

**Extracts from “Early Days in the Chittagong Hills”
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Chapter 1- Colonel Lewin

In the middle of the last century a young man named Tom Lewin went out to India to service in the East India Company. Soon after his arrival, however, the Indian Mutiny broke out and he enlisted in the India army and took part in the fighting up north. He attained the rank of Captain, and after things had quietened down, he was posted as Police Officer in the Chittagong District.

Lewin chose Chandraghona as his headquarters as it lay at the junction of the plains of Chittagong and the Hill Tracts and had direct access by road or river to the three chiefs. Chandraghona, which means the Valley of the Moon, was, at that time, hardly a village. It was just a government outpost at which a weekly bazaar was held at which the hill and plains people met to exchange cotton and rice and bamboos for other commodities.

Gradually Lewin managed to gain the friendship and confidence of all the people of the Chittagong Hill Tracts, and many years later when I was touring the villages I heard the older men speak of him with great love and affection as they had known him when they were young. They called him by the name Tongliana which was a corruption of his own name Tom Lewin as it was called in Lushai. During his stay in the district he visited the Lushai Hills on several occasions and did a great deal to bring an end to the head-hunting raids. As one enters the Lushai Hills at Demagiri one can now see a stone pillar in his honour, with a bas relief of his face and his name in English and Lushai.

Years later when a new bungalow was being built for the doctor on the top of the hill just beyond the Tripura Sundari stream, as the top was being levelled we came across some of the small bricks that had formed the plinth of his bungalow fifty years ago. Again when the Leprosy Colony was transferred to the hill beyond the next valley we found the steps leading up to the Kutcheri or Court House where he had tried cases. So although half a century had passed since he had lived there we still had signs of his presence for us to see.

Chapter 2 – Opening up of mission work in the hills

Although missionary work had been carried on in the Chittagong area and its surroundings since the time Carey had sent his son Felix to start work there, no attempt seems to have been made to reach the people living in the hills to the east. The hill folk were shy and seldom came down to Chittagong except to make a few purchases and sell cotton and bamboos. They also spoke different languages and belonged to a number of different tribes.

As it was impossible for him to supervise such a large area he appealed to the Society to send a missionary to work in the Hill Tracts. Fortunately the newly started Arthington Fund enabled the Mission to answer his appeal and also to start work in the Lushai Hills beyond. The Rev. George Hughes and Mrs. Hughes were the first missionaries to be appointed to this work. For the first two years they lived in Chittagong with Mr. Donald until they were able to secure a site up at Rangamati from the Police Superintendent Mr. Sneyd Hutchinson, to build a bungalow. In 1903 Rev. and Mrs John Reid and Dr George Orissa Taylor and Mrs Taylor joined the staff at Rangamati.

At first it was hoped to build a hospital in Rangamati, but this was later negated by the Police Superintendent as he had planned to have a government hospital there. However he offered a suitable site at Chandraghona. This was welcomed by Dr Orissa Taylor who wrote in his report – “there are many interesting stations, but none, I fancy, will offer a more manifold field for usefulness and work

than Chandraghona, touching as it does both the men of the Hills and those of the plains.” Mr and Mrs Jones were also transferred there so that he could concentrate on and build up the Mog Christian community while Mr Hughes gave special attention to the Chackmas.

In 1907 a bungalow was built at the top of the hill for the two missionary families, a dispensary was erected in the valley below to act as a temporary hospital, and the foundations were laid for the new brick hospital. The government officials gave great encouragement to the work which was visited by the Commissioner of Chittagong and the Superintendent of the Hill Tracts, and financial help was given. Unfortunately Dr. Taylor had to spend most of that rainy season up in Darjeeling owing to ill health, but he was able to come down in the autumn to be present at the opening of the hospital by the Lieutenant Governor of East Bengal, Sir Lancelot Hare, who came from Dacca on purpose. Soon after this Dr. Taylor had to leave owing to persistent ill health, and a further tragedy occurred in the death of Mrs. Percy Jones of typhoid fever. Mr. Hughes wrote, “She was a keen nurse and had looked forward to joining with all her heart in the work of the new hospital. It seemed a strange providence that we should lose a worker we needed so much”.

In 1909 Dr. E.J.Dermott kindly offered to act as a locum for a year till Dr. Taylor returned. Mr. and Mrs. Hughes had to leave again due to ill health, and so Mr. Jones was left alone to carry on the evangelistic work. The year 1910 was again one of disappointment. Dr. Dermott left and Dr. Taylor could not return. So Chandraghona was left in charge of the partially trained medical assistant Rajendra Lal Biswas, who was the son of one of our Home Missionaries.

