Air Force offered

to fly me to Chaman, and I gladly accepted his kind offer. We stopped at Kandahar for fuel, and then proceeded over the Khojak Tunnel and on to the Quetta airport.

There a great welcome awaited me—on this very unexpected return to Pakistan so soon after I had left, as I thought, for good. Not only were my family and friends there to meet me, but the Head of the Government, an old friend of mine, had sent a Guard of Honour to the airport, which rather embarrassed me. I realized that it was a mark of real kindness on his part, and I thanked him for the honour he had done me.

Before the plane left Kabul I gave the Squadron-Leader the specially bound New Testament, and asked him if he would see that it reached the palace and was given to the King's secretary. With it I sent a note thanking His Majesty for all the courtesy he had shown, and for his hospitality, adding that I hoped he would accept the book I was sending him, for it was not only our Holy Book but his, the *Injil-I-Muqqadus*, which I knew he would recognize as the inspired Word of God.

I spent only two days in Quetta, and then went by plane to Karachi, where I stayed with the British High Commissioner, who had secured a place for me on the ordinary plane home. Soon after, one of the officials from the airport came round to ask if I had an anti-cholera certificate. I told him I had been informed by the Foreign Office that this was not necessary, but he said that they would allow no one through Cairo without this certificate. I repeated what the Foreign Office had told me, and said that I must go by this plane. As he continued to press the point I said finally that all I could do was to go, and hope they would pass me. A few minutes later he appeared with a signed certificate stating that I had been inoculated against cholera in London on such-and-such a date. I replied that I declined absolutely to use what was a forged certificate. Whereupon he said: "On your head be it"—or words to that effect.

Finally I set off; as the High Commissioner said, it was essential I should go.

When I reached Cairo I found I was the only passenger without an anti-cholera certificate. The Egyptian doctor at the port declared: "You will have to go into quarantine here for sixteen days." I argued the point with him, stressing what I had been told in London, but he was adamant: I should have to go into a segregation camp, for that was the rule.

At this point an official arrived waving a cable which had come from Karachi: it said, "Expedite Sir Henry Holland as

quickly as possible on urgent business." A violent argument followed; it appeared that while one official said he would not let me through, the other said that for diplomatic reasons I ought to go and warned the first speaker that if I were put in a segregation camp he would eventually be consigned to a climate even hotter than Egypt—whereupon he gave in! It was the closest shave I have ever had.

When I arrived at the London airport I had to go through the Customs. On being asked if I had anything with me subject to duty, I showed them the gold wrist-watch presented to me in Kabul. I explained that I had not bought it and that it was not for sale; it was a gift. The Customs officer regretted that he would have to send the watch to the valuer in the City and said he would let me know what I should have to pay for purchase tax and Customs, probably about £80. He gave me a receipt, which I took, as soon as I got back to London, to the Afghan Embassy. The official there assured me he would get it through the Customs as quickly as possible and let me have the watch. They kept it for nearly six weeks; finally the Afghan Embassy official told them that if they charged tax and Customs duty on what was a purely personal present from their King it would be considered an unfriendly act on the part of the British Government—so I finally got it through without charges!

One of the first things I did on reaching home after my adventurous journey was to consult a distinguished ophthalmic surgeon in London, Colonel Kirwan, about the King of Afghanistan's eye trouble. I then sent out a long cable regarding further treatment, for which I received his grateful thanks. A few days later I heard that His Majesty's own ophthalmic surgeon (who as I have already mentioned was a Frenchman) had recommended him to go to Paris, where the best possible treatment was available. I felt that perhaps he not only desired the King to be treated by members of the French ophthalmic faculty, but also saw an excellent opportunity for a three months' stay in France! Afterwards, I had a chance to ask a member of the King's family what happened as a result of the French visit, and was told that His Majesty had been given the same treatment in Paris that I had recommended in Kabul.

