

SET ON A HILL

Highgate, N.G.

AN ACCOUNT OF THE WORK OF THE TULLOCH
MEMORIAL HOSPITAL, NORTH AFRICA MISSION
TANGIER



THE DISPENSARY HATCH

FARNHAM A. R. ST. JOHN, M.A., M.B., B.Ch.
and
PATRICIA M. ST. JOHN, S.R.N.

Obtainable from THE NORTH AFRICA MISSION,
34, BISHAM GARDENS, HIGHGATE,
LONDON, N. 6

and from H. ST. JOHN,
CLARENDON SCHOOL, ABERGELE,
DENBIGHSHIRE, N. WALES.

Price tenpence.

By post, one shilling.

SET ON A HILL

AN ACCOUNT OF THE WORK OF THE TULLOCH
MEMORIAL HOSPITAL, NORTH AFRICA MISSION
TANGIER



FARNHAM A. R. ST. JOHN, M.A., M.B., B.Ch.
and
PATRICIA M. ST. JOHN, S.R.N.

MADE AND PRINTED IN GREAT BRITAIN BY
STANLEY L. HUNT (PRINTERS) LTD., GEORGE STREET, RUSHDEN, NORTHANTS.

**TULLOCH MEMORIAL HOSPITAL
TANGIER**

THE PRESENT STAFF :

EUROPEAN STAFF :

Medical Superintendent
Sister-in-charge
Maternity Sister
Out-Patient Sister
Night Sister
Radiographer
Women's Evangelist

MOORISH STAFF :

Dispenser
Gate Keeper
Cook
Two Men's Ward Attendants
One Women's Ward Attendant

EDITOR'S NOTE

Of the following chapters some have been written by the doctor, at present Medical Superintendent of the Hospital, and some by his sister, who worked with him on the nursing staff, 1949-1950. The writing has been done in the midst of intense pressure of work, at odd moments, and, sometimes, in odd situations ! The reader will easily discern the voice of the doctor or that of the nurse and will pardon the lack of literary unity. The occasional use of the present tense reminds one that the writing comes to us straight from the very heat of battle, and the stories of some of the people who appear in these sketches are still incomplete, while those of others are even now closed, for the patients of whom they tell have already passed into Eternity. But they are representative of the work as a whole and they constitute a challenge—a challenge to face the urgent opportunities of these closing days, and to face them in the searching light which shines from the eyes of Him before Whom we must all shortly stand to render up account, each one, of his stewardship. E.G.R.S.

I

Introductory

SOME sixty years ago Dr. Churcher of the North Africa Mission bought a large Moorish house on a hill overlooking the native town of Tangier and started medical work, in course of time admitting a few in-patients. The people were wild and fanatically Moslem. With no protecting European power and no modern hygiene in the town, the work was uphill and dangerous. At first admissions were very few, for everything foreign was regarded with intense suspicion. During epidemics of typhus or typhoid, and during famines, misery and fear brought people in, and suspicion was gradually disarmed. During the struggle some, including Miss Hughina C. Tulloch, after whom the Hospital was named, laid down their lives, and in one sad week in 1906, both Doctor J. H. Digby Roberts and one of the Sisters, Miss Ida Smith, died during a typhus epidemic, having for many weeks had to nurse the cases with their own hands without rest or adequate personal protection. Sometimes there has been no doctor ; sometimes only one nurse. However, it was God's purpose that the light should be lit, and He provided the hill and has kept the light shining, though at times dimly, in fair weather and foul. To-day, as the mid-point of this century is reached, it is right that we should testify to all of God's loving wisdom and unfailing supply to us ; and at the same time we feel it right to inform Christians in England of our present activities and needs. Read this booklet if you are interested in God's work in Northern Morocco, and then pray, " Lord, what wilt Thou have me to do ? "

The City and the Hill

THE Lord Jesus said, "A city that is set on a hill cannot be hid," and He went on to say that if you have a light it should be in a prominent place. The corollary is also true. If there is a prominent place, you should put a light there. As far as Gospel work in North Africa is concerned, Tangier is to-day a prominent vantage point. We know it is a hide-out of smugglers and has recently been described in the *Reader's Digest* as "the wickedest city in the world", but in distinction to the rest of Morocco it is intellectually and politically free and therefore a vantage point for the Gospel and for a sustained witness. That was why God, in His foreseeing wisdom, placed a missionary hospital there, and that long before it became the world's only international city. God chose the hill, and we are keeping the city. We want its light to be bright in the land which for a thousand years has been known as "the Land of the Setting Sun". In Morocco to-day materialistic atheism is claiming the young and Islam is holding the old. There is darkness wherever Christ is not known, but how great is this double darkness. How intensely and constantly must the Light shine if the gloom is to be dispelled.

Like most North African cities, Tangier is a mixture of past and present. The wall surrounding the old native town is mostly built over and merges imperceptibly with newer buildings which join the modern French and Spanish quarters with their tall blocks of flats and well-planned wide streets. Dark, narrow, drainless lanes lie a hundred yards from wide boulevards full of neon-lighted French shops. American cars crowd the streets, but have to back if two of them meet in the native quarter, where donkeys and old women, carrying piles of wood and charcoal, fit in better between the native cafés and open stalls. Beyond the modern flats and yet another packed native quarter, is an encampment of Rif, thousands strong, who fled from the famine four years ago and made huts

out of sugar boxes and beaten-out tar barrels. In the midst of this famine encampment the French are building a cathedral "to the glory of God". The contrast between this expensive building and the squalor around is pitiable, and the word that comes to mind is, "He beheld the city and wept over it".

The hospital is also a mixture of old and new. The in-patient building and operating theatre are housed in the original converted native house of the last century; but the out-patient building was completed only in 1939 and is large and well-lighted and ventilated. The in-patient accommodation consists of a men's ward, a women's ward and a maternity ward. In all, thirty patients could be taken in; but owing to shortage of staff we are now only admitting twenty. During 1949 some 400 were treated as in-patients, 100 of these being maternity cases. On the other hand some 20,000 consultations were made in Out-Patients; but even here many have to be turned away, since we can only see a limited number with the staff and resources we have at present at our disposal. The International Administration gives us complete liberty of action and actually helps us by making a money grant each month for poor patients who cannot pay for themselves. The patients come from all parts of Northern Morocco which, excluding Tangier, is peopled by a dozen Arabic-speaking mountain tribes and, further east, by the Berber-speaking tribes of the Rif. Owing to political factors, many of these tribes are at present inaccessible to missionaries, and thus the Hospital is the only means of contact with them. Humanly speaking, they could have no other chance of hearing the Gospel. They are simple, lovable people who trust us implicitly and in spite of their Koranic education and Moslem upbringing know that we speak "good words" and call the Hospital "our Hospital" or "the House of God". The few whom we can admit have a wonderful opportunity of seeing and understanding the new life that is in Christ. Eye-gate is better than ear-gate with ignorant people, and the close contact that doctors and nurses have with them is the best possible way to break down initial prejudice and fear. Thus the closed door of the Moslem mind is opened and the evangelist can begin his work.

No one can read the following chapters without seeing the need there is for more staff to continue and develop this work.

