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# **WHILE DAYLIGHT LASTS**

**While**

**Daylight**

**Lasts**



*First published 1971*

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*Cover: Gordon Stowell*

*Published by the International Nepal Fellowship*  
25 Upper High Street, Epsom, Surrey

*Made and printed in Great Britain by*  
Billing & Sons Limited, Guildford and London

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**'While daylight lasts, we must  
carry on the work of him who  
sent us: night comes, when  
no one can work'**

**(John 9.4 NEB)**

## Foreword

'Let us run with patience the particular race that God has set before us,' (Hebrews 12.1, Living Letters).

It is God, our loving Heavenly Father who sets the race before us. He has planned in Eternity what He would have us do, and He equips us for every step of the way. For our part we are to keep at it – and to run!

Our Father knows what lies ahead, He knows also how much longer we have before the Lord Jesus comes for His own, and the 'day' is finished.

Looking back over the years since 1960, how gracious the Lord has been to us as a Mission. No less than fifty colleagues have been given to us, the work has extended into the West, as well as showing steady growth in Pokhra.

After being refused four out of five places where we sought permission to start new dispensaries in 1969, only two years later the government policy was completely reversed, and we were asked to open several small hospitals in the West, but this has to be ratified by Central Government. Surely God Himself is opening these large areas to us because the time is short. How many, many villages there are where not a single man or woman has heard the Gospel. 'How shall they hear without a preacher?' Medical work draws people from far and near in a way which nothing else can.

What is the Lord's pattern for this, His own work? It is just here that we look to you, our prayer partners, to stand with us. We need to recognize the places to which we should go, and to staff them with those of His choosing. There will be obstacles – apparently insurmountable – ahead of us but, provided we are in the centre of His will, 'overwhelming victory is ours through Christ'.

*While Daylight Lasts* describes the work of the International Nepal Fellowship (formerly the Nepal Evangelistic Band) from 1960 to 1970, during which years the emphasis has been on expansion. It has been written in England and compiled from the Mission reports, newsletters and articles which cover that period.

To those on the Field who have provided such a wealth of material, and to Alison Barlow who put so much work into the preparation of the manuscript, is due both gratitude and appreciation. It has been finally revised for press by the Literature Committee.

## **I Nepal Today**

'Namaste and Good Afternoon' is how Robert Beecham begins his lectures at the Pritvi Narayan College in Pokhra. Somehow it seems to sum up the fact that East and West are meeting in Nepal. Teenagers are taken from their primitive (by our standards) and superstitious background, given the magic name of 'student' and introduced to customs and culture of the West. They hear about photosynthesis, electrolysis and imaginary numbers. They read of romances, love marriages and individual rights. They see foreigners with typewriters and tape recorders who do not bother to keep half the customs that their parents think are essential to life. They are torn between their strong nationalism and the realization that much of their traditional culture and belief is hopelessly backward and anti-progressive in the world of 2027 (1970). In the sea of new ideas they have lost their moorings, and are ready to receive and believe anything new. They are wide open to anything and everything. Which of these, materialism, communism, nationalism or Christianity will claim the allegiance of their hearts, minds, souls and strength? The time of opportunity is now. This generation will be occupying key positions all over the country before long. With them lies Nepal's future.

There has always been something elusive about Nepal – the closed land through so many years – and something peculiarly attractive about this small country set among the great peaks of the Himalayas, which separate the tropical Indian sub-continent from the high Tibetan plateau. Between the well-populated malarial plains of the southern part of the country, and the awe-inspiring snowy mountains to the north, lie the hills and valleys where most

of the people live. In this area lie Kathmandu, the capital, and further west Pokhra. Bustling bazaars, wallowing buffaloes, terraced hillsides, glowing poinsettias, snowy peaks – there is nothing elusive about them, nor about the superstition, dirt, ignorance, fear and evil spirits, all of which make up the real Nepal and convey something of its essence. With a varied climate this land of roughly 55,000 square miles has a scattered population coming from diverse ethnic groups.

In the Kathmandu valley live the Newars, considered to be the earliest inhabitants of the country. Bhotias, Tamangs, Rais and Sherpas are found in the east, and Magars, Gurungs and Sunwars in the west. Brahmins and other high caste Hindus are scattered throughout Nepal in the lower, more productive areas of the country.

Of the total population of ten million, 250,000 live in the capital town of Kathmandu, a further 500,000 in the villages of the Kathmandu valley and the rest in small towns and villages scattered throughout the inhabitable part of the country.

Many languages are spoken in Nepal. Nepali (or Gurkhali) is the *lingua franca* and is understood nearly everywhere, except by those women who live secluded lives and use only their tribal language. Many of these still have no written script. All who learn to read are taught the Nepali script, used in all official documents and printed matter. A few Brahmins still speak Sanskrit, the classical religious language of the Hindus. Nowadays English is being more and more widely spoken.

Nepal, although a Hindu Kingdom, is also the birthplace of Buddha, and thousands of pilgrims visit his shrine at Limbini annually. He has now been accepted by Nepali Hindus as being the ninth incarnation of their god Vishnu. Religion in Nepal is mainly Hindu or Buddhist in form, and sometimes a bewildering mixture of both. The country has thousands of temples and shrines, large and small, but no area has so many as Kathmandu. Here it seems that almost every Hindu deity must be represented in one shrine

or another. Devout Hindus from all over Asia visit Pashupatinath, just outside Kathmandu, one of the oldest Asian temples built on the banks of the holy Bhagmati River. Buddhists as well as Hindus visit Swayambunath, a temple high on a hill, overlooking Kathmandu, where sits a two thousand year old gilded image of the Buddha, one of the largest in the world. Here one finds Hindu deities as well as the Buddha. Both these and other smaller temples are the centres of activity, especially at times of festival. Each temple has its statue and images, often smeared with colour, surrounded with faded flowers from previous offerings. To the western mind, most of these seem grotesque, the symbolism unpleasant. Demons carved over doorways grin horribly to frighten away hostile gods and evil spirits.

For religious Nepalis the worship of Brahma, the supreme being, is sufficient, but for the simple villager the idols *are* the god or goddess to be worshipped.

A worshipper can fill his life with religious activity, as can any Christian in the West. Strict Hindus will rigidly follow the prescribed rites of worship, bathings and anointings. Offerings are brought regularly to the temple, and the bell is rung outside to waken the sleeping god within. During times of festival, the bell rings incessantly. Hindus, too, have their trinity, Brahma the Creator of All, Vishnu the Preserver and Siva the Destroyer. Vishnu has reappeared in various incarnations in Hindu mythology, but the best known are Ram and Krishna, who are especially loved by Hindus, and to whom many Nepalis address their prayers.

They all believe that at the end of life both good and bad deeds are weighed up, and the balance or merit or demerit worked out in the next incarnation. The status of the next incarnation depends on the swing of the balance – up if good, down if bad. The ultimate aim is release from the endless cycles of rebirths, and ‘absorption into the nothingness of the heart of the universe’. Only a few make it.

The villager, limited in education and understanding, cannot fully appreciate a mystic approach, and more immediate needs are in his mind. Worship in the temple,

and life generally, is dominated by fear of evil spirits, which are very much in evidence. Disease, disaster and death are thought to be caused by the wrath of the gods. Fear lurks beneath the cheerful Nepali faces. Landslides, fires, fighting or epidemics—the hazards are many. Dirt, overwork, malnutrition: death is regarded fatalistically. Ancient laws still guard the national religion; the king used to be considered a divine incarnation. No one may change his religion. Nepal still prohibits Christianity, and refused to follow India's example in recognizing Christians as a community. Any mission working in Nepal has to accept rigid conditions of service. Nepali Christians must be prepared to face antagonism, imprisonment and possibly death. Those in the West can never fully appreciate the cultural disruption which such a decision entails. But to those who have accepted Christ as Saviour, the deliverance from old fears and the experience of peace with God is worth all the risks involved.

### History

Little is known about the earliest history of Nepal. Periods of wars and invasions alternated with times of peace and progress. In 1846 the Rana regime came into power but, disguised as a government, it was in fact just mediaeval autocracy and the Ranas' power grew by leaps and bounds. The head of the Rana family became Prime Minister, and all government posts and positions of influence were given to his relatives. The King of Nepal was a puppet, confined to his palace, without money and controlled by the Ranas. Huge palaces were built, great harems gathered, and countless slaves purchased at the common people's cost, for by labour, produce or money the poor were forced to contribute to the bulging Rana purses. Progress was inhibited. Long before the Second World War, over three million Nepalis had left their homeland, with its relentless Rana rule, and had settled in Bengal, Assam and Burma, as well as in many of the big cities in India.

The Second World War changed things. Contact with the

outside world increased. Many Nepalis saw that conditions in other countries are better than in their own, thousands were serving in the Gurkha regiments and the dissatisfaction in Nepal came to a head in the autumn of 1950. In March 1951 the Prime Minister was forced to resign, and some of the Ranas fled. During the shortlived revolution King Tribuvan sought asylum in India and then returned to rule his country, now a democracy, with a Cabinet formed of Ranas and revolutionaries.

The revolution began a new era, for Nepalis now started to take a pride in their country and its development, and had the backing of the government to do so. There was foreign aid, air services, and new laws. Roads, hydro-electric schemes, schools, medical, educational and social projects were devised on a full-scale Five Year Plan, and Nepal became a member of the United Nations and began to take her place in world affairs. In 1953, King Tribuvan died, and the present King Mahendra succeeded him.

In 1960 there was a General Election, with universal franchise and direct election to a Parliament. The Nepali Congress Party triumphed with a large majority and ruled the country for ten months. Then King Mahendra arrested all the ministers for corruption and himself started to rule. He subsequently forbade all political parties, and declared the system of Panchayat Democracy, which forms the basis of the Nepal Government today.

The Panchayat Democracy divides Nepal into groups of villages. The Village Councils elect a District Council and a Representative to the National Council; Nepal has 75 Districts. Government approved Unions, such as the Peasants' Union, Women's Union, Youth Union, Pensioners' Union, each elect two members to the National Council, and the King nominates 30-35 members to represent other minority groups. The National Council is legislative, and advisory and executive power is retained by the King. The Panchayat system is well established in Nepal today.

Nepal is a tiny country between two very large countries, India and the Tibetan Region of China - see map facing p.

64. While Tibet was independent, Nepal was orientated towards India economically and politically, and associated through ties of religion and tradition. Now China is challenging Indian influence in Nepal. India has given a tremendous amount of aid to Nepal. Roads to Pokhara and Kathmandu, the major portion of the East-West Highway, water and electricity, are just a few.

China has done less, far less for Nepal. Some factories have been built. A road from Lhasa to Kathmandu and another from the eastern end of the valley to Tibet have been constructed, and one from Kathmandu to Pokhara is nearing completion. These are financed to quite an extent by the sale of manufactured consumer goods from China. It seems that China's position in Nepal is strong. Among students there is a wide rift between those favouring China, the progressives, and those favouring India, the democrats. In student elections in Pokhara in 1970, progressive students won 18 seats out of 21. The students are becoming increasingly rowdy and openly shout Maoist slogans. Little direct action is taken against them.

Kathmandu is the capital city of Nepal, the seat of government and heavily populated. Crowded older sections, a fascinating conglomeration of ochre-red houses, narrow streets and dirty shrines alternate with the newer areas, the shopping centres, banks, cinemas, post offices and modern box houses. Cars, jeeps and lorries abound in the widened streets, hooting noisily at sluggish pedestrians, bulls, cows or errant bicycles. Modern hotels of every variety cater for the booming tourist trade. Bigger and better tours are laid on each year to show off the sights of Nepal. Government Headquarters are in Singha Durbar, an imposing stucco palace, once the private residence of the Rana Prime Ministers. The King and Royal Family live in Narayanhity Durbar, another impressive palace. Tree-lined roads with high walls provide the necessary privacy to those within these ancient buildings. Many old palaces and large houses are now converted into flats, offices and private houses. With electricity wires and

telephone cables, Kathmandu has 'advanced' astonishingly during the last decade, but it retains its charm.

Pokhra is still a country town, situated in a large valley 93 miles west of Kathmandu. The valley, 16 miles long, is dominated by the Machhapuchhare, the Fishtail Mountain, part of the magnificent Annapurna range. With ever-changing clouds, skies and colours, the scene always looks different. As it is a trading centre for the area, men come down from Thakhola in north Nepal and up from India to buy and sell various goods. Chinese, too, are setting up their little shops and selling their cheap but excellent goods, manufactured in China. As it is the centre for a large Province, many officials live in Pokhra, and several thousand students attend the College, the Teacher Training College and High Schools.

Ten years ago Pokhra was a small town of approximately 10,000 people, with another 30,000 living in the outlying villages. Most of the people were engaged in some form of agricultural work, minding cows, buffaloes, goats and sheep. Others farmed crops of rice, maize and millet in their terraced fields. Village people brought their eggs, rice, flour, straw and bamboo mats for sale. In season bananas, oranges, melons, nushputties (a kind of pear), pineapples, tomatoes and cucumbers could be bought in Pokhra Bazaar. The poorer people could not afford these luxuries and tried to be as self-supporting as possible with their small strips of land.

It was a hard life, of backbreaking toil, all kinds of work being done laboriously by hand with ancient implements. Oxen were used for ploughing. There were family and village gatherings at rice-planting and harvest. The pressure of living precluded opportunities for many in the backward communities. Few native crafts had been developed, and skilled technicians and craftsmen were hard to find. Local produce and materials were of poor design and quality. New ideas took root slowly, and then only if they proved valuable. Age-old traditions were revered at the cost of health, education and progress.

Pokhra is very different now in the 1970's. While much of the old still remains, there has been spectacular advance during the last decade. The road now opened from India to Pokhra has brought in a great flow of goods from India. Commodities like cement, galvanized iron sheeting for roofing, and petrol, all formerly expensive to buy, are now much cheaper. With the road have come the first road accidents, a rising crime rate – especially theft – and invasions by quacks, charlatans, mountebanks and sadhus. Pokhra is now a boom town, with full employment and rising salaries for skilled workmen, but with also a big rise in land prices and house rents. The basic cost of living has not risen too drastically and has been stabilized by the coming of the road. Most foreign goods and tinned foods are available for those with the money to buy them. There is now a town water supply, but it comes from a contaminated source and is often inadequate in the dry season. Since the coming of tap and piped water the incidence of all forms of dysentery, especially amoebic dysentery, has risen sharply. The water system has distributed disease.

A hydro-electric station provides electricity for the town. It is now possible to do much more in the evenings than in the days of oil lamp and flickering candle. The population is rising rapidly, as villagers come in for work, hoping to make a fortune as shopkeepers.

### **While daylight lasts**

It is within this setting of a turbulent history, tradition-bound religion, a land formation which discourages travel and communication and potentially inflammable politics, that the International Nepal Fellowship works. Pressures and stresses of social upheaval are great. Many secretly wonder how much longer the daylight of freedom will last before the night of Communist domination begins. Initiated in 1952, the work – medical, educational and administrative – has grown beyond all expectations, particularly since 1967. The following chapters will trace in detail the developments from 1960 until 1970.

## **2 The Shining Hospital**

Doctors, nurses, a pharmacist and a physiotherapist bend over the architect's plans spread over the floor, in the flickering oil lamp. Builders and agriculturalists pace around the out-patient block assessing soil depths, floor levels and drainage. Field Leader and Field Secretary sit behind a mound of paper, trying to summarize and tape record suggestions and improvements for the architect's benefit. In West Germany, committee members for the use of inter-church aid funds examine the application from the Shining Hospital for support of the planned new hospital. It is 1970, and in Nepal, West Germany, Australia and Britain people are planning, praying and giving so that Shining Hospital No. 2 will come into being. Still in its early stages, the project seems at times almost too big to envisage. Limited resources, inadequate qualifications, necessary details, delays and transport problems have all to be surmounted, in order that the new hospital may not remain on paper, but become reality.

'We often sit and look at the house that shines.' It was in 1954 that a group of curious hill women had come down to Pokhara to see the strange shining house that had caught their attention one day, high up in their village homes. They found several prefabricated aluminium buildings, set up to the north-west of Pokhara bazaar, on the old military parade ground. The aluminium walls had reflected the sun's rays so that the building could be seen from a great distance. Because of this, the hospital became known as the Shining Hospital to the local people first, and later officially. It was these buildings, replacing the first ones of bamboo and thatch, in which the hospital work had begun.

Members of the International Nepal Fellowship had

worked since 1936 in the Indian town of Nautanwa, on the southern border, waiting for government permission to enter Nepal. During the Rana regime, Christian missions were forbidden, and Nepal was quite cut off from the influence of the outside world. But in 1952, after democracy had been established, permission had been given by the new Nepal Government to open a hospital in Pokhra. It had been granted on three conditions: there was to be no proselytizing, no interference with politics, and all members of staff would have to leave the country in one month if the government requested the hospital's closure. That same year, in November 1952, six members of the mission and five Nepali Christians had trekked into Pokhra from Nautanwa to begin the medical work. Immediately patients and onlookers began to visit them, and a temporary dispensary was set up south of the Pokhra Bazaar. A year later Mr Stanley Wall, a builder, his wife Betty and their little son Martyn, came up to join them from Assam.

By March 1953 they had moved up to the parade ground. The early years, in incredibly primitive conditions by modern hospital standards, were demanding and difficult. They met much that was new, in both the type of disease and the outlook of the people towards daily life. Most of the people live in the central region of Nepal which is sub-tropical, and illnesses common to both tropical and temperate climates are prevalent. All are aggravated by bad housing, overcrowding, no sanitation, and ignorance of health principles and hygiene. Some had an almost fanatical belief in the therapeutic value of strict diet in the control and prevention of disease. The diet was sometimes so strict that the patient became weak and debilitated and his recovery was jeopardized. There were caste problems. They could not mix freely and food had to be cooked separately. These problems were solved by getting relatives to cook their patients' food, and by telling objecting patients: 'no caste, or no treatment!' This logic usually worked! Many of them felt after several days' treatment that they had been there long enough, and wanted to

discharge themselves; they felt better, so why not go home? Despite long and plausible arguments, off they would go; but if their treatment was not complete, often they deteriorated or their illness recurred. The need for health education was great.

By 1959, some pattern had been established in the hospital work. Three more aluminium buildings had arrived to act as men's and women's wards, and an operating theatre. The 'house that shines' was growing. An aluminium hut for out-patients, a smaller one for midwifery and where women patients were examined, some stone-walled huts for cooking and the new aluminium buildings were the sum total of the hospital at that time. Through these simple 'departments' 17,000 out-patients and over 500 in-patients were passing annually. Thirty Nepali babies first saw the light of day in the maternity block. This was a major step forward, as much superstition surrounded the whole process of childbirth, which in a Nepali home often takes place in a cowshed. More and more operations were also performed, especially after Dr Ruth Watson returned from leave, bringing with her an anaesthetic machine. Some attempt was made to open a 'Social Branch' in the hospital, when Miss Pamela Bolt, a Medical Social Worker, initiated schemes for visiting former patients and helping those in special need. But this was difficult, because there was then no public assistance in Nepal. The blind, the mentally ill and the deformed received no help, and it was almost impossible to establish much in the way of hospital social welfare.

Since the Mission had entered Nepal in 1952, the work had of necessity been centred in Pokhara. Shortage of staff and the particular difficulties of life in that country confined them to one area, within which the hospital and the recently established leprosy hospital were started and developed. Whenever staff and circumstances permitted, however, small groups of medical workers would answer the many requests for help that came in from surrounding villages. Through these journeys they began to learn more

about conditions outside the valley of Pokhra itself, and as they saw and experienced some of the tragedies due to both ignorance and superstition they longed to be able to do more. As the medical work became more adequate they started to think more seriously about expansion.

News came in continually of the sufferings of those villagers who lived in remote, almost inaccessible places. Patients, travellers or expedition members all brought the same story. Six to ten days' walk away there were people too ill to be carried into hospital. If natural healing did not occur, death was the only cure. Many endured primitive midwifery, only to die in childbirth. The Nepali women have children young. At times of childbirth, complications frequently occur. Strict religious rites govern their actions and diet, and those who touch them become unclean. Often the men of the house have complete authority in these situations, even to the point of whether or not to send for medical aid. 'Another wife can easily be found, so why bother if she dies,' may well be their attitude.

### **Village dispensaries**

In 1958, a plan was drawn up outlining the areas where medical work might be established. Consideration was given first to the methods governing the running of small dispensaries. It seemed best to locate these within two days of the Shining Hospital, which was situated conveniently to reach a very wide area. People living up to one day away could easily come into Pokhra for treatment, but it was difficult for those further out. Carriers were hard to find and demanded high prices. There were home responsibilities, fields to till, cattle to mind, and children to look after. Pokhra was low-lying, the highest north-west corner of the town being slightly under 3,000 feet and many tribal people were afraid of coming down to the heat. All these facts seemed to indicate that dispensaries two to three days' walk from Pokhra would be the ideal situation in order to help the largest number of people.

The first two places to be chosen were Baglung and

Sikha, and in 1960 government permission was granted. Ten years later a third dispensary was opened in Beni.

### **Assistants**

As a basic concept, the initial plan allowed for two Nepali Christians. These were to be sent out by the church in Pokhara to evangelize in the area concerned. Allowing for government restrictions, they would tell others about their faith and teach the new groups of Christians as they were formed. It was felt essential that the Nepalis themselves should be responsible for building up their own indigenous church, sent out from their own church in Pokhara. In addition, the Nepali helpers would be trained to assist the doctors and nurses with the medical side of the dispensary work. The proposed future nursing training scheme at the Shining Hospital would produce potential helpers.

### **Hospital growth**

Alongside the expansion at Baglung Dispensary and Green Pastures Leprosy Hospital, the Shining Hospital work was growing and expanding too. Following a visit of World Vision Team leaders, Dr Bob Pearce and Dr Paul Rees in 1960, an X-ray unit and an electric generator were given to the hospital. Up until then all night work, including operations, had been carried out by the light of a lamp or torch, which is not only hazardous but a great strain. Soon after the welcome news was received, another message came to say that the new equipment was on its way! Consternation reigned in the hospital! There was nowhere to put it! Preparations were immediately under way, and before long quite a presentable X-ray block was designed and built, with a small engine house for the generator nearby.

The equipment reached Bhairawa, the airstrip in the plains to the south of Pokhara, and Dr Graham Scott-Brown went down to deal with the Customs and arrange for its transport. When he arrived at Bhairawa, Graham

found that the pilots refused to bring the equipment up by plane because it weighed over  $2\frac{1}{2}$  tons. So with the help of the British Army Recruiting Depot near Bhairawa, the generator was partly dismantled. Even then it weighed  $1\frac{1}{2}$  tons, and countless coolies had to swarm around it like minute ants with a big yellow beetle to load it on to the plane at Bhairawa and off again at Pokhra. But dangers were not yet over. The only lorry in the valley was hired to convey the generator from the airstrip to the hospital. It was ancient and 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 tyre, and in less than four miles the radiator had boiled dry. At one point where the road skirted a sheer drop of 40-50 feet, everyone with the exception of the driver took the precaution of dismounting! At last at the Shining Hospital, the huge piece of metal was pulled, tugged, levered and pushed into its final resting place in the hospital grounds by 20 men heaving and shouting to one another,

Setting up the equipment proved to be more problematical than anyone had anticipated. Difficulties in the installation wiring and running of the X-ray machine were met repeatedly and were not helped by poor co-operation from the installing firm in India. The generator was found to be out of alignment, and for both items much repair work was necessary. After considerable delays, the X-ray Department was officially opened by the local governor at the end of 1961, but it only worked for a short time before needing further attention. It was hoped that before long an X-ray technician would join the team.