After that dramatic interlude in 1948, more than two years passed before I had personal contact again with Pakistan. The inadequate staffing of our Frontier hospitals was such that I longed to be able to give a hand at Shikarpur, if only by

looking after out-patients. It was a joy to us all that through the generosity of the tribesmen, headed by a Baluch chief, a wealthy landowner, my travelling expenses were covered for a winter visit to the eye hospital in December 1950. With increasing age and the lapse of time I felt rather nervous at first of operating again. But the urgency of the need with the continued pressure of numbers made me try my hand. Confidence returned, and I was back on the job again, almost as though I had never left. How good it was to be able to assist my son Ronnie, who had succeeded me at the hospital!

This opportunity to help in the winter months was renewed during other years through the generosity of the tribesmen, who made it possible for my wife also to fly out with me on two occasions. Shortly after I celebrated my eightieth birthday, on the Frontier, I was able to write home from Shikarpur of that particular spell of duty in 1955:

“We have had a very busy season, the busiest since before the transfer of power [the partition of Pakistan and India]. We have seen nearly 1,000 more new cases than last year and have done 2,200 operations, including 1,125 cataracts—and the innings is ‘not out’ as we have three more days to go here.

“I have myself done about 250 operations, including 180 cataracts. It is great fun to be back in the thick of it and to be able to stand up to a hard day’s work. We go on from here to Khairpur next week, and after three weeks we are to tour along the Frontier, getting to Quetta again by the end of April.

“I’m very lucky at my age to be able to help. I’m just a tough guy, and I’ll go on as long as I can . . .”

It was good to be out there again in the winter of 1956.

CHAPTER 31

“THERE’S NO DISCOURAGEMENT . . .”

DURING my time on the Frontier I had a number of very narrow escapes from death. Some of these near encounters I have already touched on in my reminiscences.

The first was within a few months of my reaching Quetta as a young man; I was desperately ill with a very virulent attack of typhoid, and my padre brother in India was sent for in the expectation that he would be just in time to bury me. Then there was the affair of the snake when I nearly jumped to my

death from the roof of a friend's house. And of course I was actually buried and just not killed beneath my own house in the Quetta earthquake.

I had two other narrow escapes. Once, when I was on the point of leaving on an operating tour in the south of Baluchistan, I took what I thought was a trional powder of fifteen grains, as I had been sleeping badly. Having swallowed the dose, I found to my horror that I had lost all sense of taste, and realized that what I had in fact taken was a fifteen-grain powder of cocaine—which I knew was five times a lethal dose! My wife was in her bath at the time; I knocked at the door and said: "I have taken a lethal dose of cocaine and am off at once to the hospital to get antidotes." I telephoned the Civil Surgeon, Major Wilson, and also the Staff Surgeon, Colonel Heathly Spencer. They were with me within five minutes, and then began the fight for my life. I did not think I had a chance of recovering. But the Christian staff got down on their knees in prayer, and the doctors worked for nearly five hours. At 2 a.m. the Staff Surgeon said to my wife: "We are off now as I think your husband has turned the corner, but I will sleep with my ear glued to the telephone, for at any time he may collapse."

The miracle happened, and I did not collapse. I am certain that I am the only man who has swallowed fifteen grains of cocaine and lived to tell the tale! Without doubt Major Wilson and Colonel Heathly Spencer, under God, saved my life, and I owe them a debt of gratitude which I feel I can never repay.

My last escape was a year or two before my retirement. I was out on tour with Sir Rupert Hay in the Bugti country, right in the wilds. When about to return to Quetta by rail from Jacobabad, I realized I was suffering from cholera; there was no doubt about the symptoms. The train left Jacobabad about midnight. I telephoned to Sibi, 100 miles farther on, and an assistant surgeon came to my carriage and accompanied me to Quetta—another 100 miles on. I was greatly helped also by an I.C.S. officer who was in the same compartment. But I did not think I could possibly reach Quetta alive.