To be short-handed for months and years means that all our powers, including, most serious of all, our spiritual powers, fall below par. Islam in North Africa is a mighty fortress still strongly held by the Devil's hosts. The Tulloch Memorial Hospital is the only mission hospital between the Atlantic and Egypt, and it needs to be manned by well-trained men and women who can put all their strength, unhampered by the constant strain of overwork, into the task of living and preaching Christ to the wide assortment of races and tongues to be found to-day in the International Zone. During the past two years, Moors, Berbers, Jews, British, Americans, Spaniards, French, Dutch, Italians, Germans, Finns, Swedes, Danes, Italians and Negroes have been in the Hospital, and from these "other sheep" the Good Shepherd must bring in some for Himself. Have you thought about the "other sheep" whom the Lord Jesus said He must bring? Have you thought about the Lord's command, "Go ye into all the world and preach the Gospel to every creature"? There they are, in Tangier, all gathered together; and under the present regime we can preach to them without hindrance. Under the blessing of God Tangier might well become the Achilles' heel of the Moslem world.

III

Medical Aspects

MOST of our admissions are surgical cases, since medical ones can often be nursed at home and tend to occupy beds for too long a time. Limited staff and limited strength have to be taken into consideration when deciding on a chronic or very "heavy" case of any kind. This means that our routine cases are the medium surgical ones such as appendicectomies, herniae, oöphorectomies, cataracts and trichiases. This last condition is very prevalent among the Rif tribes and the correction of the deformity can relieve years of suffering.

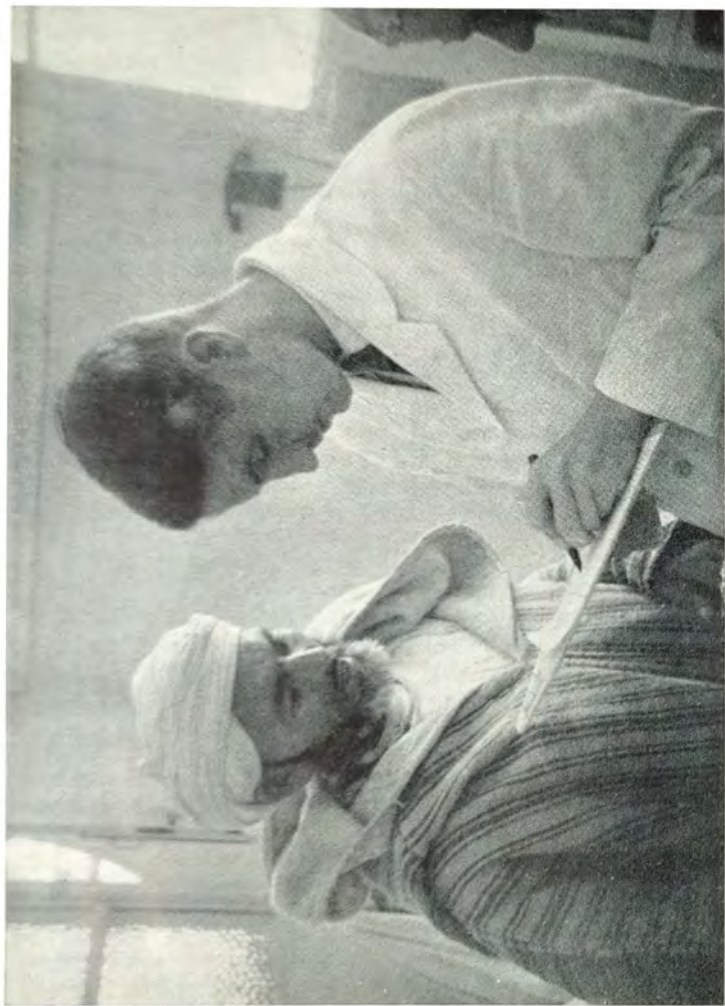
Country patients are very stoical in the face of disease and

suffering. Everything is "from God" and therefore interference is a questionable procedure, unless the idea dawns on them that the doctor also might be from God. An infected useless limb will be nursed at home for months, and when advice is sought the idea of amputation is most abhorrent to them. "A maimed man cannot enter Heaven" is the current idea, and so a little more suffering and patience in this world is worth sustaining in order to gain an entrance into the next. Occasionally the other members of the family, unable to endure the smell of a rotting hand or foot, are less concerned about the theological aspect and insist that operation be performed. An old lady whose leg we removed wept for many a day following the operation, and her pathetic cry rang out, "Now I'm cursed of God and shut out of Heaven." One of the favourite hymns they sing in the women's ward is a translation of "There is a city bright; Closed are its gates to sin". Oh, that these people might understand that only sin can prevent them from entering the Heavenly City.

This negligence and stoicism result in enormous tumours which would never be seen in civilised countries. We have removed a uterine fibroma weighing twenty-four pounds and external growths that the patient could not lift. The owner of the fibroma, a black woman named Mbaraka, was so certain that she would die in the hospital that she had her grave dug and put all her affairs in order before being admitted. Such brave, genuine people make very grateful friends, and access to their homes afterwards is easy. The feast that Mbaraka prepared for us on her return home was a memorable event in every way.

Hydatid disease is fairly common, and, unless it is always borne in mind, causes puzzles in diagnosis. In the lung it simulates a pleural effusion, in the breast a breast abscess, in the thigh a sarcoma of the femur and in the orbit an orbital tumour. The removal of the cysts is a most satisfactory procedure resulting in complete cure.

Country people drinking water from streams often get a leech attached to the vocal cords or pyriform fossa. They try their own remedies first, which are most barbaric, and arrive at hospital exhausted after days of vomiting and retching. The removal of the leech is often difficult and takes much time and patience.



A NEW PATIENT

The medical cases are mainly tuberculosis, pneumonia, typhoid and malaria. Tuberculosis is at present the great scourge of the town and cannot be controlled until the poor economic position of the population is improved. Imported from Europe, the disease found in Tangier a sensitive, unimmunised, poorly-nourished community, and has made terrifying strides in every section of society. The Moors, particularly, are assailed, owing to their overcrowding in dark, airless rooms. The Moorish bride who looks so plump and pretty on her wedding day but who, once married, is not allowed to leave the house for many months, is often unrecognisable a year later when the doctor sees her lying at home with that tell-tale cough which her husband says, sheepishly, she has only had for a few weeks. "We thought a cold wind must have harmed her, so we've kept the doors and windows closed, but to-day she coughed up a cup of blood and that frightened us," says her husband ; and the mother-in-law adds, "She used to be as fat as a melon, but now she's like a stalk of wheat ; please give her some injections to fatten her up again." We should love to have a ward for these cases, to save their young brothers and sisters from catching the same disease, but this would require two more nurses who could be set apart for this work. At present we can do practically nothing except for a few children who come in for streptomycin therapy.

Pneumonia is common in the winter, since all Moors use the public hot baths. They come out from an atmosphere like an oven, and a breath of cold wind in the street does the rest. If they call in a doctor they do very well on chemotherapy, and even those who delay and develop an empyema respond well to rib resection and chemotherapy.

Typhoid, malaria and smallpox are becoming less frequent since the Public Health Department has made great strides in sterilising our water supply, draining stagnant pools and enforcing vaccination of children.

