

# THE CHRISTIAN HOSPITAL CHANDRAGHONA CENTENARY

**Prologue : What A Wonderful World.**

**Genesis chapters 1 and 2**

In the beginning **God** created the heavens and the earth, the sun, moon and stars. Then He planted a garden with all kinds of trees and plants, pleasing to the eye and good for food. He made a river to water the garden. He also created Man to tend the garden and care for all the animals that were part of His creation plan. A beautiful world that would sustain all life and then He created Woman to be Man's lifelong helper and wife. The beautiful garden was to be their home. They could eat the fruit of all the trees except one, the tree of the knowledge of good and evil they must not eat or they would surely die. Temptation came and they disobeyed. Sin changed their relationship with **GOD** and they were sent away from the beautiful garden to face the consequences of their disobedience.

There is another beautiful place where fertile plains meet the lush vegetation of the hills, watered by a nearby river. Plants and trees of various colours and beauty with delectable fruit in season and vegetables too are tended by many people who look after the land. Chandraghona ~ the Valley of the Moon, is a reminder in some ways of that first garden.

I see trees of green, red roses too  
I see them bloom for me, for you  
And I think to myself  
What a wonderful world.

I see skies of blue and clouds of white  
The bright blessed day – the dark sacred night  
And I think to myself  
What a wonderful world.

Louis Armstrong

## **STEPPING~STONES OF FAITH THROUGH THE YEARS. Marjorie McVicar Celebration**

For a hundred years a hospital has served the communities in the Chittagong and Rangamati Hill Tracts and the neighbouring plains. First of all it was a small jungle dispensary built when the area was part of East Bengal in India. In 1947 the hospital a much larger building by this time had the same location after partition when the country had become East Pakistan. Another change came in 1971 when Independence was gained and the new country of Bangladesh was born. A most unusual occurrence to have the same address in three countries without moving! Today the hospital continues to serve the communities of the Hill Tracts, the plains areas and further afield. Its ministry of healing, much more sophisticated now, with new techniques, new drugs, and more up-to-date equipment, reaches out to those in need. Dedicated doctors, nurses, physiotherapists, radiographers, laboratory technicians, pharmacists, administrators, accountants, and the domestic staff; including those who keep the compound tidy, the drivers and the doormen, maintenance and laundry staff and all the others who are so necessary for the hospital to perform its job in tending and caring for those who are ill and in need of treatment, we honour them. Indeed they deserve our acclaim and thanks as we celebrate with them one hundred years of heeding and carrying out the call of God to "Heal the sick"

**SETTING THE SCENE.**

**“I know the plans that I have for you, plans for welfare and not for evil to give you a future and a hope.” Jeremiah 29: 11**

It was to the regions of the three chiefs that the first Police Superintendent took up his post in the Chittagong Hills District to settle the tribal warfare. Of the three chiefs Kalinda Rani was the most powerful. She reigned in Rangamati over an area that extended as far as the Lushai Hills in the east to the Independent Hill Tipperah in the north. She was a Chakma, as were most of the tribe. Her other subjects were Tipperahs, Kukis (Lushais) and a few more. The Lushais or Kukis carried out head-hunting raids and tribal warfare was rife.

To the west was the kingdom of the Mong Rajah. His capital was Rajanagar, bordering on the large district of Chittagong. Many Bengalis lived in his area which was the smallest kingdom.

South of the Karnaphuli River was the kingdom of the Bohmong, the Rajah of the Mogh district. His capital was Bandarban, built on the banks of the Sangu River. Further south runs the Matamori River which separates the Hill Tracts from Arakan, the Moghs being a branch of the Arakanese Burmese.

There are still the smaller tribes such as the Khyangs, Mros, Mrungs and Khumis each with its own language and culture.

This was Colonel Tom Lewin's posting. His presence at first was greatly resented. He chose Chandraghona as the place for his head-quarters because it lay at the junction of the plains of Chittagong and the Hill Tracts, with direct access by rough road or river to the three chiefs.

Chandraghona was hardly a village. It was simply a Government outpost where a weekly bazaar was held when the hill and plains people met to exchange cotton, rice and bamboos for other commodities. Gradually Lewin gained the confidence and friendship of the Hill Tracts people. He was a fair judge and soon the tribal wars came to an end. Later the people spoke of him with great affection, calling him by his Lushai name (a corruption of his own) "Tongliana"

**“GO TELL”:****Matthew 28:19****The Message of Light**

Some fifty years later in 1900, Rev DL Donald, a BMS Missionary, was speaking to the people in Feringee Bazaar Chittagong where he made contact with three very colourfully dressed Burmese-looking men who seemed interested in what he was saying. On enquiry he found them to be three men of the Mogh tribe who had come to sell cotton from their village, Chusa, some miles up the Kaptai River which flows into the Karnaphuli twelve miles beyond Chandraghona. The men invited Mr Donald to visit their village which he did gladly. After a few visits they asked to be baptised. The three men were Ogaphru, Kolaphru and Nulaphru.

With a new enlarged area it was impossible for Mr Donald to work alone so he requested the BMS to send someone to work in the Hill Tracts. The recently started Arthington Fund enabled this request to be met and also for work to begin in the Lushai Hills (now Mizoram).

In 1902 Rev George Hughes and his wife were appointed to the work. After two years in Chittagong learning Bengali and having secured a site at Rangamati they built a bungalow there. It was to be the first Hill Tract mission station.

**“GO, HEAL THE SICK”:****Matthew 10 : 8****A Doctor for the Hill Tracts**

The newly formed BMS Medical Mission Auxiliary established in 1901 soon captured the imagination of the people in Great Britain. Financial support grew and was one instance of blessing. Dedication of life was another. At this early date in its history new medical recruits were being led into service overseas.

At Dr Barnardo's Hospital, Stepney Causeway, Dr George Orissa Taylor, a young Baptist house surgeon, son of India Missionaries, had specially trained with a view to medical mission service. He had invited two guests to a meal with him in his rooms at the hospital. One, Dr Stanley Jenkins, a very ardent promoter of the Medical Mission Auxiliary, the other, Dr Fletcher Moorshead the Honorary Secretary of the MMA. They talked and prayed well into the night until it became clear that Dr Taylor should work in India. Dr Taylor, they both thought, was the man to become the first medical missionary to the Chittagong Hill Tracts in East Bengal. It would be a pretty big job! At the following Autumnal Assembly in Derby, Dr and Mrs Taylor were farewelled and sailed for India in January 1904 where they joined the BMS staff at Rangamati.

### **A HOSPITAL, AT LAST**

At first it was hoped to build a hospital at Rangamati but the current Police Superintendent refused the request as he had plans for a Government hospital to be located there. However he did offer a suitable site at Chandraghona, a beautiful spot beside the Karnaphuli River. This was greatly welcomed by Dr 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," echoes of Tom Lewin's words half a century before.

In 1905, after starting his medical work touring the areas from Rangamati, where on the mission bungalow veranda he performed his first operation, Dr Taylor visited Chandraghona. In a clearing in the jungle on the new site he built a small dispensary. Some time later a bungalow was built on top of a hill at the new site, large enough to house two families .By this time Rev Percy Jones and his wife had joined the Taylors at Chandraghona.

In 1907 the small dispensary, which was erected earlier in the valley below the bungalow, was to act as a temporary hospital while foundations were laid for a new red brick hospital.

### **ARTHINGTON HOSPITAL**

Cheered and encouraged by the financial help of the Commissioner of Chittagong and the Superintendent of the Hill Tracts they set to with great enthusiasm to complete the building.

In 1908 the new hospital building was ready. Unfortunately Dr Taylor had to spend most of the rainy season in Darjeeling due to ill health. He was able to return in the drier weather for the grand opening. The official opening was declared by Sir Lancelot Hare the Lieutenant-Governor of East Bengal.

#### **Tragedy Strikes**

Soon after the opening Dr Taylor had to leave Chandraghona and return to the UK owing to Into the breach at the hospital stepped the partially trained medical assistant, Dr Rajendra Lal Biswas, the son of one of the Home missionaries, who together with the two compounders (laboratory technicians who made up the medicines) nobly carried on the work at the hospital until a new doctor arrived in the autumn of 1911. Dr RL Biswas was to give twenty five years of persistent ill health. A further tragedy occurred in the death of Mrs Jones due to typhoid fever. She was a much needed nurse and had been looking forward with all her heart to joining in the work of the new hospital. Various diseases took their toll on the health of the missionaries such as malaria, blackwater fever, typhoid and cholera.

A locum, Dr Dermott kindly agreed to come and cover for a year until Dr Taylor's return. Sadly Dr Taylor was unable to return and Dr Dermott had to leave at the appointed time. Another blow to the area came as Rev Hughes was called to the pastorate of Lower Circular Baptist Church in Calcutta from Rangamati. Mr Jones too, due to prolonged low fever, was advised to take an immediate lengthy furlough. In the meantime Mr and Mrs Wenger transferred from Barisal to

Rangamati and Leonard Webb a new recruit, arrived in Chittagong to learn Bengali. dedicated service to the hospital.

## **THE NEW DOCTOR ARRIVES**

### **Dr Gottfried O Teichmann 1911 - 1939**

Dr Teichmann arrived to take on the challenge. It was a blessing that his missionary parents were working in Chittagong where he lived with them while studying the Bengali language. During the cold weather he was able to accompany his father on his visits to various places including Chandraghona. Anxious to get down to his medical work, as soon as possible after passing his first Bengali exam in July, he went to Chandraghona to live, joining Dr Biswas and the two compounders who were keeping things going at the hospital.

Travel and communication were difficult in those days. By river there was only one steam launch which plied once a week between Chittagong and Rangamati. Not having a reliable timetable, depending on the needs of the Police Superintendent, it was usually quicker and safer to hire a dugout and travel by night. Land travel was by foot through heavily wooded hill forests, jungles and paddy fields.

## **THE HOSPITAL COMPOUND**

### **The Mission Station**

The Mission Station consisted of a long valley where the hospital buildings and the houses of the Indian staff were located. The boundary to the west was a small stream, the Tripura Sundari, beyond that was the Chittagong District. A rough public road ran along the Karnaphuli River bank. Standing on this road and facing the compound, the first thing one saw was a small building used as a school during the week and a chapel on Sundays. Later it was transferred to the other end of the valley to be near the boarding school buildings.

Next to the chapel stood the dispensary which Dr Taylor had used as a temporary hospital. To the right of this was the pretty red brick hospital, with accommodation for thirty two patients in its four small wards.

Behind the dispensary stood Dr Rajendra Biswas's house and those of the two 'compounders' behind that. Beyond those houses were the school buildings with a central dormitory and on either side two houses for the masters. Further on, the stream divided, on the far side were the houses of the washermen and three small hill houses on stilts occupied by three Khyang families who did odd jobs for the hospital. Beyond the stream to the west was where the hospital sweepers lived. They were Hindus from the Punjab.

Rising to the east of the valley was a steep hill about 150 feet high on top of which was built the large two-family bungalow, nick-named "the Meat Safe". It was so called because it was surrounded by fine mosquito netting and had a thatched roof that extended down almost to the plinth which gave it the look of a large food safe. The bamboo matting walls were painted khaki making it very dull on the inside on the brightest day! In those days people believed that being away from the sun's glare may prevent them developing cataracts. The wire mesh was meant to keep out the mosquitoes but carelessness meant that mosquitoes got inside and when they were infected they were a double danger to the inhabitants. Cerebral malaria was rampant in the area and precautions were very necessary.

Dr Teichmann had an early experience of such an attack while alone in the bungalow with no one to call and no medication. Managing to stagger down the hill to the hospital he asked them to send a message to his mother in Chittagong. There was no telegraph office in those days in Chandraghona bazaar and there was only the one government launch plying between Chandraghona and Chittagong twice a week. This information was taken by messenger to the

mission at Chittagong. Mrs Teichmann came as soon as she heard of her son's illness and nursed him until he was well again.

### **Touring the Hills**

Not many patients came to the hospital at that time. Each morning about four or five patients appeared except on bazaar days when numbers rose to twenty or thirty. They came mostly for medicines, quinine for malaria, santonin for fever and roundworm and bismuth for indigestion. Medically it was unsatisfactory and also impossible to communicate with the men as they spoke Moghi which the hospital staff did not understand at that time. Later Dr Teichmann was able to learn Moghi.

Dr Teichmann used the time to tour the area to get to know the people. He was accompanied by the Chakma compounder, Syama Charan Chakma travelling in a dugout, seventeen miles up the Karnaphuli to the Raynkhyang River one of three tributaries flowing into the Karnaphuli from the south. They stopped during the day at all the larger villages on the way upstream, sleeping in the boat at night. Syama was able to be interpreter as he knew the dialects of these people. No one was interested in the preaching. There were various taboos and cultures between the different villages and a lot to learn. After two weeks touring they returned to Chandraghona. A short time later Mr Jones returned from furlough and indicated that he had decided to concentrate on the Kaptai valley, another tributary into the Karnaphuli. He had three rest houses built in three villages which were used mostly in the winter months.

### **The Mohamuni Mela**

The festival of the Great Saint was an annual event held at the end of the Buddhist year and the beginning of the next. The village site for it was half way between Chittagong and Chandraghona. Workers from the two mission stations joined forces there, preaching and treating patients.

On the third night a violent storm broke over the village. The mela ground became a quagmire, everything and everyone was soaked. Because of the lack of sanitation for such a crowd, a severe cholera epidemic broke out in the district.

A great number of patients came to the hospital leaving many more in the nearby villages. All the hospital workers were treating patients with saline injections day and night. Living in the "Meat safe" bungalow at the top of the hill Dr Teichmann was up and down the hill eighteen times in one day and, as a result, he was absolutely exhausted.

Urgent appeals were made to the BMS to have a separate bungalow built for the Doctor half way down the hill to make it easier to answer emergency calls. The following winter the bungalow was built.