One afternoon when an emergency operation was in progress there was a deep rumbling in the distance, followed by a dull roar seconds later. Accompanied by the frightened screams of the patients, the storm ripped off the roofs of the store and office block. Masonry started to fall on patients below, and then the generator house and latrines lost their roofs. 14-foot long sheets of aluminium were

tossed in the wind like autumn leaves, some landing about a quarter of a mile away. As the wind and rain abated, the pieces were retrieved by local Nepalis, who came in to see the damage, each dragging a piece of tin! New tin was ordered, but when it arrived in Bhairawa it remained there in piles, waiting to be transported, while in Pokhra the rain continued, the equipment suffered, and mildew and fungus grew in abundance.

1962 was a year of pressure and haste. The hospital had been accepted by the local people, and increasing numbers were coming for treatment as they came to trust the strange foreign staff! Over 30,000 out-patients were seen that year, and 200 major operations performed, together with numerous minor ones. The numbers had built up almost beyond the capacity of the staff, there were only two Nepali nurses in the women's ward, and two in the men's ward. It was proving very difficult to attract workers to that kind of work. With the new rush of patients, it also became apparent that a second woman doctor would be needed very soon; Ruth Watson saw patients from 8.00 a.m. until 1.30 p.m. with only one short break. Indian engineers were visiting the hospital for treatment too, and were critical of the facilities as compared with those they had known in India. The two doctors working full time in the hospital were beginning to realize their limited experience in very many fields, and to think of future specialization. The Baglung Dispensary also gave them extra work. Every two or three weeks the coolie would come in for supplies and medicines, and drug lists had to be prepared, ointments weighed out, tablets counted, loads packed and medical problems answered by letter. Usually the Medical Superintendent had to do this, and the need for a full-time pharmacist became increasingly urgent. In addition to the Baglung medicines, the hospital also had to be kept well supplied. Stock had to be checked, more ordered, new stock unpacked and arranged on the shelves. Prices had to be constantly reviewed, as freight charges fluctuated and drug costs altered. Administrative work was increasing continually.

### **Royal visit**

Perhaps the most exciting event of that time was the visit of HM Queen Elizabeth and HRH Prince Philip to Pokhra on 28th February 1961. There were tremendous preparations beforehand. The airfield was spruced up, the pond filled in, a decrepit office removed, the ground enclosed by barbed wire, and gates and arches were built. The road from the airfield to the lake was specially made up. The main topic of conversation among the staff of the hospital was 'whatever shall we wear?' When the day came there were about 30,000 people on the airfield. Children swarmed everywhere, waving flags. 200 pensioners from Gurkha regiments lined up wearing their medals. Shortly after 10.30 a.m. the Queen's Dakota arrived, accompanied by six other Dakotas and the King of Nepal's plane. Press and the elite of Pokhra swarmed around. The important people of Pokhra were presented, including the Shining Hospital staff, and then the Royal party went off to the King's Summer Palace for lunch. Several hours later they returned and there were formal handshakes. Then, with a wave of her hand and a good-bye to the staff, the Queen entered the plane and the visit was over. Several years later Prince Philip visited the Shining Hospital with the Crown Prince of Nepal, and though an appropriate route had been planned for him, yet true to character he showed a preference for viewing the more unscheduled sights, tucked away behind doors! He showed great interest in everything, including future plans for expansion.

### **Tibetans**

About this time patients started to come in from the nearby Tibetan Camp, where refugee Tibetans had settled and were attempting to build a new life for themselves in Pokhra. The camp was about 45 minutes' walk to the north-west of the hospital, situated on a little plateau tucked into a corner of the valley. A huddle of matting huts formed the main part of this community, with high Buddhist prayer flags sticking up at intervals like ships'

masts. As one walked through the camp the rumble of conversation, murmurings of prayer, or shrill cries of the gambling game could be heard. During the week, lines of women sat, teasing out wool and spinning threads in the shady shelter of a nearby hut. Straggling groups of men came in from time to time, carrying sacks of flour and other supplies from Pokhra airfield five miles away. A clinic was held in a little stone room, where Sonam the orderly dealt with minor ailments. Any with whom he could not cope were sent in to the Shining Hospital. Any Tibetan discharged from in-patient treatment could be referred back to him. So it was a good two-way relationship, helped by the fact that Sonam spoke excellent English.

One of the Shining Hospital nurses would go up regularly once a week to conduct a clinic there. One by one the Tibetans would shamble in, unkempt, in tatters, but always cheerful. A motley collection, living a hard life, there was little hope of their lot improving, or a return to their home country. Though bigger and taller than the Nepalis, they seemed to accept the discipline of standing in a long line with more amenity. Most of them greeted the nurse courteously in Tibetan fashion by sticking out their tongue, meaning 'how do you do'. Others had adopted the Hindu fashion of 'Namaste' with hands together, meaning the same thing. The usual troubles were weakness, deficiency disorders, both due to poor diet, overcrowding, unaccustomed heat and the rigours of their hard journey from the north. Eye infections, dysentery and measles occurred as well. TB was on the increase, caught from the Nepalis, and aggravated by living conditions. Some were admitted for treatment. Others were left in Sonam's capable hands. Altogether there were about 700 inmates in the Camp.

### **Work increases**

A severe outbreak of smallpox swept over the Pokhra district early in 1964. Several of the nursing sisters went out to visit the village involved and managed to vaccinate over 2,000 people. This stepped up local appreciation of hospital

services, and more patients started to come in. Work again increased, numbers of out-patients rising yet another 2,000 that year. Debu Singh came to work in the hospital as records clerk, including many other jobs. This required much patience, searching for the right card for the right patient. When later he left to become the church pastor, his wife Rita took over and was assisted by Soni, Daud's wife. The new Out-patients' Department was completed that year, and there was now more space available to deal with the crowds who continued to come.

### **Unwelcome visitors**

In the hospital 'corridors', that is the grassy field around the buildings, much wildlife and human life abounded. In spite of the four-foot newly-built wall, one cow jumped gaily over it, and other cows, buffaloes and goats were firm believers in the grass being greener in the next meadow. They stopped at nothing in their attempts to get in to the hospital compound. Flowering trees and little shrubs had been planted in order to make the place shady and attractive but, despite the heavy barricading, fresh young shoots were nibbled off. A buffalo entangled his horns in a sapling while scratching himself, and moved off with it. Local owners would surreptitiously open the gates, then drive their animals in to graze. The manure was welcome, but the company was not. At each trespasser's entrance there would be a great hue and cry as hospital staff joined forces with patients' relatives to chase them off.

### **Ward services**

By now regular ward services were being held, led by the local Christians and nurses. Quite a number of books and leaflets would be given out after such services, with simple explanations of the Christian faith. As long as such worship was conducted on the hospital ground, there was no infringement of government permission. Timothy, who had formerly been a patient at Green Pastures Leprosy Hospital, had recently been taken on as watchman, known as

'chowkidar', and one of his delights is talking and reading with interested patients. He lives with his wife Lois and his children in a little house on the hospital grounds, and many find their way there in the evenings to talk of the things of God. He has a real gift for getting alongside people.

That Christmas a nativity play was performed in the grounds of both the Shining Hospital and Green Pastures. It was at times difficult to convey a fairly authentic Christmas message by means of the Nepalis' acting! Skilfully directed by Jean Raddon, the cast eventually understood that it was the shepherds, not the sheep, who jumped up in surprise when the angels appeared! Mary was treated rather roughly at times by Joseph, and the Angel Gabriel was very impressive, acted by a graceful but portly nurse!

### **Bazaar clinics**

A room was rented in the Pastor's new house towards the end of 1965 in order to start ante-natal and infant welfare clinics in the bazaar. By way of introducing such a strange idea to the Pokhra public, a Grand Baby Show was held to stimulate interest in the Healthy Baby Clinic! On the day an assortment of mothers, fathers and big sisters milled around, all clutching a potential winner of the first prize. Phulmani and Danmit quickly went into action, recording names, ages and weight of each baby. The job was not made easier by the fascinated crowd, which did not want to miss a single item on the agenda! Rita, the Pastor's wife, lent a hand, catching the squalling infants after a rock in the scales, and returning them to the correct parent. After an hour and a half, the record papers of 48 babies were scanned and the totals compared. The babies' general appearance had been assessed by Mary Miller, a member of the Australian Home Council, on holiday in Pokhra. 48 Nepali babies gazed at her non-stop, their eyes made up with mascara brimming with tears or twinkling with amusement. Three divisions were made according to age, and it was noticeable that the older babies were in

poorer condition. Prizes were presented by Mrs Singh, the Nepali doctor's wife, and invitations issued to attend the First Session of the Clinic the following week. 26 came as a result. Not a bad start. Owing to pressure of work in the hospital and shortage of staff, it was possible to hold these clinics only monthly. This proved too confusing to Nepali women as they could never remember to come on the right day. Attendances were very low and after some months it became necessary to close this work.

This closure, however, was only temporary, because in March 1969 Dr Mary Thomson and a Sister were able to reopen the clinics. It was felt that it was essential to hold them weekly, and the spacious ground floor of a new house the Mission was renting for Mr and Mrs Hildebrandt and family was ideal for such a work. The emphasis was on ante-natal care, and some of the first patients were students at the College and educated Indian ladies. These appreciated the care and interest shown them, and they recommended the clinic to many others, as a result of which each week saw several new patients. With only one exception, all came into hospital for their deliveries. Many appreciated the opportunity of sharing their fears with Mary Thomson, and some began to look forward, with a measure of joy, to the arrival of their infant. Abnormalities were detected early and much suffering avoided.

News quickly spread throughout the Bazaar that injections to prevent tuberculosis and smallpox were being given at the clinic, and each Saturday afternoon young and old sat on the doorstep waiting for 'opening time'. Because of the numbers asking for injections it became necessary to fix an age limit, preference being given to babies and children. Unlike the situation in the hospital out-patient department, often there was time to sit down with the women. Whilst playing with a friendly baby, Mary Thomson would surreptitiously teach the mother the need of applying soap and water to her infant. Many contacts were made and friendships established.

By the end of 1969 it became evident that this work

could be developed in conjunction with a wider public health programme, and hopes were being expressed that in the future two missionaries would live in the bazaar, thus extending this work and taking the many opportunities it afforded for making known to these very needy women the love of the Lord Jesus for them.

### Dismissal

'An upstairs room full of stolen medicines, boxes of equipment, injections and bandages.' The house of Andrias, the theatre nurse and his wife Bhaktimaya, had been searched following the loss of some tablets from the hospital and information that he had been stealing. Andrias had worked in the hospital since 1957. A tall, well-built boy, he was eager to learn. Proving to be better at practical work than theoretical, he was given the responsibility of looking after the theatre and preparing for operations. He was a good worker, and everyone relied on him. Spiritually, too, he had grown in the Christian faith, and on days off would go to nearby villages to teach people there. But gradually pride crept in, he wished to practise on his own and began stealing medicines and going to church less and less. He had been suspected for some months but had vehemently denied any charge of stealing. It was evident that he had taken the medicines in the hope that he could set up as a 'compounder'. They were both dismissed, and the rest of the Nepali staff and others had somehow to take over their work. The need for a trained nurse in the theatre was acute.

Staff needs were met in other ways. Five new nurses from Europe, Australia and New Zealand came that year, and an Australian pharmacist offered a year of service. Despite much progress in the hospital work, the new staff must have been a bit surprised to see several of the regular 'happenings' in hospital life in Nepal!

### Nurses

Definite steps were taken towards improving nursing

conditions and training generally so that others might be attracted to work in the hospital. Local Hindu girls would not consider nursing training because of prejudice and caste barriers. The catchment areas were obviously the scattered Christian communities in Nepal and North India. In attempts to get more staff, leading mission hospitals were notified about the Shining Hospital's needs, and advertisements placed in an Indian Christian Medical Journal. Salaries were reviewed, working conditions rethought and hostel facilities discussed. It was realized that to implement an officially recognized nurses' training scheme, a qualified sister tutor was imperative.

These steps had been sparked off by three major losses in one year. Two had been dismissed for misconduct, and a third left after being disciplined by the local church. To counteract this, a trained Nepali staff nurse came to take charge of a ward. Debu had come to assist with out-patients, and several others applied. At this time it was the policy of the hospital only to accept Christian girls rather than Hindus for training, although it was felt that others could be accepted, if they were interested.

Nursing, as the European nurses constantly found, was a never-ending battle against dirt, ignorance and superstition. One morning the Matron, Joan Short, was sitting in her office when shouts of 'sinners' and other unprintable words wafted through the window. Feeling that some investigation was necessary, she went out. Effie, the woman who swept the hospital compound and kept it clean, was holding forth at great length with much vituperation to the inmates of the women's ward who had apparently preferred to dirty the compound rather than use the latrines! It was just another of Effie's periodic outbursts, and extremely funny to watch, but it brought home to Joan the necessity to battle on against things that lower standards and promote frustration. Sometimes, after they had repeated the same thing about 20 times with no apparent effect, the nurses would almost despair and wonder whether they would ever succeed, however hard they tried.

The pressure of maintaining standards was not the only difficulty. The European nurses had to manage with only two full-time Nepali nurses plus a handful coming in daily, while they with the doctors had to carry the burden of the pharmacy work. In addition, they had to share the responsibility of housekeeping for themselves, and in the tourist season it often meant over 20 hungry mouths to feed and satisfy.

### **Dhankumari**

It was a wet, windy and dark morning. Dhankumari turned wearily over in bed. It was still dark, but she rose and lit the oil lamp. Her baby, weak with dysentery, cried fretfully, as it had done most of the night, and in the corner her old father-in-law snored loudly.

She lit the fire, and then went out into the darkness carrying her water jar to bring back enough water to last the whole day. Staggering a little under the weight of the water, she hurried back to the house and cooked a meal for the old man and herself. She prepared the feeds for the baby, then left him in the care of his grandfather for the day, while she set off to walk the four miles to the hospital. She had no watch and arrived half an hour late for work looking tired and thin, hardly fit to do a heavy day's work. In the hospital, some of the staff had been up all night. All the beds were full and many patients were lying on the floor. 'If only we had some strong healthy Nepali nurses' the sister on duty thought, as she looked at Dhankumari with concern. But she had other worries as well. 'Any more Vitamin B?' called the doctor in Out-patients. 'No, it's all finished,' was the reply. 'What about sticking plaster?' was the next fairly reasonable request. 'None, all gone,' was the answer from a frustrated sister. Medicines ordered months before were still on the airfield in India, because no one had troubled to send them up. Soon the monsoon would break and the air service would stop. There would be no more until September. How could they live with this constant frustration and irritation?

'By prayer and petition with thanksgiving continue to make your wants known to God. And God's peace which transcends all understanding, shall garrison and mount guard over your hearts and minds in Christ Jesus' (Philippians 4.6-7, Amplified New Testament). However great the frustration or irritation, the peace of God is available for each one of them and it is His peace which 'mounts guard' over their hearts and minds.

Throughout 1966, Miss Rona Milne, a nursing sister, with Miss Joan Short, the Matron, planned and prepared for the nurses' training programme, which was scheduled to begin at the end of the year. The first lecture was given by Joan Short in the doctors' consulting room in the Out-patients' Department! A lecturer, seven Nepali nurses and a blackboard made up the Shining Hospital Training School. For several years they had planned such a scheme to provide assistant nurses' training for the many Nepali girls who wanted some qualification, and also in the hope that some would eventually work in the dispensaries. When they suddenly had an influx of new nurses this scheme became workable. Keen and interested, the nurses came from widely different backgrounds. Three had had some education, the rest had never been to school. They were good at the practical work but found it difficult to get down to the theoretical side of their training and much individual help was essential.

### **Pharmacist**

About that time Mr Ken Davies, a pharmacist from Sydney, Australia, came to help in a temporary capacity in the dispensary. Before very long he was giving directions in Nepali and making improvements. He found, as he said, that necessity was the mother of invention. For instance, cardboard cartons for ointments were made out of old boxes. Injection phials were carefully preserved and used for lotions and eyedrops. Each patient's tablets were put into a small paper packet made out of any paper available, usually old newspapers, magazines or wrappers. It was

one person's job to make these each day. He found some difficulty in adjusting to the fact that he could not turn the tap on and off at will to get the necessary water to work with and preserve cleanliness. All water used in the Shining Hospital was carried in four-gallon kerosene tins on someone's back. After rain, the water had to be carefully filtered to get rid of the mud before making up medicines. Inflammable substances, like ether or chloroform, had to be brought up by coolies from the Indian border, which would take them six or seven days. During the monsoon this was impossible, so stocks had to be estimated well in advance and stored in suitable conditions, to prevent deterioration. Intravenous fluids and oral salt fluids for the numerous cases of severe dehydration had to be made on the spot, and all sterilization was carried out by means of autoclaves heated by kerosene burners. Ken, however, was always resourceful, and quickly settled in to the somewhat unusual hospital routine, making a very large contribution to its smoother running.

Later, Ken agreed to extend his stay, and during this time he carefully trained Danmit, formerly a nurse in the hospital. By the end of that year, Danmit was able to run the dispensary largely on her own, making up medicines for the out-stations. By this time the hospital was supplying Baglung, Green Pastures, and the newly-opened Sikha Dispensary, and the local work had increased still further. It had become necessary to keep far larger stocks in hand, and to maintain regular supplies because of delays in mail freight and deliveries.

In addition to the Bazaar clinics, medicines were also supplied to the newly-opened Boys' Boarding School about two miles away up the valley.

In 1969 Kerrie Worboys, also from Australia, came to be the permanent pharmacist.

### **Hospital expansion**

With all these mounting demands in mind, the Field Council met to consider in detail a report sent by Mr

Bertram Scott incorporating many suggestions for expansion of the hospital. Mr Scott, a plastic surgeon, had spent two months the previous year working at the hospital, and felt that it should be upgraded. His report and suggestions were officially accepted by the Council, and it was decided to aim at a large rebuilding and development programme. These early plans were to take some years to materialize. A completely new stone building was envisaged, while hospital work continued as usual. Building a hospital in Pokhra is a little different from building one in the West! The ground consists of shallow earth on top of solid rock, excellent for foundations, but hopeless for septic tanks! Rough stone had to be dressed by hand. A permit had to be obtained to cut wood in a certain jungle at a stated time. The trees had to be felled, cut up into logs and carried over the hills to the site, where it was sawn up and seasoned. Corrugated iron was not always available. Cement was highly expensive, and of poor quality. Restrictions on building had increased that same year. Expansion was not going to be easy, but it was essential.

It was high time to expand. A night sister trying to get from one ward to another in the monsoon often had to negotiate a slippery path in pitch darkness and heavy rain with only a hurricane lamp, carrying an umbrella in one hand and a medicine tray in the other. There were insufficient private rooms, and patients had to go to Kathmandu for X-rays. A nurse had to be ready to swat flies in the operating theatre in spite of all precautions.

Standards in Pokhra were rising fast, and with the regular air link with India, medically, administratively, educationally and materially there was a new awareness of the rights of the individual. The Nepal Government had taken over the 50-bedded hospital vacated by the Indian road engineers as a health centre with plans for upgrading to a general hospital.

After repeated visits, applications, explanations and delays, permission was given by the local Town Council in Pokhra for the Shining Hospital to build a nurses' hostel

and TB block as part of their upgrading plan. The hostel was to be in the staff compound, and the TB block on the plateau below the hospital buildings, suitably isolated from the general patients. The materials were then obtained and work began in 1967. By the following year it was completed, and after a service of dedication the nurses were able to move into their new home. The two-storied building was strong and roomy, and was a great change for the nurses. Previously they had lived in several dark huts. Now they were all together. This tended to produce problems at first, for rough corners in their personalities were revealed and had to be dealt with, but on the whole they liked their new home.

Another step forward came in July, when the hospital was connected to the town supply of electricity. At first the supply was limited to the night time only, but later it was possible to have it throughout the day. It made a tremendous difference to the work, for night operations became not only safer but less traumatic for all concerned. At first, if an emergency operation coincided with a Sunday evening service at headquarters, then the service had to be conducted by lamplight because power was insufficient for both rooms. Half the TB block was completed about this time before the builder, Stanley Wall, went on leave. The five small rooms with their back verandahs, where patients could cook, were ideal for the patients who had to stay for several months, and saved them the expense of living in the Bazaar.

The nurses had also begun to do night duty. Up to 1967 a sister had been on call, and if help were needed the night watchman would bring any special message from patients or relatives. Now one sister and a Nepali nurse did full-time night duty, though conditions were rather different from those in a modern western hospital. In winter, the elements made certain items essential. Clothed in about four jerseys, carrying a flickering oil lamp, night sister and night nurse would shiver their way up the path carrying food supplies for their meal. As night sister did her round, barking dogs would

follow her. Ward doors would open with loud creaks, and patients lying inert would just open their mouths to receive their night pill. It was rather like feeding time in an aviary.

In February 1969, six Shining Hospital nurses completed their course and received their caps, badges and certificates. It was the first nurses' graduation ceremony. Two of them left to work in another mission hospital, while the other four remained to become 'staff nurses'. In July, two more graduated. One was a Tibetan girl, who returned to help in the Tibetan Refugee Camp from which she had come. Several Tibetan girls were working in the hospital by then, some as nurses, others as orderlies. Bright and intelligent, they sometimes started as water-carriers, then were promoted by way of orderlies to the full nursing training. Sometimes they came top of the class, to the discomfiture of the Nepali nurses! In addition to their training, a few of the nurses had started to attend Night School in Pokhara to improve their educational standard. This meant a heavy load of study for several of them, which not all could manage. The strain reacted spiritually on others. But with the education boom in Pokhara, no one could blame them for trying to catch up with years of ignorance and illiteracy.

During 1968, two lorry loads of supplies for the Shining Hospital and staff arrived, after an exciting overland trip from Witney in England. This had been the idea of Dr Ken Tomlinson, a general practitioner, who had spent nine months working in the hospital from 1967 to 1968. Through his connections with the Rotary Club, he had motivated and helped to organize this trip with the help of Rotary International. An amazing assortment of equipment was sent. Mattresses, electrical goods, food, surgical instruments, medicine and blankets came out of those two lorries, all contributed by friends and different firms. Not only were the goods given, but one of the lorries as well, as a new member of staff! Being a large white object with rather a tired engine, it was nicknamed affectionately 'the white elephant'. It has been invaluable, however, helping to carry loads of stone, timber and other building items, only rarely breaking down,

and always within sight of home!

During 1969 an attempt was made to reduce the numbers of out-patients by issuing a certain number of tickets each morning. Only those with tickets were seen by the doctors. By then over 47,000 out-patients attended annually, three-fifths of them women. The number of new cases the previous year had been over 10,000. From then on, only emergency cases were seen without tickets, which helped to keep the work to manageable proportions. A clinic for private patients was opened in the late afternoons, to enable office workers, officials, shopkeepers and others to attend, as they were often unable to go in the mornings. Another short-term doctor helped in the surgical wards for six months, and in spite of not knowing the language, he made an extremely useful contribution. Mary Thomson, although comparatively new to the work in Nepal, had taken over the women's out-patients' clinics and midwifery during Ruth Watson's absence on leave. Miss Helga Sanow, a laboratory technician from West Germany, arrived to fill the long felt and now urgent gap in the hospital work. Helga, equipped with gifts from West Germany, set up her laboratory in the TB block for lack of other accommodation, and completed over 1,000 tests in her first year! Tests could now be done whenever necessary and the staff wondered how they had ever managed without her.

