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The railway that runs hundreds of miles up the Malayan Peninsula from Singapore to Bangkok proceeds from there to its destination near the border of Burma through the great central plain which is the rice-bowl of Thailand. It was to this well populated area, intersected by numerous waterways, that a little group of C.I.M. missionaries, recently out from China, went in 1952. Its friendly courteous people, Buddhists all, welcomed the strangers (if not their message) who had come to dwell among them, and it was here that the principal medical work of the C.I.M. Overseas Missionary Fellowship was commenced.

In this book Dr. Catherine Maddox, wife of the doctor superintendent of the medical work, gives an intimate history of the way in which the Christian Hospital was planted in the paddy fields of Central Thailand.

PADDY FIELD HOSPITAL

PADDY FIELD HOSPITAL

*A Story from Manorom,
Thailand*

by
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The above map shows the position of Manorom in Central Thailand. The southern part of Thailand is omitted from this map.

PART ONE

*Behold, I send an angel
before thee . . . to bring
thee into the place
which I have prepared.
Exod. 23.20.*

CHAPTER I

DOUBT

“WHEN there are repeated hindrances to the carrying out of a plan, how is one to know whether the hindrances come from God or the devil?”

As he spoke, the doctor looked up from his desk and tipped his chair backwards as far as it would go—which was not very far before it touched the banisters. The large communal upstairs room of the rented Thai house had been divided into several smaller rooms by incomplete walls of hardboard which allowed the tropical air to circulate above them. The bed-sittingrooms thus formed were too small for two desks, so the doctor used a tiny landing at the top of the stairs as his office. Conversation between him and his doctor wife at her desk just inside the room was no problem, as there was no door, only a curtain now drawn back. The hum of the approaching river-bus died down as it prepared to tie up at the little riverside town. And the graceful pointed wooden roof of the house next door lurched sideways and sank quietly out of sight from the upstairs window of their room. The first time they had seen this happen it had felt like an attack of giddiness. But they had come to learn that this is just the way of floating houses when large boats pass.

“We seem to have found the most suitable place for the hospital,” the doctor continued. “Yet every time we try to get permission to build, some fresh snag crops up. Why?”

The only direct response to his question was a “H’m!” as the answer about the peace of God was so well-worn between them. Years before the lesson had been learnt at a students’ conference and had stood the test of time. “Satan can deceive by counterfeit guidance”, the speaker had said, and instances were given. “But there is one thing he can never imitate, and that is the deep peace

of God in the heart when we are in line with His will."

The indirect answer given to the doctor's question showed that this settled peace was wanting. They had never felt completely happy about the hospital being in a provincial capital, and yet this was what was being planned. It is true that as yet there was no hospital in Chainat town, the capital of a province of the same name. But it was known that the government planned one eventually in all such centres, and it was rumoured that there would be one in this particular place within two years. In that case a mission hospital there would be out of line with their Mission's policy of establishing medical work only where existing facilities are inadequate. The aim of this policy is more widely spread service for the people and the avoidance of any appearance of competition with national effort.

"I've always wished the hospital could be in a *district* town like this rather than in a *provincial* town." The doctor's wife was off on an old hobby-horse.

Thailand is divided for administrative purposes into provinces, rather like English counties, each with its capital town usually bearing the same name as the province, and with its governor appointed by the central government. The provinces are divided into districts, each taking its name from its main town, the seat of the local government, with a centrally appointed sheriff at the head. Districts in turn are divided into village groups and these again into local residential areas, each with its locally elected headman.

"I wish it could be *here*," she continued. "The people keep asking for it here. I forgot to tell you that while you were away Mamma"—their landlady—"brought Mrs. S. from the blacksmith's along and they offered to find land if only we'd put the hospital here."

Neither of them thought it strange that it had been the landlady and not her hard-working husband who had brought not the blacksmith but his wife to discuss the affair. In Thailand the women have the business heads and more deals over land and property are done with women than with men. The doctor's wife once asked a Thai friend if she could settle a debt with him

the following day as her husband would be back and she would ask him for the money. The friend chuckled with amusement. "You are in Thailand," he said. "You ought to hold the purse-strings, and *he* ought to come to *you* if he wants any cash."

"The people want the hospital here," the doctor's wife continued. "Wiset's right off the map," was the firm reply.

He was quite right: a place served only by waterways was much too isolated for a central hospital. Chainat certainly seemed the obvious place: it was in the centre of the Mission's work in central Thailand; communications were good; it was in need of medical services; and a suitable riverside site had been found. The price had been agreed upon with Grannie Kahl, the owner; an architect had been engaged, plans drawn and submitted to the Ministry of Health in Bangkok. But the permit to build was repeatedly withheld. How was the delay to be interpreted? Did it mean that the devil was determined to hinder the work of God and should be resisted? Or was this God's warning that the proposals were not in line with His will and that re-thinking was indicated?

"Your ears shall hear a word behind you," runs an old promise, "saying, 'This is the way; walk in it,' when you turn to the right or when you turn to the left." Were they turning aside from God's best, and were these difficulties perhaps the "word"?

"It's too bad," the doctor rambled on, "that Grannie Kahl's *good* son"—an epithet in general use to distinguish between her two sons—"had to have a heart attack and die just when he did." He had proved a good friend and as local member of Parliament he might have persuaded the authorities to pass the plans, or at least have found out why they would not do so.

"Is there some reason why they don't want the hospital in Chainat?" the doctor continued. "Or is the department just inefficient? Or are they waiting for us to grease their palms?"

"O dear! People do say it's difficult to get anywhere without giving tips."

The matter had already been considered and it had been decided to avoid giving bribes in business dealings over a hospital to be built to the glory of God.

"Aren't there any nice little market towns"—the usual term for a district capital—"like Wiset, but in Chainat province?" asked his wife. The stay-at-home whose work was to serve the patients who crowded to the Wiset clinic often had to have geography lessons from the more seasoned traveller, Chris Maddox. As medical superintendent of the work in central Thailand he toured the area with Cyril Faulkner, the field superintendent, planning the hospital and supervising the two outpatient clinics and several leprosy centres.

"Well, yes, there are," he said, "but it's too late to change now. We've as good as told Grannie Kahb we'll have her land, and she's interested in the gospel, and we don't want to stumble her. Anyway, the plans are all drawn, we can't back out now. And we must just pray on for a Christian Thai business manager; that's the most important thing."

"What," she persisted, "is upstream from Chainat and what's down?" To dwellers on the River Noi there are two directions only: upstream and downstream.

"Well," was the answer, "the next market-town south will be below the new dam across the river when that is finished, so will be cut off from many of our centres except through the lock. There's no road there either: only river traffic. It would serve much the same areas as the Inburi clinic and we ought to spread out when the need is so great."

"Well, did you go upstream?"

"Yes, we went there too. We went just about everywhere before choosing Chainat. A lot of work has gone in to all this, you know."

She could well believe it judging from the number of weeks he had been away from home.

In some ways, he explained, the next place to the north was well situated. It was in Chainat province, yet near the junction of three provinces with good roads and rivers to each. But it was a very small place, and even further than Chainat town from the Inburi and Wiset clinics which would want to refer cases to the hospital.

"We went there a second time just a few days ago," he

continued, "but on other business. It's that place I told you about where Cyril had fever and I got dowsed."

She remembered the story. After the decision was made to build at Chainat the two superintendents had gone to the next market-town upstream, Cyril Faulkner to enquire about possible builders, and Chris Maddox to cross the river by ferry and catch the bus on the western bank to Uthai, another provincial capital. The missionary nurse there had asked him to see two boys, It and At, with severe leprosy living alone in a little hovel. It was April, the Thai new year, at which season one of the ways of wishing people a happy new year is to sprinkle them with water, symbol of coolness. The amount of water used is left to one's interpretation of "sprinkle". The smaller boys use water-pistols; the schoolboys carry petrol tins full of water on the carriers of their bicycles and use Thai water-dippers, like aluminium pudding basins, to distribute it among the populace; while the big boys can wield a full bucket at one fell swoop. Chris had returned from Uthai in a small bus with a home-made body with no glass in the windows. Clouds of dust from the unsurfaced road had covered them whenever the bus moved, while every time it stopped the local youths had flung whole pails of water over the helpless passengers. When the two superintendents had met again in the little riverside village they were a sorry pair, one drenched to the skin and the other with fever. The enquiries for possible builders had brought Cyril in touch with some of the élite of the place who had tried to dissuade him from building in Chainat and wanted to show him local sites. He had been willing to see them when Chris returned, fever or no fever, but the latter, now caked in mud as the wet dust dried off, had been in no mood for hot, dusty walks and he had seen that his companion ought to have been in bed.

"However, there wouldn't have been any point in looking for land there," he mused as he recalled the incident. "It's much too small a place. The village is barely a third the size of Wiset; it would be absurd to have a hospital there and only a clinic at Wiset. Anyway, the whole thing's absurd! Just think of the size

of even these provincial capitals compared to the smallest cities we knew in China!"

"No! We'd better not think! We're in Thailand now. What's the name of the place?"

"Manorom."

CHAPTER 2

CERTAINTY

“WELL! Let’s try to go through with the English Bible class, anyway.” Joan Wales, the senior missionary in Chainat, was not the kind to take defeat easily, but defeated she was to be eventually on this occasion. There had been a heavy storm and as they switched on the light at dusk (all Thai towns and many larger villages have public electricity supplies, some run as private businesses and some owned by municipalities) they realized that it was going to be “one of those nights”. White ants—or termites as they should be called, for they are not ants at all—can change the landscape when they throw up their earthen mounds; they can cause serious damage when they gain entrance to a trunk or suitcase and devour everything inside, books, clothes and all, or when they secretly and rapidly reduce the rafters of a house to dust. Those are calamities that happen only to some people; the times when everybody is embarrassed by them is on those nights after rain when the great time of their lives comes and for a few hours only they use their wings—long, narrow wings about half the length of the average dragon-fly’s. Every so often the only reasonable thing to do is to cancel one’s plans, turn out the lights and go to bed.

This particular evening the hot, humid air in the little wooden house was alive with gauzy wings. Attracted and dazzled by the light, hundreds and hundreds of insects wandered into every nook and cranny, down people’s necks and into their hair. The only means of defence that is partially effective had been adopted, and in the middle of the room directly under the light was a large enamel washing-up bowl of water. The light was reflected in the water and, while clouds of insects fluttered round the light proper, an equal number made for the light in the bowl—and a watery grave.

With the bowl as centre-piece, several young men and the missionary were seated round the room, turning the pages of English Bibles with one hand and flipping the insects away with the other, when there came the sound of heavy footsteps on the outside wooden staircase of the stilted house. Three heavily built men, two of them in the immaculate khaki uniform of the civil service, paused at the open doorway as they kicked off their shoes before stepping on to the shining mango-wood floor. It would have been correct for many visitors to the missionaries' house to make the first gesture of greeting; but this time, as "the Sheriff of Manorom" was announced, it was for those in the room to make the initial bow and to raise their hands, palms together, slightly higher and bow their heads slightly lower than if they had been saluting equals. The visitors returned the greeting and sat down amid the general flutter; on the spur of the moment an English sense of propriety resulted in the enamel bowl of corpses being whisked away quite unnecessarily; glasses of cold water were brought; and the members of the Bible class scattered into the shadows.

The Thai are easy callers and rarely beat about the bush before coming to the point.

"Do you know a foreigner called Dr. Chris?" asked one of the visitors, speaking in Thai of course. (It is the Thai practice to use the first name for general purposes, not the surname.) "We believe you are in the same organization. Is he here?"

"Yes, we are in the same Mission. He was here last week, but he's gone now."

"Well, we hear he's thinking of building a hospital in Chainat, and we've come to stop him."

"Oh! I'm afraid it's too late," replied Joan. "He's decided on a site and gone to Bangkok via his home in Wiset to get money out of the bank to buy the land."

"But Chainat's a provincial capital and will be having its own hospital, whereas Manorom never will. The Sheriff of Manorom has come himself to ask you to build it there."

A fleeting smile came into the kindly eyes of the quiet, shorter man who had been ushered in first.

"I'm the District Education Officer," the spokesman continued. "I live in Manorom, and we, the people of Manorom, want the hospital there. And here," he said, playing his trump card, "is Mr. Pie-boon."

Mr. Pie-boon in white, Western-cut trousers and white shirt with long sleeves as it was evening, would have fitted nicely into a triangle, with his small head, sloping shoulders and everything below that enormous. His short, greying hair grew vertically and his face was one bland beam: obviously a wealthy businessman of Chinese origin.

"Mr. Pie-boon," explained the Education Officer, "owns Manorom, or most of it, and will give land free if only you'll put the hospital there. Will you tell Dr. Chris?"

In the end she agreed to wire him and write a covering letter. She did so, but neither had reached him by the time he was next in Chainat.

"Dear Lord, remember Grannie Kahb," pleaded Joan as she fell to her knees that night. "Surely they can't change their plans at this stage! But if they do, whatever will Grannie think of us? She's so pleased they want her land, and she's so near Thy kingdom. Please, please don't let anything stumble her." But she also asked that if Manorom should by any chance be the right place, the final purchase of Grannie's land might be prevented. And then she prayed, as so often before, for a Thai Christian business manager for the hospital.

In Wiset, Dr. Chris was being welcomed home.

"Yes, but I can't stay long," was his response. That was nothing new; he never did, anyway.

He explained that he must go north again. It was a nuisance, as he was reckoning on this week for finishing the first quarter's accounts. It was May 2nd already and on the 10th he was due to leave for Council meetings in Singapore. He could just have done without another trip.

"Queer thing happened," he continued by way of explanation. "The money was already drawn from the bank for the land when three men turned up and threw a spanner in the works. They're so keen to have the hospital in Manorom, that

place I was telling you about, that, having missed me in Chainat, they chased me all the way to Bangkok; and one of them is even offering land free. I'm not enthusiastic, but as we've had all these difficulties over Chainat, I don't like to say I won't even consider this new suggestion in case it's an indication of God's leading. So I promised to fit in a visit to Manorom, somehow, before Singapore."

He returned eventually, but only to be seen off again the next day from the Fish Wharf. On the landlady's private floating landing-stage in front of the clinic, the last knots of bamboo rope were being hastily tied over the large hampers of dried fish from "Mamma's" smoking factory—if a large wooden shed could be called a "factory". As the double-decker river bus could be heard approaching from upstream there was a great splashing and slopping of water over the wharf as the slat-covered tanks of live fish for shipment to Bangkok were tipped up to empty and lighten them temporarily. Then there was a frantic flipping and leaping of silvery bodies until the tanks were aboard and hastily refilled with buckets of river water.

The handsome postmaster was just arriving on the wharf for his late afternoon bath, in red check loin-cloth, carrying a zinc pail in one hand and his dipper containing a cake of soap in the other. When the rainy season started he would arrive with the dipper inverted over his neat wavy hair.

"He go Bangkok?" he asked, practising his English on the doctor's wife.

"No! Singapore!" was the reply.

"Oooh! Singapore! He go air-mail?"

Converging on the Mission's headquarters in Singapore in May, 1955, to meet the directors of the Mission there for a gathering of the Overseas Council, were representatives from the homelands and all the field superintendents.

It seemed hardly worth wondering what would be decided about the hospital: it all seemed so obvious now, especially since the discovery of the Manorom sheriff's wife. The doctor had not been impressed by the site offered at Manorom, in the middle

of parched paddy-fields, half a mile from the village and river; and his wife made no attempt to conceal her disappointment that it was not a riverside site. But it was wonderful to be *wanted* there. And if the people wanted the hospital, it was for them to say just where they wanted it. And then there had been the sheriff's wife. Whenever they went property hunting, whether for new mission houses, or clinics, or hospital, the two superintendents made a point of calling at the local government offices to explain their errand, as a matter of courtesy. It had been easy to call on the sheriff in his office at Manorom since the visit was partly at his request. And then the visitors had gone to his home to see his wife. Here, in the midst of this large, unevangelized area, where even the name of Christ was unknown to most people, they had found a gracious, cultured lady who, until her recent late marriage, had not only been a teacher in a mission school in Bangkok, but who was herself a true Christian.

CHAPTER 3

BACKGROUND

ONE of the most momentous gatherings in the history of the China Inland Mission had been held in 1951. While missionaries were streaming out of China, where their presence had become an embarrassment to the Church, seven home and field directors of the Mission had met in a sunny bungalow among towering eucalyptus trees on the slopes of an Australian mountainside, to discuss the future.

God had given for the leadership of the Mission during the time of crisis a man of vision. As under Moses the tabernacle had been built according to the pattern shown him on Mount Sinai, so during Bishop Frank Houghton's years of leadership in China, the Chinese churches associated with the Mission had progressed steadily towards independence of both missionary leadership and overseas funds; thus they had been remarkably prepared for the Mission's withdrawal. And as Moses had been trusted to see from Mount Pisgah the promised land which he would never enter, so a great vista had been revealed by God from Mount Dandenong in Australia.

The work would no longer be in China, so a new name for the Mission had been suggested. It was later that the name "The Overseas Missionary Fellowship of the China Inland Mission" was adopted, the former half or "O.M.F." for general use on the field.

The main conference decisions had been expressed in cables sent to five continents, the four home continents and the fast-closing field, part of which ran:

"While emphasizing priority prayer for China, conference unanimously convinced Mission should explore unmet need,

preparatory to entering new fields from Thailand to Japan."

The days of missionary work in China were scarcely past; evacuation filled the present; and already God was turning eyes to the future—and to the "other sheep" in unevangelized places which the Good Shepherd had said He "must bring".

In accordance with the plan outlined in the cable "the unmet need" was duly explored by survey teams of two to four missionaries visiting the various countries of Southeast Asia. Later in 1951 Laurie Wood and Gordon Aldis visited Thailand and, in the course of their report, stated that, "The thirteen central provinces . . . are entirely unevangelized". Much help was given to the survey team by the American Presbyterian Mission which had an old-established work in the Bangkok area and the northern provinces; the Christian and Missionary Alliance whose work was in the north-east, and the national Church of Christ in Thailand which was mainly, though not wholly, Presbyterian. These graciously extended a warm welcome to the C.I.M. There are four geographical divisions: north, north-east, central and south. C.I.M. work was suggested in the central provinces, in the predominantly Malay area in the south, and among the tribal peoples of the northern hills—regions where Christ was still unknown.

"The unmet need" was still further explored in 1952 by Dr. A. J. Broomhall who toured the Philippines and Thailand making a medical survey; the latter was then felt to be the land most in need and open to the Mission's medical contribution. He travelled on the waterways of what was then described as a "watered fairyland" in a hired motor-launch. The sleepy waters of the Uthai River, which sometimes flow in one direction and sometimes in the other, according to the level of the main river of which it is a tributary, were completely covered with water hyacinth; so the boat-boy had to jump overboard periodically to clean the propeller as they ploughed through the mass of weed. In the broad main river, the Chao Phya, the launch chugged past long rafts of teak wood being floated down from the forests of the north.

As they drew alongside the wharf of a provincial town, they

saw an old lady kneel down on the edge and release three fish into the river in the hopes, by saving their lives, of gaining merit that would stand her in good stead in her next life.

This particular town the survey team found centrally placed, with good communications, and medically needy; and even at this early stage of the knowledge of conditions, the report recommended Chainat as a strategic centre for medical evangelism.

During the opening eighteen months of the post-China era of the Mission's history the medical policy was in a fluid state. So it was discussed and formulated at the first meeting of the Overseas Council of the new era held in 1953 in Singapore.

At this gathering it was decided that the original call of God to the Mission—to heal as well as to preach—still held good: that Thailand was to receive priority in establishment of medical work; and that the need of Southeast Asia, in its present stage of advance, was for good quality medical work of as high a standard as possible under prevailing conditions. The policy of the Mission in the new era to establish indigenous churches, from the first self-governing and self-supporting, precluded the use of mission funds for church expenses, such as buildings or salaries of national pastors or other church workers. But it was decided that, as the medical work would not be the responsibility of the national church, it should be started by mission funds.

Britain had to wait longer than the other homelands to hear the findings of this conference. For Mr. Fred Mitchell, the Home Director, was travelling on the Comet with which contact was lost ten minutes after it took off from Calcutta—one of the disasters which led to the grounding of the original Comet fleet.

Meanwhile, in Thailand eight doctors and several nurses had arrived for the south and central provinces and by the end of 1953, had settled down in the tropical climate to some hard work. Not only had they to learn new customs and a new language—and some of them were not so young as when they had learnt Chinese, though Thai was admittedly much easier: but they had to take medical examinations in order to be licensed to practise.

“What? Not anatomy and physiology!”

“Yes! and pharmacology, too.”

“Horrors!”

It was ten and twenty years since some of them had faced medical examiners, and pre-clinical as well as clinical subjects had to be revised. How gracious and able of the Thai examiners that they were willing for the examination to be taken in English! The nurses scattered to up-country centres before taking theirs, and one of them was summoned to hers the following day by a telegram, also thoughtfully sent in English: “Come yesterday.”

The first language and the medical examinations safely over, the doctors scattered to Presbyterian hospitals where both Thai and missionaries kindly opened their homes as well as their hospitals to them while they gained medical vocabularies and experience.

During this time most medical workers attended a course in leprosy given by Dr. Richard Buker. Not only did he train them in a subject that was largely new to all of them, but his infectious enthusiasm was preparing them for a ministry the extent of which only God could foresee.

They stood facing a pioneer task in these unevangelized provinces already entered by a spearhead of non-medicals. The first step was “to spy out the land”, and the next “to go in to take possession of the land” for Christ.

CHAPTER 4

SPADEWORK

CENTRAL Thailand is a great plain broken by occasional small hills, so few that they can mostly be avoided by roads. Most of the plain is under cultivation with rice, and in the wet season the plain becomes almost like one vast lake, with railway and a few roads raised above water level. But the real highways are the waterways. The main rivers run from north to south, and may join, branch, and rejoin. Broadly speaking there are four main rivers in north Thailand; only one after they join to form the Chao Phya at Paknampho, the provincial town north of Chainat; and three running roughly parallel southwards from Chainat province towards the Gulf of Siam. And between the rivers is a network of canals, some navigable all the year round and some during flood season only. The real life of central Thailand congregates along these waterways which provide means of transport, irrigation, water-supply, sewage disposal, washing and laundry facilities—and a sense of security that spells home to the people. In the dry season lorries and buses make tracks across the previously flooded rice-fields; and the two worst travelling periods are when the rains are starting and when the water level is falling. At either season the smaller waterways are dry and the fields are a mass of mud, so no boat or truck can reach the more isolated hamlets. Woe to the surgical or obstetrical emergency in the depths of the country at those seasons!

The people of the plain are mostly Thai or Swatow-speaking Chinese. By and large the Thai are the farmers, fishers, teachers and officials, while the Chinese are the shopkeepers.

This plain with its people, then, was the land to be explored

by the two superintendents with a view to medical missionary work.

Sometimes the north to south railway could be used for part if not all of a journey. The change was being made, and has since been completed, from wood-burning to diesel engines; so train journeys were divided into "dirty" (with smoke and smuts), and "clean".

Many of the journeys were by public bus. Those on the main north to south road are large and comfortable with allocated seats. But those on the smaller routes often have locally made bodies with wooden seats and no glass in the windows to keep out the dust. They are often crowded to overflowing with people and their market produce—bales of kapok, cages of ducks, hampers of fruit and vegetables—and still more people. Baggage and bicycles are piled on the roof where bus-boys delight to run about while the vehicle is travelling at full speed.

In 1955 a Land-Rover was bought and this saved much subsequent bus travel.

Some places, however, can be reached only by river or canal, except possibly in the dry season when a bus may bump its way across the rough fields. Wiset is such a place. Long journeys on the larger rivers were made by two-decker river bus; heavy luggage, merchandise and livestock travel on the lower deck, and passengers with their hand baggage on the upper. The Thai sit on the floors of their own homes, so would not appreciate seats on a boat; travellers squat by day and lie by night on straw mats on the wooden deck, first removing their shoes as they would in a house. Single-decker river buses run shorter distances and along branch canals, while motor-boats can be hired fairly reasonably as river taxis, as can rowed or punted ferry-boats.

Boats, buses or trains are apt to start at six or seven in the morning, so an early breakfast is needed. More than once in early days missionaries, told that some vehicle was to leave at "five o'clock in the morning", rolled sleepily out of bed at 4 a.m., only to find that the scheduled time of departure was

11 a.m.; for the Thai day starts, not at midnight, but at 6 a.m.

Sometimes on these journeys there would be missionaries to stay with, but where there were none, or where there were only single women, the men would stay in a local inn at night. During the building of the dam, Chainat became accustomed to "foreign" visitors—engineers and so on; so the progressive little inn there wrote up its rules in English as well as Thai. The English version ran:

Hotel's Laws.

1. No room can be stays more than two.
2. No bring in everything that wrongfully laws.
3. Don't make a round noise (*r and l sounds are frequently interchanged in spoken Thai*).
4. The worth things please deposit with the manager there Fore will be not responsibility when it had lost.
5. Hotel's doors will be shut on 24 o'clock.

In January, 1954, the capital towns of the seven provinces already occupied by missionaries were visited by the two superintendents during a six-day tour of medical facilities. Hospitals were called on and local doctors interviewed. Three towns were reached by train, two by bus and two by boat.

Later in 1954 riverside premises were rented in the district towns of Inburi and Wiset and an out-patient clinic was opened in each.

During 1954-5 eight visits, often involving overnight travel, were paid to Chainat, and over twenty possible building sites inspected before the riverside plot was chosen for the hospital—and later abandoned. And there were fourteen visits to Manorom in 1955 before finally moving there when the building of the hospital was due to start. Altogether two hundred and twenty-five major journeys were recorded before leprosy work was started in several centres, and the two clinics and hospitals were finally opened. There were also innumerable local journeys within Bangkok and other towns looking for land, premises, furniture and equipment, and visiting officials either on courtesy

calls to explain motives and plans or on such legal business as transfer of land or permits to build.

Such a life suited the two superintendents down to the ground, and, by the end of 1955, the scene was set at last for the building of the hospital at Manorum.

PART TWO

*Then I told them of
the hand of my God which
was good upon me . . . And
they said, Let us rise
up and build. So they
strengthened their hands
for this good work.*

Neh. 2.18.

CHAPTER 5

PLANS

A VOICE: "Are you in?" The footfalls on the outside staircase of the Chainat house had been soft and light, and only a creak in the steps had announced the approach of the missionaries' landlady and next-door neighbour.

"You know about my older son being a student of architecture," she began, like most Thai promptly coming to the point. "Well, why not let him draw the plans for the new hospital?"

Joan Wales did not like to rebuff a kindly if seemingly absurd suggestion, but neither did she feel it fair to raise the ambitious mother's hopes. So she said slowly, and by way of warning,

"Well . . . he's still a student, you know."

And, as a point of courtesy, she promised to pass on the suggestion to the superintendent.

The widowed landlady's younger son, a student of agriculture, and also her young stepbrother, training as a teacher, had both responded to the gospel message when the missionaries first went to Chainat nearly two years earlier. During one of their vacations the two students had said that this new message should be told in the country as well as in the city. And, at their request, the missionaries had accompanied them on a book-selling trip to a village which was the stepbrother's old home, and where he said there were many people. And so, that day, on the initiative of two new Thai believers, the gospel had reached a village called Manorom.

Each time these two returned home from their respective colleges in Bangkok they were eager for more teaching. But Mr. Wanlop, the elder son, studiously avoided the missionaries,

and looked glum if ever they met. Joan could not visualize his being willing to co-operate in a Christian project, even if he had had more professional experience. But she knew what mothers were.

The maternal suggestion was duly passed on to Cyril Faulkner, the field superintendent, and, to Joan's surprise, he thought it worth considering. Why not expect the God who was providing funds, staff, land and everything to produce a ready-made architect just when one was needed?

A meeting with the two superintendents was arranged in Bangkok to talk over plans, and his brother and uncle accompanied Mr. Wanlop. After that he acknowledged the missionaries if he met them in Chainat, and even had to pay occasional business visits to the house. But he made it clear that he was not interested in their religion. What patriotic Thai could be when Buddhism was the national religion and "to be a good Thai you must be a Buddhist"?

Three months later he called one day in an obviously different frame of mind. He had no sooner sat down than he said:

"I met Mr. Faulkner and Dr. Chris in Bangkok the other day, and Mr. Faulkner gave me some books. They are *very* interesting."

Thereafter, he was eager to talk about Christ whenever he called.

Drawing detailed plans for the Chainat hospital must have meant many hours of hard work on top of his full-time college course. But at last they were completed, and the blueprints submitted to the government. And then came the depressing news that the missionaries had changed their minds, and decided to build at Manorom instead, and all his work was useless. The Manorom site was bigger, so there would be no need for the two-storey buildings such as he had planned for the small Chainat site; single storeys, cheaper and easier to work in, could be built. And so, with placid oriental patience, he started all over again.

Two months later he called on the missionaries on the first night of a week's home leave during term-time.