### **THE MOTOR LAUNCH "HOPE"**

Although plans for the purchase of a new launch had been made before Dr Teichmann's arrival, it had been decided to have one built by the Engineering College at Sibpur near Calcutta. This would take some time as the College was not a ship-building establishment. By July 1912 the launch was ready and was delivered to Chittagong on a British India liner. Taking delivery of the long awaited river transport were Dr Teichmann, his father Mr Teichmann, Mr Webb and a local Muslim man who said he could drive a launch. With great excitement they set off. It was the middle of the rainy season and the River Karnaphuli was in full spate, flowing at seven to eight miles per hour. They planned to stop two miles up river at Dobashi's Ghat. nning! The strong current caused them to miss the ghat and they were driven down river broadside on, rapidly increasing in speed. Then they discovered there was no rope and the anchor had no chain. Approaching the ghat they turned off the engine hoping to reach it safely. Their troubles

were only begi. To make matters worse the shaft connecting the engine to the propeller had no clutch. They were helpless as the engine would not restart. Mercifully no real harm came to them. Six months later having had the worm eaten planks removed, the hull covered with copper sheeting and various repair jobs done to make it work, they thought all would be well. Not so! The launch was named “Asha” meaning “Hope”. At that point it was thought it should be “Hopeless” or “Hope Deferred”! For four years things went wrong. Eventually a new Kelvin engine from Glasgow replaced the original one in September 1923. This engine ran on kerosene oil a much cheaper fuel than petrol. After this there was no more trouble and “Asha” lived up to her name for fifty more years. A much needed convenience for the hospital!

## **“CLEANSE THE LEPERS”**

**Mark : 40-42**

### **The First Leprosy Colony**

It was the Police Superintendent of the Chittagong Hill Tracts in 1913, returning from a tour in the south who brought Koprai, a Khumi, suffering from leprosy, to see what Dr Teichmann could do for him. He reported that he had seen a number of people with leprosy in the same region and could something be done for them. Ten days later a Chakma, named Bishwanath, appeared also with leprosy. His case was very advanced. He had no fingers or toes and was destitute. Years before Dr Orissa Taylor had seen him and had sent him to the Gobra Asylum in Calcutta for treatment. He had run away from the Asylum because he was unhappy in the big city so far away from home. In order to survive he had become a beggar. Dr Teichmann feared to have him on the compound and yet did not want to send him away. Finally he decided to build a small thatched house on the hill adjoining the mission compound and let Bishwanath and Koprai live there. So began the leprosy work.

Treatment at that time was not very effective. Very little was known then about the disease and people were scared of it.

In the nearby village of Barogunya lived a Mogh family whose young daughter showed signs of leprosy. As she could not stay in her home, her father built a house away from the village and stayed there with her until he heard of the leprosy home at Chandraghona. He took thirteen year old Ongma to Chandraghona and asked that she be looked after there.

Ongma remained in the colony and she married. Although her nerve leprosy died out she remained in the colony with her husband. She was a Christian as was Bishwanath, and was a great help to many. Ongma had two daughters. The older one after being sent away to school trained at Chandraghona and became a nurse. The younger one became a teacher.

A few more sufferers joined the group. They were all advanced cases of leprosy and all that could be done for them was to give them food and clothes and Christian teaching.

In 1920, Dr Muir a medical missionary in Kalna; in the district of Burdwan, had been asked to test Chaulmugra oil which the Kavirajs, (the local village doctors), had been using for hundreds of years for the treatment of leprosy. Dr Muir had discovered another type of oil which he found to be much more satisfactory. When Dr Teichmann visited Dr Muir at the Tropical School of Medicine in Calcutta he told Dr Teichmann that he had found that leprosy was not an incurable disease as had been thought. Some of his cases that had been treated in the early stages had been cured. If it was caught early before the advanced deformities occurred it could be cured. As it was, only the advanced cases came for help, who, even if cured, would not lose their deformities.

### **Learning Self Sufficiency**

It did not seem a good idea to keep people long term, either with leprosy or cured from the disease with residual deformities, doing nothing. The stigma of the disease made them wary of leaving the colony. As there were few patients to start with, expenses were low and were met by the gifts from friends.

A visit from the Secretary of the Mission to Lepers, Mr Donald Miller brought the promise of an annual grant of one hundred pounds, as he was pleased with what he saw of the colony.

The following year for a small sum a new site nearby was obtained from the Commissioner of the Chittagong District. This was on a hillside further west next to a road. On this hill with the money from the Mission to Lepers, a small dispensary was erected with a concrete plinth and a corrugated tin roof, in which treatment could be carried out and injections given. Still seeking suitable work for the patients to do, a piece of land became available for sale between the colony and the new doctor's bungalow hill. With gifted money this land was purchased. The patients cultivated the land and grew enough rice to feed themselves for three months. As numbers increased, another two acres of land was added for crop growing.

## **WIDENING HORIZONS**

*“Lengthening the cords and strengthening the stakes”*

*Isaiah 54 : 2*

### **Missionary Nursing Sisters**

For the first fifteen years there were no nurses or sisters. However one hospital helper with the title of “Dresser” was useful in doing simple dressings and syringing ears etc. His name was Chandra Kumar Barua. He did make a few mistakes, once nearly blowing himself up while lighting the primus stove. He was a great help with fearful villagers when they came in for treatment or surgery as he would calm them down and assure them of his presence with them.

The long awaited news of a Nursing Sister for Chandraghona came at last. Miss Doris M Timmins had been accepted in 1924 as she responded to the call for help from the hospital to the growing work amongst women. She was a trained Nursing Sister from Bristol, the first to be appointed to Chandraghona. Prior to her arrival in 1925 the separate doctor's bungalow was made ready for her and a new doctor's bungalow was built on the hill on the other side of the Tripura Sundari stream. The same spot where fifty years earlier, Colonel Lewin had had his residence.

Another addition to the women's work was the building of an extension to the hospital of a Women's ward. This came about when Lord Lytton, on one of his visits to the hospital from Rangamati, was rather shocked to see the wards had mixed patients. Dr Teichmann pointed out that, as there were no nurses, the patients had to bring their families with them to look after them during the night. The need for extra accommodation so impressed Lord Lytton the Governor of Bengal, that he promised a donation of Rs.4,500, being half the cost of constructing a new ward for women patients, provided that the balance could be secured. Promises of support came from local sources and, supplemented by a grant from the Home Committee, the ward was erected the following year.

That year another Nurse was accepted having done her nursing training and missionary training in London. In 1927 Miss Ethel Gillings arrived. Her sphere of service was to be the Chittagong Hill Tracts.

## **A SECOND BMS DOCTOR for the HOSPITAL**

### **Dr James W Bottoms 1928 – 1960**

During Dr Teichmann's furlough he had found a medical colleague in Dr James W Bottoms, a Lord Scholar of Regent's Park College and a graduate of London University. This meant that the Hill Tracts medical mission with its base at Chandraghona would have, at last, two British doctors and would be in a position to widen the field of service.

After the arrival of Dr and Mrs Bottoms they were sent to Dacca to learn Bengali. Returning to Chandraghona the new doctor was very glad to be involved in surgery again. In spite of the limitations of the hospital, he learned a lot from Dr Teichmann, and was soon to become a surgeon of repute.

The hospital at this time was in a state of transition, with regard to the staff members. As there were too few in number it was impossible to provide day and night staffing for the wards. The night “care” was carried out by relatives of the patients, who supposedly slept on the floor beside the beds. Often they got into the bed with the patient. Gradually women nurses were being introduced and later male nurses for the men. Eventually night nurses took over from the relatives and the place became more of a hospital.

**1930 – 1940 A Decade of Advancement.**

*“The LORD is faithful in all that HE does.”*

**Psalm 33: 4**

During this period more nursing staff arrived from Britain, thus enabling the two doctors to take on the responsibility of operating on more major surgical cases than they could in the past. The fame of the hospital spread even further.

1931- The training of the male nurses began, four years after Sister Timmins began training women nurses for the Women’s ward in 1927.

1937- The Junior Training by the Training School for Nurses was recognised by the Bengal Nurses Registration Act.

1938- The new King George V block was built, consisting of a Children’s ward and an intended Midwifery ward.

## **THE SECOND WORLD WAR**

**Troubles Ahead 1939 – 1945**

*“We wait in hope for the LORD: HE is our help and shield”*

**Psalm 33: 20**

In 1939 Dr and Mrs Teichmann returned to England for furlough. On September 3<sup>rd</sup>. Britain was at war with Germany. Dr Teichmann was called up to join the armed forces and was unable to return to Chandraghona. His contribution to the Hospital since 1911 was outstanding. Over the twenty-eight years he had carried out his medical calling diligently and faithfully, supported in so many ways by his wife and the local hospital staff. In spite of the lack of equipment and facilities the jungle hospital that he took on after Dr Orissa Taylor, together with Dr Rajendra Lal Biswas and the two compounders, grew to be a medical centre of faithful service to the people of the area. From the small beginnings it became a hospital of ninety beds by 1939. In the providence of GOD it would continue to reach out to the people fulfilling the call to “Heal the Sick”.

### **The War and Chandraghona**

The early war years saw a depletion of the British nursing staff. Furloughs and sea voyages were fraught with war-time convoy activity and the threat of being torpedoed by German U-boats, made it almost impossible to return. Some BMS workers lost their lives at sea.

However in 1942 Sister Gladys Cann arrived. She was to be the only one from Britain until 1946. India was the most affected field of the BMS during the war, especially on the eastern border as the Japanese advanced through Burma to the borders of Assam. By April 1942 on the advice of the Deputy Commissioner Mrs Bottoms with her two small sons had left for Shillong. Later on the women student nurses had been sent off to their homes, mostly in the Barisal area. So had the wives and families of the dispensers, teachers and evangelists. The assistant Bengali doctor and his family had gone with them and also the senior dispenser. This left Dr Bottoms and the Nursing Superintendent, Sister Gladys Cann to carry on the work of the hospital, the leper colony, the church and the school. Chittagong was heavily bombed by the Japanese thus making supplies to the hospital almost impossible.

When the Royal Air Force first came to prospect for sites to construct observation posts for their wireless units, Dr Bottoms took the Squadron Leader and an Army Captain of the Royal

Engineers up to the top of the hill, where the “Meat safe” bungalow used to be, to show them what was available. It proved to be an ideal site. They were greatly pleased with the beautiful scenery. Some discussion took place as to what sort of accommodation the RAF and Army personnel would require. Dr Bottoms pointed out that they would need mosquito protection, but the netting would be too expensive and probably not available. His prediction that every one of them would go down with malaria came to pass. Other tropical diseases would also be a problem.

During the next two years many men and women of the armed forces visited the hospital. Those stationed in the vicinity doing military service and others who were well qualified physicians, surgeons or nursing sisters from the R.A.F. hospital at Chittagong.. It was both dangerous and difficult at this crucial time, but they carried on in what was more like a military field hospital. There was a stream of war casualties passing through their hands. Not only did they suffer from war wounds but as predicted they had to be treated for malaria and various other tropical problems. Many of those young men who returned to Britain, some now very elderly Senior Citizens, remembered with affection the care of the hospital staff for them in the days when they were far away from home.

Later on Dr Bottoms was awarded the Gold Kaiser-i-Hind medal and Sister Cann received the Silver Kaiser-i-Hind medal in honour of their service and dedication to duty at the hospital in those difficult times.

## **PARTITION and INDEPENDENCE**

### **Facing the Future**

*“Expect Great Things from GOD”*

**William Carey.**

The political situation in India soon after the war took on momentous reverberations. Independence, on 15 August 1947, was won at the price of Partition.

Bengal was divided and most of the BMS Bengal field lay in the east wing of the new nation of Pakistan. Apart from the horrors, displacement of people and other problems of Partition there were also benefits. Chittagong became the main port of East Pakistan, having been redeveloped after the heavy bombing by the Japanese during the war.

Industry came to Chandraghona when a large Paper Mill was built not far from the hospital in the early 1950s. At Kaptai further up the Karnaphuli River, a major Hydro- Electric scheme was planned which necessitated the relocation of the Mission station at Rangamati as the valley was cleared of homesteads and villages for the flooding to begin. A large dam was built to contain the water from the upper reaches of the Karnaphuli and other rivers from the north, in the flooded valley that would power the Hydro- Electric turbines before flowing into the lower reaches of the River. Beside the benefits of the vast electricity supply the flooded valley has become the huge Kaptai Lake, a beautiful tourist area and a good supplier of fish.

A larger population made more demands on the hospital. The nearness of the Paper Mill was to benefit the work of the hospital for in 1953 an electricity supply was installed thus enabling decent lights and fans in the wards and operating theatre. Then in 1955 the Mill owners generously provided a new operating theatre which was much more spacious. The sterilising room was much improved too with its bank of sterilisers operated electrically with push button switches. The medical needs of the Mill were dealt with by the hospital including accident and emergency treatment.

Since 1939, when Dr Bottoms became the Medical Superintendent, the hospital continued to expand its services. With financial support from the Pakistani Government the Leprosy Colony was developed into the Premier Centre for Leprosy Research and Treatment in East Pakistan.

During the 1950s more overseas staff arrived to work at the hospital after their language studies.

Among those were Miss Mary White, a Sister Tutor, Dr Alan Taylor with his wife Mary, and Miss Edna Toseland, a Nursing Sister, later to marry the Revd.Keith Skirrow. In 1957 the Nursing Training School was reorganised by the Government for the Senior Certificate of Nursing.

### **1960. Retirement.**

This was the year that the first X-ray machine was installed. It had been a long wait for the machine as money had been collected in England for it. However it did arrive before Dr and Mrs Bottoms returned to England for their final furlough and retirement. Their thirty-two years of faithful generous service at Chandraghona was completed.

Mention must be made of Mrs 'Donnie' Bottoms, who besides making a home and raising a family of two sons and a daughter, also made it possible for the hospital to carry on by becoming the Hospital Administrator, taking responsibility for all the business. She was a friend to all the tribal families who came from the Hill Tracts, also the wives and families of the hospital co-workers, school and Church. She made time too for the Leprosy Home and Church where her love and concern for her friends there was always evident. She was one of those women of whom it was said: “~ she was always comforting, sympathetic and ready to help, with an air of serenity that spread peace, the oil on troubled water.” (From a tribute by Gladys Cann.)

### **REPAIRS, MODERNISATION and EXTENSION**

Dr Michael and Mrs June Flowers with their two little sons arrived at Chandraghona in 1960. It was a year of extreme cyclone damage. The severe weather again in 1962 did much damage to the hospital buildings that they were in need of repair, rebuilding and extension. This was completed in 1971.

During these years more Staff arrived from Britain. Language study was their first priority with a number of weeks in Darjeeling at the Bengali Language School, followed by examinations at the end of each year of the two years' course.

Dr Alan Taylor and family returned to Britain in 1964 after ten years of service at the hospital, the last five of which he was the Medical Superintendent taking over from Dr JW Bottoms.

Dr Michael Flowers followed for a short while as Superintendent until his furlough in 1965 when Dr Handley Stockley ( BMS-China) ,was able to fly in with Mrs Jean Stockley from Hong Kong to stand in as locum, for Dr Flowers.