### Local practices

There was progress in the hospital. But sometimes the staff would be confronted with appalling local practices, and would wonder whether they were really making any progress at all. For example, a dead baby was born. 'It is all over, the baby is born, but I'm afraid it is dead; you should have brought your wife earlier.' The husband would reply, 'Oh, that's all right. When can I take my wife home?' Was he callous? Was there no love of children? No, it was just relief because the family had escaped the worst of all curses. A woman dying in childbirth brings a curse on the whole family for many generations. The taboos and superstitions

surrounding childbirth are legion and keep the would-be mother fearful, unwashed and ceremonially unclean, to be delivered in the cowshed so as not to defile the house. It is a greater catastrophe if no child is born; then the wife will spend much on special priestly rituals, and the husband will take wife after wife to try to get a son. When children are born, the mother-in-law is responsible for them, and her views are usually old-fashioned. If the baby is a precious boy, there is great fear of evil spirits taking him, so they will often give him a girl's name, call him 'ugly one' and grow his hair to deceive the spirits. The hair is allowed to get so matted that sores develop. Charms and amulets are hung round the children's necks, special bracelets on their arms, and pieces of fishermen's net are tied round their middles.

When people are seriously ill, the first remedy is to call the 'Phukne walla'. He sprinkles ashes on the patient and then blows through a pipe on the affected part of the body, muttering incantations to drive the spirits away. A common treatment for pain, especially in the tummy, is to call in the blacksmith, who burns the skin overlying the painful part with a red-hot poker, not once, but twice, or even many times, and some patients have had as many as 30 or 40 round scars from such 'medicine'. Occasionally the witch-doctor will actually bite the affected part in order to suck out the evil spirit. The patient and his relatives are ordered to kill chickens or goats to appease a particular deity, and often all their savings are spent in this way. There are remedies, too, which are not directly associated with the witch-doctor trade. For swellings, strains and sprains, they will put on a concoction of leaves and burnt lemon juice. It is sticky and very messy, but fairly harmless. Much less innocuous is the cow-dung poultice applied to wounds and abscesses. If there is bleeding from a cut or wound they put in a red mercury compound which they use for decorating the women's foreheads. It stops the bleeding, but also stops all healing, and it is a tedious business cleaning a deep wound which has been treated in this way. They will endeavour to straighten broken bones and plaster them with

mud and paper strengthened with strips of bamboo. This is occasionally satisfactory, but it is usually applied too tightly, the arm swells and sometimes becomes gangrenous.

Nepal is changing, and some of these old customs are changing too, especially in the towns, but now patients come to the hospital having had quite inadequate doses of expensive western medicine from local chemists instead of the witch-doctor's treatment. The delay in coming for treatment can be just as lethal and just as frustrating for those who have to treat them eventually. Week in, week out, throughout the year, both Out-patients' and wards are crowded with such people.

### **Spiritual impact**

The medical impact of the hospital is great, but what of the spiritual impact? How does the Holy Spirit work among these crowds of people, the majority of whom have never heard of Jesus Christ? An old lady who had never been more than half a day's journey from her village before, but now her sons had brought her the three-day journey to hospital and the doctors could do nothing for her. The cancerous growth in her neck was inoperable. It was a busy morning clinic; there were still 40 patients to see; there was a long operating list in the afternoon, they had to hurry on. But God's prompting was insistent; they could not let her go without telling her about Jesus Christ. As she listened to them, a look of wonder spread over her face. Could this really be true? She and her sons wanted to hear more, so they stayed overnight with the hospital caretaker, who continued to explain the way of salvation. They started back to their village next day, taking New Testaments and books with them. They could not read, but there were people in the village who could. The hospital heard nothing more of this family, but expect a harvest, for God has promised: 'My word shall not return unto me void'.

Four years ago, a woman from a village eight days' walk to the east of Pokhra came to the hospital with advanced TB. She responded well to treatment, but above all, after hearing

about Jesus Christ, she decided to follow Him. Her husband also found new life and last year, when they went back on a visit to their village, nineteen families began to seek after God through their witness. In another village only about a day from Pokhra, a young man, after receiving some treatment for the disease that had crippled him, went home converted, taking with him some books, and then for six years nothing was heard of him. In 1969, however, he came into Pokhra again, full of joy and zeal for Christ, with the news that many people in his village were searching for and some were following the Lord. Apart from the medicine given, he had felt that God had healed him in hospital, and through that and the reading of the New Testament, the Holy Spirit had made him a new person in Christ, and a light in a dark place.

### **New buildings**

The difficulties of transporting goods via India to Nepal had been a worry for many years. Since his exile from Nepal, Pastor David and his wife Premi had struggled on valiantly with train bookings, Customs formalities, forwarding heavy mail and so on, but both he and Premi were growing older, and this work became a great burden to them. Towards the end of 1969, Mr Kevin Thomas, his wife Patsy and their three children were seconded to the International Nepal Fellowship to take over the work of agent in Bhairawa on the India border. His responsibility was to receive the freight from the railhead or Post Office at Nautanwa, and to forward it on to Pokhra either by plane or truck. The road from the border is open during the dry weather, and trucks carrying supplies arrive in the town daily. In this way delays due to bad flying conditions are avoided, but other delays because of landslides are encountered during the monsoon months. A new landrover arrived in Pokhra on Christmas Eve 1969, which had been driven overland from England by Patrick Paris and Peter Bisset, two agriculturalists coming out for the first time. This van had been donated by friends in England for public health work, and was specially

adapted with cupboards and stretcher space inside. As soon as permission was obtained from the government it was hoped to provide health education, inoculation campaigns, and disease prevention of all kinds to villages within reach of the road.

Several months of the year were spent in completing a full documentary application for financial aid to be submitted to a church agency in West Germany. The German Council of the mission had suggested that this agency had a real interest in helping projects like that of the new Shining Hospital in the developing countries. The resultant brochure was passed on to West Germany for consideration. The plans envisaged a large two-storey building for wards, a modified out-patient's building, with facilities for four consultant rooms, a new operating theatre block, including a new X-ray unit and sterilization block. A pharmacy and small laboratory would be near the wards and also a teaching unit for training nurses. Ancillary services such as laundry, linen-room store and workshop were all to be incorporated. New additions were to be a dental surgery, isolation block, and a series of private rooms. The total number of beds would be 95 with ten other beds for TB patients. The whole project seemed an enormous undertaking, and hundreds of hours were spent by the staff in detailed planning.

The architect made suggestions, and the staff sent back their ideas. Contact was made with the government to assess their reactions to the proposed expansion. It was obvious that Nepal was being run with far greater efficiency, as was shown by the amount of paper work, statistics, and multiplication of government departments with real responsibility. There was also an increasing awareness among many that in the future missions would have to work far more closely with the government. Fewer projects which remained independent of the government would be allowed to continue. The Shining Hospital in the coming years would have to accept this trend and adapt their ideas and policies accordingly.

The Health Department in Kathmandu seemed to

welcome plans for expansion of the Shining Hospital and asked for detailed application. Regular statistics had been required for some time. Some officials spoke highly of the 'renown' of the hospital work. It seemed likely that the new hospital would be developed as a specialist centre, where particular lines were followed and emphasized.

Whatever the future holds, the work of the Shining Hospital will increase, in amount, significance and quality, as the planned development takes place. It should be possible to do more for each individual patient, as treatment will be more thorough, based on fuller investigation and more accurate diagnosis. It is the prayer of the staff that in spite of increased efficiency, and greater numbers, the patient will always remain an individual, from a Nepali village, and one to whom they have been sent with a message. Amidst the rush and pressure of the daily routine, the spiritual side of the work can be neglected so easily, the majority passing through untouched. A few, however, take books back with them to read in their homes. Others in the wards hear the message of Jesus Christ on gramophone records, or from the nurses. Ward services were held until stopped by antagonistic students from the college and high school. The hospital gives an entrance into lives in an intimate way. Life, birth and death are all constantly seen in the wards, and the minds of men, women and children are open to influence for the real God at these times. In days to come, as in the past and indeed 'while daylight lasts', prayer will be continuous that both in the Shining Hospital, and the dispensaries, the staff, foreign and Nepali, may work 'for his good pleasure and satisfaction and delight' (Philippians 2.13, Amplified New Testament).

### **3 Leprosy Work**

The leprosy problem in Nepal is acute, two per cent of the population being affected. The government budget until very recently was spent mainly on two leprosaria. These were started a hundred years ago: they functioned as prisons for leprosy patients and the term of imprisonment was always for life. The inmates were fed and clothed, but usually were not given any treatment. They married and had families, some of whom did not have leprosy. So in the leper communities there are now a number of people who are not diseased. The government is planning to close these institutions, but the great problem is rehabilitating people who have never had to work and have been in prison since birth, finding them homes and land, training them and reorientating them to normal life. There are also many who are seriously sick. Until these communities are closed, there will be little government money for leprosy control work, although this is recognized as the only way of dealing with the problem. It is against this background that the International Nepal Fellowship is being asked through the Nepal Leprosy Relief Association to undertake control work in the three provinces of Gandakhi, Dhaulagiri and Rapti.

#### **Early days**

From the beginning, the treatment of leprosy has always played a large part in the hospital work. During the actual establishment of the Shining Hospital, however, it was not possible practically or financially to open separate departments for leprosy treatment. Some of the more severely affected patients in need of long-term treatment were asked to stay in the local Bazaar, only coming into the Out-patients' Department daily for treatment. After several

years, problems arose. The Bazaar people quite understandably did not want leprosy patients in their houses, and it did not seem fair to ask them to take in infectious cases. It became evident that a separate work was necessary, and in 1957 the Nepal Government was asked to grant permission for the opening of a Leprosy Hospital. This was later given on condition that the hospital should be at least two miles from any other dwellings.

Searching around in 1954, the most likely place that was found was the site of the old leper colony, deserted and in ruins. Situated near the Pokhra airfield, two miles from the nearest houses, four miles from the Shining Hospital, this site had long been accepted by local people as a place where leprosy patients lived. Cut off on three sides by the Sheti River and a field of thatching grass, it seemed ideal. But the price was high, and the nearest water 300 feet down the gorge, near the river. The advantages outweighed the disadvantages, however, and three years later when the price was greatly reduced, the purchase was made.

### **Green Pastures**

One of the first tasks was to cut a path down to the water spring. Simple huts of bamboo and thatch were built at the beginning. One big enough for twelve patients, another for the Nepali workers, and a small hut for the two nurses who were in charge of the hospital. Miss Eileen Lodge and Miss Betty Bailey both had a deep concern for leprosy sufferers, and had from the beginning hoped to be involved in special projects for their welfare. The two nurses came down from the Shining Hospital twice a week to give medicines and food, until their living quarters were built. Once they had moved in, the basis of a dispensary was set up in the patients' hut, and work began on the land to get a farm organized. The number of patients rapidly increased; word got around that here was a place where the rejected were accepted, where diseased bodies could be healed, and disillusioned minds receive new hope to be called Green Pastures.

At that time it was obviously essential to plan for expan-

sion, with more and more patients coming for treatment. Two years later the adjoining higher land was given to the Leprosarium by the local governor and a wall built around it by a contractor. This land was a little more open to cool breezes in summer, which was an improvement, as mountain-dwelling patients had been affected by living on the lower site. Huts were then erected of bamboo and thatch grass, but after a devastating storm had vent its fury over the area, demolishing one hut, ripping off the roof of another and filling the dining-room with mud, it was apparent that all buildings should be of stone, to give maximum protection to everyone. So two small oblong houses were built for the patients and another for a kitchen with a store-room next door. This completed the first stage in the establishment of the Leprosy Hospital. Plans for the hospital buildings and Out-patients' Department were then made so that they would be as cool as possible. Suddenly, however, the Road Transport Officers decided to open a road through the centre of the hospital land, right across the chosen site! So the necessary alterations had to be made.

### **Treatment**

The foundation stone of the new Out-patients' Department was laid in 1961. Up until then all treatment had been carried out under difficulties, first in a corner of the sleeping quarters, then in the craft workshop. There was a longing for the greater cleanliness that a proper room would bring and the possibilities of future surgery to reconstruct hands and feet, removing the scars of leprosy. So far, some minor operations had been performed on the floor, or the patient's bed, neither of which was suitable for plastic surgery! By this time all leprosy patients had been transferred from the Shining Hospital to Green Pastures, and it was possible to give them full attention, keeping a close check on regular attendance. In the past, tremendous wastage had been caused by patients starting courses of treatment, then drifting off for periods, thus cancelling out any benefit they had gained as the cumulative effect of the drug wore off.

Another line of development was occupational therapy. Miss Barker, a teacher of arts and crafts, offered to help the patients to do some light work. A small room was built, and for five months she worked with the patients teaching them how to make rugs. Many good designs were produced under her care, and in addition to keeping the patients occupied, it provided a means for earning a livelihood, and of making them independent of their relatives.

There were also quite a few children in the Green Pastures family by then, and a school was started for them. Nar Bahadur, a bank clerk with a real gift for friendship, taught the group of children each day. Literacy classes were also held, as many of the patients wanted to learn to read and write.

Alongside all the other aspects of the work at Green Pastures, the farm had developed slowly. More and more land was cultivated, and despite the shortage of water, maize and millet were grown, providing one meal daily for three months. Goats helped to give the necessary protein, and buffaloes obliged with milk, as well as pulling a bullock cart. Geese, chickens, dogs and cats formed quite a menagerie. A Bazaar milk round was started, and later a poultry farm with 250 chicks in an attempt to begin an egg round. Trees were planted to give shade and attractiveness, but again the lack of water hindered their growth. Patients who will subsequently go back to villages far away from Pokhra are shown what can be done with limited means and poor land. Crippled patients are taught how to work again, and to care for their incapacitated hands and feet. As the leprosy control work grows this rehabilitation programme will be extended to patients in their own homes.

The patients differ in background, education, appearance and personality, but they encounter the same problems, prejudice, fear and want. Jonas was one of these. He belonged to a village three days' walk east of Pokhra. A low caste man, he had very fine features. Leprosy had attacked the nerves of his body resulting in clawing of hands and ulceration of feet, making it impossible for him to work. The

rest of his village complained and said that he should be sent away before he infected others. So his sons decided to take him to Malunga, the Government Leprosy Hospital two days south of Pokhra. On their way, they heard about Green Pastures. Finding out that the doctors were willing to help Jonas, they left him there and never came back. He was very ill, as his feet had ulcerated to the bone. Soon after admission he had a severe haemorrhage. But in spite of everything he began to make progress. A naturally active person, he could not bear to have nothing to do, and was soon attempting to make carpets with his almost helpless hands. Sometimes he had great pain in his feet and had to stay in bed for months. At times the pain overwhelmed him and the fact that his family had left him caused him great distress.

Then Jonas found Christ, and an amazing change came over him. He longed to return to his village to tell his neighbours and friends what he had learnt. The pain eased, he began to walk much better, and his general health improved. One day he went off with a relative who had been working nearby, to return to his village. Shortly afterwards he wrote a very distressed letter to Green Pastures to say that his village refused to accept him back. Quickly obtaining a certificate from the local governor to say that Jonas was free from the disease, the nurses went out to his village to explain to the villagers that he was now cured, and not infectious. The whole affair was smoothed over, and the following Christmas Jonas came into Green Pastures with his wife, a lively little Nepali woman. He decided to stay and have an operation on his hands. Later, with almost new hands, he returned to his village, and again had difficulty in settling down. But this time the offenders were brought into court in Pokhra for disobeying police orders! Now he lives at home, making rugs, a lone Christian in a heathen village.

For many of the patients, living in a community such as Green Pastures was their first experience of a loving, receptive family life. They began to be interested in Jesus Christ. Pastor David, the Nepali pastor, taught those who

wanted to learn, week by week, until a little group was ready for the step of baptism. Usually baptism was by immersion, but owing to the poor physical condition of many of the patients, those believers were sprinkled. It took place under the trees on a very hot day. They were a varied group of candidates. There was Ratna Bir who had no toes or fingers, and had been petrified with fear at the thought of changing his religion; nevertheless he knew that he was taking the right step. Another was Prem Das, who had freely and joyfully come to Christ. Lydia, in constant pain, often recounted how she had come to Green Pastures to find forgiveness of sin. Jonas had nearly died on his arrival, but his face beamed with deep happiness. Anand Das, later headman, Kanchhi, a little orphan girl, and finally Philip who had learned of Christ through a literacy book. This small group of believers was the beginning of the church in Green Pastures, with the potential of growing and reaching out into many villages.

### **Allan Smith**

In May 1962 Mr Allan Smith, an agriculturalist, joined the work in Green Pastures. An Anglo-Nepali, he had had ten years' experience in Tanakpur, India, before coming up to Nepal. In addition to his farm duties, Allan, with his limited Nepali language, played as large a part as he was able in the spiritual side of the work. He ran Sunday Schools for the children, of both Christians and leprosy patients. In October 1963 he and Graham Scott-Brown ran the first Boys' Camp in Pokhra. Shortly afterwards, Allan went on holiday to West Nepal and never returned. On the arduous return journey from Dhandeldura he developed cerebral malaria and died several days later in the hospital of the Gurkha Army Depot. A short stay of not quite two years, but in that time Allan had become greatly loved by those at Green Pastures, and the rest of the mission, and he was respected by the Pokhra townspeople. His death left a large gap in the work.

### **The seventh anniversary**

A service of praise and thanksgiving on 13th September 1964, marked the seventh anniversary of the opening of the work at Green Pastures. Those who had been there from the beginning saw many changes. It was a year of famine, and at times the prospect of feeding 80 patients seemed almost overwhelming. The previous year's maize harvest had been poor and prices rose sharply. The whole rice crop was wiped out by hail one afternoon, and before long grain prices were exceedingly high. The poverty and hunger of the poor was distressing. At this point it seemed as if some of the leprosy patients would have to be sent home, but after prayer it was felt that the work should continue, trusting God to provide enough food to feed all the patients adequately. The standard of diet for the patients had to be lowered, but even so it was much higher than the food they would have eaten in their villages. During the whole critical period there was always sufficient.

### **Staff**

While Betty Bailey was away on leave in England, Miss Ellen Meincke, a Danish nurse, worked in the hospital with Eileen Lodge, and Graham Scott-Brown acted as medical officer in the absence of Ruth Watson. Later in 1964 Miss Susan Waller, an orthopaedic nurse and physiotherapist, and Miss Pat Mabey, a teacher, came to join the staff. Susan spent three months with Ruth Watson in Karigiri, South India, studying the principles and practice of reconstructive surgery with Dr Paul Brand. Susan was then able to take charge of the theatre work on her return, assisting Ruth with the operations at Green Pastures as well as giving the all-important physiotherapy treatment. Stephanus, a patient, had a three months' shoe-making course in Kathmandu, to learn how to make protective shoes for the patients' feet.

### **New hospital**

By the end of 1964, plans were under way for a new 23-bedded hospital, including an operating theatre, laboratory

and physiotherapy room. For two years such expansion had been under discussion, and now that Ruth and Susan had received specialized training in reconstructive surgery, they needed a place where it could be put into practice. Dr Chandy of the Leprosy Mission had given much help and advice, and because of rapidly rising prices they were urged to start building as quickly as possible. At this time, too, Mr and Mrs Newberry Fox, also of the Leprosy Mission, spent a few days in Green Pastures, sharing their experiences and suggesting future moves. After their visit the Leprosy Mission sent a large gift for the new hospital, and that, with other gifts, enabled them to start purchasing materials. It was decided to build the hospital in two halves, so that the first half could be used while the second was being built. As it happened, the foundations were not laid until early 1966. At the end of that year Mr Ulrich Zurrer, a young builder from Switzerland, arrived with his wife Ruth to carry out the work. With little language or experience, Ulrich's resourcefulness and ability in building under such conditions deserves highest praise. Shortage of money held up the further purchase of materials and their transportation. At one point Ulrich had to fly to Calcutta to extricate some urgent supplies from the Customs offices. There were continual frustrations. But by the end of 1968 the third wing of the new hospital was under construction, and it was hoped that it would be ready for opening in 1970. Ulrich's wife, Ruth, took over the financial management of Green Pastures, and trained a college graduate to carry on when she had gone, a great relief to those who had struggled with the books for years.

Life for the staff had been considerably eased by the new stone house to be used as dining-room, kitchen and office combined. With glass in the windows, and a fire in the fireplace, it was a great improvement on the old huts. In addition to hospital expansion there were correspondingly more patients.

A record number of out-patients were seen in 1965, a total of 992 as against 796 two years previously. There was also a

record number of in-patients, totalling 105, putting pressure on workers and shortening foodstocks, clothing supplies and nursing care. The problem did not arise from too many new patients but from the long stay of patients who just did not want to leave and face the insecurity and prejudice of the world outside Green Pastures. This turned out to be one of the main difficulties of such rehabilitation work, because the more an effort was made to make the patient feel accepted and wanted as a person, the less the majority of patients wanted to leave such attractive conditions! It had been anticipated from the beginning, but it was still difficult to know just how to deal with it. Many efforts were made by the staff to contact the villages of such patients who could return to lead a fairly normal life and were free from infection, but time and again they met disappointment and the patient was forced to return to an 'institution'.

### **Reconstruction**

During 1965, only 14 operations on hands, noses, feet and eyes were performed, owing to Ruth Watson's illness. All but two of these, however, were a hundred per cent successful. There was actually little physiotherapy treatment, but much time was given to the problem of patients' footwear. Owing to a lack of sensation, a leprosy patient is particularly susceptible to injury to his feet. Just a little sharp stone can cut them, and they never feel it. They do not feel burns either. Infection enters into the wound, it ulcerates and possibly deformity results. It is commonly believed that these ulcers and deformities are part of leprosy, whereas they obviously only result from lack of sensation. If properly treated, such ulcers can be healed, but it happens again unless the feet are properly protected.

With such risks in mind, it was planned during 1966 to make rehabilitative surgery and footwear a priority. In addition, lessons on hand and foot care for the patients and special lectures for the nurses were planned. Attempts were also made to find better methods of settling patients back in their own villages when treatment was completed. This

would mean touring round the areas concerned, interviewing local leaders, persuading and educating the people. Costs of treatment and medicines were rapidly rising, so it was imperative to move the cured to give room for the acutely sick.

1966 was a year of many contrasts at Green Pastures. Just preceding the Bible School at the beginning of the year, one of the patients dreamed of nine people becoming Christians, and during the Bible School nine patients did profess faith in Christ.

In the weeks that followed, the discontent that had been brewing in the leprosy hospital for over a year came more and more into the open. The headman was relieved of his job, and subsequently led a 'walk out' when four men and three women left. Shortly after this time of great unrest, God began to work in healing the patients directly. In four months, fourteen patients asked to have special prayer for healing. Of these, one who was on the point of death died, another became much worse, three remained stationary, nine became much better, and two were instantly healed. One of these was Moses. He had been in Green Pastures for six years, during which time he had made very little headway, and his blood tests had shown no change. He was healed during a prayer meeting, and subsequent tests failed to reveal any sign of the leprosy bacilli. The improvement in the condition of the others could have taken place without any special intervention from God, but in four cases coming soon after a healing service it was believed that it was God who had laid His healing hand upon them.

### Going home

As had been planned the previous year, more effort was made to resettle cured patients in their home villages. They again met the old prejudice, ignorance and obstinacy. One such patient was an ex-army officer. In 1952 he had gone back to his village from the army with leprosy and had been turned out. He wandered here and there until 1958, when he started taking medicine. In 1966 his blood tests were

clear and he was given a Government Certificate so that he could return home. He had lived for that moment and went home with great joy. Three weeks later the village headman returned and the soldier was immediately turned out again in spite of his certificate. Graham Scott-Brown went up to his village to talk to the headman and try to get him resettled. He had been quite well off, but his home was in a bad state of repair. He could not live there, and no one was allowed to help his wife. The man who thatched his roof for him was fined a large sum by the village council. The villagers were forbidden to go into his house, or to give him water or fire. His sons were not allowed to go to the village school, although perfectly fit. The headman sent someone to his wife to try and persuade her to leave her husband and live with another man.