Gynaecology and midwifery used to be very slow, since there was a strong prejudice against women coming into hospital, and in these departments native remedies abound in the hands of Moorish gamps. However, the old order changeth, and Moorish women are beginning to seek something more reliable than the endless herbs, written charms and local pilgrimages

with which their conditions were formerly treated. The prevalence of venereal disease causes much sterility. This in its turn leads to divorce, and the fear of divorce brings many to us for advice and treatment. During the past two years, some 220 women have had their babies in the little maternity ward. We want to develop this branch of the work, since it is possible to follow up these young mothers more systematically than the medical cases. Baby weighing and post-natal visits provide the Sisters and Miss Chambers, the women's evangelist, with a fortnightly gathering when the babies are weighed, tea is drunk and a message is given. On the whole the maternity cases are easy. They do not want or expect anaesthetics, and, although many are sadly young to have babies, we have not lost any mothers, and only ten have needed Caesarean section. Unfortunately, infant mortality during the first two years of life is extremely high, owing to mismanagement of feeding, whooping-cough, measles and tuberculous meningitis. We know that with education and further advice and treatment most of these babies could be saved. At present the majority of Moorish women are singularly unconcerned about the death of a small baby. They often say, "My house is very small and there's far more room in the cemetery. God knows best". Most of their philosophy is this curious compound of truth and error. God does know best, but it is not His will that through negligence one of these little ones should perish.

IV

The Women's Ward

WHEN the hospital is working at full-staff, we have eleven beds in the women's ward and an adjoining room for three maternity cases. The west window looks over the compound and the east window over the Straits of Gibraltar and the sunrise.

The inmates are extremely varied, so much so that it is impossible to give a picture of any one particularly representative type. The better-class Moslem women are mostly

unwilling to enter such a public place as a hospital ward, so the inmates are usually poor people. We get numbers of jolly old grannies with cataracts, of accidents from the jostling town streets, of young women unable to bear children, of legs and tummies burnt by the charcoal brazier which so easily catches their long clothes, and of little children with all kinds of tuberculosis. Sometimes they have travelled many miles from outlying mountain districts and are beyond human help.

The idea of taking off their clothes at night is strange to them and many will only stay on condition that they remain fully clothed. The result looks odd to Western eyes. Visitors are admitted daily from 3—5 p.m., and then the ward becomes a seething mass of relations and children bringing in what they consider to be suitable food for an invalid. We may find the very illest patient, who in England would be sipping beef-tea and barley-water, sitting up and tucking into a large oily stew containing spiced meat and olives or fish and sweet peppers. Everything is eaten in their hands with joyful noises to show their relish.

Our aim is to heal their bodies and to lead them to the Lord who alone can heal their souls. At night, when work is done, we bring the harmonium into the ward and sing hymns and read and talk to them. They enjoy this time ; but on the whole their response to the Gospel is discouraging. They are totally unused to grasping new ideas, and practically none of them can read. Apart from their children and their neighbour's business they have few interests, and their minds seem sunk in a strange apathy. We should expect them to grasp eagerly at the new NEWS that Someone loves them and cares for them and that the darkness and dullness of shut-in lives can be lit up by an inner Light; but only too often when the herald has announced the good tidings and waits expectantly for a decision, some response to the free offer of mercy, the answer comes, "This isn't for us ; we're only donkeys".

But just now and again one or another breaks through the cloud of apathy and the bondage of fear. There is no accounting for it except to say that they are those whose hearts God has touched. We have seen it happen to different types : to the withered old woman who came in for a hernia operation, whose job in life had been cleaning the stairs of a cinema ;

to the young childless wife who came in fearful and threatened by her husband, and whose home is now a shining Christian witness in the midst of a group of Moorish homes ; to Kinza, a little child of seven years old.

Kinza's name means " Treasure ", and it suits her. She is a shining-eyed, sparkling slip of a child and often, looking at her, I have thought of the words, " They shall be Mine, saith the Lord of Hosts, in the day that I make up My jewels ". She was not sparkling when we first saw her. Her mother had upset a kettle of boiling water all over her body and legs, and she was carried in terribly scalded and almost dead. For days her life hung in the balance, and a less vital child might have succumbed. But Kinza had spirit to live, and live she did.

Almost from the first, when she was still very ill, Kinza found a strange fascination in the ward services. When the harmonium was carried in, her eyes, at times dull with suffering, would brighten, and soon she had learned to sing with shining face the Arabic translation of

" I love to hear the story
Which angel voices tell,
How once the King of Glory
Came down on earth to dwell."

And, truly, she did love the Story. She turned to its sweetness as simply as a flower turns to the sun, and when at last after many weeks she went out healed, she could not forget it. She must hear more ; she begged her mother to send her to Mrs. Bocking's school, and, being the sort of child who usually gets her own way, she arrived triumphant and became a regular attendant.

She learned quickly, and in some wonderful way this child had come to know and love the Saviour. She told Mrs. Bocking so in school, and happiness and love simply flowed from her. Her arrival in Out-Patients for her daily dressing was quite an event : a clatter of little wooden shoes on the tiled floor, a shining, laughing face lifted to mine, a flying leap, and there was Kinza in my arms giving me a breath-taking good-morning hug. Sometimes we were invited to her home for supper, and the moment the meal was over Kinza would

ask us to bring out the hymn-books and we would obediently sing and read, with Kinza herself directing the form of service.

She had always been a happy child, but now there was some new quality about her joy. Her parents had laughed at first at her enthusiasm and interest in the "European religion." She was after all only a child and could not understand much. But very soon the time came when they had to recognise that something had happened to their child: this religion was taking hold of her and had gripped her heart. So, thinking they could crush it in its early stages, they took her away from school and forbade her to have any more to do with us.

We have never heard any details of what was said to her, but we know someone must have threatened her, for there was a sudden complete change in her attitude to us. She was never seen near the compound, and if we met her in the road she would pass by with a sealed still face from which all the trust and gladness had fled. Sometimes she would look round to see if anyone was watching and then give us a quick, shy smile; but we could not press her to speak to us, for it might have involved her in some cruel punishment.

So for months there was nothing we could do but pray for her, and we prayed for her very often. She was only a child, and that she should remember in the face of all that was being done to make her forget would be a miracle. That she should come back seemed an impossibility.

But we have a God Who glories in miracles and impossibilities, and one Sunday afternoon, months later, there was a clatter of wooden shoes in the passage, and Kinza walked in, dragging a fat little sister with tight black plaits. Her manner was a little more cautious than it used to be, but she was obviously quietly pleased to be back. She gave no explanation: she had just come back.

And indeed there was no explanation—except that Jesus said, "Forbid them not to come unto Me," so they had to let her come.

Now she is back in hospital. There has been a contracting growth of scar tissue and she has been re-admitted for an operation. When I last saw her she was lying in bed at 3.30 p.m., and fat little sister and still fatter baby brother were crawling about on the counterpane. At night time she sits up and once again joins in with the hymns she loves.

Sometimes it is a child who seems to point the way, as in the case of Dawia. She was a tall handsome woman who had been sold as a slave when a young girl and had remained in her master's house until he died five years ago and she was freed. She strode into Out-Patients one morning last year with a little dying child slung across her back in a towel. She had walked some miles, and we wondered how the child had survived the journey.

