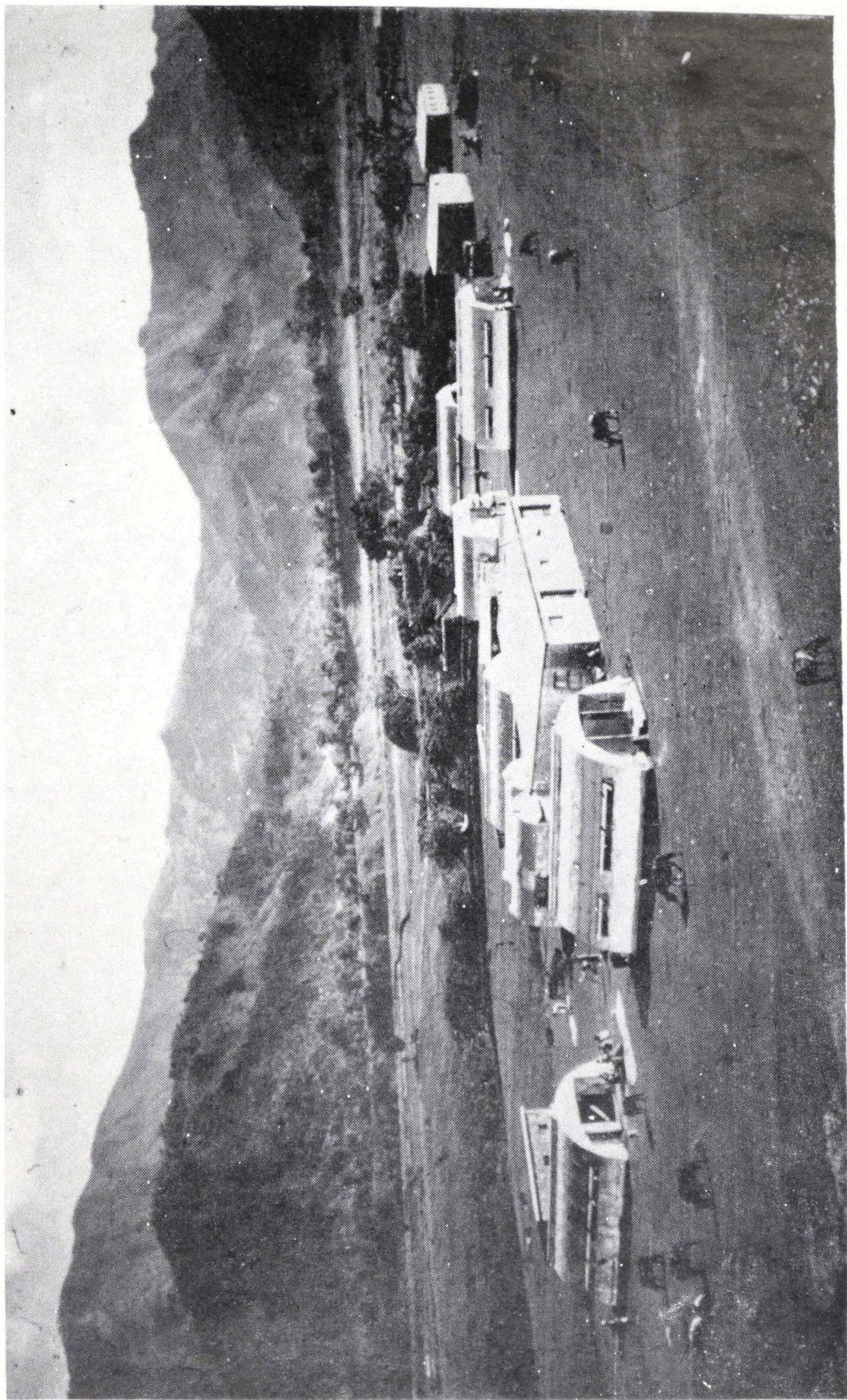




HIMALAYAN HOSPITAL

By GERALD M. A. TURNER



The Shining Hospital at Pokhra in Central Nepal. In the background are some of the surrounding hills, where many of our patients live.

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*Medical Superintendent,
The Shining Hospital, Pokhra*

One Shilling and Sixpence

NEPAL EVANGELISTIC BAND

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ACKNOWLEDGMENTS.

Grateful thanks are due to all the members of the Nepal Evangelistic Band, who have written News-Letters and Booklets describing the early work in Pokhra, and the growth of the hospital there. Some of these accounts have been drawn upon for the material in these pages relating to the early years. Thanks must also be expressed to Miss Graham, Dr. Morton and Miss Knight for their help with the manuscript.

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The Shining Hospital at Pokhra in Central Nepal. In the background are some of the surrounding hills, where many of our patients live. (*Frontispiece*).

Prem Masih at work on the instruments. (*Page 15*).

Morning dispensary soon after arrival in Pokhra. (*Page 15*).

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The hospital grows—1958. The snow peaks are just fifteen miles away to the north. (*Page 21*).

In the women's ward—Miriam on the right. (*Page 29*).

An old Tibetan lama with his attendants after visiting the hospital. He is holding a gospel booklet written in the Tibetan language in his right hand—in the left a Buddhist rosary. (*Page 37*).

The airfield, scene of many arrivals and departures. Our freight and supplies are landed here when weather permits. Fish-Tail mountain and other peaks of the Annapurna range behind. (*Page 43*).

INTRODUCTION.

IT is a most reassuring fact that, in any work of His, God has a plan and pattern. We, His servants, have only to find out that plan and then, having found it, to give ourselves to its execution and fulfilment. There is a place for man's wisdom, experience and endeavour inasmuch as God gives talents and expects full use of all He has endowed us with, but in building up a work of God, He Himself remains the architect, the designer and the master-builder. He gives to each his instructions, allots to each his place, and provides the ability and strength needed for the completion of His purpose. To be labourers together with God requires that we serve with our eyes upon Him and our ears attuned to His voice, ready to do His bidding, and to respond with instant obedience to His commands. Only thus can His work be done *in His way*, and only thus will we be able to share His joy over the finished work, when together we will, as it were, stand back to see what He has wrought and testify that it is all 'through Him and unto Him.'

In all that has been accomplished in the Shining Hospital during the past few years, we have been conscious of His hand upon us. Due to our human weaknesses and failure, the marks of imperfection are upon many of the results of our labours. This, however, in no way annuls the fact that each new advance and each new development has been achieved, not through sudden idea or whim, but in response to prayer, which first realised God's will and then enabled us to co-operate with Him in the fulfilling of it. Such prayer is never the work of a moment, but over months and years has taught us afresh that it is through faith *and patience* that we inherit the promises, and also

that no purpose of His can ever be frustrated. It is, moreover, our joy and privilege to add our testimony that in these years when materialism has become the 'religion' of millions throughout the world, God still supplies the needs of His work and of His servants in answer to prayer alone. The prayer of faith is *still* heard. God is still on the throne.

The pattern given by the Holy Spirit for the growth of the early Christian church, was the establishment of local churches, self-governing, self-supporting and self-propagating. The work of the Nepal Evangelistic Band has followed that same pattern, not merely by imitation, but because we feel that God has led us along the same lines. In the building up of a work of God of this nature, the missionary from overseas plays a limited part. The indigenous church, possessing through the indwelling life of the Spirit all the gifts and attributes necessary for its life and growth, need look to no outside agent for help in the conduct of its own affairs. But the missionary can help in its teaching ministry, taking Bible classes, combating illiteracy, translating the Bible and booklets, and also in making a technical contribution to the overcoming of the tremendous needs of a backward community. Medical work is one facet of this, and we regard the Shining Hospital as one aspect of the church's overall task of bringing light to bear on darkness, and in a very real way as an avenue through which Christian witness can be given by the church.

Nepal is a land with peculiar problems of its own. Christianity is frowned upon, discouraged and persecuted. Government restrictions exist on all Christian medical work, to the extent that overseas missionaries are allowed

to work in hospitals or dispensaries, but not to preach openly or proselytize. Through the witness of Nepali Christians, the Nepali Church has come into being and grows despite threats and actual punishment. For this reason the emphasis in these pages has been laid on the lives and work of the Nepali Christians, who are the spear-head of the church, and as such often the focal point for Satan's attacks.