The headman of the village was a retired army major, and an uncle of the patient. Graham spoke to him for a long time about leprosy, and the modern treatment for it. He listened quite well and agreed to call a meeting of the whole village on the following day. Graham spent the rest of that day going round the village talking to most of the people, and discovered that the headman was a total dictator in his own right. Nothing was arranged without his consent.

At the public meeting everyone listened well, and then one or two asked some quite sensible questions, until the major began. He moved about 18 inches away from Graham and then bellowed out, 'We must all believe all the Doctor Sahib says, but this man's father and grandfather both had this disease'. After another explanation that these men had lived before there was any effective treatment, again he repeated, 'We must all believe what the Doctor Sahib says, *but his father and grandfather died of the disease*'. The other villagers were not slow to catch the message as the headman continued to fan every prejudice and fear of the disease into an open flame. Before long villagers in every corner of the square were shouting and yelling that the patient should never again return to his village. One said to Graham: 'Why did you come at all? It was much better when people were

left to die.'

After the meeting the headman said: 'I'm sorry, I tried to help you, but what can you do with such ignorant people?' This was only said to cover himself in case Graham reported him. But the man had to go, without his wife and children, leaving his fields untended and not knowing whether in despair his wife would finally desert him.

His disease is arrested, he has a certificate, the Central Government has ordered him home, but he cannot go. These mountains of fear, hate and prejudice face most of the patients in Green Pastures when they try to return home. Often there is an enemy in the village constantly seeking to increase the prejudice. The problems seem almost insurmountable.

Another patient had had operations on his hand and foot eliminating any signs of leprosy, but such was the prejudice in his village that when he went home they turned him out, saying, 'Now we know that you have had leprosy, because you have been to the leprosy hospital'. Others, given their Discharge Certificate, run away to the Government Leprosy Hospital at Malunga to find another refuge there from the rejection outside. Leprosy scars are not just physical, they are those of the mind and personality and many never fully lose them.

All these difficulties point to the necessity of having some sheltered industry for those with deformities. As long as the Government Leprosy Hospital is available, patients make little real effort to get back to their villages. Financial difficulties are often acute, with no sickness benefit to help. The life at Green Pastures and at Malunga offers some kind of security to them. With all these problems in mind, Eileen Lodge felt very strongly that it should be possible to make some definite steps in co-operation with the government to establish a Nepal Leprosy Association. Such an association could be the means of giving instruction in the disease and bringing about social reform.

There was one encouraging factor about all this. By 1967 nearly all the patients were wearing the special leprosy

sandals, and the incidence of bad ulceration in long standing deformities had diminished considerably.

Even this success was not always plain sailing. It was amazing the number of shoes that 'were under the bed', 'the rats ate them', 'the straps broke' or 'if I wear them people know that I am a leper'. Constant encouragement was an everyday task.

### Classes

All the time, as well as the medical and farm work, many classes were held week by week at Green Pastures. Daud, the church evangelist, took a weekly Bible Class when not out on trek. Prem, a patient, started a class for the men on Sunday evenings, and Martha took over the women's class. Two meetings for fellowship were held, one for new believers, the other for the leaders of the community because their needs differed. Morning prayers were led by Nar Bahadur, whose gifts and understanding of scriptural truth were outstanding. Pat Mabey gave lessons in the Green Pastures school, and trained several women in the principles of adult literacy teaching. They in turn went to all the women's houses teaching the beginners. Simple reading cards were made to supplement the primers.

Pat also gave two lessons a week in the local primary school, gaining an insight into the English language as interpreted by the Nepali schoolboy! In the cold season, all classes were herded together in one room, each class trying to make more noise than the next. In summer they sat outside under the shade of a big tree. Later Pat was transferred to the new Boarding School up the valley, and Ellen Meincke went on leave. She had been teaching also and Susan Waller took over her classes. In addition to English, there were nursing, anatomy and physiology lectures for the nursing trainees. The number of patients learning to read remained high.

For some time the villagers in Antioch had asked for help in educating their very lively children, as the local school was inadequate. By then the staff at Green Pastures had

increased by three – Jutta Weber, a nurse from East Germany, and Brian and Jean Mead, an agriculturalist and a teacher. So they agreed that Ellen Meincke should teach the children, most of whom had Christian parents, if the villagers provided a place for a school. Eventually a primitive hut was ready, and Ellen started teaching on the last day of 1968, helped by Hem Bahadur, a Nepali. Their first aim was to instil some discipline into the children, and they seemed to succeed. Some 25 children would attend each day. Lessons were from 10.00 a.m. to 12.00 noon. Only reading, writing and arithmetic were taught, with a few games at mid-morning break. The aim was mainly to prepare them for other schools, and to give them the desire to learn. Some of the bigger children were ten years or more, but had never been to school. In 1970 the school building was blown down and no one would rebuild it. So it was transferred into Green Pastures from Antioch Village, where it was permissible to teach Christian songs! This had not been allowed previously. Hem Bahadur left at the end of 1969, and Bhimkumari, a former patient from Green Pastures, and Daya, another Nepali, ran the school between them.

That year also saw the beginning of a three-month course at Green Pastures to teach those who could help in the dispensary work in villages. Martha, Moses and Dhan Bahadur took this course. At about the same time, two expatriates, Jyoti and Jogmaya, were successful in their Shining Hospital examinations for assistant nurses' certificates. Jogmaya came top of the whole class. Reconstruction surgery stopped at the end of 1968 because Ruth Watson and Susan Waller went on leave, and there was no one to take their place.

### **Individuals**

It is impossible in one short chapter to mention all the people, Nepali and foreign, who have played a part in making Green Pastures what it is today. Details of many have been told in previous books, and there are others who

continue quietly with their responsibilities day after day, but seldom hit the headlines. The stories of some, however, can be told.

Nar Bahadur was a bank clerk, an educated young man who had worked for the Nepal State Bank before he developed leprosy. He first came to Green Pastures in 1963, seriously ill, and from the beginning special prayer was made for him. He steadily improved physically, and became schoolmaster in Green Pastures. By Christmas he was asking to join the Christians in their services, and on Christmas Eve he stood up in front of everyone and said: 'Some time ago, Stephanus came to talk to me and said that the Christians were praying for me. I said in my pride that even if the water in the Sheti river ran back to its source I would never become a Christian. I never used to think that I had sinned, but now I know that I have. The Lord smashed my pride and now I want to be called Lazarus - alive from the dead.'

He read avidly in Nepali and English, and in February 1965 was baptized. From that time he grew amazingly, his faith deepened, and his ministry increased. Frequently he took services, and taught others, or would spend time explaining the way of salvation to a new enquirer. Often he went out to help cured patients to settle back into their villages. In 1967, after letters of certification had been sent to the Nepal Bank, Lazarus was received back to work there as before, and at the end of the year confirmation came from the head office that he was fully reinstated. He was sent first to a branch in his home town of Biratnagar, in the Terai, and left Green Pastures the day after Christmas. It is a hard and lonely place for him, and he needs much prayer. When he can, he returns for fellowship with other Christians. During 1969 Debu, the pastor, was able to visit him.

A quiet self-effacing village girl, Rhoda, had gone to the Shining Hospital because she wanted to know more about Jesus Christ. There she worked hard, and the Christian teaching sank deeply into her mind. She saw that all her previous endless sacrifices to the temple deities had been useless, and that peace came only through faith in Jesus

Christ. When it was discovered that she had leprosy, she bravely accepted it, though it was a great shock at first. She was sent to Green Pastures for treatment. There she met Gojan Singh and later married him. She died after giving birth to a daughter. There was not a dry eye at her funeral, evidence of her unselfishness and Christlike, though short, life.

Another village girl had noticed that her hands were becoming numb and one day her sister saw some marks on her face. They both knew that Jogmaya had the 'Great Disease', as leprosy is called. Shortly afterwards they met a woman in their village who told them that there was medicine that could cure the disease, and a hospital in Pokhra specially for leprosy patients. Her sister took her to Green Pastures, and because she was not an infectious case she was allowed to go home with a supply of pills. Her mind was full of fear and resentment, and she did not take her medicine. Soon there were large ulcers on her hands and she became thin and weak. Again she went to Green Pastures and this time she had to stay because of her poor condition. She wept for days and nights. Most of the patients were older than she was. Some had no noses, fingers or toes, and many were constantly in pain. It was a long time before she found hope and comfort.

After two years she was able to leave Green Pastures, during which time she had learned to read and write, and to look after her hands and feet so that she did not injure them. She did not go home but lived with her sister in another village. By this time she was about 15 years old. News then came to her that wedding arrangements had been made for her. She was married and went to live with her mother-in-law and the whole family. As the youngest daughter-in-law it was her duty to be up early in the morning to sweep, clean and carry the water. Most of the day was spent working in the fields, but because her hands were deformed and weak she found it almost impossible to do this work. Once again she developed ulcers and became ill. Her husband and family were constantly angry with her, and when she could

stand it no longer she sent for her mother. The mother saw Jogmaya's condition and took her back to Green Pastures.

Jogmaya was happy to be back this time. She started to go to Bible Classes, and to hear about the love of God. As she became stronger, she decided that she would like to look after sick people. At first she thought this would be impossible, because she had never been to school. Arrangements were made for her to go to the Shining Hospital to work, where she enjoyed being on the wards. In 1967 the training school started, and she was so afraid that she would not be able to learn. However, she enjoyed the lectures and study and came out top in the first year examinations. Although her hands were weak, she could help her own people in a practical way.

### **Leprosy survey**

Early in 1969 Eileen Lodge, Betty Bailey and Philip, a Nepali worker, set out for a tour of three districts to the west of Pokhra to assess the problems and possibilities of working in those areas. They stayed in four government centres and had opportunities to talk with officials about leprosy. Everywhere they were well received, and the local governor in Rapti agreed that it would be good to have a centre for control work at Tulsipur which would draw patients from the three surrounding districts. They went on from there, along the Indian border, and then back into the Terai into Puitan. In a place called Jangkot they met a party of ex-patients from Green Pastures, who were happily settled back in their own homes. After a time of fellowship with them, they climbed down the mountainside to another village, where the headman had gathered a number of suspects for examination. From there they crossed a river and climbed the mountain on the other side where they found a high incidence of leprosy. The whole area seemed ready to be opened up. On their way back they stopped again in Tulsipur and gave a report of their survey to the local governor. It was evidently time that the work expanded out into the desperately needy mountain-locked areas.

### **Leprosy control**

Leprosy is caused by a germ that is very similar to the tubercle bacillus. It enters the body and begins to multiply, especially in nerves and skin. Over a period of years enormous numbers of bacilli develop in the body. When treatment is started, the bacilli become distorted in shape, then fragment and eventually disappear. Until quite recently it was thought necessary for all the bacilli to have disappeared from the body before the patient could be considered cured, and this process would take five to ten years or even more to complete. Nowadays it is considered that as soon as the bacilli become distorted in shape, the patient is unable to spread the disease, a process which takes only nine months of treatment. This discovery has led to renewed interest in leprosy control work. If only the patients with leprosy can be found and treated, within six months they cease to be a source of infection to others and the spread of the disease is checked, so that within a generation the disease should be controlled. The picture is much more hopeful now than it was 20 years ago. Many mission hospitals and dispensaries offer treatment. The government is taking a much more active part in the whole programme.

### **Leprosy seminar**

In March 1969 the first Leprosy Seminar was held in Nepal. Sponsored jointly by the Nepal Government and the World Health Organization, it was held in Kathmandu. Graham Scott-Brown and Eileen Lodge were invited to attend. It was a very profitable time of discussion and as a result Nepal's Leprosy Relief Association came into being, with King Mahendra's sister, HRH Princess Princep playing a leading part on the executive committee. She was very concerned that Nepal should realize its social responsibilities with regard to the problem of leprosy, and requested that a special advisor be appointed to the Association, who was expert in the field of leprosy treatment. Dr Stanley Browne, of the Leprosy Mission was appointed. Two doctors from the United Mission to Nepal, as well as Graham Scott-

Brown, were asked to join the committee.

Special recommendations as a result of the Seminar were that all penal legislation against leprosy patients should be repealed, the old-fashioned asylums closed, a leprosy association and leprosy advisory committee formed, and the work of the voluntary agencies should be officially recognized. These decisions constituted a real step forward for leprosy work in this country, and after future committee meetings the government seemed very willing to include the work of the mission in their country-wide programme. The mission offered to run a leprosy control project in the Rapti District as part of the national leprosy programme. Rapti is a large area about 15 days' walk to the south-west of Pokhra.

Up to date the Green Pastures Leprosarium had concentrated on the treatment and rehabilitation of those patients who came to them, and this had absorbed all their energy and available resources. But control work involves active case-finding. As well as training Nepalis they would have to go themselves into the villages looking for the patients, doing surveys in schools to find children with early signs of the disease, and following up relatives of all known cases. In some areas, where the incidence of the disease was known to be high, it would involve examining everyone. In Pokhra this would mean setting aside new workers, both foreign and national, to go out to the villages in the Gandaki province to pursue people who had defaulted during their treatment and to spend time educating village councils about the disease. In the Dhaulagiri province the Baglung Dispensary was already the centre of the general work, but a planned new dispensary in Beni would eventually become the centre for control work in that province. At that time only two people were available for Beni, but it was planned to put three or four people there, two to concentrate on control work, and two for general medical work. In the third area, Rapti, work was only in the exploratory stage. Several preparatory tours had been made. This last area was 15 days' walk from Pokhra, but could be reached much more quickly through India. It was obvious that

because of its isolation, four people would be needed there right from the beginning of any control work.

It was easy to make a convincing plan for leprosy control, but the geography of the country makes its fulfilment very arduous. It would involve long and frequent treks visiting out-of-the-way villages, and having talks with village leaders which might often be fruitless. It is frustrating work, as natural conservatism, fear of the disease, prejudice and darkness fight strongly against the work.

## **4 The Baglung Dispensary**

Baglung (pronounced Baagloong) is the centre for all the government offices of the Dhaulagiri Zone or Province. It is here that the zonal governor and his councillors meet to discuss the advances and day-to-day problems. This is the hub of all governmental activity throughout the whole area. There is now a fairly busy medical centre in Baglung, with the likelihood of wider extension as new dispensaries are opened in the 1970s. A strategic, small town, straggling over a plateau 3,000 feet up, Baglung lies two days to the west of Pokhara. Important roads cross here from India to the Tibetan border, and Pokhara to the west. A trading centre with a flourishing Bazaar, it is surrounded by villages sprawling over the hillsides.

In February 1959, Dr Lily O'Hanlon and Miss Jean Raddon went out to Baglung to survey the possibilities of future work there. Throughout the journey from Pokhara to Baglung, sharp contrasts surrounded them. Everywhere there was poverty and dirt, but there was also the amazing natural beauty of the Himalayas. On the third morning they stood outside their 'hotel' and looked up in the cold grey light at the rocky cliff marking the last part of their trip. The path wound tortuously up the hillside. It seemed like a gateway to new territory. They said good-bye to their landlady and to the ducks who had been their bedfellows and, crossing the river, they began to climb. It was raining steadily. Through the mist they could see the outline of the town ahead of them. It all looked rather dreary and dismal as they walked toward the tumble-down house belonging to the governor.

After three days they left with a scroll of Nepali paper nearly a yard long with the signatures and thumbprints of

those who wanted medical help in the form of a dispensary. People had been friendly and interested. They had found a good plot of land near the Bazaar, the main road and a water supply, suitable for building which the owners were willing to sell. It was anticipated that eventually a hospital would grow and develop out of the dispensary work. This plot was sold, however, before permission to start work in Baglung was granted.

### Opening

Two years later, by April 1961, the dispensary was opened. Government permission had been obtained the year before. The necessary finance and staff, both European and Nepali, were by then available. Jean Raddon and Miss Ellen Meincke, both experienced nurses, prepared to pioneer the dispensary with the assistance of Priscilla and Priti, two Nepali Christian women, to help in the work. The last days in Pokhra were chaotic. Several weeks prior to the departure, baskets of medicines and household equipment had been sent on to Baglung, but there still seemed much to do. Organizing the coolies, planning food for the road, and dealing out the money took most of the remaining time before departure. When they arrived in Baglung, the narrow streets were thronged with people, who were filled with curiosity at seeing two European women, and soon a large crowd was following on behind, commenting about everything they saw. Laughter and talk filled the air, and little of the spectre of fear was to be seen. But it was there hidden behind the cheerful faces that charmed the tourists, the fear of death, illness, gods, and above all evil spirits. Hot and dusty, the two nurses made their way up to the end of the Bazaar, where their little rented house stood in between two others on the main Tibet to India road. The work had begun.

Unforgettable, could well describe the first two weeks. Not merely because of the smallness of the house, darkness of the lower rooms, lack of modern facilities, rickety stairs or smoky cooking. Hundreds of Nepalis came to see both them