Chapter 3 - Dr Teichmann's arrival in Chandraghona

I was very fortunate when I arrived in India in 1911, in being able to live the first year with my father and mother in Chittagong together with the other probationer Leonard Webb, so as to be able to study Bengali before getting down to medical work. I was most anxious to get down to my medical work as soon as possible, so after passing my first Bengali exam in July and having a holiday in Darjeeling, I went to Chandraghona to live. At that time there was only one steam launch owned by the Government which plied once a week between Chittagong and Rangamati. It went up river on Thursdays and returned on Saturdays but as it was a Government Launch, although it carried passengers for hire one could not be sure of its arrival or departure as that depended on the wishes of the Police Superintendent. As a result it was usually safer and quicker to hire a dug-out and travel by night.

Apart from the Doctor Babu Rajendra Biswas and two compounders there was no one at Chandraghona. The mission station at Chandraghona consisted of a long valley in which were the hospital, dispensary and the houses of the Indian staff. It was bounded on the west by a small stream called the Tripuria Sundari, the name of a Hindu Goddess. It is considered sacred by the Hindus and frequent sacrifices of goats are carried on at its mouth especially during cholera epidemics. Beyond this stream lies the Chittagong District. A public road runs along the river bank. Standing on this road and facing the mission compound one saw first a small building which was used as a school during the week and a chapel on Sundays. This building was later transferred to the other end of the valley to be near the Boarding school building. Next to the chapel stood the dispensary, which was the first building put up by Dr. Taylor as a temporary hospital. Next on the right was the hospital, a pretty red brick building, able to accommodate thirty-two patients in its four small wards. Behind the dispensary stood the Dr. Babu's House and behind that, those of the two compounders. Beyond these houses came the school buildings which consisted of a central dormitory and on either side two small houses for the masters. Beyond these the stream divided into two and on the further side lay the houses of the washermen and three small hill houses on stilts which were occupied by three Khyang families who did odd jobs for the hospital. Over the stream to the west the hospital sweepers lived. They were low caste Hindus from Punjab.

To the east of the valley is a steep hill about 150 feet high, at the top of which was a huge bungalow which we nicknamed the Meat Safe. It had been built so large as to accommodate two families so that when the husbands were out on tour the wives could feel quite safe. Outside the bungalow the view was wonderful. In front was the Karnaphuli River flowing towards the west. At this point it is about one and a half times the width of the Thames at Westminster without any bridges. If one looked to the west one could see the plains of Chittagong District. To the north and south were hills covered with dense jungle. To the east one first overlooked the bazaar with three buildings on this side. Beyond the bazaar the river takes a sharp turn to the north, and beyond it the hills rise sharply to a peak known as Sita Paha, about 1300 feet high, from the top of which one can see the Bay of Bengal to the west.

The dispensary, which was the first hospital, was built in 1905 and was about 36 feet long. It was divided into three equal sized rooms – one for the doctor, the middle room for the patients to wait in, and the other for the dispensary. A narrow veranda ran along the north and south sides. The walls were of bamboo matting and the roof of corrugated iron. It was very hot in the summer, cold in the winter, and very noisy in the rains. It was also riddled with white ants. Later on we decided to remodel the whole dispensary. The roof was given an Assam pattern Venetian ventilation. Instead of the matting ceiling we had compressed sugar cane fibre sheeting which reduced the noise and heat. The doctor's room was divided into two, so that two doctors could see patients at the same time.

Every morning patients gathered in the centre room, and while the doctor was doing his rounds one of the compounders preached to them. Then after being examined, they received their medicines. At that time, owing to the isolation of the hospital, not more than 4 or 5 patients came each morning, except on Bazaar day when there might be 20 or 30. I was surprised to find 70 or 80 names were put down on the ledger. I enquired about this, and was told that as most of the patients were suffering from malaria, they could not come themselves and so they asked a friend to get the medicines for them. The most common medicines asked for were quinine and santonin for fever and roundworms, and bismuth for indigestion. All these were very costly drugs and I began to feel that the medicines were being obtained almost free of charge by village quacks, and sold at a considerable profit. From a medical point of view the whole business was most unsatisfactory. As at first I knew very little Bengali I was unable to alter things, so I had to let things go for the time being until I passed my Bengali examinations. Very few hill people ever came to the hospital for treatment, and those who did spoke Mogi, which none of us understood.