"May I come for Bible study every day?" he asked. "I want to study the commandments of God."

On the morning of the sixth day he looked across from his verandah to the mission house and decided his help was needed at the front gate. He slipped down the wooden steps, past the cement foot-bath at the bottom, and across the sandy joint garden under papaya, banana and rose-apple trees to where Chris Maddox was perched precariously on a wobbly stool, wielding hammer and nails. When men missionaries visit homes "manned" by single women they often find odd jobs saved up for them to do. That day's task was to put up a notice, "The Lord Jesus Christ is the light of the world" on a wooden arch over the gate. Carpentry is no simple matter in a land that scorns the use of soft, light wood when trees like iron grow in her forests. And often stout nails buckle or the hammer breaks before some job is accomplished.

As Wanlop was always keen to practise his English, and as Chris' Thai was distinctly limited, they normally conversed in English, and many were the misunderstandings of those early days. As they worked together at the gate, Wanlop said something in English which Chris found as unintelligible as usual, so he merely responded with a polite "H'm", and Wanlop slipped into the house to fetch something needed. Joan Wales was there studying the Bible with a young woman visitor, taking little notice of the two amateur carpenters as they passed back and forth, until she became conscious of one of them pacing up and down the room, and then pausing behind her chair. It was not long before she went running out to the gate.

"Chris! Chris!" she called. "Do you know what Wanlop has just told you?"

"No! What?"

"He said, 'I am freshman Christian'. Can't you work that one out? He decided last night. He came in and told me that, in helping you put the board up he's just done his first job for God."

Time and again prayer had been made that everyone involved in the putting up of the new hospital might be influenced for

God. And while working on the plans, the architect himself had been won to Him.

A better architect could hardly have been wished for, although he did not qualify until the year after the opening of the hospital. He is now on the teaching staff of his college; on his office desk lies a Bible, and on the wall hangs a picture of Christ and a verse of his favourite hymn, and he finds the questions asked make a good opening to speak for his Lord.

An architect may be employed merely to draw plans or else to plan and then supervise construction. The latter arrangement was made with Mr. Wanlop. During the first year of hospital construction he supervised the work himself. But subsequently he made periodic visits and left a different resident student there each year, always with the prayer that he would respond to the Gospel. And two out of four of them—one who worked at Manorom and one at Saiburi—are now Christians. When asked whether he would consider being the architect for the C.I.M. hospital at Saiburi in south Thailand, his reply was typical: not Yes, or No, or that he would consider the pros and cons; but,

“I must pray to Jesus.”

“Function, economy and beauty” were the three rules evidently much stressed in the architectural department of his college, for they were often quoted in the many hours the two planners spent together, mostly in the evenings after the day’s classes were over. There were occasional interruptions to fetch the “Flit gun” when mosquitoes and other night flies attracted by the light called for an insect repellent. Together they would pore over rolls of tracing paper, with T-square and metric scale-rule. The one knew what was needed medically, but had no knowledge of architecture, while the other knew the principles of planning, but had no ideas about medical requirements. Both were inexperienced, and full of enthusiasm over their first big building project. And together the old and the new Christians learnt to look to God for guidance over the most practical of details.

The principle on which the building was planned was that,

while being hygienic and easy to run efficiently, it should be in as simple a Thai style as possible. Then it would not look out of place among other public buildings in the neighbourhood, and the local people would not feel too strange in it. Mainly for this reason wood was chosen for the building material, though footings and stilts were of reinforced concrete. Wood, though less durable, and apt to warp, had the added advantages of being relatively cheap, and of not holding the tropical heat more than an hour after sunset, whereas brick and concrete hold it all night. Fibro-asbestos tiles were chosen for the roof as being relatively cheap and heat-proof. Stilts were necessary as the whole rich, rice-growing basin of central Thailand needs to be under water during the wet season each year. The tropical sun would be nearly overhead at mid-day most of the year—slightly to the south during the winter, and to the north in the summer—its slanting rays only entering north and south windows for an hour or so a day around the solstices; the east and west faces of a building would be those which would catch its full force for hours on end all the year round. So the buildings should face north and south with narrow ends to east and west. One of the few mistakes made in the design of Manorom, and not repeated at Saiburi, was to put the X-ray dark-room on an east end, where the heat is so great that films and solutions are apt to spoil. Deep eaves and verandahs would give added protection from the sun, but could not be used where they cut out light needed for medical work. Then the need for through ventilation in a hot climate meant that rooms, where possible, must be only one deep, and should have windows on at least two walls, preferably opposite. Ventilation could be aided by interior walls not reaching the ceiling, and by outside walls being completed above by lattice work; but it had to be remembered in drawing the plans that air-conditioned, dark and screened rooms must, of course, have complete walls. Because the fine wire mesh of mosquito screening over windows and doors keeps so much air out, and is apt to shut flies and mosquitoes *in* unless the door is handled with constant care, the only room screened was the labour ward, which was given an electric ceiling-fan as partial compensation.

The operating theatre was air-conditioned for cleanliness and comfort. The planning of a sterilizing annexe as a bay on the theatre block keeps much of the heat of its stoves from penetrating the main building.

The general lay-out was in five parallel blocks, facing north and south and joined by a central corridor. The front and most northerly block was planned as out-patient department, dispensary and pathological laboratory; the second as operating theatre, X-ray department and library; the third as general wards; the fourth private rooms; and the fifth isolation wards. A row of staff houses was planned down the east side of the compound; and out-buildings, such as laundry, garage and engine room, along the south end beyond the isolation block.

Although there was not enough money in hand the first year to put up more than the first three blocks and two staff houses, the plans for the whole project—all as single storeyed buildings—were completed for submission to the authorities. On their permission the future of the whole hospital hung. Would they grant it? Or would it be like submitting the Chainat plans all over again?

"I suppose I'd better go back to Bangkok tomorrow," said the medical superintendent doubtfully, after having been home in Wiset three whole days. "They said 'Come back in ten days', but I've heard that so many times before."

Eight days before, three sets of plans for Manorom hospital had been presented for approval to the Ministry of Health. Each set consisted of about eight large sheets of blue-print, with each beautifully drawn elevation showing, for some reason never enquired into, a tall and a short headless figure entering the building, and five or six pages of specification of material to be used.

He decided to go, and the letter he wrote back to Wiset ran:

"Bangkok
23.8.55.

Dear C.,

Plans passed without a question. We can go ahead with building. Leaving for Manorom tomorrow. No knowing when I'll

be back. There's to be a survey trip over to the west where there's another river. I may go too, as patients will probably come from that area to Manorom. Virgin territory. No missionary work as yet. . . ."

"Plans passed", and without a single hitch or delay! So God strengthened their faith that He had been behind the previous difficulties, and was guiding to Manorom. And so He reminded them that a fine new hospital was not an end in itself, but that the purpose of it all was the quest for souls—souls still without Christ.

CHAPTER 6

BUILDING

"IT'S most awkward, but there seems nothing we can do about it," the medical superintendent explained with furrowed brow to his colleagues at Chainat. "There must be a dozen or so men milling around the place waiting for us to open the thing. The chaps in the expensive-looking car have come all the way from Bangkok, and two other groups have come from Paknampho, but we'll just have to send them away."

Tenders for a building contract had been called for, and seven had been received, and the date for opening them had arrived. But there was a hitch over the Manorom land, and no written evidence was to hand that the transfer of ownership would ever be made. The situation had been discussed with the architect and the decision reached that it was out of the question to let out a contract and put up a building on land that might never belong to the Mission.

Oh, these oriental delays! But God often has His hand on such, and how thankful they came to be for this one.

Two months later there was still no deed of transfer for the land, but there was a signed letter of assurance in hand, and so it was decided to open the tenders the same evening in Bangkok. By this time an eighth had been received from a Christian Chinese builder in Bangkok.

"Oh, let's have the Christian!" one member of the future staff had said when she heard, but she had to be initiated into the ethics of letting a contract: the most reliable bidder offering the lowest price for good work must be the one chosen.

The medical superintendent produced the eight sealed envelopes and he and the architect opened them together. Clearly the most suitable, detailed and economical, and so the one they

were bound to accept, was that of Mr. Loh, the Chinese Christian.

A cable was sent to Mission headquarters in Singapore, and a few days later, during the annual conference of missionaries by the lovely sandy sea-shore of the Gulf of Siam, came the cabled reply that funds were in hand to put up the first three blocks and two staff houses. The money had all come in answer to prayer.

"In the first place," reported a letter written shortly before the hospital opened, "there were funds only for out-patients and ward blocks. This would have been possible to work, but inconvenient. We therefore prayed there might be enough funds to build operating theatre and X-ray block at the same time. When the time came to sign the contract there was enough for this, but none for equipment. Then it was necessary to pray for equipment which needed to be ordered early because of delay in delivery. Small gifts were continually being received—then a promised gift came to cover surgical equipment. Re X-ray: returning to Wiset one day by boat, thinking and praying, calculated a gift of £1,000 would make all the difference. Arrived at Wiset. Found letter from H.Q. announcing special gift of just under £1,000 allotted by H.Q. to Manorum X-ray. This gift came from missionaries in memory of their son, John Birch, who was killed in a motor accident while studying medicine in preparation for the mission-field.

"A gift of £250 came two years ago from a retired missionary when she heard we planned to start medical work. The Lord spoke to her to give it and not wait to leave a legacy. There have been other little stories with various gifts. Most recently £5 from a bed-ridden old lady who has given smaller gifts frequently. The Lord spoke to her about money she was saving for her tombstone, and she obeyed Him, sending it for hospital equipment."

These gifts were the continuation of God's provision which had started in 1865 when a bank account had been opened in the name of the China Inland Mission with a deposit of ten pounds. Two days earlier the founder, Hudson Taylor, who had spent some years in China and seen the need, faced the issues with his

God one Sunday morning on the sands at Brighton. In the margin of the Bible he was carrying he wrote: "Prayed for twenty-four willing, skilful workers, two for each of the unoccupied provinces of China, and two for Chinese Tartary and Tibet." He then took a practical step of faith in the opening of the bank account. Ninety years later, at a bank in Bangkok, this step in the origin of the Mission was remembered when an account was opened, though with many times the original sum, in the name of the Manorom Christian Hospital.

One evening in early December, 1955, Mr. Loh, plump, cheerful and generous, energetic and enthusiastic, his dimples deepened by a radiant Christian smile—he had been converted after marrying a Christian wife—joined the architect and medical superintendent for the signing of the building contract. That meeting, and subsequent ones, ended in prayer, committing the project to God, and asking for a Christian Thai business manager. Mr. Loh could talk business in Thai, but understood no English, and could pray only in Chinese; Mr. Wanlop could converse in English, but knew no Chinese, and could pray only in Thai; Dr. Chris could pray in English and Chinese, but not in Thai. So Mr. Loh prayed in Mandarin (though his own dialect was Cantonese), Mr. Wanlop in Thai, prayers each unintelligible to the other, and Dr. Chris in Mandarin and English in order to be understood by both. Together they asked God's blessing on the hospital to be.

By this time the last of Thailand's three seasons, the cold, had set in and conditions were ideal for starting to build. So there need not have been impatience over earlier delays, for God's timing proved to be the best. There was to be one more delay, but only of about a fortnight. A fair field of self-sown rice which had sprung up on the site was beginning to ripen, so building had to be postponed until it was harvested.

It turned out to be just as well that legal transfer of the land was not waited for before building. When the hospital had been running over a year, one particularly hectic day when emergencies had crowded in on the routine day's work, the Deed of Transfer was finally legalized. So heads were popped round

various doors with the news that a plot of land had been acquired, so a hospital could now be built!

As the scorching early afternoon sun blazed down on the shadeless, newly harvested rice-fields one day early in January, 1956, when a lorry drew up by the roadside, not apparently having arrived anywhere. It disgorged five, hot, dusty and hungry men who started to unload the truck by the roadside and to erect a workmen's hut in the open fields. Clay stoves and charcoal soon followed, aluminium cooking-pots, a sack of rice and straw mats for bedding. Surely God must look down with special tenderness on all young carpenters! And as He looked down on the carpenter in this group He could say, "... a chosen vessel unto me". But as yet the carpenter of Ayuthiya, one of the ancient capitals of Thailand, had never heard of the Carpenter of Nazareth. So quiet and gentle and unobtrusive was he that the missionaries failed to notice him around, and it took the evidence of a photograph to persuade one of them, nearly two years later, that he had been among the first arrivals. The missionaries may not have been conscious of him, but one of the girls in the local "land army" was.

Most skilled labour was engaged in Bangkok. Unskilled labour was found locally and there was much rough work to be done: digging foundations, road-making, mixing concrete and so on. The fields were below normal wet-season water level to ensure their flooding for the sake of the paddy (growing rice), and so all the internal paths on the compound had to be raised above that level. A whole army of local people would arrive each morning carrying their lunch in tiered enamel food-carriers, one larger for rice, one for curry, and a third for some vegetable, fish or flavouring. Some were men, but most were young women in long dark skirts and long-sleeved black blouses as a protection against the sun. Their hair, naturally so beautifully smooth, was frizzily "permed", and crowned by the lampshade shaped bamboo hats typical of central Thailand. The leader of the women, quiet and dignified and older than the rest, though still unmarried, came from just south of the market. And with the delightful absence of social barriers that characterizes

the Thai, a relative of the donor of the land, young, capable and cheerful, not wanting to miss any fun there was going on in the neighbourhood, joined the "land army" too. It was natural that her family should come to know the acting foreman and the young protégé he had invited from Ayuthiya. And it was natural that her father should take a special interest in the lad, for, though the older man was now in charge of the wealthy land-owner's electricity plant that served the whole village, he was, too, by profession, a carpenter.

During the early days of building another letter ran: "There are forty to fifty men working on the site preparing timber, bending the iron rods for the reinforced concrete pillars, and digging holes for the foundations, so that as one crosses the field towards the site, a number of heads pop out like rabbits."

In mid-June it was possible to write: "The buildings are virtually completed; internal wiring and electric fittings are finished, water-piping and sinks are fixed, tiling in bathrooms is well advanced; first coat of painting is mostly completed . . . and the long stove with ten fireplaces for patients' relatives to use is now being built in the kitchen. . . . Mr Wanlop is quite fit again and full of joy in the Lord's active service. He and Mr. Ahpon (business manager) do not escape active criticism and opposition for their Christian activity, but they have many opportunities in contacts with officials and others to answer questions and explain the origin and significance of a Christian hospital. It is their desire, and ours, that this hospital should be a monument to the fact and faithfulness of God, and that it should be recognized as such.

"Though there are a number of features we would have timed or arranged otherwise, yet in many things we see already God has been working and arranging things."

One of these features concerned the supply of an electric generator. It had been estimated that one of twelve kilowatts would be needed, and four firms were approached. But there were hitches, threats of delay of delivery which would seriously affect the opening of the hospital, and much frustration. Then an engineer suggested using two units providing six kilowatts

each, which he could supply from stock, and his tender was accepted. Since that day the hand of God in leading to this change of plans has been clearly seen. For ordinary daily use one unit is adequate, the second unit being coupled with it only when the theatre is working with air-conditioner and large instrument sterilizer. Thus there is economy in fuel and a second unit available if one breaks down or when one is undergoing routine maintenance.

The building was finished to time, the work was well done, and the materials used were good. Of such quality, for instance, was the paint used outside by the thin, opium-addicted Chinese painter employed by Mr. Loh that after three years in the tropical sun there was scarcely a blister. The element of sadness in saying farewell to Mr. Jumbee, the foreman, and the builders to whom the hospital owed so much was tempered by hope of their return to extend the building as God sent the funds. And year by year as the same men have returned, they have become yet more firmly friends of the hospital.

CHAPTER 7

EXPANSION

MR. PIE-BOON, the donor of the land, sat firmly wedged in the round wicker arm-chair in the office at the doctor's house. He usually came to hospital from his home behind the village perched high up on a tall, ancient weapons carrier, a trophy of the Japanese occupation.

"Just look how popular the hospital is," he said. "More and more patients are coming. You'll never have room for them all in the buildings you have planned. You ought to make the rest of the blocks double storeyed."

The doctor was polite but firm. He had had experience in China of the difficulties of running upstairs wards and transporting patients and equipment up and down. One of the main advantages of planning the hospital at Manorom rather than at Chainat had been that the site was large enough for a twenty-five bed hospital of one-storey buildings. Plans for such buildings had been passed by the authorities, and the hospital had been registered as a twenty-five bed one, although there were only eighteen beds this first year. The next category recognized by the government was up to fifty beds, and a different set of rules governed the registration of such a hospital.

Several other local worthies made the same suggestion as Mr. Pie-boon, but each time it was resisted—until it became obvious that their suggestion arose not from sanguine pride in their local hospital, but from sound common sense. Whatever sized hospital the Mission might be planning, the patients were needing at least a fifty-bed one. So eventually a letter went to mission headquarters in Singapore to see what their reaction would be to yet another change of plans. As usual, their response was enthusiastic, their permission prompt, and their co-operation

complete. So plans were re-discussed and newly drawn, with all the hours of work those few words involve, before a new application was made to the Ministry of Health. Official permission for different buildings and a fifty-bed hospital was granted promptly. But there was more than common sense behind the big change of plans. Only God could foresee what would befall the hospital over a year later, and then it was that His wisdom in guiding the staff to double storeys was fully realized.

By the third year, 1958, there were funds to build the fourth hospital block housing two more general wards and a well-appointed labour ward downstairs, and six private rooms above; four single, one double, and one three-bedded.

Stairs? Ramp? Lift? All the indecision there had been over various details of the plans seemed as nothing compared to the back-and-forth there was over the knotty problem of how to reach the upper floor. Stairs were all right for ambulant people, but not for stretcher cases on wheeled trolleys. There was much to be said for a ramp, but it would take up more space than stairs as the slope must be more gradual. And then suppose someone let go of the trolley at the top! A lift would be ideal, but how was it to be worked when the electricity was only on for certain hours of the day? In the end two outside staircases and a lift were installed. The stairs, instead of converging at the top or bottom as symmetry demanded, were built with both heads and feet widely separated for convenience of access and for safety in case of fire; and probably few but the disappointed architect stop to notice the asymmetry. A hand-operated lift was built by a sub-contractor, apparently from odd parts from a scrap-iron dump, but was found to need five men to wind it up. However, when a concrete-filled counter-weight was added, one man sufficed, and many an anxious husband or new father has worked off his feelings on the lift, and many a willing member of the staff has entertained a gaping audience. The lift was made long enough to take a trolley, and deep and strong enough to take the mobile X-ray machine in case a private patient should need to be X-rayed in bed. Prayer was often offered that God would

guide in all small practical details, and only a year later it was to be seen how this prayer had particularly been answered in the size of the lift.

The same year were added yet another residence and the hospital restaurant. The house, again two-storeyed like the previous year's, was intended for servants: whereas the earlier one was planned for staff. But when the rooms were allocated by the business manager, it was noticed that the two groups were not segregated. So yet another lesson of the lack of social barriers in Thailand was learnt by the missionaries; and far be it from them ever to have implanted such ideas! One sister in a family would apply to be an assistant nurse, and another just as happily to be a laundress. This last house had bed-sittingrooms upstairs only. Downstairs was a box-room, dispensary store, and much demanded shed; in Thai the noun is placed before the adjective, and this shed was found proudly displaying the English sign: "SHED BRICYCLES."

The bright and airy restaurant was built just inside the gate, overlooking a pretty corner of the moat. By leasing it, and also the kitchen near the wards, to caterers, the hospital is saved endless work and complaints about food from staff and patients.

"I think I could do it a little more cheaply if the order is regular," fat Mrs. Gim-huang at the restaurant says confidentially to a customer on hearing the price Uncle Mooey from the kitchen has quoted.

"You can leave it to me," Uncle assures his customers. "I know all about a diabetic diet, and will only send along what would please the doctor."

So healthy and friendly competition between the two establishments keeps prices down and standards up.

By 1959 funds were in hand to complete the hospital by building the fifth, and last, block. Upstairs were two staff flats for families, and downstairs five isolation wards, intended mainly for leprosy and tuberculosis as well as the occasional case of diphtheria or cholera. And now the hospital was finished.

The fact that building was done stage by stage, year by

year as funds came in, was most useful visible evidence to the people around that the missionaries were not supported by a foreign government, as some people suspected. Even if grants had been offered by any government, Western or local, they would not have been accepted, so that it could truthfully be said that the missionaries were agents of no government. The initial outlay was provided by the Mission which also supports all missionary staff. Apart from that, by making only a small percentage of profit on all treatment, the hospital is now not only self-supporting for all running expenses, and able to help many patients with bills they cannot meet, but it has also contributed a good deal towards later additions. As a matter of fact, of the total cost of buildings and equipment, which was about £43,000, 51 per cent was provided by earnings of the hospital and two clinics.

Year by year, as fresh need arose for funds from overseas, the matter was laid before God and, according to the custom of the Mission, no fresh expenses were incurred until the money was in hand. As prayer was made, one donor after another was moved to give. One sent the money she had been saving up to buy a record player, and this gift provided a tape-recorder for evangelism among patients. A group of students, while praying for the extension of Christ's kingdom in Southeast Asia, denied themselves lunch once a week and sent the money saved. A gift for the partially sighted was put towards sound equipment for evangelism; and a legacy for work among the blind was used, by permission, to buy instruments for eye surgery. Local gifts were received too: one grateful patient gave about thirty pillows, made at her shop; several wall clocks and gifts of money were received from guests at the opening ceremony; and the mosquito-screened infant's cot given by the builder is so large that it looks only partly inhabited except when it is being used for twins.

Each year from 1956 to 1959 there had been a building programme. Each year Mr. Loh and Mr. Wanlop had paid periodic welcome visits; each year there had been a resident student-architect to share the life of the compound; each year Mr. Jumbee the foreman, the painter and other familiar workmen

had turned up with the air of long-lost friends; each year God had kept from labour troubles and serious accidents; and each year Mr. Bin the maker of roads and paths and dykes was back with the land-army he mustered. Then came a wistful feeling that these cheerful annual visits were over, but also the satisfied feeling of a work completed.

CHAPTER 8

COMPOUND

THE site given for the hospital lay back from the bus road. Before building started on the hospital the first twenty yards of an entrance road had been built, and the rest promised, by the donor of the land. He had put out the money and engaged a road builder, but week after week went by, and still no road appeared. It is nothing for lorries in Thailand, where there are few raised roads, to take to the rice-fields. So load after load of building material went down the bank of the raised motor road and bumped over the fields of stubble to the building site. Unfortunately this year the annual rains started more than a month earlier than usual, and when the fields became a sea of mud, lorries began to stick in the quagmire, and several loads of stone for the paths had to be jettisoned. One load of three or four tons of tiles and cement was dumped at the side of the motor road by an apprehensive driver and ferried in small loads to the site in the Land-Rover.

It eventually leaked out that most of the money put out for the road had been permanently "borrowed", and so was no longer available. And after weeks of delay the balance—about half of what was needed—was handed over to the hospital with the request that they finish the road. And that was how Mr. Bin came into the picture in which he was to figure so prominently both as colleague and patient. He lived in a stilted house by a picturesque temple where the river south of Manorom takes a great sweep at the foot of a wooded hill. From this hill, which used to be referred to as "Mr. Bin's mountain", came the stone for the roads he built. He was a simple countryman with no business acumen, yet such a builder of roads that he was known and employed even on the further side of Bangkok. It was true

he was honest and industrious and reliable, but his great forte lay in his genius for handling people. No matter what the season, when no one else could persuade local labour that it was not either too dry or too wet or too hot to dig, he would turn up at the head of a veritable army. And he was vocally appreciative of the fact that when he worked at this Christian hospital he had the unusual experience of being paid to time, and so of being able to keep promise with his hordes.

The road and paths were built at last, and the gravel surface finished off by a tiny yellow steam-roller, rather like a Dinkey toy, hired from the Chainat municipality. It was too small to boast a cab, so the driver rigged up a Chinese red paper umbrella to shade his seat. It worked away at a great pace as the time for the main rains was approaching and it could not afford to be marooned in Manorom. Then, when only about twenty yards more remained to be done, heavy black clouds appeared one afternoon, and the steam-roller was last seen heading for Chainat as fast as its rollers could carry it. So the last twenty yards remained rough until the road needed its first repairs.

Because water seemed no problem, not much anxious thought or prayer was given to the subject of the position of the well.

"Shall we need to have a water diviner?" asked one potential member of the staff hopefully, always having been intrigued by these uncanny beings.

"A diviner would have a wonderful time," was the reply, "when there's water everywhere, only a few feet below the surface."

But they were to learn how wonderfully God overrules even when we are unconscious of how much we need His guidance. Two years later they were to watch the owner of one of the hospital inns dig three wells during the dry season before he struck water.

The eventual system evolved was that water was pumped by electricity from the hospital well into settling tanks and from there into an overhead water tower, the cisterns being huge metal cases in which biscuits had been imported. So there is now running water throughout the hospital. Two Swiss silver

catalyst filters are a source of water safe for drinking and making up medicines; much labour and fuel are thus saved in not having to boil drinking water.

But first of all there had to be a well.

The main thought given to the position of the well was to consider the slope of the surface of the land. When it was found that one corner of the low-lying plot was a few inches higher than the rest, it was decided to sink the well there so that what little surface drainage there was would be away from its mouth. It was also suitable that this corner was at the back where the water-tower to be built over the well would not be too unsightly. Mr. Ma, the man with the best reputation as a well-digger in the district, was employed. When his men, digging by hand, struck water, a petrol pump was borrowed to suck it out so that the men could dig deeper before lining the well with the concrete tubes they were making on the spot.

It was at this stage, when the water was being pumped out and the well deepened, that the doctor supervising the work, always observant, peered down to see what he could see. And he saw water flowing into the shaft from one side only: the well had struck an underground stream.

To this day, during each dry season, people are seen slipping in from an inn with buckets to the tap below the water tower. It means that their well has run dry, and the single, hand-dug hospital one, supplying over two thousand gallons a day for hospital use, can well afford to supply the neighbours, too.

Often do passages in the Bible seem to come to life to those living in the East. Now there was new meaning in the words, "Drink . . . *running* waters out of thine own well. Let thy fountains be dispersed abroad." And the well became a parable of the living water that those who set up the hospital had struck in Christ: water which, drawn on continually, never failed, and which they had come in order to share with their neighbours in central Thailand.

It is one of the delights of the orient, largely denied to dwellers in industrialized countries, to walk through almost any small town and watch hand industries. Brassworkers, silversmiths and

blacksmiths beat and hammer and bend in their open-fronted shops. In all towns and larger villages in central Thailand will be found someone working in an open courtyard making cement rectangles or tubes like sections of huge drainpipes. These are used for lining wells or making septic tanks.

The Thai maintain that they used septic tanks long before the Japanese came. But it seems likely that their use became far more widespread during the occupation. At any rate, this simple and efficient method of sewage disposal is now in use even in remote country districts, though mostly in towns and villages; country farms and cottages still retain their cesspools, or have no sewage system at all.

If the soil is permeable, such as sand or gravel, the effluent from a septic tank seeps away satisfactorily. But the hospital is on solid clay, and there was trouble not only with drainage of sewage, but also of water waste from ordinary sinks. So during the second year's building operations the septic tanks were replaced by larger ones, and the effluent and all the waste water from other drains are now piped into a large underground brick and cement tank in a corner of the compound. When this is full the contents are pumped into an adjoining field, where it is hoped it is welcome as an aid to irrigation.

It sounds simple enough now to say what alterations were made, but it was a major problem when the compound was becoming a quagmire. But the God who gives to His Church "some prophets, some teachers . . .", also gives to missions some carpenters and some civil engineers. For weeks there had been talk about "When Arthur Glasser comes . . .", and all were looking forward to the visit of one of the directors of the Mission, on loan to Singapore from the North American home staff. There were to be personal interviews, and a meeting with the church by interpretation, and possibly a country trip. No one could foresee what the highlight of the visit of this cheerful, deeply thinking man of God would be. As one doctor put it excitedly soon after his arrival, ". . . and he even 'majored' in drains; they probably call it something else, but that's what it comes to." His tour of several countries was timed to fit in with

his busy programme in Singapore and the States. But God knew the need of one small hospital in the path of his long trip, and brought him there just when the compound was at its boggiest. And it was on modifications of his suggestions and sketches, made while working against time on a knotty problem, that the alterations which have proved so successful were made.

"Well!" sighed one member of the staff the day he left. "One topic of conversation only: drains!"

"And what more needed?"

"Nothing! Emphatically nothing!"

The disposal of rubbish is no problem in many parts of Thailand, as this is taken to be one of the obvious uses of rivers and canals. One of the awkward things about not being by a river was that the hospital was deprived of this convenient equivalent of the dustman.

Latterly there has been a really large pit in which much space is saved by hammering tins flat before they are thrown in; and the pit is covered to keep dogs out and attract fewer flies. Also a neat brick incinerator with chimney has been built. But the first incinerator was simply a large oil drum; and the first two rubbish pits so modest that the word "pit" for one of them became a euphemism for "heap", until the fire came.