# MAP OF NEPAL

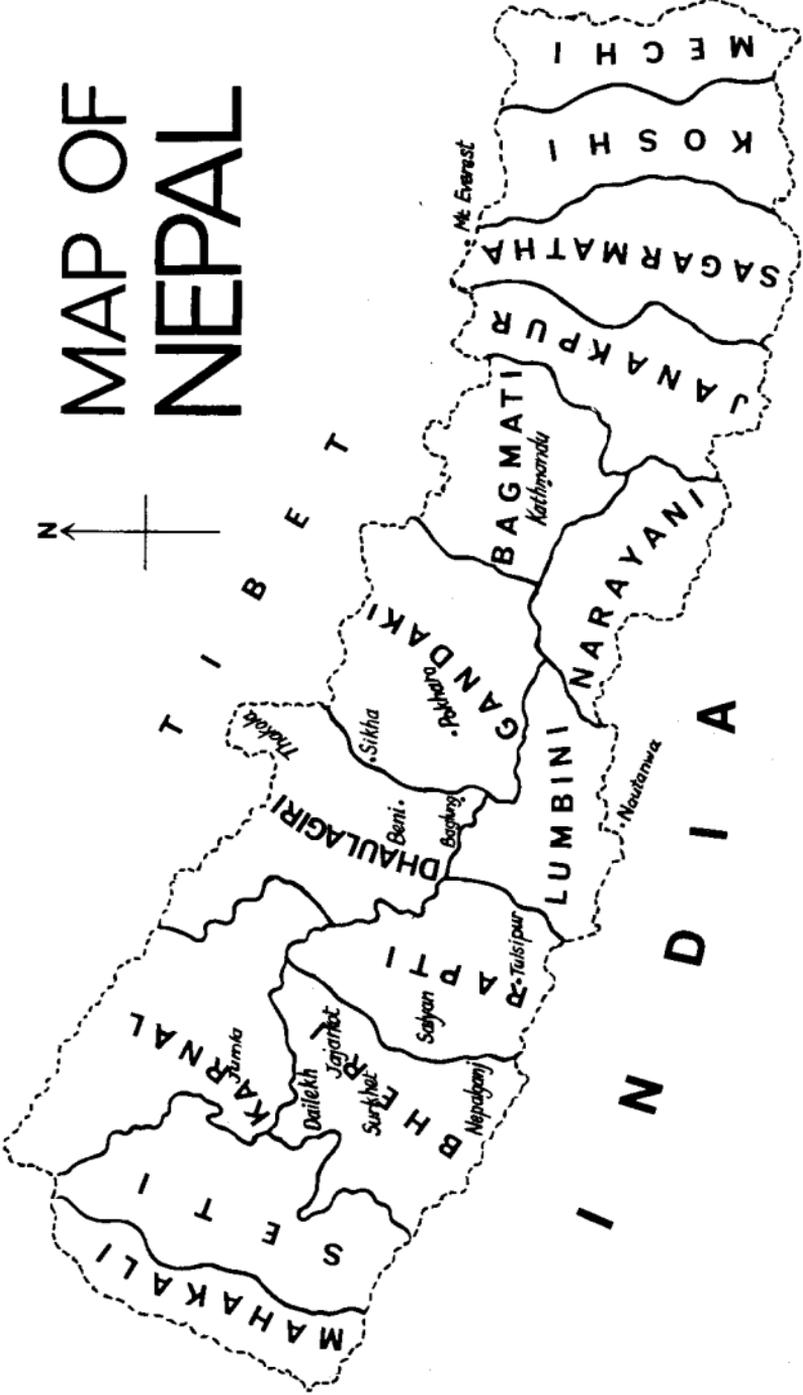


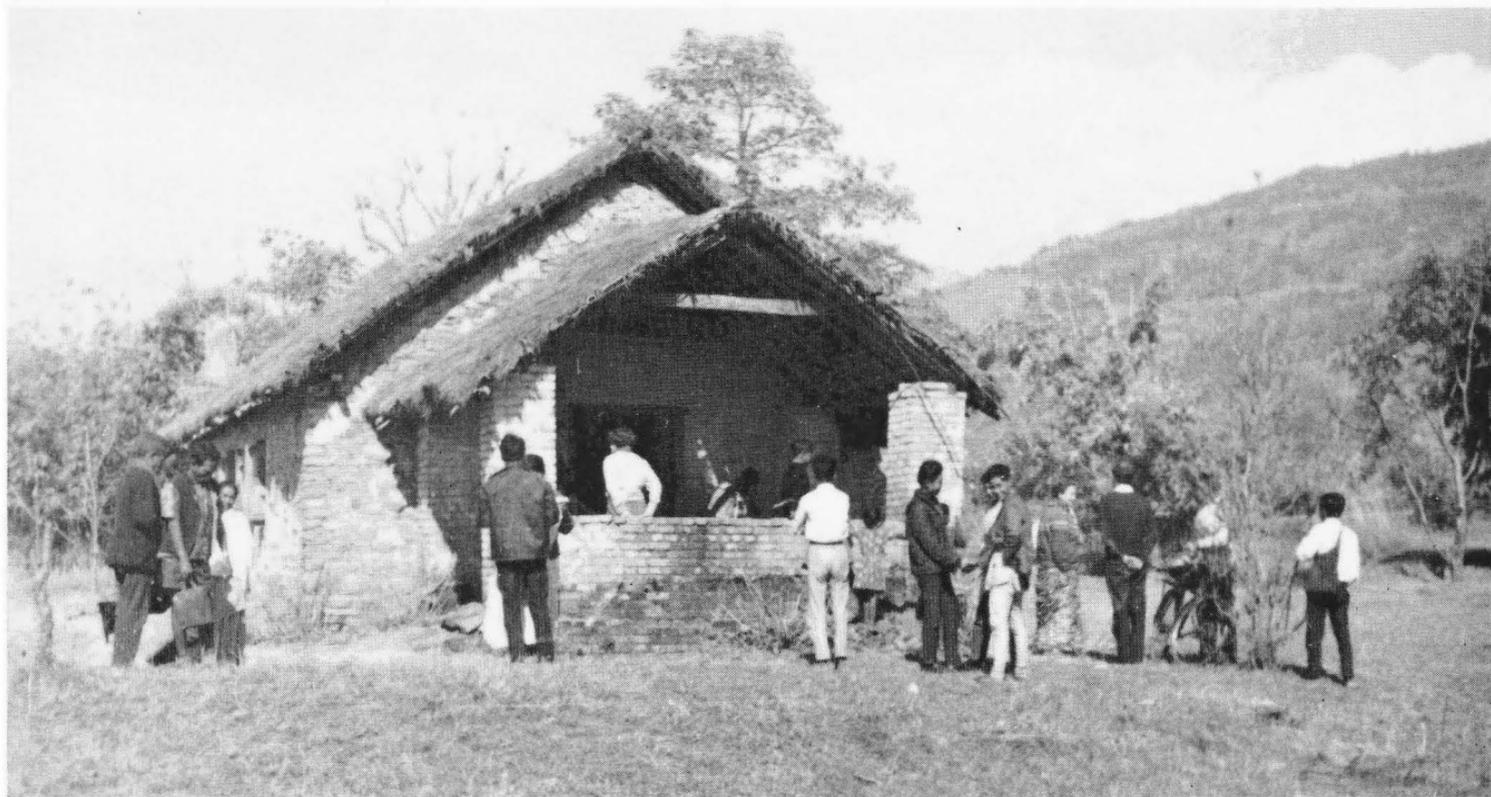
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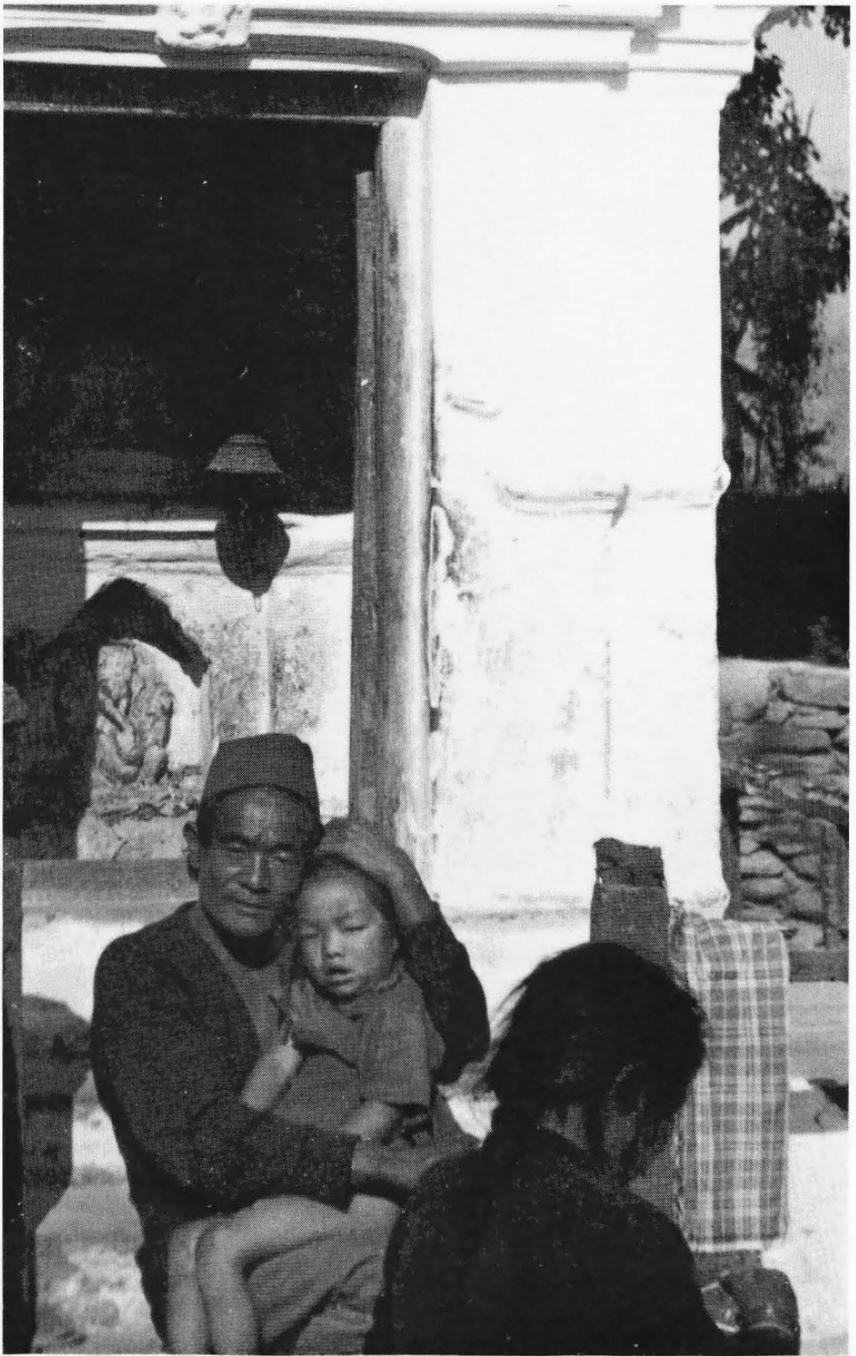




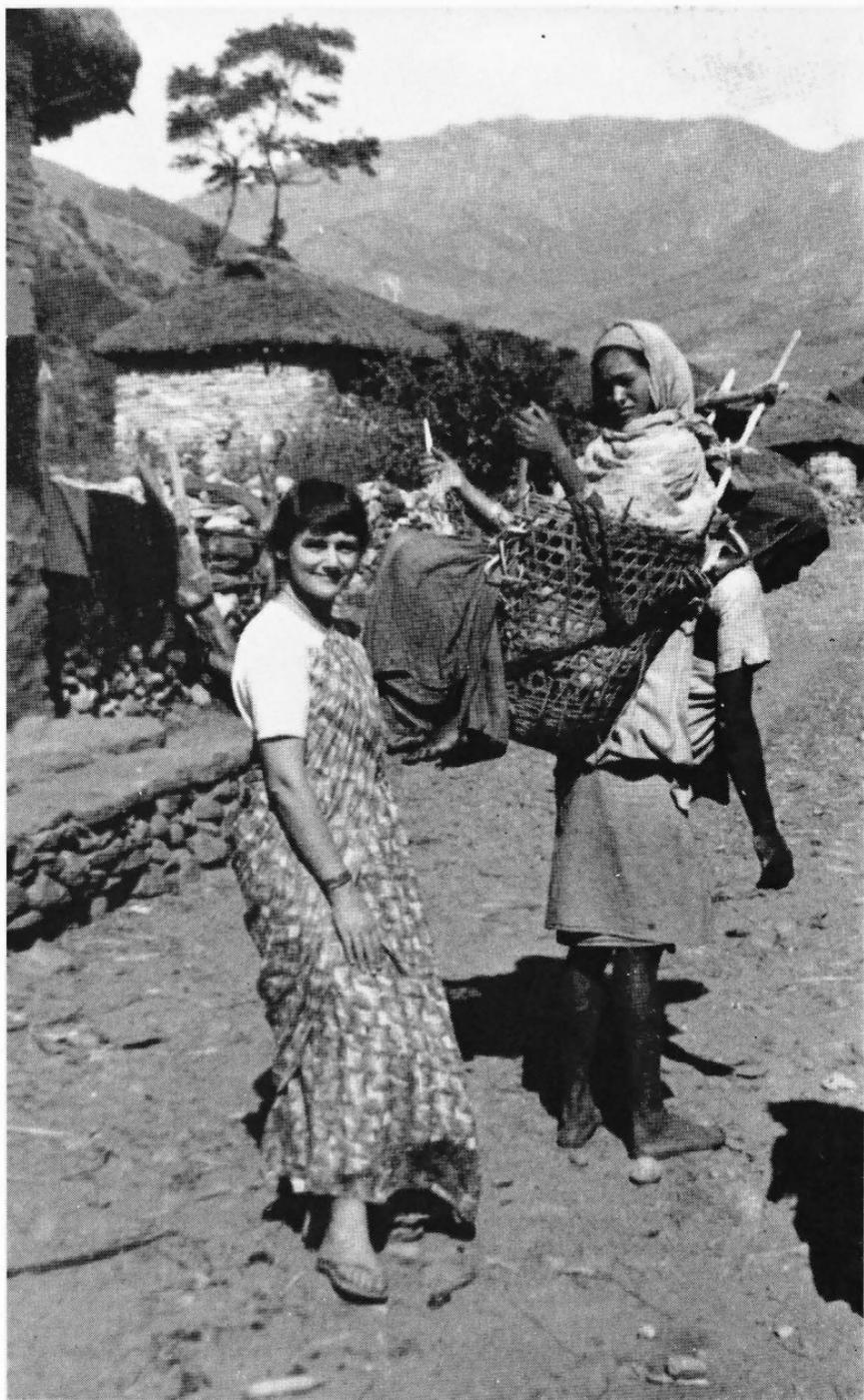
*A group leaving the church after the weekly Sunday morning service*



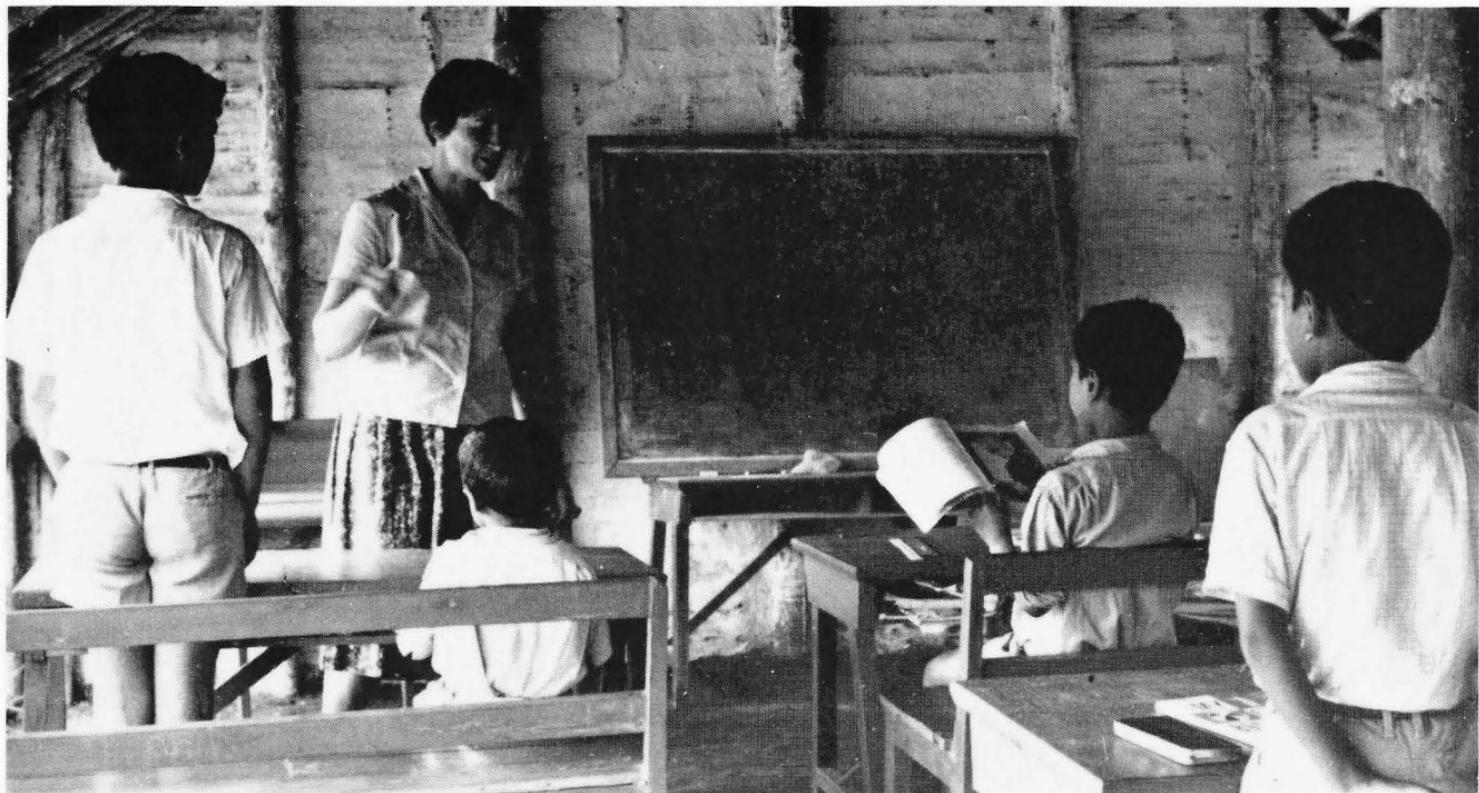
*The new hospital building at Green Pastures*



*Parents with their sick child at a Hindu temple  
hoping for healing*



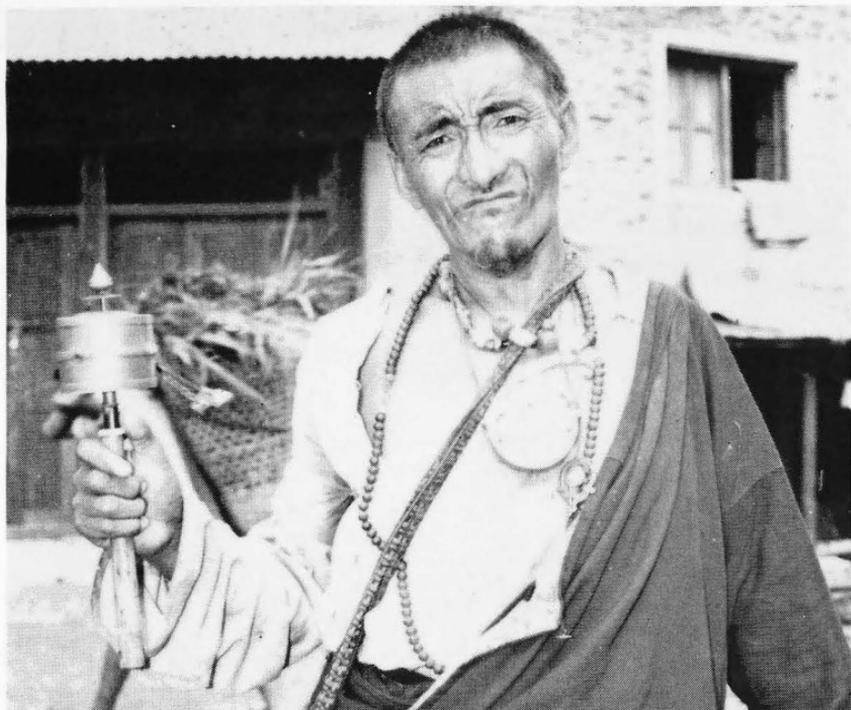
*Margaret Owen with a patient at Beni dispensary*



*Pat Mabey taking an English class at the Boys' Boarding School, Pokhra*



*Joan Short with the mobile clinic*



*A Tibetan man with prayer wheel and rosary*

*Oxen treading corn at Baglung ;  
There is great scope for Agriculturalists in the villages*



and their medicines! Every moment brought another visitor peeping round the door, or fingering the bottles. Priscilla was invaluable, both in entertaining the visitors and protecting the nurses! From 4.30 a.m., as the patients began to arrive, Priscilla would send them away until 8.30. Most of them waited outside the dispensary, and Priscilla would sit with them, talking about Christ and playing records, explaining to them in their own language the way of peace. She would then sing hymns to them, as part of the free entertainment, and at the end none of them had any doubt as to where they stood! Her gifts shone among these simple people. Priti was more quiet and retiring, but without her loving care the two nurses could never have managed under such pressure.

The work was heavy but varied. Living in the Bazaar brought its own strains and stresses; they were close to the people, however, who could always drop in and find a welcome. The nurses had no private life. The rich and poor, healthy and sick, self-satisfied and unhappy were daily at the door. But there were amusing moments also. One wrinkled, grubby granny pushed her way in one morning with a big smile. Ignoring the complaints of those before her in the queue, she squatted at the head of the line. 'I have had indigestion for fifty years!' she told everyone proudly. Fifty years! The nurses' hearts sank. All they could give her was soda bicarbonate tablets, and tell her to return in another week. She duly returned a week later and, as before, took her place at the head of the queue! 'Are you better?' asked Jean with a sinking feeling, knowing that they could not possibly have cured such a long-standing complaint. 'I've done everything you told me,' said the granny. 'Now look at me and tell me if I'm better.' Of course, she was told that she looked better, and left the dispensary a 'cured' woman after fifty years!

Many patients with leprosy came to the dispensary. For the most part their health was poor and they were apprehensive, a number were unloved and had been cast out. Life held nothing for them. Treatment was a long procedure,

lasting for years, and they were easily discouraged, with rehabilitation becoming the greatest problem. Baglung had a very high incidence of leprosy, and for the vast majority the dispensary offered the first hope of restoration to normal life.

There was a tiny church in Baglung, not a building, but made up of people, those who were interested in the Christian faith. Every morning they would meet in the dispensary to pray and read the Bible together, talking over what they had learnt. On Sunday evenings, even more would come, sometimes 40 or 50, to sing Nepali hymns. Not all took part, but a few made valiant efforts.

After one year the foundations of the basic work had been laid down, although there was still much development to be done. As predicted, the dispensary was the centre of activity, while Bazaar and village visits catered for outside needs. The team went out as much as they could, in answer to calls, and in an attempt to establish contact with local villages. During the second year, 6,936 patients visited the dispensary and 467 leprosy patients were treated. Bazaar visits totalled 778, and midwifery cases 25, with outside village visits totalling 22. In addition to this increasing activity, the nurses had rented a small house opposite the dispensary, where Priscilla and Priti lived, and where they looked after a few in-patients. The owner of this little house came from a high, windy plateau in north Nepal, called Thakhola. Several times she came along to listen to the singing.

The medical work prospered. The next year village visits were increased to 68, although there were fewer in the Bazaar. The people were beginning to lose their fear of the dispensary, and coming in themselves. The in-patients' quarters were inadequate; a doctor was urgently needed and, above all, a Nepali Christian couple who would live in the Bazaar and teach the new believers. They would be the centre for the spiritual work and form the nucleus of the indigenous church.

Jean Raddon went on furlough at the end of 1961, and the

following year Miss Tegwen Scourfield went out to Baglung to work with Ellen. Priti had to leave to look after her brother and Martha, a young Christian from Gorkha, came to take her place.

They made a dynamic couple, never missing an opportunity to pass on the good news of Christ to others around them. Surrounded as they were by superstition, Hindu worship, darkness and pervasive fear, it was inevitable that from time to time the Christians were counter-attacked. Depressions, oppressions and doubts like a thick cloud sometimes came over them. Occasionally there were physical symptoms. Their only weapon at such times was the Name of Jesus Christ. Antagonism, too, from some living in the Bazaar caused other heartaches. Every time they heard of yet another person dying because of neglect or ignorance, the immensity of the work before them seemed to overwhelm them afresh. A young woman was turned out of her home because of leprosy. Another died after ten days of fruitless childbirth with no one to help. Others suffered within a stone's throw of the dispensary. Despite these however, more and more were coming to learn that there was 'good' medicine in the dispensary.

### **Christian work**

The Sunday evening meetings for singing continued and many younger people used to come along to hear and learn. Great use was made of a projector and filmstrip to make the story of Jesus come alive to those watching. Bible memory competitions were held, and a little bookstall started where anyone could buy simple booklets explaining the Christian faith. Books went all over the place. Wrapped in patukas (yards of material swathed round the women's waists), held in grubby hands, carelessly lying around, the news was spread in a variety of ways. One villager believed after reading a New Testament. There were five young people who wanted to hear more at the Bible School in Pokhra, and two others were fascinated by the Christmas story.

What were the experiences of the many villagers coming

to the dispensary? One who visited the dispensary in 1964 lived a day's walk from Baglung, and had been ill for a month with an infected place on his skin. Rather than improving, it had become worse, and his family had decided to take him into Baglung for medicine. First they took him to the Compounder, a dispenser-doctor, in Baglung. He took one look at the infection and sent him to the dispensary. As the man walked in through the door he saw several books and papers about a man called Jesus, and some of the patients were reading them. The nurses told him that he would have to stay for treatment for about a month. He did not mind, but stayed in the in-patients' house with other patients. Each evening they would talk and pray to Jesus, and the man watched with interest. He was given a book to read called *Way of Salvation* and was fascinated by this, for, as a Hindu, he had been searching for salvation all his life. Through regular worship and sacrifice at the temple, and by good works, he hoped eventually to escape the endless cycle of reincarnation. But he read of another way, through belief in Jesus Christ. The death of Jesus on the cross became such a reality to him that he realized the only thing possible was for him to renounce all his former Hindu beliefs and give his life to follow Jesus Christ, who had died for him.

Reactions to the presence of the nurses were varied. Despite widespread approval of the medical work that they were doing, the local authorities became hostile to their Christian meetings, claiming that theirs was an all inclusive religion, and it satisfied them completely. The nurses were also told that their teaching was anti-government, but in spite of mounting hostility, it was decided to continue with the Sunday meetings. In August 1964 they were turned out of their house at very short notice. They had been there for the best part of four years, and the temporary move into another house was helped by the efficiency of an American Peace Corps Volunteer. Cramped and inadequate in their new house, at least they had a roof over their heads. Another blow came when they found a flock of goats in the in-patients' house, and were told that they could no longer use

it for in-patients. The landlord of their temporary house was trying to make life difficult for them, and extract as much money as he could, reflecting the general antagonism of those in authority. One little grain of comfort at that time was that Tek Kumari, their cook, had gone to the Pokhra Bible School with Indra, the landlady's daughter, and had been converted. She remained with them, cooking and accompanying them on several village visits.

The high incidence of leprosy in and around Baglung had led them to hope that this section of the medical work would be developed as soon as facilities and personnel were available. During 1965, over 500 leprosy patients were seen, and early in 1966 a few patients had slides and smears done to assess the degree of leprosy present. It was hoped to keep a regular check on these few.

One of these patients was typical of many. A young, educated and worried man, he came to the dispensary and waited till everyone had gone, then showed the nurses a small tell-tale spot on his arm. There was no doubt that he had leprosy. The man wept like a child as he faced some of the consequences of the 'Great Disease', the ostracism and hostility of his family and friends – the loneliness and unemployment – rushed into his tortured mind, and he begged the nurses to keep it a secret. Although they could treat him, they could not begin to enter into his future sufferings, as all his hopes and ambitions melted away in a moment. How little can this agony be shared. Physically, leprosy sufferers can be helped, but the mental scars are worse.

That year Dilliraj and his cousin Prem went to the Pokhra Bible School and were converted. Both were from a strong Hindu background. Dilliraj faced innumerable difficulties because of his decision, and had to move out of his home and live in rented rooms. For several years he was a great help in the dispensary, organizing the patients into some kind of order.

One of the leading Nepalis in Baglung asked the nurses to go up to Thakhola in north Nepal to supervise the birth of

his grandchild! In Thakhola the people were more like Tibetans than Nepalis. They were able to stay a month up there while helping with the midwifery case. From that village they went on to another village, and again helped at the arrival of a grandson. A windswept, high plateau surrounded by mountains, the road through Thakhola was dotted with Buddhist monasteries and paintings, and Hindu shrines and resting places. This was their furthest and longest village visit to date.

### **Bible School**

During September 1966, the first Bible School was held in Baglung. Plans had been afoot for a long time. Pastor Debu came with Lazarus from Green Pastures. There were many people at the meetings and up to 50 on the last night. Some were those from the Bazaar who had formerly opposed the Christian message. The opening meeting was on a Tuesday, when all assembled to hear Debu talk on the Twenty-third Psalm, and Lazarus on St John's Gospel, chapter 4. During the rest of the time there were three meetings a day. In the morning and afternoon they sought to build up the believers, but the evening meetings were for any who were interested in the Christian faith. Resourceful Debu managed to find a small organ in the Bazaar, and the singing, although not always in tune, was loud and lusty. Several decided to follow Christ: Titus, Tek Kumari's son was one and Tilamatti was another, while the interest of others was increased. But the crowning point of the whole time was the baptism service, the first one in Baglung, when Topali (Ruth) and Tilkumari (Elishaba), both patients of the dispensary, openly confessed their faith. It was freezingly cold, but nothing could spoil the joy of the new converts.

