

50th

ANNIVERSARY

1922 1972



THE
KHASHI HILLS PRESBYTERIAN HOSPITAL
SHILLONG

(PREVIOUSLY KNOWN AS THE WELSH MISSION HOSPITAL)

50th
ANNIVERSARY

1922—1972

THE KHASI HILLS PRESBYTERIAN HOSPITAL

FORMERLY KNOWN AS

THE KHASI HILLS WELSH MISSION HOSPITAL

SHILLONG.



Opening ceremony of the hospital—fifty years ago



Dr. H. G. Roberts, C.I.E., LLD., M.D.—Founder of the Hospital with Miss Buckley—the then Matron of the Khasi Hills Presbyterian Hospital, Shillong

Photographed by (Late) Delonelson Laitflang

By courtesy of Mr. W. R. Laitflang



Dr. R. A. Hughes, O.B.E., F.R.C.S.
Senior Medical Officer 1939-1969



Miss Margaret Owen, S.R.N., S.C.M. Missionary of the Presbyterian Church of Wales Arrived Shillong in September 1946 and joined The Khasi Hills Presbyterian Hospital.

Became Matron in 1948 and continued in that capacity up to 1968.

In September 1971 died in Colwyn Bay, North Wales.

We are imposters who speak the truth, the unknown men whom all men know ; dying we still live on ; disciplined by suffering, we are not done to death ; in our sorrows we have always cause for joy ; poor ourselves, we bring wealth to many ; penniless, we own the world.

2 Corinthians 6 (9-10)

(Editor)



Shri B. K. Nehru, Governor of Meghalaya,
Chief Patron of Hospital
Golden Jubilee Celebration

RAJ BHAVAN
SHILLONG
ASSAM

MESSAGE

The Khasi Hills Presbyterian Hospital is one of the institutions of Shillong which has a reputation for service and excellence which has spread throughout, and well beyond North Eastern India.

Founded by that great servant of humanity Dr. Roberts, guided and developed after him by Dr. Hughes and now headed by our own Drs. Sen Gupta and Syngkon, this hospital has, in the course of the last half century, brought aid and succour to hundreds of thousands of people.

On the occasion of its golden jubilee I wish it another half century of ever increasing service to the cause of suffering humanity.

B. K. NEHRU,
Governor of Meghalaya



PRESS SECRETARY TO THE PRESIDENT OF INDIA,
Rashtrapati Bhavan,
New Delhi-4.

December 1, 1971.

The President is glad to know that the Fhasi Hills Presbyterian Hospital, Shillong, has completed 50 years of its mission of mercy. On the occasion of the Golden Jubilee of the Hospital he sends his congratulations to the management and the staff and best wishes for the continued success of their humanitarian endeavours.



Director (Information)

PRIME MINISTER'S SECRETARIAT
New Delhi-11

December 7, 1971.

The Prime Minister thanks you for your letter. She sends her good wishes for the success of the Golden Jubilee Celebrations of the Khasi Hills Presbyterian Hospital, Shillong, which are being held in March, 1972.



SECRETARY
TO THE VICE-PRESIDENT OF INDIA
New Delhi

December 2, 1971

The Vice-President is glad to know that you are celebrating the Golden Jubilee of the Khasi Hills Presbyterian Hospital during the month of March 1972. He sends his best wishes for the success of the celebrations.

DEPUTY SPEAKER, LOK SABHA

32, AURANGZEB ROAD,
New Delhi-11

9th December, 1971.

The Khasi Hills Presbyterian Hospital, previously known as the Khasi Hills Welsh Mission Hospital, had been so much a part of the Khasi-Jaintia Hills that one requires some mental adjustment to take note of the fact that it has only completed 50 years of its existence and is now celebrating its Golden Jubilee. More than two generations of people had grown along with it. They, and their parents before them, had turned to it in their pains and distress and it had always been to them a beacon of hope and faith. But more than that, along with the Christian faith on which it was built it had moulded their lives and fashioned their outlook. Dedication, discipline, quiet efficiency, clean living and humility, qualities which permeate its functioning, have also been qualities to which we owe whatever achievements we have had and what is good and noble in our generation. Like other human beings I also have had my share of physical afflictions. More than once I have been an inmate of this Hospital and I have also seen some of the best hospitals at home and abroad but nowhere else can I say that I have received so much of the friendly concern that lifted up the spirit and strengthened the will to overcome one's ills. This hospital gives more than just medical care. The infant state of Meghalaya is singularly lucky to inherit such a noble institution as one of its instruments through which it can discharge its duties and obligations to the people. No opportunity should be lost to provide it with all the means it may require for equipment and for increasing its scope so as to meet the vastly increased demands of to-day.

G. G. SWELL.

CHIEF MINISTER
Government of Meghalaya
February 2, 1972

MESSAGE

The Khasi Hill Presbyterian Hospital is completing fifty years of commendable service to the community. Originally established as a small hospital, this institution has grown in size and resources over the decades. To-day, it is one of the largest medical institutions in Eastern India. This hospital had a pioneering role in the field of medicine and its achievements are many. I am sure the Hospital will continue to keep pace with the rapidly improving techniques and skills of medical profession and offer relief to the suffering. I wish the Hospital and its staff every success.

W. A. SANGMA

CHIEF SECRETARY
TO THE GOVERNMENT OF MEGHALAYA
SHILLONG

November 24, 1971

It gives me great pleasure to add my good wishes on this happy occasion. There are few institutions that have made so valuable a contributions to the Khasi and Jaintia Hills and, indeed, to the whole of Assam as the Welsh Mission Hospital. The highest compliment that can be paid to this institution is that patients find here a second home, and, in their suffering are treated in an environment of love, gentleness, peace and selfless devotion. The Welsh Mission Hospital has stood out these fifty years as a symbol of dedicated service, and it is the hope and faith of us all that it will spread forth in perpetuity its light of compassion over our lovely hills.

N. K. RUSTOMJI

PRESBYTERIAN CHURCH OF WALES

THE MISSION BOARD

82, Richmond Road,
CARDIFF, CF2 3BU.
November, 1971

Our dear Brothers and Sisters,

The Jubilee Celebrations of the Khasi Hills
Presbyterian Hospital Shillong. March 25,
1972.

Fraternal greetings from the Mission Board of the Presbyterian Church of Wales (incorporating Home and Overseas Mission). It gives us very great pleasure to extend to you our warmest congratulations and best wishes on the occasion of the Golden Jubilee of the Khasi Hills Presbyterian Hospital Shillong. It is a matter of deep regret to all of us, including a number of former missionaries, that circumstances prevent us from implementing our intention to join with you in the celebrations. We will however be with you in our thoughts and prayers, sharing with you in thanksgiving to almighty God for His miracle of grace which brought into being and has sustained for 50 years this great centre of healing and mission to your people. We sincerely hope that our esteemed brothers the Rev. T. B. Phillips, Moderator of our General Assembly, and Dr. Arthur Hughes, former Superintendent of your hospital, will be present at the Jubilee to represent us as a church.

You have often expressed your gratitude to the mother Church in Wales for the part she played in founding and supporting the hospital. With you and all who have received healing in body, mind and spirit, we thank God for our brothers and sisters who have served you with such diligence and devotion. Many have been called to their reward but their labour was not in vain in the Lord. In your celebrations you will be encompassed by a great cloud of witnesses. We are equally conscious of the great privilege that has been ours as a Church in Wales to share with you in furthering the kingdom of God and of His Son Jesus Christ in healing and witness. The blessings we have enjoyed through this fellowship are immeasurable and we pledge ourselves under God to continue this co-operation to the glory of His name.

You will permit a personal note. Dr. Gordon Roberts, travelling the hills and vales of Wales seeking financial support for the building of the hospital in Shillong, addressed a meeting in my home town in Port Talbot. In the congregation there was a young boy. A working man, deeply moved by the appeal gave Dr. Roberts a canvass bag which contained 200 Gold Sovereigns—his life

savings. As Dr. Roberts continued his journey proclaiming his vision and displaying the Golden Sovereigns bag, many hearts were touched to respond generously to the appeal and large sums of money were contributed. That man was William Mainwaring who lived in Donen, a thatched cottage on the mountain-side in Margam. How wonderful are the ways of providence!! That young boy at the meeting was his nephew to whom is now given the privilege of sending these greetings. We honour the memory of all those faithful souls who with him in Wales and India, made possible the miracle that is Shillong Hospital.

We send our warmest greetings to the staff, officers and patients at the hospital. May your Jubilee be richly blessed and your service abound to God's glory.

*On behalf of the Mission Board of
Presbyterian Church of Wales,*

TREBOR MAI THOMAS
Chairman.

ANDREW R. JONES,
Treasurer.

MORGAN R. MAINWARING,
General Secretary.

EGLWYS BRESBYTERAIDD CYMRU
(THE PRESBYTERIAN CHURCH OF WALES)

32, Carstairs Road,
Liverpool, 6.

The General Assembly of the Presbyterian Church of Wales sends its greetings to the K. and J. Hills Presbyterian Hospital Shillong and congratulates the Managing Committee and staff of the hospital, the K. and J. Presbyterian Synod and all who have worked together for the past fifty years to establish the hospital, making it an effective instrument of the Saving Grace and Everlasting Mercy of Almighty God, giving timely succour to the sick and the afflicted, and restoring many thousands of suffering men, women, and children to health and vigour. We thank God and magnify His Name together with you, and shall continue to pray that you will be privileged and enabled to continue your ministry of Love and Mercy to suffering humanity for many years to come.

T. B. PHILLIPS. (Moderator).
W. D. JONES. (Clerk).

ARCHBISHOP'S HOUSE
Shillong-3 (Meghalaya)
India.
27th December 1971

It is with great pleasure that I offer my warmest felicitations to the Khasi Hills Presbyterian Hospital of Shillong, formerly known as the Welsh Mission Hospital, on the occasion of its celebrations in connection with the Golden Jubilee of its foundation. I wish the celebrations all success.

It is our duty to thank God for His blessings on the institution during the past fifty years and to be grateful to the glorious groups of dedicated members of the staff who have selflessly given of their best for the advancement of this Hospital.

This Hospital was founded by Dr. Gordon Roberts. From a humble beginning and with the difficulties that faces pioneers the institution braved the storms, served humanity and has grown to its present position of prestige. Through a long line of highly-qualified and dedicated Surgeons and Physicians, the Hospital has been intimately connected with the physical well-being of the people of North-East India. Equally commendable in their own sphere of action are the Sisters and Nurses who by devotion to duty and care of the sick contributed in so small degree to the success of the Medical Faculty over the years.

On a plaque in the hospital waiting room it is recorded that Dr. G. Roberts founded the hospital so that the sick might come to be healed at the hands of the Great Physician. How faithfully and truly has the hospital fulfilled its great mission! The hospital has cared for all people and in particular for the poor. There are wards reserved for patients who are unable to contribute to their support and care in the hospital.

I wish the hospital, God's blessings on its work among the people of North-East India, for many years to come.

The Most Rev.
HUBERT D'ROSARIO, S.D.B., D.D.,
Archbishop of Shillong-Gauhati.

MANROI, LAITUMKHIRAH,
Shillong-3.

MESSAGE

The Welsh Mission Hospital (now Khasi Hills Presbyterian Hospital) is now fifty years old. From a relatively small beginning, it has progressed from strength to strength. What has sustained it is the prayer and support of the Presbyterian Church of Wales and the unstinted service self-sacrifice, sincerity and dedication of the doctors, nurses and other staff who have manned it all these years. In short it is the character of the supporters and the workers which has made and sustained it. May that character and spirit of dedication still sustain it in the years to come.

I wish the sponsors of the Hospital Jubilee all success.

E. H. PAKYNTAIN

GREETINGS

from the women of the
PRESBYTERIAN CHURCH IN WALES
to the
KHASI HILLS PRESBYTERIAN HOSPITAL
SHILLONG,
on the occasion of its Jubilee.

From the early days when Dr. Gordon Roberts appealed to the churches in Wales for funds for the then new hospital in Shillong up to the present time the women of the churches in Wales have taken a very real interest in the work there. They followed the careers of missionary doctors and nurses with deep interest and always looked forward eagerly for news of the work when they returned home for furlough. "Shillong" has been a household word in Wales for many long years.

They rejoice that the work in the hospital and rural Health Centres continues so successfully to day and on the occasion of the Jubilee of the hospital they wish all who serve in hospital or village work God's richest blessing. Long may the church on the Khasi Hills continue to obey her Lord's command to serve her fellow men through the ministry of healing.

28 Curtis Rd.,
NEWCASTLE UPON TYNE
NE4 9BH
27/11/71

My wife and I are very pleased to have this opportunity of sending a message of greeting and congratulation on the 50th anniversary of the opening of the Khasi Hills Presbyterian hospital as it is now known.