It is the custom in Thailand at the end of rice harvest to set light to the stubble in the fields. Six months after the hospital, set in the middle of paddy-fields, was opened, fires began to appear all around. It was most beautiful at night, whole fields going up in sheets of flame. The fire in each spot soon died down and the blazing edge advanced, so the fires at night on distant hills looked like fiery serpents or rings in the sky. One hot mid-day the field behind the engine room was set alight, and the wind blew the flames towards the petrol and oil store. The Thai staff were quite unperturbed, but good-naturedly helped when requested to beat out the fire with branches of bushes. Then some nights later the farmer working the fields behind the staff houses raked his loose straw into a big heap under the tree behind the doctor's house and set his huge bonfire alight. This was more than just a field fire, and up ran the lithe figure of Mr. Ahpon

the business manager, followed by the puffing figure of Uncle Mooey the nightwatchman. Uncle stood indignantly shining his torch accusingly on to the blazing mass while the farmer meekly explained that he had chosen this night because there was hardly any wind. He could not have chosen better, for what little wind there was was blowing away from the houses. Next morning there was still a nidus of fire, and the wind changed and blew it over into the compound. It proved to be the most orderly fire, first clearing the compound of rice stubble, and then settling itself in one of the rubbish "pits" which it reduced to ground level after smouldering for twenty-four hours. So the missionaries learnt that there was yet another aspect of Thai life they must accept and learn to take calmly.

When the Holy Ghost came, our Lord said, He would baptize with fire. Some of the missionaries longed to see God's fiery work of revival in the local church. Maybe they needed a lesson that, when God sent His fire there was a danger that they might panic, and rush to beat it out, fearing that all spiritual fire was out of hand and disastrous. Perhaps they needed to learn that some fires not set in man-made stoves could yet be ordered and useful, cleansing while they blazed.

CHAPTER 9

GARDEN

“WHAT’S hibiscus?” asked the doctor supervising the work on one of his return visits to Wiset when the building of the hospital was still in its early stages. “They want a hibiscus hedge now. They’re enjoying themselves like a couple of small boys with a model railway.”

The architect’s younger brother took delight in planning the hospital grounds according to the rules he was learning in his university course. Certain trees grow quickly and afford good shade, and the east end of the dark-room was obviously a place where such was needed. But too many shady trees act as a wind-break and increase the discomfort, so the compound was left as open as possible. Although the sun beats on it relentlessly, there is nearly always a breeze across the open paddy-fields, and because of this the hospital is known among visitors as one of the most comfortable places in which to live in central Thailand.

It was a discouraging business to try to get anything to grow. The solid clay had never produced good rice—one sound reason for the offer of those particular fields for building. It was found that plants were alternately baked to death and drowned by floods.

“Mrs. Rice-mill,” one of the doctors announced one day after out-patients, “is going to send us some garden beds.”

“Send *what?*”

“Well, that’s what it sounded like. Something to do with planting flowers anyway; and ‘burning’ came into it, too. Oh, this language! We’ll just have to wait and see what comes.”

“Mrs. Rice-mill”, as she was referred to because of her occupation, was a good friend. The hospital was not over-popular the first year with most of the business people in the village when

they found that they could not queue-crash and be seen before the country farmers. The swing of the pendulum in the other direction began when Queen and Beauty, two of the loveliest babies in the village, were both critically ill after the measles epidemic. All the world and his wife used to visit them in hospital, and everyone could see the pus streaming out of their little chests into bottles slung under their beds, and there was much shaking of heads and saying, "In the old days before we had a hospital . . ." And, later, expectant mothers discovered that if they took the trouble to wait their turn once only, they were considered "booked cases", and everything went to their liking after that. After a few years there seemed to be hospital babies in almost alternate shops, and as many families were firm friends of the hospital as there were babies.

But Mrs. Rice-mill had been a friend from the start. One of the wealthiest and most influential people in the village, and presumably with a husband somewhere in the background, she expected no preferential treatment except to be able to choose the section of the verandah on which to wait her turn. It would seem that at least once during every school holiday someone in the family would say, "Let's have a day at the hospital!" So along they would all come, from the delightful big children home from boarding-school in Bangkok, down to the tiny toddler in frilly nylon dress and little pigtail standing up vertically on top of her head. They would bring mats to sit and sleep on, and food; and settle in a bay of the verandah by the library and patiently wait for their numbers, collected by a servant in the early morning, to be called. And on one such visit Mrs. Rice-mill, on point-duty directing the family traffic through the consulting-room, promised to donate what sounded like flower-beds.

She was as good as her word, and time and again the great rice-trucks used to swing into the compound piled high with black ash from burnt rice chaff. It was true they were glad to be rid of the stuff, but they could have tipped it into the river by the mill; it was generous to send the trucks on so many journeys to bring it to hospital. One large area in front of the building was raised by it to form the basis of a lawn, and a number of round

piles about the compound formed the bases of large flower beds. And then the northerly winds began: one gust and everything in out-patients, including the trays of sterile syringes, would be covered with the black ash. The gift stirred the hospital to buy several truck loads of good earth to put on top, and in a few years there was quite a garden of flowers, bushes and trees. Many were gifts from patients and friends of the hospital: "the Goulds' yellow hibiscus", "the left-hand carpenter's gardenia", "the cuttings from the water-gate", and so on. And then there were the staff's own pet projects referred to admiringly as "Edith's roses", hopefully as "Kay's beans"; and disparagingly as "Catherine's orchid leaves".

But the ornamental garden was the show-piece. During the last year of building, the student architect joined in all the life of the compound, and was most popular. At one point the hospital superintendent became a little anxious, as on several occasions he failed to see the smart stocky figure he expected, walking up and down supervising the work. He feared the nearness of the boy's home (his father was a postal official in Chainat) was proving a temptation. But fortunately he aired his suspicions in the doctors' house.

"You must be looking in the wrong place," said Arthur Pennington, one of the doctors, with a grin. "Try looking among the workmen."

And sure enough, there he was, day after day, stripped to his singlet like the men, getting down to brick-laying or any other task there was in hand.

"I looked and thought, and thought and looked," he said later, when explaining his day-dreams about the garden. He was taking landscape gardening as a subsidiary subject in his architectural course, and longed to try his hand. Here was just his opportunity, but he had no money. So wistfully he decided on a less ambitious project: a special bed outside the superintendent's office.

"It will form a screen and give more privacy from the hospital," he said, quoting from his text-books.

"Fine!" said the superintendent, tactfully omitting to mention

that he had placed his office specially so that he could see everything that was going on. So the landscape gardener fetched some of the big rocks that were usefully shoring up the edges of the raised paths, cemented them together in a rectangle, filled it with sand, and planted it with prickly pears, much to the amusement of the Australian members of the staff. In Australia, it appears, every public-spirited citizen destroys every prickly-pear he meets; but English readers will probably need to be told that the prickly pear is a cactus used in hedging.

While he was working on the bed, the architect paid one of his periodic visits and gave him a hand. And as they worked together the day-dreams about the ornamental garden came out. It was soon settled: pupil would make the garden, and master pay for the materials; so it became a love-gift from the two of them. There was one structure of just about every shape that had been drawn on the blackboard during the classes, executed in all the suggested materials: brick, cement, plain and coloured, in the absence of stone. And in the centre was a fountain, a solitary vertical jet, much turned on and off by the staff to show admiring relatives and friends—the first fountain ever seen in Manorom.

“Manorom Hospital seen with the eye of faith” was the title given to the first snapshot of the site. There were a few faint hills and trees in the distance, but apparently nothing in the foreground—just flat, open fields; even the crab-pot placed hopefully in a ditch, and the Chinese pond heron that rose from cover as the picture was about to be taken, failed to show. Yet out of this hard clay eventually sprang a garden with flowering trees and shrubs and herbaceous borders; and on these flat, featureless paddy-fields arose a little group of simple buildings where battles of life and death were to be fought. Both these transformations were symbolic of the yet greater changes to be wrought in empty, purposeless lives by Christ in this same place, once the hospital was open.

CHAPTER 10

OPENING

A TUG on a piece of dangling string, and the red silk gauze veil was drawn aside from the signboard over the hospital entrance. The words which had shown faintly through its gossamer folds stood out clearly in bold Thai script, and the "Christian Hospital" was declared open by the Governor of Chainat.

The day everyone had been working for; the day everyone had been waiting for, but what a day!

The previous three weeks since the builders and painters had finally left had been ones of feverish, though ordered and cheerful, activity. Piles of sheets and theatre gowns and towels had been hemmed; bundles of cotton blankets had been stacked into the matron's cavernous cupboards; mattresses, pillows, mosquito-nets, buckets and brooms had arrived from the village for distribution; scores of cases of medicine, mostly imported, arriving by bus from firms in Bangkok, had kept the pharmacist busy teaching her assistant to make up stock mixtures, stencil labels for the large bottles to contain them, and sort drugs into alphabetical order. It was easy enough for him to see at a glance that Agar came before Zinc Oxide, or even before Barium, but not so easy to decide on the spur of the moment whether Chloroquine came before or after Chloramphenicol. The theatre sister had spent much of the time head downwards in one after another of the thirteen packing cases of surgical instruments from abroad, emerging from time to time with one shining object after another. In each department the Thai staff had worked as hard as any, and had proved themselves quite indispensable. And all the departments had been calling out at once for Leslie Stead, the hospital engineer, to fix up this or that. At last all the tasks

had been finished to time, and order had appeared out of chaos. A marquee had been erected to accommodate overflow guests at the opening ceremony and microphones and loudspeakers set up.

It had been noised abroad for several months that the first part of this twenty-five bed hospital was to open on August 18th, the chief attraction being an X-ray. The great day had dawned at last, and many guests were expected—and there was not a bed in the place, and no X-ray.

There is always uncertainty about the time of arrival of imported goods. The other, always unpredictable delay is in the Customs' shed. This time the longed-for equipment was known to have arrived. The bedsteads, though not the X-ray, were reported clear of Customs eight days before the opening ceremony was to take place, and a transport company agreed to take them to Manorom. Metal bedsteads had been bought as being lighter to move and easier to keep clean than local wooden ones. In the experience of other hospitals the Thai, used to sleeping on their own clean, polished floors, are most uncomfortable on springs. So frames had been bought, without springs, thus saving considerable expense; they were to be fitted by carpenters with local wood on arrival, therefore were needed several days before the opening. On a Saturday, just a week before the ceremony, news came at mid-day that the transport company could not handle such big cases after all. Now all business in Bangkok shuts down for the week-end from noon on Saturday, and this particular Monday was to be a public holiday. So Tuesday was the earliest day that anyone would be found at the go-down to release the crates. It was decided to send transport from Manorom to fetch them, and the truck which was hired was expected back on the Wednesday. Wednesday came and went, with no sign of the goods, and on enquiry it was found that the vehicle had left Manorom two days later than the agreed date, so could not be expected back until the Friday. That would scarcely give time for the carpenters to do their work, but at least the beds would be *there*. Friday came and with it a telegram saying that the X-ray had been released that very day by the Customs. But the day



The approach to Manorom by river

The hospital in the fields





Front of the hospital under construction



The generator for electricity arrives

wore on, and enquiry revealed that the truck had returned to Manorom already, but without the crates.

So Saturday, 18 August 1956, dawned with everyone saying, "Let's make the best of it, these things happen." And people put on their semi-best clothes, as the long-distance guests had arrived the previous day, and there was no more work to do except to see to finishing touches such as flowers and flags. The hospital superintendent, after the frustrations and disappointments of the last few days, read, first thing in the morning, of how Jesus had delayed two full days to go to the help of Lazarus at a time of dire need, and he saw a ray of hope. But at 9 a.m. it began to fade; by 10 a.m. all hope seemed gone; and at 11 a.m. he went off in the Land-Rover to the railway station twenty-six miles away to meet other possible guests.

An hour later, four and a half hours before the ceremony was due to start, a huge lorry swung through the hospital gates, piled high with great packing cases. The Mission's business manager in Bangkok, and the import broker, had found a company, with a man willing to drive through the night. And as the finely built man swung himself down from the driver's seat he was the hero of the hour.

It was "all hands on deck", visitors and all. But the hands were inexperienced, and it was no easy task to unload cases weighing several hundredweight from the high lorry. The two resident guests, Mr. Jaron and Mr. Rowland Butler, Mission's director from Singapore, were both strong, well-built men who worked with a will, and added greatly to the total man-power. By 1.30 p.m. when the superintendent returned, the compound he had left so neat was in confusion; pieces of crates, hastily torn open, were strewn about amid piles of paper and wood shavings, and lunch was being served in relays.

"Just throw the bedspreads over, then no one will know," was the optimistic but unpractical advice given to the matron looking disconsolately at her bed-frames; the bedspreads just fell through. So there was a hasty round-up of every piece of rope on the compound: from clothes lines to ropes that had

secured luggage from overseas. The ropes were passed across and across the frames to support the bedspreads; and it was devoutly hoped that none of the guests would feel weak about the knees at the sight of a hospital ward, and have to sit on a bed. One of the trophies produced from the lorry was the shining metal sterilizer. The local guests would not have noticed its absence, as they would that of the X-ray; but it was an impressive sight and its presence added greatly to the general effect. Of course everything, from beds to X-ray, needed assembling and Leslie Stead, who is in the habit of working at his own pace, nobody else's, worked like ten.

Nobody had had time to change into old clothes, and black oil had leaked from the X-ray transformer. After three attempts at later dates to deal with Dr. Arthur Pennington's smart grey trousers with different chemicals, the dispensary and domestic staff finally gave up in despair, after wondering how their supporters in the homelands pictured missionaries spending their time. Arthur had to have his trousers dyed black; so now when he appears in them of an evening he looks like the only member of the staff who has really dressed for dinner.

The opening ceremony was due to start at 4.30 p.m. And at 4.20, the compound shipshape once more, while the senior staff were still feverishly trying to bath and dress, the guest of honour, the Governor of the province, was seen patiently pacing the corridors on his own. By the appointed time, however, the staff were ready, if panting a little; and over a hundred officials and other guests had arrived.

But by now it had become quite out of the question to start any ceremony. For the biggest tropical storm of the year had burst, and the noise was such that no voices would have been audible even through the powerful loudspeakers. The out-patient waiting hall and adjoining verandahs, where the meeting was to be held, have no walls, and the water was driving through in sheets while guests huddled in any corner they could find. Several young men were leaning all their weight against the poles of the marquee to keep it from collapsing, while the dispensary assistant, soaked to the skin, was out in the open vainly trying to

re-erect the collapsed festoons of flags. While they waited for the storm that swept and rocked the place to subside, at least one missionary thought, "O dear! Is the devil trying to upset things again? They'll all think this is a bad omen." But she had forgotten that, in this hot land, to sprinkle people with water is a symbol of wishing them happiness. And while she was fearing, the newly converted architect, with a much clearer perception of the good hand of their God upon them, was moving among the crowds saying, "We shall have much blessing! We shall have much blessing!"

As the worst of the storm subsided, people reassembled, the ice between them—or whatever is equivalent in the tropics—quite broken by the comradeship that common discomfort breeds. And the ceremony took place under the dignified leadership of Mr. Jaroon from Bangkok—quiet, middle-aged, a mature Thai Christian, and a true man of God. He offered prayer, read the Scriptures and explained the purpose of a Christian hospital. The Mission was represented by Mr. Rowland Butler, who had come from the headquarters in Singapore; from there, and in previous visits, he had taken an active part in planning from the very beginning. He spoke by interpretation through Mr. Jaroon. The guest of honour, the Governor of the Province of Chainat, made an appreciative speech referring to the freedom of religion which is a part of the Thai constitution. He then unveiled the signboard over the front entrance and declared the hospital open.

In accordance with Thai custom, each guest received a handbook about the hospital with photographs and articles, edited and generously provided by the architect; it contained his own testimony of how much Christ had come to mean to him. There followed refreshments, ably prepared by the architect's mother, and then a general tour of inspection.

"Yes, we have an X-ray" answered those posted on duty in the second block—without mentioning just how long they had had it. "From Monday, the day after tomorrow, onwards" was the answer to the next invariable question. "But you can only be X-rayed if the doctor finds it necessary."

"We've only eighteen beds so far" was explained in the wards—again there was no need to say how long there had been even eighteen. "But we hope to have twenty-five when the second block of wards is built. When? Well, when God sends the money. We pray for it, and He sends it through Christian people in other lands over the sea who want the people of Thailand to have the same joy of knowing Christ as they have."

One of the most welcome guests, her grey hair cut short as is customary at her age, and dressed in simple Thai blouse and skirt, was making her first public appearance since she became a Christian. She was Grannie Kahb, mother of the late M.P. for Chainat, on whose land the hospital was never built.

That evening the staff had a meal with a number of visiting Christians from other places who were staying over the weekend. The plan had been to throw the hospital open for inspection by the general public, with a film of the Church in Korea. But it was still raining, and scarcely anyone came, and a quiet evening was appreciated by all.

The general public did not forfeit their opportunity to see the hospital, however. For several weeks, the daily entertainment for the villagers, after their evening bathe in the river, was to walk or cycle to the hospital, or even to come by private bus, and see the sights. And if they were fortunate they would meet someone who would say, "Perhaps you'd like to see the operating theatre; I'll fetch the keys." For although it was the X-ray that was the impressive feature, to those who knew the hospital by hearsay (for the Thai are an enlightened people and would not consider a hospital, whether government or mission, complete without an X-ray), the theatre became the showpiece to those who came to see for themselves.

Sunday, the day between the opening ceremony and the Monday when the medical work was to start, seemed like "the last great day of the feast" when Jesus stood up and spoke His matchless words about the rivers of living water.

At nine in the morning a church service was held in the hospital waiting hall, and fifty or sixty people met to worship, and

two Buddhist monks, wrapped in saffron robes, wandered in and accepted an invitation to stay. The service was led by Mr. Jaroon. After he had read and prayed opportunity was given for testimonies, and two of the guests from Paknampho told of the difference the Christ they had not even heard of two years ago had made since they had given Him access to their lives. The next to jump to his feet, to everyone's surprise, was the tall, broad clerk of the Inburi clinic, Mr. Chaiwat. Prayer had been made for him since the clinic opened two years previously, and though he had obviously been interested in the gospel, he had shown no signs of response. Now he stood and told simply of the battle that had been going on within during those years. He had watched the lives of the missionaries and considered Christianity and compared it with Buddhism, which he knew from the inside as he had spent a short time as a monk—the eyes of the two monks in the front row were fixed steadily on him—and he had decided to follow Christ. He humbly asked prayer for himself, saying that he was right at the beginning of his Christian life. Ever since that day he has gone steadily on with his Lord. And there came another day, three years later, when he stood again at the same hospital and gave another testimony. This time it was of the vicissitudes that had befallen him since his first visit, for he had left Inburi to work in Bangkok. He asked prayer for himself on his first missionary venture; for he, who loved his home, was going eight hundred miles away to south Thailand to become business manager of the new C.I.M. hospital in Saiburi. He is still there doing a fine piece of service for the Lord he first acknowledged at the opening of the Manorom hospital.

After the testimonies there were baptisms, and eight adults were received publicly into the Christian Church. These were Mr. Ahpon, ex-monk; Mr. Samyong, ex-actor; Mr. Somgit, clerk of the Wiset clinic; and a Wiset schoolboy; two other ex-monks were baptized: Mr. Sukon, the first to believe in Manorom; and another who had been converted on the hospital compound during building operations; then there were also two visitors to Manorom, Mr. Tong-chie and Mr. Sawang, a teacher,

both of whom are now leaders of country churches composed mainly of people with leprosy.

Then followed Mr. Jaroon's sermon.

The last command of the Son of God on earth had been to make disciples of all nations, baptizing them in the Name of the Father, and of the Son and of the Holy Ghost. And this long Sunday morning service which had witnessed the fulfilment of this command, ended with Holy Communion, where old and new disciples, members of eight nations, met this very Son of God who had promised them His presence for ever.

The hospital staff may have been working feverishly towards Saturday, and their Lord may have been quietly working towards Sunday. But the day the people all around were waiting for was Monday. And on Monday they came. Seventy of them registered as patients, beginning with the small school-boy son of the local postman; the rest came as relatives and onlookers.

And to be the first in-patient, God sent one He had prepared to become His own. The wards were not officially opened for obvious reasons. "Sorry," the staff had to keep explaining, "but the beds aren't quite ready." Neither was the X-ray in working order and this woman, too weak to walk with pulmonary tuberculosis, and living a bus journey away, needed X-ray; so she was allowed to stay just for one night, sleeping on the floor until her case could be dealt with. The missionaries at Chainat, where she lived, were given her address and visited her regularly afterwards. They watched her improve beyond all recognition, and had the joy of seeing her and several of her family accept Christ. When fire swept through the city of Chainat, wiping out a whole section of it, the fact that the fire stopped abruptly as it reached her wooden house where she sat praying, too weak to run away, made a deep impression on her neighbours. Unfortunately, she could not be persuaded to continue regular treatment, and as irregular treatment for tuberculosis is a danger to the patient as well as to the community, it had to be stopped, and she has relapsed. But she is still a Christian,

and services are still held in her home which the flames could not touch.

And as a tired but happy group of missionaries sat down to their evening meal that Monday they sighed, "Well, we seem to be a bit 'Open' at last!"

PART THREE

*. . . and there shall be
with thee for all manner
of workmanship every
willing skilful man, for
any manner of service.*

1 Chron 28.21.

CHAPTER II

BUSINESS MANAGER

A SHAVEN headed boy not yet in his teens wrapped his bright yellow robe vigorously around his slight body—for he did everything vigorously; besides, dawn had not yet broken and there was a nip in the early morning air, even in the tropics. He took his black wooden begging bowl in the bend of his elbow and set off with the others. In single file the row of golden figures wound their way silently across the monastery courtyard and through the great stone gateway into the road. The wide, quiet monastic streets of this part of Bangkok with their large stone paving slabs, grey stone walls and dignified gateways might well remind Westerners of English cathedral precincts. But over the ancient walls glimpses of the roofs beyond would soon shatter the illusion—fantastic jumbles of pagodas and steeply pointed roofs with brightly coloured enamelled tiles, blue, red, yellow, green, and elaborately carved gable ends and ridge poles, here covered with gold leaf or there painted with iridescent enamel glittering in the rising sun. As the file of monks walked on there was the boom and tinkle of bells large and small as they swung in the chilly breeze, and there was the smell of incense. But it was the smell of food that interested the young monk more as he approached shops and houses where people were waiting with bowls of cooked rice and vegetables. One and another put food into his begging bowl, sometimes with silver ladles from ornate silver bowls, yet received no word or gesture of thanks. For were they not gaining merit for their good deeds, merit that might enable the women to be reborn as men in the next of their many lives on earth, and the laymen to be reborn under conditions where they could become priests, merit without which they might have to be reborn as animals? So it

was they, the donors of food, who should be thankful to the monks for giving them the opportunity of adding to their store of merit. This intense interest the boy monk felt in food, though, was worrying. It was natural, for he had kept the rule and not eaten since noon the previous day. And, even though he had kept this rule this time, he still *wanted* food. It was not until he could train himself by meditation to have no desires at all that he had any hope of attaining Nirvana, or the final oblivion that is the highest hope of all Buddhists, with no fear of further rebirths or any kind of subsequent consciousness. Yet he was fortunate compared to all these lay people he was passing. For was he not a monk in this life, and so was he not within reach of Nirvana if only he kept the rules? But there were so many and they were so difficult to keep.

Fifteen years later he folded up his saffron robes for the last time and went into the world as an ordinary citizen. Fifteen years of study were behind him—study of ordinary school subjects, comparative religions, Buddhist classics and philosophy. He had been a liberal-minded student enquiring with his usual zest into many things besides Buddhism. He had ascended in the hierarchy and was called "Master". And now he was throwing it all over; it was no good. He found it quite impossible to keep over two hundred rules and so to be a good priest. Outward sins such as "drinking" were no temptation to him; but inward sins such as pride defeated him. Laymen had only to keep three rules, and he felt he could do that; he decided it would be better to be a good layman than a bad priest. So he left the priesthood and eventually took a post in the company that supplied electricity to the city of Paknampho.

He threw himself into his new job with his usual energy, and his enquiring mind led him to wide reading and interests. There were "foreign" Christians living in the city, and he once bought a set of books on their religion. He would have liked to have gone to talk philosophy with them, especially as he was impressed by the lives and actions of one or two Thai men he met who had become Christians. But he was too shy to call on the missionaries until a year after he had bought the books. Then a friend offered

to introduce him as one anxious to improve his English. Regularly he visited Louis Almond, and found he could satisfy some of his curiosity about Christianity. How different from Buddhism: the existence of a God; one life only in which to decide our eternal destiny; God's only Son sent to be man, and dying in order to remove the sin which separated men from God; the gift of a life of union with God which started in this life and continued through death to eternity to all who accepted His Son as Saviour; this Son raised from the dead indwelling believers through His Spirit and imparting to them His own victorious life over sin. This surely was a more practical answer to the leading of a good life than the vain struggle to keep rules. He was naturally humble, and his experience in the priesthood had given him a poor opinion of himself and so he was loath to say that in anything he had attained. So even after he had been convinced of the truth of Christianity and believed in Christ as his Saviour, he was slow to feel sure of himself and call himself a Christian. Others could see signs of the life of Christ in him before he could feel it himself. He developed real sympathy with people who took a long time to decide about Christ, and who had to answer all their doubts first, one by one. He started joining in the interests of the little church in Paknampho, just a handful of people who two or three years ago had known nothing about Christ. With these people he learnt to pray for others and often their prayers were for God's blessing on a Christian hospital to be built at Manorom in the adjoining province of Chainat. And at that time one of the most earnest prayers being offered in several lands, besides Thailand, was for a Christian Thai business manager for the hospital.

One of the early converts at Paknampho seemed a hopeful candidate for this post, and a pleasant man. But another, much better qualified man living in Bangkok was introduced. He was a Christian of long standing, had had a business training and spoke fluent English. The two superintendents had met him and realized what an asset he might be in the work; it was just his self-confident manner that made them a little uneasy each time they met him. He seemed anxious for the post, though, and kept in touch

with the missionaries and asked periodically what the chances of appointment were. Meanwhile the missionaries had met the ex-monk who was enquiring into Christianity in Paknampho. They liked him, but he was not a professed Christian, so not in the running for possible appointment. When building was due to start the finding of a business manager to help oversee the work could be delayed no longer. By this time the ex-monk was a confessed Christian, though still unbaptized, and his humility and energy commended him to those who had to make the choice. But they had gone so far with the Bangkok candidate that courtesy and Christian faithfulness demanded that they invite him to fill the post. He was obviously anxious for it and had kept himself free, though his wife did not want him to leave Bangkok. So he was asked and prayer was redoubled that God would guide. He seemed so suitable and yet—once again the deep peace of God was lacking. And when his reply came a few days later, what might have seemed a disappointment was actually a relief: he regretted he was unable to accept.

So the way was open to invite Mr. Ahpon, the ex-monk, to be business manager of the hospital. And was it not possible that part of the reason behind the earlier delays over plans and building was because the man God was preparing for this key position was not then quite ready?

He suggested studying hospital administration for a short time before moving to Manorom and two of the American Presbyterian hospitals kindly gave him the opportunity.

To write of much of his work in the hospital would be an endless task, for the whole place seems to revolve around him. Every day, and several times a day it is, "Let's ask Mr. Ahpon"; "Well, have you told Mr. Ahpon?"; "We'd better see what Mr. Ahpon thinks", or "It will just have to wait until Mr. Ahpon is back". Appointment and oversight of all Thai staff (except in medical duties), care of the accounts, liaison with all officials, are only some of his varied responsibilities. His clear brain, ability to make up his mind quickly, and straightforward outspokenness make him adviser-in-chief to Thai and missionary staff. And his energy and humility lead to his taking part in the

activities of every department. He joins in the work of the registration desk, the cashier's office, and even the nursing classes. If there is any mundane task to be done, such as the shifting of chairs, or cleaning up after floods, he is the first on the scene.

For the first few years he was leader of the local church at Manorom, and of the inter-church committee of central Thailand. Though he has now relinquished office, owing partly to pressure of work, and partly to his sense of call to serve the churches among people with leprosy, he is still main adviser, though now from the position he would choose: the furthest corner of the back row.

CHAPTER 12

STAFF (a)

HOW to write about national friends is a problem. Should names appear in print or not? Would it be wiser to omit all names, or to use initials only? One bright idea, culled from those who write about "Mr. Yellow of Bamboo Grove Village" was to use the English translation of names. Two co-operative Thai members of the staff duly undertook, with the help of a dictionary, to produce a list of hospital employees, translated into English. It included:

| | |
|--|----------------------|
| Mr. To-place-on-one's-head | dispensary assistant |
| Mr. Born-into-a-famous-family | dispensary assistant |
| Mr. Shake-all-over | X-ray technician |
| Miss Sweet-made-of-roasted-rice- mixed-with-sugar | nursing aide |
| Miss Tall-plant-bearing-fragrant- white flowers | cleaner |
| Miss A-long-time-ago | laundress |

So that little scheme for conveying names was regretfully abandoned.