Chandraghona and its people hold a very special place in our hearts, and we are so grateful to God for the opportunity He gave us to serve Him there. We arrived in 1960 as a young, inexperienced, and apprehensive couple, wanting God to use us in some way. Despite making many cross-cultural mistakes, we were received graciously and with great patience, for which we will always be grateful! In those days we travelled by ship, and our journey from the UK took over six weeks. We will never forget our first impressions as we steamed into Chittagong harbour: the heat: the vast throngs of people: the insistence of the beggars: the stark contrast between the living conditions of the rich and the poor which made us so uncomfortable: the doubts that surfaced as to how we could possibly help in the face of such overwhelming need.

On arrival in Chandraghona we found ourselves part of an expatriate team, including the other BMS doctor and his wife, Alan & Mary Taylor, the nurses Mary White, Jean Pullin, and Edna Toseland (later Skirrow), and the evangelists Keith Skirrow and Audrey Binns. We settled in with our two boys, David aged just over a year and the two-month old Mark, sharing Dr. Bottoms' old bungalow at the top of the hill with Keith Skirrow. We were grateful for the high-quality and very patient language teaching we received with early morning lessons from Joynath Baroi, and the two three-month periods at the Darjeeling Language School. We listened with amazement to the stories of Dr Teichmann and the romance of the hospital's beginnings. We enjoyed getting involved in the church, and were excited with our first contacts with leprosy patients, such as Ma Ching Ma, Chhobi Ma, Rashik Chandra, and Chikon Kala. I was grateful, as one who had never seen a case of leprosy before, for time spent with leprosy specialists in Purulia and in Karachi learning new techniques of surgery. Subsequently, the training of para-medical workers, such as Sanga Lushai, made it possible to begin plans for outreach clinics up-river in remote areas.

Early memories included feeling the lift of beginning the days' work in hospital with ward prayers, offering ourselves to God, and praying for peace and strength for the patients. I shall never forget the queues of out-patients sitting patiently waiting, sometimes all day, and not infrequently into the early hours to see Dr Taylor. Alan, Gyan Baroi, and I took turns to see what seemed to be an unending queue of patients, initially in the corridor outside the men's ward, subsequently in the old Dispensary, while one or other of us operated. In those days the theatre was not air-conditioned and despite a large fan the temperature and humidity made surgery arduous in the hot weather for everyone. Work in the hospital was transformed by the acquisition of a clean water supply, and electricity, from the newly built Paper Mill up-river. Instruments were boiled at that time, and an ancient autoclave hopefully sterilized the linen. Nothing was disposable, gloves were re-used until they fell apart, needles and scalpel blades were used repeatedly until too blunt to be usable, and no suture material was wasted.

In those early days, the Kaptai road had not yet been built, and transport for us to Chittagong was by river launch, a long trip that was justified only occasionally. Patients walked for days or were carried using ingenious make-shift stretchers. Relatives camped out by or under their patients' beds, and bed occupancy was usually over 100%. Investigations were limited to simple blood films and ESR, stool and urine tests, and with the electricity supply came the ability to provide skeletal X-Ray films. Pain control was difficult without Morphine, and very limited supplies of

Pethidine. How patients suffered in those days. Their beds were simple metal frames with straw mattresses which were burnt on discharge to control the various unwanted livestock. If blood transfusion was required frequently expatriate and national hospital staff volunteered to give their blood, and simple cross-matching had to suffice.

Despite these limitations, the reputation of the hospital was high. The quality of the Nurses' Training School was recognised throughout the country, and the patients were treated with the respect and compassion expected from a hospital with strong Christian foundations.

Many changes took place over the next few years. The building of the Kaptai road provided rapid communication with Chittagong for patients and the volume of work increased. Dr Swehlamong Choudhury was appointed in 1962, before becoming the first national Medical Superintendent in 1965. Alan Taylor left in 1964, Dr S.R.Baroi came in 1965, and Dr Bryan Whitty and family joined from the UK in 1968. Over this period, from the UK, Myrtle Johnstone, Mary Bridgman, Joyce Barritt, and Jean Westlake joined the nursing staff, Tony Brown and later John Davies joined the team as Hospital Administrators. Renuka Talukdar and Madhobi Chakma were appointed as nursing sisters. The Stockley family came from Khulna to set up an imaginative and pioneering farming project using the fields around the Leprosy Home, and a new two-storey hospital building built under the supervision of David Sorrill in 1968 provided new women's and children's wards and accommodation for the Nursing Training School. In 1969 Christine Preston, operating theatre sister, arrived to revolutionize our theatre practice, and Val Taylor, set up the first physiotherapy department. Christine has only just retired from work in Nepal, and Val, after moving to Dhaka has achieved international fame as the founder of the Centre for the Rehabilitation of the Paralysed.

Extra-mural activities included community activities such as the Mission School sports day, and the football matches on Saturday afternoons when the hospital staff football team distinguished itself in local competitions. There were occasional evangelistic film shows outside the old Dispensary and visiting of villages at the invitation of patients gave an opportunity to witness there to the good news about Jesus. There were church and community "Love Feasts" to look forward to, and a Youth Fellowship was established. In those early days it was possible to speak sometimes openly about Jesus, and we even remember a baptismal service held in the river outside the hospital gates.

Perhaps the most important memories we have are of the enduring friendships that we found in Chandraghona. many of which have continued to this day. We think of the staff in those early years such as Protap Biswas, Joynath Baroi and his family, Madhobi Chakma, Frederick and Joseph, also Chaifru and Dou Ma, all of whom have sadly died. We continue to think fondly of Twengya, and Prem, and Shishir, and their families, as we all get older together! Of course it has always been an honour to count Dr Swehlamong and Prosun among our dear friends and we remember with pleasure the work we were able to do together.

Since those years the quality of the service provided by this strategically placed hospital has been maintained through increasingly difficult times. It has become financially more self-sufficient. A magnificent new hospital has been built, with modern facilities and equipment. Ambitious new strategies involving the establishment of outreach village clinics with the basic training of village medical workers are being developed. We have followed these and other developments with our prayers and we are delighted to have this chance to say "thank you" both to God, and to all our friends at Chandraghona for the privilege of having been a part of this fine history.

I want to close with some words I wrote for the Diamond Jubilee in 1968. “Jesus shows us how to love people. And, wonderfully, He also gives us the will and the strength to do it. We want to be faithful to the purpose for which the hospital was first planned and built, that is to demonstrate God’s love and compassion to everyone without distinction of class or creed or condition, and to be able to offer the good news of eternal life to be found through Jesus, the great Healer.” My wife and I will continue to pray and work for God’s blessing on the future of the Hospital.

## **The Nursing Training School**

### **Sister Myrtle Johnstone**

**1962-1975**

I arrived in what was then East Pakistan at the end of 1962 and was sent to Barisal for a year in order to study the Bengali language and get to know the ways of the country. I was then transferred to Chandraghona but had to continue language study for another year. During this second year I was expected to work part-time in the hospital so I looked after the Midwifery. This stopped Sister White (now Mrs Thornton) from having to get up during the night and made it easier for her to look after the Training School. After passing the second year language examinations I began to work full-time in the hospital.

There were a lot of differences from hospitals in Scotland and it took time to adjust but there was always someone to help and advise.

My input into the Nursing Training School was very small at first but I found that I enjoyed teaching the student nurses and was able to help out more.

My first Home Leave was five years later and the BMS gave me permission to study for a Teaching Diploma. This was very useful for on my return I found that Sister White had left and some students were shortly to sit the Nursing Council examinations for the third and final time. Understandably they were very anxious and my first job was therefore to work with them to try to help them reach the required standard. They were so keen that they even came for revision classes in the evenings. Happily they all passed and I was able to consider other aspects of the work. One major undertaking was to prepare notes for the students because the text books available were in short supply and rather old. The syllabus had to be taught in English as nursing is considered to be a science subject so the notes were in English. But the students were encouraged to add further notes and explanations in Bengali to make sure that they fully understood what was written. We used the same notes for both groups of students. Those who had passed the matriculation examination took the Nursing Council examinations but there were also students who had passed at least Class 8 but had not been able to matriculate. There had been a Junior Certificate Course connected with the Nursing Council but this was discontinued. Knowing that many such nurses were giving good service in private, railway and mission hospitals, Chandraghona had continued to offer this training. The only difference between the two courses was that the junior one was wholly in Bengali but the students had enough English to allow them to use the notes we provided. While on home leave some people had given money and this enabled us to buy some textbooks which were a great asset to the library.

Sister Talukder (later Mrs Gain) returned from taking the Tutor’s Course and we then worked together happily for many years.

The building of a new women’s hospital wing gave us the opportunity to have a purpose- built training school with a classroom, practical room (fitted out like a ward with a life-size doll in the bed!), also an office and store room. This was a great improvement and much appreciated. There were proper desks and large blackboards with facilities for visual aids also helped to increase our efficiency. To keep up with the new facilities we decided that the students should have smarter

uniforms. The boys until then had only worn white aprons over their shirts and trousers but they changed to having white lab coats which made them look much smarter. Colours, to indicate the year of training, were used, also belts for the girls. Epaulettes were used for the Nursing Council course boys and cuffs for the hospital course boys. The girls had different styles of cap to differentiate between the courses. As each new student successfully completed the primary training they were presented with their own new uniform at a special ceremony. All the students wore their uniforms with pride.

As well as classroom work the students were sometimes able to go on educational outings. A popular one was to an ice-cream factory to observe hygiene methods (and to enjoy free samples!) I also remember visiting a drug company to see how medicines were prepared and also going to a ship to see the medical facilities on board. When a new septic tank was being installed in the hospital the students went to see that too.

A great many applications were received from those wishing to train as nurses so an entrance examination was introduced and an interview. Many applications came from the Barisal area and for a time Dr Chowdhury and I went to Barisal to hold interviews. Latterly all the applicants were expected to come to Chandraghona. It was very hard to say “No” to candidates who had made such an effort to get there. It was a joy to see shy youngsters from a village background transform, over the three years of training, into competent professionals who were well able to progress to working as staff nurses. Many former students were holding down responsible posts in other hospitals throughout the country.

It does not seem possible that 32 years have passed since I left Chandraghona. I look back on my time there as a very happy part of my life and I am proud to have played a small part in taking the training school forward. Others had started it and gradually developed it, then I was privileged to carry on that work and in turn handed it on to my successors. I must leave it now to the current staff to report on what has happened since I left. For the present staff and students I want to wish them every blessing for now and the future.

## **Dr Swehlamong Chowdhury 1965 - 2002**

### **The First National Medical Superintendent**

Dr Swehlamong Chowdhury's family connections with Chandraghona go back some time into the hospital's history.

Soon after Dr and Mrs Teichmann's marriage in 1915, Mrs Teichmann was asked to take charge of the small School for Girls on the compound. Most of the children were those belonging to the Hospital and Mission workers. There was a Khyang widow who had come to live in the valley just north of the Mission compound. She was very poor and had three small daughters whose names were Apayn, Acho and Presuma. The two older girls Apayn and Acho were hired out to keep the cows off people's gardens and to prevent them from breaking down the fences. They each received two annas a month. Their mother did odd jobs and hardly earned enough to keep them. They lived in a shelter about six feet square with only a roof and no walls. Mrs Teichmann asked her to send her two older girls to the school but her reply was that if she did, she would not have enough money to feed and clothe her family. She was offered a small job for which she received three rupees pay and an arrangement was made that the two girls would go to school and be fed and taught there. Presuma the little one was too young, so stayed with her mother.

Both girls got on very well at school and Apayn was sent to Barisal Boarding School and later on to Calcutta to train as a teacher at the United Missionary Training College. When she returned to

Chandraghona for the Easter holidays in 1920 she was baptised. The family received the saddest news when, after her return to Calcutta, she developed pneumonia and died.

At that time, Acho was at school in Barisal. From there she too was sent to the UMTC in Calcutta and did the teacher training course and returned to Chandraghona to teach in the school where she had begun her education.

While Acho was at school in Barisal the Chandraghona School master, Kyojophru, brought some boys from his village near Bandarban, the capital of the Mogh Rajah, to Chandraghona. One of these lads was Thwainsa Chowdhury who was connected to the royal family. Having passed the Teacher Training Examination he was posted to a village school up the Mainy River.

Some time later he came to Mr Jones and told him that he wished to marry Acho. There was some opposition from his family as she was from the Khyang tribe. This was soon overcome as both were baptised Christians. Their marriage took place in the compound Chapel on 1<sup>st</sup> January 1925 and was conducted by Mr Jones. After their marriage they both went to work up in the Mainy village. They had only been there a short time when a rabid jackal came out of the jungle and bit several of the women who had come to the river to draw water. Acho was the eighth one to be bitten. Some of the women died of rabies. There was some delay in bringing Acho to Chandraghona thus making it too late to send her to the Pasteur Institute in Shillong for immunisation. She was cared for and kept under observation by Dr Teichmann at the Girls' School. Their prayers were answered and God in His love saved her from any harm.

On March 21<sup>st</sup> Thwainsa and Acho had their first child, a son whom they named Swehlamong. There were two other sons and a daughter born to them.

Sadly, on July 22<sup>nd</sup> 1935 Thwainsa died of septic pneumonia. After this Acho and her family moved from Rangamati to take up a teaching post at the Chandraghona Mission School again.

In 1942 the eldest son, Swehlamong, entered the Bishnupur School for Boys, near Calcutta, in Class 5. He was an outstanding pupil. He entered Serampore College in 1948, was College Captain for football and hockey, and represented Calcutta University for both these sports in 1950. He was also Secretary for the Student Christian Movement Branch before returning to Chandraghona, having been successful in the I Sc. Examination. At Chandraghona he trained as a laboratory technician and then as a compounder until he was able to enter the Dacca Medical College to study Medicine. He graduated with his MBBS degree in 1960 and joined the Medical staff at Chandraghona. Shortly after his marriage in 1963 he left for Britain where, for over a year, he studied Ophthalmic Surgery in Glasgow, Scotland. While there he made many friends who have remembered him with affection.

Dr and Mrs S M Chowdhury were blessed with a son, Stephen, in June 1965. Later in the same year Dr Chowdhury became the first Pakistani National Medical Superintendent of the Christian Hospital Chandraghona. A task at which he excelled, especially through the troublesome "birth pangs" of the new nation of Bangladesh in 1971 and the further development of the hospital in the ensuing years. More evidence of God's provision of the man "for such a time."