We have both worked in it, and have happy memories of those days. Many of those with whom we worked will still be there serving the hospital, and to them we send a special word of greeting and thanks.

When we went to the Presbyterian Hospital in Jowai we received much help and inspiration from the Shillong hospital. Perhaps it may be said that we played our own variations on their theme, and we think we added some original touches also, but that is not to belittle the help that it was to us. This help was given to us through many individual members of the staff—Dr. Hughes and many others.

We are delighted with the news that we hear of the hospital in these days too, that it has maintained its high reputation and is extending its work particularly in the field of community medicine in the villages. It was in this field, and in the training of nurses so that their vision of their job included this field too, that I have felt our two hospitals, Shillong and Jowai made a special contribution. Long may they offer an opportunity and a calling for the Church in the Khasi and Jaintia Hills to serve the country and witness to the Gospel.

May the next half century of your history be greatly blessed and even more successful than the first

DR. N. TUNNELL

"JOWAI"
Old Colwyn
North Wales

We are sad on this occasion that Margaret Owen, the last of the nurses from Wales to serve the hospital, cannot send her own greetings. At her death in September 1971, her family expressed a wish that donations in her memory be given for the Hospital at Shillong, instead of flowers left to wither on her grave.

The fund has realised £810 and this symbolizes the love and concern that has existed between the people of Wales and Welsh Mission Hospital at Shillong.

Although the Hospital came into being mainly through the work of great pioneer missionaries, notably the Rev. Dr. H. Gordon Roberts and Matron Margaret Buckley, it would not have achieved its present reputation without others following on and responding to the same call.

Along the years there have been faithful Christians both in Wales and in Assam whose love and concern has shown in gifts and prayers towards the ever increasing need, but the greatest gift of all, is the gift of oneself and many workers, foreigners from across the seas, and nationals from India have responded to the call and have given themselves to the service of the hospital.

The hospital has pioneered in many fields of service in medicine and surgery, nursing education and rural uplift work. It has developed, upholding the Christian faith of the pioneers and it has become known and respected in different parts of India.

The future lies before the Khasi Hills Presbyterian Hospital and this will be even more fruitful than in the past, and its progress will be even greater if the Christian principles of love and service are kept as guiding lights. If God be for us who can be against us.

Good wishes on this 50th anniversary for God's richest blessings on all the work of the hospital.

Greetings and good wishes to all the patients, "Praise the Lord, let the earth hear His voice."

Greetings and good wishes to the Staff, "Great things He hath done".

Greetings and good wishes to the Synod of the Presbyterian Church of Assam, "To God be the Glory".

MARIAN PRITCHARD
and
ENID WYNNE EDWARDS

A MESSAGE

The Khasi Hills Presbyterian Hospital (formerly most appropriately known as the Welsh Mission Hospital) is a monument which speaks of the ardent love and compassion of the people of Wales for the sick and suffering humanity inhabiting this North Eastern region of India. To this end Wales had given to us its noblest sons and daughters who had unsparingly spent themselves for the noble cause. The hospital is carrying on the ministry of healing entrusted by Jesus Christ to His Church, and may it receive all the blessing from Him and the co-operation of all in fulfilling the unfinished task. The Golden Jubilee reminds us of what was achieved and of the blessings received, in the past, but it also points out to what we can do in future. The house once occupied by Abraham Lincoln had become a national shrine always brilliantly lit. A little girl and her mother were walking by the house. "Mommy," the child exclaimed, "Mr. Lincoln left the lights on!" "Yes, Mr. Lincoln did leave his lights on," her mother replied. "He left them on for all the world to see." Well did Isaiah say; "Arise, shine; for your light has come."

REV. W. MANNERS

MESSAGE

Variously known as Dr. Roberts' Hospital, Welsh Mission Hospital and now Khasi Hills Presbyterian Hospital was opened in 1922 by Dr. Roberts in the teeth of much opposition. He replied, "I will staff it with the best doctors and nurses and I don't care if I never get a patient." I have known Dr. Roberts since 1924 and St. Edmund's College Brothers, Staff and boys have always received great kindness and consideration from Doctors and nurses Welsh, Australian and Indian which we much appreciate and congratulate all in the hospital for the fifty years wonderful work and wish it every success in the future.

When Dr. Roberts went on leave he was replaced by Dr. Barlow (Naval Surgeon) and Col. Graham I.M.S Civil Surgeon. Other famous doctors were Hughes, Tunnell, Shave and now Sen Gupta.

Dr. Roberts went home to collect for a hospital in Jowai and came out and built it. Dr. Tunnel was its first doctor.

In the early 1930 a Fete was held in the hospital ground and Lady Hammond wife of the Governor of Assam asked St. Edmund's to put on a drill and dance which they did with great pleasure.

Nurse Bullock served the Assam Government for many years in-charge of all the nurses of Assam.

A few of the Brothers who had operations and treatment in the hospital were O'Neill, Hart, Mc Camn, Tuchey and Roe and boys and host of others for which St. Edmund's is most thankful.

I heartily convey my personal thanks and congratulations to Dr. Sen Gupta, F.R.C.S., and his staff of doctors on the Great occasion of the Golden Jubilee.

J. C. ROE

KNIGHTS OTTAGE
PLYMTREE
CULLOMPTON
DEVON
24th November. 1971

It is with great warmth that I write to you as the day approaches when you hope to celebrate the Jubilee of the Shillong Hospital.

My nephew Christopher Roberts, grandson of my father Dr. Gordon Roberts gave us great delight and happiness when he showed us the films he had taken of his visit to you last year in Shillong and so having seen you writing this letter is so much more personal.

I would like to add my warm thanks for your kindness to him while he was with you and to you all for making his visit to Shillong such a happy one and an experience he will always remember.

Seeing the films and looking through my father's papers and photographs, which I have been doing these last few weeks to try to give Dr. Hughes a little light on the early days, I have brought back memories which are still very vivid and the very happy time I spent in Shillong. I can remember the great activity in the weeks before the Hospital was opened. I know I was to have taken part in the celebration on the Great Day by joining with Rai Sahib Dohory Ropmay's little daughter in handing the ornamental key of the hospital to the Governor, but instead I went to bed with a bad cold!

It is wonderful to think of how the work began in a little two roomed house, later the Hospital was born and it grew and more and more was added as the work developed. It is also wonderful to think of all the gifted and devoted people, who throughout half a century have served the Hospital in their different ways and have had a share in the shaping of it and have made it what it is to-day. I am sad that I cannot be with you in person when you celebrate the Jubilee in March 1972, but I shall be with you in spirit, as many, many others will be too. My father would have been so proud to have seen the wonderful fulfillment of the work which, through God's grace, he started, and which Dr. Hughes carried forward so ably and devotedly for so many years passed the torch to you and those who work so closely with you.

It is a triumphant story set against a background of many difficulties and problem. I send you all my very best wishes for the next fifty years and pray they will be even more fruitful. "God be with you to the next milestone and beyond."

Yours very sincerely,

ELIZABETH ROBERTS
(Betty)

ST. EDMUND'S COLLEGE
(School Dept.)
Shillong-3 Assam.

I arrived in Shillong in 1923 and soon became acquainted with Dr. Gordon Roberts founder of the Welsh Mission Hospital. The hospital had just been built and was known locally, and even to the present day as Roberts' Hospital. Dr. Roberts had a large practice in Shillong; and among the institutions assigned to his care was St. Edmund's College. Though the Welsh Mission Hospital was unfinished in detail it was functioning satisfactorily, and consisted of two large wards for patients who were unable to contribute to their support and care in the hospital. There was also a large section of dozen rooms or so for patients who could afford to meet expenses. It is a well known fact that everybody who has been through the hospital for treatment cannot speak in terms high enough of the care and attention provided. Operation cases are a speciality. A special feature of the hospital was an X-ray apparatus, the only one of its kind in Assam in the early thirties.

On a plaque in the hospital waiting-room it is recorded that Dr. Roberts founded the hospital so that the sick might come to be healed at the hands of the Great Physician. How faithfully and truly has the hospital fulfilled its great mission! Through a long line of highly qualified and dedicated surgeons and physicians the hospital has been intimately connected with the physical well-being of the people of North East India. Equally commendable in their own sphere of action are the Sisters and Nurses who by their devotion to duty and care of the sick contributed in no small degree to the success of the Medical Faculty over the years.

I wish the Hospital God's blessing on its work among the people of the Khasi and Jaintia Hills for many years to come.

J. E. McCANN

5 HLANDNDOW RD.,
Rhos-on-Sea
Colwyn Bay
Nov. 6th. 1971

Soon you will be celebrating the Golden Jubilee of the Hospital and my sister and I, are grateful for the privilege of sending our warmest greetings to mark this most memorable event.

Our late sister Margaret had the privilege of serving for many years in the Hospital in Shillong and we would like to mention that her last thoughts (she passed away in 1941) were concerned with the welfare of the Church in Assam and of the people whom she so deeply loved. It is a source of joy to read of the good work that is still being done and of the enthusiasm which still exists notwithstanding the departure of our missionaries.

We pray that God will prosper your efforts on the Mission field in Assam.

On behalf of the Buckley family,

Yours sincerely,

T & M. BUCKLEY

Note: Matron Margaret Buckley served the hospital from 1919-1930 and then was in Jowai from 1930-1939.

She was the founder of the Nursing School at Shillong and of the Midwifery School at Jowai.

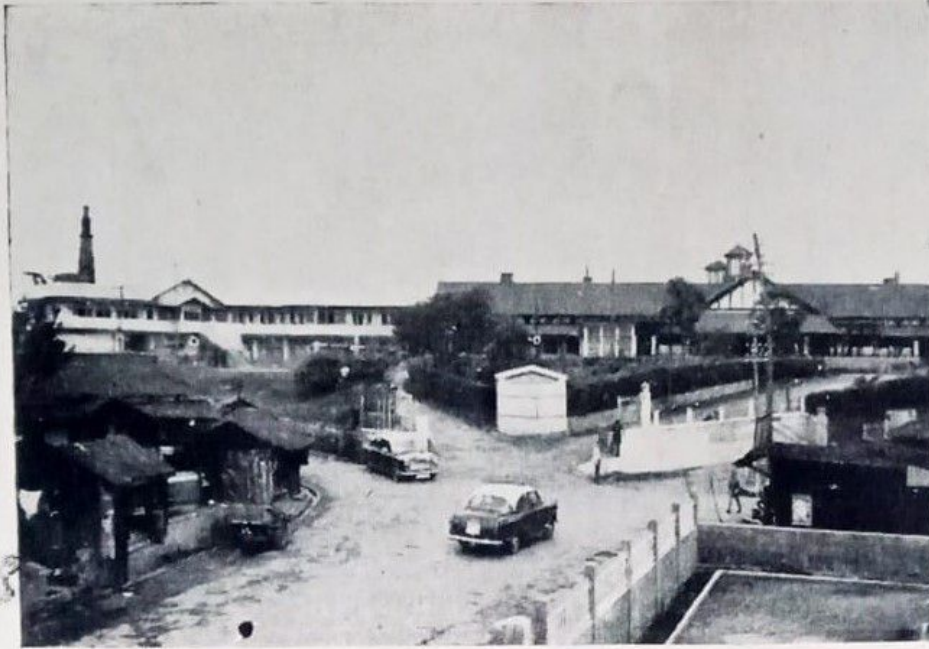
LORETO CONVENT,
SHILLONG.

It is with much pleasure that we offer our heartiest congratulations to the Doctors, Staff and Personnel, of the Khasi Hills Presbyterian Mission Hospital, on the occasion of its Golden Jubilee. Renowned for its inestimable services to the poor, this hospital has, during these fifty years, been a beacon light, proclaiming the love and mercy of Christ. The spirit of dedication, and selflessness that characterised its inspiring founder Dr. Roberts, is to be found among its generous workers today all of whom are imbued with his ideals.

The aim of this 'Foundation' was, for Dr. Roberts, to banish, by its spirit of kindness and by its efficiency the prevalent fear of hospitals. How much this aim has been fulfilled, can be seen by the overflowing numbers in wards and waiting-rooms, and in cheerfulness that abounds coupled with expressions of gratitude for the graciousness with which benefits are bestowed.

The Loreto Sisters, who feel that their debt of gratitude is no less than that of the poor, have a warm tribute of praise for care, courtesy and kindness accorded them during these fifty years. While congratulating the Hospital Staff once more on their achievement, triumph over pain and despair, we express the hope that Christ's award, promised to those who aid the least of His brethren, will be theirs in the kingdom of His Father, where their names are written in "the Book of Life."

MOTHER MONICA



GENERAL FRONT VIEW OF THE HOSPITAL



PRIVATE WARDS



THE HALL-CUM-NURSES QUARTERS



THE HOSPITAL CHIMNEY,
A LAND MARK OF SHILLONG



THE PRESENT OPERATION THEATRE



Editor—DR. S. P. SEN GUPTA, F.R.C.S. (Eng).