In the end it was decided to use names openly, though how best to represent their sounds by Roman script is another problem. The accent in Thai names, whether of people or places, is usually on the last syllable. But what do names or their pronunciation matter in comparison with the people they are used to designate?

It had been a thrilling day when, before the opening of the hospital, the first convert in Manorom had acknowledged his faith in Christ. Regularly he had come to Roy and Ruth Ferguson



Samyong, *laboratory technician*



Aphon, *business manager*

Some members of staff

Nurse aides receive their badges





Presenting the spoken word and the written word to out-patients



for teaching, a two- or three-mile journey from the water-gate north of Manorom, where he was employed. His first contact with the gospel had been two or three years earlier when some "foreigner" had handed him a leaflet from a boat, presumably the Mission evangelistic launch. An important prayer in pioneer evangelism is that early converts shall be suitable church leaders. In answer to this prayer, here was an intelligent man of about thirty with twelve years of monastic life with its philosophical education behind him, and now in a responsible position. Mr. Sukon later left this post and became registration clerk at the hospital. His clear mind and penetrating insight into the Scriptures make him potentially the best Bible teacher the infant church has produced so far. His connection with the water-gate (an important gate where a new transport canal running to Lopburi leaves the main river) had been the link that has made the irrigation officials there such good friends of the hospital. All manner of kindly help have they given, from the donation of many plant cuttings and emergency repairs to the Land-Rover, to the major help the engineers gave with the generators at the time of bad floods.

"There was scarcely a sin I had not committed," said Mr. S'tahn as he told of how he had turned from a life of wine, women and gambling to serve the living God. And the one most affected by this change was his wife; she soon followed him in allegiance to the Saviour who could do such a remarkable thing as completely to transform her husband. He was one of the mainstays of the Paknampho church in its early days, so the hospital missionaries, anxious not to draw Christians from their home churches where they were so needed, were at first distressed to find him suddenly on the staff, having moved to Manorom with his wife and family of five boys. Ever since, he has been a nursing orderly, and is also the X-ray technician. Several of his nieces have come from north-east Thailand, his old home, to be assistant nurses. It has not been difficult for them to become Christians, as it is for the local girls, for their families sent them expressly to "absorb the doctrine" that had made their uncle a new man.

Whenever "Mamma", the landlady and general adviser at the Wiset clinic, called on the missionaries, it was always on definite business. It was usually to tell them that she had made such and such plans, and they soon learnt that there was nothing for it but for her plans to be carried out. But this time she had nothing to say but that she was worried and did not know what to do—a most unusual state of affairs. For this capable woman of shrewd judgment always knew exactly what to do, not only herself, but also what the missionaries ought to do. That was why she was such a wonderful friend and helper to them.

"All he does is to think and think and think," she said anxiously.

"If I had a son I wouldn't mind if he did that!" thought the missionary. But she had worked long enough at a Thai clinic to realize what such a statement meant. So she, too, was worried.

His elder brother, who was a skilled carpenter, was always busy and had settled happily into family life. And his younger brother was the clerk at the Wiset clinic—God's real gift to the work, and seemingly quite indispensable. But everything Middle Brother did, schools, colleges, apprenticeships, he did well for a time—and then gave up! So it was a considerable risk when, two years later, Mr. Chum-nahn was invited on to the Manorom hospital staff. It cannot have been easy for Mr. Somgit, his younger brother, to see him go. He himself had longed to be on the hospital staff since before it was built, and he had been baptized at the hospital the day after it was opened. But he saw the argument of the central church committee, and of the missionaries, that he was the only strong Christian in Wiset, and so needed there for Christ's sake. And for Christ's sake he stayed gladly, and saw his brother go.

Chum-nahn has now been several years at the hospital, holding a responsible post and doing his work well. As it is the post of accountant it is perhaps just as well that he is capable of thinking! It was never quite clear when he became a Christian, but soon after he came he applied for baptism and was obviously quite sure of his faith. And his quiet, shy steadiness and reliability are so appreciated that he is voted on to one committee after another.

The fact that he is too shy to give out the notices in church himself does not prevent his re-election as secretary of the local church; and he is also treasurer of the central church committee.

The God who turned Mr. S'tahn into a pure citizen and Mr. Ahpon and Mr. Sukon into useful ones, has turned Mr. Chumnahn into a reliable one.

"O dear! It's *that* sort of a house!" The Fergusons looked at one another in dismay a few hours after settling into their new home at Pichit, which they occupied before they went to Manorum. The house had been rented during the daytime, and now they were there at night, and the deafening thud, clatter and bang of the drums, gongs, and cymbals of the Chinese orchestra in the theatre just across the road went on until the early hours of the morning. And they had a child whom they must put to sleep.

"Never mind!" they agreed sportingly. "It's all among the people: just what we want." And if the house had not been so placed, would it have drawn the actors in the way it did? One and another would wander across the road and up the wooden outside staircase of this stilted house, attracted by the tiny fair-haired girl on the verandah.

"Mr. Samyong: Mr. Roy," said one of them as he introduced his companion, short in stature, with a ready smile and naturally wavy hair. All conversation in this house led to the same subject, and for an hour or two the missionary and the actor, who was beginning to be convinced, and the new friend, who had never heard the message before, spoke of Christ. And they sang hymns together, for it had been discovered that anything to do with music was just in their line. They had to leave in time for their evening performance, but next day they were back again.

After another long session, on this second time of hearing, Mr. Samyong suddenly called out, "I see it all! It's all come clear." And together they prayed asking the Lord Jesus to cleanse their hearts and come to live within.

For his friend, conversion led to an immediate break with the old life, and next day he took a train home to be reconciled with

his wife. For Mr. Samyong it meant breaking off the habit of taking Indian hemp, to which drug he had become addicted. One of his earliest experiences of answered prayer was the ease with which God enabled him to break the habit. He felt no immediate urge to leave his profession; how else could he earn a living? But he gradually came to wish more and more that he was out of it, especially after the wanderings of his troupe brought him in touch with a member of the Worldwide Evangelization Crusade who gave him much spiritual help.

He was, and still is, far from well and, while visiting his friends the Fergusons, after they had moved to Manorom, he consulted Arthur Pennington and was advised to rest. So he left the theatre, and after a rest and a visit to his home to witness to his family, he returned to Manorom to join the hospital staff, first as an out-patient orderly, and later as a laboratory technician.

With him to Manorom came his mother, two younger brothers and a sister for whose support he had been responsible since his father had left them all. His mother joined the staff too as a cleaner. She was soon led to Christ by her son, and for a year or so she and Mr. S'tahn's wife were the only women members of the Manorom church.

Mr. Samyong's professionally trained and beautiful speaking voice, his diction, his self-composure when facing an audience, his ear for music and fine singing voice might alone have made him a good evangelist. But it is the message he brings of a living Lord who means everything to him that wins those who listen to him and makes him such a powerful speaker and in much demand.

Too long have missionaries translated Western hymns into oriental languages, set them to Western tunes, and expected them to become the hymns of the people. The Chinese Church had taught missionaries how much more successful hymns are if written by the people themselves, and set to their own tunes, in that case pentatonic. Often they would choose, instead of composing hymns, to set long passages of Scripture to music, readjusting the metre slightly where necessary. So from the start

of the work in Thailand there had been the hope that the indigenous church God was calling forth, would produce its own indigenous music. Mr. Samyong was God's gift to His church of a musician, and there is now a small printed book of hymns and passages of Scripture set to Thai music. Many are of his own composition, some are borrowed from other hymn books, and all are set to Thai or Chinese tunes. Some of his airs are adapted from those he knew before he knew the Son of God; and the majestic and mournful dirge he used to play to signify there had been a death on the stage is the one to which he has set his beautiful hymn on the crucifixion.

Among the general racket of clatters and bangs—or so it sounded to Western ears—of the sounds that floated over to the Fergusons' house in Pichit, were sometimes quaint, lilting tunes with complicated accompaniment, hammered out on the Thai xylophone—a row of bamboo slats slung over a boat-shaped wooden sounding chamber. Several of the notes sound flat or sharp to occidental ears, for the notes of the Thai scale, although the same in number as in the Western octave, are of equal intervals, so that they sometimes fall on the Western notes and sometimes between them. There is no way of recording Thai music in writing, so the best that can be done is to write down the nearest notes in old notation or tonic sol-fa. It follows that the old notation used in recording Mr. Samyong's hymns is not a completely accurate record of them. Neither can Thai notes be sounded on the piano, or the poor substitutes of it often used on the mission field, the harmonium and the piano accordion. Mr. Samyong used to wince when he heard attempts to reproduce Thai tunes on a harmonium.

"If only I had a xylophone!" he was heard to sigh.

He had learnt to play from his school-teacher, though mostly after he had left school; and he had such a gift for it that it was as a member of the orchestra that he was first employed in the theatre before he went on the stage. There had to be much back and forth before an xylophone could be provided by money from abroad, because it would be against the principles of the Mission to supply an indigenous church with equipment. But suppose it

was supplied to the hospital? Would that be right, or just evading a rule? In the end permission was given, and Mr. Samyong was asked if he would like to look out for one. At the first opportunity he went off to Paknampho, the biggest town for commerce after Bangkok in central Thailand. And he returned with shining eyes to tell of the second-hand xylophone he had found, the tone of which he approved. So he was handed a gift in memory of parents who had parted with a child to the mission field for Christ's sake. And he returned triumphantly with his trophy, looking rather like a four-foot long viking galleon, with two pairs of hammers, one hard and one soft.

And many who will never have the opportunity of meeting this gracious, winsome character may hear tape-recordings of his voice with xylophone accompaniment.

CHAPTER 13

STAFF (b)

IT is a far reach from open paddy-fields to an institution with electric light, X-ray and running water. Skilled oversight would be needed for maintenance; and how much more for installation!

There were two people without whom those who had come to Manorom from China could not picture a mission hospital. One of them was Clair Williams, an Australian pharmacist, and the other Leslie Stead, an English engineer, and it was great news when the Mission agreed to transfer him temporarily from Malaya to Manorom to install all the major equipment: generators, theatre air-conditioner, X-ray, waterstill, filters, sterilizers and so on. He trained a Thai apprentice with six words of common vocabulary "*on and off; up and down; full and empty*". But after Leslie left to return to his own work, his trainee decided to go to college in Bangkok. One way and another, this department suffered more losses than any other in the early days.

Mr. S'gree, the gentle carpenter of Ayuthiya, had joined the staff, since carpentering jobs seemed endless enough to justify the employment of a fulltime man. He and Uncle Mooey, the nightwatchman ("Uncle" being a term of respect for middle-aged or elderly men), had been assisting with the engineering for some time, and it eventually fell to these two to take over the engine room and general maintenance. It later became the responsibility of S'gree alone and he discharges it as quietly and ably as he does everything else. His patience and willingness suit him to receive daily the various emergency calls which interrupt his regular work. For when anything goes wrong, or anything

is needed, it is, "Where's Mr. S'gree?" and there is no need to add, "Ask him to come", because by that time one of the assistant nurses has already gone racing off to call him. And along he comes to see why the primus stove under the sterilizer has failed to light; or to start the engines for electricity at some unusual hour for an emergency operation; or to cut the eye off a fish hook in a patient's finger (so that the barbed hook can be pushed on and out under local anaesthetic).

He was as slow and steady and sure about his decision for Christ as about everything else.

"She believes, ask *her*," he once said, breaking surprising news, tilting his chin (an oriental way of pointing) in the direction of his wife. But he said relatives were trying to dissuade him from embracing this new religion to which he was so drawn. So he was going to weigh the matter up fully before making his decision.

"For," he explained, "if I decide for Christ, it will be for life, won't it?"

It was on the last evening of a Believers' Conference—the annual gathering of all the central Thailand churches—that his wife, not infrequently his spokesman, said, "Can S'gree believe? He wants to believe tonight."

So, Mr. Jaroon, the conference speaker and father of the Church in central Thailand, was asked to help him. Now he is a deacon, and, needless to say, one of the most reliable.

When Uncle Mooey was married, the missionaries asked themselves: "Well, have we been to a Christian wedding or haven't we?" Presumably the answer was "No", as neither bride nor groom was a Christian, so no vows could be made before a God they did not acknowledge. Yet for the second time in its short history the hospital had been asked to arrange a wedding for a non-Christian member of its staff. So there had been a service in the out-patient waiting hall with hymns and reading, and with earnest exhortation and prayers that the couple being married would eventually accept Christ.

After his marriage, Uncle Mooey would no longer be officially on the staff, but he would still be there. It was just as well, for

no one could picture the place without him; he seemed an integral part of it. Although he was the brother of a sheriff it had not seemed at all incongruous to the people of this land that he should be hospital nightwatchman. This he had been since the hospital opened. The portly figure of this middle-aged bachelor patrolling the place, grasping a powerful torch and followed by a trail of adoring watchdogs, gave a feeling of immense confidence and security. Nothing seemed to please him more than a furtive hint from the police that there were bandits about, or that the relatives of some patient under arrest might be expected to try to help him escape by night.

His previous experience with diesel engines on river boats made him a specially valuable member of the staff, especially when one engineer after another left. But this particular year, for the third year running, the "Women's Land Army" had invaded the compound for building operations, and now their quiet, able leader was to stay as Uncle Mooey's bride. And he was giving up the post of nightwatchman to rent the hospital kitchen and become proprietor of his own business there, providing meals for in-patients, their relatives and some staff.

Then there was Uncle Mun. Shortly before the hospital opened Mr. Ahpon, the business manager, assured everyone, "He is diligent and honest. That's the recommendation the people in the village give him. It's his wife who gave the brooms."

"Oh! The dream brooms?"

"Yes, that's right!"

They were still in use and looked like lasting three times the life of most Thai brooms of bound rushes. While the hospital was being built, a devout matron living by the river just south of the village had had a dream. In it she had been told to donate brooms to the new hospital, so she had produced the bushiest and longest and most securely bound she could find. And it was her husband, Uncle Mun, who became the first hospital gardener, a silent, sensitive man who loved plants and animals.

After several months he left, and his place was later taken by Mr. T'win, a pleasant youth who, with his young wife, had come from the north-east, like Mr. S'tahn's nieces, intending to become Christians. Their faith was none the less true, and they formed the fourth wholly Christian family in Manorom in which two tiny children are being brought up to know about Jesus.

Uncle Mun's family had known much sorrow, and was to know more. They had had child after child, but only one had survived. Every other time there had been bitter disappointment. This precious and extremely pretty daughter was now married, but her first baby had been born dead. And to everyone's deep distress her second, born prematurely in Manorom Hospital, failed to live. By the time her third was expected her father had left the hospital and it was feared she might not come for delivery. Precious as all other babies had been, her mother's and her own, this one's life was more important than all the others, for its father had just died. So there was great relief and rapid preparation the day the news reached the labour ward that she had come to Out-Patients in suspected labour, accompanied by both parents. Then came a lull, then enquiries, and then the news that she had gone home with a packet of pills. That evening there was news that the baby had been born at home, but the informants did not know if it was alive or dead. So next day the business manager and a doctor went, armed in faith with a little gift, to call at the charming house, hung with orchids, in a banana and palm grove on the outskirts of the village. And they were able to deliver their gift to a fine baby boy.

Again there was rejoicing when, some time later, Uncle Mooey having taken to domestic life, Uncle Mun returned to the hospital, this time as nightwatchman.

It takes all kinds, they say, to make a world, and it seems to take all kinds to staff a hospital—gifted actors, meditative monks, family men and Mr. Sum-rah.

"He needs a job, and he says he can drive," said Mr. Ahpon, who had been asked to look out for a driver.

The Land-Rover (a reminder of another mother who had given another child to the mission field, and who had herself been a pioneer missionary) was proving more and more useful. It was used to bring supplies from Bangkok, oil and timber from the riverside, and earth for flowerbeds from any field some neighbouring farmer was lowering for irrigation purposes; it had also fetched the bricks for the ornamental garden from Chainat. And several times it has taken severe leprosy cases, which are rightly barred from public transport, from the central provinces to the leprosarium in Chiangmai run by the Church of Christ in Thailand. But it was time-consuming for missionaries to drive every time it was needed; a Thai driver could save them much time.

Mr. Ahpon and Mr. Sukon both had tender hearts and all kinds of protégés; they wanted, as it were, to pluck a brand from the burning, when they introduced the new driver from a village north of Manorom. But it was only little by little, and usually from his own lips, that the missionaries learnt something of Sum-rahn's background. His wife had left him; one brother was released by the police soon after Sum-rahn had asked prayer for him one Sunday evening; another brother was serving a long sentence for double murder; and soon after he joined the hospital staff his father was stabbed to death.

In the midst of all this, when he had only been with the hospital for a few months, he requested baptism. The deacons, somewhat taken aback, suggested that it was a trifle early.

"If you don't think I'm ready for baptism," he retorted indignantly, "you haven't been watching my life. You just go to the others in my village and ask them what kind of a fellow I used to be."

So he was baptized.

He still had plenty of problems, and once or twice Mr. Ahpon had suddenly to leave his desk and hasten to an adjoining city, explaining that Sum-rahn was there and would not be free to come back unless he went to fix things up. After he had been driving the Land-Rover for nearly a year it came to light that

he had no licence, and for some reason, tactfully not enquired into too closely, the police were unwilling to issue one for several months after that. During this time he, still employed as driver, was barred from driving. It seemed unthinkable for his employment to be terminated, for this rough diamond was a diamond for all his roughness, and had become so much one of the staff that it would not have seemed like the hospital without him.

“What do you think they’re up to now?” asked the superintendent anxiously one day, watching all that was going on from his office window, even though it was Sunday afternoon. There went Sum-rahn, striding out of the gate with one of the others,—he never did anything alone, as surely as Chumnahn, the accountant, did everything alone—both with their heads swathed in scarlet turbans, and Sum-rahn clutching a cutlass.

“It’s all right!” replied another doctor, feeling sticky at the very thought of the dripping mass in the kitchen. “They’re only off after more wild honey.”

They had gone out some days earlier to look for tree bark to grow orchids on, but had forgotten all about bark and returned instead with a whole comb dripping honey, a disc eighteen inches across, hanging from the tree branch on which it was built. The doctor had tried to give them back most of it, especially the part with the living grubs that they said were a special delicacy and should be eaten dipped in the honey that dripped into a bowl placed below the comb. But they would not take it, saying they could find more.

The knife they were setting off with had been a cause of some uneasiness. It had come to live on the compound after the night when everyone was so worried about the non-return of the Land-Rover. Sum-rahn had driven the Rover taking a body home. This is one of the uses of the vehicle which is most appreciated, as the relatives are only charged the cost of the journey, whereas if they hired a truck for such a purpose the price would be exorbitant. And because the bill had only been paid in part, and the relatives were known to have money, Mr.

Chum-nahn the accountant had gone, too, to collect the balance. But darkness had fallen and night come, and the hours had dragged by to dawn and daylight, and still there had been no sign of their return. There had been plenty of cause for anxiety as the relatives had been disappointed by the death, and were being pressed to pay for the treatment that had failed. However, the Rover had returned eventually. The story was that the village was very much further away than they had been given to understand, over impossible paths, in the depths of the country. On the way back the Rover had stuck in a rut, and they had been overtaken by darkness. And, went the report, Sum-rahn had sat down and cried.

“Didn’t he think of praying?” was the half-jesting question shot at the narrator. But he was such a new child of God that he had not yet discovered that there was a Christian reaction to such a situation. Eventually they had got going again and reached a village about midnight. And the first thing Sum-rahn did in this lonely place was to buy a knife, the reaction to the situation that his upbringing demanded. And so the story had ended a little uncomfortably, he had come back to hospital with a knife. Its presence still gives an uneasy feeling, though this particular Sunday afternoon he had beaten his sword into something more like a ploughshare, and his only victim was a wild honey comb.

How difficult it often is for all these new converts whose whole background of culture and civilization lacks any Christian tradition, suddenly to adopt Christian standards of living! So easily the old ways slip again into the lives of these new Christians: drunkenness, adultery, debt, jealousy, dishonesty, and pique, the natural sequel in the orient to “losing face”; even untempered respect for philosophy can prove a snare. The motive for falling is not necessarily self-indulgence. It may seem a kindness to live again with a woman who has previously been a “little wife”, and does not take easily to being discarded. Or if relatives come from afar, oriental courtesy demands that hospitality be given them as long as they choose to stay; and if one has insufficient money to entertain them, what is one to do but

borrow? Yet “the new nature created after the likeness of God in true righteousness and holiness” becomes increasingly apparent, more gradually in some than in others, in the lives of those who are truly born again.

CHAPTER 14

NURSES

EDWARD III, Richard II, Henry IV . . ., runs the history of England.

Mary I, Edith II, Barbara III . . ., runs the history of Manorom Hospital, the matrons being successively American, Swiss and English.

To Mary Teegardin fell the heavy task of initial organization. There was not only the planning and administration of the actual nursing. There was bedding to be thought of, and linen, and nursing supplies, and cupboards to put everything in; and Mary's cupboards seemed big enough to house staff as well as supplies, yet have proved no more than adequate. Then there was the appointment of servants; also the choice and initial training of assistant nurses, for whom the American term "nursing aide" came to be used; and the setting up of the home for missionary trained nurses. All was efficiently planned beforehand and methodically carried out to time, and a fine local staff collected and introduced well to their work. Six months after the hospital opened "Mary Tee", as she was usually called, went on furlough, and after her return became matron of the Saiburi Hospital.

It now fell to the lot of Edith Schlatter to become matron at Manorom and to continue the training of the assistant nurses. This latter was a task for which she was specially gifted and in which she had had valuable experience during her first term in Thailand when she had been loaned to the nursing staff of the Presbyterian hospital in Chiangmai, north Thailand.

Edith in turn left for a year's furlough. During the temporary "reign" of Barbara Morgan as acting matron, and Arthur Pennington as acting hospital superintendent, much of the spiritual harvest, resulting from all the ploughing and sowing of

the earlier years was gathered in. This harvest came not only from among the patients, but also (the culmination of several years of prayer) from among the assistant nurses.

"The blood's going in; I thought I'd just let you know," says a ward sister putting her head into the hurly-burly of a Monday out-patient clinic, and for some reason Mondays are heavier than other days.

"Goodness! Already? It wouldn't have been *out* yet if you'd waited for me to get through this mob."

"But the patient hasn't been on cortisone, and you didn't order an anti-histamine with the blood. I've brought the case sheet in case you want to."

"Clean forgot; thanks awfully!"

So the doctor can go on in the busy out-patient department knowing that if any important treatment is omitted the experienced nurses will probably notice and come to the rescue; and knowing that even a blood transfusion is being taken over completely by the nursing staff.

Even at home a hospital nurse's life is a busy one, but on the mission field, where there are no house-surgeons, they willingly take on extra duties to free the hard-pressed doctors. So they give many of the anaesthetics and most of the intravenous infusions, deliver all the babies unless there is some complication, and several of them even take blood from donors for transfusions. Their regular work in wards, theatre or out-patients or on night-duty is more exacting than at home, as it has to be done in a foreign language, including the training of the aides. "Go quickly and find Mr. S'gree and ask him for a piece of wood about so long and so wide," the out-patient sister thought she was requesting an aide when needing a splint for a fracture case. The aide hurried off and returned with the message that S'gree, the maintenance man, was sorry he did not keep that kind of thing. Mildly exasperated, the sister went herself to the dispensary, and returned with a piece she had pulled off a packing case.

"Oh, wood!" laughed the aide. "You asked me for a piece of *silk*."

The two words have the same pronunciation but are spoken in different tones of voice, and so sound quite distinct to Thai ears.

"Just fill a doctor with water, and put him on the stove to boil," a doctor once requested a servant; the only difference between the words for "doctor" and "saucepan" being that they are spoken in different tones.

"I need a saucepan," a sister meant to say to an aide. "Would you fetch me a very small one?"

"Shall I call Dr. Joseph?" was the reply—he being by far the shortest doctor on the staff.

The nurses had to get used to crowds of relatives at any hour of the day in their would-be orderly wards, as limited visiting hours would not be appreciated in the East. And it is a constant battle to limit to one per patient the relatives who stay overnight.

"But I have a baby at the breast," says the patient's wife.

"Well, of course we'll let the baby stay too. All the others can stay in the inn and come again tomorrow."

"But the two-year-old is still suckling."

"Oh dear! I suppose he'll have to stay too."

"And when I feed the baby, the two-year-old screams unless his grannie is there to nurse him . . ." and so on.

From the evangelistic point of view, the many relatives greatly increase the influence of the hospital. Dorothy Mainhood, then night sister, in telling of the preparation for operation of a twenty-one year old boy with an abdominal gunshot wound, wrote:

"Not one word could be spoken to the patient without at least eight pairs of eyes and ears wide open to catch it."

The patients may not be so easily reached for nursing purposes as at home, and nursing acrobatics in a tropical climate all add to the wear and tear of the day. Patients may well be found under the beds, where they feel more at home than on them. Or, rushing with an injection to bed No. 3, between taking the night report and starting rounds with the doctor, the ward sister may find that grandpa is trying the bed out and is fast asleep on it,

having dumped the patient on the floor among a group of other children from whom she is only distinguished with difficulty. Several times during the cold season a twinkling-eyed aide has reported to the night sister, "Mr. Mickey is in the male ward, bed No. 7", and a sleepy and disgruntled watch-dog has had to be told to jump down. Before the hospital was completed there were often more in-patients than beds, yet the nurses never complained when the spaces between the beds were occupied by patients on mattresses.

"When I went into the men's ward a few days ago," wrote one of the doctors during that time, "I remarked that it seemed empty. But when I counted I found in fact that there were eight patients in eight beds"—a state of affairs that never lasted long in those days. At nights the patients are often less accessible than ever, tucked inside their mosquito-nets, and with nets to house relatives or extra patients slung between the beds.

The fact that there are at least eight trained nurses in so small a hospital means that they can afford time off for language study; for six examinations should be taken during the first term of service; and it gives them time to do evangelism among the patients, and adequate off-duty periods between their eight-hour shifts.

"Are you all related to one another? What? You don't even come from the same countries, and you'd never met before?"

The fact that the missionary nurses are of six nationalities—American, Australian, Canadian, English, New Zealand, and Swiss—is a frequent surprise to the patients, and a living illustration of the way members of Christ's body are knit together.

It seemed sad to those with previous experience in China that the entire medical staff at Manorom would have to be composed of missionaries, for a time at any rate. Some of them had worked in China with a Chinese matron and principal of the nursing school who was senior to the missionary sisters, and they had finally had the joy of working under Chinese doctors who had once been their juniors; and very well it had worked. But the ideal aimed at was that all members of the senior staff should be Christians, and there are so very few Christian doctors and nurses

in Thailand. What few Christian nurses there are have mostly been trained by the Presbyterians who need their services in their own hospitals; and it was decided early that Manorum must be careful not to sheep-steal from other mission hospitals. But the Presbyterian doctors have given the greatest help and encouragement to the C.I.M. work, and when Dr. Edwin McDaniel, of Chiangmai, told the nurses nearing the end of their training of the new work at Manorum, Miss Somsee heard God's call to leave her home in north Thailand and come "far away" to the more backward central provinces for Christ's sake. Another in the same year, Miss Tongbye, had wanted to take her stand for Christ during evangelistic meetings at her training school, but her family had forbidden it. And when she also offered for service at Manorum she was considered a Christian at heart, and therefore acceptable. But her family only gave permission for her to come as far from home as Manorum for one year and no more. She, in turn, had a bosom friend, Miss Suntanah; they had not been parted during their five years of training, and still wished to work together. Miss Suntanah had an added reason for hoping to come to Manorum as her home was in a neighbouring town; but she was not a Christian, so a good deal more consideration had to be given to her application. After she was accepted it was found that, by one of those coincidences one meets so often when God's hand is at work, she was a niece of Grannie Kahb in whose heart God had been working since the days when the hospital was to be on her land.

Long, long before the hospital was ever built prayer had been offered for national trained nurses, so it was a day of great rejoicing when these three arrived during the hospital's second year. They, with some of the missionaries, had bed-sittingrooms in the large staff house. And as the hospital restaurant where they were finally to board was not yet open, all the nurses—Thai and missionary—boarded together, sharing the nurses' house, where only Thai meals were served for several weeks. This living together as well as working together made for close fellowship; so did the fact that the Thai nurses, as soon as they had found their feet, took as much responsibility for their departments as

the missionary nurses. And capable colleagues they proved, as well as delightful friends.

The Manorom church in those days was mainly composed of men, and the coming of Miss Somsee as the first literate woman member was a great help to the church. It was also a help to her, coming from the comparatively large churches of north Thailand where she was just one of the young people, to find herself a responsible, leading church member.