The Shining Hospital plays a part in providing opportunities for their witness, and for its extension out into what is still largely an unreached land.

CHAPTER I.

THE DEVELOPMENT OF A WORK OF GOD.

A COLUMN in a newspaper recently told of the building of a new 900-bed hospital in a town in Britain. How is such a hospital built?

One could picture the officials concerned signing letters to call in the various contractors and engineers, builders and carpenters, masons and plumbers, and a host of others. Many skilled men would come to the chosen site, and carefully following the plans of architects and designers, would work for many months until the new structure is erected. Then a second small army of men, with fittings, furnishings and equipment of all kinds, would labour to complete the project, transforming the huge empty building into a highly technical, complicated, geared-to-precision modern hospital, ready to receive the first patients and to cope with any emergency.

Hospital building in Nepal is rather different. This Central Asian kingdom, for centuries closed to outside influence and to the gospel of Jesus Christ, has remained primitive and undeveloped. Apart from a government hospital in the capital, Kathmandu, and a few dispensaries in outlying hill districts, there was little or no effective medical help for the people till a year or two ago. After the radical change of government in 1951 a more liberal policy was adopted, and the first Christian mission was allowed to work in the interior and to establish a hospital. In November, 1952, a small party from this mission,

together with their Nepali Christian colleagues, trekked into Central Nepal and began work in the strategically placed town of Pokhra.

On arrival, after paying off the coolies who had carried the loads of equipment and baggage for the party, the sum of fifteen shillings remained in hand. To build a hospital in this remote land, with materials scarce or unobtainable, and living conditions far from easy—that sum seemed indeed a ‘widow’s mite.’ Perhaps it had been, in fact, the ‘mite’ of a widow in the homeland, given with real sacrifice and with prayer that God would use it to bring healing and blessing to the Nepali people. And God, who delights to use as His instruments the weak and foolish things of the world, used this small sum to open up Central Nepal. That night in a tiny shelter in the Pokhra valley, shut in by the surrounding hills, cut off from contact with the outside world, the little band of Christians waited upon God. Faith reached out to Him. The air must have been electric with expectancy, heavy with a sense of God at work, and rich with promise. And the very next morning God supplied their need, and enabled them to take the next steps towards the purpose for which they had come.

First thoughts were to rent a house for use as a simple hospital, but no empty buildings could be found. They searched through the town, looking at house after house, but each one seemed more unsuitable than the last. Low ceiled, dark, smoky, with rickety chicken ladders for stairs—how could they deal in any way adequately with large numbers of sick people in such conditions? Finally a house was shown them which seemed ‘possible,’ but they discovered that a family was already living in one half, and only the other half was being offered for renting.

Each house in Pokhra was, and is, overcrowded, and living space is always in great demand. A solution to the problem was put forward by Buddhi Sagar, a Nepali colleague, who owned a little land in Pokhra. He offered part of a field, and suggested that bamboo huts, easily erected and cheap, would serve the purpose adequately for a time.

It was a quiet field, reasonably private and yet not too inconvenient for the people, so building was begun. Despite difficulties in obtaining bamboos and other materials, in two weeks the team was able to move into three huts—12 by 24 feet—which were to be the first hospital, as well as living quarters for eleven. There each morning a great crowd gathered. At first many were only curious, but many also were desperately ill, sometimes with conditions they had had for years. Equipment was scanty, and tables, chairs, benches and shelves were all made from bamboo and one or two precious boxes. Most of the medicines had to be kept on the floor, where dressings too were done.

During the next five months the work continued to grow; out-patients each morning, visiting patients in their homes in the afternoon—and soon all the nearby houses had 'lodgers'—patients needing prolonged treatment—sleeping on verandahs and even in the cattle sheds. Two small bamboo huts were added to house one Christian Nepali family and to be the first ward. The first in-patient in the ward was Kali, whose leg had to be amputated. At his operation the patient lay on packing cases covered with newspapers, while the doctors wore their white coats turned back to front, gay cloths round their heads and masks quickly sewn up for the occasion. Dusk had fallen and as there was no means of lighting the pressure lamp,

torches were used. In spite of these hazards the operation was successful, and Kali still stumps round today on his artificial limb, with a cheerful smile whenever he meets us.

The weather became warmer and dressings on operation cases had to be done at 5 a.m. before the flies became active. The dust grew thicker and thoughts hankered after a 'model hospital.' In February, 1953, a great storm arose while all except two of the staff were out visiting patients. Those two clung to the central poles of two of the huts to try to keep them upright, but the damage was great and the decision was made to start looking for a more suitable plot of land.

The local Governor was approached about the possibility of procuring land on which the hospital might be built, and he offered us three plots of land, two owned by the government and the third by twenty Brahmins. We chose two of the three. For the medical work we asked for a small strip of the old parade ground (a flat grassy common at the north end of the town), and for our dwelling huts the field owned by the Brahmins. This was close by and yet gave some privacy too. After prolonged and intricate negotiations, a lease was signed by the twenty Brahmins for a year's occupation and we started to build again. The first huts were carefully dismantled, carried the intervening three miles and rebuilt on the Brahmins' land, and by the end of March, 1953, we had three staff huts and a dining room hut. An old stone house originally on the field, was cleaned up and made into a kitchen.

On the hospital site a simple bamboo hut served to deal with out-patients, but early on we were faced with the problem of what to do with those who needed nursing. If there was any likelihood of death no house in the bazaar would give them shelter. We had been told repeatedly



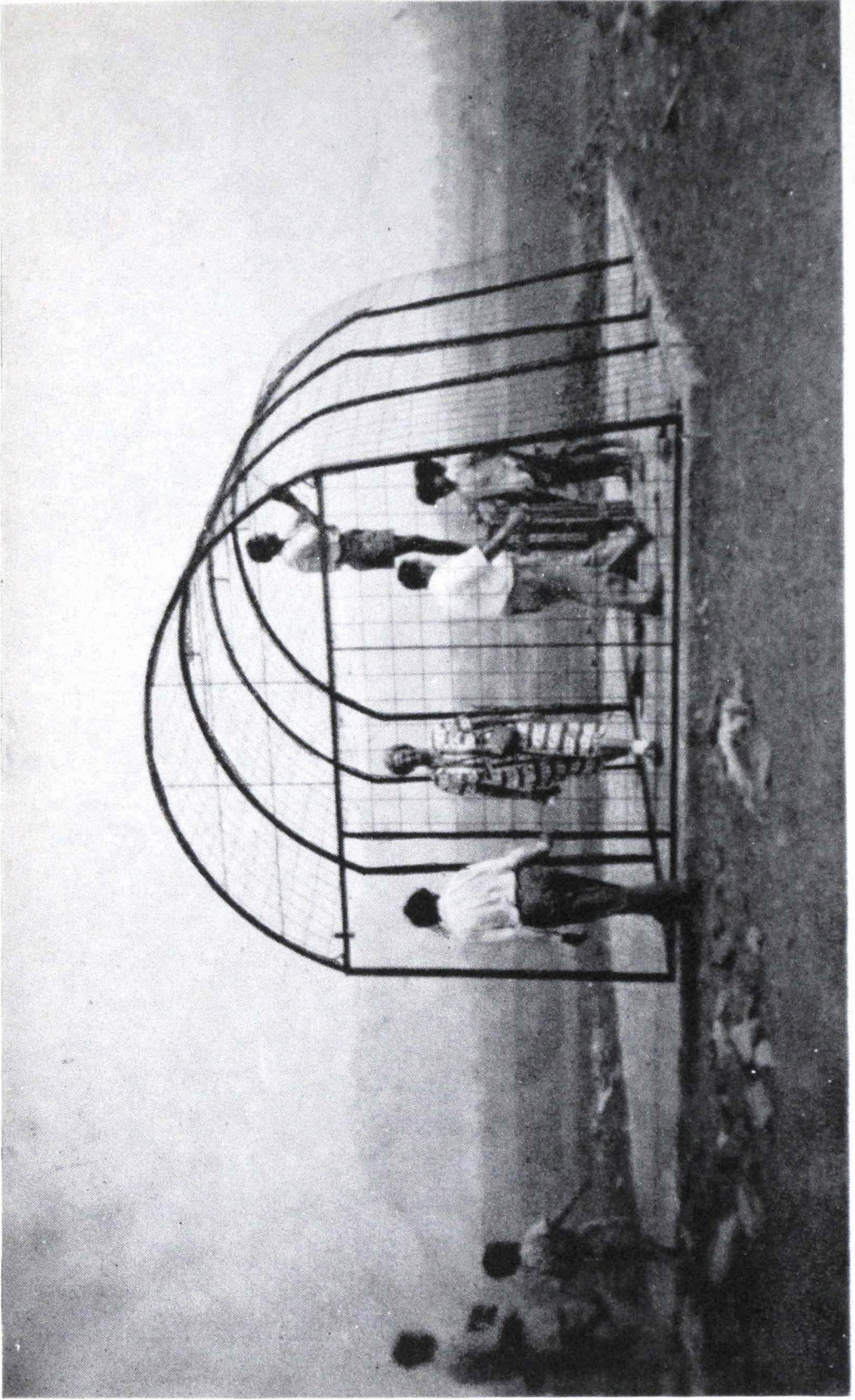
Prem Masih at work on the instruments.