Members of Golden Jubilee Souvenir Committee:—

Br. D. E. Hayes
Mr. R. S. Agarwala
Rev. Robert Cunville
Mr. H. D. Ropmay
Mr. M. G. Lyngdoh
Mrs. B. Laloo
Rev. L. N. Ralte
Mr. L. Soanes
Mr. N. S. Syiem
Mr. O. Gilbert
Br. J. E. McCann

Our sincere thanks to Mrs. Kamalini Kale for her artistic donations of the front cover and the hospital statistics in sketch. Grateful thanks also to Mr. Arthur Warren and Mr. Salil Gupta for the photographs.

GOLDEN JUBILEE CELEBRATION

Chief Patrons;— SHRI B. K. NEHRU,
Governor of Meghalaya

Patron;— CHIEF MINISTER OF MEGHALAYA,
DR. DRINSINGH HYNNIEWTA.

Inauguration ceremony;— 25TH MARCH 1972

Chief Guest;— SHRI B. K. NEHRU,
Governor of Meghalaya

Chairman — REV. W. MANNERS

PROGRAMME

1. *Opening Hymn* ... To be sung by the Congregation.
2. *Bible Reading and Prayer* ... REV. E. M. CHULLAI.
3. *Welcome address* ... DR. E. C. SYNGKON,
Senior Medical Officer.
4. *Speech* ... DR. S. P. SEN GUPTA,
Surgeon Superintendent.
5. *Speeches by* ... REV. T. B. PHILLIPS and
DR. R. A. HUGHES,
Official delegates of the Pres-
byterian Church of Wales.
6. *Speech by* ... CHIEF MINISTER, MEGHALAYA.
7. *Choir—Hallelujah Chorus* ... BY MEMBERS OF THE CHURCHES.
8. *Speech* ... SHRI B. K. NEHRU.
9. *Unveiling the Plaque of the
Miss Margaret Owen Me-
morial Block (Out-Patient
Department and Children's
Ward) by* ... SHRIMATI S. NEHRU.
10. *Speech by Chairman* ...
11. *Vote of Thanks* ... MR. ORENTIS GILBERT
Secretary, Khasi Hills Presbyte-
rian Hospital, Shillong.
12. *Closing Hymns* ... BY CONGREGATION.
13. *Benediction*
14. *National Anthem.*

Editorial

"The Hospital" of Dr. Gordon Roberts has completed its fifty years of service. We thank God for its progress which has brought happiness to millions of people during that period. Born out of compassion and nurtured by the Christian love of the missionaries and fellow workers it has developed into the well known institution that it is to-day. Some friends sometimes fail to realise the noble role played by the hospital when they try to think of the present day situation of vastly improved communication with the remote part of the country and development of modern hospitals nearby. One can but only give it the proper credit if one goes back fifty years when railways were a luxury, air-travel a dream and medical care non-existent. Kala-Azar and malaria infested hills of North East India were just romantic out-posts of an expanding empire. Dr. Roberts established the hospital with a great heart and imagination. Within a few years it became the leading hospital of North East India. Patients started to pour in not only from different parts of Assam but also from beyond the province. Post war period saw the consolidation of the Hospital work and its expansion in the able hand of Dr. Arthur Hughes. To date the hospital has remained a leading institution of the North East India.

The progress of medicine in all its branches has been vast in the last decade. Post-war researches have started to bear fruit. Modern Hospitals of the development countries are very ably supported by computers and other technological advancements. Hospitals in these affluent countries cost them a great deal of money which we obviously cannot afford. However these are some services whose needs are so great that something just has to be done.

Every day we come across all these sad faces of cancer patients who have very little hope of getting some relief as there is no hospital in this state of Meghalaya where they can have Radio-therapy. Radium needles of our Hospital have only a limited application.

At least 50,000 people die of kidney failure in India every year. Many of these patients are young and can be saved by artificial kidney and kidney transplant operations. Kidney transplant will remain an operation to be done in only a few centres in India for some time to come. But all these patients suffering from kidney ailments can be

helped to tide over the crisis and prolong their life so that they may be referred to one of the centres for transplant operation. Considering the fact that there is no such unit in the entire North East region an artificial kidney unit becomes a bare necessity and not a luxury.

We must also never forget the large number of children and babies suffering from malnutrition which if not prevented to-day will keep our nation hostage for years to come. One person in every hundred suffers from active tuberculosis in this country and 80% of the expectant mothers suffer from moderate to severe anaemia. These are only a few examples of the formidable challenge that confronts us to-day.

The original hospital building that has served us so well has practically outlined its normal life and requires replacement. As they are out-dated, patch repairs will not be of much help.

All these facts make this 50th anniversary celebration a time for resolutions.

With a grateful heart we remember the role of the Presbyterian Church of Wales in being instrumental in demonstrating the love of God by establishing this hospital. Even to-day they are helping us materially as well as spiritually.

The Khasi Jaintia Synod has now assumed the responsibility to run the hospital. In our deliberation we have noticed that we are not alone. Very encouraging support has been coming recently from the Government, charitable organisations and individual friends. We greatly appreciate their gesture and sincerely hope that this partnership in the service of our fellowmen will ever increase.

The missionaries who were instrumental in building this hospital have departed from the scene. Now under the new leadership this organisation is seeking a new direction. This however does not make us forget a nostalgic past. We believe that this hospital will continue to be a Golden Bridge between the people of this country and Wales.

We warmly congratulate the hospital staff on its 50th Anniversary and remind them the famous words of the (Late) Pandit Jawaharlal Nehru "The past is over, the future beckons us now."

DR. S. P. SEN GUPTA, F.R.C.S. (Eng.)



Prof. G. G. Swell, Deputy
Speaker of Lok Sabha
visited the Hospital on
10.11.71



Dr. R. M. Ropmay, M.B.B.S.
Doctor in charge of the Rural
Health Centres—Mawphlang
and Laitmawsiang



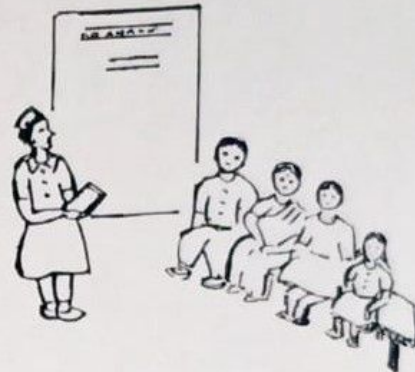
Dr. S. P. Sen Gupta, F.R.C.S. (Eng.),
Surgeon Superintendent

Average daily activities of Shillong Hospital

ADMISSIONS — 14

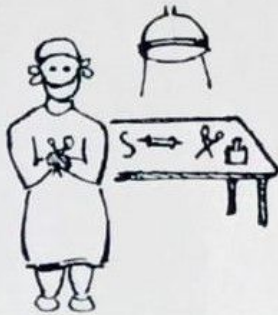


OUTPATIENTS — 55



OPERATIONS — 5

PERSONNEL — 206



X-RAYS — 12



LABORATORY TESTS — 65



INPATIENTS — 200



DAILY EXPENDITURE
Rs 2417.00

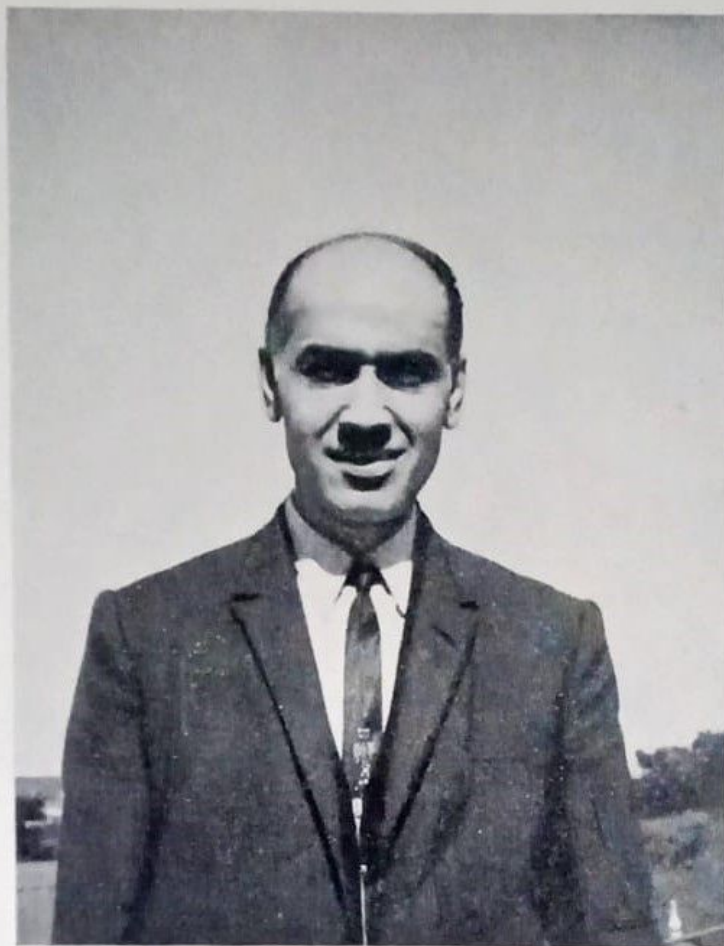


BIRTHS — 3



LAUNDRY
PIECES — 850





Dr. E. C. Syngkon, M.B.B.S., Senior Medical Officer, Incharge of Medical and Obstetric side



A group of Doctors



Nursing Superintendents with Sisters and Staff Nurses of the Khasi Hills Presbyterian Hospital, Shillong



Student nurses of the Khasi Hills Presbyterian Hospital Nursing School



Farewell dinner party given by Khasi Hills Presbyterian Hospital in honour of Rev. T.B. Phillips



Workers of general office with hospital Secretary



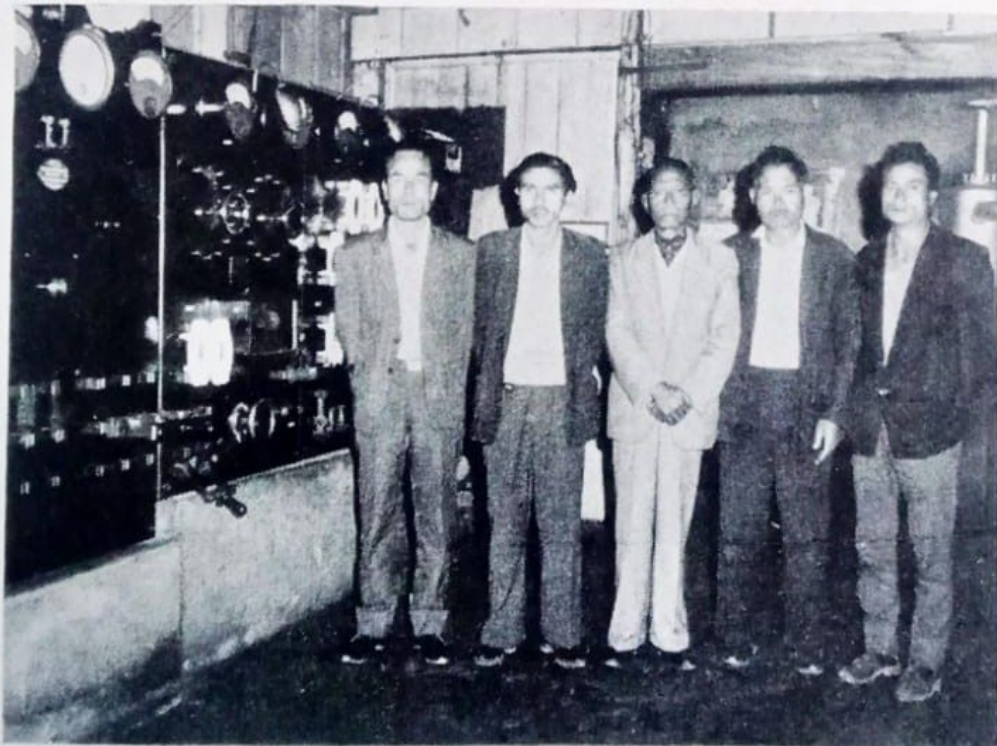
Dispensary with Staff



Workers of the Khasi Hills Presbyterian Hospital with Mr. O. Gilbert, General Secretary