Chapter 6 - The Hospital

The hospital was built and opened in 1908, but as there was no qualified doctor it remained empty except for minor cases. Looked at from the river it looked a beautiful building of red brick. The operating theatre had been left incomplete with floor unsurfaced. It had been planned to have it lined with marble but as that proved too expensive we had to use cement instead. At the time of my arrival it was used as a lumber room and was filled with Wants boxes. The operating table was of plate glass and had been broken in transit so we had to get a steel one from Calcutta. There was no high pressure steriliser and we had to wait for three years for this till the first visit of the Governor of Bengal, Lord Carmichael, who kindly gave us the money to buy one.

The narrow wards had four beds on each side made of cement. The reason for this, I was told, was to prevent the presence of bugs, as the beds could be washed down with antiseptics. The beds were short and narrow as the hill people were shorter than the Bengalis. However there were many disadvantages as they could not be moved so as to fix extension apparatus for fracture cases etc. Patients found the beds uncomfortable and sometimes fell off, but more often preferred to sleep on the floor. As most of the patients were Bengalis they found the beds too short. So as soon as we were able we had the beds broken down and had angle iron beds from a firm in Calcutta. These were full sized and so emphasised the narrowness of the wards.

Owing to some oversight we found there was no means of getting from one side of the hospital to the other except through the operating theatre. However in the middle was a small dark room for developing films. We had a hole cut through this and made a passage. Later on this passage turned out to be most useful as a telephone exchange from which doctors or sisters could be called without having to send someone running up the hill to find them. At first however and for fifteen years we had no sister or nurse. For although I tried again the Home Committee turned down the idea. They were afraid that a single woman would find life difficult with two married missionaries and would soon ask for another nurse as a result of which expenses would mount rapidly. At that date there were members on the Home Committee who felt that Medical work was an expensive luxury, and should be carried on at a minimum cost.

There was one hospital helper who had the title of Dresser. His name was Chandra Kumar Borua. He was a simple villager whose home was across the river. He had no qualifications, but he had been found useful for doing simple dressings and syringing ears etc. He frequently made mistakes. For example, one day he was lighting the primus stove and after pouring on too much methylated spirits he set it alight. The flames spread around and in a few minutes we heard an explosion. Fortunately he was not killed. On another occasion he noticed that I always held the hypodermic syringe up and pushed up the piston before giving an injection. Later when he was syringing out an ear I noticed him squirting some water onto the floor. I asked him why he did that and he replied that he had seen me always do so. He had not noticed that I did it to remove air from the syringe before giving an injection into a vein or under the skin. However I found him a great help in many ways. He belonged to the villagers and understood their ways, their fears and their prejudices, and if he advised them to have an operation they would listen to him where they might not to us. He also used to prepare patients for cataract operations. He would wash out their eyes and tell them to look down without moving, and when I was about to do the operation he would stand by and tell them not be afraid as he was near. At this the patient would stay trustful and happy, and I felt that the success of the operation depended as much on him as on me. We kept him for a number of years until later our English sisters found him obstinate and unteachable and we had to dismiss him. By that time I had got very fond of him with all his faults and missed him. However the story does not end there. A son born to him after he left us was sent to university and supported by his elder brothers throughout his studies is now a qualified MB and I have had letters from him in good English.

Chapter 7 – The Leprosy Colony

I find the following note in one of my old reports: “On February 10th 1913 Mr Mawson, Superintendent of the Chittagong Hills Tracts returned from a tour in the South of the district bringing with him a Khumi leper, named Koprai, for treatment. He told us he had seen a number of cases of the disease in the same region, and asked us if we could do anything for them”.

Ten days later another leper, a Chackma named Bishwanath, which means Lord of the Universe, appeared in our dispensary. He was a very advanced case of nerve leprosy. He had no fingers or toes, and was absolutely destitute. We learned that he was a Christian and had been sent to Gobra asylum in Calcutta by Doctor Orissa Taylor for treatment. We found that he had run away from there after a few months as he was unhappy in a large city far from home, and had managed to eke out a living by begging. We feared to keep him on our compound because of his disease, yet hesitated to send him away. So we finally decided to build a small thatched house up on the hill adjoining the mission compound, and put him and Koprai there. That was the beginning of our present Leprosy Colony. In 1926 we decided to move the Leprosy Patients to a new site and got permission from the Commissioner in Chittagong to lease at a very small sum a spur of hill further to the west. With the money given by the Mission to Lepers we were able to erect a small dispensary with a concrete plinth with a corrugated iron roof in which we could treat sick patients and give injections.

In 1927 we were seeking for suitable work for the patients to do when we heard that a piece of land between the doctor's bungalow hill and the colony was for sale. With money given by friends we were able to purchase this land. This proved a great boon and when the patients cultivated it we obtained sufficient rice to feed them for three months. Later we were able to purchase a further two acres as the number of patients increased.

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