### **Progress**

Meanwhile, things had not been standing still in the town of Baglung itself. The word on the lips of the new governor who had just arrived had been 'progress' and the people had learned to echo this as well. A voluntarily built road was

under construction from Baglung to the Indian border. There was a police training camp, girl guides, boy scouts, evening classes for the uneducated and an evening college for the school-leavers. As well as local government and development offices there was a prison, post offices, a police station and a government hospital – built on the land which the missionaries had chosen in 1959, but which failed to lure away the dispensary's custom. Conditions in the prison were under reform and occupational therapy was being taught. Tegwen and her co-worker were asked to all local functions, treated with great courtesy, and asked to teach 'Health and Hygiene' at the Night School. Invitations poured in from villages to hold clinics, teach the fundamentals of health principles, and provide medicine.

1966 was the year of medical increase, when the rise in the number of patients attending the dispensary was very noticeable. From 6,271 in 1965, numbers rose to 11,305 in 1966. Leprosy patients rose from 500 in 1965 to 695 in 1966, and new leprosy patients from 36 in 1965 to 60 in 1966. Monthly clinics were held in the Golkot District from January to June. While the actual medical value of these visits was small, they gave the people a chance to get to know the nurses and the dispensary. Monthly clinics were also held in Rakhu, another village, from February onwards. The Rakhu clinics specially for leprosy patients were small, but in contact value they were important.

Living accommodation had at last improved. They had been able to move into another house larger and more suitable in every way for the work they had to do. There were still alterations to be done, but already things were much easier. Tek Kumari, Tilamatti and Dilliraj continued to help with the dispensary work.

### **Village work**

Perhaps one of the most encouraging things about 1967 was the way in which the villages in the Dhaulagiri area opened up. There were long tours into the Golkot, Myangdi and Phalybas-Kusma districts, all arranged by some member of

the village committees. In each place there was a sense of friendliness; clinics were held, and much literature sold. The Rakhu clinics were held regularly from January until September. Again, although numbers were small, it was worth it for the patients who eventually decided to come to the dispensary in Baglung the next time they were ill. Steps had been taken recently to obtain permission to hold a clinic in Beni each month, and this had been given. Beni is a picturesque town, a trade centre at the junction of two rivers, where there is a very high incidence of leprosy.

The wide outreach to the villages begun in the Dhaulagiri province continued the following year. The Dhorpathan district was visited, and the local council consulted for permission to open new dispensaries. The nurses were given letters to take to the Ministry of Health in Kathmandu. A three-day visit to Rankhanni provided another centre, and public health lectures were given at the school. The clinic at Beni was established, and held regularly, with good relationships with the people and the officials. All these journeys and clinics emphasized the need that existed in the remoter areas for medical care. Government permission was difficult to obtain, and staff more difficult still. Tilamatti had had to leave them the previous year to do her nurse's training in Pokhra. An ex-patient of Green Pastures Leprosy Hospital joined them in 1968. Martha was able to help tremendously with dispensary and village work.

### **Literature work**

Literature plays an important part in Christian teaching in Nepal. Books can penetrate into places where human entry is impossible. Many New Testaments are bought by students for 'educational' purposes, in much the same way as a Christian would read the Hindu Scriptures really to understand the Hindu philosophy of life. Books, leaflets, posters lay all over the dispensary for people to buy or take away.

As Dilliraj worked in the dispensary he talked to the patients, asked them if they could read and whether they

would like a little book to take home. 'This book tells you about God and the way to reach Him', and often the patient would leave with a book in his hand.

Tek Kumari also took every opportunity of urging patients who could read to take a booklet. 'This is God's Word. It tells you how you may be saved and have eternal life,' she would say. 'Take it back to your family.'

What of the future of Baglung Dispensary? In the coming days of development and expansion in Nepal, it would seem that the pattern is to be more varied than the present one. Enlargement of leprosy work with active control programmes, teaching and possibly agricultural projects are planned. The government's new hospital in Baglung will doubtless take the lead in the medical work in years to come. When the 'takeover' does occur, it is possible that the dispensary team will concentrate much more on Bazaar and village visits than on centralized clinics. This may well result in even more opportunities of following up the literature which has already been circulated.

## 5     **The Sikha Dispensary**

High up in the Northern Himalayas, three small groups of houses cling to the terraced mountainside. This is the village of Sikha. Strategically placed on one of the main paths into Tibet, it is two to three days' trek away from Pokhra, ending in a steep walk through rhododendron jungle over a 10,000 feet pass at Gorepani. This is a main trade route, and mule trains, mostly Tibetan, go up and down, their brightly-coloured harnesses glinting and jingling in the sunlight. Salt and wool are carried down from Thakhola in north Nepal, to be exchanged in Pokhra or further south for coveted foods such as rice.

It was in this place that the mission decided to open a dispensary. Government permission had been given in 1960, but it was only opened in December 1966 when Jean Raddon and Miss Dawn Campbell were free to go. The village straggles over a mile or two of steep hillside and is composed of upper, middle and lower Sikha. Most of the people are Magars, one of the Gurkha castes. The village possesses a Middle School, a small, dirty temple, several cloth shops and a village council. A few Gurkha soldiers return here after their service with the British Army, and the majority then lapse back comfortably into their primitive way of life with its superstitious beliefs.

Sikha and its surrounding villages are beautiful, but here witch-doctors and idolatry abound with all the associated unsavoury practices. Above the village the massive snow-capped Annapurna and Dhaulagiri ranges dominate the scene. Below, the clang of the witch-doctor's brass plate shatters and desecrates. Often the atmosphere is heavy with an almost unbearable oppression as the powers of darkness are worshipped and placated. Small offerings wait at local

shrines, animals are slaughtered at times of high festival, and at night sometimes the witch-doctors go up and down the village street, puffing and hissing, to drive the evil spirits away. Much of this is incomprehensible to our western minds.

At the time of opening in 1966, Sikha boasted one medical dispenser, known as a compounder. Several years later he went into private practice and another arrived, better trained, but with no medicines. Was it really right to establish yet another medical centre in this village? Humanly speaking the wisdom was questionable, but God showed without doubt that this was His will.

On a clear, sunny, typical November day in 1966, Lily O'Hanlon set out with Jean Raddon to Sikha. They were to make the preparations, prior to the opening of the dispensary a few weeks later. Familiar sights surrounded them. Blue kingfishers streaked by against the autumn browns and dull greens. A fat baby gurgled at them in her mother's arms. Everywhere people were friendly and asked where they were going. During the three-day walk they spent their nights at local inns, 'bhutties' they were called. Company and insect life were varied. Food was a little monotonous to western palates, but the rather stodgy rice was improved by soups and tins of meat. The top of the pass at Gorepani was reached, where there were several resting places dedicated to Hindu and Buddhist deities. Looking down from the ridge, they saw hills and mountains stretching away in the distance with hundreds of scattered houses and villages. It seemed like a gateway to new territory. Tall trees in the mountain jungle all around obscured the nearer hillside. The path to Sikha descended through the dark forests illuminated with sudden shafts of sunshine and small grassy spaces. Four thousand feet lower down they came to the village.

A woman who had been a patient in the Shining Hospital several years before gave them a room for the night. They walked around the upper part of the village, looking for a house for the new dispensary. One house seemed ideal, and

it was empty too. But the landlord had something even better, his own house nearby, full of his family! He turned out to be head of the local government, a Thakhali, and a good businessman. Surprisingly enough, he did not ask for a big rent – in fact it was amazingly low. It was paid six months in advance, a receipt given, and the family transferred lock, stock and barrel to the empty house.

Several weeks later, 20 well-laden coolies followed the same path from Pokhra to Sikha. Their cone-shaped baskets were full of household goods, dispensary equipment and personal belongings. Only a few of the essential foods could be bought in Sikha so almost everything had to be supplied from Pokhra. In this sense, Sikha was much more isolated than Baglung where there were shops and bazaars. At the beginning of December 1966, Jean and Dawn set off, after having been given a tremendous send-off by friends in Pokhra. Several days later, as they stood at that same high pass, the Hindu pilgrims' route to holy Muktinath in the north, it seemed like an invisible barrier. The reality of God's presence surrounded them as they passed it, and walked down to Sikha.

Twenty-three days later, the birth of Jesus Christ was being celebrated in Sikha for the first time. 'Emmanuel . . . God with us' took on fresh meaning. The settling-in was surprisingly smooth. The villagers accepted their new neighbours with equanimity. Ruth, the Nepali girl who cooked for them, lived happily in the same house, to the amazement of the locals. Despite pessimistic opinions, they were offered another empty house suitable for the expected Nepali couple, Timothy and Lois from Pokhra. Their material needs had all been met.

### **Village visits**

From the actual establishment of the dispensary in Sikha, it was foreseen that the work-pattern would be different from that in Baglung. There, work was concentrated into a central dispensary with a few village visits. In Sikha, whereas not

many patients came to the dispensary, regular visits were paid to scattered villages nearby. Despite long distances, these were confined to day trips only, as the dispensary could not be left empty at night. But day trips were not really satisfactory. The people were busy in their fields, therefore medical and spiritual opportunities were limited. In April 1967 Timothy and Lois, Nepali Christians, and their family arrived to help. They had been sent out by the Pokhra church to work and witness for Christ in Sikha. They made their home next to the dispensary, in the house provided, and longer overnight visits became possible. Timothy trekked with the nurses, and Lois looked after the dispensary.

Right from the start of the village trips God clearly guided as to which village calls were to be accepted and which refused. Correspondingly they always found ready listeners. With knapsacks full of medicines, literature and food for the journey they would follow the rough track up and down the mountainside, across rivers, through valleys, along ridges to their destination. The clinics were held in any available room, and a varying number of people would come. Some they could help; others were too far gone. After the clinic, the woman of the house would cook a rice and curry meal. The rooms were often dark, and smoke from the fire wafted all over them, making tears pour down their cheeks. Hens pecked, dogs barked, fleas jumped and bedbugs marched. Sacks of maize and millet lined the walls.

After supper in such places, the local inhabitants would flock in to have a look at the visitors and to ask questions. This was a good opportunity to talk and sing, and also for Timothy to tell of his own experience of the delivering power of God. Songs were the most popular. Often the singing would go on late into the night as song after song was thoroughly learnt. In one village the most popular was 'Nepali with a sinful heart, go to Jesus for cleansing', and the sight of a group of children dancing to this tune in a patch of moonlight was never to be forgotten.

## Children

Openings in Sikha itself seemed to be mainly among the children. The headmasters of several local schools asked the nurses to give lectures on health and hygiene, and at least one household built a latrine as a result! The Sikha headmaster told his children that they would become 'useless vessels' if they talked to the nurses in the dispensary. In spite of this, a Sunday School was started, and many small children came in with Lois and Timothy's children to learn choruses and hear stories.

Village children worked amazingly hard. Out in the mountains before daybreak, cutting grass for the buffaloes, helping their mothers in the houses, there was little time to play. One afternoon Miss Daphne Mattinson, the nurse relieving Jean Raddon, heard small boys and girls singing about the love of Jesus as they worked alongside their families in fields nearby. The children were also interested in the books. Fifteen-year-old Sali, the landlord's daughter, liked one called the *Heart of Pak*. She was renowned for her bad temper, and was fascinated to read haltingly in the book of the new nature that God promised to give her. She learnt to read the book fluently and understood it, then proudly took it to school to show off and expound it to her school friends! Next day the dispensary was inundated with school children, not wanting medicine, but books! How real is the battle for the mind!

Work in the dispensary could never be termed heavy, but they did have some exceptionally sick people to look after. A number of Tibetans and Thakhalis on mule trains dropped in, regarding it as the last outpost of western medicine! During 1967 the total number treated totalled 2,399 patients; of these 21 were in-patients. Many of these had TB. Tourists also made full use of the facilities. As they trekked through Sikha on the way for Jhomsom in the north, they would welcome the opportunity for board and lodging. During 1967, 80 tourists were entertained from a diversity of nations!

## **Thakhola**

Jean Raddon had left Sikha in March 1967 for deputation work in Australia, and her place was taken by Daphne Mattinson. In November of that year, Dawn and Daphne felt that they should attempt to reach the villages to the north of Sikha. Confirmation was given about this new step when four days later who should rush in but an agitated Thakhali woman with a letter from Ruth Watson in Pokhra. This woman's relative was very ill in Thakhola in the north, and she had gone to Pokhra for medical help. Ruth had referred the woman to Sikha, because it was only a day from Thakhola. Two hours later, the nurses were on their way to the north. They stayed several days in Thakhola looking after the sick relative, but seemed to find little opportunity to talk to the relatives or friends. In a later conversation, however, the people of this village asked them to open a dispensary there in the rainy season. This request seemed a possible solution to the difficulties of village visits from Sikha in wet weather. The nurses asked the people to approach their local governor for permission to open a 'monsoon clinic'. Although permission was later refused, the idea had taken root. Six months in Sikha in the winter, followed by six months in a bigger centre during the rains, seemed a workable pattern for the future.

## **Hostility**

Towards the end of 1967 the nurses became aware of a change of attitude among the villagers and children at Sikha. There was increasing hostility. A spiritual oppression settled on them for several months. Few people came in for medicines, and gradually the children stopped coming to sing. Timothy and Lois had to return to Pokhra because Lois was ill, and heavy snowfalls prevented trekking to outside villages. Later they were able to visit Tatopani in south Thakhola, a pleasant winter resort for Nepalis, to contact the initiator of the monsoon clinic idea. There Dawn developed jaundice, and two months of inactivity followed in Sikha. The dispensary had to be closed, and

Dawn was carried into Pokhra in a basket chair – the local ambulance. Ruth, the Nepali girl who had cooked for them, came too. It was subsequently decided to close Sikha for six months. For all those involved it was a very difficult decision.

The six months went by and during that time God met with the church in Pokhra in a new and living way. In October 1968, refreshed by their holiday, Dawn prepared to reopen the dispensary with Miss Mildred Bowman, another nurse who had done some holiday relief in Sikha. The night before they set out, the Pokhra church prayed for them at the Nepali prayer meeting, and it was with a real sense of the unity of the body of Christ that they started out the following day. Ruth, the cook, did not return with them. She had married Moses at Green Pastures the previous April and was remaining in Pokhra. This made settling in more difficult, but they were greeted with enthusiasm by the villagers who had missed their medicines! One woman confessed faith in Christ, and came to cook for them. She was a low caste girl, a former friend of Ruth. The pattern of work seemed basically unchanged.

### Lete

Soon after their return they made a tour of several villages on the road to Thakhola. They asked permission to establish a dispensary in one of them during the rainy season. The name of the village was Lete. The local people also invited them to come but the government did not endorse this. It was difficult to give up the idea, but there seemed to be no choice. Humanly speaking, to remain in Sikha was useless at that time. Patients were few and far between, and only itinerant work reached the majority. Trekking was hard. To reach any village from Sikha meant strenuous walking over steep hills and deep valleys, followed by uncomfortable nights in primitive houses. One such visit took them right up into the Thakhola Valley, to Taglung. When they arrived they found that the twins they had been asked to deliver had been born. But as they talked to first one person and then

another, they realized that it was the first time that the Christian message had reached this village. Some had heard it elsewhere, but none in Taglung.

### **Buddhist Festival**

Contact with the people of the more northern areas seemed to provide more justification for the medical work in Sikha. At the beginning of 1969 the nurses were in Thakhola at the time of a special Buddhist Festival, held once every twelve years. Gods were brought out, each representing the four Thakhali tribes and coloured according to the tribe. The body was the shape of a tent, with an animal head and as the people came to be blessed, the children shook the head. Each person then believed that the gods would favour him for the next twelve years. The reality of the ancient culture and civilization, with its strong religious ties, showed that they could not easily be broken.

### **Sikha's future**

Towards the end of 1969, the lack of work and contacts in Sikha was a concern to many. The climax came when in September it seemed as if the dispensary would have to be closed. The attitude of the village officials was cold and disapproving. The children were stopped from going to see the nurses. The few adults who came for fellowship were warned not to do so, and the nurses were told that they had to vacate the house, with no alternative given. Contacts with surrounding villages too had deteriorated; Khibang had refused further medicine, Ghara seemed fruitless and indifferent, and Pakdar unproductive.

The following month Graham Scott-Brown and Stanley Wall paid a visit to reassess the situation in Sikha. The village officials received them and were quite ready and open to discussion. Their main grievance against the dispensary was that the nurses employed a low caste girl to carry water. They also murmured that they talked too much about their religion! The officials said that they wished the dispensary to remain open, and suggested that a boy from

the Magar caste should be employed for water carrying, keeping the low caste girl for other work. This they did, but then found that there was not enough work for two people. The whole problem was solved by the purchase of Lucy the buffalo, who kept everyone busy, and provided milk for sale!

Then the picture gradually began to change. In November of that same year they had a visit from a Nepali Major. He was very anxious to see his people progressing, and longed for further development in his country. When he realized how the people had rejected public health work, and the dispensary services in general, he immediately began to hold meetings to tell them what an advantage it was to have such facilities. Soon afterwards the nurses were invited to Khibang to do BCG vaccinations. There was an opportunity for discussion, and since then a weekly clinic has been held. Other opportunities to visit Giramdi, Histang Aulo and Rima came too, and there they did over 1,000 BCG vaccinations. More chances came to speak at public meetings, and visitors came without furtive glances over their shoulder to see who was watching them drink the nurses' 'contaminated' tea!

Once again an increased number of patients came to the dispensary; there were over 1,900 throughout the year and five midwifery cases. This was due to the fact that Sikha remained open. It meant, however, that the nurses had to do village visits and clinic work without a Nepali helper, which was not so good. Increased contacts, however, brought spiritual fruit. The following year Debu, Moses and Gopal passed through Sikha on their way back from the Bible School in Baglung. While they were there, Rudra Bahadur, the man who worked for the nurses, and Nar Bahadur, a local man, professed conversion. Later that week Dilsuba, a young girl, also came to faith in Christ. There are others, too, dotted around in the surrounding villages. The local leader of Khibang asked for a phonette with the Christian message; a friendly new compounder came to the village; permission was given to remain in the house for two years, and so it went on. The position seemed to get better and

better. The medical and spiritual increase seemed to justify the existence of the Sikha dispensary. The prayers of many were being answered.

Of what value in changing Nepal are little village dispensaries staffed only by two nurses? A limited number of compounders practice in many of these villages with varying amounts of free medicine. But can these village people with the habits of centuries ingrained into them ever really accept the changes which progress demands? The hope lies with the younger generation, who are receiving more education than their elders ever dreamed possible. These are open to change, and anything else that comes along to fill the void left by the scorned traditions. Sikha is no exception, and there too the old battles with the new. Thakhola is still untouched. One small dispensary is almost the only contact with light in this part of Nepal. Early one morning the nurses set off on a long trek to the other side of the valley. The Sikha mountainside was in shadow, and the sun was rising. They looked back and saw one shaft of light shining down exactly upon their little dispensary. Just one light was reflected on a dark mountainside.

## **6 The Boarding School**

On a square field, two miles north west of the Shining Hospital clusters of boys are scattered over the grass playing marbles in noisy huddles. These are the mere beginnings of a small boarding school for boys, planned to become one of considerable size, proportions and ambition. Mud and thatch will become cement and stone. Candles and hurricane lamps will become electricity. Teaching, eating, sleeping and playing will expand over four fields instead of one, and six full-time teachers will increase to twenty. Fifty students at present will increase to three or four hundred in the not too distant future.

### **Village schools**

The average small village school in Nepal is not very prepossessing. Many just consist of one room made of bamboo poles and thatch. The one room often holds the entire school with as many as four or five classes. In the wet weather all the pupils sit inside, reading or counting out loud (very loud) while their teacher or teachers shout above the children's voices. The teacher occupies a chair, and the pupils sit on benches or the floor. The lower classes have no desks or tables. Generally they are outside on the grass in the shade of a nearby tree. Occasionally the school house will have low walls a few feet high and made of woven strips of bamboo. These are intended to keep out the wind and rain. Nepali girls and boys have little equipment. Apart from their own books, pencils, slates and chalks, the only visual aid is the blackboard for the teacher to use. Often there are only one or two for the whole school. Usually there are no charts or pictures on the walls, no counters and no crayons. Paints and plasticine are unheard of; weights

and measures, sand or water are not used. Nepali children write on slates or in exercise books, and use textbooks for every subject. Basic subjects are reading, writing and arithmetic, and sometimes a smattering of hygiene, science, social science, literature and English are added. Everything is learnt from books.

Village teachers, too, differ in their approach, as they do the world over. Some explain things on the board and made it interesting. More often they lounge in chairs giving out a chapter for study, or a page of arithmetic for calculation. Or they read out a passage or a poem without comment for the children to say laboriously after them, line by line. The majority of the teachers in primary schools are young boys of 16 or 17, just out of school, completely inexperienced and virtually untrained. Probably they have had a year's teacher training, which has recently become compulsory. Some play with their transistors in class. Others read the newspaper. Yet another sleeps in the sun while the pupils have a good time. Such school life forms the background for many students.

### **Pokhra schools**

In 1952 there were only three or four primary schools in Pokhra, and one high school, where out of 150 pupils not more than 20 were girls. Many people hoped that one day a Christian school would be established as well. The picture that they had in their minds was that of a small primary school for the children of local Christians and those interested in the Christian faith. But when the time came to think more deeply about such a step, the proposed school developed along far more ambitious lines than had previously been imagined.

There are now numerous primary schools in Pokhra, and ten high schools. There is a college for 500 students, able to study for their degree, a teacher training college, three schools for adults and a typing school. Many of the students are girls. The educational advance in the last two decades has been phenomenal.

### **The boarding school**

In September 1965 the possibility of the mission joining with the United Mission to Nepal to run a new independent boys' boarding school in Pokhara was discussed. It was to be run in conjunction with the government. Although it was feared that such co-operation would bring many restrictions, it was decided to take part in this new venture. They would work with local Nepali officials, under the Central Government.

Normally things move very slowly in Nepal, so those concerned were rather surprised to hear rumours during the following December that a probable site had been found, and that the school was scheduled to open the following spring! They were even more amazed when action was taken. Just before Christmas, representatives from the United Mission and the International Nepal Fellowship met with the local governor together with the Nepali citizens responsible for the initial idea of the school. Prolonged discussions were interrupted for a visit to the proposed site. This consisted of three plots at different levels and varying in size. It was difficult to visualize a school, here, ready in six months.

The committee planning behind the scenes had to be seen to be believed. Committee meetings were usually held in the governor's house, and members would arrive from anything up to an hour late. Discussion was protracted, as points from the agenda had to be translated into Nepali, discussed, rediscussed, and finally written down for later consideration because all the members rarely managed to come together on any one occasion. One such session lasted seven hours, a tribute to the staying power of all concerned, and a reflection of the wish of the local leaders to have the school firmly established on a sound basis.

However, in spite of many such meetings, the draft constitution drawn up in March 1966 had not been finally passed by the Nepali Committee, nor had they appointed their own boarding school representative. Further advance could have been held up by this delay, but in a country like

Nepal such things were commonplace, and the school planning proceeded without apparent difficulty. Then came a halt in the preparations. A strange period, with no news, no confirmation of plans, no reports of progress, just nothing. Doubts, fears and anxieties came concerning the challenge and responsibility of the future work. During this time the encouragement of God was given to those involved: 'The Lord, thy God, He it is that doth go with thee; He will not fail thee nor forsake thee' (Deuteronomy 31.6).