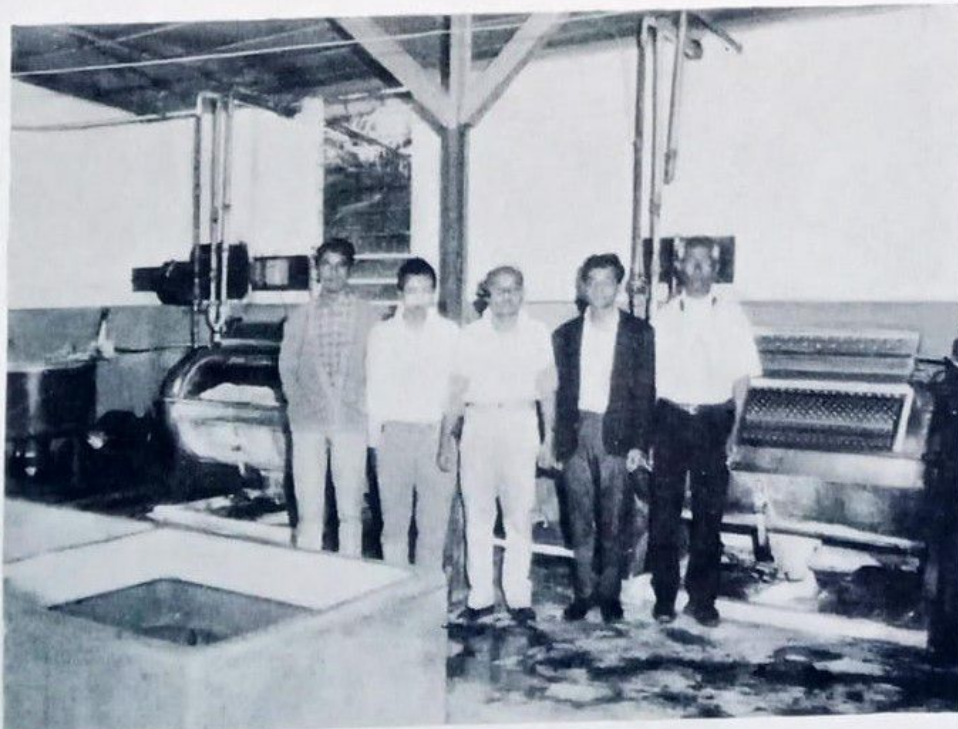
X-Ray technicians working with the machine
which is a gift from Oxfam



Engine room workers in front of the giant Switch board



Medical Store room



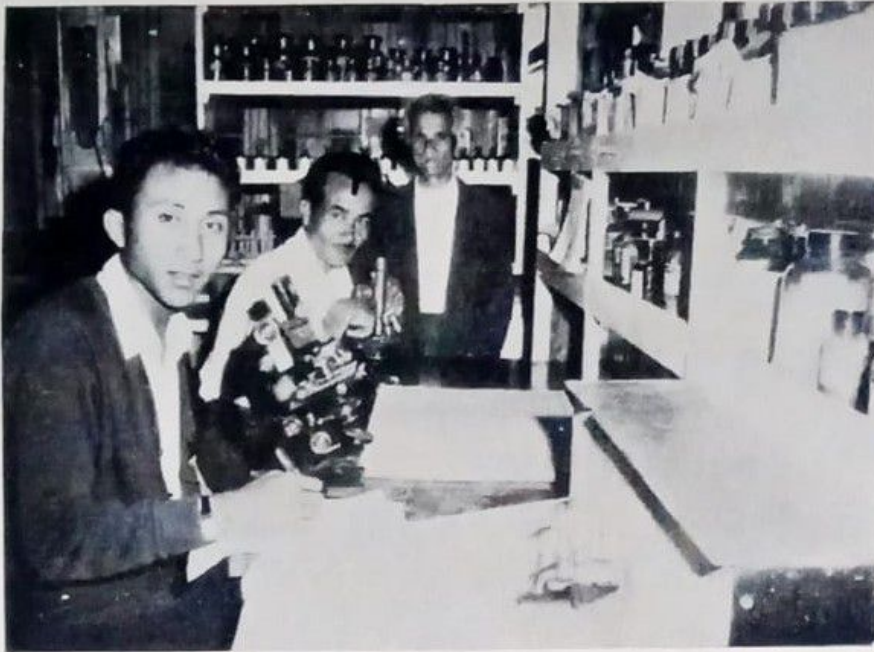
Steam Laundry with the workers



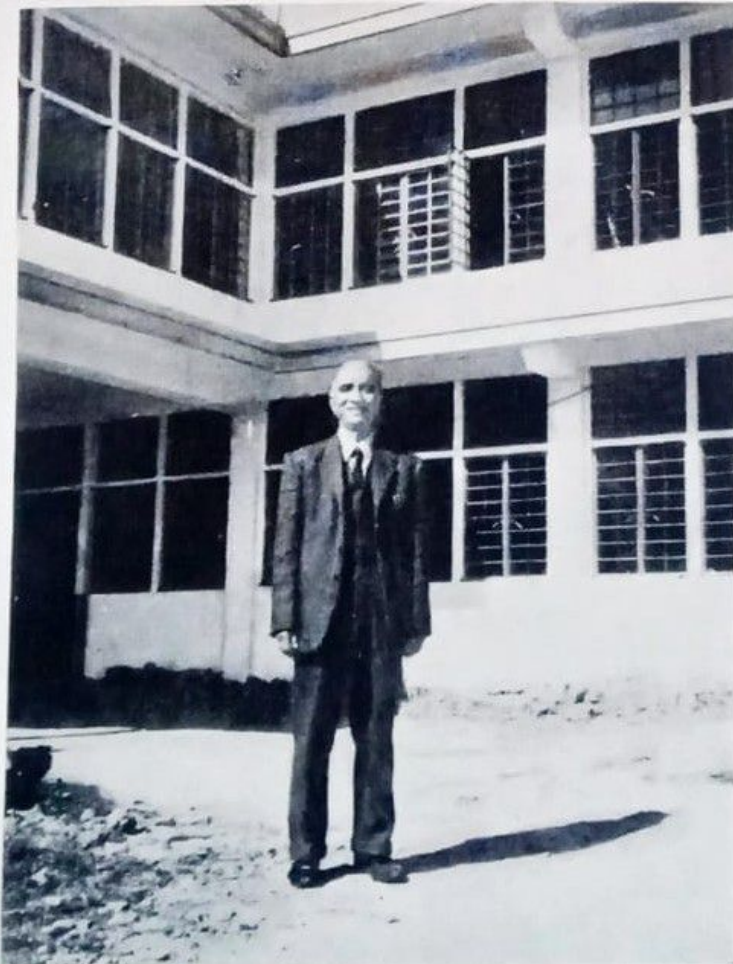
Boiler room with the workers (K.H.P. Hospital, Shillong)



Domestic helpers of Khasi Hills Presbyterian Hospital, Shillong



Technicians in the pathology laboratory
(K.H.P. Hospital, Shillong)



Mr. O. Gilbert, Hospital Secretary, in front of the newly
built out-patients department and Children's Ward—
a gift from the Presbyterian Church of Wales

How it all started

Dr. S. P. Sen Gupta, F R.C.S.

This year the Khasi Hills Presbyterian Hospital formerly known as the Khasi Hills Welsh Mission Hospital is celebrating the completion of fifty years of medical service to the people of Eastern India.

Dr. H.G. Roberts, C.I.E., LL.D., M.D., the founder of the hospital arrived in Shillong in 1913 and started work with a small dispensary. In 1914 when World War I broke out Government asked him to act as Civil Surgeon in the Shillong Civil Hospital in addition to his own duties. While presenting a paper on the hospital at the annual 1926 meeting of the Assam Branch of the British Medical Association, Dr. Roberts first described the cause which gave him impetus to found this hospital. He said:—"The history of the Mission Hospital in Shillong differs, I suppose, but little from that of many similar institutions. What impressed one most when first coming out to India was the extreme unwillingness of the sick to become hospital in-patients. We were given to understand by those who spoke from experience that the sick in India, as a rule, much preferred to attend an out-patient dispensary than to become in-patients of a hospital ward. While enthusiastically supporting the case for the fullest development of out-patient work, we were deeply impressed by the necessity for making adequate in-patient provision in order to secure the best results in many cases"

The hospital began with a two-roomed cottage and the beginning was a very small one. Dr. Roberts received considerable encouragement and help in planning the

new hospital from Lieutenant-Colonel Innes I.M.S., the then Civil Surgeon of Shillong who later on became Inspector-General of Civil Hospitals, Assam. During the war the building operations were slowly carried on. Only after building a part of the hospital Dr. Roberts said he realised how much money would be required if the work was to be completed satisfactorily. Backed by a generous capital grant from the Govt. of Assam, which was given on the strong recommendation of Colonel Sir H.E. Banatvala, I.M.S., who was the Inspector General of Hospitals at that time, an appeal was issued to the friends of the Mission in Wales for the sum of £20,000 with a view to the completion of the scheme and the provision of the nucleus of an Endowment Fund and in response over £30,000 was given. The contributions very largely took the form of endowments of beds and cots. While in Wales on furlough Dr. Roberts received very valuable help from Mr. Arthur Lloyd Thomas of Pontypridd Presbyterian Church the then Commissioner of Housing for Wales who gave freely of his time and expert advice and help to secure electrical and sanitary equipment on the most favourable terms,

In March 1922, the hospital was opened by His Excellency Sir William Marris, Governor of Assam.

Reference—

A short account of the Welsh Mission Hospital, Shillong and a resume of its work. H. Gordon Roberts, M.D.

The Indian Medical Gazette Vol. LXII
(No.2, Feb. 1927)

The Khasi Hills Welsh Mission Hospital Opening Ceremony

H. J. Jones

This is just a slight description of the Opening Ceremony, it would take a more facile pen and a more descriptive mind than mine to do justice to it.

If you can imagine a large hill, from one side of which you can see a range of glorious hills to ascend which you must descend into a stretch of undulating land for at least ten miles, you will have some idea of the beautiful spot on which the Hospital is built.

The Hospital itself had been the scene of strenuous activity for the preceeding weeks, painting, polishing, setting out, etc., and the hundred and one details attended to that are so necessary for an occasion of this kind. The platform or dais had been erected at the side of the Front Porch, because from that vantage spot a larger space of ground was available. Both the dais and the drive leading to the Porch were beautifully decorated with flowers and arches of green. At the entrance to the drive was a beautifully decorated arch with the words 'Khasi Hills Welsh Mission Hospital' on it, entwined with green foliage. It was decided that no distinction of class or rank should be recognised, with the single exception that the seats in the front row should be reserved for the immediate members of the Government. To look at the crowd from the vantage point of the dais was a most interesting scene. Hindus, Mohommedans, Khasis, Europeans and

those who are more European than the Europeans—the Eurasians—were mixed together in a heterogenous mass. The multi-coloured dresses, together with the floral decorations, showed up against the more sombre background of the Hospital itself.

Punctually, at twelve noon, His Excellency arrived, attended by his Staff. The Staff, by the way, being in full dress uniform, and he was met at the entrance to the drive by Gordon and his Staff (myself), not particularly gorgeous, but in our morning coats. At the foot of the dais were standing those who were to be presented to the Governor. *Viz* the Reverend Robert Jones, Doctor Edward Williams. The Reverend Doctor Oswald Williams, The Reverend T. W. Reese and Rai Sahib Dohorry Ropmay.

His Excellency then passed up the steps to the dais itself and as soon as he seated himself, Mr Robert Jones gave out the opening hymn:

*'Oh Thou through suffering perfect made,
On Whom the bitter cross was laid:
In hour of sickness, grief and pain,
No Sufferer turns to Thee in vain.'*

This was sung to the tune of Maryton.

It had been arranged to have a choir composed of Miss A. W. Thomas' girls and the Hostel Boys. It was a truly representative choir composed of the various

Hill Tribes and they sang beautifully. They had been trained by Miss Thomas assisted by The Reverend Sydney Evans.

Hardly had the passage of scripture been finished, when Doctor Edward Williams began his prayer. I cannot pretend to give you a resume of it. I can only tell you that it was referred to by the Governor in his speech, as a most eloquent one.

I should perhaps have mentioned that the passage of scripture read was the Parable of the Good Samaritan. It was read in Khasi by the Reverend Robert Jones.

Then came the great choral event of the ceremony, the singing of

'Now thank we all our God'

by the choir. I do not unfortunately understand much about music, but they seemed to me to take the various parts splendidly and from the dais it sounded most pleasing. That it was so was confirmed by the Governor himself, who made special reference to the singing to Gordon. At the last note Gordon was on his feet, looking probably more firm than he felt and delivering his carefully prepared oration.

I can only give you the *oratio obliqua*; time and space will not permit of the speech *en gros*. Beginning with a tribute to His Excellency, he passed on to an acknowledgement of the splendid work done by his medical missionary colleagues present, including a reference to Doctor Fraser. He referred to the need for a Hospital in the Khasi Hills and the loss that had been felt by the destruction of the Mission Hospital in Cherrapunjee by the great earthquake of 1897. Passing on, he paid his tribute to the Government for having led the way throughout, and the splendid

contribution to medical science by the Indian Medical Service. Finally, he turned his attention to the present building, emphasising the need for it, the great financial outlay and the pressing need for future financial help and the consequent anxiety, winding up with a strong appeal for aid and closing with a statement of the motive that had inspired the undertaking.