My wife and the Quetta Civil Surgeon, Captain Ledgard, met the train, and I was taken by ambulance to the Civil Hospital and put to bed more dead than alive. (The Civil Surgeon told me later that I nearly passed out; I was almost pulseless.) But three-and-a-half pints of saline given intravenously did what was necessary; the awful and almost continuous bouts of sickness and abdominal cramp soon dis-

appeared, and I realized that I had now a chance to recover. Indeed, after a few days I was up and about again.

A further remarkable fact was that mine was the only case of cholera in Baluchistan that year. The health authorities made a most thorough investigation of my case, from the time that I had my last drink at the sirdar's house, where we were entertained during our stay in Bugti. They were able to trace that the empty bottle had been returned to a soda-water factory in Jacobabad where there had been an epidemic of cholera four years previously. When it was examined it was found to be swarming with cholera germs. Apparently the bottle had remained at Dera-Bugti for those four years, and all unwittingly I had drunk what was almost a pure culture of cholera bacilli! These tough bacilli had stood the extreme heat of four hot seasons in Dera-Bugti, when the temperature is often between 110° and 120° in the shade.

Each of these miraculous escapes made me think deeply. I was sure that God had given me back my life for a purpose: that I was saved to continue to serve as a medical missionary on the Frontier. The experience of being so close to death had the effect of renewing this sense of missionary vocation.

Why a medical missionary vocation? I have often been asked when home on leave why there should be so much missionary expenditure on hospitals and dispensaries, schools and colleges; why not spend the money in sending out men and women simply to undertake evangelistic work?

I believe this to be a false distinction, a quite untrue separation of things which in fact belong together. I have no doubt that to preach and not to heal is—as Dr. Dougall of the Church of Scotland has expressed it—“to deliver a message which is partial, misleading and ineffective”. The preaching and the healing go hand in hand. I agree with Dr. Dougall that one cannot imagine Christ “healing without preaching, or preaching without healing”.

It is only recently that the Church has begun to realize how neglectful it has been of the physical needs of men as a Christian concern. The rise of the Western scientific ministry of healing has served as a reminder of the Church's past neglect of this vital part of Christ's message. While there is a growing interest among many Christian people in the spiritual factor in healing, the work of the doctor and the parson is still separated by a wide gulf.

Among the patients attending our mission hospitals abroad,

particularly in a predominantly Muslim area like the North-West Frontier, the number of actual conversions to Christianity is tragically small. Yet I am reminded of these wise words of Bishop Hoare in an address on medical missions: "If we saw no spiritual results; if we saw no converts through medical missions; if we saw no doors opened by their means—it is still the bounden duty of Christian people to do what they can with this Western science which God has given them to alleviate misery, wretchedness, pain and disease, wherever they may be found."

The idea that medical work is a kind of bait to lure people into listening to the Gospel is far removed from the spirit and practice of our Lord Himself. His works of healing "spoke" the same message as His preaching and teaching: they showed the love of God in action. And that is the heart of the medical missionary vocation. We believe we are making known the Christian message in the actual work of healing as truly as in the sermon in the ward. Christ is our supreme example in caring about the *whole* man, body, mind and spirit.

Through its ministry of friendship the medical mission has time and again proved the most successful way of helping people to understand the meaning of Christianity; of introducing them to the Christ of the gospels. On the Frontier, in our own district of Baluchistan and Sind, we have had two striking illustrations of an entry made through the ministry of healing.

As I have described at length, our ophthalmic work opened up the way for the Christian message in Shikarpur, a Hindu city at one time hermetically sealed against any form of Christian evangelism. From pioneer beginnings in an atmosphere of distrust and hostility, the work there has grown through nearly half a century into a well-established and widely appreciated Christian centre of healing.

Another telling instance of the pioneer efficacy of the ministry of healing dates from 1940, when I was invited to visit a neighbouring Muslim State to attend to eye diseases and operate for a period of three weeks to a month. All expenses were to be paid. Before accepting this offer I asked if there would be freedom to present the Christian faith to the patients and to distribute Christian gospels. Both requests were declined, for the Minister who invited me said that if we held to these conditions, opposition would be raised. I then asked: "Will you give us permission to offer prayer in the name of Christ before our operations?" This he readily consented to do.