So one happy year passed. Would that it had been longer! Then, within a few short weeks Miss Tongbye's people recalled her at the end of her year; Miss Suntanah had to go off for prolonged medical rest, and was married at the end of it; and sad news came that Miss Somsee's sister and brother-in-law had both been shot, the latter fatally. She was asked to return home to help her sister, a nurse with her own private clinic, who had children to support. She went specially sadly, leaving one particularly aching and lonely heart behind. And it is still hoped that one day she will return.

"In such a minute place as Manorom," thought one of the staff-to-be before the hospital opened, "we'll be fortunate if we find a girl or so who can be trained as a good cook and housemaid." Yet a sizeable, responsible nursing staff was needed. But God knew the potentialities of the tiny village He had led to, and He had been preparing fellow workers there; and that first year, and during subsequent years, a fine staff has been gathered. None of the local girls who have come has had enough schooling to enter a recognized nursing school; and neither is the Manorom Hospital big enough to be recognized as a training school by the Thai government, which has high standards. But a more efficient, co-operative and reliable staff could hardly be hoped for.

Some months after the hospital began Edith Schlatter, the matron, started meetings with the nursing staff which were to become regular, at which they talk over their work together and air their views and grievances. At this first meeting, when the hospital was only partially built, they were asked if they had any suggestions to make. And their reply was, "We want lots more wards so that we can have lots more patients"—a remark

typical of their whole attitude of energy and enthusiasm towards "lots more work".

One Sunday at tea-time, Mali, the senior aide, married and a mother of two children, called at the doctors' house to report a visit from the police. "They want to chain Mr. So-and-so to the bed," she said. He was a patient already known to be under arrest for murder. "But I told them it was inconvenient to have patients put in irons on Sunday afternoon. They asked if they could see you about it, but I told them you would be having a nap."

"Oh, but you could have called me," was the embarrassed reply.

"There was no need," she said.

"Well, where are the police now?"

"Oh, they went away all right."

They had met their match.

One night a doctor asked the night sister, "May I borrow your bike? My tyres are flat."

"Wherever are you off to at this time of night?" was the dismayed response.

The Land-Rover had been due back hours before, and it had been a relief when a vehicle with strong headlights had swung into sight; but before it had reached the hospital entrance it had stopped, and then the headlights had gone out. There had been more than enough time for one of the occupants to have walked into the hospital for help if it was a breakdown; but no one had come and all was stillness, darkness and silence; and there had been recent armed robberies in the district.

"I'm going to see what's wrong," explained the doctor.

"Well, you're not going alone in the dark" said Salee who had been a buffalo herdsman before he became a male nursing orderly. "I'm coming too."

"That won't do, one man and one woman going off into the night," said Big Anong, who always has the last word in organizing anything that is going on, from nursing to weddings. "I'll come too."

It costs the Thai far more to go out after dark than it costs

Europeans, for they have been brought up from childhood to know the risks, but such was their loyalty and devotion! By the time the three had fetched their bicycles it was, "Wait a minute! We're coming too," from two more of the aides, Manit and Boonler.

"Don't be long," sighed the night sister as she saw all five go off. "That's my entire staff."

And they were not long, for it was not the Rover at all, but a truck that had drawn up for the night.

Such strong-minded individualists, needless to say, do not take easily to discipline, and the hospital had not been running many weeks before two of them were in trouble. One of these decided to leave and, on the strength of her nursing experience in Manorom, seek a post in another hospital. But she was back within a week and these two came to be among the most capable and trusted aides.

CHAPTER 15

DEPARTMENTS (a)

UNCLE MOOEY, when he was nightwatchman, approached the doctors' house one morning with a determined tread, stepped out of his sandals at the door, and entered carrying a notice board written in Thai script. He had not come to discuss whether or not a notice should go up, but courteously to inform the superintendent of the notice he was about to put up.

"It says," he announced, tactfully reading it aloud, 'NO OUT-PATIENTS TO START QUEUEING IN HOSPITAL UNTIL THE LIGHTS GO ON.' I'm tired of coping with them from 2 a.m. onwards."

"Good! that's a splendid idea," was the reply. No one would mind not being roused at 2 a.m. by "the stampede", easily audible in the staff houses.

As the number of out-patients increased it had been found necessary to limit those registering each day to see a doctor to eighty on full days and forty on operating days and Saturdays. Any number of others could come for their medicines to be repeated or for dressings. New ante-natal and leprosy cases, to encourage these two classes, could be seen even if they came late; and, of course, seriously ill cases were seen at any hour. The coveted numbers were given out about 7 a.m. to those sitting in order on the benches, and patients had developed the habit of arriving the previous afternoon or evening and staying in one of the two inns so as to be in good time in the morning. But "the stampede", a rumbling sound as the patients running from the inns reached the stilted wooden floors of the waiting hall and scrambled for the first places, had been getting earlier and earlier. Some nights it had been as early as 1 a.m.; and several times a doctor, kept up late over some emergency, had gone wearily along to the out-patient department before going to bed,

thinking that he heard the arrival of yet another emergency case, only to find to his relief that the patients had come to be seen next morning. One person in an inn would rouse the others as he tried to slip out quietly, and everyone would join in the general race. From now onwards, however, Uncle had decreed that people were to stay in the inns until they heard the engines start and saw the lights go on at 5.30 a.m.

Once grasping their coveted numbers—pieces of hardboard, the “open sesames” to the consulting-rooms—the patients can go off to breakfast, returning at leisure to register their names and addresses and settle down on the open verandah for the day. They sit around in little family groups, often with tiered enamel food containers for their mid-day meal, the women with their baskets of ingredients for betel-nut chewing, and the baby slung across a corner of the verandah railing in a hammock improvised from one of father’s loin cloths. All through the day other patients will be arriving and leaving, some walking, some in trucks, and those living in the village or arriving there by river, in pedicabs called “three wheelers”, the brightly painted Thai successor to the rickshaw. Sometimes a parent will arrive carrying a basket dangling from each end of a bamboo pole across the shoulder, the family possessions in one basket, and the baby in the other. Most are Thai patients, the men in shirts and trousers; the women in blouses and straight, wrap-over skirts, the older ones with their hair closely cropped, and the younger ones with it artificially curled. Each day there are also Swatow-speaking Chinese, the women in loose silk trousers and high collared blouses, with straight, shining hair in neat buns. Sometimes there will be a group of Lao people speaking Thai with a different accent, some with silver buttons, and the women with coloured bands around their skirts; for there are Lao villages scattered here and there over central Thailand. And occasionally there will be a turbaned, bearded Indian, usually a Muslim.

“Excuse me!” says the doctor as he applies his stethoscope to the patient’s chest, and again as he examines his ears. For it would be insulting to touch or lean over the honourable upper parts of anyone’s body, especially the head, without apology. Even when

walking close to someone seated, there must be a slight stoop to show that one regrets having one's head at a higher level.

"Excuse me!" says the patient as he mentions that the "wind" he is complaining of starts in a lowly part below his waist, this time his feet. The "wind", he continues, comes up his legs, goes "galob, galob, galob" when it reaches his abdomen—and his hand describes circular movements—and "whib, whib, whib" when it arrives at his heart, and he pats himself rapidly on the chest; it proceeds up the back of his neck, and out of his ears.

The doctor prescribes Vitamin B Complex, assures the patient that he has written an injection and not merely pills, delivers a pep-talk on the evils of eating highly polished rice, and calls for the next patient.

"What about your appetite?" he asks when he hears about the man's pain. And the answer is the fingers of the right hand bunched together to indicate how small a handful of rice can be eaten at one meal.

"And when do you get the pain?"

The patient's forefinger points towards the east, and describes the arc of a circle above his head until it points to the position of the sun at 2 p.m. For that is when the pain starts.

"Could you please find out when Dr. June will be back?" the doctor asks an aide, in Thai of course, after he has seen the next case. For since Dr. June Morgan has been specializing in leprosy and based on Manorom, while most of her time is spent touring the clinics all over the central provinces, she sees all hospital cases with this disease on her return to base.

And so the day wears on and it is not until nearly 4 p.m. that these patient people start to get restive, for the last buses to several places leave between four and five o'clock.

The commonest cases seen are avitaminosis due to shortage of Vitamin B in the diet, pulmonary tuberculosis, hookworm, amoebic dysentery, infantile gastro-enteritis, typhoid fever, senile cataract, and pterygium—a fleshy film that grows across the eye. There are also a number of normal and abnormal midwifery cases, and cases of assault, either bullet wounds or knife stabs. A record was once kept of cases seen in the men's

out-patient department over a two-week period. In addition to the above these included: adenoma of thyroid, sarcoma of hand, sarcoma of shoulder (unusual cases rarely come singly), leaking ectopic pregnancy, trachoma, trichiasis, leprosy, amoebic liver abscess, interstitial keratitis, appendix abscess, optic neuritis, haematemesis, broncho-pneumonia in a child, rheumatic fever, diabetes mellitus, asthma, dermatitis, spondylitis with nerve root pain, tertiary syphilis with foot-drop, nephrosis, inguinal hernia, sprained ankle and athlete's foot. What the ectopic was doing on the men's side was not recorded; presumably she was seen as an emergency when the doctor was on duty there.

"O Grannie!" one hears on passing the registration desk. "How do you expect us to find your old notes? You've forgotten to bring your hospital card, and you've forgotten the number on it, and you've forgotten the date you came. But you never forget to bring your betel with you, do you?"

The desk is so busy that Mr. Ahpon or someone else often lends Mr. Sukon a hand. To their regular work of registering, filing notes, taking money and giving receipts are added many other tasks, including interpreting to the people what the doctor or nurse tried to say in broken Thai; and explaining why, in a Christian hospital, "a little extra" will not secure a pass to be seen out of turn. In a land where bribery is common, integrity is one of the most impressive means of testimony in a Christian institution. People in general wards find they are given the same medicines, and given them as regularly, as private patients. And people with no faith at all in Nature's healing powers, but implicit faith in "foreign medicine", being bitterly disappointed to be told that their dressings are not to be opened for five days, find they are unable to obtain a daily application of "medicine" by means they find effective elsewhere. So perhaps the nurse who said five days really meant five days, and not "five days unless . . ."

Why, it may be wondered, if some mission hospitals with only one doctor can deal with several hundred patients a day, can Manorom, with several doctors, see only eighty? The need varies in different parts of the world, and the need in rural

Thailand is not for wholesale handing out of pills and injections (there are plenty of shops and local "doctors" who do that), but for medical work of a high standard. So an attempt is made to keep adequate records and examine and investigate patients thoroughly.

That is why Miss Kay Lederach from America, and Mr. Samyong are kept so busy in the laboratory, and why the former is often to be found there in the evenings and over the week-ends. For pathological tests assist greatly in accurate diagnosis. The fact that Manorom is in an area where hookworm and a number of other intestinal parasites are common, necessitates a far greater number of routine examinations of specimens than in non-tropical lands.

Not infrequently to reach the laboratory means threading one's way through a crowd of schoolboys in white shirts and khaki shorts, who are blocking the verandah. This means that someone needs a blood transfusion urgently, and that the relatives are either too far away to call in time, or their blood is unsuitable. The boys of the senior school next to the hospital are really public spirited, and have willingly donated blood a number of times, especially for "Mr. Burns".

"Mr. Burns" was the headmaster of a school in a neighbouring district, and one day, when beeswax was being melted in paraffin over an open fire to polish the school floors, it caught fire. He picked up the blazing mass and flung it over the verandah, thus saving the school and becoming a public hero, but giving the hospital a good deal of work. Many times the crowd of boys, and sometimes girls—for his was a mixed school—collected outside the laboratory meant that "Mr. Burns" was to have a transfusion in preparation for yet another skin-graft next day. In all, thirty-one possible donors were grouped and he had thirteen transfusions, fifteen grafts and three other operations over seven months.

Transfusions, relatively simple at home where there are blood banks, can be quite trying to give in a mission hospital. It is tedious to have to group a number of relatives as well as the patient, and then to cross-match their blood; and the need often

arises as an emergency out of usual laboratory hours. But the most time-consuming part can be arguing with the able-bodied relatives who develop all kinds of symptoms of weakness at the suggestion that they could easily spare a pint of blood. The doctors and nursing staff in the wards begin the argument, which is then carried on by the laboratory staff and at the registration desk, the out-patient staff possibly joining in as they work next to the laboratory. Once the victim gets as far as the theatre staff there is no more argument; their part in the battle at this stage is to keep the receiving bottle out of sight, so that the donor does not see its size—and disappear. Instead they display the bottle of orange drink or Pepsi-Cola prepared as a restorative after the ordeal is over. The donor *gets* the restorative; but it is the staff who *need* it.

The laboratory is the scene of other activities besides pathology. Sometimes the light can be seen burning there in the early morning or the late evening, for Mr. Samyong has slipped away there for private prayer, or to prepare a sermon, or compose a new Thai hymn.

CHAPTER 16

DEPARTMENTS (b)

“CLAIR! Is there such a thing as liquorice poisoning? She says she took it as snuff.” Miss Clair Williams, the Australian pharmacist, used to such interruptions in her busy day, had never heard of it, but soon produced a book describing the condition of the schoolgirl who had come with her face blown up like a balloon.

Far more goes on in the dispensary than just the handing out of medicines. Hard work goes into their preparation, for one thing: stocks have to be regularly checked, orders sent to Bangkok, and supplies distributed to various hospital departments, and to the rural leprosy clinics. It is not at all easy to keep up with the demand for distilled water, as the still can only be used when the electricity is on; and even then a message may reach the dispensary that the load is too great, with a request that the still be turned off until the theatre can do without the air-conditioner. And the dispensary is a constant source of information to harassed doctors, as particulars on all drugs are tabulated and filed and can easily be turned to. There have been other unusual problems besides liquorice that the dispensary has helped to unravel: physostigmine, and acute ergot poisoning; kidney blockage from sulphonamides (given elsewhere); D.D.T. poisoning in a dog, a cat and a water-buffalo; and an overdose of aspirin. The day after the infant was brought with severe aspirin poisoning it was taken home, well on the way to recovery, by an indignant father who, forgetting how nearly it had died from too much medicine, was dissatisfied because he felt it was now not being given enough medicine.

The day the interruption was “Clair! Quick! What do you do for toads?” the dispensary and out-patient department were just about to close for the lunch-hour.

"Well, I suppose it depends on what's wrong with the toad. Why do you want to treat a toad?" was a natural enough answer.

"No! No! The children have eaten toad. Two of them are dead already, and if we don't save the other two that's the whole family. I'll go and start washing their stomachs out. You look it up and come and tell me what to do next."

The "little wife" of a river boatman had mistaken a poisonous for an edible toad when she had cooked the children's breakfast. Her own baby and the baby of the first wife had died before they could be brought to hospital, or before anyone had thought of it, and both mothers had rushed along with the two remaining children, both belonging to the first family. The older girl was not too bad though quite frightened, having seen the babies die; but the tiny boy was severely collapsed. However, he looked likely to recover when the mothers insisted on taking him home a few hours later. They begged to be allowed to go back to the boat and fetch the two babies "just in case . . .", and though it would have been unkind to have said "No", it was a relief that they did not return.

Teaching is one of the most important and most exacting of the many tasks that are undertaken in the dispensary. The assistants, even after good schooling, have a very hazy idea of such mathematical problems as fractions, proportions and percentages, and they are being trained for responsible work when a mistake could cost a life. They have a more difficult task than such students at home, for they have learnt no Latin at school and the prescriptions they are expected to read are in English, not their mother tongue. So classes must include the Latin abbreviations for such things as "mixture", "drops" and "three times a day"; and English words such as "analgesia" for the relief of pain, and "expectorant" for loosening a cough. In one examination, the answer to the question "What is Mist. Expect?" was "Hopeful Mixture."

The dispensary, like the laboratory, was often the scene of activities other than professional. Frequently of an evening there would be English classes or Bible study going on. As for example,

the Western pharmacist with halting Thai studying with Sumrah, without any knowledge of English, the passage chosen for staff prayers the next day.

How much had happened since the day, long ago at Wiset, when Chris Maddox announced the news, "There's a pharmacist who may be offering to the Mission", expecting his helpmeet to rejoice with him. Instead he got, "That's a pity", and his response had been a look between injury and incredulity as he asked, "Why?"

"Well, I was hoping perhaps we might be in a hole, and perhaps the Mission might have to send Clair Williams out for long enough to see us started."

And the amazing answer had been, "Well, it's an idea, anyway."

So she had been asked to come, with all her wealth of experience in China, and more recent up-to-date experience at home, just for six months, and had stayed two years. And now she has retired, and her place has been taken by Michael and Joan Richards, English pharmacists who were ready to come to Thailand only just before she left, exactly when they were urgently needed. There was also a complete change of Thai staff and all three new assistants were won for Christ during their first year in the dispensary.

"Have you seen Dr. So-and-so?" asks a sister or an aide waving a case sheet.

"Try the library," is a frequent answer.

The doctors have agreed to pool their personal medical books, so one column in the catalogue records the owner of each book. Between them they have produced a fairly well-stocked library of reasonably up-to-date text-books and journals; and they all spend a good deal of time reading there, especially before and after operations.

This room houses not only books and central sound-equipment, but also a growing museum of bottled specimens useful for teaching.

"I'm sorry to ask you to do it again," said the doctor returning a fluffy X-ray film to Mr. S'tahn, in charge of that department. "I

wonder if you remembered to tell the patient to stop breathing?"

"The people have never stopped breathing in their lives," was the reply. "Only dead people do not breathe."

Efforts to make patients hold their breath are apt to cause more contortions than natural breathing. Mr. S'tahn was trying to gauge when the patient was between one breath and the next, and then take his picture; he was having fair success.

The doctor had been able to walk right in to talk to Mr. S'tahn, even though he had been developing in the dark room, for there were no doors to open that might have let in the light. As light travels only in straight lines, it had been decided to dispense with doors and make the entrance to the dark room a light trap, an angled passage with black walls to prevent reflection; and a U-turn in the middle and a right angle at the further end keep out all light.

The reason for choosing a mobile rather than a fixed machine was in case some seriously ill people, or some with bad fractures ought not to be moved from bed but could be X-rayed in the wards. When the measurements of the lift were decided it was made large enough to take the X-ray machine up to the private wards. Not until the time of the severe floods was it realized that God had yet another purpose in guiding to the type of machine and size of lift.

Many have been the struggles with X-rays, the heat spoiling developing, fixing solutions and films, and no one really knowing much about the subject. The job has been passed from one to another; from Leslie Stead to his assistant (who later left), then to Mr. S'tahn and occasionally to Mr. S'gree. So the help on two occasions of a Christian radiographer on holiday from Singapore has been much appreciated.

People for screening or barium investigations have to be asked to stay at the inns overnight so that they can be X-rayed in the evenings. There being no radiologist, the doctors have to do these things themselves, fitting them in between clinics or operating and their night rounds. The omnipresent relatives are usually invited in too, and thoroughly enjoy seeing bones and barium in the eerie darkness.

Two non-medical visitors from overseas were invited to see a chest screened, and saw something they will never see again. A film of the patient's chest had shown a bullet overlying the heart shadow, and when questioned she agreed, she had been shot years ago. Now she was to be screened not because the bullet was doing any harm, but out of interest, in order that she could be turned from side to side to see if the bullet was embedded in lung tissue in front of or behind the heart. And as she was twisted and turned this way and that, the doctor asked, "Were you very ill when you were shot?" to which the reply was, "Oh yes! I nearly died." The bullet was pulsating with the heart, embedded in its substance.

And what of the departments less spectacular than the medical ones, yet so necessary to the efficiency of the whole? Daily the accountant has been flipping his abacus, proved by international competition to be quicker and more reliably accurate than mental arithmetic; water has been pumped from well to settling tanks and on to the water tower; indoor floors and verandahs have been washed, as Thai custom demands; plants have been watered, with water carried from the moat. All day long laundering and ironing have been going on; the needlewoman is to be found most days at the sewing machine in the nurses' office; meals have been served in the wards from the kitchen, and meals, refreshments and drinks by the matronly proprietress of the restaurant, to out-patients and staff. All who work in these departments seem just as much a part of the hospital family as those doing medical work.

Strictly speaking the two inns, built by private enterprise, are not part of the hospital, but they exist only for patients, and make the work considerably easier. Before they were built it was hard to tell patients they could not be seen until the next day, or that they must come daily for treatment when they lived two days' journey away. At first some patients built a bamboo and thatch shelter at the gate; others used to sleep near the main road in a straw shelter originally built by harvesters to watch their crops. But these were useless once the wet season began, so it was a relief when wooden stilted buildings appeared as permanent

all-weather inns. The cheerful proprietor of the larger inn, half-way to the motor road, is a welcome visitor when he comes for a chat, and to give the latest news of his two older sons, one a naval cadet and the other a dental student. Often he brings a basket of mangoes or a choice pomelo from his orchard by the river. Many districts have their own particular products for which they are famed, and Manorom is known for the pomelos from its riverside orchards, the finest to be bought—even in Bangkok.

Three local friends in turn have tried renting the smaller inn near the doctors' house. But the price asked by the absentee owner is so high that one after another has had to give it up.

Several of the pedicab riders who spend much of each day at the hospital seem almost to belong, too. And even the local hearse, a hand-drawn cart with a canopy, that crunches its way out over the gravel paths on its journey to the cremation pyre behind the village temple, seems at times a part of the hospital.

CHAPTER 17

HOMES

"IT'S not that the doctor's wife isn't willing to do her own housework," Ruth Ferguson, already living in Manorom village, had been careful to explain when the building of the hospital was nearing completion, "but she's a doctor, too, so won't have time. And all the people in the other house will be nurses, and they can't be in two places at once, either."

In saying this she was enunciating a principle and explaining why missionaries, evangelistic or educational, as well as medical, so often have more domestic help on the mission field than they would have as housewives in the homeland. The people of Manorom readily saw that, if they were to have the hospital they had asked for, they must help with the housework, and volunteers were not difficult to find.

"She ought to be suitable," said Mr. Ahpon after making enquiries about one of the applicants, the donor of the land's relative who had been working on the building site in the women's land army, "they say she makes good concrete." He looked surprised when Ruth laughed; did it not prove that the girl was strong, healthy and industrious?

"But we won't want the cakes turning out like concrete," explained Ruth.

God had been asked for two girls, and two were short-listed and engaged; so surely had He sent the right two that they are still in the same posts, though both are now married and have families. Gentle, rather frail little Miss Somjit went to the nurses' house, and stocky, good-humoured, managing Miss Syetong to the doctors'.

It was some months before Syetong said shyly that she was having weekly letters from Ayuthiya, although they had to be

read to her as she was illiterate. And it was not in order to join the hospital staff that S'gree came to live in Manorom some months later still, but to marry her and move, according to Thai custom, to her parents' home. She then became Mrs. Syetong, and shared her husband's surname as well, and to this wholly Christian family have been given Bun-ya-wood, a gentle little boy with his father's big friendly eyes and steady gaze, and Chaiwot, a bouncing baby boy. As the Thai use the last syllable for abbreviated names, they are known as Wood and Wot.

"O dear! Why couldn't she have had it in hospital?" was asked when Somjit had her baby. Not that anything had gone wrong at home, but all that the hospital had ever been able to produce for members of its staff, whether Thai or missionary, were boys, there were eleven in all in the first three years. And Somjit had had a baby girl.

At first there were four missionaries in each house, but later, when the households nearly doubled, and there were frequent visitors, another servant was engaged in each house. To the nurses came an older married woman from the hospital laundry, the mother of one of the aides. And to the doctors' house, came Mrs. Chalaw whose tall figure had first appeared during the floods in 1956 when she brought her boat to ferry patients back and forth. She had had a sad marriage, and lost both her children, but has since been married again to a widower with a son in his teens; and their Bun-tow (pronounced as in "how") is one of the finest of the eleven baby boys.

On the great north China plain was a small walled city with great pink lotus flowers growing in its moat. There the little mission house differed from many others in being a small, simple Chinese one; it differed from all others in that while everything in it was simple, and mostly in Chinese style, everything was kept in good repair, everything was pretty and everything matched. On the same plain in an adjoining province was another small city whose wall had been pulled down in time of war, though the great gateways with their heavy doors were still standing. There the mission house differed from many others in that it was always open to the people, and they all knew they

were welcome there at any hour, and they came. On these two homes, nearly twenty years later, one of the Manorom homes was modelled.

Other past influences had an opportunity to bear fruit, though, alas, they did not always do so. We had learned the importance of respecting national etiquette and of adopting appropriate customs and manners in the home, and so appearing to the people to be at least partly civilized; the adopting of the motto "Appreciation rather than criticism" in attitude to servants and fellow-members of the household; how the Chinese used to view the number of "meals" missionaries expected to have served to them when "elevenses", afternoon tea and "night-caps" became minor meals. The new relationship experienced between servants and served during the last year in China was a further fruitful influence, where one was not considered above the other, but all were looked on as doing their own particular tasks of equal importance to the whole, even though some tasks might involve the giving, and some the carrying out of orders. There was also the chance warning given ten years earlier by a very senior missionary wife, that now applied to the doctors', though not the nurses' house, that a married couple could so easily come to think of a mission house as *their* home, and make others sharing it feel like paying-guests, whereas houses belonging to the Mission were the homes of everyone equally.

Another theory, that was not put into practice at first, was that it might be better to mix nurses and doctors in their off-duty time, to obviate the danger of forming two camps. But there came a time when a doctor married a nurse, and brought Margaret Pennington into his house. And after the Penningtons moved to their own flat, a single nurse, Beth Stanley, the theatre sister, came to live with the doctors to keep them reasonable. And when June Morgan was to move to Manorom for her leprosy supervision, there was more room in the nurses' home, so a doctor came to live with the nurses.

The original names of the houses are still used, though the so-called "doctors' house" has always included such personnel as laboratory technician, pharmacist and engineer.

The principle of simple Thai style that influenced the design of the hospital also determined the plan of the first two identical staff houses. Most Thai homes consist of a large, open-sided platform, or verandah, which serves as a living-room for everyone and a relatively cool bedroom for most of the family. Off this one or more rooms lead which can be used as private bedrooms, especially for girls of marriageable age. Each wooden, stilted staff house was built with four bedrooms which provide the privacy Westerners often need, and which allow each single missionary to have a separate room. The bedrooms open on to a living-room designed to be as airy as possible, the walls being widely spaced wooden bars; these keep out no breezes, and afford ample opportunity for local curiosity to be satisfied, and suspicion allayed as to how missionaries live. The kitchens were planned so that the charcoal stoves could be on an outer wall and heat the house as little as possible.

Too often in the past the missionary's house has been the most elaborate of a group put up. At Manorom, as there had to be economy somewhere, it was decided to economize on the houses. So while the hospital walls were painted inside and out, the houses were left unpainted—and much has the natural wood been enjoyed. While the hospital bathroom floors and walls were tiled, those in the houses were merely cemented at first, and terrazzo used for the floors later.

As in all Thai homes, the uncovered wooden floors are washed at least once a day, if not twice, and the laundry is done daily. Everyone steps out of shoes or sandals on entering the houses, and most go barefoot indoors. It was found not to appear extravagant to have such things as refrigerators or electric irons, as many urban Thai homes have them.

Thai food is eaten at least once a day, usually at mid-day, in both homes; and the rice used, in order to set a good example, as well as for the health of the staff, is "dark rice", only slightly polished so that it still retains its vitamins.

"Well, *you* wouldn't eat it," the patients retort, laughing at the suggestion that they should eat rice they think fit only for the army.

"But we do."

"Well, not every day."

"Yes, every day."

When the work first started such rice could only be obtained by special order from the mills; but now it is appearing in the local shops.

As much food is bought locally as possible. For instance home-made marmalade, jam and peanut butter do not appear extravagant, while the constant use of these if imported would. So attempts are made to reduce the orders from Bangkok for tinned goods, mostly imported, to a minimum—margarine (made in Bangkok), cheese, milk, coffee and such things. Small orders are sent monthly to avoid having a great array of stores in the house at any one time, for no cupboards are private.

"Look! 'Foreigners' coming up the road", announces one of the house-helpers periodically, usually about 1.30 p.m. when the Bangkok bus arrives, to whoever is housekeeper for the week.

"Look to me like Thai."

"But look at the way they're swinging their arms; no Thai would walk like that. There are enough vegetables and curry left. I'll slip over to the restaurant for cooked rice."

"Good! And we'd better think again about the evening meal."

"Leave it to me, the evening meal will be all right," in a who-do-you-think-is-running-this-house-you-or-me? tone of voice.

What a godsend are helpers like this to a medical household!

Sometimes the missionaries come singly and sometimes several at a time. Sometimes they come for medical reasons, for sickness, annual examinations or to have babies, and sometimes for meetings or conferences. Many times the Field Council, a committee of elected missionaries who meet each quarter to assist the field superintendent, has been held at Manorom; conferences of leprosy workers have met there, and once a course taught by

Dr. Robert Cochrane, a leading leprologist on a visit to Thailand. For one thing there is more accommodation for gatherings in Manorom than in most other centres, and hospital staff can continue to be on call while attending meetings. Some of the visitors are nurses staying overnight on their way to country leprosy clinics, and some come just to see the hospital. "The more the merrier" is the attitude aimed at, and the whole place is left the richer for its many visitors.