He spoke with more than his usual clarity and was easily heard by all and I feel sure that he made a great impression on the audience generally. It was quite the piece de resistance of the whole show. He was, I think, really appreciated by all classes of people.

Following on Gordon's speech, the Ornamental Key was presented by the daughter of the Rai Sahib Ropmay the Rai Sahib is practically the leading Khasi in the Hills. It had been arranged that Betty and the little Khasi girl should present it together, but poor Betty was in bed with a bad cold and had to be kept there and was not able to be present. It was a pity as it would have added greatly to the effect to see both races represented in this little ceremony.

His Excellency then opened the door which had been decorated with lilies etc and passed quickly into the Hospital and as quickly round. He had already paid a preliminary visit of inspection some days before, so that his going in was more for forms sake than an actual visit. Returning to the dais, he delivered his speech.

He paid a great tribute to Gordon, the Hospital and the other medical Missionaries and as a mark of his appreciation of the work that Gordon had undertaken and brought to such a successful completion, he gave a contribution of Rupees 5,000

from a fund of 15,000 at his disposal. He concluded with quoting the words of Doctor Williams' prayer.

Then followed a vote of thanks by The Reverend T. W. Reese, who was in his happiest vein. He thanked His Excellency, referring to him as the hardest working man in the Province. He emphasised the loyalty of the Welsh Nation and added that while the Khasis had no doubt caught many things from the Welsh missionaries, including the uncomfortable Welsh accent, they had also caught the Welsh spirit of loyalty.

He was followed very briefly by the Rai Sahib Ropmay, who seconded and confirmed what Reese had said.

Then came the Doxology, followed by God Save the King and ending with cheers for the Governor, led by Mr. Robert Jones.

His Excellency was escorted by Gordon down to his car and drove off expressing his appreciation of the whole thing and his pleasure at being able to perform the opening ceremony. I should imagine that he really meant what he said. Sometimes even Governors tell the truth.

The Hospital was then thrown open to all and sundry. I should reckon that there were over 2,000 present. The positions on the Dais were:

His Excellency

Maharajah of Manipur
Aide de Camp to the M
Aides de Camp to He

Gordon, Robert Jones, Dr. Williams
Doctor O. Williams, Rai Sahib Reese

It was a great success and great credit it due to the Nurses who worked so hard, and the Hospital contractor, Miss Thomas

Indeed, everyone did their best to make it go well and it did.

"Very much impressed by the good work done by the hospital to alleviate the suffering of the sick people."

LORD MOUNTBATTEN,
Governor General of India, 1948.

The early days

Miss Amy Bullock

In the early days, when the Hospital was built, Doctor Roberts attended cases in the town and had to take the equipment out from the Hospital for minor surgery, etc. It was a great day when the electricity was switched on in the Hospital. Previously there were only hand lanterns. These continued to be used during the night. When the X-Ray was required, one rang down to the engine room to ask them to start the engine, in order to use the X-Ray. (That was the first Khasi sentence that I learnt properly). In order to use the Theatre, the boiler had to be lit and one could see the smoke from the chimney for a long way and know that an operation was imminent.

In those days, communications were very bad and hospitals few, so that any suspicious cases of appendicitis, etc., were sent up to the Hospital in good time, as it might be impossible to use the roads through the gardens, especially during the rains. The Khasi patients from the villages were all carried in by toppahs. Anyone coming from Jowai would take two days and those from Cherrapunjee could not return the same day. The non-Christian Khasis are Animists and believe in Spirits. The old X-Ray used to make a lot of crackling noises and those reluctant to be X-Rayed consented when told that the spirits inside were very good ones which helped people.

Miss Buckley was trying to build up the Nursing Staff and they were usually

very quick to learn. A few of them were especially good in the Theatre and the Labour Room.

Ward Services were held every morning and a longer service on Sunday, the elders of the Church coming very willingly to preach or teach. As no difference in caste or creed was recognised, some non-Christians, Hindus, Moslems, etc., found it strange at first to be mixed with others and to be treated in the same way, but they usually settled down well, became friendly and attended the Ward Services etc.

At first there was only Doctor Roberts and one other Doctor. Then a Khasi Doctor came, Doctor Drinsingh Hynniewta who was like a big brother to the nurses and was affectionately called 'Bah Drin' or 'Big Brother Drin'.

Many cases of cancer of the jaws were treated, but this could not be done effectively until some Radium was obtained. Eagerly looked forward to, it was a great surprise when it arrived just as an ordinary registered parcel, to be signed, for, although of course, very heavy in its lead casing.

Another great event in the early days, was when the Senior Maharani of Gwalior came to Shillong seeking relief from a serious illness. She belonged to a very orthodox Hindu caste and had been to several States and seen various Doctors and Surgeons, but could not make up her mind to be treated by any of them. The fame of the

Welsh Mission Hospital had spread and the fact that there were good Khasi nurses, so she arrived in Shillong, with all her entourage and took a whole boarding house for the summer.

Her Senior Physician came to the Hospital to consult Doctor Roberts and finally, together with other Senior Government Doctors, he was allowed to see the Maharani and to examine her. Only a very small portion of her anatomy being exposed—a very difficult way to make a diagnosis. She consented to have the operation under certain conditions which necessitated a good part of the Private Wards being set apart for her use, together with accommodation for the 'Ajibhai Saheb' (a Grandmother) and the Physician, the Ladies in Waiting and the Minister of State. The latter came during the day and sat in a large room in the lower block. Added to this, the astrologer used the Summer House on the Lawn to predict when things were to take place. Doctor

Roberts informed the Physician that the prediction regarding the time of the operation would have to be at a time convenient to him and it was agreed to do it at 9 a.m. A hen had been killed and hung up in the Maharani's room.

All went well and the Maharani was very pleased with the way the Khasi nurses attended to her.

At this time, it was found that the White Ants had eaten away the wooden beams in the front wards of the Hospital. To replace these would be very costly, but the large fee obtained from the Maharani's treatment sufficed to put this matter right. The Civil Surgeon of the Khasi and Jaintia Hills District was very helpfull and ready to give assistance at any time in various ways and when Doctor Roberts went home on sick leave in 1931, he made himself available for help whenever called upon, especially in dealing with Private Patients.

"Today I cannot refrain from being melancholy when I see such a popular hospital. The popularity of a hospital is the measure of sickness in the country side. If a hospital is filled with beds and patients, it means that there are ever so many more people throughout the country sick and requiring assistance. No words are adequate to express our gratitude for the untiring and unostentatious services of religious bodies who are not satisfied with the singing of hymn.....but get down to work among the people in a manner in which this church has worked in Assam."

SHRI RAJAGOPALACHARI,
Governor General of India, 1949.

An Account of the History of the Khasi Hills Welsh Mission Hospital now known as The Khasi Hills Presbyterian Hospital, Shillong.

Dr. R. A. Hughes, O.BE, F.R.C.S.

In October 1913 Dr. and Mrs. H. Gordon Roberts set sail from Liverpool to work as Medical Missionaries in Shillong. They joined a group of Missionaries, men and women, who knew quite well what they were trying to do. They had travelled some thousands of miles to do it, and they couldn't be wrong! Many of the men who were pastoral missionaries had passed through a brief apprenticeship in the Livingstone College for Missionaries or in similar institutions where people who were proposing to serve overseas were given some elementary medical training so that they might know how to look after themselves better, and possibly extend aid to those amongst whom they would live. On their pastoral tours these men carried medicines and scalpels and dressings and obstetric forceps and they did what they could. When Dr. Roberts came to Shillong they told him what to do and indicated the dispensary in which he was to work. They advised him that liquid medicines did more good than pills and told him that a hospital was neither necessary nor was it ever likely to be successful, and that it would prove to be a white elephant. The Government officials likewise advised him that there was not enough work for a hospital and that there certainly would not be any surgical work to be done.

Within a few months of Dr. Roberts' arrival in Shillong the first World War began and he was asked by Government

to take charge of the Civil Hospital and to act as Civil Surgeon for the Khasi-Jaintia Hills whilst the Civil Surgeon went off to the war. It was not expected to be a long time. Dr. Robert's experience in the Civil Hospital added coals to the fire of his enthusiasm and he finally prevailed upon the District Committee of Missionaries to recommend that a hospital be built, and that it be built in Jaiaw on the border of Shillong—"in the Bhoi" as one missionary reported with disgust.

Dr. Roberts began to build with the residues of a fund collected to give relief at the time of the earthquake of 1897. The main building was almost complete in 1917 and it nearly became a place for Italian and German internees, but somehow or other this did not happen—one suspects that his eloquence had something to do with it.

At the end of the war Dr. Roberts returned to England on leave and asked for permission to start an appeal to fund the hospital. This request did not meet with any encouragement and he either threatened to resign or have leave of absence but he did set his appeal in train and made a tremendous collection. Some of the wealthy asked to be defended against him and some of the poor gave gladly of their savings. He also collected an M.D. of the University of Liverpool and captivated the hearts of many in the churches.

Dr. and Mrs. Roberts returned to Shillong to restart work with real financial backing and with a brand new hospital and no end of new ideas. The structure of the hospital, however, was found to have been invaded by white ants. I think that this was perhaps the most traumatic experience Dr. Roberts ever had and to the end of his days as a preacher in Khasi he referred to the sinner whose integrity was destroyed by sin as though his soul was "eaten by white ants." The white ants had started from the ground up of course, so he cut away the structure below window-sill level and replaced this with masonry, and—wonder of wonders—he lined the walls with white glazed tiles! It was at this time that Dr. Roberts began his association with a series of Khasi engineers who seemed to have an innate sense of the fitness of things when constructing anything or when asked to assemble an X-Ray machine or set up a diesel engine, or a boiler, or a sanitary system, or a steam laundry. They all were self-taught men, all seeking new fields to conquer. They used lathes and used measurements represented by a steel rule and a calipers, 1/16th of an inch, a hairs breadth and if anyone wanted even less than that it was "very little" in a high pitched voice. But these men would delve into the bowels of an X-Ray machine with a Leclanche cell and an electric bell and find the faults. Dr. Roberts did not know a volt from an amp and a kilovolt was a thing on a knob on the X-Ray machine; D. C. was what came out of the diesel generator in the hospital engine room and A.C. was a Government issue from a hydro-electric plant. You could store D.C. in a big battery but you couldn't do that with A.C. but then you probably wouldn't want to keep the stuff anyway Dr. Roberts' genius was not cluttered up with details like that, but he knew what was needed, and he could bring the passion

and enthusiasm to bear which would lift a two-ton-fly wheel into the air and settle it on its axle. U Kynjro, U Elwin, Bah Drickson were the three whose names spring immediately to mind.

Dr. Roberts spoke about "THE" hospital but nearly everybody else the length and breadth of Assam and Bengal knew it as "Roberts' Hospital". So he built and equipped the hospital with cunning strategy. He would debate with himself and Mrs. Roberts, and with anyone who would listen, concerning the desirability of having some new piece of equipment—it was needed for people like U Jeremaiah from Pamsangut, indeed if it had been on hand it could have helped a great deal with the case of Col. A, and for that matter with Mr. B, the manager of Phutapani T.E. (Tea Estate). After much thought and the weighing of pros and cons and the studying of balances one day the equipment would appear and be worn out in the service of the indigent. Thus he gradually built up the store of equipment both operative and diagnostic and improved the amenities of the hospital. This was a continuing process when I arrived some 17 years later and perhaps it might be said that the technique came to full flower when Dr. and Mrs. Roberts came back from retirement to build the new Jowai hospital. There never was the money to build to one comprehensive plan, and consequently many of the buildings were examples of the "arriere pense style" of building as new needs made new demands on accommodation. Dilapidation and white ants may indeed have been the enemy of the old "Assam type" of building but it did not have the inhibiting effect of reinforced concrete on development.