Morning dispensary soon after arrival in Pokhra.

that our new site was only temporary, and that we were not allowed to build with stone or brick, or put up anything with foundations, as this laid a claim to actual ownership of the land. After the monsoon was over we might be told to go elsewhere, so we could not build more than was essential. As the months passed by, however, we realised increasingly how ideal our two sites were, and although alternatives were suggested, we were in no hurry to move. Finally, in March, 1954, we asked if we might remain on the parade ground for a further period of two years, and this was agreed. We then put up two small huts for in-patients. These had to be made entirely of bamboo matting, as the season for thatch was by then over. We hoped that they would be serviceable until the rains broke, but we had not bargained for the hurricane-like storms which sweep down on the northern end of the Pokhra valley. One hut had its roof blown clean off—to the discomfort of the folk inside, who were drenched in the downpour after the storm. The need became urgent. We had to do something within the next month, before the monsoon. We began to think of prefabricated units. Permission was given to erect these, and on enquiry we found that there were smaller buildings of various sizes available. An order was sent to Calcutta for the first “Twin Block” and a “Long Tom” to be sent up by air as soon as possible.

These were names given to different types of aluminium buildings, erected on a stone and cement base, with a strong wire mesh and girder frame, the whole covered by aluminium sheeting. Each had several windows, doors at each end, and air ventilation shafts, making them cool in hot weather, and as some were single, and others subdivided into four rooms, they were suitable for many kinds



The new hospital is built on the old parade-ground.

of internal arrangement. The first two buildings came up quickly from India and were soon in use for out-patients and maternity cases. It was at this time that a party of Gurung tribal women came down from their village home high in the hills, and when asked if they could see the hospital from their own houses, they replied, "Yes—we often sit and look down at the house that shines."

Later "The Shining Hospital" became the official name, and our prayer was that it would shine to the glory of God and draw many from their dark villages to His light.

The following year saw the arrival of three new buildings which were to serve as male and female wards, and an operating theatre block. We also added two small stone huts in which food could be cooked and an isolation hut for infectious or severely ill patients. Such growth brought its own problems, especially as the small staff did not increase in proportion. In-patient accommodation had jumped from four to twenty-four, with only three Nepali workers to help in the nursing and treatment. Two of these were lads in training, and the third was an elderly trained nurse, not strong and unable to cope with more than out-patient work. Prayer was made for more Nepali staff, and shortly afterwards our first local girl trainee, who had recently found Christ as Saviour, came to us. Next spring, 1956, the new operating theatre was 'opened' by the King of Nepal during a visit to Pokhara, and with this Royal approval our hospital seemed well and truly established.

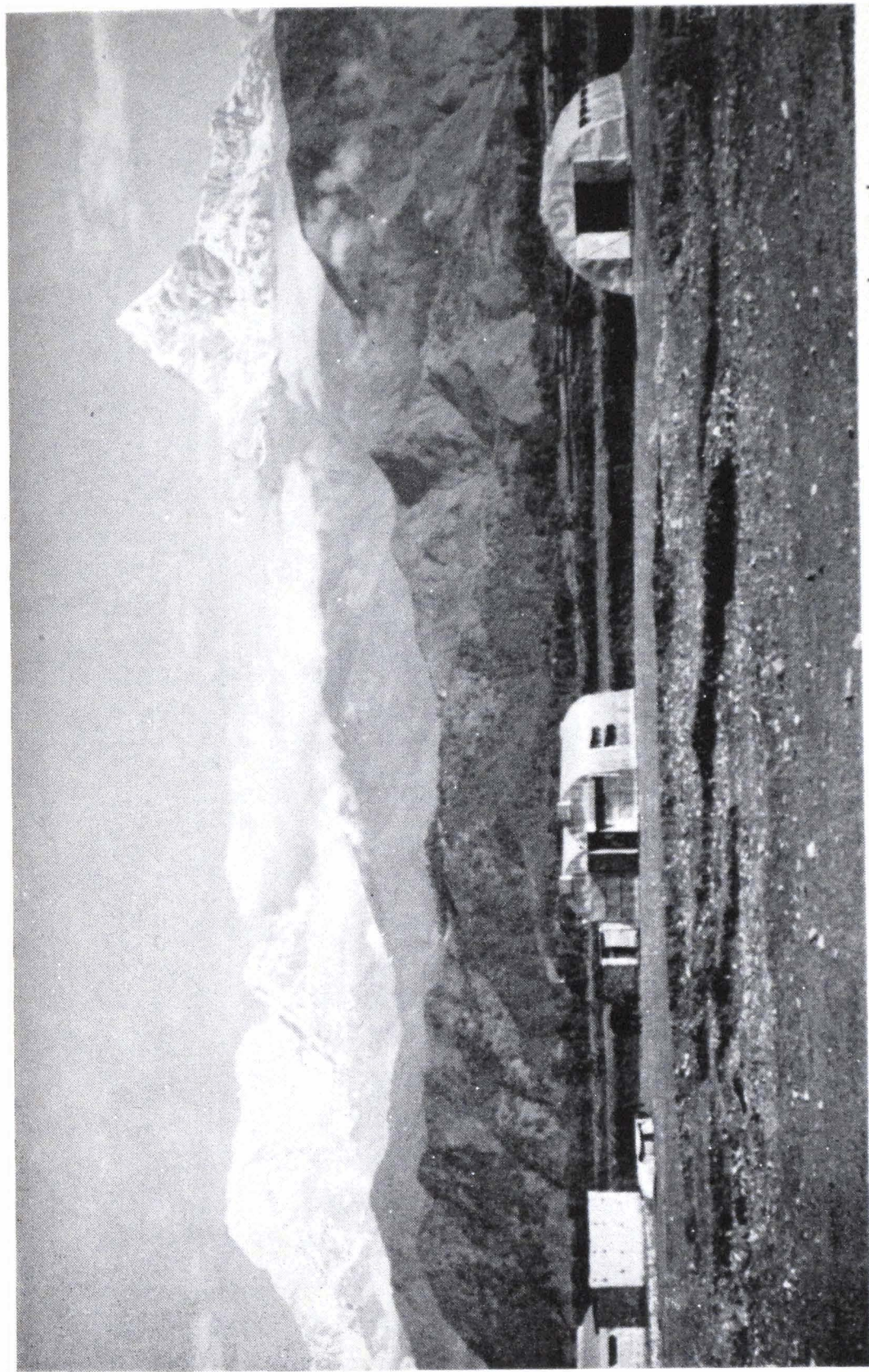
There were administrative difficulties too, in those early days. The matron had her office in her own bedroom, while all official business and correspondence was carried on along with the general mission affairs. A tiny laboratory was squeezed into part of a store room, and an equally

small private ward was housed next to the maternity room. But on the whole the arrangements worked well, and during those first years an average of 17,000 out-patient attendances was recorded each year.