## **TRANSFORMATION of VILLAGE AGRICULTURE at CHANDRAGHONA**

### **BMS Agriculturalist DAVID STOCKLEY OBE**

In 1965 Mr David and Mrs Joyce Stockley (son of Dr and Mrs Handley Stockley) were transferred to Chandraghona to develop self sufficiency in food for the Leprosy Centre. They had

already had eleven years experience in Khulna at their Agriculture and Village Up-lift Centre teaching students the use of new crops and methods of cultivation so that they, in turn, could go to the villages and teach others. David was able to promote more productive farming methods, such as rearing goats and chickens. Day old chicks had been flown in from England and goats had come in crates by ship to be used for creating different strains of animals of higher quality for the people of the villages, due to the support of the British Baptist Men's Movement's mission project, "Operation Agri." The district as a whole benefited from the Stockleys' contribution so much so that by the end of the 60s David was in demand as a consultant throughout East Pakistan to Church and Government agricultural projects.

Joyce, as a trained nurse, was able to put her nursing skills to good use wherever they were placed. David re-designed the Leprosy Home Farm and experimented with high yielding rice varieties until it was possible to grow rice and harvest it in less than a hundred days, thus making it possible to have three crops of rice in the year.

Joyce Stockley remembers that the following year the floods drowned the entire common rice crop in the plains below Chandraghona. The water rose in the inlet below their house, much to their little daughter Ruth's consternation that it might drown them! Many houses were destroyed. The floods however, gave opportunity for some mud brick houses to be built. Also, the Gumai Beel Project and Farmers' Co-operative were started between Chandraghona and Rangunia.

## **THE LIBERATION WAR and BANGLADESH**

*"O LORD you will keep us safe*

*and protect us..." PSALM 12:7*

Rangunia was where the Stockleys were working, when, in 1971 on the 25<sup>th</sup> March, the battle by the Pakistani army to put down the civil disobedience, organised by the Awami League, in East Pakistan was begun. Martial law was in force. In Dacca many intellectuals and students were killed. Hundreds of refugees crossed the border into West Bengal, India. Mission staff especially women and children, were evacuated. On 11<sup>th</sup> April there was a radio broadcast announcing that a provisional government of the Independent Republic of Bangladesh had been formed. From Calcutta the provisional government directed a war of liberation against the Pakistani troops. In Chittagong there was a massacre of Urdu speakers by the Bengalis. The Pakistani army retaliated on the Hindu population.

On 13<sup>th</sup> April the army re- took Rangunia. The Stockleys had agreed to stay put and were there with a colleague in the Farmers' Co-operative when the troops arrived. The next day the army advanced on Chandraghona. Orders were given for the hospital to be destroyed. On investigation, the Pakistani army Major in command decided not to destroy the hospital as there had been no resistance. The hospital continued to function throughout the war. Many innocent Bengalis lost their lives in the skirmishes that followed.

The end came in December as the Indian forces came to the support of the Bengalis. By mid-December they had reached Dacca and the Pakistani army was forced to surrender. The inter-Muslim conflict ended with the help of India. With East Pakistan's demise came the birth of a new secular state, emphasising the Bengali national identity, the Bengal country, BANGLADESH.

**Addendum:** David Stockley (third generation BMS missionary) was awarded the Order of the British Empire for his contribution to agricultural development in Bangladesh. He was ably supported throughout by his wife Joyce.

## **“JOI BANGLA”**

**1971**

**Dr Bryan Whitty**

This was the cry on everyone's lips as Bangladesh came into being in 1971. It heralded the end of months of uncertainty, tragedy and loss. The new nation was born and a new chapter in the life of the Christian Hospital and Leprosy Centre at Chandraghona began.

The months prior had been so difficult and challenging.

I must say at the outset that this is a very personal view of events. I must also admit to a poor memory and do apologise for any glaring omissions from these most eventful days.

The West Pakistan's non acceptance of the legitimate outcome and victory of Sheikh Mujibur Rahman's Awami League Party in the national elections sparked off the civil and military unrest. The situation was clearly deteriorating and foreign nationals were being urged to evacuate the country. Both the British High Commission along with the British Council and also the American authorities arranged convoys to evacuate foreign nationals from Kaptai, Chandraghona and Chittagong. At that time a number of staff and families were forced, sometimes reluctantly (I think of Valerie Taylor, physiotherapist who went on to found the wonderful CRP in Dhaka who pleaded with the British Council to stay), to leave. Convoys under the stars and stripes and the union jack made their way up by road to Dhaka and have a story all of their own to tell.

The days following that were full of tension and rumour. The Mukti Bahini were an ever increasing force trying to establish themselves throughout the country. Together with soldiers of the East Pakistan cantonment they attempted to form a strong opposition to the West Pakistan military presence. On the evening that General Yahya Khan announced a state of emergency in East Pakistan the missionary personnel, who had remained in Chandraghona, were met together in the Sisters' Bungalow and within a very short time of his broadcast to the nation, and behind already 'blacked out' windows, we were acutely disturbed by the sound of heavy footsteps on the veranda. We were relieved to discover they were members of the Bengal and Mukti Bahini force just making sure we were safe!

This was the start of days and months of uncertainty and rumour. The West Pakistan army was advancing throughout the eastern province and in our area came via Chittagong where there was a huge loss of life with a strategic targeting of professional people. Rumour abounded. This probably caused more distress than any other factor at that time. Old 'scores' had to be settled. Debts had to be reigned in. Fear was rampant. When the forces were fighting in Chittagong it was rumoured that the Pakistan Naval gunboats were coming up the Karnaphuli river to Chandraghona and crowds lined the banks of the river with whatever meagre implements and arms they could muster to defend themselves against the foe.

Sister Myrtle Johnstone left with the next convoy organised by the Americans clutching in her hand letters for home which would be the last line of communication we would have with the outside world for months. The BBC World Service specifically was advising foreign personnel in the Chittagong Hill Tract area to evacuate as soon as possible.

The Christian Hospital at Chandraghona had, and still has, one of the finest Nursing Training Schools in the country. Young women and young men from throughout the country come to the hospital to train. We had a tremendous responsibility towards them, not to mention the patients

under our care, and this greatly influenced the decision of those of us who chose to remain. My recollection is that John Davies, Hospital Administrator, Jean Samuel (nee Westlake), Matron, Christine Preston, Operating Theatre Sister, Marion Gallagher (nee Crawford) Nursing and Under Fives' Clinic Sister and myself remained. David and Joyce Stockley faithfully stayed in their small cottage in Rangunia, some miles down the road from Chandraghona, amidst their agricultural work and village and farming community. Mr. Alam, a local Bengali politician, who went on to serve as Foreign Minister to Bangladesh, was a strong moral support to us all. He had to flee the country for refuge.

The hospital remained open at all times during the conflict.

Great tribute must be paid to Dr. Swehlamong Chowdhury, Medical Superintendent, who conducted himself with great force and leadership to both the hospital and the whole Chandraghona area (and I suspect even further than that) during these troubled times. He established himself in one of the private wards, I remember so well, with his hookah pipe, and was available to all from the hospital and the surrounding area for his wise council and advice. Jean Westlake insisted that I perform my daily ward round whatever the circumstances! John Davies performed miracles with no income in maintaining the administration and meagre food supplies coming through. 'Loaves and fishes' come to mind (the fishes very small and dried!). Christine Preston was marvellous in her support of staff and families in the compound. Marion Crawford did not seem to flinch at doing night duty through the most difficult times!

One of the saddest episodes was when the hospital staff joined together in the classroom to hear the very sad news of the murder of our 2 Pathan chowkhidars who had remained at their posts in the hospital so faithfully, despite having been offered a place of safety by Joseph Baker the hospital engineer and driver. Dr Chowdhury paid great tribute to these 2 men for their courage and faithfulness.

These were in the days when the Mukti Bahini were consolidating in the Chandraghona area as the Pakistan army advanced on its 26 mile journey towards the Chittagong Hill Tracts from Chittagong. It has to be said that the medical work of the hospital was very quiet during that period. People were far too afraid to travel even the shortest of distances. An army was advancing and would reach us soon. The decision was made that the nurses would be very much at risk and they were therefore taken across the river to a place of safety. It was also important that Dr. Chowdhury as a targeted professional should find safe haven for a while away from the hospital.

One episode of acute medical service was required immediately before the attack on Chandraghona when a commander of the Mukti Bahini came to the hospital with a much delayed and badly injured arm, strongly suggesting a gas gangrene infection and requiring an emergency amputation. He was away the next day to get on with his task!

The attack on Chandraghona was sudden and took us somewhat by surprise. The night before the Mukti Bahini had 'dug in' around the hospital and leprosy hill. We had gone up to the leprosy hill the day before. The hill has a commanding view of the plains and the road towards Chittagong and while we were aware of gunfire in the distance we could not see any army. We had asked the patients to keep a lookout and inform us of any advance. We were later to learn that it had been the Pakistan army's intention to destroy the hospital as they had information of the Mukti Bahini fighters consolidation in the compound.

The strike was sudden. At least 2 shells hit the Leprosy Home and Hospital killing 2 of our patients. This was followed by showers of automatic fire and bullets over the compound and towards the hospital. The nursing sisters were very busy comforting the staff. We remained in the main building with the patients. The army came through with force. One book accounting the liberation struggle and the involvement of the Christian community in it throughout East Pakistan stated that I confronted the army and spoke up for the Hindu minority and that we were there to treat all patients irrespective of class or religion. In fact it was Protap Babu, from the staff of the hospital and Chandraghona church, who placed himself between the menacing soldiers in the male ward and spoke fervently for the patients and prevented any identification of Hindu patients in the ward. What a courageous man he was. His quiet authority and sincerity of presence and his faith saved the day. I was there and witnessed it.

Too much happened at that time to be included in an article such as this. The army overnight billeted itself (all of them!) in the 'Whitty house,' previously 'Flowers Towers', and what a mess we had to clear up after they had gone!!

The army subsequently based itself in the Karnaphuli Paper Mill right next door to the hospital under the command of Major Anwar. He paid at least daily visits to the hospital slamming his semi automatic weapon on the desk to enforce his presence. We had to hide one of the girls on the compound whose attention had been drawn to the major and this in itself was quite a feat of ingenuity! Dr Chowdhury and I had to operate and care for patients under the threat that, if a certain patient did not survive, we were to be killed. Another particular rape case gave us much concern but thankfully resolved spontaneously.

When the situation had settled a little we ventured down to Rangunia to see David and Joyce Stockley in the BMS car which Gordon and Nesta Soddy had left for our use. For some reason we allowed our stay to run in to curfew and as we rounded a corner on our return to the hospital we suddenly found ourselves facing a gun barrel. Who knows what the outcome might have been had the captain of the army, already known to us, not been one of the patrol.

David and Joyce were of tremendous help and support to the people of Rangunia. When things had settled a bit the military authorities commanded all people to return to work. David offered to transport some of his Hindu friends back to work. They were stopped and the men lined up by the roadside and we are sure that, but for David's intervention, they may have been shot.

The army eventually moved further east to set up their cantonment in Kaptai. It was to there that Jean Westlake and I journeyed to speak on behalf of Hindu families who had suffered so terribly. Our pleas were heard politely but we doubt if they had much effect.

After months of fear and tension India became involved and so the Indo-Pakistan conflict began. In many ways it was fortunate that the Pakistan army had moved to Kaptai rather than the paper mill. We had wondered if we would have to go through it all again. Some of the foreign staff had returned. Myrtle Johnstone was back in post.

The Indian army was in ascendancy. Their arrival in Chandraghona was met with celebration and relief. One great worry was that the cornered Pakistan army would employ a 'scotched earth' policy and blow the hydro- electric scheme dam at Kaptai. That would have been the end of Chandraghona. Fortunately there was little resistance and they did not.

The Indian army medical team, which was attached to the liberating force, was of great help to the hospital during these days with much appreciated surgical and indeed dental advice and support. I learned some useful dental techniques myself! The next provider of help was the flying in, by helicopter, of the International Red Cross. For Chandraghona it was the Swiss Red Cross under the leadership of Dr Roman Fischer and Sister Magdalena (Maddy) Betsche. We have recently made contact with Maddy who lives in Basel, Switzerland. Ture Andersson, who, with his family had previously been based at the Swedish-Pakistan Institute in Kaptai, also came in with this team. Mr Geoffrey Walker, orthopaedic surgeon from Carshalton Children's Hospital, was very helpful to me with his skills and advice.

The Christian Brethren helped us to establish more permanent, but still very appropriate, accommodation for our Under Fives' Clinics in the local villages. The churches of Oregon, USA provided much needed supplies and other forms of support to the Under Fives' Clinics. Oxfam wanted us to be the centre for their operations. This would have overwhelmed us. We declined, as we decided that our priority was still to provide a high standard of medical care and nursing training rather than be engulfed by relief work. UNICEF was marvellous in the supply of much needed food supplements to the local area and the clinics supervised by the hospital.

It was a great tribute to the work and witness of the hospital when the then President of (the new) Bangladesh ordered his convoy to stop on their way to Kaptai. This was totally unscheduled. They stopped just outside the Leprosy Home and Hospital where local crowds had gathered to wave him on his way. He beckoned David Sorrill and myself over and shook us both most warmly by the hand and thanked the Hospital for all the part it had played in the liberation struggle.

Joi Bangla – yes

Perhaps, for the Chandraghona Christian Hospital and Leprosy Centre – JOI JESU

He, Whose Presence was there before, during, after and ever since the events of these troubled days. To Him we turned day by day to praise, to thank and to seek guidance. We were all, staff and local church alike, so very aware of His Presence at that time.

This is but a short view of it all, one very short, but memorable time in the 100 years.

Others will have seen it differently and have many more stories to tell. It is God's Presence Who continues to guide the church, the staff and the community of the Christian Hospital and Leprosy Centre in Chandraghona. May He do so over the next 100 years and beyond.

Dr. Bryan Whitty and family (Chandraghona 1968 – 1973)

Joi = Victory, Bangla = Bengali language (and in context, the people), Mukti Bahini = Freedom Fighters

***“Enlarge the place of your tent stretch your tent curtains wide, do not hold back”***

***Isaiah 54: 2***

**1965 – 1979.**

The next fifteen years was a period of growth regarding the number of staff. Altogether forty three expatriates joined the team at Chandraghona, some for just a very short time and others for by more than ten years. Their skills varied from Sister Tutors, Surgeons, Physicians, experienced Nurses and Physiotherapists to Hospital Administrators and a Building Engineer.