There was a grievous lack of medical and surgical facilities in Assam in the

twenties and early thirties. Bad roads and communications turned medical and surgical emergencies into nightmares for isolated communities, and many a planting community had reason to be glad that the hospital in Shillong had offered a haven when disaster threatened. This paying patient clientele provided an income which enabled the indigent to receive the treatment they needed without cost. It also kept the hospital in the public eye and every Governor of Assam, and possibly every Viceroy or Governor General (or his lady) who visited Assam, paid a visit to the hospital. From early days the hospital was one of the few non-government hospitals recognised by authority and allowed to charge bills formally according to set tariffs which did not correspond to the scales of civil hospitals. There was a background to this pattern. In the early years Dr. Roberts appealed in Shillong for money to buy an X-Ray set, and a number of public spirited people arranged a Fair—the first of its kind and a great success. Government added a sum of money to the proceeds of the Fair towards the total required on the peppercorn consideration that the hospital would provide freely the facilities for the radiological investigations of Government servants. Dr. Roberts refused the gift on these terms and insisted on payment for services rendered, again in accordance with a tariff, and after a considerable battle Government finally agreed. This experience probably hardened Dr. Roberts' mind against receiving grants from Government, or even gifts, from public bodies because he feared that conditions might be written in, or obligations created which would limit his freedom of action. This determined the pattern of financial support which he received through all the years. Within India itself he relied on payment for service from Government or industry, viz. what could be earned, and from Wales he hoped

for occasional bounties for capital expenditure. He did not miss a single opportunity when on leave to promote some aspect of the work of the hospital. Grants-in-aid with no strings attached were a very much later development in the history of the hospital. There was one very considerable windfall which came his way when the senior Maharani of Gwalior came to Shillong. This lady had some surgical condition and had been looking for someone to deal with it. The hospital and the Doctor met with her approval and the Maharani complete with retinue moved into the private wards. The astrologers in her party finally decided that the auspicious time for the operation would be when Dr. Roberts was ready to start. She recovered well from the operation and before leaving made considerable benefactions to the hospital. This was quite possibly one of the things which helped to determine the way the hospital developed into an institution which dealt with surgical problems when few other institutions in Assam did so, and when few of the medical practitioners in Assam were in situations where they could accept the responsibilities. Dr. Roberts consequently developed a reputation as a sound surgeon.

During the whole of this early phase he was blessed with a very able lieutenant in Miss Margaret Buckley who first helped him in the Civil Hospital when he was acting Civil Surgeon. She was a woman with a lively concern for nursing and she began to teach nurses. She had tremendous force of character and she drove her way through prejudices and misunderstandings until her nurses would tackle everything with her. She appeared to have several senses denied to ordinary mortals, for she not only knew what the nurses has been doing if she had been out of the building but she also seemed to know what Dr. Roberts would be doing next. But above

all things she created the beginnings of a nursing service at a time when this was extremely uncommon. The growth in the prestige of the Mission Hospital was very closely related to the tremendous reputation which was built up by these nurses and their teachers from Wales. Many of the very early nurses came from among the women labourers on the buildings, but Miss Buckley made them in the women who were regarded with respect and affection by all whom they nursed. In later years many changes took place, but it can never be forgotten that the first generations of nurses included some women of tremendous character, of simple faith and great integrity—women who began the work of showing the dignity of service to others and made it clearly a vocation to which God called the women of Khasia. In later years the demands made upon nurses changed enormously, the intellectual demands were keener, the educational standards were higher, and State Registration was required. But, the pioneers were still people to be remembered with gratitude.

My wife and I left England on the 29th January 1939 and arrived in Shillong on the 1st March to begin our stay of 30 years. For the first six months we lived with Dr. and Mrs. Roberts because our bungalow had not then been built. We had time to settle in, begin the study of the language and get acclimatised before the most serious crisis in the life of Assam happened—the coming of the war to the borders of Burma and the retreat of the British Army into India. The events attendant upon this changed the life of the country and of the hospital.

All Assam had been aware more or less of the increased military tension, and when the collapse came and refugees blocked the roads from Burma and soldiers began to come back from the border to rest camps

in Assam—things took another turn. I had been sent off as a liaison officer to Manipur Road, running up and down as far as Kohima seeing what could be done to supply the tea garden labour camps with medical necessities, and especially to see what could be done to prevent epidemics of cholera and dysentery in the camp population alongside the road down which the refugees and the army would travel. There was a lot of excitement on that road culminating in the events which followed the first bombing of Imphal. After a very brief period I was sent back to work once more in the Mission Hospital and to act as consultant to the Military Hospitals in Shillong.

Those days are so important in our history that a dividing line can be drawn across separating the old order from the new—the time before the war came to us from the time which followed. The facilities which we had at that time should be noted. During all of the first 20 years piecemeal developments took place. Better power supplies were secured by the replacement of the diesel engine by a steam engine & generator of greater output with a larger storage battery; the installation of the big boiler to drive the steam engine was a tremendous task. It was first erected near the laundry but it was finally established in a pit behind the engine house. For this second move the side of the first boiler house was knocked and the boiler, still erect, was inched to the hole and then pulled over on to a sledge lined with sacks filled with ashes. Then it was pulled some one hundred yards up a steep incline and then let down on another course into the boiler pit. The builders of The Pyramids probably worked in the same way! We had a very attractive hospital of 110 beds with surprisingly good diagnostic radiological facilities; the operating facilities were possibly the best in Assam;

there were sterilising facilities for the wards and the theatre; there was a steam kitchen for cooking the food for the general wards of which all the parts had been made in the hospital engine room; there was an adequate electrical supply and hot water; there was a steam laundry and an engine room in which things were made and repaired. Had it not been for this very good foundation of equipment the service which the hospital could have rendered during the years of the war would have been of a different order altogether. We had about 70 trained and pupil nurses, more than in all the Government Hospitals in Assam put together (for there was then no Assam nursing service). There were three doctors, Dr. Roberts, Dr. Drinsingh Hynniewta and me. Some of our techniques would seem to be pretty primitive today—anaesthesia for example was produced by open chloroform and ether or with spinal anaesthetics. The treatment of Malaria had not then made its leap forward and we had only quinine and its preparations atebine and plasmoquine of which the last two were costly and many thought them to be dangerous. For dysentery we had bacteriophage, kaolin, castor oil, tinct.opii, and a lot of others also of little value. For amoebiasis there was emetine and entrovioform. We could get sulphanilamide and M & B 693 and, of course, we could get most of the drugs our grandfathers used. Saline infusions were used but we did not know much about pyrogens. Blood transfusions were very infrequent because it was difficult to find donors. In brief it might be said that we fought sepsis with surgery and severe bacillary dysentery with saline infusions together with a variety of more or less drugs. Typhoid was treated with loving tender care and starvation though we were moving slowly towards nasal feeding with fluid high calorie diets.

Within the period of about two months we had reached the state of having fifty or more army patients from all over the world in the wards and we had entered into a new era. For a time the civilian patients were reduced in number, but before long we were catering for more patients than we had ever seen before. One blessing came to us among the refugees from Burma in the person of Dr. Stanley Russel. Dr. Russel had been a missionary with the Bible Churchmen's Missionary Society in Northern Burma and he and his family had been caught up by the advance of the Japanese. Mrs. Russel and the children had been flown out from Myitkina and Dr. Russel had walked out with other refugees over the notorious Burma Road. The help that he gave to us then was invaluable for by that time Dr. Roberts was fully employed with the business management of the hospital—a service for which we all were most grateful.

We had troubled days and nights then, for convoys regularly arrived at night bringing in officers with dysentery or malaria or typhoid or surgical conditions or chronic ulcers (Naga sores). Soldiers of other ranks were usually rather more ill because they were a selected group. It was amusing and not a little touching in those days to see a ward full of soldiers under the strict control of a little Khasi sister only half their size. During those days also, we undertook to train auxiliary nurses for service with the army. Many of these saw service in the middle east and later in the far east and after the war some came back to us to complete their training for full State Registration. This was the time when nursing in Assam made a great stride forward for an Act was passed in the Assembly to provide for the Registration of nurses, midwives and Health Visitors. Nurses who had passed the hospital examinations were

accorded recognition and of course, the majority of the nurses first registered were nurses from the Mission Hospitals in Assam. The Assam Nurses Council always had a very good representation of teachers from the Mission Hospitals and when later Miss Amy Bullock left this Hospital to become the first Superintendent of Nursing for Assam it was very evident that the Mission hospitals had made a singular contribution to the development of a nursing tradition in Assam. The years of the war in Assam were strenuous and exacting in many ways. All medical work advanced greatly during the war and we were very much encouraged by extensive contacts with medical men in the Army and the Air Force. We had acquired an Oxford Ether Vaporiser which had been devised for Field Ambulance work and, providentially, we were visited by an R.A.F. Dr. who had been one of the team which had developed its use. This was a tremendous step forward and later in the hands of Dr. Orientey Roy it became the centrepiece of a highly effective anaesthetic system, adequate for any kind of surgery. We learned of other new techniques and drugs in the same way and we were delighted to find old colleagues from the Medical School in Liverpool amongst those who visited us. The end of the war brought with it access to new medicines, varieties of sulphonamides, penicillin, paludrine and many more; in fact, a whole new armamentarium. Nursing care, theatre technique, anaesthesia all became more sophisticated and patients from towns and villages no longer had to be persuaded to accept surgery, indeed, many came from all over Assam and North Bengal to ask for operative treatment. There was a growth in the knowledge concerning nutrition and we began to see light on some of the problems of infant mortality.

Dr. Roberts retired from his active

role in the hospital administration in 1942 but continued for a time helping the Y.M.C.A. in its endeavour to provide facilities for the soldiers who were in camps in Shillong until he returned to England in 1945.

My wife, who had laboured with the Red Cross and with the catering for the Rest House for Soldiers during all the war period was relieved of all these responsibilities at the end of the war but she later took over the supervision of catering for the whole of our hospital. When the time came for a furlough in 1946 we felt that we could draw a line across the story so far and look forward to starting something new on our return.

During the furlough that followed we had the great joy of meeting many in Wales whom we had seen in India in less happy circumstances. We felt the great sense of affection which the church in Wales had for the work of the Mission and the Hospital. The generosity of the Women's Auxiliaries made it possible to buy a motor car chassis on which local carpenters built a dispensary body. This was the beginning of the travelling dispensary which went on the road as a memorial to Miss Buckley the first matron of the hospital and the founder of its nursing school.

The first major piece of building for the new age was the building of a new Labour Room for the Maternity Ward. The old was reached from the back of the ward down a rather perilous flight of stairs. The new building was on the same site but in two (later in three) floors. The ground floor at the back became a very much needed store house for drugs and medicines and appliances for patients. The first floor was on a level with the Ma-

ternity Ward proper and into this we introduced all the furniture of a Labour Room, and a sterilising room, and a scrub room for the nurses and doctors. This was a tremendous improvement on the old, and the nurses appreciated greatly the fact that they could wheel the patients into the Labour Room on a trolley and that no one had to be lifted and carried up or down the steps. Very soon this Labour Ward was proving its worth, and the number of births slowly began to increase. The next stage in the building programme was the provision of a large hall for the use of the nurses and the whole compound above which we provided more rooms for staff nurses to live. We had lacked a place where all the nurses and all the workers could come together for services or for concerts or plays or just socially. The Sunday School for the nurses met in this hall, and once a month we had a gathering of all the workers on the compound together with the nurses and doctors for worship—this supplemented the week night Cottage Meeting in the homes of the workers and staff in turn. Here, too, we had Medical and Nursing Conferences for State and All-India Associations. This asset enabled us to take a greater share in the activities of many very worthwhile bodies.

The increased accommodation for the nurses made it possible for us to refashion the old hostels so that they no longer looked like vast dormitories with little privacy. The financial straight-jacket limited our activities sorely for we could not have any large sums from Wales for building, and most of the financing came out of income and the slow realisation of monies owing to us for such a long time that when they were paid they looked like manna. After each exercise in building we had to pause a long time to recover, remembering that a nurses' hostel brought in no income,

neither did the Hall, or the improvements in the nurses' accommodation.

We had longed to build a new Operating Theatre suite, because the old, though once one of the wonders of Assam, was designed to meet the needs of a different surgical age and very soon we had doubled, and trebled, the numbers of operations performed every year, and by the 1950s we had reached the state of operating on more than five times as many cases as in 1938 and the complexity of the cases increased yearly. We had to decide that the building of a new Theatre Block could not be done until all the money was in our hands so that it could be completed quickly, and the period of dislocation of the operative work could be limited.

The building of a new Theatre Suite which would meet the demands of the future would of necessity involve the taking in of the children's ward and would require the temporary conversion of the out-patients' rooms into Operating Theatres. Many times as we went over plans, we were glad that we had not built it according to plans we already made and put aside. Even in the United Kingdom with all the experience in building of hospitals and operating theatres in the post war period no final kind of plan had been drawn up, but many faults and weakness had been dexpoused in the old designs. The altogether different pattern of operations made different demands, and all in all, though we struggled and complained about the theatre and the bottle-neck it created because it slowed down the pace of work and made it much less easy for the young men to get adequate operative experience, we had to concentrate on making a choice from among the many things which had to be done and select one which would help to produce a greater turnover. There was no doubt about what

should be done. The number of births in the hospital began to show a tremendous increase over those in 1956. (It actually became 100% increase in ten years) But when we began to change the whole Maternity block we underestimated and allowed for an increase of, perhaps, 60%. We built a new baby room with steam radiators for heating, then we converted the former large baby room into a new obstetric operating theatre because Caesarian Sections which had to be done as emergencies in the old Theatre were so common that they could interfere radically with the normal operating list. It was also deemed to be a good thing to have all the maternity work in one system so that the nurses doing their Midwifery could be involved in every kind of obstetric complication.