The women missionaries all take it in turns to be "mother of the house", doing the daily shopping accounts with the "mother of the kitchen", and discussing the meals—"ordering" them would scarcely be a true description, for they never know if their suggestions will be approved and followed or not.

Repeated attempts to discourage the house-helps, one a church member and three non-Christian, from coming to work during church service time have failed.

And what has probably been another failure of the homes is that, except for the time when the Thai-trained nurses were in residence, few national guests have been entertained to meals.

A number of factors conspire together to make missionary households not always easy to run or to live in, temperamental differences, for instance. Then, too, differences of national and social backgrounds lead to a diversity of table customs, general conversation, and food preferences; one would like things done one way, and one another. What do such petty differences matter between those who are united in Christ and are fighting shoulder to shoulder to bring His kingdom to the ends of the earth? But there are forces arrayed against them, the "spiritual hosts of wickedness in the heavenly places", which are out to make them break rank. And the more insignificant the weapon used against them, the less likely is it to be noticed until it has done its damage.

So watchful prayer is constantly needed. And thanksgiving is offered that the very diversity of background and temperament in the households actually adds to the quality of the fellowship.

And a final note. At the end of the third year, when the flats in the fifth block were built, the Pennington and Richards families could have their own homes. So there are now no longer two missionary homes on the compound, but four.

PART FOUR

*As my Father hath sent
me, even so send I you.*

St. John 20. 21.

*. . . he came where he
was and had compassion
on him, and bound up his
wounds, pouring in oil
and wine.*

St. Luke 10. 33,34

CHAPTER 18

EVENTS

IT had been a heavy first year with only two doctors working at a time: officially the Maddoxes, but with Arthur Pennington leaving his language study to relieve when Chris Maddox was away. There was no laboratory technician in those days, so the doctors had to do their own pathology in the evening, and there was no one else with enough language with whom to share the housekeeping. Near the end, on the day of the dedication of the large staff house, there were eleven for meals in the doctors' house, the house-help was away with influenza, her substitute could do nothing without supervision, and there was a missionary in-patient needing special diet supplied by the house. There was also the day's routine medical work. So it was a weary housekeeper-doctor who was just going to bed when the headlights of a truck nearing the front gates shone through the open walls of the house.

"I'll go," said the other doctor. But he was soon back saying, "Midder; over to you." And the response, sad to relate, was, "Oh, no, Chris!" But it obviously had to be "Oh, yes!" if a patient in obstructed labour was to live.

One look at the bright, anxious, sunken eyes showed that something was desperately wrong; and one short examination revealed that her uterus had already ruptured.

Shortly before the end of the operation—several hours later, for she had to be resuscitated before there was any question of operation—the doctor giving the anaesthetic asked: "Is her abdominal aorta pulsating? She hasn't had a pulse anywhere else for an hour. Wonder why she still keeps breathing?"

But the short reply was: "Don't know; not stopping to feel." It is second nature to hurry on such occasions, for although a

death on the table does not carry the awkward repercussions it does in the homelands, it is still painful to have to write "D.O.T." in the register. At 3 a.m. they went to bed.

And two or three weeks later "Mrs. Ruptured Uterus", as she was called, returned home to her three children at a watergate below Manorom. Later she became known as "Mrs. Ruptured Uterus I". For such was God's goodness that "Mrs. Ruptured Uterus II,"—whose serious condition was precipitated by a two-hour ox-cart ride when on her way to hospital already in obstructed labour, and who took another four hours to reach Manorom by boat—also recovered and returned home.

What a privilege to be involved in such a case!

"Do please forgive us, but we were on duty right up to the time of the class," several of the aides explained to Joan Wales, one of the four visiting teachers, at the end of the evening. It was not the fact that they had been slightly late that was embarrassing them but that they had come to an evening class before having their evening bath and change of clothes.

"Then you couldn't have had time for your supper, either," said Joan sympathetically.

"We'd rather miss that than the class. We'll soon be home now," and off they ran, chattering and laughing, to find their brightly coloured bicycles and disappear into the darkness, with a male escort to see them along the lonely road to the village.

For the second time the staff had asked for a Bible school to be held on the premises; one was held in March, 1958, and this second one in January and February, 1959. Classes were held six nights a week for a fortnight, an advanced class studying Romans, Titus, the Church in Scripture, Church history, preaching and Christian ethics; a junior class studying Mark, 1 John, the way of salvation, a simple catechism and methods of witness. All the Christian men on the staff attended, and the three Thai nurses, and most of the aides, though only six of them were professing Christians, these six all being nieces of Christian men on the staff who had come from the north-east expecting to become Christians. Both times twenty-eight took the examinations at the

end, and five others attended the second school in part or in full.

"I was impressed by their eager listening and the clear notes they took," was Joan Wales' comment on the junior class, "and on the whole they did excellently in their examinations." These examinations provided too a practical if painful introduction to the application of Christian standards of honesty.

"Excuse me! May I ask a question?" One member of the advanced group interrupted a class on ethics, his finger firmly on a verse he had been searching for for some minutes, for as yet there is no Thai concordance. "How does the verse 'Be not ye unequally yoked together with unbelievers' that you have just been talking about fit in with this verse, 'For the unbelieving husband is sanctified by the wife, and the unbelieving wife is sanctified by the husband'?"

"Well," he continued, after Emerson Frey had dealt with that one, "suppose there are *two* Christian women you could marry, how do you decide which is the right one?" And in the general mirth that followed, the class took over from the lecturer the duties of acting as a matrimonial agency.

"Personally," wrote Ruby Lundgren who, with years of rich experience in Bible teaching in China behind her, had taught in the first school and organized the second, "I still look back on those few days as one of the happiest times of my missionary work in Thailand, and I long for the day when there will be more such schools held all over our field."

During each of the Bible schools, prayer made regularly since the hospital started had been redoubled, prayer for the local aides. But though they were obviously helped by the classes and said so, there was still no real turning to Christ.

"You mean to say you're really going to Chiangmai this month? Splendid! Can you take my boy a parcel?" A devoted father whose schoolboy son had gone to the leprosarium earlier in the year had met some of the leprosy workers on one of their visits to his town. The boy, he explained, had written asking for new khaki shorts as there was to be a "fair" at the leprosarium, a word in common usage for the fairs held in temple grounds during Buddhist festivals.

“What date does he want his shorts by?” the delighted father was asked.

“Now let me see. What did he say? Wasn’t it the 25th? Yes! I’m sure it was: December 25th.”

A day to him just like any other in the year.

It was a thrilling experience, in 1956, to share their first Christmas with the new Christians in the Manorom church, and to celebrate the festival for the first time in the hospital.

Realizing that Christmas customs adopted in this area would depend largely on the example the missionaries set, there was prayer and discussion for some time beforehand. The last Christmas spent in China had taught some of them how much it meant to the Christians there, and how much joy it brought them, when many of the conventional, outward trappings dropped off, yet the heart of the celebration remained. So it was decided to teach a minimum of the decorations, food and present-giving side, and to stress the joyful Christian side of this wonderful festival.

Decorating only took the afternoon of Christmas Eve. Three large posters, written by the nephew of the business manager, bore announcements so familiar in Christian lands yet that were news to the patients about a virgin who was to have a child; a birth in the city of David, and Someone to be called Jesus, who would save His people from their sins.

Stars cut out of silver paper were hung over feathery branches of bamboo, there was a series of large pictures of various incidents in the Christmas story and several large nativity scenes in flannelgraph. Vases of tropical flowers, and Christmas cards of nativity scenes pinned over the screens, made the wards look bright.

In the early evening of Christmas Eve there were open-air services in three parts of the village to tell the people there what happened nearly two thousand years before. The missionaries did little of the public speaking as this was much better done by the enthusiastic new Christians. Hundreds of harvesters were streaming home from the fields, and were handed tiny coloured pamphlets telling the Christmas story.

Several of the aides went back to hospital for the night, for Christmas Day started at 5.30 a.m. with carols round the hospital. Due warning had been given that there would be no out-patient clinics that day, and there was a church service in the morning. One of the joys of this service was the presence of the sheriff's wife whose position made it difficult for her to attend regularly. Was it not possible that part of the reason for so insignificant a place as Manorom having become a centre of Christian witness might not have been the presence there beforehand of this one lone believer providing a bridgehead from which God chose to work?

At mid-day there was a general trek back to hospital for a communal Thai meal in the central waiting hall.

Then everyone went to the wards for carols, readings, distribution of small gifts to the patients and talks explaining Christmas.

The second Christmas at Manorom was interesting in comparison with the first. The first year the missionaries suggested a Christmas programme to the new Christians, the second year the church told the missionaries what the programme would be. Some items they repeated, for instance, open-air evangelism on Christmas Eve and a church service on Christmas morning. Other items they changed. Instead of having a communal meal at mid-day they arranged it in the evening so that no one would have to stay away from church to prepare it. They also introduced a nativity play for the patients, suggested and produced entirely by themselves. The comment of one missionary as the curtain fell was, "Highly indigenous!"—in other words, not like any other nativity play anyone had ever seen anywhere.

At the same time two years previously Christmas had been unknown to most of those telling and singing the matchless story, while to all but the missionaries it had been entirely unknown four years before. And to the listening patients it was as new as to the shepherds when the angels told them of a manger, and to the wise men when they first sighted an unknown star.

CHAPTER 19

FIELDS

“**W**HERE on earth does Kathryn Friesen think she’s off to in all this mud? Woops! She’s lost a shoe! That’s better!” as the sister of the private wards was seen to take off the other sandal and continue barefoot.

Not infrequently during the dry season a nurse off-duty can be seen slipping off to one of the tree-shaded mounds in the fields around for prayer or language study, but not when the fields are half flooded and all is a sea of mud.

“Look! She wants to plough! And Mr. S’ngeum’s going to let her!” In fact, the farmer, usually so shy, seemed quite to enjoy the novel sight of a golden head following his buffalo-drawn hand-plough, even if this simple wooden implement did lurch from side to side periodically and tend to flop over sideways. “Well, let’s hope she doesn’t get hookworm that’s all, paddling in all this mud. I didn’t when I had my lesson in planting out rice last year, though.”

The various farming incidents that go on in the paddy-fields all around the hospital are a frequent source of interest year by year. After ploughing and harrowing, which start with the first heavy rains, comes sowing. Some farmers can be seen from the upstairs flats planting thickly in seed-beds, or “mother fields”; and later transplanting every young shoot by hand into their larger fields. These fields must be flooded by the time the young plants reach the right stage, so if the rainfall has been insufficient, there are the various processes of emergency irrigation to watch, hand-driven water scoops, treadle water wheels or conveyor belts, and sometimes motor-driven pumps. Mr. S’ngeum, who rents the land behind the staff houses, does not trouble to sow “mother fields” and transplant, but

scatters his seed widely, as in Bible pictures of "The Sower."

Then it is that people slip up after dark to the upper rooms to look down on the fairyland below as hundreds of fireflies dance over the fields.

While the paddy is growing there comes one of the two annual periods. The dry season is the other while the fields stand brown with burnt stubble and baking in the sun, when the people describe their activity as "just sitting". It is then that busy outpatient clinics can be expected, as people have time to think about even their minor ailments.

Towards the harvest-time of the first year, the quietness around was suddenly rent by blood-curdling shrieks.

"Whatever's happened?" was the anxious question shot at the house-help. She, too, was interested and was standing gazing out over the fields, not through the window but, like Bottom the Weaver, through the wall, for the sitting-room wall is as easy to see through as any window.

"It makes me homesick for my childhood!" she sighed. Well! If it had made Sum-rahn the driver homesick it wouldn't have been surprising, but Syetong, from the respectable carpenter's home! "It's such fun," she continued, "out there from dawn and again near dusk, screaming your heads off. You have competitions to see who can put up the most birds with one shout. Every year we went, year after year; never missed," and there followed another sigh.

And still they come, year after year, these voices across the fields. And Mr. S'ngem, the quietest and shyest of men, who at times shows progressive tendencies towards mechanization, comes running along the hospital dyke beating the head of his hoe with a crow-bar. The annual advent of the human scarecrows is now taken philosophically, and hard on the heels of the first thought, "What a racket in our quiet fields!" (which are not "ours" at all) follows the thought, "Yes, it must be rather fun!"

Harvest starts towards the end of December, when the wet season has given place to the cold season, a blanket is needed at night and a cardigan is welcome morning and evening. The whole of the great rice basin of central Thailand buzzes with

excitement and activity, and public boats are crowded to overflowing with young men and women moving from place to place as hired labour. Each farmer employs a group of harvesters to join his family, and they work in a long, straggling line, ten, twenty or thirty of them in long-sleeved clothes and lamp-shade shaped straw hats, reaping a handful of stalks at a time with a hand sickle.

After reaping comes the hardest work. Farmers who live near their fields can work in their own farmyards. Others make a threshing floor on their fields and leave one member of the family on watch at night. But Mr. S'ngeum moves out lock, stock and barrel, or rather wife, daughters and water buffaloes, to his fields just behind the staff houses. There they build a thick-walled shack of bundles of straw, and set up their charcoal stove outside. What they did about water before the hospital well supplied them no one has asked. And there they live for several weeks with the bull and cow buffalo tethered near by, and most years a calf.

The boys are at school and seldom appear. And each year the girls have to reintroduce themselves as each one looks like her older sister looked the previous year. Whether peals of laughter go on every evening at their home by the river no one has discovered. Probably it is the fun of moving out to this annual camp that causes all the merriment. At any rate, the little family is audible long after it is invisible, unless someone moves into the glow of the hurricane lantern by the door of the hut. This hut they have placed by the piece of field they have already chosen for a threshing floor. They clear it of stubble and lead the buffaloes round and round on it until their hoofs have trampled the ground so flat and hard that it can be swept free of dust. There, hour after hour, day after day the patient buffaloes are led round and round trampling on the ears of grain to loosen the husks.

"They mustn't be muzzled," someone murmurs while watching them. Not that Thai animals ever seem to be muzzled, but this sight has brought the familiar words to life, "Thou shalt not muzzle the ox that treadeth out the corn".

Winnowing is possible most of the time in these very open fields, for there is usually some breeze. But the best days are windy ones when, as the threshed rice is flung high into the air with a broad shovel, the wind will carry the light husks some distance away, while the heavy grain falls nearer to hand in a growing, golden conical pile.

"Come and see Gideon threshing by night for fear of the Midianites!" This somewhat garbled reference to two Scriptural events was enough to bring everyone crowding to the bedroom window one evening during the third harvest, watched from the hospital. This year Mr. S'ngeum had evidently hired a wooden winnowing machine and only had the use of it by night. And by the strong light of a pressure lantern, the family worked until the small hours, and the great piles of grain grew rapidly. It was a good thing no Midianites were about, for even if they had failed to notice the brilliant light of the paraffin flame under pressure, they would have heard the sounds of merriment as the three maidens took their turns winding the heavy handle of what the Chinese call the "wind cupboard".

After winnowing is over the two buffaloes are yoked together to the family cart which plies back and forth between the threshing floor and the home by the river, carrying away the golden grain in a long, deep, narrow basket of matting made to fit the cart. The last annual journey of the cart is always a sad one, for it carries off the little family, laughing as they go.

"As the tongue of fire devours the stubble . . ." wrote Isaiah. The only process left now, and in some ways the most spectacular, is the burning of the stubble, and fiery serpents seem to crawl into the sky in the direction of the hills to the south, lost in darkness.

Then the hospital prepares for its turn of hard work. Not that people will be burnt, the flames of straw are too mild, though occasionally a tiny child will over-balance and sit down in the fire; but its clothes will not catch alight, for the simple reason that it is not wearing any. But this is the main time in the year when farming people are free to come long distances to hospital, and the time when they can best afford it, as their grain

can be turned to money. And just because there is money about, this is the time of year for armed robberies on wealthy farmsteads, so a number of gunshot wounds can be expected as well as full wards and heavy out-patient clinics for several months to come.

The hospital never seems to be really slack, and the hope expressed as "Now, perhaps, we'll have a let-up", rarely seems to be fulfilled. When the people are busy farming, out-patient clinics are smaller it is true. But the cases that come are those too serious to wait for easier times, and these often mean hard work in the wards, and theatre, and heavy nursing. After harvest is the time when the grannies in numerous villages far and near, will get their heads together, and say, "Let's have a little outing to the hospital, and let's take so-and-so". And when they come complete with betel to last a week, they will say, "We're not going home for a week—we're going to stay at the inn and have injections every day." So the doctors know what is expected of them.

This is now the third of the three Thai seasons: the *wet* roughly from July to October, the *cold* from about November to February, and the *hot* from March to June. The fields stand parched and brown while some canals are pink with lotus blossom and others blue with water hyacinths. Scattered over the higher northern parts of the plain, but not the more low-lying parts along the River Noi, are trees that make one think of Moses' burning bush that burned with fire, yet was not consumed: the Flame of the Forest and the silk cotton trees, both a mass of orange flowers or occasionally red and yellow, before any leaves appear. In cultivated places the flame tree, or *poinciana*, bears great clusters of orange flowers among feathery green foliage against the blue sky, sometimes doubling its glory by reflection in some canal or river by which it is growing. Once during this season the people will scan the sky hopefully for clouds, for the mango rains are needed to swell the fruit. And Mr. S'ngeum sharpens his ploughshare, mends his cart, grazes his buffaloes, and "just sits" until the real rains start.

The hospital staff, enthralled, has watched one kind of harvest,

and now they are involved in the greatest harvest the world has ever seen. "When Jesus saw the multitudes he was moved with compassion. Then said he to his disciples, 'The harvest truly is plenteous'", and again "And he that reapeth . . . gathereth fruit unto life eternal".

How strange that the privileged staff should ever sigh at the thought of the heavy months ahead! Mr. S'ngeum's small daughters put them to shame.

EVANGELISM (a)

“YOU don’t recognize me!” beamed a smart looking young man, meeting a doctor hurrying to the wards for morning rounds.

O dear, a hundred or so fresh faces a day! How could one be expected to remember them all? No! this one could not be placed.

“I’m Boonsong!”

“I don’t believe it!” gasped the doctor, not at all politely. “Well, look!” he said, obviously pleased to have changed beyond all recognition. And pulling up his shirt he exposed two large scars on his abdomen, one jagged and the other a neat surgical incision.

What he had done to annoy the family water buffalo is not recorded. But the great horn it had gored him with (sometimes they are two or three feet long) had torn right through his abdomen and into his chest, so both had been full of blood when he had been brought the long journey from the depths of the country beyond Uthai.

“Well! I’ve patched him up,” Arthur Pennington had said mournfully after the operation, “but I’m afraid—”. There had been no need to finish the sentence, for everyone had been airing the same atmosphere of gloom.

But he had lived long enough to have the blood tapped from his chest a few days after the operation. And he had lived long enough to have the process repeated two days later. And he had gone on and on living as the staff had gone on and on praying. The Christian men, usually Mr. Samyong, had started speaking to him of eternal things when it seemed that he must pass from this life to the next, and they continued when it became obvious

that he was going to live. He seemed so interested and always wanted to hear more. When he had been well enough to walk a few steps along the corridor, Samyong could often be seen sitting with him on a verandah bench, and everyone had known where each conversation would lead.

At last, still thin and weak and bedraggled-looking he had been well enough to go home. Later he had been admitted for a further operation, discharged again, and now he had reappeared.

"Boonsong the buffalo-boy looks wonderful. How fit is he?" Arthur was asked at lunch. Arthur looked puzzled. No Boonsong had been to see him in out-patients, it must have been someone who looked like him. But that was just the point, he did not look like Boonsong, but it was he beyond all doubt.

"It was Boonsong," Arthur said quietly at supper. "He didn't come to out-patients because he hadn't come to see the doctor." He had come all the way from his distant home to seek out Samyong and ask his help in handing over to God the life that had been saved.

He was seen twice after that, both times on chance meetings. The first time he was standing firm as a Christian, but the second time he was with bad companions. And now? Who knows? How hard it is for a lone Christian with little teaching and no human fellowship or help to withstand the pressure of the old life all around! How many problems there are in a pioneer mission field! The isolation of solitary believers is not the least.

A tall, neatly dressed youth of about nineteen, painfully thin, his hollow cheeks slightly flushed, sat listlessly on a bench on the out-patient verandah. He had come in time to get an early number, and had been examined, and now he was told that he could not be X-rayed until about 11 a.m. He had come specially to be X-rayed, and yet he dreaded the hour because of what the doctor might say. He knew in his heart of hearts what was wrong, but he did not want to be told definitely, for Chinese dread tuberculosis above all else.

On the wall opposite him was a rack holding books and

magazines, and from it other patients were helping themselves, and whiling away the time reading. He would like to, but it required too much energy to stand up and reach over for a book. So he just sat. It was boring, but there was less than an hour to wait now. Suddenly the boredom ceased. Eight or nine men were gathering by the desk where they had written down his name. A broad man, who looked like one of his own race, was turning over the pages of a large book of pictures hanging on an easel, strange pictures of strange people with beards and long flowing robes; perhaps they were Indians, but they wore no turbans. And a short, slight man with deep waves in his hair, was telling the others what pages to turn to in the black books they were holding. There was a man with light skin and fair hair and a moustache, and one of the men doctors came out and joined the group, but these two "foreigners" took no leading part. The short man cleared his throat and explained what a Christian hymn was, and what the words of this one meant. When they had sung, the broad man told the story about the picture he had chosen—a story from the Christian Holy Book. (Weeks later the boy learnt how much it always cost this shy man to speak in public, and possibly because of the cost Chum-nahn's are said to be among the best talks.) Then a strange thing happened. The short man, in a speaking voice as melodious as his singing voice said they were going to speak to God. Who was God, anyway, and how could He be spoken to? The row of men closed their eyes and bowed their heads, and as the boy heard for the first time a simple prayer, he knew that this religion was for him. This was what he needed.

Soon after the service ended there was a distant rumble, and people who had been there before said it was the motor and X-rays would soon begin. As he was called in for his, and a crowd jostled round the door to see what was going on, he steeled himself for the bad news he dreaded. But he had not realized that the film would have to be developed, and that the doctor would finish seeing his morning patients before going to read the X-rays. So there was another long wait. It was not so boring this time, for after the service each patient had been

given a Christian leaflet, and so eager was he to know more, that he sat engrossed in his copy.

At last the report of his X-ray was made known to him. He heard the dread word, and was told he would have to have injections for three months, as well as pills every day, and then more pills for months to come. Did he want to find a doctor near his home who would give the injections? No, all he wanted was to be at the hospital, and if they could not give him a bed, he would stay with relatives in the village and come by pedicab for his daily injection. So it was settled.

"Where's Marjorie going with her Bible?" was asked one evening as the doctors were finishing supper. "It isn't Wednesday, is it?"

"No, and anyway, she's in uniform; she wouldn't go to the church prayer-meeting without changing."

Day after day they got used to seeing one or other of the nurses, usually Marjorie Nowell, then out-patient sister, at the end of a busy day, slip out as soon as she had finished supper to do Bible study with the youth, Dang, who never seemed to be able to hear enough. The prayer that Mildred Cable used to pray in the Gobi desert, "Lord, lead us to prepared hearts", had often been prayed at Manorom in a revised form, "Lord, bring prepared hearts to us"; and here was a clear answer.

Dang soon came to know all the men on the staff, and joined in all the Christian activities. And on his last Sunday, now comparatively fat and well at the end of three months' treatment, he gave his testimony at an evening church service. He told what Christ had come to mean to him, and asked prayer for his witness at home. Here was a fine, educated young man with life before him, just the type to become a pillar of the church, going back to a large market village. He had had more teaching than Boonsong, the buffalo boy, and closer association with the church; he lived nearer and was to continue close association with the hospital for treatment if for nothing else. What hopes there were!

The next news that came of him was that, feeling strong and

energetic, he had gone to draw the family water supply from the river one evening, two brimming petrol tins full, carried on the ends of a pole across the shoulders. Then a sharp lung haemorrhage—and before he could be brought to the hospital, he was dead.

EVANGELISM (b)

BREAKFAST in the nurses' house is at 7 a.m., but in the doctors' at 7.3 a.m., for at seven Dr. Joseph Weiss is still turning knobs. The first of the twice daily programmes in Thai from the Far East Broadcasting Station in Manila is at 7 a.m., and Joe turns on the radio in the library unless he chooses to put on an evangelistic record instead. The idea of a public-address system, wired to all departments, came from the Presbyterian hospital in Chiengmai, and Dr. Edwin McDaniel kindly came from there to organize the preliminary setting up of the system at Manoram. In a corner of the library are a tape recorder and a large radio set (the latter the gift to local missionaries from an engineer after his work on the Chainat dam was finished). Both are wired to loudspeakers in the out-patient department and in each ward, including private rooms, with Joe Weiss usually in charge. Sometimes he and Samyong, with or without the xylophone, are shut in the library all the evening, and everyone tiptoes past the door as they record a new programme.

Sometimes the same two will spend an evening in the wards, Joe showing pictures of the life of Christ or some other Bible story and Samyong reading the script. The projector they use was provided by the "tithes" of two staff members who, following Jacob's example, have said to God, "Of all that thou givest me I will give the tenth to thee."

Staff prayers each morning provide an opportunity for Christian members of staff to take part. Mr. Sum-rah, the driver, was leading one morning, and having read the Scripture passage, he said brusquely, "This story just shows the power of

the Lord Jesus. If anyone else had sat on a colt it would have crumpled up. But Jesus could give even a young animal the strength to carry a grown man. And He will give, even to us, power to carry Him about wherever we go."

Someone else's comment when it was his turn to lead another morning was, "This is a difficult passage; there are no lessons we can learn from it—we'll sing a second hymn instead."

The short daily morning service has several purposes. The primary object is united worship. Theoretically it is a good opportunity for evangelism and consecutive Bible teaching for whilst attendance is optional, most staff members, whether Christian or not, choose to come. But it is also an opportunity for Thai and missionaries, men and women, to practise leading services.

Such practice is also afforded by the daily evangelistic services in the out-patient department led by the men; a service is also held most afternoons in one or other of the wards. Both Thai and missionaries learn together, the latter suggesting how the Gospel may be presented, and the former showing how it should be done with good Thai language.

The missionaries living in Manorom village, first Roy Ferguson, then Bill Goble, and later John Casto, have always been official hospital evangelists and in charge of the literature. While they stand by, encourage, and teach, and at times provide the initiative, they have needed to do less and less of the public preaching as it is taken over increasingly by the Thai Christians who are so much better understood by the country people. Each of the evangelists has had a wife very active in the work, especially in ward services.

Christian literature taken home by patients is scattered widely even in remote spots, and is sometimes found to have been read by those who have never been to Manorom. There are pamphlets, given free, and some books of the Bible, published separately, for sale in sets of four, while some people buy New Testaments. Some literature is on loan: the Chinese magazine *Lighthouse*; books with such titles as *What a Christian Believes*, *Peace with God*, and *On Being a Real Christian*, and there are also a

few Thai biographies which include David Livingstone, Martyn Luther and Mary Slessor.

After much discussion on how to display the "lending library" of books and pamphlets the simple device of wall-racks was agreed upon and has proved most satisfactory; nothing to open out or fold up, nothing to knock into on passing, nothing to blow over, nothing to obstruct the mopping of floors.

Almost daily people come from at least three provinces and sometimes five or six, and from scores of villages and homesteads. For the first two years countless opportunities seemed to be lost because there was no one free to sit and chat to the out-patients. Some missed the short daily service though most received literature. In the wards, on the other hand, personal work was being done either by the nurses on duty or by the hospital evangelist or his wife after ward services. So prayer was often made that there would be someone to do similar work among the out-patients "like Edie Toop at Inburi, or May Campbell at Wiset". So it was a great day when Maxine Howard, hearing the call of God to do more personal work, was freed from her regular nursing duties, yet still being on call for holiday or sick relief, or emergencies. Now she was free to sit for hours among the out-patients as well as to spend more time talking to people in the wards. She was also free to go out to people's homes for follow-up work, often introducing them to missionaries in their neighbourhood who would continue the teaching she had begun.

It is the policy of the Mission not to engage national workers for the churches, the aim being to establish self-supporting groups from the start. This precluded the hospital from employing a Thai evangelist. For one thing he would be so easily available to the church that this would be a round-about means of supporting a whole-time church worker. But what was to be done when the Christian hospital employees started asking for a few days off to take special meetings for such-and-such a church, or to join in an evangelistic campaign in the so-and-so area? Obviously the loan of these men on hospital salaries

could become a subtle way of supplying the church with paid workers. Moreover, to deny non-Christians on the staff an equal number of days off to attend Buddhist festivals or family functions would be unjust partisanship, and would rightly bring Christianity into disrepute.