Then the wheels began to turn and plans to take shape. On the site an assortment of temporary bamboo and thatch buildings sprang up almost overnight, like mushrooms. It was planned to start in these houses with 70 boys, increasing gradually to 350. This meant that all the initial difficulties would have to be faced during the hot weather and monsoon, a trying time. Fees were to be paid, and the boys were to live in a hostel.

The only definite staff available were Mrs Martha Mukhia and Miss Pat Mabey, both teachers, one from Nepal, the other from England. Martha was married with two children, and before her husband died two years previously had run the Gorkha School with him for the United Mission. She was to be the headmistress. Pat was seconded by the International Nepal Fellowship and, with language study and little experience of Nepal, it was a big undertaking for her. It was hoped that these two would be joined by other qualified Nepali teachers and administrators. They prayed that above all the Christian witness in the school would be uncompromising from the start.

It soon became obvious that the school would not be ready to open as originally stated on the Nepali New Year Day, 15th April 1966. The builders were not the only ones who needed more time. The next two months were hectic as curricula were planned, and books and equipment bought, all punctuated by frequent trips to the building site. Supervision of the building included discouraging the use of Hindu fetishes on one hand and encouraging hard work on the other, even though the men had not been paid for weeks

by the Nepali Committee.

By the first week in June the new boys were all gathered together. They were tested for general knowledge, had a medical examination and were inoculated, and then put into classes. Arrangements were made to hold an opening ceremony on the King's birthday, an auspicious occasion, although the school could not start until at least a week later. In the centre of the grounds a platform was erected, composed of some of the wooden beds used by the boys. On this illustrious base the local dignitaries assembled. After garlanding the King's portrait, speeches were made in which the mission's contribution to the new project received honourable mention. Mr Howard Barclay of the United Mission in Amp Pipal spoke of the high standard to be aimed at for the boys' education, and emphasized that these standards were to be based on Christian principles. Finally the boys were grouped, and led in procession into the hostel, symbolizing their entry into the school itself.

After the Opening Day on 11th June 1966, more staff were added to the school. The United Mission sent Colin Smith to teach mathematics and science, and Raj Kumar and Mina came from Raxaul to be the hostel parents and help with some classes. They had just completed a course at Mirik Bible School in Darjeeling. Then Bhoj Raj, a teacher from Gorkha, arrived, freeing Colin Smith for further language study. Mrs Lola Turner, wife of Gerald Turner at the Shining Hospital, who was a trained teacher, gave weekly lessons in singing and other cultural subjects!

At the beginning of the first term there were 60 boys; 45 of these were boarders, and 15 came in daily from two neighbouring villages. They had an unexpected half-term holiday in the form of a fortnight's quarantine for measles, after which one boarder and several day boys failed to return. The same thing happened after the Dasehra Festival holiday in October, bringing the number down to 51 boys. At that time the 'bulge' was in the lower part of the school. Class 1 had 17 boys; Class 2 had 16 boys; Class 3 had 10 boys; and Class 4 had 8 boys. The headmistress, Martha Mukhia,

found the general standard extremely low, and every boy was downgraded on entering school. End of term examination results were not too bad, however, apart from a large number of failures in Nepali! Some found that arithmetic was not what they thought it would be. All failed subjects had to be retaken before promotion to the next class.

As can be imagined, those early days, with a family of 60, held plenty of problems. The parents often proved more difficult to handle than the boys! Days of enjoyment and satisfaction mingled with days of disappointment and discouragement. Boys would leave for no apparent reason. Parents would ignore the school rules about visiting. Fees were paid in a dilatory fashion. Finance was an almost continual headache, with no capital, and catering had to be supervised.

Unlike the average Nepali school, discipline was no problem. The boys were obedient and well-behaved, settling in happily. A number of visitors to the school commented upon the contented atmosphere in the school, and the concentration of the boys during their own study periods. As well as enthusiastic attendance at Sunday School, opportunities often arose to talk about spiritual things. Some of the older ones were very interested in Christianity and asked many questions, taking books with them to their homes. A local minister of education came and reprimanded Martha for not teaching on Sundays, because in Nepal Saturday is the 'day of rest'. Things were smoothed over and the Central Government informed that a boarding school needed a two-day weekend. Officialdom was quieted.

The Ideal Boys' Boarding School had started. This was the name given it by the local Nepalis, and the school began playing an important part in moulding and developing young lives for future service in their own country. A handful of boys in their bamboo and thatch huts was a far cry from several hundreds, housed in stone, concrete and glass. It was hoped that among these would be many from good homes, potential leaders of their country who, having heard of

salvation through Jesus Christ, would go out and teach their own people.

### **Establishing a pattern**

A small handbell tinkled. It was 5.30 a.m. A few minutes later there was a swish-swish of feet through the wet grass, and a rather shrill boy's voice singing: 'I have joy, joy, joy, joy, down in my heart.' Soon the early risers were followed by others, in slow, steady procession, making their way towards the water tap, clutching towel, soap and tooth-brush. On the return journey, another sang loudly: 'Follow, follow, follow, follow, I would follow Jesus.' An hour later 44 small boys were washed and dressed, had made their beds and tidied their dormitories. Another bell rang: this time it was a cycle bell from another hut, and now there was nothing slow about the procession! It was the breakfast bell, and a chaotic race for the dining hut followed. Mugs clattered, then an amazing quiet ensued, presumably while tea was gulped with mouthfuls of bread and egg. Fortified, the boys were ready to start an hour of duties, working in teams. Some fetched water, or cut long grass, while others picked up paper and rubbish from the grass outside the huts. Then it was time to begin school.

There was also 'play' at the Boarding School. On Sunday mornings, groups of small boys would chase a ball around the grassy space in the middle of the school huts. The sun blazed down overhead, even though it was only March. At 10.00 a.m. the teacher delegated one of the older boys to chase up the younger ones. It was time for their walk to the river. Rushing higgledy-piggledy into the hostel, twenty little boys emerged soon after, each clutching a fascinating miscellany of towels. One was dragged listlessly in the dust, another pink one twined around a waist, yet another made a smart turban. They moved off in a ragged line, which broke up outside the gate, following the smallest boy who seemed to know the way. Through the village, up the hill, down tortuous lanes, round corners, twenty small boys led by a blue pair of dungarees, and their rear brought up by the

pink-towelled boy, chattered and enjoyed themselves. A stern old granny at a village pump gave several gigglers a cold stare. The 'swimming pool' was a pool in the wide part of the Kali River. Kali was the goddess of destruction. Most of the boys waded in in their birthday suits. A few modest ones sported a vest or a pair of pale blue trunks. In the same pool a young Nepali woman looked with amazement at this unaccustomed disturbance during her ablutions. Processions of goats and buffaloes wandered past, but the boys were oblivious to all but water, stones and sun. The adventurous splashed the timid. The conscientious soaped themselves hard. The clean, moist line of boys later turned on to their homeward path. Play was over for the day.

With many such days the first year passed in the history of the Boarding School. New work always brings problems and frustrations, and there were plenty of those. By Christmas nine boys had left and six others failed to return after the Christmas holidays. At the start of the new year, despite 14 new boys, numbers only totalled 59 boys. Of these, many trickled in late after the term began. But building at least proceeded apace. During the year a stone office was constructed, a store-room and quarters for the mission staff and cook. Permanent school buildings were on the plans, and negotiations under way for purchasing all the necessary land.

The first birthday in June was celebrated with an Open Day, well attended in spite of the monsoon rains. Parents and friends enjoyed hearing and seeing their offspring in a diversity of roles. Songs, poems and drama in Nepali and English were put on. Later that month there was a great disappointment when Raj Kumar, the hostel superintendent left suddenly giving no reasons. He had been giving regular instruction in the Sunday School, but did not stay long enough to see the fruit of his labours. Just after he went, two boys confessed faith in Christ. In his place came Bhakt Bahadur, a Christian Nepali, who had just been turned out of his village and badly needed a job. A few weeks after that Mrs Tsukada, a Japanese house mother from the United

Mission, came to look after the boys. She was soon given the affectionate name of 'Auntie' by the boys, and her days became full of button-sewing, trouser-patching and boy-minding!

Miss Pauline Davis, also seconded from the International Nepal Fellowship, arrived in October 1967 to augment the staff. Shanti Isaac, from Darjeeling, came about the same time and quickly became popular with his ability to organize the boys in games and other activities. To him was due the success of the end-of-term Sports Day, when the school beat the village in a tug-o'-war. The boys continued to attend morning prayers, Sunday School and the weekly sing-song. Their interest was maintained in Christian things, and their questions kept everyone on their toes. The pattern of the future life of the school had been laid down.

Despite many setbacks, progress was maintained. A look at the Boarding School several years later reveals evidence of this, although many would have liked even more to have been done. Below the original land, where the old bamboo and thatch huts still serve as classrooms and houses, the once barren field was transformed. A long, beautifully made stone building stood beside stretches of green crops. Designed to hold workshops and a garage, this was completed in July 1969 after many holdups. It was bursting with life. At one end lived the school treasurer and his wife with their family, at the other 'Auntie', while the fifty boys were crammed together in the middle section. As a bell clanged from the upper field they all poured out and headed for the dining-room, clutching their tin plates and mugs. On this plot of land there was also a sizeable store-room and a stable for the Israeli goats! These, with the surrounding plots, formed the beginning of a new agricultural teaching project for the boys, directed with enthusiasm by Larry Asher, from the United Mission.

By this time there were nine members of the United Mission to Nepal working at the Boarding School, each playing an important part in its welfare. The new short-

term headmaster, Tom Valvik, and his wife headed the team, and it was their aim to unite this diverse group of people. The business management was done by Bengt Sunberg from Sweden and the building by Bob Buckner from the USA and Ron Mowll from Britain. In the Tuesday evening fellowship meetings which were conducted in English and Nepali, Swedish and Japanese were heard in prayer too. The actual teaching staff, then numbering six full-time and three part-time teachers, was enriched by Maichang, a young Nepali teacher from the Girls' High School in Kathmandu with real gifts and experience. Two other Nepali college students also taught there, and these were both Hindus. Living and working together was intensified by all the differences of background and outlook.

Besides a sudden passion for collecting 'tikuts' (stamps), some boys have shown an increasing interest in listening to Bible stories. In the evenings an informal group of perhaps 20 frequently gathers in Maichang's room. As the adventures of Abraham or Joseph unfold night after night, the vivid narrative is punctuated by eager questions or bursts of laughter. Hearty singing often shakes the other end of Maichang's house at the weekly Bible class. New faces are seen there too.

### **The Boys' Boarding School, 1970**

What of the coming years in Pokhara? What can these children, these students, these future citizens of Nepal hope to achieve? On every hand one sees progress in Pokhara, but education beats them all. The ambition of most young people, whether married or not, is to gain the School Leaving Certificate so that they can go on to study for their BA degree. But after gaining this degree, they can work only in a government office or in the teaching profession. So many of them try to study for an MA degree in Kathmandu. Or, full of frustrations, they go back to cultivate their fields in their villages. After acquiring an MA a few get scholarships for further study in India or the USA and can become doctors or engineers, geologists or meteorologists. Many,

however, find themselves as headmasters of high schools, teaching children who will become as frustrated as they are, unless other professions, especially in technology, open up quickly in Nepal. Many of these teachers and headmasters, and consequently the students, are much influenced by communist ideology. Communism is spreading.

Just one incident may show what effect this Christian teaching has on the boys. A boy who had not been in school very long was very impressed by all he heard and saw. His mother came one day to put a 'tika' on his forehead (a coloured spot to show he had done his Hindu worship).

'No,' said the boy, 'I've been hearing about Jesus, and He is the only way of salvation. Don't put it on me; I want to go and tell all the people in my village of this Jesus.'

The effects of living and working in a Christian school are seen not only among the boys. Baajay, the kitchen worker, was busy one day when some women from the nearby village came running up and asked him to come and help. 'A woman in our village is very ill - we need your help,' they said.

'I have no knowledge of such things,' replied Baajay. 'You must take her to hospital, it isn't far.'

'No, no, there isn't time, she's dying - you must help.'

'Well,' mused Baajay, 'there is only one thing I could do. I've been hearing about one, Jesus, who when He lived on earth healed people. I've heard He does the same today if people pray and ask Him; so I'll ask Him to heal your friend.'

He did this, and God honoured his faith and the woman was healed. So Baajay came to love the Lord and serve Him.

There are few privileges in being a teacher. The students consider that they pay the teacher their fees, so they treat him as a servant. They also know the power of strikes and demonstrations, in order to get their demands, or to encourage a blind eye to be turned on the blatant cheating that goes on during examinations. Furthermore, although the students think they pay the teacher, it is the government which gives out the salaries, and the government's memory is

often very faulty. The teachers can go for months without any pay.

### Old and new

The effects of education are numerous. In this country it brings dissatisfaction with the simple way of life of parent and grandparent, and has led to many changes in social customs. Many young people now have a say in the choosing of their marriage partner. The fact that students often have to live, eat and sit together is helping to break down the strong caste system, but on the other hand the young people meet many temptations from which they would be sheltered by the social customs and taboos of Hindu society. Boys and girls, according to custom, should never sit or walk together unless they are married, but with coeducation they are thrown into a freedom they have never known before. So a boy or girl from a village is whirled into a life very different from the life at home. Here they come face to face with the materialism of the West, with the claims of communism and nationalism. Many material benefits and most satisfying occupations are as yet closed to them, so they become frustrated and will be a ready breeding ground for political unrest.

The old traditions and beliefs are going, but education does not bring spiritual enlightenment. A master teaching English at the college worships a certain tree to gain enlightenment as Buddha did. The headmaster of one school here advised a student to go to a witch-doctor to get relief from her toothache. The practice of wearing a holy thread round the wrist as protection from disease and death continues strongly. If these go, what will take their place?

Beneath the busy school and college life the battle continues for the minds and souls of these young people. Sometimes the reality of the struggle can be seen in their faces. Will communism or Christ bring them their answer?

## 7 The Beni Dispensary

Beni is the first centre to have a leprosy control programme. As the work becomes established, systematic surveys are made of the incidence of the disease in the district by house-to-house and school inspections, and the follow-up of those who have been in contact with leprosy patients. Eventually efforts will also be made to give BCG vaccinations against tuberculosis and adopt other methods to prevent disease. It is hoped that when the leprosy problem is both assessed and tackled in one manageable district, the government will allow the work to continue in other areas. A small town, lying at the junction of two rivers, Beni is a trading centre for the surrounding area, which has a high incidence of leprosy. Nearly every house has someone with leprosy living there. The dangers of it spreading are very real.

As far back as 1961, Beni had been 'considered' as a potential centre for future work because of the prevalence of leprosy noticed even then. Not until 1968, however, was the monthly clinic started, run by the nurses from the Baglung Dispensary. Application to the government for a dispensary there seemed fruitless, and when Gerald Turner was discussing this matter with officials in Kathmandu in 1969, he was told that the Shining Hospital's account of the amount of leprosy in the Beni area was not credible. However, only a week later another department sent full permission for a dispensary, and plans went ahead. The apparent confusion was used to their advantage. From the beginning, it was planned that Beni Dispensary should pioneer the leprosy control programme, as outlined in chapter three.

But it was not until 1970 that there were sufficient staff to open another dispensary. By then Miss Pearl Treasure, an

experienced leprosy worker, had been seconded from the International Christian Fellowship especially to work in Beni. She and Miss Margaret Owen were to start the work together. In March of that year, the two nurses met Tegwen Scourfield at Beni to make arrangements for the house that the local council had promised to obtain for them. As they stood on the plateau overlooking the Beni valley, they saw a town bounded by two rivers and hills. They appreciated the cooler air that lessened the effect of the hot sun, and thought of the stifling heat, characteristic of Beni Bazaar for most of the year. The zig-zag path led steeply down the 300-foot cliff, slippery in places with loose gravel. It would be impassable in wet weather, when the red mud would be smooth as glass.

The local government official had been in Beni for only two months, so knew little on the subject of available houses. He was, however, both friendly and helpful. The Nepalis could not understand why the nurses wanted such a big house. Why could they not cook, eat and sleep in one room like the Nepalis? Why did they need separate rooms for each of these activities? Why did they each want a bedroom? Why did they not like the little windowless inside rooms, so warm in winter? Why must they have a garden, big windows, detached buildings? So the questions continued.

They left the main bazaar and walked along the river bank towards a small group of houses and shops, and almost opposite the third bridge they found a house, which although not ideal, provided the number of rooms they required, a plot of land, and verandahs back and front. This meant that the house would catch the breezes from the river 30 yards away, and the river would provide a continuous water supply. A smaller house on the edge of the group would provide accommodation for workers and patients.

The disappointment when arrangements for this house fell through can be imagined, especially when this was repeated with a second house. Later another one was found which needed extensive alterations. The landlady promised to complete these in three weeks, but it was eight weeks

before the house was ready and the staff able to move in.

It was fortunate that the local government official and the land reform officer were supporting their work, and that the villagers were appreciative of their efforts to help them. In the first weeks, several patients experienced almost dramatic recoveries from their illnesses. Children with upper respiratory tract infections, very breathless, responded quickly to penicillin. Another child dying of malnutrition, looking like a little old monkey, was transformed after being fed. These were logical recoveries to those familiar with medical treatment, but to the local people it was unheard of, and increased their support for the dispensary.

In December 1970 a leprosy survey was conducted by the dispensary staff, Dr Iva Mura from the United Mission, Graham Scott-Brown and Mary Thomson. About 6,000 people were examined and free TB treatment was offered. The whole survey took about ten days, and it is hoped that it is only the beginning of extensive leprosy control work in this area and others.

### **Agriculture**

It is most likely that as the control work develops in these strategic village centres, there will be a place for agricultural development as well. Mr Keith Cope and his family joined the team in Beni at the end of 1970, and with his horticultural training it is hoped that he will be able to contribute along these lines. Three agriculturalists have also joined the mission in recent years, and with the opening up of the new centres it seems that agriculture will play a vital part. It is of first importance in Nepal. It is unfortunate to be ill during the busy farming seasons, for no one can be spared to carry the patient to hospital; it is better for one to suffer than for all to go hungry. The village schools close for planting and harvesting so that the children can work in the fields. There is a growing problem with children who have been through the village school and only wish to sit about with a row of pens in their shirt pockets, refusing to carry manure or dig all day with a mattock. To have enough food to live on is all

important; to have variety, a balanced diet or good quality food is not considered to be important. Eating habits largely determine the type of agriculture pursued. Failure of a main crop means living on one main meal a day for a year. Few people have the courage to risk failure by trying out new methods.

New methods are hindered by ancient superstitions and by the innate conservatism of the farming community. Over much of the country, terracing is essential to preserve the fields during the monsoon, and often these are very small. By the laws of inheritance, property can also be divided into tiny plots. One person can hold many of these, but they may be scattered and he cannot fence in each one. While his fields remain unfenced they are subject to age-old grazing rights, and land which could produce three crops a year produces only one or two. Often new methods have been loudly advocated but have failed to work, so that people are justly suspicious of agricultural improvement. The one-handed plough used here has a pointed metal-tipped log which is dragged through the ground by two oxen. This plough only scratches the soil to a depth of three to four inches. A modern plough was introduced, guaranteed to cultivate deeply, turn the sod, improve the fields and increase yields. No oxen could pull it through the ground and it has been left to rust. Hybrid maize was introduced, guaranteed to increase yields by 50 per cent; the local insects found the new strain very sweet, and yields went down by 50 per cent. Improved rice was introduced; the yields were wonderful but the taste was horrible. Improved tomatoes do not have the pungent, almost bitter taste that so enriches the local curries. Improved wheat needs artificial fertilizer to make it grow, and that is costly. The local farmer who is poor is not easily impressed by the agricultural projects run by both the German and British Governments in this area, in which new methods are being made to work, regardless of cost, in their determination to help this underdeveloped country.

## 8 Tibetan People

On the road from Jhomsom to Pokhra, many Tibetan mule trains can be seen, and their tinkling harness bells heard from afar off. Many Tibetans live beyond Jhomsom, near the Tibetan border, and because of the altitude foodstuffs are not easily obtainable. The best trading centre for their wool and salt is Pokhra. There are also two Tibetan refugee camps near Pokhra, and after ten years they have become part of the life in this area. Gradually some contact with them is being made.

'Trashī deli' echoes down the street, and a Tibetan approaches with a broad grin on his face. 'Trashī deli', we reply, and he beams with delight at our feeble attempts to speak his language.

There are some things that you can find out about the Tibetans fairly quickly. Firstly, they are a remarkably friendly people and always ready for a laugh. They are extremely polite and willing to help you in any way they can. Secondly, washing is, on the whole, not their strong point. But then, would you be so keen if you had been brought up in a country whose average altitude was 12,000 feet? Thirdly, they are a devoutly religious people. You have only to hear them chanting prayers as they work, or to watch their monks swinging their prayer wheels as they walk down the road, to realize that their thoughts are continually turning to the supernatural world. They have been called the most religious people in the world and at least one in every ten of their male population is a monk. To the anthropologist these people with their quaint religious ceremonies and beliefs, their picturesque clothes and their unique customs are a constant delight. Why do Christians try to break into their centuries-old religion and cut through

their national solidarity with new beliefs and ways that are so contrary to them?

There are things about these Tibetans which the casual observer does not so readily find out. Their religion is nothing less than deliberate worship of evil spirits. These spirits are no mere figment of the imagination, or hallucination of primitive and uneducated minds. They are real, both in existence and in the practical effect that they have. If not appeased in the appropriate manner, they can beat, bite, or strangle their victims during the night, or make them restless and nervous, inflicting them with diseases. No wonder that Tibetans put an effort and zeal into their religion which puts the average Christian to shame.

The main problem in the Tibetan language is the number of different dialects. A Tibetan official once had to use five interpreters in dealing with the various Tibetans that he met. In Pokhra there are three main dialects among the refugees and at least one other spoken by those who have always lived in the northern regions of Nepal. Most understand the central Tibetan dialect. Another difficulty is that written Tibetan is different from spoken Tibetan. If it is learnt from books, it sounds like English learnt from the Authorized Version or from Shakespeare, and the common people do not understand.

Another problem is that an entirely different set of words is used in speaking to equals and superiors from that used in talking about oneself or to inferiors. If this is not learnt, one can be guilty of gross impoliteness, and will not understand what others say. There are also two quite different forms of writing – one used for printing, and the other in handwriting. Spelling is such that every word has to be learnt individually.

### **Thakhola Valley**

Twenty-five thousand people live in Thakhola, in north Nepal, and of these 15,000 are Tibetans. The main town is Jhomsom, an important town, about five to six days' walk to the north of Pokhra. The population consists mainly of

Nepali officials from Kathmandu and Baglung, 125 soldiers, some police, as well as the Nepali and Tibetan families. It has a small government dispensary, a school, a telegraph service keeping constant contact with Kathmandu, Pokhra and Baglung. The reason for its importance is that it is only two days' walk from the Tibetan border; foreigners are not allowed to go beyond Jhomsom. The Thakhola valley lies at an altitude of 6,000 feet, rising to 12,000 feet at the Tibetan border. It is shut in by rugged, barren mountains and is desolate and isolated. Other villages are scattered over the barren mountainsides. Prayer flags flap endlessly in the howling wind. Amidst the rocky formation are piles of stones arranged in deliberate order, and Buddhist temples painted with red mud.