As far as possible we aimed at informality, wherever this could be achieved without sacrificing efficiency. The Nepali people, long isolated from any contact with civilisation and its ways, appreciated this, and before long were losing their suspicions of us and were referring to us as 'our doctors,' or 'our Miss Sahibs.' They would come crowding to the out-patient clinics, Pokhra townspeople, and distant villagers with their numerous relatives—all determined to see the doctor and nurses, and the strange new hospital which had become one of the sights of Pokhra. In fact, a visit to the town was not considered complete unless one had seen the shops, an aircraft on the newly opened airfield, and finally the Shining Hospital. We had often to sort out the healthy relatives from the real patients, because all were equally keen to sample our medicines and to submit to an injection, widely believed to cure every illness and to purify the blood. Animals, too, were brought—sick dogs, cows, horses and buffaloes, and in spite of our ignorance of veterinary matters, our advice was always taken with touching faith and trust. We became familiar with the town herds of buffaloes and goats, which were allowed to graze on the hospital land, but as discipline had to be maintained hungry animals were often removed by force from the wards or operating theatre. They usually departed more readily than villagers from remote areas, inquisitive to see operations, and on many occasions we had to begin operating sessions in semi-darkness, with all doors and windows shut, while a frustrated crowd of would-be spectators prowled round

outside in search of a hole or crack through which to peer. Despite these handicaps, the real work of the hospital was being done—making friends with the people, helping them in their desperate need, and providing a fruitful avenue for the spread of the gospel. Light was being shed in a dark land. Numbers grew, and the need for further expansion became evident. More beds were needed for the ill patients, who from time to time had to find lodgings in the bazaar nearby, when all space in the wards was occupied.

Again special prayer was made, and the Lord provided for the need. We ordered two more prefabricated ward units, the foundations were prepared, and then there was a hold-up for nearly two years. Some delay in despatching the materials from India resulted in their arrival at the Nepali border just too late to catch the last planes before the monsoon broke. After this the large freight plane went out of service, leaving a smaller passenger aircraft which could not transport our materials. The delay seemed to us difficult to understand, faced as we were with so much serious illness, and insufficient beds. But, looking back over those months, we can see that the Lord meant it for good, and during a very busy period we were kept from the heavier pressure of work which additional beds would have involved. During this waiting time beds and basic equipment were provided, so that we were ready to open as soon as the building could be completed. Finally a new freight plane appeared, the heavy crates of aluminium, wire mesh and girders came up, and by Christmas, 1959, the job was done. As the new year came in, the doors were opened for the first patients. Our bed numbers had again increased, this time to thirty-eight, but we knew that the One who had brought this work



The hospital grows—1958. The snow peaks are just 15 miles away to the north.

into being would supply the wisdom and guidance we needed for the new problems that would face us.

Just at this time there came a further answer to prayer in that a large gift was sent to the hospital, making it possible to plan and erect new buildings which had been needed for a long time and which were essential now that the new wards were in use. Our first priority was for what we in Britain usually take for granted—namely, latrines and washing facilities—and so a beginning was made on these early in January, 1960. We had no capable building contractors to whom we could give the work, so we had to organise everything ourselves, with the help of Nepali labourers for the actual building. We began by drawing up the plans, measuring out the ground, and ordering stones from the nearby quarry. The foundations were then dug, and the building commenced, supervised and checked in brief moments snatched from our medical work. Trees and cut wood had to be sought out and bought, and the many smaller items needed obtained locally or from India.

Jacob and John, two Nepali colleagues, worked hard over the next three months supervising the labourers, and before the monsoon broke that year we had completed the scheduled programme. As well as the latrines we extended the cooking-house space, and built an office block for the hospital administrative work. This also contained a lecture room, a store room and a laboratory, all of great value to us as the work expanded.

While we were busy on these extensions, a further gift was sent to us—a complete X-ray unit and a diesel generator to provide power and lighting. Preparations were immediately begun to house this equipment, and an X-ray block was designed and erected, with an engine house a

short distance away. The X-ray and the engine were very heavy to transport, and it was quite a problem to bring them in by plane from India, and then over three miles of rough 'road' from the airfield to the hospital.

The solving of the problem would almost require a separate booklet to describe it fully, but in summary it is an account of the Lord's undertaking at every stage of a long and difficult journey. From Calcutta the big generator travelled hundreds of miles by lorry, to rest in a bishop's garden in central India, while the lorry went on to collect the crates of X-ray equipment from Delhi, bring them back to join the generator, and then move slowly with the whole consignment up to the Nepal border. There railway and metalled road both end, and freight must be transferred to the plane to be brought in over the hills. Our freight proved to be too heavy for one plane, so two flights were needed. A friendly pilot, helpful airline officials, engineer friends to dismantle and re-assemble the bulky engine, a specially chartered plane, Pokhra's only lorry—miraculously in working order for the occasion—all these means the Lord used to bring up our precious freight.

The lorry used for the final stage needed two drivers, one to steer and the other to throw his whole weight on to the gear lever to prevent it from jumping out. As the wheels turned, ugly cracks appeared in the sides of the tyres, and before long the engine had boiled dry. At one point, where the road skirts a precipice, everyone except the driver took the precaution of dismounting—but it arrived safely. Then with twenty men pulling, tugging, heaving and shouting directions to one another, the huge piece of metal was levered, pushed and pulled on to its

final resting place. Pokhra's first electric supply and X-ray had come.

Further delays however were met. The engine was found to have 'teething troubles' and for some months was out of order. Difficulties in installing the X-ray, and 'earthing' the electrical system held up the project over another winter season. Only now, as we go to print, we have news that wiring for lighting is being completed in the wards and operating theatre, and that the first X-ray photographs have been taken.

At present the hospital buildings are in two long lines at one side of the old parade-ground, and to the visitor from the West might seem very unlike the hospitals to which he is accustomed. He would miss the neat entrance gates, the smooth cement roadways, the uniformed attendants, the ambulances and the big wards with their polished floors and quiet atmosphere. Instead he would find an irregular gap in an unfinished rough stone 'dyke,' through which he might have to hurry to avoid an oncoming buffalo. Casual visitors and relatives would be wandering about inspecting the hospital, and one of them might even stop him to ask for medical advice or treatment.

But however different it may be to the more orthodox institutions, we rejoice that this outpost for the Lord has been established in the heart of such a recently opened land. It does, indeed, look like the outpost which it is. For just beyond, to the North, the land shelves down to a swiftly flowing glacier river, the Sheti, across which lies a mile of flat land, and then wooded hills rise up as background. Further on, and high overhead, overlooking the whole scene is the mighty Annapurna range of the snow-covered Himalayas, the Fish-Tail mountain projecting towards us, with an almost proprietary air. To the South,

Pokhra town begins across the parade-ground and, mainly as a single 'street,' winds irregularly southwards for about three miles. From this town and from the surrounding villages come the majority of our patients, some of whom will now be introduced.

CHAPTER II.

THE INFLUENCE OF A WORK OF GOD.

ANY morning about eight o'clock one can see a group of patients gathered round the out-patient blocks of the Shining Hospital, waiting for the doors to open. The majority are women with babies and small children, ill as a result of ignorance, dirt, and poor living conditions. Even in the coldest weather they wear only thin cotton clothes, which do little to warm children shivering with pneumonia, or weak from severe dysentery. Low caste men are similarly clad, but merchants, soldiers, officials and higher caste people may wear woollen cloaks, coats, and even a kind of balaclava helmet. Village people, usually in groups, lounge on the grass or squat on the heels in typical Nepali fashion. A wealthy landowner rides across the grass on horseback to dismount and casually seek a place at the head of the 'queue.' Some small boys wait together for their preventive injections against rabies, essential because a mad dog attacked and bit them three days before. A child with a heavily bandaged arm cries restlessly, knowing that the time has come for the dressing of her severe burn—a painful process, trying to patient and nurses alike. Two men come in sight carrying a long pole from which a cloth stretcher is suspended, the anxious line of relatives and women folk hastening after, showing us that this is a maternity case, and probably a serious emergency.