We admitted the little thing into a cot in the women's ward, and Dawia sat beside her baby and watched with wild scared eyes. It lay with its tiny curly head thrown backwards on the pillow, and sometimes it whimpered and held up a pair of stick-like arms to its mother. But all we could do only prolonged its life for a few weeks and early one morning it died.

Dawia picked up her baby and went over to the doctor's house. We found her sitting on the steps nursing the tiny body. She was going to carry it home, but first she had come to say good-bye. We sat down beside her and told her that her baby had gone to be with the Saviour. She nodded understandingly. Yes, she said through her tears, she knew it was so, and she was coming to learn more. She had heard it in the ward and in the chapel on Sunday and she would come again.

She got up, tied her dead child on her back and set off to walk the four miles that led to the hut she called home. As we watched her striding away I wondered if she would keep her word. Would she really come back ?

That was six months ago, and since then she has practically never missed a Sunday. In the wet weather she arrives with her legs caked in mud, for her hut is at the bottom of a sloping hillside and the path that leads to it becomes a stream. She often comes to the women's Bible class on Wednesday afternoons, too.

Four months after her baby died, Dawia came to visit me while I was ill in bed. She spoke of her time in hospital, and once again I spoke to her of her child being in Heaven. We read the story of how the Lord Jesus said, "Suffer the little children to come unto Me," and then I remembered that I had a picture of the scene, and I found it to show her.

In this picture the Lord is stooping down with His arms outstretched to receive a tiny dark curly-haired child who is

running toward Him. The child was very like her own baby, and she noticed the resemblance instantly. She seized the book out of my hand with a sudden cry of joy. "It's Fatima!" she exclaimed, and began to cover the child with kisses. Then she turned from it and began covering the figure of the Lord with kisses too.

She is a poor, ignorant woman. She has made no profession, and she probably understands very little. But when I saw her clasping the book I remembered the woman of whom it was said, "Her sins, which are many, are forgiven; for she loved much".

Just two examples: a poor, illiterate woman and a little girl of six, but both, we believe, have hearts that love Christ. Two tiny lights in that vast darkness, and we believe that there are many more like them—women who have come and listened and gone again, and because of their fear and ignorance and restrictions have never been able to let us know that they have remembered and understood.

But at last, during the past six months, a very great need has been met. Miss Chambers has come back to the hospital in the capacity of women's evangelist, and these women who in past years have left us and been lost sight of are now regularly visited and taught. In the past many seeds sown, and perhaps received with joy in the hospital, must have been snatched away or choked for lack of watering and tending. Many lost sheep who caught a glimpse of the path home must have missed the way because there was no under-shepherd to point them along it. But now we can say thankfully that the hospital ward is only a beginning. Little gatherings are springing up in the homes of ex-patients. Others come back to be taught. Already we are seeing results that we would never have known of, had it not been for this new follow-up work. Even now as we write, two patients who have been in hospital are lying desperately ill in their homes. One is an old woman dying of tuberculosis, the other a young girl dying of cancer. Neither said much in hospital, but both heard the Gospel night after night. Now the old woman seems to be trusting, and the girl, in the midst of her suffering, seems to find a real comfort in the Name of Jesus. Both will be visited and read to until they die, and it is amazing to see how much these visits mean to them.

But at present the women's ward is half closed through lack of nursing staff. Only half the number that might, find healing, only half hear the Gospel, only half the homes are visited. Pray that Christian nurses may hear God's call, so that the work may go on as before and that greater numbers of Islam's womanhood may hear and understand the Gospel.

V

The Men's Ward

THE men's ward, like the women's, contains ten or eleven beds, and houses a wide variety of complaints. It is an interesting ward for those who love North Africa ; for the inmates have often travelled very long distances and represent many districts. There may be tribesmen who have tramped from the hills, townsmen from the Spanish Zone, and Rifs who have travelled for days in hope of finding healing. As one glances through the charts and sees where these men's homes lie—Chauen, Angera, Melitta, Alcazar, one realizes what a tremendously far-reaching influence the hospital can have, and how, through the conversion of some of these men, the Gospel could be carried to many remote parts of the land, inaccessible to missionaries.

Unlike the women, many of the men who come for treatment are well-to-do and educated, and quite a number, especially of the younger ones, can read. This is a tremendous help to Mr. Bocking and Mr. Cooper who read with them, as any who shew the least interest in the ward service, are given a Gospel, and, lying in bed all day with nothing to do, they are usually willing to read it.

This was the case with three young men who were in last autumn, and in whom the Spirit of God manifestly worked. They were a curiously-assorted trio. One was a well-educated, rather arrogant boy, working in a good position in a town about twenty miles away ; one had travelled about 100 miles from the Rif mountains ; one was a poor homeless lad from the hills beyond Tangier.

They were all about twenty, they all had tuberculosis, they were all having streptomycin treatment; but apart from that, one might have thought they had little in common. But they all seemed united in their common longing for truth, and hour after hour these three boys would sit up in bed poring over their New Testaments. In a very few weeks the two mountain lads had read them from cover to cover.

The boy from the Rif went back home for a time and persuaded a couple of friends with the same complaint to travel the same 100 mile journey to the hospital that had cured him. He took his Testament with him, and after a while he returned for a further spell in hospital, and eagerly attended the meetings held for Christian men over Christmas. He went back to the mountains without making any certain confession of faith, but he has certainly seen the truth and known the way, and it is good to know that in those far, unevangelized mountains there is one real seeker reading his New Testament.

The town boy definitely professed conversion, and his whole changed manner and burning interest bore witness to the reality of it. Just before he left us he came to the Sunday night gathering in Hope House, and Doctor spoke on this subject : " Why was the death of Christ necessary ? " Sitting listening, he seemed completely absorbed, leaning forward, his eyes fixed on the speaker's face. After the meeting was over, he came to Doctor's house and we read the story of the Resurrection with him. When we got up to where Mary recognized her Lord, he flung back his head and laughed for joy.

We put him in touch with the missionaries in his home town, and, for a time, although he was very afraid of his employer's knowing, he seemed to go on joyfully. He confessed to the boy with whom he slept, and we believe that he was the means of leading another boy at work to trust in Christ—although secretly. For a time he visited the missionaries frequently and read the Bible eagerly.

But Satan has desired to have him, and just at the moment he seems to have lost his joy. His illness has broken out afresh and his faith and courage have wavered. He is depressed, afraid and unhappy, and the missionaries see little of him.

The third boy from the mountains also became convinced of

the truth as he read the Gospel of St. John. He was quite definite about it and was only sorry he had not known it sooner, for his young life seems to have been peculiarly hard and unsheltered. But he was more ill than the others and went back to his hills, as we thought, to die.

But he did not get any worse, and now he is back with us again. He is a quiet, rather wistful boy, with a real hunger for the Word of God. It comforts and strengthens him, for he clings pitifully to life, although he knows he may not get better. His favourite chapter is John 14, "I go to prepare a place for you"—for there has never been much of a place for him on earth.

The last time we read together we read of the Lord's return. "How can we be ready for Him?" I asked, and his thin face brightened as he replied instantly, "By believing in Him, by praying to Him, and by working for Him".

Surely these three stories in themselves constitute a call for prayer. Two of these boys are, at the moment, outside the reach of human help. Both are a target for Satan. One knows the way, but all the powers of darkness are massed against him to make him forget and to keep him from entering in. The other knows the Saviour, but has backslidden, and Satan has used his physical weakness to bind him with depression and faithlessness. They themselves scarcely know how to pray; but we, for their sakes, can wrestle with the powers of darkness.