In this Muslim State we carried out very successful visits for a period of seven years, but we were not allowed to tell the patients why we had come to Pakistan or that the Christ in whose name we worked was their Lord and Saviour too. At length, in 1947, my sons and I and the rest of the Christian staff in Quetta met to think and to pray about this problem together. We came to the conclusion that we could no longer conscientiously visit that clinic, attending only to the physical wants of the patients and being prohibited from speaking of the Christian faith. We accordingly told the representatives of that State that we could only visit the clinic again on condition that we went there as Christian missionaries with no restrictions of any kind regarding our making known the Christian message. These conditions the representatives of the State declined, with great regret, to accept.

The following year a deputation arrived in Quetta to ask the mission eye team to reconsider its decision: my son Ronnie said he could not move from his previous position. Once more they returned, crestfallen, but unable to accept us on our terms.

The third year (1949) the commission arrived in Quetta and its spokesman said to my son: "The *State* wants you, *we* want you, the patients are crying out for you to come and see us, so come on your own terms."

I had retired from Quetta by this time, but I well remember receiving Ronnie's letter which said: "Dad, your prayers and our prayers have been answered, and we are able to revisit that State each winter, not only as surgeons but as medical missionaries."

Since West Pakistan has been reorganized as one unit, a break has occurred in these arrangements, but the record stands as a fact of history; it is a telling illustration of that "something extra" in the Christian spirit and purpose of the medical mission, for which it is appreciated.

Through the friendly relationships brought about by our mission hospitals, schools and colleges, the way has been opened for a genuine understanding of the Christian message in Muslim lands. I am cheered to learn at the present time how many of the intelligentsia in Pakistan send their children, both boys and girls, to Christian schools and colleges. Many have said to me: "We do so because not only do we think that the teaching is good, but we know that our young people enjoy the atmosphere of the Christian schools and colleges." Other-

wise it would be impossible to understand why in Pakistan now all our Christian institutions are full, while there are excellent Islamic schools and colleges to which pupils might be sent. In Quetta, for example, two small Christian schools are attended by nearly 400 Muslim girls. It is important to remember that many of the senior officials in Pakistan went to Christian schools and colleges in their youth. The first Governor-General, Mr. Mahomed Ali Jinnah, received his early education at a mission school in Karachi where, on one occasion, he won first prize for Scripture.

Although there have been cases of intolerance in some parts, yet on the whole I have been impressed by the tolerant, friendly and cordial relationships that prevail between Pakistani and British. It has always been a great joy to me to return and to find that those relationships still exist, in most cases, just as they did before the transfer of power. We are fully aware, however, that the mullahs, representing the orthodox Muslim faith, are doing all they can to prevent Christian teaching in our schools and colleges, and the time may come when such pressure is brought to bear on the Pakistan Government that the present attitude may change considerably.

Evangelistic work in Muslim lands is, and always has been, uphill, and the tangible results would not bear comparison with those in many other countries. My wife and I have been greatly cheered, however, by the fact that an appreciable number of those among whom we have worked have been asking for Christian teaching in the last few years. We pray that many more may be prepared to witness publicly to their allegiance to Christ by coming forward for baptism. It is a step which still requires the greatest courage on the part of the new convert. This fact of the personal cost involved for a Muslim in becoming a Christian accounts for the slow growth of the Christian Church in Muslim lands, and the difficulty of its attaining self-support and sufficiently strong leadership to stand on its own feet. While the founding of a live, witnessing Church on the Frontier has been our ideal, it has been slow to take shape for the reasons I have indicated. For the past eight years, since I retired, I have served on the Council of the Church Assembly on work among Muslims, and we have been much exercised over the question of helping the Church to take root in a Muslim environment.