So the decision, that seemed a hard one at first but was finally accepted, was that either the pay for the day they were away must be deducted from their salaries, or the days off must be deducted from their annual holidays. What they do during their holiday is their own affair; and several of the most hard-worked among them, who would have been the most justified in taking a rest, have spent at least part of their leave in strenuous service for their Lord.

When the local church met in the mission house in the village, there was a steady exodus, mostly by bicycle, from the hospital on Sunday, and on Wednesday for the mid-week Bible study and prayer meeting. The Mission was supplying the Christians with a place of worship until they could provide a place for themselves. If the Christians had been allowed accommodation in the hospital, they would have been tempted never to put up their own building. Also, it would appear to the outsider that the church was an off-shoot of the "foreign" hospital instead of a truly indigenous body. The hospital is there to supplement the church, not to replace or usurp any of its functions.

No classes that were rightly the responsibility of the church were held at first in the hospital. But after three years, the burden for the unconverted nurse aides became so great that, when it was found that some of them would welcome a Bible class, a weekly one was started. This was led by the residents in the nurses' house in turn, and the same class was repeated later each week to allow those on different duties to attend.

On Thursday evenings a missionaries' prayer meeting is held in the doctors' house, and is attended by Mr. Ahpon, as the only member of the Thai staff with enough English. How often at this meeting has prayer been raised for one patient and another, and how often have thanks been given for answered

prayer! And how often has the prayer been for the local aides!

There is another exodus that takes place on most, though not all, Saturday afternoons. Either by Land-Rover, crowded to overflowing, or by bicycle, the Christian staff set off with the missionary evangelist on a visit to one of the near-by villages. Everywhere they meet ex-patients and so are assured of a friendly hearing. But it is no easy matter to present Christ in places where He has not been named before. It is carrying the offensive into enemy territory, and the arch-enemy of souls is not going to retreat readily.

One evening June Morgan was standing by the bed of a patient who had recovered from eclampsia (the annual influx of such cases for some reason coincides with harvest), but curiously the patient showed no signs of regaining her mental equilibrium. She was a puzzling and disappointing case, and the more Christ and His ability to heal were mentioned to her, the more obstreperous she became. That evening the doctor had a sudden strong conviction that, whether or not this was a case of actual demon possession, it was nevertheless the work of Satan. So, instead of praying the usual prayer for healing, she exercised her authority in Christ claiming His victory on Calvary over all the powers of the enemy. The patient immediately became rational, and next day was well enough to go home.

The battle for the souls of men has already been fought to the finish and won in the death and resurrection of our Lord Jesus Christ. Now the Victor Himself is actively at work, sometimes through His servants, and sometimes apart from them, gathering in the fruits of His victory.

On another occasion there was a hush and a pause in the theatre as the patient, a very sick old man, collapsed and appeared to be dying. He was conscious, and the doctors heard him murmur, "Jesus, save me! Jesus, save me!" and then he began to revive.

He had heard very little of the gospel before operation, and he told the doctor afterwards that when he felt himself slipping away, he had seen a Man with a beard, and knew that it was this Jesus he had so recently heard about. So he called on Him to

save, "And He did"—so simply did the story end. He was too sick a man to live many days longer, but when the end came, he was ready. This time the Victor had done very little through His servants, He had come Himself to claim part of His blood-bought victory.

FOLLOW-UP

"I'M afraid it means an operation," said the doctor, "but it's not a big one and we'll put you to sleep first. We'll do it right away, so you should be home within a week." Then addressing an aide, "Ask Miss Margaret if you may go to tell the theatre there's an emergency."

"I'll just go."

"Well, I think you'd better ask Miss Margaret first." Not that any irregularity would have ruffled Margaret Ogilvie, then out-patient sister, but the staff struggled, occasionally successfully, to direct things through what the matron called "the proper channels".

Mrs. Dom came round from her anaesthetic wondering what other strange foreigners she would have to face in the ward. She had tried to be brave in out-patients, but they had both been so big, one upwards and the other across; the poor things, to have hair and eyes that colour! So, it was a relief when a short figure bent over her and she saw dark curls under the cap and looked up into soft brown eyes. Yes, she told Beth Roose that she felt quite comfortable, and wide awake now. Had she ever heard of Jesus? Who or what was Jesus? Well, they had better start further back; did she know that there was a God? No. Well who did she think had made the world? Well, now she came to think of it, she had never stopped to wonder.

She only stayed for a few days, but twice most days a loud-speaker on the ceiling told about this Jesus, Son of God. Once when another patient was very ill a nurse ran to turn it off lest it disturb her. Loudspeakers are no novelty to the Thai, for they blare away at every temple fair and from the boats of sellers of patent medicines. Any family occasion such as the Buddhist

dedication of a new house, or a wedding, or the seeing of a son into a monastery would be a poor affair if a loudspeaker were not hired, and if it were not of such a volume that it could be heard over the surrounding countryside. Alas, it is fast replacing the traditional Thai orchestra on these occasions. So Mrs. Dom and the other patients were accustomed to hearing the human voice broadcast, and could follow what was said. One afternoon a "foreign" woman came in dressed in Thai blouse and wrap-over skirt instead of hospital uniform. She stood at one end of the ward and held up a large picture and told a story about this same Jesus, and Mrs. Dom could understand her better than she could the other "foreigners". And at the end a little girl, with hair so fair that it looked almost silver, ran in to show the speaker, evidently her mother, the paper cap the aides had made her, just like the nurses wore.

Yes, Mrs. Dom told Beth Roose the day before she was to leave, she would be glad to take a letter to the Chainat missionaries on her way home. What good news it was that two of them were planning to move to the district town near her own home village to tell this same story of Jesus where it had never been heard before!

She was as good as her word, and the next day she and her husband called at the Chainat mission house on their way home. But they were not the only visitors. So perfect was God's timing that a man with leprosy from their own tiny village had been seen at the hospital that very day, and referred to the leprosy nurse in Chainat. So all three called on the missionaries together, and all three travelled home together, a five or six hour boat journey and nearly an hour's walk. In the basket with Mrs. Dom's betel-chewing outfit was her precious New Testament. At first they had feared that they would not be able to afford it. But when her hospital bill had been added up they found they had money left over. So now she could read about the gospel for herself.

Having delivered the letter of introduction as she had promised she could easily have left it at that. But the two missionaries, one looking to her quite reasonable, but the other, taller and

fairer than ever, had told her which day they planned to move to their new district. She was determined to meet them in spite of her recent operation and the long walk from her village to the market town in the heat of the day when their boat was due. So when Joan Wales and Beth Stanley arrived at the busy, unevangelized little town of Hanka, there on the wharf to welcome them was Mrs. Dom. Not content to help merely by carrying their luggage to the room they had rented, she proceeded to help them unpack. She was tired when she reached home. They had told her the next day was the Christians' holy day, which came once every seven days, not varying with the lunar calendar like the Buddhist holy day. So off she set again, this time armed with three sunshades, to escort them to her village. Thus, the very day after arrival in their pioneer centre the missionaries found themselves holding a short service of worship with a professing believer, and then being conducted on a vigorous evangelistic tour of the village, Mrs. Dom adding her word of personal testimony to theirs.

Week by week they walked out across the paddy-fields dotted with tall sugar palms to the little group of stilted wooden shacks to hold a meeting, to teach, and sometimes to stay overnight. It was not long before "Mr. Glass", the man with leprosy, was a Christian, too. Mrs. Dom's teeth, stained ebony black with betel nut, were noticed gradually to be looking whiter. Joan asked if she did not now chew, and why, and her reply was, "I don't think the Lord Jesus likes it."

It is rarely a story of steady advance with those who come out of such complete darkness into light. There have been times when she has gone again to sell her home-made sweets at temple fairs, and times when she has chewed betel again (not that giving up the habit is necessarily related to becoming a Christian, but in her case her Lord had obviously spoken to her about it). Later the trouble brought by the severe floods that destroyed the rice crop throughout much of central Thailand, her own included, seemed to be giving her a greater spiritual hunger again.

Joy, disappointment, hope, fear—how these emotions alternate in those who evangelize in such a pioneer field!

Then there was Mrs. Tong-kum. She was delighted to feel so much better after her operation. But the doctor frowned heavily as she read the report she had pulled out of a long envelope bearing a crest of the “garuda”, a mythical winged figure, the symbol of the Thai government. It greatly helps the efficiency of the work to be able to post specimens obtained during operation to one of the two large government teaching hospitals in Bangkok, and for a small fee to receive a specialist’s report on the condition. The report read, “Chorion Epithelioma” one of the most rapidly growing of cancers.

When she went home to the water-gate north of Hanka, the missionaries there were asked to visit her, and used to go by river bus. At their first visit, as Joan Wales and Virginia Greenwood dropped to the floor beside the patient on her rush mat, Mrs. Tong-kum exclaimed “Oh, it’s you!”

A year before she had met Joan travelling on a public boat, and they had talked of Christ. She had taken home a pamphlet that appeals to the Thai as much as it does to the Chinese, in which the vices and needs of the human heart are symbolized as animals. So God had been preparing her then for what must come.

Joan wrote, after several visits: “The husband is very sympathetic too and whenever we go the neighbours crowd in and listen eagerly and ask thoughtful questions. She has often said, ‘In my heart I believe but I haven’t confessed my sins and accepted the Saviour because, if I do, it means I must stop merit-making, and if I stop merit-making, then what will happen to me when I die? There will be no one to attend to funeral rites.’

“A hard lump is forming in her right side again and we wonder how much longer she has to live. Will it be possible for the Central Thailand Church Committee to think out some plan whereby lone Christians in country places will be cared for at death and not be dependent on Buddhist procedures in order to get buried? I don’t think for a moment that she has any faith in the merit-making helping her final destiny, but rather that she

imagines that it is necessary in order to keep her in favour with religious authorities so that her body will be disposed of decently."

Evangelism is certainly uphill work in a strongly Buddhist land.

The missionaries in the centres around Manorom are busy people. Yet it is always with cheerful willingness that they respond to requests to follow up one patient after another. They are glad of the openings, too, into various hamlets and homes. A visit without an invitation is not quite polite, according to the more particular Thai, and one without even an introduction is worse still, and the medical work has provided both introductions and invitations. A missionary visiting a new area wrote:

"Many people, even from out-of-the-way places, have been to the Manorom hospital. Without exception, everyone has spoken highly of it. And the fact that we belong to the same Mission gives us a welcome straight away. So the preparation had been made for the opening of this door."

And a report of the annual conference of missionaries one year read:

"Any doubts as to the spiritual efficacy of the work were dispelled as one and another reported that they had found a warm welcome, even in areas remote from Manorom, because of the goodwill created among the people by the witness of the hospital.

"Louis Almond stated that his observations since returning from furlough revealed a complete change of attitude among the people in some areas, due to the impact of medical work."

How often do the missionaries thank God for co-operation and mutual appreciation between all members of the team, whether evangelistic or medical!

One day in her dual capacity of nurse and evangelist, Maxine Howard settled down on the out-patient verandah beside two old grannies with closely cropped hair and friendly, wrinkled faces. It was hot and they had removed their blouses; it was quite respectable to do so at their age. Besides, this was some kind of

religious institution, they had heard, so it was just as well to let their holy vests be seen. The sleeveless cotton garments covered one shoulder only and indicated that the wearer had spent some time resident in a temple, performing religious exercises.

Maxine took care to tuck her feet well underneath her—for to point them at anyone would have been an insult—and opened her preaching book. "Sorry we can't see to read, we've come to have the films taken off our eyes", the two old ladies hastened to inform her, not mentioning that they had never learned to read either.

But the "preaching books" which many missionaries use are prepared for literate and illiterate alike. They are made from outsize stiff covered exercise books, easily obtainable in all stationers' shops as they are used in schools. On some pages are written verses of Scripture in letters about two inches high; on another maybe a simple prayer, and on another a chorus. Thai Christians often do the lettering as they write their own language so much better than missionaries, and also the task is a useful service for God of which even the newest convert is capable. On other pages, interspersed among the written pages, are large Bible pictures or diagrams explaining the gospel. The pictures, like the writing, are large and bold so that they can be seen at a distance when held up before a group.

"Yes! I'm quite holy," said Mrs. Leum when Maxine had been saying that we are all sinners who need a Saviour.

"Yes! It's just the same as we believe," said her sister when Maxine had taken pains to explain the uniqueness of Christ. However, they decided they would like to hear more and asked to be visited at home. It was just across the pond from one of the railway stations in Paknampho province, they said. So their names and addresses were recorded in the follow-up book (more recently replaced by a card index) used for putting missionaries in touch with interested patients. Maxine also promised to go herself to introduce them to the Paknampho missionaries.

So one day she met Mary Cooke and together they set out for the village. "This must be it," they were just saying as they

came up to the little group of stilted cottages. Then suddenly all was pandemonium. A snarl, fierce barking, a watch-dog leaping at the intruders with bared teeth, a lunge at the dog by a slight figure moving as lithely as a child, and Mrs. Leum, aged seventy, stood panting and apologizing but triumphant. Later that day she prayed aloud following Maxine, appeared genuinely to believe, and was giving the credit for the healing of her eyes to Jesus. But tolerant Buddhists agree so easily with everything that others believe that it is difficult to be sure what they mean when they say that they, too, believe.

Mary Cooke visited her a second time and found the old lady lying injured, having been struck by an ox-cart. She said that at the time of the injury she had called on Jesus. But a yellow-robed monk was in the house, and Mrs. Leum said her son was preparing to go into a monastery. Again she wanted to pray, and, in her weakness, followed in prayer.

At the next visit she was well again and her son had left the monastery feeling it was a waste of time. His attitude seemed to be undermining the old lady's faith in Buddhism, so it would appear that God was approaching her in two completely different ways at one and the same time. She was reminiscing about the hospital, and commented on the fact that the nurses and doctors had not been wearing much jewellery. The significance of this was not that they did not go in for personal adornment, but that they were not rich, for the Thai, instead of keeping banking accounts, carry their wealth as silver or gold belts, rings or pendants. Here were people with a medical training which could earn them large salaries if they chose. "They're all white outside and inside too," was her comment. She was still visiting the temple periodically. She had done so all her life. To stop at the age of seventy . . . ?

Perhaps someone will ask, is it worth it all? The dusty bus-rides, the crowded trains, the long walks in the heat, the precarious balancing in tiny keel-less boats and on the narrow, unsteady landing stages, the fear of watch-dogs, and then possible discouragement at the end? Another missionary must sometimes have wondered the same thing: ". . . we hunger and

thirst, we are ill clad and buffeted and homeless . . . reviled . . . persecuted . . . slandered . . . imprisoned . . . beaten . . . stoned . . . shipwrecked." What are present-day missionary discomforts compared with those? And the climax of all those experiences was described as ". . . the daily pressure of . . . anxiety for all the churches".

It is a good thing for the world that *that missionary* did not give up in despair.

CHAPTER 23

CASES (a)

“**W**HAT ought we to put in a book about Manorom?” all the missionaries were asked. “Let’s make it a joint effort.”

Once they could be persuaded to take this quite reasonable question seriously they reacted in different ways. Two produced written lists immediately, others did so after long thought, still others not at all.

“Tell them about the case of typhoid fever I put up in a fracture frame,” suggested one doctor.

“And tell them about the patient who wouldn’t go to sleep when I was trying to anaesthetize her with pure oxygen,” said another.

There was the patient who discharged herself from the ward saying she was going home to have a rest; and the patient who came complaining of insomnia in the daytime; and the old lady who said, “I’m not blind, mind you; it’s just that I can’t see”, and the other one who asked, if she went to Bangkok for the glass eye we advised, whether she would be able to see through it.

There was also the tiny girl to which a leech had attached itself while she was bathing. Her playmates had pulled it off but she had continued bleeding for a week. It was found on examination that the leech had broken off leaving its nozzle still attached; this had acted like a hollow needle in a small vein and allowed the blood to pour steadily out. As soon as it was removed the bleeding stopped.

Then there was Miss Noi, a delightful girl in her early twenties who came in with severe heart failure. When, after a long battle, she was told she could go home, she smiled and said she would have to wait until her father bought her some more

clothes; he had been so sure that she was going to die that he had given her whole wardrobe away. She attends out-patients frequently, and has been visited at home a number of times and has shown real interest in, but no personal response to, the good news of the Saviour.

The medical work is not looked upon as a bait for evangelism, but as a necessary part of the full-orbed ministry of Christ through His present body, which is the Church, of making men whole in spirit, mind and body.

The hospital had been open a little over a year when there was an urgent call one day to an emergency admission just as morning prayers were over. Fortunately it was a regular operating day—there are two a week—so the theatre was already being prepared.

“Come round and look at this,” said the surgeon part-way through the operation, so nurses and anaesthetist gathered round to take turns in looking into the patient’s opened abdomen, and to see his heart beating. For the long knife with which he had just stabbed his young wife to death had then been plunged through his own abdomen and up through his diaphragm into his chest, somehow avoiding serious damage to liver and stomach, exposing his heart. The brothel from which he had fetched his wife home in the past, and from which she had refused to return with him this time, was between the village and the hospital, so the police had been able to bring him without delay.

As he was under arrest, the police stayed with him night and day and were most helpful in caring for him as his relatives, evidently ashamed to be associated with him, never came near him. All went well until there were two more murders in the district, and the local police force was too small to spare a man to spend his whole time in hospital. So they asked permission to chain the patient to the bed. The bad psychological effect which this would have on anyone still so ill was explained, and it was pointed out that he was too weak to run far anyway. They were asked, if they really must use shackles, not to produce them until they had first explained the situation to the patient. The doctors hardly liked to suggest the comfortable compromise they had seen used in another hospital: the official hat had hung on a

peg by the patient's bed all day, with the official boots standing below it, while all between was conveniently missing.

When no chains appeared, enquiries were made as to why the police had changed their minds. It was learnt that the men who had taken turns to guard him had reported on the change they had noticed in his life and character, since the day he had become a Christian. They felt he could be trusted on parole, and the authorities decided to take the risk, and he was never guarded again, even when well enough to be up and about.

The Christian staff spent many hours with him to comfort him by their friendship as they told him of the great Comforter. His wife was dead; his family had deserted him in his hour of need; he was under arrest for murder, and his new Christian friends brought a message of hope in the darkness. After Christ had gained admission to his life, there was plenty of opportunity for receiving further teaching, for he was kept in hospital many weeks, as long as he was allowed to stay. When the inevitable day came he was given permission to take his New Testament with him to prison.

After the trial came the news that his sentence was only seven years because of extenuating circumstances, but seven years is a long interval in the life of a young man. He was visited in Chainat and found to be putting on weight on prison fare, and to be reading and praying still. Later he was removed to Bangkok where all the more serious cases serve their sentences, and where Sum-rah-n the driver's brother was.

Some months later Mr. Ahpon, the business manager, was called upon to read a letter during church service, and he took from his pocket a sheet of paper so long that it seemed as if he would never finish unfolding it.

"... a year ago today," he read, "I became a Christian in Manorum Hospital."

The letter expressing thanks to one and another who were mentioned by name, gave assurance of continued faith, and asked for a hymn book to enable the writer to sing hymns in prison.

"'Hagar' has arrived in labour," announced a nurse at the door of the doctors' house one day. "Thought I'd just let you

know. Do you want to be called for the delivery or shall we just carry on? All right! And guess who is in attendance: 'Sarah!' There don't seem to be any mothers or mothers-in-law or sisters or husband or anything: just 'Sarah'."

And no near relative could have cared for "Hagar" more tenderly during the next few days.

"Sarah" had a mother's heart and it had been broken by her childlessness. Eventually she had asked her husband to take a "Hagar" and had possibly even chosen this pretty girl for him. At their first ante-natal visit to the hospital great had been the rejoicing all round when they were told that there would be two "Ishmaels".

And after they all finally left "Sarah" took one of the twins to bring him up as her own; so he became almost, though not quite, an "Isaac". And Hagar kept "Ishmael", only it was "Ishmaelina".

Among the patients are many "grannies". The doctors and a nurse stood by the bed of one of them.

"We're going to take the bandages off your eyes, Grannie. Now open them gently and tell us how many people are standing on each side of the bed. No! Your eyes, not your mouth." The harder people try to open their eyes when there is an element of fear, the wider do they open their mouths.

"Can't see," is the usual response. When people have been blind for two, three or four years, they forget not only how to see, but also how to look. After an interval the blank expression is usually followed by one of surprise, and then the old face begins to wrinkle into smiles.

"Now what's the colour of this doctor's shirt?" this particular old lady was asked, for a visiting doctor from Indonesia was wearing a most suitable shirt for sight-testing. "Green," she replied, and a murmur of applause broke out all round the ward.

Later in the day she called her own doctor over to her bedside. "Do you know what I saw over the top of that green shirt?" she asked in a tone of voice that showed there was a twinkle in the old eyes now bandaged again.

"No! What?"

"A long nose!"

Patient and doctor were sitting on the side of the bed hand in hand. The doctor had not been long enough in the land to have learnt that she should have sat nearer the foot of the bed instead of near the pillow where the honourable head of the other was wont to lie. But Grannie would have forgiven her anything on this sad day when they were to part.

"I can see you sitting there, and can see the colour of your skirt, but I can't see your *face* yet," said Grannie, her wrinkled face wreathed with smiles. "I'm coming back to see you when I can see your *face*."

"Oh, Grannie!" was the reply. "It won't be worth it; it's not a pretty face."

"Never mind, dearie," Grannie responded to this piece of bad news, comfortingly stroking the hand she held. "Never mind! You've got a nice voice."

Grandpa, with wispy white beard, always looking as mournful as Grannie looked cheerful, had been quite the most devoted relative-in-waiting during the hospital's short history. For two years, since she lost her sight, he had led her everywhere, even inside the house. When the medicine they took home with them was finished he returned alone to get her some more, and for the first time a smile was seen on his face. She could walk about the house alone. The first time they came together after her cataract operation, as they were approaching the front gate, he was sent to walk a few paces behind her to show that she could manage on her own. And at the next visit she left him at home.

Then came disappointment, for the clear surface of her eye began to cloud over, and she could never pluck up courage to have a cataract operation on her other eye. It was because few people return to hospital for their second operation that both eyes are often done at the same time. There was disappointment after a number of early cataract operations at Manorom, but there has been less since receiving advice and teaching from a Thai eye specialist in Bangkok.

There was the day when the off-duty doctor caught sight of the grey face and limp little body in the arms of a nurse who rushed past her to the operating theatre, another doctor hard on

her heels. "Were they really going to do anything," she asked. "Well, I suppose there's no harm in trying; she's still got a pulse. Would you like me to hold the head?" And when such a case comes in no one is off duty.

The plump little girl of eighteen months fully dressed in silver bracelets, silver anklets with bells, and a tiny apron, like a sporran, made of silver chain-mail, had been playing on the verandah of her floating house. She had grabbed a small shining fish and put it in her mouth. It had slipped down her throat head first and the more she tried to draw a breath, the further she drew the fish in until it was firmly wedged and no breath would pass.

The tracheotomy set is always kept ready to hand fully prepared and sterilized, and in a matter of seconds Gordon Gray, a visiting doctor from the Saiburi clinic in south Thailand, was operating to make a temporary opening in her windpipe below the fish.

And she took a breath.

Only then could he risk spending time to remove the fish, with some difficulty, through her mouth while she grew pinker and started to regain consciousness.

That is the end of the dramatic part of such a story. But it is only the beginning of a heavy nursing case in the wards. In this case the fish may have made the throat swell, and in other cases requiring tracheotomy the throat may be blocked by diphtheria, so a tiny silver tube in the neck is all the patient has to breathe through. If this becomes blocked with phlegm the patient may suffocate in a few minutes. So constant vigilance is needed day and night, and frequent skilled attention to the tube for days to come.

In these cases, as in many others, the relatives-in-waiting can be a great help in a busy ward. They not only feed the patients and attend to many of their wants but they learn to watch tracheotomy cases and call for help in an emergency, and to watch infusions into veins and report if the drips stop or when the bottles need changing. The patients, especially if children, are much happier and more settled in mind to have familiar faces within sight.



Patients come by boat, bus and ferry to Manorom





Flood waters at Manorom



Patients who are seriously ill or who stay long become everyone's concern, and everyone's friends, as all work on them and pray over them together. And when they finally leave it seems as if part of the hospital is going.

There was the "typhoid family", for instance. One after another three schoolboy brothers and their girl cousin were brought from a riverside shop, not far from Mr. Bin's mountain, with severe typhoid fever. They were accompanied by their mother and a servant, and as they all waited for one another to recover they were in for weeks. They were thoroughly Chinese and full of energy once their fevers were over. When they were allowed out of isolation they would be seen careering up and down the central corridor pulling a truck they had made from a plastic building set, or, heads together, turning the truck into a water-wheel. The day the youngest was told he was well enough to eat steamed rice instead of the more easily digestible boiled rice, he promptly turned a somersault.

Then there were the "empyema kids". Three children, all around ten, two of them cousins, were in at once, all having developed pus in their chests following pneumonia. All three were seriously ill and painfully thin on admission as the condition was long-standing in each case. The girl had been ill for three months and there was so much pus that it was breaking through her chest wall. One end of a rubber tube was put into the chest of each child with the other end under water in a bottle under the bed. The relative-in-waiting was posted on duty to see that nothing ever dragged the end of the tube in the bottle above the water, thus allowing air to enter the chest. Shortly after one of the boys returned from the theatre, having had his tube put in, his father reported that the pus was all over the floor. There was a general rush to see if the bottle had broken, but it was merely overflowing; the boy had filled a litre bottle (nearly a quart) within half an hour, and he filled a second bottle within the next twelve hours. It seemed as if these three would go on draining for life, and when their appetites and energy returned it was impossible to keep them in bed. So they were allowed up and used to run around together carrying their underwater drainage

bottles dangling from loops of bandage in their hands. Fortunately, not being Chinese, they were not tempted to turn somersaults.

These children were in at the same time as Mr. Brohng. He was a man of fifty-one who came with abdominal pain and high fever. At an emergency operation he was found to have a perforated duodenal ulcer; this was closed, and everyone hoped the crisis was over.

It was nine days later, while he was still running a high fever, that the second crisis occurred; his wound broke open and poured small intestinal contents.

"What's the treatment of duodenal fistula?" the doctor who had taken over temporary charge of him only that morning asked the superintendent.

"Patience and prayer!" was the answer.

And much patience and much prayer it took. The opening was so high in his bowel that it was difficult to keep him from starving, even with a balanced diet, several bottles of intravenous fluids a day, and occasional blood transfusions. It was also difficult to keep the skin of his abdomen and back from developing sores. He was attended by a devoted nephew among other relatives, and when they in their anxiety began to show dissatisfaction because the aides were doing the frequent dressings needed, the ward sister started doing them all herself merely to placate the relatives. This upset the aides who felt it was being made to appear that the serious condition of his wound was a reflection on the standard of their care. So they in turn had to be pacified and the dressings again entrusted to them. Nerves, not only of patients and relatives, but of staff too are worn down by such a case. Not only the wards, but the dispensary, laboratory, theatre (where all dressings are sterilized), and evangelist are all kept busy by such a case over and above the routine work. And even those who have no actual professional responsibility feel tired through sharing the burden with their colleagues.

Eleven days after the second crisis came the third when he had a severe haemorrhage from his wound and there was a general flutter while routine work was interrupted to stop the

bleeding, find blood donors, test their blood and give transfusions.

Eighteen days later he seemed to be on the mend and was taken to the operating theatre and his wound repaired. Next day a worse haemorrhage than ever brought the fourth crisis. All members of his own family with suitable blood had already been used, and he was too collapsed to allow time to search for other outside donors. So a doctor who knew he was of the same group donated blood, and once again Mr. Brohng recovered.

His convalescence continued to be stormy, but nine weeks after his admission he walked to the doctors' house to say good-bye. With him came his devoted nephew who had shown real aptitude for nursing and an intelligent interest in Christianity.

A doctor and a nurse later visited Mr. Brohng at his home in a village previously unreached by missionaries. They had a friendly reception, a good hearing, and a warm invitation to return.

There have been many other cases as ill and as difficult to treat as Mr. Brohng. He is cited as typical of the heavy cases that complicate the routine work and cause the most wear and tear on the staff, and whose names become household words in conversation and prayer.

There is a general rule at Manorom Hospital against staff donating blood except in cases of real emergency. Mr. Brohng was one such case. "Mrs. Snake-bite" was another. She had survived the immediate effects of being struck by a viper, and came to hospital forty-eight hours later. Apart from being pale and covered with pin-point haemorrhages into her skin, she looked healthy, and it was difficult to believe that she was probably a dying woman. But her kidneys were poisoned, it was feared beyond recovery. Again blood was urgently needed, the only relative with her was unsuitable, and others were far away.

Shortly before that time it had been decided that it would encourage the staff to be public-spirited if they gave blood occasionally, and also that they could persuade prospective donors more effectively if they could play the trump card: "Well, I've given it, and I'm still alive, aren't I?" So all who were willing to join a transfusion service had been grouped.