Later in the day, when the first group have been cared for, and perhaps thirty or forty others, the local governor

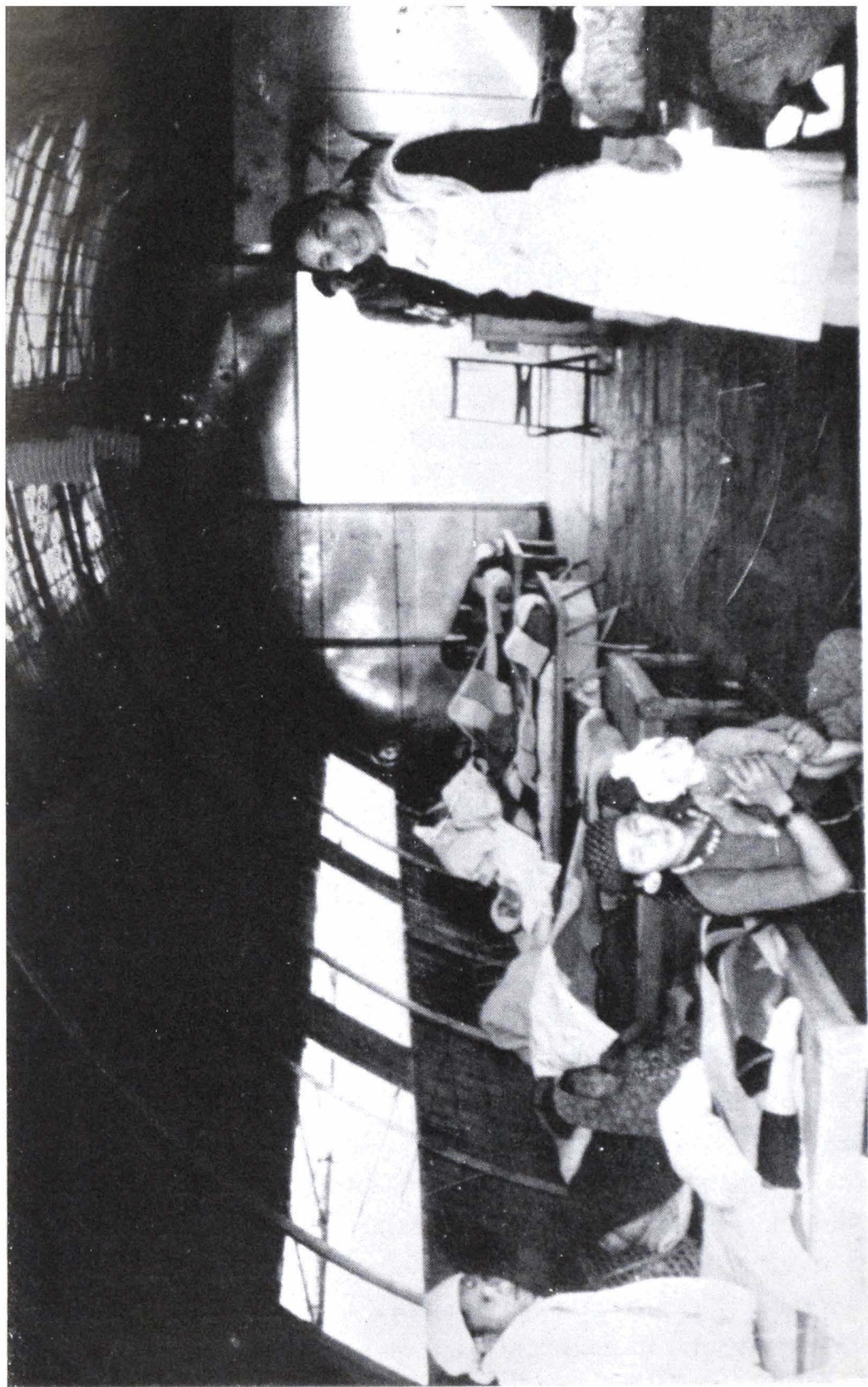
may drive up in his jeep to ask for some medical attention, and opportunity is taken to discuss with him some current local problem. A second emergency case, requiring immediate operation, might then be brought in—perhaps a man mauled by a bear, with extensive wounds of face and chest, or a boy with a compound fracture of his arm, grossly infected, and complicated further by ten days delay and too vigorous an application of splints in his village. These are quite typical and by no means unusual cases. They are never seen or scarcely even imagined in hospitals in Britain, and yet their care forms part of an average day's work in Nepal.

Many others could be described—the baby with severe bone infection following unskilled vaccination, the patient with typhoid fever neglected at home for three weeks before coming to us ; the man with advanced tuberculosis scarcely able to walk in the door, too weak to do more than whisper his complaints. Men swollen with severe heart disease, a man with his face bloated almost beyond recognition from a neglected eye infection ; a poor thin woman with cancer ; children cold and clammy from the dehydration of severe dysentery—these and many more make up our daily out-patient lists, giving us a picture of the diseases that abound unchecked and unrecorded in the homes and villages of Central Nepal. For there are no official figures or the numbers affected by sickness, dying or recovering ; no notification of deaths, births or infectious diseases. Babies, children and adults too, live or die with no apparent ripple on the surface of official awareness. Most married women can tell of several children dying in early years. Many describe a whole series of infant deaths before one child survived the hazards of growing up in Nepal. Those who know only the sturdy

and athletic Gurkha soldiers as representatives of their country, have seen a highly selected group, picked from the cream of the young manhood of only three or four 'fighting' tribes. The average man, living and working in his own village area, is a much weaker individual, and often fights the battle against disease from the losing side.

In hospital, out-patients are seen all morning, with a short break to allow the staff to catch their breath over a cup of tea or coffee. After lunch, a varied routine commences, depending on the day of the week, the weather, pressure of other work, Church activities, Bible classes, administrative matters, accounts, correspondence, and numerous other factors. An average afternoon is spent in the operating theatre, which the matron or a Nepali nurse has prepared during the morning. The staff carry the patients to and from the theatre on an improvised stretcher, Miss Short, the matron supervises the instruments and acts as anaesthetist, and any of the team might at any time have to rush away to deal with a new emergency case. Prayer is offered before every operation, after explanation to the patient and relatives, and we feel that this is a real witness to the power of God to heal, as well as to grant skill to surgeon and peace of mind to patient. Buddimaya (Lover of Wisdom), recently baptised, told us that her thoughts had first turned to the Lord some years ago when she heard this prayer before her own operation.

The greatest impact from Christian witness however is made by our Nepali colleagues as they talk to out-patients and to those in the wards. Women waiting their turn to see the doctor hear the gospel preached and sung, the variety of expressions on their faces showing both their difficulty in grasping the simplest of spiritual truths,



In the women's ward—Miriam on the right.

and also their wistful yearning for more of this message of forgiveness, God's love and a holy life. But these contacts are necessarily brief, as compared with those among patients in the wards. Gospel services, talks, testimonies, hymns and choruses, gospel records and literature—all are used to reach Nepalis for Christ. If a man stays in the hospital for more than a day or two, he will certainly have heard the gospel by the time he leaves for home, while if he shows any real interest, he will be given a tract or Gospel portion to read, and on leaving might buy a Gospel or even a New Testament to take away. In this way large numbers of men and women are being taught the Good News of a Saviour, and we have the assurance that from this widespread seed-sowing there will come fruit.

One woman was brought suffering from advanced cancer. We could relieve her pain, but could not offer her hope of radical cure. She was terrified of death, and realising that there was something different in the hospital, begged to be allowed to stay. Her brother built her a leaf shelter nearby and there she stayed for several weeks. In the evenings one of the Nepali Christians would go to sit with her, and talk of the Lord. The little woman drank in the message and accepted Christ as her own Saviour. Then the rains started and she could no longer stay in her leaf shelter ; also she wanted to go back to her village and tell the people her 'good news.' She returned there and we visited her twice before she went to be with her Lord. We found hearts prepared through her witness and after her passing her brother, the headman of the village, came to see us and said that they had never before seen anyone die in peace.

Usually for Hindus a death is a signal for a storm of

abandoned wailing, such as could only come from those who, in spite of their belief in re-incarnations, are without the comforting reassurance of positive faith and hope. For most Nepalis death is 'a going out into the dark,' and to lose a loved one in this way brings untold, unrelieved agony of mind. Christian witness at such a time makes a tremendous impact.

There have been instances of men and women, and even children meeting the Saviour in the hospital. Sammy, a lad of fifteen, fell out of a tree and broke his thigh and both arms. He was in hospital for a long time and responded to the message he heard there. When discharged he went home, saying that he was a Christian, and as a sign of this cut off his caste lock of hair. He became helpful in the house, and later, when we met his mother, she said he was quite changed.