And for the third let us pray that, whether he is healed or not, he may be given firm confidence and joy; that if he goes down into the valley of the shadow of death he may fear no evil; that the presence of Jesus may so dispel the shadows that his last illness shall be a testimony to the other men in the ward.

But it is not only among the strangers that the Gospel is received. There are those living quite close who have been blessed by their stay in hospital. M., aged 13, lives in a shack on the banks of the Jews' River, some twenty minutes from the hospital. He has a tubercular malar bone and attended Out-patients for daily dressings for months. We first became particularly interested in him when we found him squatting in a corner after his dressing had been done, laboriously copying hymns into a grubby notebook.

He was an amazingly cheery boy. The half of his face that was not bandaged was always wreathed in smiles, and he seemed to look on the hospital as his second home. He had been admitted once or twice before, and when his face suddenly got worse and his temperature went up, he presented himself for a bed.

There was no bed ; but he crouched trustfully on the steps of the doctor's house and said he would wait till one fell vacant. He seemed unwilling to leave the premises, so he rigged him up on an old mattress in a shady corner of the garden, and at night he pulled it inside the front door. Very soon a man went out from the ward, and M. was at hand, ready to claim the bed.

As he was fatherless and very poor, we managed to get a Government grant for streptomycin for him. The results were marvellous. His wound practically dried up, and soon, clad in a brief white night-shirt, check cotton dressing-gown and woollen skull cap, he was trotting round the ward learning to be helpful.

His willingness to serve and his natural cheery intelligence made him extremely useful, and he was soon behaving like a little ward orderly. Nobody wanted him to go and he seemed quite to have forgotten the possibility of having to, until one night, quite late, a desperately ill boy was brought to the door.

To admit him or not was a matter of life or death, but there was no empty bed. Someone must be turned out, and M., who lived near and was now really quite well, was the obvious one to go.

He was lying asleep, and when we woke him gently and explained the situation he did not argue or protest. He just began to weep noiselessly but hopelessly, and nothing we said seemed to comfort him. He struggled into his ragged clothes, put his night-shirt carefully in an inconspicuous corner, and went off into the dusk crying into his sleeve.

One of the nurses found him in the dark garden about to go home. "M.," she said, "why are you crying?"—A sob was the only answer.

"M.," she said again, "do you believe in and love Jesus?" He looked round fearfully into the shadows as though someone might be listening. "Yes," he whispered, "I do". And he went off home.

But next morning, when the day-nurses arrived on duty, they were surprised to find a rather self-conscious-looking M. strolling round the ward clad in the short night-shirt and check dressing-gown, with a studied, innocent expression on his face. He had crept back very early, when the night-nurse was otherwise engaged, hoping that in the excitement of the morning routine it would not be noticed that the number of patients exceeded the number of beds.

He found work shortly after and became the family bread-winner, but he still found time to come to the services, and often we would find him sitting on the steps at odd hours, hoping that someone would have time to read the Bible with him. Then Miss Glen started a little class for boys, and M. found time to come for a little every day. There seemed no doubt that the child was a Christian. Not only did he say so, but his extreme eagerness to learn more, his gentle compassionate manner, and his infallible cheerful willingness bore witness to the truth of his statement.

But one day, when Miss Glen was teaching the boys, there was a commotion outside. M.'s mother burst noisily into the room and demanded her son. He got up at once and went to her with a scared face, and, seizing him roughly by the arm, she dragged him out of the room. And for five months we never saw him again.

But we prayed for him, and once again the inexplicable happened. On a dark Sunday night, shortly after Christmas, there was a knock at the door. There, in the glow of the lamp, stood the little figure of M., smiling up at us as of old.

His visits are now of necessity few and far between, but we think at heart he is the same. Probably threatened and forbidden to visit us, his face still brightens when we bring out the Testament, and as far as we can tell he still wants to come. What the future will hold we cannot say ; but he is a boy of character, and during the next year or two it seems likely that he will take his stand definitely as a Christian or a Moslem.

Thus the men's ward carries on : the medicines and injections are given, the dressings are done, and often there is very little time for any direct personal work. But in the evening the Gospel is preached and minds are set thinking, and the Word is being read and decisions are being faced.

Perhaps the results sound discouraging—an enquiring young man, a boy who is saved but has backslidden, a boy who is saved but still fears death, and a tentative seeking child. That is only part of the picture. There have been other encouragements. One of the greatest lately has not been dwelt on at length, because the boy in question does not need our prayers any more. He was about sixteen and hopelessly ill with T.B. . A few days before he died, his mother insisted on taking him home, much against his will. In his one-roomed home he lay on a mat with a noisy family and crowds of neighbours sitting round. But when doctor and Miss Henman visited him each night, it was as though they were alone with him. He seemed to drink in the Scriptures they gave him and to forget all the turmoil around. Although he had loved life and longed to get better, he died in perfect peace, happy and unafraid.

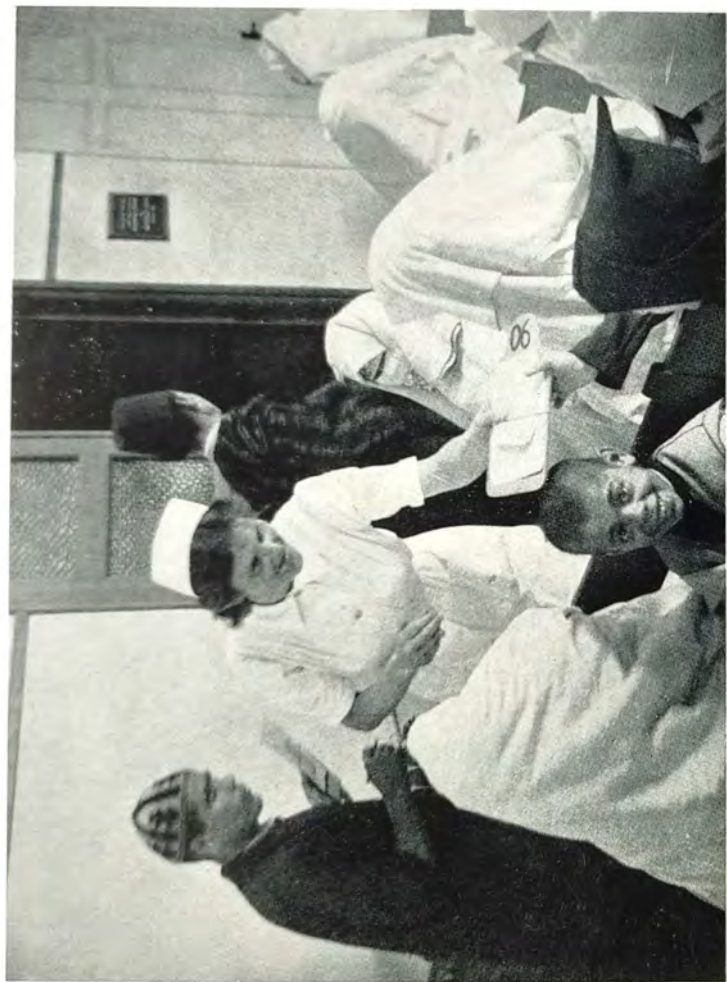
We have heard the same of converts from other mission stations. All their lives fear clouds their witness and dims their joy, but in the hour of death, when all that the world can do is behind them, the terror falls back, and peace takes its place. They cross the river fearlessly and find themselves in the presence of God.