The building engineer was David Sorrill, who stayed at first in the doctor’s bungalow with Dr and Mrs Stockley. Soon after John Davies arrived and joined the team as Hospital Administrator.

**The first Leprosy Nurse, Joyce Sorrill (nee Barritt), arrived in 1966.**

The following account is from Joyce’s writing of her early days at Chandraghona.

When I first arrived in Chandraghona the Leprosy hospital was on top of a hill which no longer exists as it had to be lowered due to erosion. There were five rooms, four wards for male patients and a nurses’ station in the middle.

A little lower down the hill was a female ward and a cookhouse that served the hospital patients and those who lived in the Home or Ashhram. This consisted of a few dormitories and a few small houses where ex-patients and those who were badly affected by the disease lived, on a permanent or semi-permanent basis.

In those days, although there were latrines there was no electricity or running water. Electricity for lighting, fans and pumping water only became available after the Liberation war in 1971 when East Pakistan became Bangladesh. The little Leprosy church with its bamboo walls and tin roof was looked after by an ex-patient who was the pastor. Baptisms were performed in the pond where the washing was done. When Communion services were held, to make sure the patients did not suffer from the effects of impure water, in lieu of “wine” the substitute was ‘stomach mixture’ mixed with stream water. A weaving shed, where sheets were made for use in the General Hospital and for us, employed some of the leprosy patients’ time. Joy Nath Baroi a fine Christian from Barisal had come to be the master weaver to teach the patients how to manage the looms. He became my language teacher and advisor. When the old pastor died, Joy Nath Baroi became the pastor of the Leprosy church and also their counsellor.

A carpenter’s shed that was in use for some time was converted to become a shoe making workshop.

The hostel for the children of patients had burned down just before I arrived. At that time it was thought that the children could be protected from the disease by removing them from their mothers at birth.

The day to day care of the Leprosy patients was managed in their own wards, the necessary operations being done at the General Hospital. The original male nurse in charge had been trained by Dr Teichmann. When he left in 1967 I took over the care of the patients. In the Leprosy hospital the patients were mainly those who had complications such as lepra reactions or those who had ulcers and open sores due to injuries as a result of the lack of ability to feel pain. ‘Dirty’ surgery and dressings were done there. All the other work was done by ex-patients such as dressings, cooking, cleaning, carrying water and stores, in fact anything that needed to be done. No bedding or towels were provided but each new patient was given a cloth bag which they filled with straw from the farm and used as a mattress. No wonder we lost a few patients to tetanus!

It was a lovely place to work, in a community of grateful people who helped one another and shared what little they had. There seemed to be no problems between those of different faiths, and many became Christians. The patients had two meals a day of rice and dahl and on Christmas Day they had their annual cup of tea.

Treatment in 1967 was with one drug only and that was Dapsone. There are two main types of leprosy one group was treated for a year either as in-patients or out-patients, visiting the hospital monthly. Many had come long distances and the drop out rate was very high. The others had to take the treatment for the rest of their lives. There were many complications and problems and some died. Stigma and self inflicted stigma was and still is a problem.

Between the Leprosy hill and the General hospital there was a small farm mainly for growing rice and where David Stockley experimented with other crops such as coffee. He also kept a bull there which was hired out to local farmers to "seed" their cows in order to improve their stock.

A holiday in 1968, took me to Karachi in West Pakistan where I spent some time at a Roman Catholic Leprosy hospital learning how to take, stain and read, skin smears. A Baptist church in Sutton Coldfield bought us a microscope, for which I used the sun as a light source, to look at the slides. This was, sadly, later stolen.

In 1969 Sister Christine Preston, theatre sister, and Miss Valerie Taylor, a physiotherapist, came to work in the General Hospital, both helping greatly to improve the care of the Leprosy patients as well as their own General Hospital patients.

1970 now married to David Sorrill, while on holiday in Thailand I learned how to make special inner soles for leprosy patients' shoes. Financial help for special shoes came from the Rotary Club in Chittagong and the Bata Shoe Company gave boxes of sports shoes to the Leprosy hospital as a gift. Protected feet reduced the number of feet injuries considerably.

The following year was the time of the Liberation war. I returned to England and there Jeffrey, our son was born. David remained at Chandraghona.

In 1972 four young men were sent to Karachi for training as leprosy para-medical workers. The important thing was that they were enthusiastic and could understand enough English to do the course. Two of them retired to Chandraghona and are still there. One did not stay the course due to culture shock and home sickness! One later became blind with a hereditary disease and had to give up the job after some time. They did a very good job for many years. More trained later and there are now men and women nurses working in the new Leprosy hospital. We did get electricity and running water.

East Pakistan used three official languages, English, Bengali and Urdu. The leprosy patients used at least ten tribal languages and dialects. We often had to work with two or more translators.

1974 we moved to Chittagong when David became the BMS Secretary for Missionaries Affairs, taking over from Revd Gordon Soddy, who was retiring after 42 years.

We already ran a Leprosy Out- Patient Clinic in the grounds of the BMS bungalow and one in Rangamati so I took over and developed the Out Patient work. We opened five more clinics in places where we knew there was a high incidence of the disease. Mrs Mary Hart and later Mrs Yvonne Wheeler took over the supervision of the Leprosy hospital

The Chittagong Leprosy Control programme grew out of the Clinic work. The Leprosy Mission (TLM) spent over £1,000,000 on it in the 1990s. They have done such a good job that there are very few new cases of leprosy to be found in and around Chandraghona or Chittagong now. (2000 or after)

### **New Treatment MDT.**

In the 1980s Multi Drug Therapy came into being. At the expense of TLM, I went to Karigiri in South India, to do a course to up-date my knowledge of the disease and its modern treatment.

A Muslim ex-patient was sent to train in the making of special shoes for deformed feet. He worked there for many years.

Many in-patients knitted, sewed, wove cloth and made rugs to sell.

A great many more operations were done at the beginning than are done now. We made mistakes like spending time on eyebrow implants, it is possible to live without eyebrows! Good results depend on a good understanding by the patient and good physiotherapy. The one thing no-one can give back is the ability to feel. Prevention of deformity is much more cost effective than surgery.

For some years we were involved in research into the use of various drugs, mainly for the Ciba-Giegy Drug Company. We tested a drug called Ciba 1906, which was a sulpha drug like Dapsone and also another called B663, which is Chlorophazamine, now one of the drugs included in MDT.

There are still many things not known about the disease Leprosy and how it is passed from one person to another. There is still no vaccination against it. The Leprosy Mission is still involved in research into these questions but not at Chandraghona as we have managed to wipe out all sources of the infection in the area. However many people worldwide are still suffering from the effects of having had the disease. Their problems are physical, mental, social and spiritual and most of the care given now is 'holistic' and more demanding than ever. (Written Jan. 2007)

## **Memories of Jean Samuel (nee Westlake) Matron.**

### **June 1968 – First memory of working at the Hospital.**

There was an accident at the Karnaphuli Paper Mill early in the morning of my first day on duty, when 30 employees were seriously affected by a gas explosion and workers with relatives and other available helpers, including David Stockley, carried them in and laid them on the floor of the Out-Patients' Department and the Male Ward corridors.

Trying to be helpful the relatives were squeezing lemons into the patients' mouths and pouring water over their heads to ease their discomfort. Consequently there was a big mess everywhere. Sadly two died and five were admitted. The others, after appropriate treatment, were able to go home at the end of the day.

### **Monsoon**

After severe flooding during the monsoon I have memories of the hill behind the Private Ward Cabins falling on to the cabins, a disaster that occurred on several occasions. With flooding all around the hospital the staff had to come to work by boat. Many times the 'para' (nearby) houses collapsed, not having secure foundations.

Many villages were cut off by the floods. I remember going with the medical teams from the hospital, across the flooded rice fields in a motor boat, with only tree tops visible above the water. Medicines were dispersed and cholera injections were given. On one occasion 263 vaccinations were done in one morning.

### **Tidal Wave February 1971**

The tidal wave caused great devastation in Chittagong and the Noakhali District. Many of the cattle died. The sea water left huge salt deposits thus preventing agricultural activities, crop growing such as rice and vegetables, for a number of years. Lack of food and contaminated water brought malnutrition and diseases. Chandraghona was on the edge of the devastation, with a number of buildings damaged.

### **Medical Conditions.**

Medical conditions include gastro- enteritis and dysentery, malaria and undiagnosed fevers, tetanus, malnutrition and anaemia, with a variety of other conditions. I have memories of a young lad passing 30 worms in one day.

A young teenage girl was brought in one day with acid burns over her face and arms.

This was done by a boy friend because her family had forbidden him to see her. In anger and out of revenge he threw acid over her causing her much harm.

Bablu was an eight year old boy with terrible burns contractures all over his body resulting from accidentally falling in a fire when he was very small and not receiving proper medical attention at that time.

“Will you put my finger back on, please?” The plea as a patient proceeded to take his severed finger from his lungi which had been cut off whilst he was sawing wood.

Snake bites are another danger. A local man bitten by a snake had been treated by the ‘kaviraj’ (village doctor) who tried to cut out the poison in several places in the affected leg. This ended up as a case of bad sores and ulcers.

Medical patients are mainly from the local vicinity up to 30 miles or so. TB patients come from further afield while surgical patients come from all over Bangladesh. As Chandraghona is in a fairly remote part of the country patients have to travel to the hospital by bus, train, boat, baby taxi, rickshaw and private car. Patients from the Hill Tracts may walk for many days or be carried on a bamboo stretcher.

### **March – December 1971**

#### **Memories of the civil war between East and West Pakistan**

The civil war days were times of great uncertainty. The mood of the oppressing army was probably unreadable. For safety we sheltered some of the young Bengali girls in our home as we feared they may be raped. The West Pakistani wives from the Karnaphuli Paper Mill needed our support as their husbands (employees of the mill) had been taken away and had probably been killed because they were Urdu speakers

It was decided to send as many local student nurses home as was possible for safety reasons. The male student nurses along with some staff members went across the river feeling that it would be safer in the hills. In fact it proved to be much tougher than they thought. Some of the female students agitated to go as well and so for a few days Christine Preston accompanied them where they sheltered in the Buddhist temple

All was not safe. The hospital Bihari chowkidars (watchmen) returned from the hills to see the situation at the hospital. The East Pakistanis grabbed them, threw them in the river and then stabbed them to death.

The front line of attack from the invading West Pakistani army on the hospital compound would be the Leprosy Centre as they approached from Chittagong so the leprosy patients were brought down to the General Hospital Labour Room. The hospital was cut off from Chittagong for nearly three weeks which meant that no food supplies were coming in and there was no way of getting any money. We lived very frugally at that time with no first class protein.

The West Pakistani army shelled one of the Leprosy Hospital wards before advancing on the General Hospital. Here they took one or two male patients declared that they were enemies and shot them. The sweepers were then told to throw the dead bodies in the river. They were so afraid that they came to me so I went with them and stood over them while they did it.

Houses were burnt down in so many villages not far from us and many men were killed that the aftermath of this civil war and the emergence of Bangladesh left us at the hospital being more involved in relief and rehabilitation work in the local area.

During that time I had obviously written two sorts of poems that summed up what I felt during those occasions.

*Poem 1.*

*1. People here people there people everywhere  
LORD I cannot bear it  
All I want is to be alone  
To be alone, with Thee.*

*2. My heart is burdened for the people  
The people who have suffered much  
Loved ones killed, women raped  
Homes burnt, belongings stolen*

*3. Day in day out they come LORD  
What can they do?  
To whom can they turn?  
Who will help them?*

*4. To see the suffering and pain in the women's faces  
Children all skin and bone  
The clothes more holes than cloth  
How to help, what to say?*

*5. LORD, help them, help me  
Remove their fears, provide their food  
Encourage their despondent hearts  
Give them peace O LORD.*

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*Poem 2.*

*I can't bear it LORD  
To see the hatred in men's eyes  
Guns in your back in your face  
Beatings and threats to all and sundry,  
How can it be normal?  
How can the poor survive?  
What help is there for them?*

*LORD only You can help,  
Only You can relieve the suffering  
LORD come quickly, come LORD JESUS come.*

*Jean (Westlake) Samuel*

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## **Some Personal Memories of Chandraghona 1966 to 1979 recalled for the Centenary celebrations in 2007**

David Sorrill BSc(Bldg), MPhil(Arch), FRSH, MinstF  
Christian Hospital Chandraghona Engineer - Jan 1966 to Oct 1970  
Hospital Administrator - Jan 1972 to Jan 1974  
CHC Council Member - Feb 1974 to Dec 1979



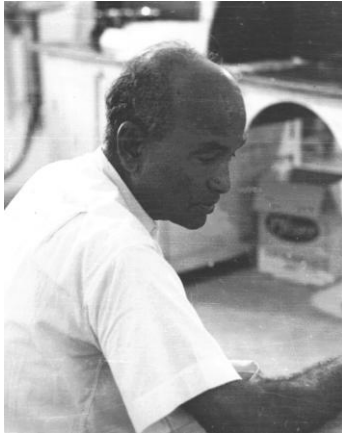
I arrived at Chandraghona, East Pakistan, in January 1966 after a year of overseas training at St Andrews College, Selly Oak, to handle the hospital rebuilding project. Newly qualified in general building, 24 years old and having never had sole responsibility for putting up even a small building in my life, proved to be no disadvantage because I had to unlearn a lot of what I'd been taught in order to engage with the building practices which were current at that time in the area. For instance, there was no stone available in the country, so no aggregate (gravel) to make concrete. Over burned bricks were bought from the local brickfield and broken into little pieces by hand with hammers to make the huge amount of aggregate needed. So much for the concrete readymix trucks I'd been used to in the UK.

The hospital located on the north bank of the Karnaphuli River, was part of a compound of 34 acres which stretched along the bank and inland up two of the valleys. I was told by the then BMS Field Secretary, Gordon Soddy, that the boundary between the districts of Chittagong (mainly flood plains, populated by Bengalis) and Chittagong Hill Tracts (mainly steep sided hills, populated by people of the Hill Tribes) ran through the centre of the compound, along the line of the Tripura Sundari stream. And that this location had been chosen deliberately by the authorities and BMS so there could be no claim of sole ownership of the hospital by either group. The first temporary hospital buildings were put up in 1905.