Tilak Bahadur had first heard the Christian message while in the army in North India, and had made some inward response, but no open confession. After leaving the army he returned to his village near Pokhra, but felt unhappy as he joined in heathen worship with his family and friends. When his daughter became ill he brought her to the Shining Hospital, rather than to the new hospital for ex-soldiers and their relatives which had recently been opened in Pokhra. He listened eagerly as the gospel was once more explained to him, and before long received Christ as Saviour. On his daughter's discharge he went back home again, determined this time to pass on what he had received. We lost contact with him then for many months, but prayer was made that he would be kept and used by God. After almost a year news came, that he was not only standing firm himself, but was witnessing faithfully to his neighbours, a number of whom had turned

from their Hindu gods and were coming to him for regular Bible teaching.

As well as work *inside* the hospital, we have seen many patients in their own homes, either in Pokhra itself or in surrounding villages. Such people may have been unable to move, or to find carriers to bring them to hospital, or might just have wanted the doctor to go to them, rather than visit him themselves. Whatever the reason, these journeys have given us entrance into many homes, and in most of these some Christian witness has been made. In the early years visits like these did much to break down prejudices against foreigners and Christianity, an example of this being when in 1953 three of the hospital staff went out daily to two villages, where a mad dog had bitten nine people and some cattle. The patients were in terror of the awful death of rabies (hydrophobia), but in spite of this had to be persuaded to have the injections. The villages had both been antagonistic and there was plenty of opposition. Fear, ignorance and superstition had all to be overcome. Gradually as the visits were continued, opposition changed to friendliness, and opportunity was given for telling of the Christian message in three of the homes.

A further instance of the value of these home visits was seen when Taili, a young girl in Pokhra bazaar, ill with tuberculosis, was visited regularly for several months so that the necessary treatment could be given. While at her home, the nurses had many opportunities of talking of spiritual things with her and three other sisters. Within the year all four girls had turned to Christ, and began to find real communion with Him, in spite of antagonism and restrictions from the male members of the family, who are prominent Hindu cloth merchants. Our medical

work thus opens doors and hearts, and in a wonderful way prepares the ground for the sowing of the 'good seed.'

For village maternity cases at a distance, an overnight stay is often necessary, giving the Christian Nepalis in the medical team a more prolonged opportunity of preaching the gospel to patient, family and friends. Village calls, although often exacting and tiring, are among our most pleasant memories of life in Pokhra. The exhilarating sense of 'a day off' as one leaves the crowded wards, prepares haversack and sandwiches, bedding, water bottle and medical equipment, and sets off with the guide to a distant hill-top village, never before visited by a medical team, has to be experienced to be properly understood. On every side as one moves higher into the hills there is the breathtaking beauty of this 'unknown' mountainous land. Every bend in the path reveals a new vista of hill and valley, river and crag, while all along the way one finds evidence of the friendliness of the people, some of whom may never have seen a European face before. Wading rivers becomes a refreshing interlude, and a meal by the wayside, cooked over a blazing bunch of quickly gathered sticks is quite unforgettable, with a view of orchids in the trees, rhododendron forests, and snow peaks high against a clear blue sky, as sauce and appetizer. But often we have known the hardness of steep ascents, rough tracks winding up and up to a village three thousand feet above, the sun beating down mercilessly, and every step a laborious effort. We wonder how the patient is, in her house high above us. Are we in time, or too late? Sometimes news is passed down as we near the place, and hurrying over the last rise we see a few small houses in a clearing. Straw mats are spread out on the verandah; we unload our packs and mop our brows. One of us goes

inside to see the patient—the others sit thankfully on the mats and begin to talk to the family and neighbours who have begun to gather round. Inside the house it proves too dark to see much, so a light is brought, and after a time the diagnosis is made, the treatment or minor operation carried out, and everyone relaxes, coming outside to enjoy the cool evening air. We stand there in the quietness, looking out over the hillside, and as far as the eye can see there are hills, populated, cultivated, unreached. Village upon village throughout those hills, and yet no witness to Christ in that whole area. A sense of privilege comes over us as we stand there, that we have been chosen to be His messengers in that dark place, and again an abiding joy that no material rewards or success in the homeland could ever give.

If we plan to stay the night, the evening meal is then cooked, our bedding spread out on the verandah, and we sit eating, watched from the darkness by the same quiet, friendly crowd, whispering, rustling, occasionally giggling. One of the Nepali Christians, perhaps Philip, David or Jacob, always comes on these trips with us, and now he begins to talk aloud to the men of the house, pitching his voice so that the group in the shadows can also hear. Before long a Nepali chorus book is brought out, and he sings a tune from it, explaining the words as he goes along.

This serves as an introduction to the gospel, and quietly, naturally and unobtrusively in a few minutes the New Testament is being read, and the gospel message given to another village group in the heart of Nepal. The missionary sits on the edge of the verandah, listening, praying, at his feet the hillside dropping away steeply to the valley far below. A distant dog barks, a buffalo moves restlessly in its shed, and there is silence. All

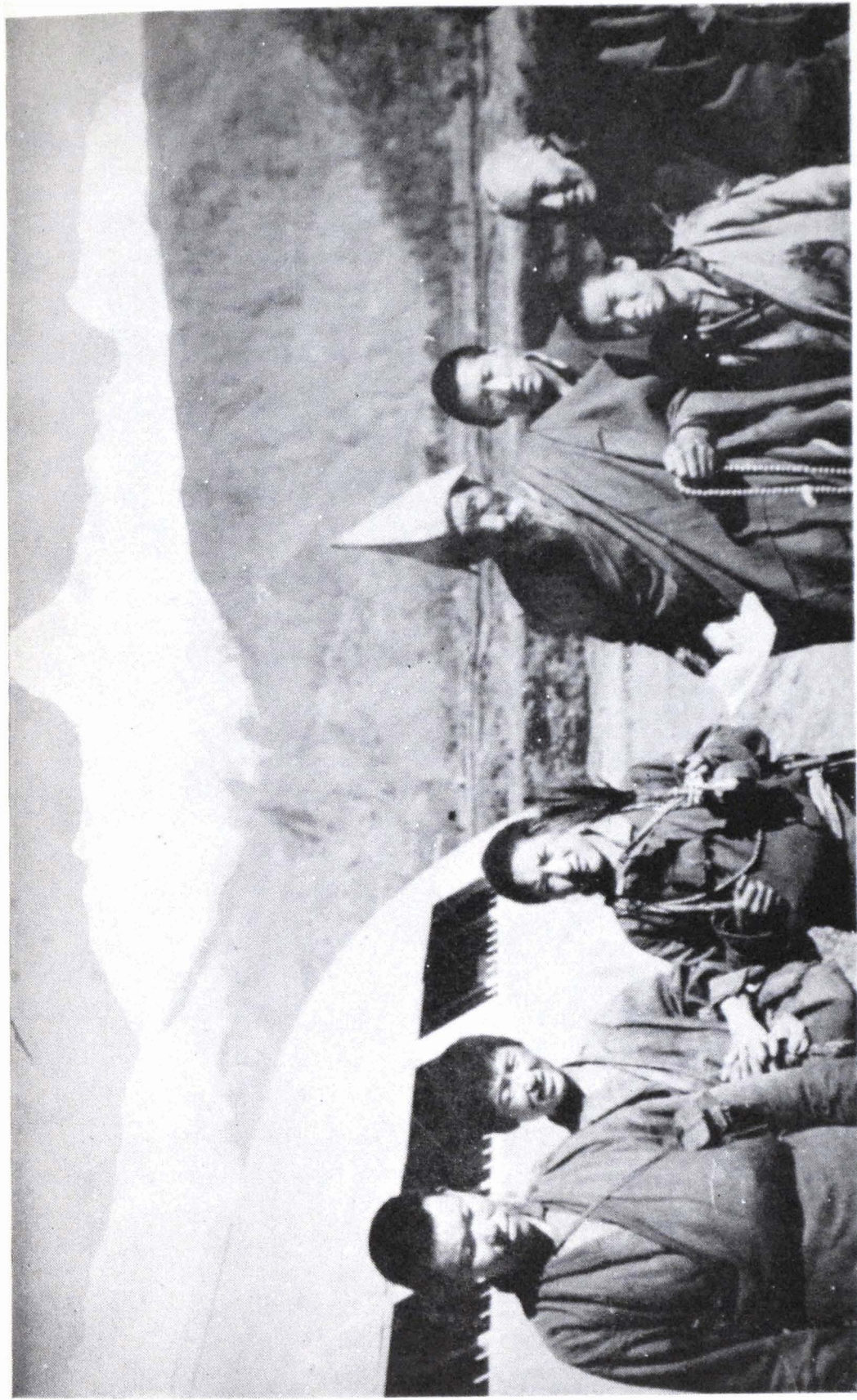
around utter darkness hides the hills, the scattered villages with their many homesteads only recognisable when perhaps a tiny kitchen fire becomes visible in the blackness as a point of light, or when a torch winds tortuously down a path on the opposite hill. Sitting in such a place the missionary wonders how those other villages will ever be reached with the gospel, when there are so few labourers to do the work. He wonders if his home church is praying, and if the people there realise the needs of a country such as this, so long in spiritual darkness. But now all is quiet in the house behind, the patient is sleeping comfortably, and before they too go to rest, the medical team commit the day and its work into the hands of their God and Father, who cares for this land of hills and valleys even more than they do.