Next came the radical change of making the Maternity Ward two storeyed with the provision of a number of small private wards upstairs for general use and for midwifery. This was an amenity which had been long desired and which also provided a new source of income. With this successfully established the next phase was to plan an out-patients and children's ward to be built as a two storeyed building in front of the Maternity ward and then the coast would be clear for a new operating theatre block—when there was money to build it. It is a great joy to record that the last step has now been accomplished and the way is clear to advance to the building of a new Theatre block.

Many other things have had to be done to tidy up the compound and its approaches. Once upon a time it was wide open all round but as time has passed and more and more building have taken place all around, we have had to define our boundaries and improve the access.

There are some features of our history which should be enlarged upon a little more and the first of these perhaps, is the development of the nursing service. Mention has been made of the beginning with Miss Buckley's pioneer work to teach the first generations and to forge, out of very raw material, nurses who could nurse very well indeed and who could tell when a patient was ill or better. So much of treatment in the early days did depend more upon nursing than upon doctor's medicine, and these nurses grew in sensitivity and concern and in skill and tenderness. But their educational resources were poor and they yielded their places to the latter generations who came with better schooling and were able to absorb the more scientific training which was developing.

A new Hospital Certificate of Nursing was now given with set patterns of teaching and examinations, and this scheme was developed initially at the hands of Miss Amy Bullock who took over the office of Matron after the departure of Miss Buckley to pioneer yet again in the hospital in Jowai.

During the early years of the war, as has been mentioned, girls with near matriculation education were taken in for intensive training as Auxiliary nurses for the Army. The demand at the beginning was so urgent that the training was very brief indeed—six months—but it did help to provide willing hands and intelligent aid in the Military hospitals. As the situation eased, and perhaps because it was felt that the brief training was potentially dangerous as a long term policy, these nurses were given longer training and, later, when they were demobilised they were given opportunities to complete registrable training in their first hospitals. By this time a number of members of the Legislative Assembly had introduced a Bill,

which became law, for the Registration of Nurses. This allowed for two classes of nurses, senior and junior, depending primarily upon the standard of education which they had before starting training and upon examination for the seniors in English at a rather higher grade than the juniors who answered in the vernacular. Our confidence in some of the juniors was such that we wished to make it possible for them to sit an upgrading examination which included not only nursing papers but a section on ward management and kindred matters in which their experience was important. This additional legislation was highly regarded and did much to retain experienced junior certificated nurses in positions of responsibility.

When Miss Bullock went into the service of Government Miss Menna Jones (who later became Mrs. T. B. Phillips) and later Miss Margaret Owen supervised the teaching. We received equipment gifts from UNICEF and one after another many of our nursing staff went to conferences and took part in All-India organisations like the Trained Nurses Association of India and the Nurses Section of the Christian Medical Association as members of Committee and Officers. The Hospital also became the venue of many a conference of great interest and value.

With the departure of the last of the Missionary Sisters, the late Miss Margaret Owen, the Senior Khasi sisters, Kong Plessimai Lyngdoh, Kong Nerial Lyngrah, Kong Berlyne Lyngdoh, and Kong Jebora Dkhar assumed all the responsibilities which they had already practised and it is they who will lead the nursing staff into the second fifty years with the good wishes of everyone.

Just as the hospital was amongst the

pioneers in nursing training so it also was privileged to initiate certain kinds of service to the village communities on these hills. Mention has been made of village surveys, and of the beginning of the travelling dispensary to the market places on the main roads. The intent had been to teach and preach and heal, and to try to relate the church in the village to the work of healing. The effort was continued at considerable expense for twenty years with varying degrees of success until it was finally decided that it was no longer as necessary as it once was by reason of the fact that Government dispensaries, which offered a constant service in the very market places to which we went, were being established. One could say that the Hospital Travelling Dispensary in the beginning did bring some hope to villagers in areas of hyperendemic malaria, troubled with illness and poverty and distressed by the high infant mortality rate and epidemic disease. It brought hope also to those who waited by the wayside to be carried back to Shillong. Many doctors and nurses helped in this service, but one would want to name especially Bah Jwod the driver who drove with such care on tortuous roads and maintained the vehicle with such skill for over twenty years. If any service was as good as its transport then a significant work has been done. The time came when it was realised that possibly more could be effected for the villages and the church by a settled work building up a community of responsible people.

Thus we began the Rural Health Centre in Mawphlang. It was needed because we believed that the way to healthy life for the villages, and to responsible behaviour in the community in regard to health, depended upon mutual co-operation between those who **needed** knowledge and those who could give it. Trust could bring

a sure understanding of what could be done when people are freed from ignorance to accept the responsibilities of the children of God. The co-operation which Miss Harris and her nurses received from the women of Mawphlang was the means to acquire a fund of information about the health and economics of the village which made it possible to direct teaching practice in the most effective manner. The collection of statistics gave a base line from which improvement could later be measured, and, with minimal aid from doctors at the beginning, improvements were seen very soon and were especially apparent to the neighbouring villages.

When Miss Harris returned to England we were singularly happy to secure the service of Dr. Risa Mary Ropmay who has found her vocation here. More recently Kong Milliona Lyngdoh, after long service with the Government of Assam especially in the field of teaching village health, was happy to join in our work. This scheme involved taking pupil nurses into the villages to relate all that they had learnt in hospital to the needs of villagers. It was planned that all of them should learn rural health responsibilities and be well orientated to meet the needs of India's vast rural population.

The Rural Health Centre in Mawphlang was officially opened by the Health Minister Sri B. Mukherjee on the 4th of May 1964. Patients came from many villages around and the work amongst children proved to be very successful. One village group was very persistent in its plea that a similar kind of work to that set up in Mawphlang should also be established among them in Laitmawsiang. This village with the adjacent circle of villages near Mawsynram asked the hospital to choose a site, and then bought this and handed the deeds to the

Synod Trust. On this land has been built the first satellite Health Centre with quarters for resident staff, and with accommodation for health activities. The co-operation here has been outstanding, for the village not only bought the land but the young people made a road, dug the foundations, made soil-concrete blocks and gave a tremendous amount of help when the building was in progress. OXFAM was moved to give a generous grant to initiate the work and has since added to this a second grant to establish a water supply. The village elders who have been prominent in this work have caught a vision of a healing work continuing through the church in the villages and building up a responsible community. We hope that their example will be infectious.

This narrative has set out some of the developments in the life of the hospital and some of the events which occurred, but we cannot escape the obligation to testify to the fact that it was through particular people that all this was done. The Institution as it stands, and the work which goes on, is because people have been faithful and their gifts, and, sometimes their failings, are represented in the whole pattern. Where we have been faithful to our Christian profession there has been real achievement and where we have not been as faithful, and have known it we trust that the forgiveness of God will work to redeem it.

All through the years the Hospital has been supported by the gifts and the prayers and the work of friends in and outside the church in India and in Wales, but the most constant and generous support has come through the Womens' Auxillaries of the Mother Church in Wales. There have been many occasions when great generosity was shown and very large donations given, but the faithful giving of the

poor has been significant too, and the names of many can never be known to us.

The hospital and all that is in it was handed over to the Trust Association of the Synod of the Presbyterian Church of Assam in the Khasi Jaintia Hills and is administered by a Committee of the Synod.

It is a challenge to any church to run hospitals efficiently to the Glory of God, for there are so many important issues, so many painful decisions that only Grace can bring the work to a goodly conclusion, and only a strong hold on the imperatives of the Gospel and the imperatives of meeting

the need of suffering men can bring it all to a safe end.

Doctor Livingstone is said to have replied to some enquirer who asked if he was not afraid for his life in all the dangers of central Africa "I am immortal till my work is done." This hospital, and all that grows out of it, is a living organism, "immortal until its work is done" and we can but thank God for all His goodness in the past and ask for His continued guidance and protection over all who now work in it. May His inspiration be the power in which they may enter into this second fifty years of service to Him and to Mankind.

"Then there is the Medical work which has been such a prominent features of the Welsh Mission activities. One of your earliest missionaries was a Medical Missionary and the tradition of the medical work has been carried on throughout the history of the mission. There has been a succession of highly trained and highly skilled doctors, both men and women, and of equally highly qualified nurses who have devoted themselves with a single minded purposes to the alleviation of suffering among the people of this Province. In the hills specially they had to contend against tremendous obstacles in the way of native superstitions but those were successfully overcome and the Khasis themselves have produced many a good doctors and nurse. Of the Khasi Nurses particularly the District may well be proud for its young girls have taken with alacrity to this beneficent profession and their services are greatly sought throughout Assam. I have seen myself your fine hospitals at Shillong, Jowai and Durtlang. All of them are doing wonderful works and long may they continue to do so."

SIR ROBERT N. REID, K.C.S.I., K.C.I.E., 1941.
Governor of Assam.

Rural Health Centres.

Dr. (Miss) R. M. Ropmay, M.B.B.S.

Rural Health Centre—Mawphlang

It was the intention of the Welsh Mission for a long time to bring immediate help to the villages. With this object in view, a Travelling Dispensary was started and attempts were made to meet the medical needs of the people for almost nineteen years. But as most of the deaths and diseases in the villages are preventable, it was thought that a Health Centre in the village with facilities for health education, will offer more permanent contribution.

To establish a Health Centre would mean a lot of financial involvement which the Hospital would not have been able to meet at that time. It was an advantage, therefore, that the Mission House along with the boarding house used by the students in former days, could be converted to serve as a residence for the staff and clinic respectively. It was also fortunate to have the services of Miss B. E. Harris, S.R.N., S.C.M., who has had a good deal of experience in Public Health work in the East. In the monsoon of 1963 Miss Harris arrived in Mawphlang with 3 (three) Khasi staff Nurses to start the work. Miss Harris was responsible for the organisation of the framework of the chief activities of the Centre, which are now only strengthened and consolidated. The formal inauguration by the then State Health Minister, Sri B. Mukherjee, took place in May 1964.

The Centre affords an opportunity to the Nurses trained in the Khasi Hills Presbyterian Hospital to get some training in

Rural Health work so as to enable them to make effective contribution to the health of the village community.

The Centre which is of a clinic set-up has the following for its chief activities:—

1. Community Health Service and Public Health Education.
2. Maternity and Child Welfare Service.
3. School Health Programme.
4. Immunisation Programme.
5. Home Visiting.
6. Family Planning.

The first most important step that Miss Harris took was to conduct a house to house survey in order to find out the most prevalent causes of death and illness and the special problems of each family so as to enable her to direct the energies of the community in the right direction. In this work, Miss Harris and her staff received the warm hearted co-operation of the women members of the Church who escorted and introduced them to every house in the village and devoted, collectively, hours of valuable time to this end.

Although the chief objective of the Centre is Preventive Work to meet the relevant needs of the people, Curative Work has also to be carried out side by side. The doctors from the Hospital at Shillong carried out this work, taking turns to visit the Centre twice weekly till



Rural Health Centre, Mawphlang



Dr. R. A. Hughes addressing the guests at Rural Health Centre, Mawphlang on the occasion of inaugurating the X-Ray machine a gift from a local business man late Capt. Hunt—Rev. W. Manners present Chairman of the Hospital Managing Committee and Mrs. Hughes are in the picture from left to right



Doctor, nurses and workers in Mawphlang Rural Health Centre



Nurses taking audio-visual class for the villagers
(Rural Health Centre, Mawphlang)



Doctor examining a baby
(Rural Health Centre, Mawphlang)



Baby Clinic—Rural Health Centre, Mawphlang



Nurses going for domestic visits—Rural Health Centre, Mawphlang



Villagers helping the ground work at Laitmawsiang



Dr. N. Tunnell, F.R.C.S. laying the foundation
stone of Rural Health Centre—Laitmawsiang
—a gift from Oxfam



Rural Health Centre, Laitmawsiang

January 1967. The Centre's growing popularity meant greater demand and increasing work-load. It was then decided that it should have a Doctor of its own to cope with the work at the Mawphlang clinic and also with that of the newly started clinic at Laitmawsiang. Dr. R. M. Ropmay answered the call and joined the work on 14th February 1967. Soon after this, Miss B. E. Harris decided to leave on furlough for a period of six months or so with all hopes to return rested and refreshed and with new ideas, to continue the work. All our hopes were dashed to the ground, however, when we finally knew for certain she was not to be back, for then we did not have anybody to carry on the work she was doing. The Preventive Work did meet a great set-back but, fortunately, did not come to a stand still and, like a smouldering fire, continued to burn slowly under cover of the ever-increasing Curative Work. This is, undoubtedly due to the great interest and support that Dr. R. A. Hughes has always shown towards this work.

As years passed by, a few changes and additions have been introduced mainly in the way of equipments for greater efficiency of the work. In 1968 the Centre got its hot water system installed—an important and well appreciated facility amounting to almost a luxury for a village.