In January 1966, access to the hospital from the Kaptai Road was by a footpath that ran over the paddy fields at Lichu Baghan Bazaar, through the compound boundary fence then up and over the southern end of the Leprosy Hill and across the Leprosy Farm paddy fields to the little wooden footbridge across the Tripura Sundari stream near the General Hospital. There was no direct road access to the compound or hospital, although it was possible to get to the hospital with a vehicle, but only through the huge Karnaphuli Paper Mill compound next door (going east along the river bank), which involved driving a lengthy detour into the hills to their entrance on the Kaptai Road.

The main building in the old hospital complex was the Arthington Building built in 1907/08 and named for Robert Arthington of Leeds, UK, an industrialist whose legacy financed the building. It was of pukka construction and typical for its day – thick brick walls held together with lime mortar and a flat roof formed by steel 'T' beams with terra cotta pots laid between steel 'T' filler beams and the whole lot covered with 18 inches thick lime terracing (a beaten mixture of lime, sand, straw, molasses and, it seems, anything else that happened to be to hand). The other pukka

building (brick and concrete) was the operating theatre which dated from the 1950s and the building of the Kaptai Dam. There were also numerous semi-pukka buildings housing everything from outpatients, women's wards, the children's ward, pharmacy and private cabins. The compound (and hospital) depended on the paper Mill for its water supply and electricity, both of which arrived through completely inadequate piping and cables. No-one seemed to know how many people actually lived on the compound, but one common estimate was 800.



'JNB'

There was approximately £130,000 available for the building work (about £1m in today's money) all of which had been raised by a BMS appeal in the UK. The new buildings, refurbishments and re-ordering of the hospital had been designed by a volunteer British architect flown out from UK for the job. A key person in the rebuilding project was Mr Joy Nath Baroi, a prominent member of the community and pastor of the Leprosy Hospital church who was known by everyone as 'JNB' He was ready for retirement in 1966, but had agreed to stay in harness in order to act as my interpreter and general foreman. He was a person of great Christian faith and enormous patience he needed to be working with this enthusiastic 'wet behind the ears' youngster, who wanted immediate results.

Only once or twice in the whole five years of the project did we completely disagree on anything and I remember him with great affection. I needed an interpreter because it was decided the work was so urgent that there was no time for me to do language study. This was not ideal because my earliest groundings in Bengali were learned on a building site; not the best environment to learn any language!!!!

The first major challenge was how to arrange the work so that the busy hospital could continue to function while the replacement of its buildings was going on. It was decided to clear a working space by building a new private cabin block, under the Female Nurses hill overlooking the football field, and then demolish the existing semi-pukka private cabins. The small amount of land the new hospital complex was to occupy meant the whole setup was very cramped, but the only other land available was the football field. I happened to casually mention this and the response was one of "pure horror" at the very idea, with much muttering of words like "sacrosanct".



The Private Cabin Block opened 1966

By June 1966 things were really starting to move, helped enormously by a large amount of equipment purchased from Malumghat Christian Hospital, located 100 miles south of Chandraghona near the coast, and built by the Association of Baptists an American group. The building of this new hospital had just been completed and the construction equipment was being sold off. The hospital engineer, Tom McDonald, kindly 'went the extra mile' in charging us the absolute minimum. The Bobcat mini bulldozer was especially useful, although I forget how many thousand times Joseph Baker had to repair it in the years following – only he knew how!

Another major challenge was how to get hold of the large amount of cement required for the building programme - but not just any cement. The new buildings were designed to be earthquake resistant because frequent earth tremors occur in this area. The civil engineer had designed structures that called for concrete with heavy steel reinforcement in the stiffening columns and floor and roof slabs, so it was absolutely imperative that the cement be of first grade quality. There was a small cement factory way up in the north of the country, but the quality was very suspect not least because the cement was packed in porous 'gunny bags'. The 'paper bag' cement available for sale in any bazaar at an exorbitant cost was also very suspect. As paper bag cement was not made in the country any cement in a paper bag was assumed to be imported and of high quality. Unfortunately, this was not the case by any means. Cement gets spoiled very easily especially in a monsoon climate; storage in damp conditions or stacking more than six bags on top of one another can cause it to become stoned (solid like stone). The cost of importing cement was very high and that coupled with irresistible temptation resulted in a virtual sub-industry of regrinding stoned cement in flour mills and repacking it in the same paper bags. One estimate reckoned that at any one time 50% of the flour mills in the country were grinding stoned cement rather than wheat. I was astonished at how much we could sell an empty paper cement bag for after the cement was used, until I suddenly realised – it provided the credentials for the sale of reground cement, which, of course, was next to useless - all its strength having been already used up. From then on I destroyed all paper cement bags immediately they were empty. We eventually managed to get a duty free permit through Church World Service in Karachi to import 4,000 bags of best grade cement from Japan and then took oversight (of the ship) delivery of the shipment at the Chittagong Port so no-one else had charge of it even for a few hours. The story of the clearing of this shipment which turned out to be a three month saga was a major reason I chose the subject I did for my sabbatical<sup>1</sup>.

Through the dry season October 1966 to June 1967 the work progressed well, Ernest Madge, the then Overseas Secretary of the BMS, formally marked the 60<sup>th</sup> anniversary of the hospital by laying a foundation stone in the wall of the new two storey block. Ah yes, the two storey female ward block – I remember it well. The upper floor besides having a stairway to the ground floor also had a concrete ramp down to where it joined the central spine corridor. All the designs for this building were fine except one point, the northwest corner of the building, unknown to the architect, had been sited over what had been a huge hospital rubbish pit for many, many years. We tried to dig it out but that proved impossible and we were short of time. We could either put in costly piling or some other additional foundations or somehow avoid the very soft ground by pulling the building back from that corner. In the end we reinforced the strip foundations at that point, reduced the size of the building a little and pulled it back a bit. Of course, the result of pulling it back a little meant that it was closer to the existing central spine corridor, which in turn meant that the ramp was steeper than it was supposed to be because we couldn't alter the height of the new building. The ramp, which I believe still exists, has given some patients a real thrill as they have travelled down it in wheelchairs rather more rapidly than planned – with a shout of "Geronimo" heard more than once.

Gradually, every part of the hospital was vacated and each existing building either demolished and replaced or refurbished. The redesign of the hospital went on right up until the work was done and then in some cases it had to be changed afterwards when someone changed their mind.

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<sup>1</sup> The subject of my sabbatical at Bristol Baptist College in 1980/81 was 'The Christian's response to being unavoidably involved in bribery and corruption'.

One major problem was that of the original design committee that had worked on the layout and design with the visiting architect, before the 1965 Indo-Pakistan war, not one member was left at Chandraghona when the rebuilding project was finished in 1970. They had all been replaced by other personnel who had their own ideas about how things should be done.

1968 is etched on my memory as the year when we almost lost Chandraghona - not just the hospital but the paper mill, Chandraghona Bazaar and everything else along the river banks. August of that year saw the heaviest monsoon rain in living memory - at its height 21 inches of rain fell in 24 hours. 10 miles upstream the Kaptai Hydroelectric Dam was holding back a reservoir with an area of 200 square miles. With the water level rising at 1 inch per hour, the sluice gates were open as wide as they would go and were discharging 300,000 cusecs of water. The pressure of the water trying to get out of the sluice gates was so great the water jet on its top edge was almost vertical. This gigantic discharge of around 2 million gallons per second was a scene of great drama and beauty with spray everywhere and within it an exquisite, overarching rainbow. A technician told me that explosives had been laid in a low hill near the sluice gates and if the water continued to rise above a certain point the hill would be blown to save the dam and the adjacent hydroelectric station. This would have released a wall of water, who knows how high, perhaps 50 feet, at tremendous velocity down the river gorge. Chandraghona, sitting at the end of the gorge where the river reaches the plain, would have received the full impact of this water with disastrous consequences. The river had already burst its banks and flooded the compound; staff having to use boats to get from their homes to the hospital to go on duty. I asked the technician if there was any plan to warn people downstream if they had to blow up the hill. He replied "No, there would be no time and we have no way to do it anyway". I returned to Chandraghona with much to think on.

The rain eventually stopped and thankfully the "certain point" at Kaptai Dam was not reached, but there was 18 feet of standing water on Gumai Beel, which meant 3 feet of standing water on the Kaptai Road our only road communication with Chittagong. Within hours many of us were out in the huge Beel area (approx. 100 sq. miles) in dugout canoes rescuing families from their roofs, some only just in time. It's amazing how many snakes you see during a flood.

However, as so often happens, disaster brings opportunity. The farmers on Gumai Beel had lost everything homes, cattle, crops everything. David Stockley, the BMS agriculturalist, was based at Chandraghona at the time heading up the Leprosy Hospital Farm. He together with the assistance of a former Pakistan Foreign Office diplomat, a Mr Mahbulul Alam who was living locally, organised the farmers and offered help if they would do exactly as he said; they agreed, what had they to lose. Stockley showed the farmers the results he had had with high yielding rice at the Leprosy Hospital Farm and Alam arranged a supply of high yielding rice seeds for them from IRRI in the Philippines. With Stockley's advice and guidance on cultivation, irrigation and fertilizers the farmers, from their first crop alone, received five times the yield they would have received from the crop they lost in the flood. And so the Green Revolution was born in East Pakistan, David Stockley, supported by his wife Joyce, going on to receive the OBE for his enormous contribution over many years to improving farming methods in the country. And Mahbulul Alam got the nickname of Chashi Alam meaning Farmer Alam – a badge he wore proudly.

There was opportunity in housing as well. I had seen an article in Readers Digest in 1966 about a hand operated machine that made building blocks from earth and a little cement, called the CinvaRam. It mentioned an NGO named CARE in East Pakistan which it said had been field

testing them. I contacted CARE and managed to get three of these machines. The blocks it made were very good and the cost very low. I used them for the interior walls in the new Private Cabin Block. Before the flood had receded Alam came to see me and said he was working with Stockley on agricultural rehabilitation, but also wanted to see something done about housing, was there anything I could do. I showed him the CinvaRam block walls and some left over blocks that I could use immediately to build a demo house and sketched one for him which he liked, so it was decided to go ahead. The place chosen for the demo house was Adu Para (in Gumai Beel, just off the southern side of Kaptai Road) and the site of a collapsed house belonging to a widow with three children.

The next day ten of us started work on the site, demolished what was left of the old kutchra house and within a week finished the construction of the new semi-pukka (CI sheet roof) house. Overall it measured 16 feet by 9 feet and consisted of two rooms with one door and three windows – the widow thought it a palace. Within two weeks Alam had aid agencies, funding groups and NGOs on the site and was persuading them to support a large scale programme. He was successful and the Delta Housing Programme was launched. Over the next 5 years, 24,000



The Demo house at Adu Para with Joy Nath Baroi in the centre and myself on the right

houses were built for widows with children, one per village over the southern (high-risk) area of the country. Oxfam and CARE were the lead agencies, involved especially in making the CinvaRam machines incountry under licence, so that a machine was given to each village where a house was built to enable village folk to build their own houses on the same model.

You may say, well this is all very interesting, but what has it got to do with the Hospital. It has **everything** to do with the Hospital. The Hospital has always been a centre with personnel and resources and the potential and willingness to help people in trouble. Whether it has been rescuing people from roof tops or introducing new farming techniques or introducing low cost housing or in the case of the Leprosy Hospital being the epicentre for the, now realised, ambitious goal of eradicating leprosy from that part of the country. The influence and impact of the hospital did and does not stop at the hospital boundary fence.



Following the interruptions of August 1968, the building works continued with the new Entrance and Admin blocks being finished. In December of that year, to mark the Diamond Jubilee of the Hospital, the new buildings were opened by a Government VIP.

Attention was then given to other problems that had not been part of the original project, the main item in this group being the access road. Early on, we had built a road from the boundary fence nearest to Lichu Baghan around the southern end of the Leprosy Hill and, using the earth fill from cutting the Hill to build an embankment, across the paddy fields<sup>2</sup> to the car park below the Doctor's Hill. It was important that this was now extended right up to the Hospital. All the urgent outstanding items were put to BMS and they responded with a generous grant from general funds to cover the cost.

Extending the road, which involved the use of bulldozers and belly dumpers hired from the Paper Mill, included replacing the wooden footbridge across the Tripura Sundari with a concrete road bridge to carry the brick paved road right up to the hospital. A new concrete roof on the original Arthington building and a new incoming electricity supply from the national grid with its own transformer were also completed. The enormous amount of rubble from the old Arthington building roof was used to extend the access road at its Lichu Baghan end, so that it now ran inside the boundary fence up to the Kaptai Road to a new entrance for both Hospitals.



The road bridge built in 1969 - JNB is on the bridge and Pipeo Khyang, a labourer, in the foreground

I left Chandraghona in October 1970 and moved to the Oriental Institute, run by the Roman Catholics in the town of Barisal, in the south-west, for six months of quiet language study. However, this was not to be, on 13 November 1970 all the coastal areas of the country were hit by the largest cyclone to strike the country in living memory. A satellite picture showed the whole of the East Pakistan land mass covered by this one storm. 500,000 people died as a result of winds calculated at nearly 200 mph and an ocean surge 21 feet high, and their aftermath. The devastation was catastrophic and all hands were turned to relief. The unwillingness of the Government to deploy the army to assist with relief (it was already deployed to keep order for an imminent general election) was a major cause of the war of independence which started four months later in March 1971. I left East Pakistan early in the March for my first one year furlough in UK, keeping to an agreed schedule which had been in place for a year. However, six months later I returned at the request of the Baptist Sangha and was sent back to Barisal. The Mukhti Bahini, the freedom fighters of East Pakistan, who were gradually fighting their way across the country, had occupied a lot of the area around Barisal. My brief was to do relief work with funds supplied by the churches of UK in the areas liberated by the Mukhti Bahini. And then India invaded, the Pakistani military surrendering in December 1971 and Bangladesh was born. With the coming of peace, I was immediately posted back to Chandraghona and arrived there early January 1972.

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<sup>2</sup> At a point on the road in the paddy fields nearest to the large 'red' bungalow we encountered a type of quick clay deposit 12 feet deep, which was very troublesome. Anything falling in to the deposit disappeared within minutes. The problem was eventually solved by driving 30 feet long tree trunks (bollees) in a circle around the clay deposit and then laying tree trunks across the top to give a bridging effect. The whole lot was then covered with earth fill and the road constructed on top. The solution worked, but it was because of this "weakness" that heavily loaded trucks were never allowed on the access road. It seems the bollees are still doing their job to this day.

It had been decided that all the expatriate staff who had been at the hospital through the war should immediately take long term home leave in the UK - I took on the job of Administrator. The war had raged for 10 months and left 3 million dead and it seemed that what infrastructure the cyclone had spared the war had finished off. Almost every road bridge had been blown up – anyone travelling the trunk road from Chittagong to Dhaka had seven ferry crossings to negotiate.