The matron started the ball rolling—or rather the blood flowing—by giving hers for “Mrs. Snake-bite”. Edith Schlatter’s cheerful smile at the end as she started her bottle of orangeade encouraged Salee, the ex-buffalo herd, to climb on the theatre table after her. He proved to be the right one to have given first of the Thai staff, for he always has a good opinion of himself which has to be curbed periodically. This time no one attempted to stop him when he spent the rest of the day bragging about how well he felt.

So “Mrs. Snake-bite” had two pints of blood soon after admission, and more from an uncle, and sister when her relatives were rallied from their distant home. After some anxious days she made a complete recovery.

Some miles downstream from Manorom the river takes a great U-turn at the foot of a thickly wooded hill that rises steeply from the banks. A cluster of temple buildings with fantastically shaped and coloured roofs nestle in tiers into the hillside near its foot. This beautiful spot was often referred to as “Mr. Bin’s mountain”, for the builder of roads lived near the temple, and the foundation stones of the hospital roads were quarried in these hills.

It had something to do with the illicit sale of liquor. Several strangers, already drunk, were invited one evening for another drink up the ladder into Mr. Bin’s house. There was an argument about price, the flash of a knife in the light of the little oil lamp, a cry, and the strangers disappeared into the darkness, no one having seen them well enough ever to recognize them again.

They brought Mr. Bin by boat to Manorom wharf, and then in a trishaw over the roads he himself had built, to the hospital that owed so much to him, and where he was so loved. When he arrived, the familiar face, now as grey as the bristly hair above it, managed a smile of relief and trust. How fortunate it seemed that the hospital and roads were there for such a time as this, and that here was an opportunity to repay him!

For the third year in succession the builders from Bangkok were in Manorom adding to the hospital; and Mr. Jumbee, the

foreman, and Uncle Mooey did not go to bed all that night, for the three middle-aged men had become firm friends.

The operation that night was a long one as the serious damage included laceration of both stomach and liver; the haemorrhage from the liver was so difficult to control that a third doctor was sent for to help. It was with heavy hearts that the doctors eventually left him in the ward and went to bed only to be called back from time to time. Finally the night sister came herself, instead of sending an aide, to say that he was gone.

To be involved in matters of life and death in a needy part of the world holds at times unspeakable joys—and at others bitterest disappointments.

CHAPTER 24

CASES (b)

“THERE they go again!” sigh the Penningtons good-naturedly every now and then. “Never mind! Let’s hope they’ll decide to get on with their Bible correspondence courses soon!”

The Penningtons’ flat is over the end of the isolation block usually used for patients with leprosy. The leprosy work in the sixteen rural clinics has been very fruitful from the point of view of evangelism, and a number of these patients who come to Manorom for some special surgical treatment are already Christians—new Christians in the flush of their first love. One or two others have been converted while in hospital. Singing is a new pastime to many of them (the business manager said he had never learnt to sing until he became a Christian at over thirty years of age), and strange sounds float towards the flat above when they decide to have a sing-song and practise some new hymns.

Leprosy is treated in the Manorom out-patient department and at the Inburi and Wiset clinics as well as in the sixteen centres which deal with nothing else, and patients are encouraged to lead as normal a life as possible in their own homes. Some people who are not conspicuous cases prefer to come to the general clinics, even if it means a longer journey, rather than be seen attending the clinics known to treat leprosy only. People who have this complaint are never turned away from Manorom, unless there is some mistake, however busy the hospital is; the out-patient sister cares for the case, until such time as a doctor is free to see him.

The word “leper” is avoided, because of its derogatory implications, in accordance with the recommendation of the Sixth International Congress of Leprology in 1953. It is little

more trouble to say "person with leprosy" or "leprosy case", or "leprosy patient", and such terms have no bad connotations.

After prayerful planning and God's provision and assurance, a small in-patient block for leprosy cases is under construction; one of the nearby paddy-fields having been made available for this much prayed-for project.

People whose diets have been deficient in Vitamin B are often plunged into the depths of despondency, and no amount of explanation that they will continue to feel miserable for another week or so, and not feel really well for three weeks, will soothe them.

"I really am sorry," says a meekly penitent doctor every now and then.

"Yes, you need to be!" replies an indignant ward sister.

The doctor has yielded to pleadings from patient and relatives and has admitted a "Mrs. Misery", thereby upsetting the equilibrium of the entire ward.

Each day is recited the same list of symptoms in the same mournful voice with the same doleful expression. The other patients catch the melancholy mood and start complaining too, and a general atmosphere of gloom settles over the ward.

So, as a general rule, every effort is made to resist the pleas of such patients for admission, and they are persuaded instead to come as out-patients for treatment and, if they live far away, to become the guests of the unfortunate innkeepers.

"Clair! Do your books say anything about the action between arsenic and cement in the human inside?" was one of the emergency questions shot round the dispensary door by a doctor waving a letter.

A missionary's child aged about two, the letter said, had climbed up to reach a bottle of dysentery pills which her mother, having been warned that they contained arsenic, had put "out of her reach" on top of a cupboard. Having consumed these, the letter continued, she had then repaired to the garden and started on a pile of cement left by the builders.

The wise and phlegmatic pronouncement from the oracle in the dispensary was that, as the letter had taken three days to

come, the child by now was either dead or recovered. So nothing need be done.

Dealing with "aches and pains" letters is only part of the medical care of missionaries, and those whose work anchors them at the hospital feel that by such care they can make some little contribution to the work all over central Thailand.

About eighty adults and a number of children come annually for routine medical examinations, some come because they are ill, and others to have babies.

Those who are admitted sometimes choose single rooms. At other times, either from choice or because there are no single rooms available, they share rooms with Thai patients.

The first missionary baby to be born at Manorom was accompanied by his relatives in true Thai style. His mother occupied a bed and he a cot, while his father and older sister slept on the floor.

At the age of two he in turn had a baby brother in the hospital. He had heard his mother calling the baby a "little lamb" or a "wee tiger" according to his mood, and one day the small boy was found bending over the cot, imitating his mother's voice with:

"You're a dear little cockroach, you are! Mummy said so."

"Ask Mr. S'gree to come and bring his tools." The request came from a doctor one morning as he bent over a man he had been called out of his consulting-room to see in the crowded waiting hall.

The Thai catch fish by various means: rod and line, drag-nets, dip-nets, hand-thrown nets, traps of various kinds and spears. The particular spear S'gree was called to deal with was made of five iron rods such as are used in reinforced concrete, each with one end turned back and shaped to form a recurved barb, and with the other ends welded together in a bunch to form a handle. One barb was embedded in the root of the man's neck; another deep in his upper chest; two, more superficially, just under the skin; the fifth was free; and the handle was sticking out about two feet at right angles to his body.

The first essential was resuscitation while the man still lay on his

improvised stretcher on the floor where his carriers had put him down. With intravenous fluids running satisfactorily and an injection of morphia taking effect, S'gree worked efficiently and gently to cut off the main iron work, leaving only the two deeply embedded prongs. These were removed some hours later when the patient's condition had improved sufficiently to warrant operation.

A couple of minutes after he had left the theatre there was an emergency call from the ward: as he was being lifted from the trolley into bed he had suddenly collapsed and died. And so a case that had seemed possibly hopeful up to that point suddenly became one of murder.

"Lord, have mercy on the man who did it," prayed one missionary who often felt sorry for the one incensed beyond control. And in this case the aggressor had been the man's own cousin who lived next door. So there was some little village somewhere plunged suddenly into deep trouble, and there was one heart-broken and one frightened wife, both with young children. The patient's uncle, a pleasant, simple countryman had come anxiously with the other relatives and now stood dazedly thinking of his own son at home. A heavy responsibility rests with those who treat cases of assault.

"Lord, let the patient recover so it won't be murder," is a prayer prayed periodically, and many a time the prayer has been granted.

About seven o'clock the same evening a tall, well-built man with a bandage round his head walked up the steps of the hospital.

"I believe you have my fish-spear," he said. "I'm the man who did it. This is what he did to me first with a knife and I seized the first thing that came to hand in self-defence, so I'm not afraid."

As in all cases of assault that come to the hospital, the police were informed, with his knowledge, before he was treated. A long, deep cut of his forehead, partly through bone, was sewn up, he anxious that it should be done with as many stitches as possible to impress the judge by its length, and he was admitted under arrest. Again the police could not afford the time to stay

with him day and night, so made a convenient arrangement; they put his mother on duty in their place to see that he did not run away.

Soon after his stitches were out a police van came to take him away. He was being led through the crowded out-patients' department when someone remembered the evidence. So the prisoner was left standing with one guard while the other went to fetch the spear from the disappointed matron who had hoped to add it to her collection of bladder stones and bottled snakes. As soon as the prisoner saw it a smile spread over his face and he said,

"Why! That's my fish-spear! They've cut bits off. Do let me see it."

So the amiable policeman handed it to him for a minute or two.

He went quietly, so there was no need to use the handcuffs the police had brought, and he was allowed to take with him a New Testament.

These more dramatic stories occupy much space in the telling, even as the patients have occupied much time, thought and energy in the course of their treatment. But the majority of the work is for less spectacular cases.

"After breakfast I visit my patients," wrote Joe Weiss. "The little girl over there came in with a temperature of 105°. She has typhoid fever, but is now much better. This man has a gunshot wound of the knee. He waited four weeks before coming in and now his joint is badly infected. That man has an amoebic liver abscess." Other cases frequently include malaria, nephritis or heart failure.

Another doctor wrote: "Just at present we are very full again with cases of typhoid fever, several children with dysentery, a variety of general surgical cases, and midwifery, both normal and abnormal. The influenza epidemic of Southeast Asia has swept across us also, and several of our staff have had to be away." At other times a cholera epidemic brought a number of serious cases, and a measles epidemic a number of children with pneumonia.

And so they come and so they go across the paddy-fields: men and women, boys and girls, patients and relatives, serious and trivial cases. But before they go they have one and all been woven into the history of the hospital, for they are the people who make its history: the people for whose sake it exists.

PART FIVE

*O sing unto the Lord a
new song; for he hath
done marvellous things . . .
Let the floods clap
their hands.*

Psalms 98.1 & 8.

CHAPTER 25

DYKES

"I DON'T like that dyke," muttered Chris Maddox, half to himself, while showing off the hospital site and building in its early stages. He was looking away to the east where bulldozers were busy building a high earth dyke along the west side of the main south to north road, leaving the hospital site between the dyke and the river. The great new dam across the main river south of Chainat was nearing completion, and enquiries had been made of sundry engineers and officials as to the changes in water level that were expected above it after it was finished. The answer had been the same each time: it was impossible to tell with certainty. They did say, however, that they had no fear for the main road; the dyke to protect it had been started when the plan was to flood a large area for a hydro-electric scheme. This project had to be abandoned because of the reaction of the people of Chainat to their town's being submerged. Now there was to be merely a dam to assist irrigation; the hydro-electric plant to be further north, so the dyke was no longer necessary to protect the road.

"But why in that case," continued Chris, "are they still going on building it? Why bother to finish it if they don't fear flooding from the river and want to contain the water just in the area where the hospital is in order to save the road? I don't like it."

Some weeks later he announced, "It's all right about that dyke." He had made further enquiries and it appeared that the contract for building the dyke having been let out, the firm was unwilling for it to be cancelled; and as they were insisting on being paid for the whole job, they thought they had better finish it.

The hospital was opened during the rainy season in August, 1956. Not long afterwards the main part of the compound was under water. This was to be expected, as these were paddy-fields and all such must be flooded at this season for the sake of the growing rice; that is why the hospital had been built on stilts and the paths raised. But the water went on rising and by October the raised paths and nearer end of the entrance road were submerged. Some local residents said, "It's like this every year", while others said, "It's not been as high as this for years". But the Thai are so used to floods, and take everything so calmly anyway, that they were quite unperturbed. Up and up the water crept.

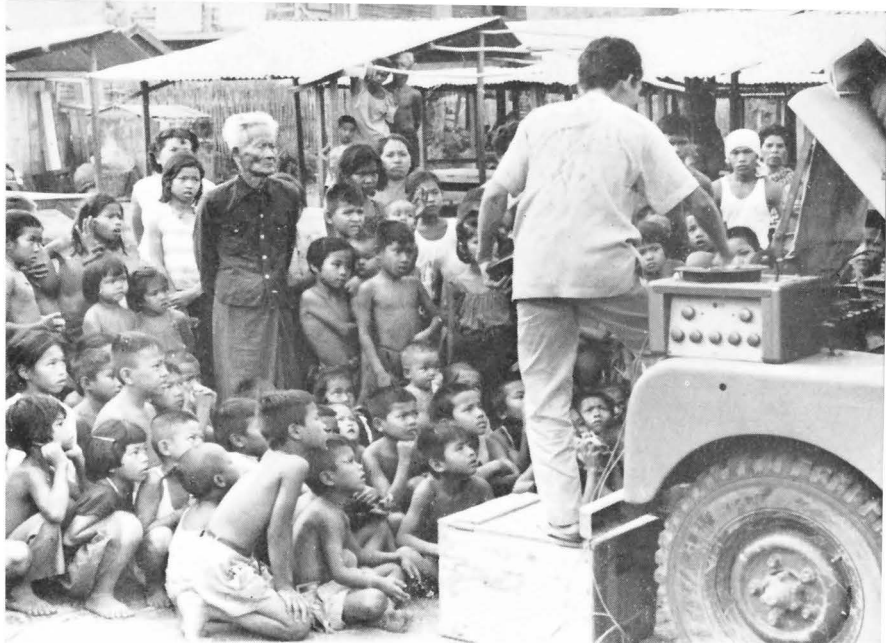
"Two inches since this morning," and "Three inches during the night," Leslie Stead, the engineer, would announce, crouching over the front doorstep with his ruler.

Eventually the water was six inches deep in the houses and the hospital floors, slightly higher, were just awash before the level started falling. The shorter nurses were over their knees in water when walking on the raised paths; and when Edith Schlatter, the matron, fell in from a boat not over a path, she disappeared face and all, but came up proudly spluttering that she had kept her cap dry. As Leslie waded up the front path one day, he declared, "I'm going to start a Manorom Canal Users' Association and demand justice."

To avoid further damage, a notice saying "No trucks" was put up at the end of the entrance road. Leslie, who could read no Thai, was the first to see it.

"There's a new signpost pointing this way," he said. "Don't know what it says, 'To Manorom-in-the-Marsh', probably."

Big Anong, one of the aides, lent her family boat to the doctors and, in the shallow round-bottomed dinghy it was possible to paddle oneself in at the front door, across the sitting-room, and out of the back door. The journey home from hospital could now be done dry-shod, but on landing in the house one inevitably got wet. This boat had been borrowed for fun, but as the water continued to rise it became necessary to hire a larger one for work, and the washing was daily paddled



Taking the gospel by Land-Rover to nearby villages





Waiting to go home;
Christian leaflets in the
basket

Roof-top view of the growing hospital



back and forth between hospital and laundry. Another boat appeared doing private business carrying patients from the unflooded bus road to the hospital entrance and back; with it came Chalaw who was later to mean so much to the doctors' house.

The aquatic life was a source of constant interest. In the evenings Leslie would sit on the top step shining his torch into the depths and sighing for his small son to see the endless variety of life, ". . . fish, snakes, crabs, snails, and abundant leeches", reported a letter written at that time. "Fleets of tiny fish scud around our dining table after crumbs, and a baby frog took refuge on J.'s foot during lunch. We have a board under the table that kept our feet out yesterday, and keeps parts of them out today. The charcoal tongs and wood chopper are kept handy at meal-times for leeches." One day a snake-like creature appeared by the front door and every few minutes would push a round mouth out of the water for a breath of air. When the house-help was called to see it she made no attempt to hide her mirth at people who did not know an eel when they saw one. She and a friend would sit on the kitchen table fishing through the window. The hospital corridors and verandahs provided a most popular "pier" for fishing; patients, relatives and staff had their lines there, and after school hours small boys would arrive with lines and tin cans.

The people were quite unperturbed and came cheerfully by boat, just as they went by boat about all their other business at this time of year. The complete lack of complaint on the part of the local staff, and their ability to enjoy the lighter side, set a good example to any who were accustomed to grumbling about the weather.

There was, however, a good deal of anxiety and much prayer about the valuable hospital structure and equipment. In the end, apart from a few warped doors and floor-boards, little damage was done.

The floods gave rise to the serious question of what was to be done to protect the compound against subsequent possible flooding. The two alternatives were an earth dyke or a concrete wall. The latter would need less space but be more expensive;

the former would necessitate acquiring a strip of land all round the premises as none of the compound itself could be spared. Land was no problem on the north and west sides, as the fields belonged to Mr. Pie-boon and he willingly gave permission for a dyke to be built there. But most of the fields on the east and south belonged to the absentee owner of the smaller inn, and he saw in the hospital's plight an opportunity for a good business deal; and the woman owner of the remaining few fields to the south followed him in his exorbitant demands. When buying land for normal purposes, if the price is too high people naturally go off and buy elsewhere. But these two neighbours knew that their land was necessary if a dyke was to be built to protect the hospital.

One day when fruitless negotiations had been going on for several months, and when Mr. Bin at the head of his army was already building a dyke on the first two sides, an unexpected message was received in the theatre. The hospital superintendent was operating when he was asked to down-tools and see the two land-owners at once. He sent out a message that this was impossible; back came the news that they were willing to modify their conditions and wished to see him then and there. He said he would see them after the operation, but they would not be soothed; they had brought the agreement drawn up and all ready to be signed, and wanted it signed immediately. So the superintendent left his assistant to sew up, went out and settled for the land.

Earlier that day, exasperated by the delay and their demands, he had sent a telegram to Bangkok saying further negotiations were being abandoned and asking for arrangements to be made for the construction of a concrete wall on two sides of the compound. It takes Westerners a little time to get used to the fact that nothing in the East is even expected to be private. This particular post office leak had certainly proved most useful. On another occasion a postmaster enquired anxiously about the health of a sick missionary; telegrams had been coming asking for medical advice and giving the latest bulletins, and he felt he was missing something when the wires ceased and news was put in letters instead.

To have a dyke round the hospital also meant having a moat from which the earth for the dyke was dug. It would have looked more romantic if the dyke had been outside the earthen wall; even as the entrance road, built up to cross the top of the dyke, was not quite so romantic as a drawbridge. But it was decided to have the moat *inside* the wall so that water from it could be used for the garden, and where lotus flowers could be enjoyed.

Two years after the floods an article was written entitled "The Hand of God", tracing the various ways in which practical details had been overruled in connection with the well, electricity supply and dyke. Looking back over what had seemed at the time a calamity, some of God's purposes in allowing it to happen were seen:

An extra piece of land needed for drying lines and a rubbish pit was obtained at the same time as the land for the dyke.

Not only are high floods controlled by the dyke, but the normal water in surrounding rice-fields is also kept out.

The rain water, often heavy, drains into the ditch from which the dyke was dug, thus providing water for the garden all through the dry season.

The trees planted on the dyke for appearance and shade also provide a pleasant path for an evening walk.

"It is good to see God bringing blessing from seeming catastrophe, and to be reminded of life from the death of His Son."

CHAPTER 26

FLOODS

THE article just referred to, written in January, 1959, continued in a way that seemed at the time an anti-climax:

“There is no doubt that the hand of God is in the fourth block and other developments of 1958, but there is no similar paradox or special circumstance yet discernible; our praise is to Him none the less.”

Nine months later the hand of God was seen so clearly that those words could never be written again.

By that time the fifth and last block had been built and, like the fourth, had two storeys.

The flood waters that year, flowing down from the north where there had been heavy rain in the mountains, rose above all levels known for thirty years. Even towns and villages, on higher ground than the fields, were knee-deep in water. A missionary wrote from Chainat:

“It was most interesting to see how everybody took the flooding so cheerfully and made the best of it. All the shops had about three feet of water in them, but the shopkeepers just lifted their things a bit higher each day on ‘Pepsi-Cola’ cases and planks, and sat on top and carried on business as usual. In the main streets you had to mind out for boats, and children diving between your legs—the [servant’s] children both learnt to swim in our garden. Grannie (Kahb) had been surrounded by deep water for a long time. One afternoon I tried to visit her. I called out for a boat and a child came across with a tiny wee one. She told me to get in while she swam back but, alas, it was not made for ‘foreigners’. The moment I sat in it it sank.”

Fleets of farmers’ canoes had replaced buses along the roads,

the countryside was one great lake four to six feet deep and the rice crop was ruined.

In all this world of water the hospital had been a dry *sunken* island, protected by its earth dyke, with the water creeping daily nearer the top.

On October 5th visiting missionaries, fearing they might be marooned in Manorom, decided to leave earlier than planned. The Land-Rover took them to the train and returned just before the authorities, in order to save the main south to north road, closed the gap in the public dyke through which the branch road to Manorom ran. This spelt disaster for the area where the hospital was, but was obviously the right course in an attempt to save the farming land beyond the main road; for floods of such a magnitude would destroy any rice crop that year. The Land-Rover, safely back, was driven into the village and on to higher ground there, and remained high and dry throughout the floods.

It was Monday, and the out-patients, undeterred by the floods, had come in boats as far as the dyke and walked over it into the dry hospital. In addition to the routine work, a critically ill woman was brought in; the theatre needed to be prepared, and June Morgan had to do an emergency abdominal operation. The waters were held back until the patient was safely out of the theatre. Then, during the lunch hour, the dyke gave way behind Uncle Mooey's kitchen, and the whole place was flooded in half an hour.

As the water rose to knee-deep in the downstairs hospital rooms, the staff rushed to their various departments, piled drugs and equipment on tables and higher shelves, and moved the bed-patients (more than thirty of them) and the X-ray machine, by the lift up to the private wards.

It was not until after the mad rush of the first half hour that the electric pumps were raised above water level, and the hydraulic operating table was salvaged and taken up in the lift where it was dismantled and oiled, and suffered no serious damage.

The out-patients who had come that day, saw no need to evacuate, and no reason why they should not be seen; all

seventy-three insisted on being attended to even though they were up to their knees in water.

By the next morning the downstairs tables on which equipment had been piled were floating and spilling their burdens; shelves of books and drugs were wet, water was over the window-sills, and the whole dyke was submerged. Snakes, scorpions and centipedes, which had taken refuge on the dyke, now swam for the hospital; before the day was over, forty snakes had been killed, one swimming into the theatre, hotly pursued by a missionary waist-deep in water.

Part-way through this day the public dyke gave way on a level with the hospital, and the roar of the waters pouring on to the main road could be heard from the hospital a quarter of a mile away. This breach saved Manorom further flooding, but spelt disaster for hundreds of acres beyond the road.

The hospital staff were glad to be able to share the misfortunes of those around them, and the people were not too absorbed with their own troubles to spare a thought for the hospital. The sheriff, chief of police, head of the water-gate and others called to express sympathy and offer help. A Thai lady brought a gift of money towards the expense of flood damage.

This was the time when it was seen why God had so persistently guided towards double storeyed buildings because, for a fortnight, there was nowhere else to work or live but the upper floors of the fourth and fifth blocks and the two staff houses. Then, too, the hand of God was seen in guiding to the choice of a mobile X-ray machine, and in the decision to make the lift large enough and strong enough to take it. For before the waters reached it, it was wheeled into the lift and taken upstairs.

For two weeks the few upper rooms had to house all patients, staff, five tiny children (Penningtons', Richards' and S'gree's), drugs, instruments, linen, fuel, personal and household belongings, and hospital watch-dogs. Communal meals were served in the Penningtons' flat, and all nursing, dispensing, laundry and cooking were done upstairs, and the roof of the connecting corridor made a convenient, if precarious, passage between the

two blocks. Out-patients, coming by boat, were treated on an upstairs verandah, and an obstructed labour case was delivered by June Morgan in a small private ward amid stacks of baggage, partly in the dark when the oil lamp failed. Three boats were hired to take people about the hospital as the raised paths between the buildings were neck-deep in water. Michael Richards, intending to "land" from a boat on to a path, missed it, and finally surfaced looking surprised.

Although the water pumps had been raised on the first afternoon of the floods, it was not until two days later that the two original generators, by then under water, were lifted off their cement beds by friendly engineers from the water-gate who had called to offer help. A third generator had been newly acquired and scarcely used; this proved too heavy to move, so remained submerged until the waters went down.

A short time before the floods Arthur Pennington had started his year in charge of the hospital as acting superintendent. He handled the flood situation as efficiently as he handled all others, and was described as "imperturbably calm". Mr. Ahpon, the business manager, led the staff by his example in the hard work of salvaging, cleaning and drying. The whole staff worked cheerfully and willingly and were drawn more closely together than ever before in the fellowship that flood-routine brought.

For three weeks before the dyke gave way the skies had been leaden; after the flood, the sun shone brilliantly each day, so that bedding, linen and salvaged furniture, spread out on the roofs to air, dried well. And each night there was rain providing clean drinking water for the following day.

All through this experience frequent causes for thankfulness were recognized. How much more difficult it would have been for instance, had the dyke broken at night. Then, too, less than £9 worth of drugs were ruined; this, as one letter written at the time put it, was really quite remarkable considering that, when Michael Richards opened the dispensary door on the Tuesday morning, the contents "nearly all floated out to meet him". It was feared that the generators would be the greatest loss, but after the floods the water-gate engineers, a real provision

of God, dismantled and repaired them getting all three into good working order again.

At the first missionaries' prayer meeting after the water subsided, Arthur Pennington enumerated thirty-seven causes for praise, one far out-weighting all others.

CHAPTER 27

HARVEST

THE year of the severe floods had seen hard work put into the surrounding paddy-fields. There had been ploughing, harrowing, sowing, planting out, and even artificial irrigation, as quite a serious drought had preceded the rains. Then the floods destroyed the crops, so all this work had been in vain, for there was no harvest.

Much labour, over four or five years, had gone into planning, constructing and running the hospital. But all would be wasted if it led to no harvest, and unless the purpose towards which it was all directed was fulfilled. Many had been the gifts of guidance and provision that God had bestowed on the work, but if the main testimony of the hospital was just to the material blessings of God, that would be a second-best testimony.

What of the harvest towards which all the work was aimed, and of which Christ spoke when He said, "The fields are already white for harvest"?

Some of the staff had been won to Christ (though none of the local aides), and some of the patients, and each one has made the whole work seem worthwhile. But the need was so great and the people so many, and the results so few that this could scarcely be called "harvest".

Each grey roughcast hospital gate-post bears, in green bas-relief, a large, simple cross—symbol not only of the death of Christ, but also of His resurrection, for the cross stands empty. It is a proclamation to all who enter, how God turned what seemed the greatest disaster throughout all history to His own

glory, and to the greatest blessing this world has ever known. And a power was released in that event that, down the ages, has turned many a lesser calamity to good.

Into the regular life of the hospital, with its trickle of results in the hearts of men, came the seemingly disastrous floods of 1959. As the power released at Calvary was applied to this situation, communal flood life brought a closer fellowship; the lives of Christian members of the staff bore a testimony that was more effective than words, and the local aides began to declare their faith in Christ.

First came Mali, the senior aide; she was soon followed by others, including her two sisters, until nine of them openly declared themselves Christians. Mrs. Gim-hooang at the restaurant was also "reaped", and said she had been won while listening from her shop to the daily out-patient services.

She and three of the aides were baptized on Christmas Day, but the parents of the others were not yet willing for them to be received into the Christian Church.

About the same time a number of patients, too, accepted Christ. A letter written some months after the floods expressed anxiety that there had been no conversions for three weeks.

"I do feel," wrote Barbara Morgan, acting matron, "that we should expect things to be happening all the time."

By this time continuous "reaping" had come to be expected. It was as though "the Lord of the harvest" had come to reap His own ripe fields Himself.

This, however, is only the very beginning of harvest in this stronghold of Buddhism. What of the task ahead? The medical work is increasing; larger out-patient accommodation is needed, and more staff quarters, so the builders will be busy again. The spiritual task seems, at times, overwhelming. The worshipping communities of Christians are so new and so small, and their members, as yet, know so little of their Christian heritage. No pastors or trained leaders have yet emerged to take their awaited place among the Christians of Central Thailand. Truly the work of reaping has barely begun.

When the Lord Jesus Christ sent seventy of His disciples into what He described as a "plentiful harvest", He was just sending them on ahead, we are told, to "where He Himself was about to come". And wherever He comes things are bound to happen.



CATHERINE MADDOX, M.B., B.S.

As a child, the author wanted to be a missionary, and she took up medicine with this in mind. In 1938 she sailed for China with the China Inland Mission, devoting herself to medical and evangelistic work in the provinces of Honan, Anhwei and Szechwan. In 1946 she married Dr. F. C. Maddox.

Her earlier book *The Invincible Company* was written while in China.

Following the enforced withdrawal of the C.I.M. from that land, the Drs. Maddox went to Thailand, where to-day they are serving God in the Christian Hospital at Manorom.