VI

Outpatients

THE Out-patient Department is rather a problem, as, with our limited staff, the need and demand far exceeds what we are able to supply. Given larger staff and a larger waiting room, the supply of work, in a big city like Tangier where sickness is so rife, could be almost limitless.

The Department consists of a waiting room which can, at a tight squeeze, hold about 150, and which occasionally holds more ; an X-Ray room, an injection room, a dressing-and-treatment room, Doctor's consulting room with two small annexes for examining patients, and a well-stocked dispensary.



OUTPATIENTS

On Doctor's Consulting days we admit about 150. They are given numbered boards with their numbered notes ; but if there is a big crowd waiting, this task is not always easy, as they cannot read their numbers. The majority are called Mohamed or Fatima, and beyond the name of the district they scorn addresses.

When the waiting room is full, the Gospel is preached. It is a difficult atmosphere. Those who have work are impatient at the delay, and there are often sick babies crying. Yet sometimes, as a result of this preaching, contacts have been made and literature distributed, or those who have listened have turned up at the Sunday Service.

When the talk is over the earlier numbers are shewn into the Consulting Room, and their tricks for getting in before their turn are endless. The more determined will bribe those who came early to change, or they will cunningly try to erase the one from the hundred on their board. Sometimes an innocent, solitary-looking woman will suddenly produce a cluster of children from under her haik, which turn out not to be her own at all, but those of some woman higher up the waiting list. And when the doors are shut and the numbers complete, they will sneak round the garden, or hide behind the exit door, and creep in under cover of someone going out. It needs an army of detectives to be up to their tricks. If caught in the act, they usually regard it as extremely funny and expect you to take the same view.

Among those seen, there is great variety of complaints. There is a high quotient of patients with tuberculosis and venereal disease, who mostly have bi-weekly injections. There is a constant attendance of marasmic, neglected babies, and eye diseases are very common too. There is always a selection of comfortable, well-to-do women who suffer from lack of exercise and fresh air and whose visit to hospital for a pill or a soda mint is the one social event of their week.

The nurse's work is less varied. In her dressing room she deals with a daily stream of patients with inflamed running eyes, tubercular sores and sinuses, foul syphilitic ulcers, and sore heads. The vast majority of the ills she treats are occasioned by dirt. She extracts teeth too, and opens any abscesses that can be dealt with under local anaesthetics, as well as dealing with the daily run of mothers who have upset

kettles over their babies, small children who have accidentally sat in charcoal burners, naughty grubby little boys who have thrown stones at each other's heads, and spotty, cut, bruised waifs from the streets. They enjoy coming on the whole and tend to be unnecessarily regular. I suppose that for some the hospital is the only place where they ever hear a kind word. Sometimes they come to Sunday School as a result, or even occasionally join the day school.

Fatima, who lived a long way away, was a delicate, sad-faced girl of about twelve. She came every day for treatment for a tuberculous sinus, but it healed well, and one day I told her that she need not come any more. Then, as I looked down into her patient, unchildlike face, it seemed sad to be saying goodbye. "Would you like to go to school, Fatima?" I asked her. She nodded, and we went through the garden and knocked at the door of Mrs. Bocking's house. From inside we could hear the hum of happy children. Was there room for another? Yes, there was plenty of room; so Fatima, looking shyly and wonderingly about her, went in.

All through the winter, in spite of the long distance and the cold weather, she has hardly ever missed. At the Christmas concert I watched her singing carols with the others, and hardly recognized her, because the old apathetic, expressionless look had gone. She was singing as though she loved it.

Some travel very long distances and arrive like pilgrims at the end of great journeys. To such the doors are open at any hour of the day. One of the most touching cases lately, was that of an old man from the Rif. One morning, just as Out-patients was finishing, we heard the tap of a blind man's stick in the stone passage, and a fine-looking old Rif, dressed in amazingly ancient sacks, with a beard like a goat, was led in by Si Mohamed, the doorkeeper.

He was quite blind, with double cataract, and he had travelled two hundred miles. Could we make him see?

The doctor thought he could, and asked him who had guided him here.

His daughter had guided him, and she was going to stay with him and look after him in hospital. He would not want nurses (he implied he would probably get on rather better without).

On hearing the story we argued that we could not have young

women doing duties in the men's ward. His daughter would have to find lodgings in Tangier and wait for him.

He said that his daughter was not exactly a young woman, and they could not possibly be parted. I went out to investigate.

The passage where the last comers sat and waited was nearly empty, but under the seat, curled up on the tiles, lay a tiny barefooted child of about five. Her dress was made out of a sort of sack, and her head was tied up in an old piece of cloth. Her cheek was pillowed on her arm. It was the guide and nurse, worn out by the long journey, taking her rest where she could find it.

So we admitted them both into one bed in the men's ward, and she went right down to the bottom and, curled up somewhere about the crook of his knee, slept and slept and slept. Sometimes she woke and peeped out from under the quilt like a small, bright-eyed creature peeping from a dark hole. Of course it was highly irregular to admit relations into the beds, but these two at first seemed hardly human. He seemed more like some noble old animal with its young ; and she, in all her habits, domestic and social, was entirely kitten-like. All she wanted was some warm, sheltered spot close to some human being who loved her, where she could curl up and go to sleep.

But a day or two later he was operated on for cataract and they had to be parted for a time. She was taken into the women's ward, and continued to behave like a kitten . . . a lost, stray, mewing kitten. A bed to herself terrified her, so Mssauda, the Moorish Ward-helper, took her to sleep with her, and she was comforted. Then we dressed her up as a nurse and tied a doll on her back, Moorish fashion, and she was even more comforted. She went back to him on the fourth day after the operation. We carried her in and sat her on his bed. He was still bandaged, but he groped out to her and she kissed his hand. Then she fished down the neck of her dress and drew up about seven stale crusts and arranged them on the sheet in front of him, guiding his gnarled old hands towards them. Every day since they had been parted she had saved him a little of her dinner.

And then, one day, hand in hand, they went back to the Rif. The operation had been successful and he could see. We have never heard of either of them again.

But this is a digression from Out-patients—although it was through Out-patient Department that we first met them. It is the sorting-house, where the acutely ill are admitted, the less ill treated, and others sent home to be visited. It is a busy place, and the spiritual results are less known than in the wards. But four times a week the Gospel is preached to that hall full of men, women, and children, and we have God's promise that His Word shall not return unto Him void. We believe that among the indifferent, forgetful, and sometimes hostile crowd, there are hearts that listen and understand and go away believing.

VII

Visiting

THIS work is shared by the evangelist and the doctor and presents an unlimited field for spreading the Gospel in the town and surrounding villages. Miss Chambers gets to know the women in-patients, and many of these love her to visit them and read the New Testament to them in their homes when they have gone out. Often neighbours are invited in, and, after tea has been served and almond cakes eaten or tucked away in one's handkerchief, the opportunity is taken to follow up the teaching given in hospital. Miss Chambers' good knowledge of Arabic and of Moroccan homes fits her ideally for this difficult service. At times opposition is intense. On these occasions the name of Jesus brings a hard look into their faces and an older woman will begin softly repeating, "Oh, Mohammed, prophet of God", all the time the Word is being read.