Visits of this kind are constantly being made, not only to new patients, but also to those who have been in hospital and are now back in their homes again. Our almoner, Miss Bolt has begun a follow-up work among those patients discharged from the wards, who have special social problems, and she hopes to develop this in the future.

An off-shoot of our medical work, which before long branched off to develop on its own, was among those suffering from leprosy. There are great numbers of such men and women in Nepal, and from the beginning they came to our clinics, where we treated them as well as we could as part of our general work. But we had always felt that a separate leprosy hospital would be needed, indeed two of our missionaries, Miss Lodge and Miss Bailey, had come with a call to full-time leprosy work, and were waiting and planning for the day when they could begin to deal with this tremendous problem in a more adequate way. Because of widespread dread of the

disease many of the patients had been driven out of their villages, in some cases by stoning, and for these as well as the seriously ill ones, proper accommodation and nursing care was essential. After much prayer, some years of negotiation, and many local surveys, the Lord opened up the way for us to begin, and a good sized piece of land was obtained. On this 'Green Pastures' leprosarium was born as a new entity in 1957.

A second branch, which retains a vital connection with the parent hospital, is our new dispensary at Baglung, a strategic town two days journey to the West. This is, we believe, the first of a series of out-dispensaries, which we feel the Lord would have us open at various places in Central Nepal, in order that the gospel and medical help might together reach people for long in darkness, 'having no hope and without God in the world.' The Shining Hospital caters for those from a very wide area around Pokhara, but people living further away than a two-day journey find it very difficult to come in for treatment. Without adequate medical facilities their condition in illness may quickly become hopeless, a state of affairs scarcely understandable by people in Britain, accustomed to turn to a doctor at the first sign of illness. Spiritually, too, the need of these people far out in the hills, who have never had a chance of hearing the gospel, is desperate, and the burden of reaching them lay heavily upon us. The culmination of much thought and prayer was a plan which was drawn up in 1958, whereby our medical work could be extended out into more distant areas. In February and March, 1959, survey tours were carried out by small teams of workers, with the result that Baglung was chosen to be the first outpost. Obtaining government permission, equipment and drugs, and making all the



An old Tibetan lama with his attendants, after visiting the hospital. He is holding a gospel booklet written in the Tibetan language in his right hand—in the left a Buddhist rosary.

preparations took almost two years, but amidst much rejoicing two of our nurses, Miss Raddon and Miss Meincke, with two Nepali Christian women, set off one morning in April, 1961, to plant the flag of witness in Baglung. Supplies, relief workers and mail are all sent out from Pokhra, keeping open a line of communications which is absolutely essential in the primitive conditions of present-day life in Nepal.

With this new dispensary opened and beginning to tackle the spiritual and medical needs of the Baglung area, our eyes are already upon our Master, seeking to know where He would have us go next. To the north as far as the Tibetan border, and westwards for over 200 miles, an area in which probably two or three million hill people live, there is neither witness for Christ nor skilled medical help of any kind. Jesus said, 'Other sheep I have them also I *must* bring.' We look to Him to show us how the need can be met.

CHAPTER III.

THE WORKERS IN A WORK OF GOD.

'A YOUNG woman, married to a drunkard who never lived with her, heard singing in Philip's house, was attracted, slipped in to listen, heard the gospel, and it drew her. She has found the Saviour. and begun to study His word, to pray and to witness. So angry were her people that her uncle spat in her face when he met her in the public road. She is one of the few women of her caste who can read. Then her father died, and she refused to take part in the Hindu funeral ceremonies, thereby incurring further anger. We could not help her, or give her sanctuary, and she stayed in her home, a testimony to the grace of God. Suddenly the local authorities took action, granted a divorce, and Miriam was free to come and enrol as our first nurse trainee.'

The above account, from a Newsletter of January, 1956, marks the beginning of a nurse training programme which is a vital part of the work of the Shining Hospital. In the early days in Pokhra, Pastor David and his wife often helped in the dispensary, and then for a while we had some useful service from a Christian Nepali nurse from Kathmandu, trained as a midwife. These, however, were only temporary, and apart from young Prem Masih, a lad who had trekked in with the first party in 1952, and had graduated to the dispensary by way of the cookhouse, we had no Nepali nurses in training. Miriam's coming made it possible for us to begin training in earnest.

Lectures were soon being held, and practical classes in

the wards and theatre. Over the next few years others joined the class—'Tubby' and Igendra, the latter leaving after a year ; Andreas and Nathaniel, both still with us ; Rajina and Rhoda, the girl who developed signs of mild leprosy after eighteen months in the hospital and then went to live and work in the leprosarium. Finally, Prem left to work in another mission station in Nepal, Miriam disappeared one day in order, as we later found, to marry another Hindu man, and our training class seemed for a time to be wilting before our eyes.

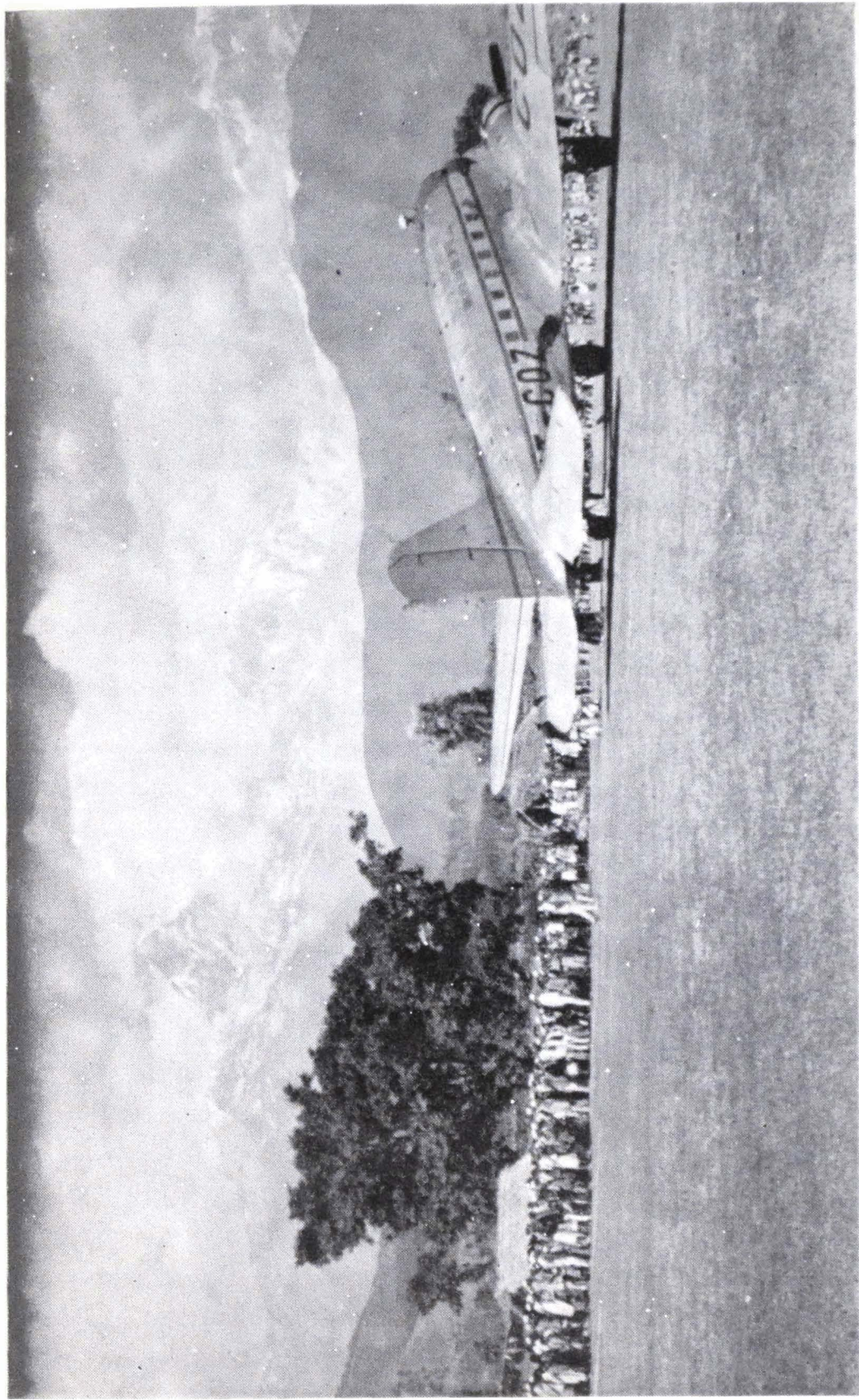
In spite of lack of numbers, we continued the training of those who remained, and the young nurses gradually gained in experience, until now, although needing careful supervision, they are capable of playing a very useful part in the hospital work. They have had little general education, and find it difficult to study and pass examinations, but at practical work they are excellent—so good in fact that one patient complained that he had been bathed by them three times in one day. Most of the nurses work in the wards for several months before they actually start their theoretical training. Most mornings one or other of them can be seen instructing relatives on how to sweep and clean the floor, a very necessary task considering the firewood, cooking pots, chickens, babies, visitors and muddy feet which come into the wards every day. They quickly learn how to make beds, take temperatures and give out medicines, and are most painstaking at changing dressings. After this preliminary work they find it a real joy to start lectures. These are given in their own language, Nepali, which is not always easy for translating technical terms, but is understood by all, as few speak English. At first the 'lecture room' was a corner of the women's out-patient