Hospital supplies were non-existent as all the supply companies were still closed, a significant number never to reopen. A critical need at the hospital was for x-ray film. We were asked by the British High Commission if there was anything particular they could help with – we told them of the desperate need for x-ray film. They immediately said that they would fly in £5,000 worth of x-film from the UK. This happened and the shipment was cleared through Dhaka Airport by the British Council. Unfortunately, the transport carrying the shipment from the Airport to the British Council never arrived, our x-ray film had been stolen. This was a huge disappointment, especially as the High Commission could not repeat the order. There were many serious difficulties caused by shortages in the months that followed, but very slowly things started to get back to normal. However, so many of the people we had dealt with, suppliers, contractors and the like, prior to 1971 were from West Pakistan and they were now no longer in the country.

At that time, the Administrator of the General Hospital was also Administrator of the Leprosy Hospital. With relief funding coming in from many sources for general expenditure we were able to do some long needed building work on the Leprosy Hill. A retaining brick wall around the top of the Hill was built (making it look like an ancient hill fort) to stop the serious soil erosion which was by then threatening the safety of the buildings. We also put in a road with two hairpin bends from the new Kaptai Road entrance to allow vehicles to drive right up to the Hospital on top of the Hill, and a new tubewell to supply the Hospital with safe drinking water was sunk on Hospital Farm land.

BMS was going through an overseas structural reorganisation at that time. The position of Field Secretary was being phased out in all countries and a new position, Secretary for Missionary Personnel, created to replace it. This was one of the last measures in the process of handing over all responsibility from BMS to the national churches and was designed to strengthen the local churches responsibility for BMS personnel. The Field Secretary had been a powerful figure authorised to act on behalf of the BMS when London was a five months away by sea. Now that the same distance could be done in 13 hours by big jet and phoning London was not impossible the position and everything associated with it became outdated for that reason also. By the end of 1973 a person to fill the Hospital Administrator's position had been found and I left Chandraghona again and moved to Chittagong as the Secretary for Missionary Personnel. Gordon Soddy, the Field Secretary, and his wife Nesta had been based in Chittagong, but were now headed for retirement in the UK after 41 years with BMS in the South Asian Sub-continent.

My responsibility for the administrative matters, visas, work permits, income tax, air tickets, etc., concerning the 48 adults and 22 children, which made up the BMS team in the country was to keep me very busy. However, 10 or so of the adults were based at Chandraghona and so it was that the Hospital Council invited me to be a member of the Council in my new capacity. The compound in Chittagong became the Chittagong centre for both the General and Leprosy Hospitals at Chandraghona, especially as a base for leprosy outreach work.

In 1974 the Hospitals were desperate for a surgeon when I heard "by chance" that a Dr Robert Hart and his wife Mary, who had served at a Christian Hospital in India, were in UK considering their future. I wrote them a "Macedonian letter" asking them to come and help us at Chandraghona and they agreed. A formal request for their services was sent to BMS by the Bangladesh Baptist Sangha and they arrived later in 1974.

In 1976, TEARFund which had recently been set up, offered the Hospitals the services of a young British volunteer, named Lawrence Wallace, who had building skills. Lawrence spent 3 years at Chandraghona (March 1976 - March 1979) supervising various building projects. He then moved to Rangpur to build the new Sangha replacement house there. Following his return to UK, he trained for the ministry and has been a Methodist minister for many years currently (2007) serving a church in Wolverhampton.

In the mid 1970s the Bangladesh Baptist Sangha decided to form a Technical Team, consisting of five BMS technical missionaries, which could systematically handle the building construction involved in the replacement and/or renovation of their old buildings around the country. The five were recruited in UK and arrived in Bangladesh in 1977. One member of the Technical Team, David Wheeler, was a fully qualified civil engineer. After his language study in Barisal he moved with his wife Yvonne and children to Chandraghona in 1978 and took charge of a second phase of new buildings and renovations. At the end of 1979 they moved their base to Chittagong to the compound where I had been living. From Chittagong, David continued to supervise the construction of numerous buildings at Chandraghona, including designing and building of a complete new Leprosy Hospital complex on a site just down the hill from the old hospital.

In 1978 I handed over the job of Secretary for Missionary personnel to Sue LeQuesne in Dhaka (but retaining responsibility for visas and work permits) so that I could give more time to the Sangha's construction programme around the country with the Technical Team. This also meant I was no longer on the Hospital Council and my formal links with the Hospital ended.

What a privilege it has been to serve at Chandraghona with so many outstanding national and expat colleagues. May God bless all of you who are currently part of the Christian Hospital Chandraghona and Chandraghona Leprosy Hospital teams and community.

## **MEMORIES OF CHANDRAGHONA 1974 - 88                      Bob and Mary Hart**

After 5 years in India with BMS, we spent 2 years in UK and were invited to go to Bangladesh to fill the gap for a surgeon at Chandraghona. We arrived with 3 small daughters and went straight to Chandraghona without doing any language study. This had to be fitted in to the evenings and meant that our Bangla was rather limited to "medical" (Bob) and "household" (Mary), making participation in church services etc more difficult.

We settled in to "Muddy Hollow" alongside John Davies, the hospital administrator, and our girls went up the hill to "Aunty Jackie's school" (Jackie Whitelock had been recruited to teach the children) which was a small hut built behind the top bungalow. Jackie and our girls later moved to Dhaka with the setting up of the Christian Primary Education Centre and stayed at the BMS hostel. We subsequently moved to the "Whitty Bungalow" a little nearer the hospital and then to the "Flowers' Towers" up the hill, living in both the old bungalow and the new one built after the

landslip and lowering of the hill. We were part of quite a large expatriate community during these years and our girls grew up with many Aunties (and a few Uncles) and lots of “brothers and sisters”

### **Hospital Work**

Bob was privileged to work as deputy to Dr. Swehlamong Chowdhury, Medical superintendent of both the Christian Hospital and Christian Leprosy Centre but took more direct responsibility for the leprosy work. He also worked with medical colleagues such as Dr. S.R.Baroi, Dr. Sarkar and Dr. Reba Macfield (all of whom have sadly died). Expatriate doctors during our time included Suzanne Roberts, Karin Ahlen, Hazel Salter (now Courtier), Richard Henderson-Smith and Kentaro Hatano.

Being part of a medical team, Bob was able to concentrate on surgical work, which was also shared by Swehlamong (who did all the eye work and some general surgery), Dr. M.K.Barua and others.

The outpatients always seemed to be crowded, the wards full with sometimes extra patients on the floor and theatre lists busy and varied with both planned and emergency cases. We had many bad and delayed trauma patients from the Hill Tracts (bear mauls, wild boar injuries, unreduced dislocations and fractures after falls from trees etc) as well as road accidents from the Kaptai Road. One man came days after a bear maul to his face, asking for a new nose, which was provided by means of a forehead flap. Obstetric emergencies and Caesarian sections were common, and the repair of vesico-vaginal fistula in young girls could be life-changing when successful.

All this work was handled expertly and cheerfully by the theatre staff, led by Christine Preston who had joined Michael Flowers as Theatre sister. She trained her deputy, Anup in anaesthesia and theatre management before she moved on to other responsibilities. Many of the team I worked with are still there today.

Bob’s particular interest was reconstructive and plastic surgery. This included burns contractures, cleft lips and palates and reconstructive leprosy surgery. We established a link with Mr. Ron Hiles, a Plastic Surgeon at Frenchay Hospital, Bristol, who came regularly for about 10 days at a time and operated on some of the more difficult cases, with superb results. He took on the treatment of Shah Alam, a boy found begging at a ferry ghat near Dahka, with most of his face missing from a jackal bite (?) Ron finally took him to Bristol to complete his surgery. He is now married and has his own business. Ron continues to visit Dhaka to help with the care of acid burn victims.

The care of fellow missionaries was also part of our work, and many expatriate babies were born at Chandraghona during our time, thankfully almost all without complication.

### **Leprosy Work**

The ashram on the leprosy hill with the church at one end and the hospital at the other had been in place for many years when we arrived. We became members of the leprosy church, under the leadership of Joynath babu and then Tophon babu. Christine Preston was acting as “Leprosy sister” when we arrived, succeeded by Jenny Collins (now Director of Tear Fund), Meg Robinson (who had been in Nepal) and Evelyne Staerck. Evelyne and Alison Macdonald (physiotherapist) were seconded to Chandraghona by The Leprosy Mission. The Sorrills had moved to Chittagong

and Joyce had established the leprosy clinic at Jamalkhan Road. During our time, many more paramedical workers were trained and clinics opened in Patiya, Anderkilla, Feni, Rangamati, Agrabad.

Leprosy control by contact tracing, health education and schools screening was developed. This was greatly helped by the introduction by WHO of multi-drug therapy in the 1980s, which meant cure of leprosy after a limited course of treatment, was now possible. Mary, having been initially involved with Marion Crawford in the Under-Fives Clinic programme and then with Sue Headlam in the expanding Community Health Programme, became increasingly involved in leprosy control. This included oversight of the paramedical workers (good experience for her NHS management role to follow) and with Marion Cochrane establishing the Leprosy Coordinating Committee which brought together voluntary and government agencies in Bangladesh.

The Leprosy Mission has now taken over this whole programme. The old “leprosy hospital” on the hill became increasingly unsatisfactory for modern leprosy treatment and it was a joy to negotiate with TLM and the Algemeen Diakonal Bureau of Holland for funding and to see the new hospital being built to the design and under the direction of David Wheeler. When it opened, it transformed the care of patients and the image of leprosy in our area. It was also the focus of the first Royal visit to the Chittagong Hill Tracts. We were told to make it an informal visit but preparations included concreting part of our path as a parade ground for the guard of honour and buying a new toilet seat for our bungalow. The Duke of Gloucester was charming and having visited the patients he had lunch in our bungalow with the local VIPs.

Ken Hatano from Japan was the first link with the JOCS. He stayed with us and felt that God was calling him to leprosy work. He was also an experienced anaesthetist and surgeon. Following his arrival we returned to England when our girls were finishing school and needed a home base. We have both been able to retrain into other work and have much for which we thank God.

## **COMMUNITY HEALTH PROGRAMME 1975 - 2000**

### **Sue Headlam**

I arrived in Chandraghona to work in the hospital in December 1975. At that time Marion Crawford (now Gallagher) was running the Under Fives’ Clinics with a small but dedicated team of 6 staff. She had been doing this since 1970 all through the war of independence. When she left in 1978 I took over the running of the 3 Under Five’s village clinics in Chandraghona, Kodomtali and Miriam Nagar. At this stage World Relief USA were funding the activities.

Over the next 23 years I tried to lead the team into a broader based Community Health Programme incorporating several new interventions. Miss Lily Chowdhury faithfully worked as the nurse in charge of the clinics for all of my time in Chandraghona. Authoi Marma was also our driver and helper for this time transporting the team safely in a variety of vehicles. The number of clinics increased to include Kaptai and Santiniketon as well as the original three. Over the years we employed more staff including 2 registered nurse/ midwives Ela Marma and Makrau Marma and more village health workers. Several BMS wives including Mary Hart, Janet Kerrigan, Yvonne Wheeler and Judy Henderson Smith were able to help us greatly. Also we valued the

medical help from Dr Hazel Salter (now Courtier) and Dr Suzanne Roberts who regularly came to clinics and also helped the children referred to the hospital.

We built a new Under Fives' Clinic office which was opened by Barry Mackey of World Relief in April 1984. Then as we further enlarged our work the Family Care Centre was opened on 13 June 1989 by Dr S M Chowdhury. The foundation stone for this was laid by Rev Neil McVicar of BMS in June 1988. Both these buildings were very valuable as bases for our work and for training purposes.

Operation Agri gave project grants to us starting in 1981 enabling us to expand the work in the community. Operation Agri continued funding the work until the closure of the project in 2006 when they started funding the new Kodamtali CHP.

Tear Fund became a donor for us in 1982 and continued funding the programme generously until 2000.

Our aim was to reach the women and children living in the surrounding villages, including the Hill Tracts, giving them access to safe health care and in particular an awareness of how to prevent disease.

We started with immunization linking with the Government EPI programme, then adult literacy, ante-natal care, clean water and sanitation inputs and good quality spinach seed distribution. Mrs Shyamoli Byapari headed up the family planning work. In 1996 we were able to see 31257 children in the clinics and give 13155 vaccinations, so the team was kept busy.

In 1990 Operation Eyesight Universal Canada enabled us to start community eye screening of primary aged school children. The BNSB Hospital in Chittagong trained the staff and worked closely with us. They also provided a large jeep enabling us to travel to remoter schools along unmade roads. For 10 years we screened around 14,000 school children each year and prevented many from going blind.

Two of the ladies Mrs Shefalie Khyang and Mrs J Biswas were pastoral visitors on the female wards of the hospital 2 afternoons a week. Through our work we always tried to show God's love in a practical way making the clinics welcoming and caring. We always started the day with prayer at the village clinic and most of the staff were committed Christians. Dressed in their light blue saris they were well known and respected in the surrounding areas.

Trying to spread our health education message, a volunteer physiotherapist Helen Towers (now Minton) many years ago painted the walls of the children's ward in the hospital with examples of cheap and readily available foods and this remained a topic of conversation for the mothers for many years.

During the 1980's I wrote 9 different health books in simple Bengali on subjects such as Village Midwife Training, Child Care and Safe Home Remedies to name a few. I also wrote daily Bible reading notes in Bengali. The health booklets in particular sold over 100,000 copies necessitating several reprints and were used in many similar projects as ours all over the country.

Training of staff was high on the agenda and we used our many visitors who had differing skills to help us with this.

In 1986 we started a weaving programme as an income generating activity. Then in 1989 we built a weaving shed at the back of our buildings where we had 10 looms and space for 6 spinners. This was opened on 16 January 1990 by Sir Colin Imray the British High Commissioner at the time

We dyed, spun and created our own designs of the cotton hand loom cloth. We also had a small shop nearby and had ladies embroidering in their own homes. Looking back, the single intervention which gave the biggest improvement in health was our weaving project, started as an income generating scheme. At any one time from when we started in 1986, 45 women, many who were previously destitute had employment. Not only did they have jobs, an income and status in society, but they had fun at work, a better quality of life and a sense of worth. Women of all religions were involved and happily worked together and ate around one table. Mr Clement Sarker the manager, helped enable this vision to become a reality. The women became useful members of society with an employable skill and a purpose in life. The improvement in their health status and that of their families was remarkable.