Sometimes a case in a more distant village gives an opportunity of preaching in a hitherto unreached place. One Sunday afternoon in December, 1949, an old man came to the hospital and asked me to go and see his daughter who was "very, very ill" in a village about ten miles away. All patients on Sundays or at night are thus described lest there should be delay in their being visited, but I felt, as is usually the case, that it was best to go and investigate and see if we could reach the house in the car. I found her shortly after

sunset in a hut in the middle of the village, and his description of her was fully justified. She was eighteen years old, but had it not been for an enormous intra-abdominal abscess, I could have lifted her up with one hand. As my eyes grew accustomed to the gloom I saw that her limbs were like sticks, her face white and drawn, and her voice was almost inaudible.

“ How long have you been ill, Habeeba ? ”

“ About three Fridays.”

“ How did it start ? ”

“ God sent it.”

“ Yes, but what else happened ? ”

“ I had a baby, but it’s dead.”

“ Will you come to hospital ? ”

“ Yes, that’s why I sent for you.”

She was a divorced girl, and so there was no mother-in-law to be argued with, and we set out at once.

The journey to the hospital must have tortured her, as the car was running in the dark over ploughed field and low scrub. After a few miles we had to stop to change a wheel, and the rest did her good. She was still alive when we reached Tangier, and Sister soon made her comfortable. It was Christmas Eve, and everyone was busy, but Habeeba had priority. Next morning we were able to assess her clinical condition more accurately, and the picture really seemed hopeless. The abscess burst her abdomen and closure was impossible, as the anterior abdominal wall on that side no longer existed. A terrible cough made it difficult to control the wound. Next day further complications developed and it seemed impossible that she could survive. However, Habeeba was a fighter, and so was Sister, and their combined tenacity and courage and those two wonderful synergic therapeutic measures, prayer and penicillin, won the day. She got no worse, and as the weeks passed we realised with wonder that she was going to live. Three months later, she went home on her father’s donkey, and we wondered whether the villagers would know her, so much had her appearance altered.

Before returning to England, we went out to visit her. We had a great welcome in the village and a tea-party was arranged in her home. Neighbours came in, and when tea was over Mr. Cooper explained to them why we had come to their land and what God, Who had healed their Habeeba, wanted

them to do. "He can heal bodies ; He can heal hearts." I thought of our Lord's words when He drove home His message of forgiveness by healing the body of the paralytic. "Whether it is easier to say to the sick of the palsy, 'Thy sins be forgiven thee,' or to say, 'Arise, and take up thy bed and walk'. But that ye may know that the Son of Man hath power on earth to forgive sins (He saith to the sick of the palsy), I say unto thee, Arise, and take up thy bed and go thy way into thine house." I do not think that Habeeba has yet received the forgiveness of sins, but I know that through her healing many were amazed and glorified God as of old. They gave an attentive hearing to the message of salvation.

"There's only one more river to cross," said our guide, as we all climbed out of the car and started to push it out of the mud, where its back wheels were firmly stuck. Only one more river-bed, but about five more miles of waste, undulating land. There was no road, but our guide, a black-bearded Moor, kept pointing eagerly ahead ; for somewhere among these low hills there nestled a village, and in that village was a hut, where a woman lay on the floor desperately ill.

With a final tremendous bump we topped the last rise, and the village lay in the hollow below us, shimmering in the heat—a collection of thatched bamboo huts surrounded by a hedge of prickly-pear cactus. Every child and every dog in the settlement had come out to meet us ; but at the sight of a motor the younger children gathered up their long skirts and scuttled in all directions, shrieking with terror and delight.

"My wife is in here," said our guide, and we stooped down and followed him through the low entrance to where in the semi-darkness a youngish woman lay on a rush mat. Her six children hung round the door—beautiful, shy, dark-eyed children, smiling up into the face of the doctor.

The woman had nephritis : the husband would come back with us in the car, fetch the medicine and walk the twelve miles back, as he had walked the twelve miles to fetch us.

Out into the sunshine, to find that the village had collected outside. A crowd of men, smiling and friendly, squatted in the shade of the thatch. The women stood at a little distance staring, and the children caught hold of our hands and pressed round us.

So for half an hour we squatted with them. They were shepherds and tillers of the soil, and we read them the story of the Lost Sheep. When the sheep was found they threw back their heads and laughed.

"Can you read?" asked the doctor, when he had explained the story. They laughed again at the very idea.

"No, no, none of us can read—we are like the beasts. Come again and tell us another story out of your book."

"Yes, come again, come again!" cried the children, clustering round the motor and rushing squealing up the hill as the engine started.

But we have never been again. There are so many little villages, nestling among the hills, so many sick in the big slums of the city, so many thronging the doors of the little hospital—and so few to go to them.

Visiting is less satisfactory when the sick person implores to be taken into hospital and has to be refused owing to there being no bed.

"I'll bring my own mattress and sleep on the floor."

"No, I'm sorry we can't manage extra people on the floor, as we haven't the staff to nurse them."

"That's all right, my sister will come with me, and you can tell her what medicines to give me."

So the argument goes on, until the patient is finally persuaded to remain at home and let us visit her as often as possible. Although domiciliary treatment is inefficient compared to hospitalisation, when applied to ignorant people, and is very wasteful of one's time and strength, it does give one an insight into their strange patience and their pathetic desire to find salvation through keeping the Moslem law. Extreme illness often spurs them on in their attempt to do what they believe to be the will of God.

I remember spending a whole day with a man dying of septicaemia—a man who needed quiet and sips of water to make his last hours tolerable in the heat of a tiny, poorly-roofed hut. His relatives, however, had very different ideas. During the morning more and more people gathered, until the room was packed to suffocation point. Taking it in turns to sit by the ill man they repeated over and over again in his ear, "Think of God, think of God; there is no god but God

and Mohammed the prophet of God". Any attempt to interrupt the performance by giving him a drink or an injection was obviously resented, and this went on until the afternoon, when death relieved him of the fever and Babel of exhortation.

At other times it is the patient himself who clings desperately to the twilight he has, fearing to die in a state of disobedience to the Koranic law. I remember Rahma, a sweet country girl of sixteen who had come into Tangier to be married and was living opposite me. It was July—a real scorching North African summer month, and the fast of Ramadan had just begun. During this month no good Moslem must allow food, water or smoke to pass his lips during the hours when a white thread is distinguishable from a black one. This meant at least sixteen hours of fast in twenty-four. Rahma contracted smallpox, and within a few days her temperature was soaring to 104° and 105°, and her whole body became a mass of sores. I had to look after her at home, and of course the first thing to talk about was her food. "You'll need a lot of water and fruit juice in this heat, Rahma. I should certainly drink a small glass every half hour." "I shall drink at night." "But, Rahma, the Koran says you may drink if you're ill." "I shall drink at night." No amount of persuasion from myself or from her Moslem friends would make that girl yield, and not a drop of water passed her lips during those long, feverish days. I thought her chances of life were very small, as her smallpox was confluent, but somehow she managed to hold on to life and even gave birth to a beautiful baby a few months later. One must admire such a girl, but one must long for her to know a better way.