block, and could only be used in the afternoons when 'out-patients' had closed for the day. This, however, did not discourage people from interrupting the lecture to ask for medicine, and positively encouraged others to listen fascinatedly at the windows. A great advance was made, therefore, when our new lecture room was opened in 1960, and to celebrate the occasion we brought six new school-type writing desks across from Kathmandu, set up the old blackboard, and installed the nursing class 'in state,' to their great satisfaction. Although there have been discouragements in the training, we have seen Prem Masih pass his final male-nurse examinations, and 'Tubby' more recently passed as a male dresser, and is continuing to train for the male-nurse stage.

Except for 'Tubby,' all the nurses are Christians, and find in their day-to-day work many opportunities of witnessing to their Master. For the present it would seem that our training must aim, not at high academic standards, but at equipping young Nepali Christians to serve God, if called, either in hospital or in one of our out-dispensaries. As these are opened up, many trained workers will be needed, and we envisage the 'Shining Hospital' as the 'training school' for supplying some of these. For this reason we have not, so far, felt it right for us to accept Hindus for training, with the exception of 'Tubby,' a fact which has meant a strong, united witness in every part of the hospital. We took Lucius, a Christian man from the nearby village of 'Antioch,' for a year's training in general hygiene, and basic nursing. With his gifts as an evangelist, we felt that this additional knowledge would be useful to him, as he went round the villages and came in contact with sick folk in distant areas. He, too, passed his exams. with flying colours. Andreas, however,

has had several attempts at his first anatomy exam., without success, but rather than ask him to leave and thus lose his valuable help, we have continued his training along more practical lines, so that he is now a most useful theatre assistant.

As well as our nurses, we have other Nepali colleagues sharing in the medical work and witness. Priscilla, an older woman, helped in the women's out-patient block for some years, shepherding the women one by one into the doctor's room, explaining and elaborating the instructions given, and usually finding time to pass on the gospel too. She has now gone out as one of the Baglung team, and already is making her mark there, witnessing to all and sundry whenever there is opportunity. Another co-worker is Jacob, a younger man who acts as our watchman by night, and helper among the men out-patients during the day. His little house on the hospital land is often roused at midnight by some anxious relative, seeking a visit from the doctor, whereupon Jacob makes his way through the darkness of the Himalayan night, aided by a small kerosene lamp, to the doctor's house, where he calls out and waits patiently until there is a response. A third colleague is Prabhu Dan, one of Pastor David's sons, and our dispenser. He makes up and gives out medicines according to the doctors' instructions, and also helps in simple out-patient treatments. His dispensary is located in the main out-patient building, and is always a hive of activity. For some years we had old crates, and assorted boxes, lined with shelves, to house the medicines and tablets, but these proved difficult to arrange and keep tidy, so we obtained from the bazaar empty wooden boxes of a suitable, uniform size and prepared these as cupboards—with a much more satisfactory result. All our medical



The airfield, scene of many arrivals and departures. Our freight and supplies are landed here when weather permits. Fish-Tail mountain and other peaks of the Annapurna range behind.

supplies come up from India, by plane in dry weather, and carried by coolie in the monsoon, both methods being liable to delay or stoppage without warning, often to the detriment of our stocks.

Patients pay for the costs of their treatment and medicines, thus making them value what they have received, and helping to make the hospital basically self-supporting as far as stocks are concerned. There is little real poverty in Nepal, but we do not hesitate to help by giving free treatment to those who are clearly poor or destitute. Jacob helps us to distinguish these, as it has been known for people of substantial means to put on rags specially for a visit to hospital, deceiving foreigners but not their own countrymen.

In the last year three other young Nepalis have joined us, and are already proving assets to the medical team. Danmit, a girl from Darjeeling in N. India, came for nurse's training; Tek Bahadur transferred from a busy hospital also in India, and James, formerly in the army, came as a much needed clerk. Our present Nepali staff, therefore, amounts to nine. Each day's group of out-patients, during the short time they spend in hospital, meet one or more of these Nepali Christians. For many, it is their first glimpse of Christianity, so it is clear that what they see and hear as they are treated could have a lasting influence upon them. It can be understood, therefore, how much prayer is needed that these Christians should be bright witnesses for the Lord, and how Satan continually tries to hinder them. We remember the verse 'If our gospel be hid, it is hid to them that are lost,' and if we consider the following figures of those contacted over the years, we can understand how important to the work of God are the lives of these Nepali servants of His.

HIMALAYAN HOSPITAL

45

		1958	1959	1960
Total out-patient				
attendances	...	17,000	24,804	25,883
Total in-patient				
attendances	...	537	625	836

'Pray ye therefore.'

STAFF OF THE SHINING HOSPITAL.

Nepali.

<i>Male Nurses.</i>	'Tubby.'
	Andreas.
	Nathaniel.
	Tek Bahadur.
<i>Nurses.</i>	Rajina.
	Danmit.
<i>Others.</i>	Jacub—watchman.
	Prabhu Dan—dispenser.
	James—clerk.

European.

<i>Doctors.</i>	Gerald M. A. Turner—Medical Superintendent.
	Ruth A. Watson—Superintendent of 'Green Pastures.'
	Graham Scott-Brown.
<i>Nurses.</i>	Joan Short—Nursing Supt.
	Margaret Hawkes.
	Tegwen Scourfield.
	Mildred Bowman.
<i>Almoner.</i>	Pamela Bolt.

Baglung Dispensary.

<i>Nurses.</i>	Jean H. Raddon.
	Ellen Meincke.
<i>Others.</i>	Priscilla.
	Priti—cook.

**Other Publications Available, Published by the Nepal
Evangelistic Band.**

“From His Hand to Ours”—an account of the work of the
N.E.B. until 1959. Price 7/-.

“Fires at the Foot of Fish-Tail”—by Patricia Hepworth.
Price 3/6.

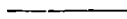
“The Shining Light”—by Pamela Bolt. Price 1/-.

“Prayer Calendar, 1961”—Daily prayer topics for the
month. Price 6d.

Leaflets—“Nepal Evangelistic Band and its Work.”

“Advance to Baglung.” Price 3d each.

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