The weaving project attracted many international visitors which gave these women a sense of pride and an awareness of the wider world. Chandraghona handloom fabrics became famous and were sold mainly in Bangladesh but also in UK, Japan and Canada.

In 1992 we commenced working in an urban slum in Chittagong each Friday at the invitation of the Govt of Bangladesh. This gave the team a new challenge working in an urban environment but one that they rose to and we saw noticeable improvements in the health status of the children. The added bonus was that the local Catholic mission provided a free school for these children enabling them to get better jobs and an escape from the poverty cycle in which they were trapped.

I left in 2000 after 25 years in Chandraghona handing over to Dr Mong Stephen Chowdhury for him to lead the Community Health Programme with new ideas and new interventions. I was privileged to work with such a wonderful group of staff, many of whom were with me for the whole time.

We are all grateful to God for his many blessings.

## **Our Time with Chandraghona Hospital**

David and Yvonne Wheeler were BMS missionaries in Bangladesh between the years 1978 and 1986.

We came to Chandraghona from Barisal in January 1979 and lived on the hospital compound in Muddy Hollow for 9 months, after which we moved to Chittagong to take over when the Sorrills left.

Yvonne says,

As a nurse I wanted to use my skills at the hospital. When Bob Hart suggested that I work in the Leprosy Hospital my comment was that I didn't know anything about leprosy except what I had read in books and the Bible. His reply was "You can learn".

So I was sent off to the leprosy hospital in Bihar, India to learn about the disease and also how to promote awareness of the treatment and cure of leprosy. It was still a rather dreaded disease in those days.

The message then was "Leprosy can be cured! Yes, early treatment can prevent deformity! Yes, medication is available!"

I came back and worked in the old leprosy hospital on the hill with the hospital staff and after a while I started going out with the paramedical workers to Chittagong and around the surrounding areas working in clinics and visiting families in their homes.

After our 9 months stay at the hospital we moved to Chittagong to take over from the Sorrills and I took over the co-ordination of the clinic work from Joyce. David built a quarter for the paramedic workers based at Jamal Khan Road and from the compound there we did daily clinics as far afield as Feni and Rangamati.

In 1983/4 the leprosy hospital was built and it was filled immediately with leprosy patients. I remember the day we brought the old patients down from the Ashram on the hill and put them in their beds in the new hospital. I suppose their lives changed on that day.

I became the co-ordinator for leprosy control in Bangladesh. This involved working together with the 5 centres for leprosy work run by BMS, other missions and the government.

My work in the area of leprosy control was very rewarding. I thank God for all the dedicated workers and staff and pray that through our work and lives the love of Jesus was seen and experienced by some of the lovely patients it was our privilege to treat in His Name.

#### David says

I well remember my time at Chandraghona Hospital although much has happened since those days.

We moved to Chandraghona and immediately I started work as an Engineer. The first job was to finish the work which Lawrence Wallace had begun which was a quarter for Dr Bob Hart and the nurses' quarter on top of the hill. Then I remember planning the re-furbishment of and then building the physiotherapy department.

I also lifted the roof on the toilet block so that a second story extension could be built.

The time at the hospital enabled me to assemble a working party of local, skilled men who would work with me for many years to come.

After moving to Chittagong my connection with engineering work at the hospital continued of course, building paramedic and doctors' quarters, a new TB ward and a reception area. I suppose there is not much left of these piecemeal projects now but that is the way the hospital was expanded in those days.

However, one project remains, the leprosy hospital. During my time at the hospital I got to hear about a dream of a new leprosy hospital. So we set about designing it and then we had to find a donor. In the end a Dutch organisation, ICCO, offered to finance the whole hospital project.

Here is an extract from the brochure which was produced to commemorate the opening in 1984.

“The work was started in November 1983 and has been finished in 18 months, two months ahead of schedule. The project cost 50 lak taka, which included part cost of a deep tubewell, an iron removal plant (near the old Kyang Para), a water supply scheme and the equipment necessary to run the hospital. All the men who had been employed on the construction of the hospital and the ancillary works had worked very, very hard. Each one worked personally to the high standard which had been required of him by a fine team of supervisory staff. Every one sensed that he has been part of a team and that all the rest depended upon his good work. Ex-leprosy patients had

been employed where possible and their jobs had also been done conscientiously. For instance, without the constant application of water to every part of the structure by an ex-patient, the hospital would not be standing now.”

I also remember doing a complete scheme for a gas distribution to the hospital complex. This was done when the gas pipeline was brought from Chittagong to the Paper Mill. This was long ago and maybe now all the houses and hospital facilities are on the main gas supply.

Well, these are some of our memories of our time at the hospital. We are sorry we can't be with you at this joyful occasion but we pray that through the ministry of healing this hospital will be a shining witness to Jesus Christ for many years to come.

### **Short term team visits to Chandraghona**

**Michael Flowers**

Since 1987 we have been bringing teams of mostly medical personnel to visit the hospital, usually for a fortnight at a time, as a way of trying to help the work of the hospital as well as giving UK doctors and nurses exposure to a different culture. At first these were doctors and nurses and others gathered from churches we were connected with but for the last few years BMS World Mission has organised medical teams twice yearly. These have included a wide range of expertise, such as facio-maxillary, ophthalmic, orthopaedic and plastic surgeons, also anaesthetists, ultrasound radiologists, a general and a chest physician and several general practitioners, together with, of course, nursing staff.

The surgical needs are dominated by obstetric and post-obstetric complications, post-burn contractures, cleft lip and palate, talipes and other paediatric orthopaedic conditions, chronic bone infection, peripheral vascular disease, mistreated fractures and an increasing amount of trauma. When we know the constitution of each team we can give the hospital notice so that they can advertise and bring in appropriate cold cases.

There are several benefits that we believe we can bring with these visits, despite being for such a short time. Firstly, there are many, particularly in the local tribal communities who cannot afford to go to the big centres where specialist surgical services can be obtained. So we are able to help directly some of the very people the hospital was built for in the first place.

Secondly, visiting doctors have not only the skills to offer surgical and other procedures which would otherwise be inaccessible to the local population but they also have a significant teaching role. The young national doctors on the hospital staff have little access to post-graduate teaching or further training in surgical, or other, skills. They meet together regularly but are isolated. Team visits such as ours can fulfill a role in teaching and in training, introducing them to new methods and techniques and inspiring and encouraging them.

Thirdly, visits such as these can be an encouragement to the hospital staff generally, who receive us so graciously despite the inevitable disruption to the normal routine of their work. The team members are all Christian believers who are glad to have the chance to express their devotion to Jesus in this way and to bring with them to Chandraghona the concern and prayers of many churches and other groups in the UK.

### **Roll call of Medical Superintedents**

## 1907-2007

Dr. G.O. Taylor	1907 - 1909
Dr. G.O. Teichmann	1911 - 1939
Dr. J.W. Bottoms	1939 - 1959
Dr. A.R. Taylor	1959 - 1964
Dr. M.W. Flowers	1964 - 1965
Dr. S.M. Chowdhury	1965 – 2002
Dr. M.S. Chowdhury	2002-

## ROLL CALL OF EXPATRIATE STAFF

**1907 - 2007**

Dr and Mrs G.O. Taylor	1907-1909	Miss J. Fisher	1974-1975
Dr and Mrs G.O. Teichmann	1911-1939	Dr and Mrs R.J. Hart	1974-1988
Miss D.M. Timmins	1925-1941	Miss R. Elliott (Mrs Meryon)	1974-1976
Miss E.L. Gillings	1927-1928	Miss C.Cox	1974-1976
Dr and Mrs J.W. Bottoms	1928-1960	Miss M. Robinson	1975-1976
Miss A. Garlick	1931-1937	Miss M. Lacey	1975-1983
Miss D. Lister	1934-1940	Miss S. Nicolson	1975-1977
Miss C.R. Wynd	1940-1941	Miss J. Whitelock	1975-1976
Miss G. Cann	1942-1960	Miss S. Headlam	1975-2000
Miss B.J. Smith	1946-1949	Miss M. Wood	1977-1978
Rev and Mrs A. Selwood	1946-1949	Miss P. Scarrot (Mrs Trew)	1977-1979
Dr and Mrs J.B. Stafford	1949-1950	Rev F. Mardell	1977-1977
Rev and Mrs G. Soddy	1951-1952	Mr L.Wallace	1977-1979
Miss M. White (Mrs Thornton)	1952-1968	Dr S. Roberts	1978-1981
Rev K. Skirrow	1953-1963	Mr and Mrs M. Ewings	1978-1982
Dr and Mrs A.R. Taylor	1954-1964	Miss A. Wilmot (Mrs Leaton)	1979-1982
Miss E. Toseland (Mrs Skirrow)	1957-1962	Miss M. Furuta	1979-1980
Miss J. Pullin	1960-1963	Miss A. McQueen (Mrs Blenkinson)	1979-1980
Dr and Mrs M.W. Flowers	1960-1970	Miss J. Moseley (Mrs Tarr)	1979-1980
Mr and Mrs A. Brown	1963-1966	Mr and Mrs D. Wheeler	1979- 1985
Miss M. Johnstone	1963-1975	Miss E Staerck (Mrs Nicollin)	1981-1988
Dr and Mrs H. Stockley	1965-1965	Miss A. McDonald	1981-1988
Mr and Mrs D. Stockley	1966-1978	Dr and Mrs R. Henderson Smith	1981-1984
Miss M. Bridgeman	1966-1970	Miss S.J. Clapham	1984-1984
Mr G.D. Sorrill	1966-1974	Dr and Mrs K. Hatano	1985-199-
Mr J.G. Davies	1967-1976	Mr and Mrs D. Kerrigan	1985-1988
Dr and Mrs B. Whitty	1968-1973	Dr H. Salter (Mrs Courtier)	1985 1986
Miss J. Barritt (Mrs Sorrill)	1968-1973	Miss H. Towers (Mrs Minton)	1986-1986
Miss J. Prescott	1968-1970	Miss A. Cottam	1988-1989
Miss J. Westlake (Mrs Samuel)	1968-1986	Miss J. Pullin	1988-1989
Miss V. Taylor	1968-1970	Miss P. Commons	1990- 1994
Dr and Mrs Wickendon	1970-1971	Miss C. Harvey	2002-2004
Miss C.W. Preston	1970-1982	Miss C. Norman	2002-2004
Miss M. Crawford (Mrs Gallagher)	1970-1978	Miss M. Burns	2002-2007
Miss A. Glover	1972-1973	Drs C. and N. Medd	2005-2006
Miss C. Smith	1972-1074	Mr L. and Mrs F Allan	2007-

Miss M. Morgan (Mrs Halestrap)	1972-1973		
Mr and Dr (Mrs) Plant	1973-1974		
Miss Z. Hartley	1973-1974		
Dr D. Evans	1974-1975		
Miss A. Rudland	1974-1976		

## EPILOGUE

### John 1:1, 2, 14 and Revelation 21 and 22

“In the beginning was the Word, and the Word was with God, and the Word was God. He was with God in the beginning. . . . . The Word became flesh and made His dwelling among us. We have seen His glory, the glory of the One and Only, who came from the Father, full of grace and truth.”

At God’s appointed time Jesus came into this world to show us the way to the Father, and to be the means of taking the consequences of the sinful nature away that we inherited from Adam and Eve. After His supreme sacrifice by dying on the cross for all those who would believe in Him, He rose from the dead, returned to the glory from whence He came, where now He reigns our glorified Lord.

Later on in his old age John the disciple of Jesus was exiled on the island of Patmos. There a vision was given revealing certain truths to him. He saw a new heaven and a new earth where there will be no more death or mourning or crying or pain. No longer will there be any curse. No more night and darkness. There will be no need of the sun and moon for the Lord God will give the light.

The midnight blue of the cloudless sky lit by the light of a full moon is an awe inspiring sight. On the 28+ days of the lunar cycle we are aware of the moon’s influence on the earth. It regulates our seasons, our ocean tides and can sometimes have an influence over people’s minds. The new moon is a time for certain festivals. Ancient feast days are ascertained by the full moon, as is our Easter, the day of resurrection, which is celebrated on the first Sunday after the full moon following the Spring equinox in March or the Autumnal equinox, if you are south of the equator.

Moonlight can be bright enough to read by. Sometimes you can see a moonlit rainbow. But the moon has no light of its own. What we see is the reflected light of the sun shining on the moon. Occurring eclipses of the moon are caused by the shadow of the earth getting in the way of the sun’s rays.

For Christian believers this is an example of how we should be. Our lives need to be like the moon, lit up to reflect the glory of the Son of God, showing His love and grace and power. We are often ‘eclipsed’ by the shadows of the earth, beset by earthly values, forgetting that we should set our minds on things above. Do not let the world cloud your vision of God. Follow closely the One who is the Way the Truth and the Life and radiate His reflected light.

Let us pray that the Christian Hospital Chandraghona will continue to live up to its beautiful name as it reflects the love of God bringing light and healing and life to the people in the Valley of the Moon.

Marjorie McVicar

## Sources of reference and acknowledgements.

I am deeply indebted to those who have lent books and articles and other documents and to those who have taken the time to write of their own experiences at Chandraghona. This is by no means a definitive history of the last 100 years of the Christian Hospital Chandraghona but a record of some of the Lord's enabling and providence, protection and care over these years of witness and healing ministry.

It has been an enjoyable task and an inspirational journey following the "Stepping stones of faith through the years."

#### Books.

Heal the Sick. Dr R F Moorshead. Secretary of the Medical Mission Auxiliary. 1901

Early Days in the Chittagong Hill Tracks. Dr G O Teichmann. 1965

"I'd no idea". Dr J W Bottoms. Unpublished manuscript of his experiences.  
Kindly lent by Prof. A E Bottoms

The History of the Baptist Missionary Society 1792 – 1992. Brian Stanley.

The Unfinished Story. Rev. Basil Amey

Christian Hospital Chandraghona Jubilee booklet. 1968

CHC Nursing Training School Jubilee booklet 1991.

Lent by Dr Michael Flowers.

Article by June Flowers for the Missionary Herald 1968.

My thanks to Joyce Sorrill for the loan of pamphlets and insight into the leprosy work.

Also to Joyce Stockley for information received.

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Thanks to you all who, by your presence at CHC, have had all these experiences to share as we celebrate together the CHC Centenary. The story is not finished!

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Marjorie McVicar

5<sup>th</sup> November 2007