VIII

The Future

THE only hope for the future of the world, politically, socially and spiritually, is the Coming of the Lord from Heaven. This Coming may be very near or may not be in our life-time. The Lord Jesus told us not to spend time in reckoning how long we have yet to work for Him but to expect

Him daily and work for Him "while it is yet day". Our work here in Morocco is to preach the Gospel to Moslems under conditions which will be most conducive to their feeling their need of it. What are these conditions, or, in other words, what line of approach shall we follow with the Moslems in North Africa ?

Undoubtedly the conditions under which it seems most likely that Moslems will accept the Gospel are those of school work, that is, teaching children the Bible over a long period in their childhood. This is now impossible in the Middle East, but is still possible on a limited scale in the Barbary States. Any worker of experience could show that school work has apparently yielded more fruit than any other method. The child is impressionable and his heart, as regards the receiving of the Gospel is virgin soil, as yet unbeaten down by the hardening influence of a Koranic education. The seed can take root, and when the adolescent begins to think for himself he will, humanly speaking, be able to give the Truth a fair hearing and make an intelligent choice. On the other hand, a man who has had a Koranic education and has been taught from infancy that the Gospel is a lie cannot, humanly speaking, make an impartial, intelligent choice. He is prejudiced against the message far more than even he himself knows. Thank God we need not despair even of him, for God is greater than our hearts and can enlighten the most benighted.

However, we must not presume on the power of God and neglect our responsibility of thinking out how best we can help these people to believe. Schools are the best method, but what of medical work ? A hospital is expensive and needs an expenditure of time and energy out of all proportion to the apparent spiritual results. Much physical suffering is alleviated, but this alone is not an end in itself for a disciple of the Lord Jesus. Would it be better to abandon medical work and concentrate on schools ?

There are three reasons why this question can be answered by an emphatic No. In the first place, missionary history shows that medical work has usually preceded school work and has made it possible for the latter to be started. Of the seven centres of missionary activity in Northern Morocco five were opened by medical work. In some of these the medical work has stopped and schools have been able to

continue. Medicine broke the ice and dressings and treatments opened homes for visiting and teaching. Where new work is to be started the only approach to-day is through medical work. Two new stations have been opened in Northern Morocco this year (1950). Both we hope will develop schools, but neither could have begun without a medical introduction. Medicine and healing are still the pioneers.

But, it might be argued, in a small field like Northern Morocco, why not decide on the centres suitable for work, open them by an initial dispensary and then gradually turn over to the more fruitful form of evangelism by concentrating on schools? This brings us to the second reason why medical work should be maintained. The political trend in North Africa is to nationalise, or at any rate to control, both education and medicine. The former is already ninety per cent state-controlled, and all hospitals, apart from the T.M.H., and two other private hospitals in Tangier, run by the Jewish and Italian communities, are similarly controlled. Thus, officially, private schools and dispensaries are only tolerated, since for the most part they are working on a very small scale, and the good they do has been appreciated by the local community for many years. But this means that they have no official status and that a sudden tightening-up of regulations or a temporary wave of anti-British or anti-American feeling could end Gospel activity in any part of Morocco, except in Tangier, where the International regime seems to be politically stable and democratic. In this city God has provided a haven of freedom, and it is our duty to ensure that our existing medical work, which is at present fully recognized by the authorities, remains so efficient and useful to the city that they would be unwilling to be without it. The Gospel is still distasteful to Moslems but good medical treatment provides an inducement to come within sound of it. The hospital is a platform, not an end in itself, but a platform for the evangelist, a platform that must be bright and strong, worthy of the message which it carries. For this reason much work is necessary which may seem to some to be unworthy of a messenger of the Gospel—work such as mending locks, unstopping drains, repairing roofs, packing sterile drums, and doing accounts. Mr. Bocking, also radiographer, is tireless in these labours

of love, and they take up much of our time and strength, but they are done for Him, so that the platform may be in good repair ; for from it the real work begins. In the Middle East, school work as a means of evangelizing Moslems has had to stop. Evangelism, however, has not stopped because there was medical work ready to carry on. The same might happen in North Africa, and we must be ready for this emergency and not put all our resources into an enterprise that might be banned. We must remember our Lord's exhortation to be " as wise as serpents ".

The third reason why medical work must continue is that the Lord said, " Preach the Gospel to every creature ". Schools only touch one section of mankind, and " every creature " includes all. Medical work is the only work which takes in every section of society. Children have measles, young women have confinements, young men have accidents at work, old women have rheumatism, old men have bronchitis, poor people have deficiency diseases, rich people have indigestion, and so something brings them all along, and they all need clean hearts and that " perfect soundness " that the Lord Jesus alone can give them. Illness is a great leveller, and a hospital is a wonderful net which catches fish of all kinds, sizes and descriptions. Illness is also a great softener and prepares the mind, perhaps more than any other non-divine agent, for thoughts of God and of eternity.

There are seven mission-stations encircling the central mountainous mass of Northern Morocco. The Rif is further east, and as yet there are no workers in that territory, and, as far as is known, no Christians who know the Rif language. In the middle of this remote mountainous area stands a holy mountain called Mulay Absalom, the home of the Beni Atos tribe. This mountain is the goal of the annual pilgrimage which takes place a fortnight before the fast of Ramadan. The actual day of celebration is the 15th of the Moslem month of Shaaban and is called the " Nischa ", which means a copy. On that day they say that the Angel of Death writes down the names of all the people who are destined to die during the next twelve months. They all hope that theirs is not on the copy, and all they can do to brighten what might be rather a dismal occasion is to congratulate one another that their names were

not written down the year before. This feast typifies Morocco's thoughts about the future—a constant expectation of death with no light to cheer the tomb. Death is seldom mentioned for fear of bringing the speaker ill-luck, but it is always in their thoughts. Moorish women drawing water at a well will repeat a ditty which includes the words :

“ Ah, death, ah, death,
How much we fear thee.”

Like all men who have no real knowledge of the Lord Jesus, the Conqueror of the grave, they “ through fear of death are all their lifetime subject to bondage”. Thank God that surrounding the Mountain of Death are seven points of light where the way leads to Life. All these stations except one do some medical work and have workers who have been in the Hospital before they went further inland. Our fellowship with one another is very close. New nurses come out and, after a period at the Hospital, can move on to these outposts, knowing something of the people and their language. But if the Hospital is to go on giving out, it must take in an equal number. God has provided a unique opportunity in Tangier—an open door into the homes and affections of Moroccan Moslems. “ Behold I have set before thee an open door.” Such is God's promise, but we must not forget that He has committed the door into our keeping and only according to our faithfulness and obedience will it remain open.

The task of evangelizing North Africa is both complex and arduous. It calls for serious purpose and an obstinate devotion of all one's powers. Above all, it calls for sacrificial love. The obstacles are formidable, and all workers have to face the difficult Arabic language, the increasing desire of the authorities to make Islam a national religion, the ignorance and illiteracy of the masses, the cold hostility of the educated few, the pride and self-sufficiency of all. We can only cry to God to help us in our weakness, to show us that “ they which be with us are more than they which be with them,” and pray most earnestly that others will come out and help us, in obedience to a call from God.