Evil and superstition reign. The prayer wheels and beads are turned continually to appease the evil spirits. The more they are turned, the more merit is received, according to their beliefs. On the flags flapping in the breeze Buddhist prayers are written, and it is believed that with every gust of wind the prayers ascend to heaven. The stones piled high are another indication of the fear the people have of evil spirits. Each traveller adds another stone to the pile in the belief that by so doing he keeps away the evil spirits.

### **Tibetan village**

Eighteen years ago, some Tibetan traders came over the border, and when business was finished they were given some books to take with them to Tibet. When they got back, they distributed some in Lhasa, and one of these books reached a village Tibetan. He was so gripped by what he read that he read it morning, evening and often during the day. When people visited him, he would tell them how much joy he had found in reading this book. He was a wealthy, influential man, and had a number of people working for him. He used to call them into his house and teach them from this book.

One day three strangers visited this man, and when he told them about this book they asked to see it. The following

day they reported him to the religious leaders, who came to his house that same night, stripped him, beat him, and took him to prison. His wife was stripped and beaten too. The next morning a religious leader, who had also been reading the book, was found dead, his head resting on it, covered with blood. He had been stoned to death. The book was burnt. One month later the man was released from prison, after paying a heavy price.

The daughter of this man had heard her father's teaching, and it had sunk deeply into her heart. When her country was captured, she had to go to another school, where they taught that there was no God. She then fled from Tibet into Nepal. Ten years later she became a patient in the Shining Hospital for ten months. One afternoon when she was listening to some gospel records, God revealed Himself to her in a quite remarkable way, and all that her father had taught her came flooding back into her mind. The word of God reaches into forbidden areas. There are Tibetans too in the Church in Nepal.

## 9 The Church

It was an autumn evening in 1960. A small group of Christians had met for prayer. Just as the meeting ended, Prem Masih arrived, breathless, from Tansen, with the news that the Pastor and eight new believers there had been imprisoned. This was the first time that such a thing had happened in Nepal, and no one could quite believe it. The Pastor had to serve four and a half of his six year sentence in prison, and the new believers had to serve a year. The one good thing that came out of this hard time was the publicity that this event caused throughout the world, the concern that was stirred up, and the prayer that was made for the Church in Nepal.

Repercussions of this, however, were felt in Pokhra. A year previously Pastor David, the Pokhra Pastor, had baptized two converts in Tansen, and he was now wanted by the government. In May 1961 he and his wife Premi went to live in India, and did not return until 1969. They stayed in Nautanwa doing invaluable work as forwarding agents for the hospital. After Pastor David left, Daud, one of the first believers to be baptized in Nautanwa, filled the gap and took over the services and pastoral work. He became increasingly discouraged by the indifference and apathy that he found in some of the Christians until he felt that he could do nothing further in the Church.

### **Baptisms**

In October 1963 the Nepal Christian Fellowship met in Nautanwa, North India, to pray about the many problems of Christian work in Nepal, and to formulate future policies. The members came from 15 different centres, an

inspiration in itself. Although at first they seemed to be divided in their thinking, later they were given a real unity and decided that baptisms should not be delayed because of possible opposition. So plans went ahead in both Pokhra and Kathmandu. It was at this time that Daud was greatly encouraged by reading the words 'Fear not . . . for I have many people in this place' (Acts 18.9, 10). His dread of the consequences if he were to baptize any converts went completely, and a day was fixed for the five men and women who had long been waiting for this opportunity.

It was a memorable day. It began with a short service for the patients at Green Pastures Leprosy Hospital, after which everyone walked down to a pool. It was an ideal spot, quiet and peaceful, and Daud preached on repentance and walking in the Spirit. Two couples and a leprosy patient were then baptized. Over and above everything else was the sense of great joy that radiated from Daud and each of those baptized.

1963 stands out in the history of the Church in Nepal, not just for the baptisms that took place, but because it was the year when Debu Singh first came to Pokhra. He came to work in the hospital as handyman/carpenter, but when he had been in Pokhra for a few months he was invited to be Pastor. From the first his experience and mature faith was a great help to the Church. Trained in literacy teaching, carpentry, photography, store-keeping and other work, he was extremely useful in the hospital. From his first days there he visited many Christians, encouraging them and teaching them. Regular services were started in the wards, and Debu, with his concertina, leading the lively singing was the personality of the year! In November 1964, Pastor Robert Karthak from Kathmandu came over to lead the service consecrating Debu for his ministry in Pokhra. Early in 1965, Debu went to Kalimpong for his marriage to Rita, and soon after they both returned to work in Pokhra. Together they worked hard to build up the Church and contact the outsiders.

### **Student opposition**

Later in 1967 there were rumours that some of the school-boys and college students were going to stop the ward services. One Thursday afternoon they walked on to the hospital compound and surrounded the ward where a service was in progress. Debu and some of the local Christians were present. One or two of the boys' leaders shouted at Debu that he was to stop preaching, and that they would not let him go until he had promised. Debu gave no promise, however, and the boys went on shouting for nearly two hours, finally telling him that he was not to pray with anyone. Eventually they tired themselves out and went home. It was thought best to suspend the ward services for a time. They were restarted later but have again had to be discontinued because of opposition. Two of the leaders have realized that they were wrong, and admitted that the Christian message is the true one.

Sixteen months later, when a service was in progress in Debu's house, another group of boys went to stir up trouble. They tore around his room, snatched some books and Bibles, marched Debu to the local governor and accused him of preaching once again. The governor promised to look into the matter and told them to go home. For a while he kept Debu's Bible and books, and then returned them. The matter then ended until the 1968 Bible School, when some boys tried once more to make a disturbance but failed. They planned to go the next night too, but although they gathered at the end of the road, they came no further. Three groups were praying for protection that evening and God abundantly answered prayer.

Then one night in June 1969 a group of students from the college went to Pastor Debu's house where his wife Rita was holding a small fellowship meeting. The students rampaged around the room, tore up some Christian books, then took Rita and three boys to the local governor. Debu was away in another village at the time. Rita was later allowed to return to her house, but twice more that night the students

went back to Rita's house, causing trouble, until she threatened to go back to the governor for justice. Hearing this the students ran away. The next night they returned to Rita's house again, and were sitting on the roof when three policemen appeared. They fled! The following Sunday there were rumours that the church would be burnt down, but nothing happened. Many Christian homes were visited by the students, Bibles were taken, several were beaten up and told to get out. For some time after that the Christians were afraid to join in church activities, and met quietly in their homes. Since that time the students have caused no further trouble, but one wonders just what the future will bring. It is not easy to be a Christian in Nepal.

### **Bible Schools**

The first Bible School was held in September 1960. A mistake was made in planning it for the rainy season. Although September was not the wettest month of the year, it was quite wet enough. Sometimes there was glorious sunshine, other times it poured with rain. Dedicated teachers and all kinds of people had gathered together. There was an emphasis on the need to 'go out' with the Christian message, and tell others of the release that Christ brings. In between formal meetings there were informal ones, for sharing and singing; certainly the sound of singing resounded all the week! Many sat around in deep conversation, Bibles open, intent looks on their faces.

The second Bible School was held in January 1962 and, although the coldest month, it was a great improvement on wet September. January was also a better month for farmers, as field work is slack, so many more villagers were able to come. The speakers had to be fairly mobile, because leprosy patients could not mix with others, and hospital staff had work to do. This meant special meetings for both. Since then the pattern has changed slightly. The first week of meetings used to be on the church ground in the morning, and at the leprosy hospital in the afternoon and evening. In

1968, however, the first week was held entirely at hospital headquarters, and during the second week one speaker went to the leprosy hospital and the other joined Debu for ministry in the villages.

Pastor Archie Shear from Karagpur, near Calcutta, and Pastor Samuel Subba from Shillong, Assam, came to teach and lead this Bible School. The women visitors lived at headquarters in two army tents, and the men in Debu's new house. Because Pastor Archie was not able to get to Pokhra in time, Pastor Samuel had to take all the meetings for the first few days. By the end of the week many had realized their need for forgiveness and change of attitude. Between 80 and 90 packed into the room at night, and it shook to the accompaniment of vigorous action choruses taught by the indefatigable Samuel. The Nepalis have a great sense of humour, and Samuel knew just how to use it to drive his point home. Archie spoke from the book of James and his practical messages were greatly appreciated. At the end of this week, many referred to his talk on 'slips of the tongue', the damage they could do, and their power for good or evil. During the second week, Samuel and Debu went to Kuibang the village where Asmaya lives, and they taught the believers and others who were interested. Groups of people came continuously to Asmaya's house to talk. There was no opposition.

Altogether nine villages were represented at that Bible School. There was a diverse contingent from Baglung. Dilliraj came on horse-back, Tek Kumari, not very strong, was carried in a basket, and two others walked. Timothy and Lois came from Sikha, bringing Ruth, the cook. Maniraj was there from Sandy River Village and there were others from Tansen, Pyersingh, Ribang and Kuibang. One young man, the headmaster of a school near Baglung, heard at the last moment of the Bible School and trekked in to join. From Pokhra, among the usual attenders, one of the leaders of the student riots came along, and ended up by apologizing for his part in the trouble, admitting the truth of the Christian message.

During the second week of the Bible School, while Samuel and Debu visited the villages, Archie went down to Green Pastures Leprosy Hospital for a week of meetings. For the day meetings the patients all sat out on straw mats in the sunshine, gathering around Pastor Archie while he taught from the book of James. All the meetings were held outside the out-patients' wards because of several patients who were temporarily unable to walk. In the east ward three Pun Magars listened intently. Nine of them had walked from a desolate barren area, 11 days to the west. They wore scanty home-spun clothes, with a handwoven blanket thrown around their shoulders! Bright, cheerful, independent, they were sometimes demanding.

Another group were from the Kham Magar caste. Slower to respond to new ideas, nevertheless they had been interested in Christianity through books and messages on the gramophone in their own language. A high caste man with his sister listened attentively to the expositions. The hospital staff, patients and local Christians were also there. All had many needs. Some grasped at money, others were lazy, yet others were discouraged. But there was a message for each one of them.

The book of James has some very practical teaching in it and one of the meetings centred around the right use of money. Archie emphasized that it was not money that was bad, but the love of it. He challenged all those listening to give everything to Christ, then finished with a short prayer. Just after he had finished, one scantily-dressed tribesman got up from his seat, and because of his deformed hands had difficulty in carrying a five-rupee note (25p) to the front, where he laid it at Archie's feet. Many others followed suit, giving quite a large proportion of their savings. A hushed quietness fell upon everyone, while Archie led the prayer of thanksgiving for the gifts and for the evidence of God's Holy Spirit working in many hearts.

### **Boys' camp**

It was 1963, and the monsoon was over. It was decided to

hold a boys' camp and a search was made for a good place. It seems that it was found, for out of all the camps so far, six have been held on the first site. They pitched their tents on the banks of the Pusro River, near the southern boundary of the Pokhra Valley. The ten boys and two officers of that 1963 camp declared it to be most satisfactory. As well as a good pool for bathing, and a flat space for games, there was a spring of water on the spot. They spent a week there, and although no definite results were heard of it at the time, many were quietly thinking. Each day started with prayers and ended with a talk. The boys squashed into the officers' small tent and listened eagerly to what was being said. Graham Scott-Brown and Allan Smith were the officers. Notes of the different meetings were written in special notebooks, verses were learnt and impressions were made. Several weeks later, the mother of one of the boys came into Pokhra and said that her son had told the whole village about the camp and what they had been taught. She had been particularly impressed by the fact that the Bible taught that children should obey their parents.

The boys' camp of 1967 started a day after the beginning of the Nepali Christian Fellowship Conference. Mr Rajendra Rongong was invited to be the speaker, but as Vice-President of the Fellowship he was only able to be at camp after the conference had finished. During the first three days, Daud and Lazarus took the meetings and were in charge. The site was the same, down by the Pusro River. The camp was held for seven days and there were three meetings a day: morning prayer, a Bible study, and an evening meeting. They studied the deity of Christ, His death, the forgiveness of sin, faith, the new life, decision, and the changed life. All the boys seemed very happy together, playing and laughing. It was very good for them, too, to have to help with the chores! As the days passed their enthusiasm for study increased, and after the evening meeting two or three of them would gather for further prayer. At the end of the week many of them asked for forgiveness.

### **Girls' camp**

What of the girls? They had had girls' Bible Schools for some time, but the girls had a great longing to sleep in tents! As it was not possible to take them to some local spot because of public opinion, it was planned that the girls should camp on the headquarters compound, in two army tents lent by the British Gurkha Pension Paying Post in Pokhra. The whole camp seemed extremely vague. Dates were difficult to fix. Some wanted it to be the same week as the boys' camp, but then the families stepped in and complained that they could not spare both sons and daughters to be away at the same time. There was grass to be cut for the buffaloes, firewood to collect, food to be cooked. So that was changed, and it took place after the boys' camp had finished. Irmgard Pitzke went ahead with plans, a programme was outlined, and stores were bought. She then visited all the Christian families who had daughters over ten years and asked if they would like to come. There was a good response. Some Hindu children wanted to join in and their parents were contacted as well.

To the last, they had no idea who was going to be the Commandant. But then Miss Annama Verghese, a South Indian Christian who worked in the Amp Pipal School, came over for the NCF Conference and was free to stay on. Rita, Pastor Debu's wife, led the evening sing song which ended with a brief message. They all had a good time. Chatter was incessant, daily chores were not too arduous, and they worked well together. Pauline Davis kept them busy with games each afternoon. Fortunately the weather was good with no rain at all.

### **Village outreach**

Through the medical work there have been many contacts with villages, and some of the patients, especially those admitted for treatment, have heard the Christian message. The Oriental is religious by temperament; many are looking for God, and accept with interest any Christian book that is given to them. Leaflets and booklets have been

carried home by patients, and sometimes phonettes and records made by Gospel Recordings in local dialects. Occasionally New Testaments have been bought. These have gone where foreigners are not always free to go. During the last few years visits have been made to nearby villages, and there are little groups of Christians in some of these. One of the early village believers was Dhanraj, who brought many to God. In 1959 the first group were baptized, and six months later their church was dedicated.

The first village church in Nepal was dedicated to the service of God on 26th June 1960, For two days previously rain had fallen almost incessantly, so that the path to Bethany was in a bad state. The first obstacle was a landslide which had taken away a bridge and three or four houses. The next was a river, swollen by the rains. The usual fording place had become a tempestuous cataract. After scrambling upstream for two hours, the river fanned out into wide shallows, where it was possible to cross. Here the water was thigh deep and the current rapid. Philip, one of the Nepali Christians, was a tower of strength, plodding on steadily, leading the way where the path was difficult, helping Pastor David through the river; just at the last moment when Pastor David was almost across, he felt dizzy and would not take another step, but stood with the waters swirling around him. It looked as if the current would sweep him away, but although he stumbled and got soaked, he reached the bank in safety. Quite undeterred, with his trousers dangling limply and one shoe flapping where he had lost the sole, he pressed on and finally, as darkness fell, they arrived at Bethany. Dhanraj's house had one storey, one room, one door and one very small window at floor level. Inside, over a smoky open fire, rice and curry were cooked with the firelight casting a flickering glow on the faces of Dhanraj's family and friends.

The next day, from an early hour, the people started to gather for the service, and Philip was in his element, teaching choruses to the children and hymns to the men who collected on the verandah, as there was still a steady drizzle.

The church was packed to capacity, and there were still three who could not get in. The new edifice measured eight feet square, and six feet high in the middle. Twenty-two men, women and children crowded inside and three children stood outside in the rain. The service was to dedicate both the church and Dhanraj's children, so the sermon was from the text 'Except you become as little children . . .' Pastor David, when he preached, had the habit of asking himself questions which he then answered, and this convention was well understood in Pokhra. It was evidently new in Bethany, for when he said, 'Do you ever find a child being proud?' a man from the corner immediately piped out: 'No, they may not be proud, but they are regular little varmints sometimes.' So the sermon continued happily, punctuated by helpful assents from the congregation.

### **Dilbahadur**

'Dilbahadur wants to go back home to witness in Daragaon, his own village.' This man had had pulmonary tuberculosis for some time and had been a patient in the Shining Hospital. In May 1968 both he and his wife had been baptized and wanted to return to tell their friends about the Christian message. 'In Luang as well as my village of Daragaon there are several who are interested and some who believe,' he said. The day came when he was carried back to Daragaon. He never grew strong enough to visit nearby villages, but he was able to talk to his neighbours. At first they were interested, then the interest died away and they became antagonistic.

In June 1969, Debu Singh, believing it to be the leading of the Spirit, felt that someone should go to Dilbahadur's village. Christians had been there from time to time and now Rita and Elishaba planned to visit the village during their next trek. They started with Daragaon, and when they arrived they found Dilbahadur seriously ill and longing to be carried back to Pokhra to die among Christians. No one in the village would help, mainly because there was so much field work, but also because they were afraid of catching the

disease. That evening Dilbahadur, his wife, with Rita and Elishaba, read the Bible and prayed together. A few Hindus joined them. The next morning two Christian women who lived in a village two hours' walk away were visited, but no one in that village either was free to help. After a time of fellowship together with the two women, Asmaya and Gyan Kumari, Rita and Elishaba hurried back to Pokhra, arriving late that night. Arrangements were made for someone to go out early on Monday morning to carry Dilbahadur in, with Elishaba to look after him. Before they could get back to Daragaon, however, news came that Dilbahadur had died that morning and had asked for a Christian burial.

Debu went out with Subajit and Timothy to Daragaon to find an amazingly changed attitude among the villagers. They offered to help with the funeral, and were even willing to carry the body down to the burial place. This is an unheard-of offer from Hindus, for by professing Christianity, Dilbahadur had become an outcaste, his dead body was therefore doubly unclean. Short services were held both in his house and at the burial ground with a few present. When the Christians returned, 30 or 40 followed them into the house and the three spoke of what Jesus Christ meant to them. The impromptu service lasted for an hour and a half. They then ate their evening meal while Asmaya spoke of God's answers to prayer.

'My buffalo was ill once,' she said, 'and I prayed. God heard, and cured my buffalo. Another time, heavy rain was coming and my firewood had not been stacked under cover. Again I prayed that God would stop the storm from coming, and He did. I got all my wood in dry.'

By this time the three Christians had finished eating, but still the villagers sat on, eager to hear more. For another hour and a half they listened to the Christian message preached and sung. They really wanted to understand the secret of Dilbahadur's peace, and the power in his life.

### **Nepal Christian Fellowship**

In November 1969 a large party left Pokhra for Butwal to attend the Nepal Christian Fellowship Conference. Seventeen of them packed into the Green Pastures landrover and set off at nine in the morning, singing God's praises and clapping their hands to the accompaniment of a tambourine. After about three hours travelling down the dusty Indian road, suddenly they heard a hissing sound; it was a puncture and this was the first of three! It took two hours to get the tyre fixed. They had to reach Ramdighat, the ford, and cross the river before dark, and that was another two hours away. They were near the river when they had the second puncture! 'Shall we ever reach Butwal?' was the question in every mind. They did not want to miss the opening welcome meeting. It was nine in the evening when they crossed the river, and they were the last vehicle over that day. By this time their driver was very tired, and while the rest climbed into an open truck he and two others pulled to the side of the road and went to sleep. It was then 11.30 p.m. and two hours later the main party arrived at Butwal.

The Conference was by far the largest that the NCF had ever had. There were 150 delegates from 16 different centres, and in the evenings 300 people gathered together for fellowship. Besides many familiar faces there were a number of new ones. Reports were given, and all spoke of persecution in the various centres, from the local people or antagonistic relatives. It had been a hard year but God's promises were sure: 'I will build my church, and the gates of hell shall not prevail against it' (Matthew 16.18). Mr P. N. Kyrian from Delhi gave the messages at the Conference. After saying how delighted he was to be with them at long last, he spoke words of encouragement to the Nepali believers. Many were challenged to go back to difficult situations and continue to witness for Christ despite opposition.

Debu has always had a tremendous desire to reach everyone with the Christian message. In his home, his shop, his

work, his travels, it was natural to him to speak about Jesus. He was walking through the Bazaar one day with his piano accordion when a policeman stopped him and asked him to play. So he played one of the tunes that he knew well, 'Are you washed in the blood?' and as he sang, he explained the meaning of the hymn. When this precipitated trouble he had an opportunity with the police inspector and the governor. Throughout the Bazaar his position was known, and he was respected by very many. He also had a great vision for a pure Church, unmixed with worldliness, and separate unto God. There were some Christians who responded, but others could not shake themselves free from life-long habits detrimental to spiritual growth, and over these he would grieve and rebuke. One man whom the Church repeatedly refused to accept for baptism became very disgruntled. He, together with one or two others who felt that they did not have enough say in the running of the Church, formed the members of a new group. This man persuaded a pastor from another area to baptize him and also found it fairly easy to persuade those who had been strongly rebuked to join his group. Later, this group split again, so for a while there were three groups. Neither of these splits occurred over doctrine or practice, but only on the grounds of personal incompatibility and a desire for position in the Church.

### **Set aside for evangelism**

One wet morning in early September 1970 the landrover was loaded up with boxes, crates, packets, buckets and sacks until the springs were almost flattened. Debu and Rita, their adopted daughter Kiran, and Lal Bahadur were leaving Pokhra. Everything went well for about 30 miles to the south of Pokhra, then they came to a place where the whole road had been carried away by a landslide and the party had to continue to Tansen, their new base, on foot. Debu had been in Pokhra for over seven years and from the first his main concern had been to get out to the villages and to distant unreached areas; and this call, far from dim-

inishing over the years, had intensified. Now he had resigned as pastor and his plan was to spend the next two years itinerating in the far west of Nepal, going to remote and unreached places far from his home. The work will be incredibly arduous, physically and spiritually, and Rita his wife will be alone at home for much of the time.

### **Imprisonment**

The first tour was nearly over; Debu and Resham Lal, his companion, had been greatly encouraged by the reception they had had in the various places they had visited, and now they were on their way home for Christmas. They were having an evening meeting in the house of a Christian, and it was nearly over when four local men came in and asked them to sing another hymn. Debu demurred but felt they might be interested. One of the men then asked for literature and was told he would have to pay for it. Armed with the books, they took Debu, Resham Lal and John Singh, in whose house they were having fellowship, to the headman of the village, who locked them up for the night. The next morning they were taken to the local governor's office and the result has been a year's sentence in prison for the three Christians.

Has this been a victory for the Evil One? No! Once again he has overstepped himself. Prayer has increased and blessing is being outpoured. When God's time comes, those prison doors will open and His servants will be released. In the meantime, the living word is being proclaimed and it is not returning to God 'void'.

While Debu was pastor it was easy for both the church committee and church members to be carried along by Debu's zeal and to leave all the real work to him. When he left, the burden of the Church fell on the committee, and they shouldered it in a wonderful way. Prem led the services most graciously. Moses preached with fire. Pastor David must have thought that his ministry in Pokhra had ended ten years ago, when he went into exile, but now, once more resident in Pokhra, he has full opportunity to exercise

it. Many are now seeking for a settlement of the split so that there might be one Church in Pokhra, one Church to the praise and glory of God, one Church to challenge effectively the forces of evil.

How subtle the enemy is: he attacks from within and without. The time is short, his days are numbered and he is making an all-out bid to stop the Church from carrying out the Lord's recent command to His servants to evangelize Nepal in two years.

What a stupendous task; how few there are who are free for village work. But God is the God of the miraculous. He has His plan and He knows how it will be carried out.

For those in the International Nepal Fellowship, it is the West that is calling most loudly. Uplifted hands are needed, 'steady until the going down of the sun', if those in the heat of the battle are to see victory 'while daylight lasts'.