I believe that our missionary effort, in any and every field,

would be enormously strengthened if there were more general acceptance of the truth that *every* Christian is meant to be a missionary in whatever sphere his particular work overseas may lie. For too long we have depended far too much on the Church's "professional" servants, the clergy and missionaries. In my long experience on the Frontier I have had plenty of opportunity to appreciate how much the Christian *layman* can count for in all walks of life—in the Army and Government service, in the professions and in business. A number of such Christian laymen have figured in these reminiscences.

Feeling strongly as I do about the place of the layman in Christian affairs, I have watched with the greatest interest an experiment in Christian lay leadership which has been taking shape near my own home in Surrey. This pioneer venture, called "Oversea Service", with its headquarters at Moor Park College, was started by our elder son, Harry, in 1953, under the auspices of the British Council of Churches and the Conference of British Missionary Societies. I regard it as a thrilling effort to spread the sense of Christian responsibility; to think out "on an entirely new scale the unique vocation of the Christian layman". At this residential college, courses are arranged to help ordinary citizens of Great Britain who are taking up work abroad, whether with Government or private enterprise, to see their "representative" responsibility in the lands to which they go. "The main concern of Oversea Service is the total impact of our Western and still so-called Christian civilization upon the peoples of Asia, Africa, Latin America and the Caribbean, as these people experience it through the lives of ordinary United Kingdom citizens living and working among them." In an informal house-party atmosphere the students get to grips with such live issues as national and racial attitudes in the world today, and the need for Christian understanding of peoples of races, creeds and cultures different from their own. Government, business, the professions and the Churches are all represented at these conferences, and in order that students may meet representatives of the country to which they are going, nationals are present either as speakers or guests, and are available for questioning and consultation. The scheme has met with encouragement from the Colonial Office, the Commonwealth Relations Office, the Foreign Office, the British Council, the Imperial Institute, the Y.M.C.A., and from some forward-looking employers and the T.U.C.

To watch this experiment in lay initiative, and at times to

have a share in interpreting Pakistan to students whose work will take them there, has been a continuing interest to me; a bridge between home and overseas.

As I look back on my fifty-odd years as a Frontier doctor, I am not unaware of the setbacks and disappointments, the unfulfilled hopes, the things left undone that I might have done. But the note that is uppermost is joy. And I thank God for giving me a robust constitution which has enabled me to carry on, even into old age, the work He called me to do as a medical missionary.

In my experience the sense of dedication to that purpose came gradually; at each new step I was apt to jib and to wonder whether I really was called to give up for Christ's sake so many of the things I valued—home-ties and friends, legitimate ambition and a sense of security. Often the question would pose itself: could I not be of greater service to God and my fellow-men if I stayed in this country or accepted a post in a wider sphere of service than the medical mission? The test of one's vocation came with each fresh offer of a lucrative post in some other sphere of work. But each time I said "No" I felt more and more convinced that in my case vocation to the work of a medical missionary was a life vocation. In saying this, however, I certainly do not want to appear self-righteous or to imply any criticism of those who for family or other reasons have felt obliged to limit their years of missionary service overseas.

The question of vocation goes deep. It is quite possible to take up medicine as a profession, but that is very different from taking up the medical profession as a vocation. To know that one is "called" to be a medical missionary means facing the question of total dedication—which is neither easy nor pleasant. I am reminded of words spoken by Bishop Michael Chang of China in a moving sermon in Westminster Abbey some years ago:

"The secret of dedication is abandonment—abandonment to Christ of all we are, of all we have. . . . The trouble with our Church today is this: there are too few wholly dedicated men and women. Whether we remain at home or go abroad; whether we enter the ministry or remain as lay men and women, the only way we can be of use to Christ in establishing His Kingdom of righteousness and love on earth is by absolute abandonment to Him, absolute dedication to Him and His cause."

It has been the example of such dedicated men and women that has counted for most in my life, helping first to inspire and then to keep me true to my own vocation. Bunyan speaks for every man who through thick and thin holds on to the purpose of God undaunted by dangers and difficulties:

There's no discouragement
Shall make him once relent
His first avowed intent
To be a pilgrim.

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