The rather high incidence of Tuberculosis in the area revealed by the survey conducted at the commencement of the work, brought out the fact that an X-Ray Unit would be essential for early diagnosis of those who have already had the disease and to trace out contacts. A generous donation of Rs. 6000/- from the late Capt. H. D. Hunt, a businessman of Mawphlang, coupled with the donation from Wales made the establishment of this Unit possible.

The Unit was formally opened on the 6th of April 1969 by Dr. R. A. Hughes.

Although the work is mainly concentrated in the Mawphlang village, the Centre has the privilege of rendering medical help to a number of surrounding villages at a radius of 3—10 miles. As most of these places are unapproachable by roads the staff has to do quite a bit of walking. For transport along good roads, the Bedford Diesel Utilabrake so kindly donated by Mrs. Wade of the British West Indies is ideal and is highly appreciated. The Willys Jeep Station Wagon of the Hospital has to do most of the rough work.

Eight years have passed since the work was started. There is no doubt that it has been a success. Dr. Hughes in his letter of appreciation on the 6th May 1969 said, "I have said it before and will probably go on saying it again and again, that the success of the Rural Health Centre and the related work gives me a tremendous amount of satisfaction, for I believe that this particular form of service to the villages and the Church there may well do more for its health in co-operation and true godliness than the Hospital in many senses. Each has its own function but the one nearest the heart will always be the Rural Service."

Preventive work in the villages is an uphill task but one can see signs of slow but steady progress which gives the impression that it is gaining a stronger foothold gradually. Reflecting on this, one can say with confidence that the day is not far when ignorance is fast disappearing and superstition on the decline.

The Centres have still a long way to go, yet still greater attempts have to be made before the goal—to help bring about a better, healthier life to our villages—is reached.

The Rural Health Centre Laitmawsiang

Soon after the initiation of the Rural Health work in Mawphlang the Elders of the Laitmawsiang circle began to negotiate for the same kind of Medical help for their areas. Laitmawsiang, about 36 miles from the State Capital, Shillong, was chosen because its central location and could be reached easily by 13/14 villages at a radius of 3/8 miles.

The Elders met both Dr. R. A. Hughes and Miss B. E. Harris who expressed their willingness to help them if a place for work was available. The local people, with all earnestness started repairing a two-roomed thatched house used for the local Mahila Samity meetings and gave it to serve as a clinic on Wednesdays. They also showed co-operation and perseverance in repairing the road which seemed to be in need of constant repair for smoother access to the clinic site.

Miss Harris started the work there on 4th May 1966. With a vehicle packed with medicines and other medical requirements, she and her Nurses would leave Mawphlang in the morning and usually returned late in the afternoon. On the way to Laitmawsiang, they would always find people waiting for medicines or some kind of medical help.

The clinic work at Laitmawsiang was well appreciated, the local people rendering every kind of help possible. As most of these places are not approachable by road, one can imagine the trouble people take in attending the clinic especially having to bring their little ones, braving both torrential rains and bitter cold.

Dr. R. M. Ropmay joined in the work on the 14th February 1967. By the end of

1968, it was realised that a bigger space for work was needed. Moreover, there is a talk that the local Mahila Samity would need the house for full time use. In March 1969, a suitable plot of land was chosen for the building of a permanent Centre. This was so generously donated by the Durbar of a group of families called the "Laiphewhynriew Kur", which were the first settlers in Laitmawsiang village, on 16.8.69.—This was registered in the name of the Khasi Jaintia Presbyterian Synod by the Syiem of Nongspung. Through the kind efforts of Mr. J. L. Baker, the Field Representative of the O.X.F.A.M. who visited the place on the 28th of March 1969, we received a substantial grant of Rs.56,000/- and odds with which the present Rural Health Centre was constructed. The construction started in September 1969. The foundation stone was laid by Dr. N. Tunnel, the then S.M.O. of the Jowai Presbyterian Hospital on the 17th December 1969. The work in the new clinic began on May 1970, still on weekly visits only. Regular work started only after Sister Milliona Lyngdoh, specially trained in Public Health Work, and Staff Nurse, Shaicily Dohling went there to stay on the 27th August 1970. Here again, the same pattern of work is being followed, including survey work and Home visiting. The clinics are usually held on Mondays and Wednesdays when the Doctor, along with the Nurses from the Mawphlang Centre, attend.

The Rural Health Centre here again shows hopeful signs of success. It is meeting the relevant needs of the people. It is hoped that in the coming years it will go on increasing both in the scope of work and in its usefulness to the people it serves.

A Glimpse of Maternity, Child Health and Community Health Service of the Khasi Hills Presbyterian Hospital, Shillong.

By Dr. E. C. SYNGKON, M.B.B.S.,

The Khasi Hills Presbyterian Hospital previously known as the Khasi Hills Welsh Mission Hospital was officially inaugurated on the 25th March, 1922. Judging by the size of the Maternity Ward which remains the same in size until today, although completely renovated in 1962, the maternity work was one of its principal services since its inception. The magnitude and progress of the work in the last 50 years can be gauged by the number of deliveries which was between 200-250 annually in those early years but has steadily increased with the passage of time until today we had 1204 deliveries (1971). Dr. H. Gordon Roberts himself was in-charge of the department aided by Miss Margaret Buckley who came to Shillong in 1919. In those days there was no nursing service or nursing School and Miss Buckley took it upon herself to train nurses and midwives to man the hospital and Hospital nursing Certificates were awarded to those who completed the course of training. It was not until 1945 that the State Registration Act was enacted and trained nurses gain State Certificates. By this time large number of nurses had completed their nursing training from this institution and were recruited to various hospitals in the state and thus became the first members of the nursing service. Miss Buckley could therefore, be described as a pioneer of the nursing service

in this part of the country and this hospital was the mother institution of nursing.

In 1928 Dr. Drin Singh Hynniewta joined the medical Staff of the hospital and very soon relieved Dr. Gordon Roberts of the major part of Obstetric work in the General Ward. Dr. Drin Singh, in subsequent years, was in complete charge of the department. He was a very devoted worker and a very popular Obstetrician and continued the good work until his retirement in 1962 but did part-time work until 1963. His name has become a house-hold topic in most parts of the district. Doctors who joined the medical staff of the hospital in later years gave Dr. Drin Singh valuable help in the Maternity Ward.

Dr. R.A. Hughes who came to Shillong in 1939 did considerable amount of Obstetric work especially in the Private Wards. He was responsible for the many changes which we see today and which will be valuable to us for many years to come. His kind disposition and inspiration to those who have worked under him was a constant source of encouragement to do greater things in the ministry of Healing. Dr. Hughes, in spite of his heavy engagement in Surgical, medical and general administration work, continued to do Obstetric work until the early part of 1964 when he finally gave

over this responsibility to Dr. E.C. Syngkon who continues to be in charge of this department. Other doctors who have had quite a good share of Obstetric work were Dr. P.A. Shave and Dr. P.N. Chatterjee.

The original Labour Room was housed in a separate building at the site of the Present medicine Stock room which forms the basement of the Present one. The Present Labour Room was the answer to the mounting need of a bigger and an attached room. It was built by the donation given by the Assam Valley Light Horse and was opened in 1951. Today after the lapse of only 20 years, it is found that this has become too small again and there is serious thought of extending it to accommodate the increasing demand. The original Maternity ward had no Operating Theatre of its own. The need for it was felt very badly. The whole of the Maternity Ward was therefore rebuilt into a two storied building with an Operating Theatre attached in the ground floor. This building was opened by Dr. Drin Singh in 1962. It was however not until 1966 that the operating theatre was available for use and Rev. Jones Griffith, the then General Secretary, Foreign Mission, formally opened it on 13th June, 1966. In recent years tremendous changes have taken place in technique and treatment. The Vacuum Extractor was introduced in the hospital in 1965 and has become a useful tool till today. Medical Induction of labour by Syntocinon I.V. Drip with or without Amniotomy is a regular and routine feature. Oxygen from Cylinders and supplemented from our own plant has made Obstetric and baby resuscitation work easier and safer. This is made all the more easier when the Baby Incubator was acquired in 1971 and installed in a special Resuscitation Room.

Even today the Obstetric work in the

Hospital is the biggest single department occupying approximately 25% of the hospital bed strength. With the growing need of better childhealth and a better consciousness of hospital care by the people the need was felt that the work be organised in a better and more Scientific manner. In the present day of Planned family set up integration of maternity work in the total health service is the need in the right direction. If it is right to encourage couples to have a small family, it is the duty of all concerned to see that the family is taken care of from the time the woman conceives to the time of her delivery, to take care of the young one from its birth to the time that it goes to School. This will ensure a healthy family. A sense of safety to the children by the couple is thus assured because in the absence of this assurance a couple tends to have a large family out of which at least they will have some live ones. The hospital is, therefore, setting up urban and rural Health programme.

Urban Health Programme—At present the urban programme is confined to (1) Child health where a baby clinic is set up to see babies three times a week. The programme here is to teach the mothers on hygiene, environmental sanitation, nutrition and general care of infants. Immunisation against small-pox, whooping cough, Diphtheria, Tetanus and Poliomyelitis are given from the age of 2 months. B.C.C. is given to all infants in the Maternity Ward. (2) Antenatal clinic where expectant mothers are taken care of. Regular check-up is done on a nominal monthly payment of Rs. 2/- which covers urine examination and Hb estimation. Treatment is given accordingly as also advice on personal hygiene, exercise, nutrition, etc. (3) Family Planning under the guidance of the Family Planning Project of the C.M.A.I., is an established

work. Besides Tubectomy and loop insertion this department also distributed 'pills' and Condomes to interested couples. The main stress for curtailing the family number is on health and economic grounds. Follow up by home visits has not been taken up because of lack of fund and staff although this is our ultimate aim. School service has also not been started for the same reason.

RURAL HEALTH PROGRAMME

The Rural Health Centre at Mawphlang was inaugurated in 1965. Miss Harris who started the work has laid down a firm ground work which is being followed today. Within a short time this work was extended to Laitmawsiang 18 miles down where a Sub-Centre was built by the donation given by OXFAM. The Chief activities of the Rural Health service are:—

- (1) Community Service and Public Health Education.
- (2) Maternity which includes ante-natal, domiciliary obstetric work, post-natal and child welfare service.
- (3) School health programme.
- (4) Immunisation programme.
- (5) Home visiting.
- (6) Family Planning.

Domiciliary midwifery is gaining popularity. the Centre is getting the chance of supervising about half of the total deliveries in Mawphlang.

The aims of the two Centres in the immediate future are:—

- (a) To do extensive health survey work of neighbouring villages within 10 miles of the Centres.

- (b) To increase health and preventive works to all neighbouring villages.
- (c) To make regular visits for antenatal and domiciliary obstetric work.
- (d) To organise extensive child health programmes.
- (e) To extend the immunisation service.
- (f) To effect control and to prevent the spread of communicable diseases with greater emphasis on Tuberculosis. For this purpose a small X-Ray plant was installed at Mawphlang to do screening and X-Ray Work.

We hope that the above objectives will be fulfilled if we can increase the staff of the two health Centres. At present Dr. (Miss) R.M. Ropmay, M.B.B.S., is doing the work of both the Centres with the help of one Public Health Nurse, one staff nurse aided by student nurses.

50 years is a long stretch of time cutting through a few generations of devoted and dedicated workers, some of whom have left indelible foot prints for future generations to look back. During this period our country has progressed tremendously in social, political and scientific-fields. In a few states of our country and in all affluent countries of the world modern Scientific techniques and sophisticated instruments have replaced old ones. New ideas and techniques are coming up to further enable the physician to diagnose and treat diseases. We cannot hope to reach such pinnacles of advancement in our institution but then we cannot remain idle spectators also. We must be active participants and it is our aim to forge ahead if we are to give better service to humanity.

Past and present

Mr. O. Gilbert

It was in the year of Grace 1922, in February of that year, that one small boy of twelve, left Cherrapunjee his birth-place for Shillong, to continue his studies in the Government High School, as a boarder in Down Hostel. Soon after his arrival in the hostel the Superintendent, late Mr. E. Chyne, called the boys who knew Tonic Solfa to come forward for a music practice, for he said, our hostel boys and the hostel girls from the Mission Girls School will sing at the Opening Ceremony of the Jaiaw Hospital, to be performed by the Governor.

It was a thrilling experience of so great a public function in the life of this boy of twelve. Fifty years had passed. His humble memory had forgotten all that transpired on that memorable function, except that he was one of those who sang on that occasion, and that both his father and mother purposely came from Cherrapunjee for this function. In God's good time that boy of twelve is no other but the writer of these lines who was called to be His servant in this Hospital and who now has a share in offering praises to Him for the Hospital that is fifty years now.

It is said that the Hospital was established on 25th March 1922. Thirteen years later in 1935, the Presbyterian Church of Wales sent a high-powered Commission under the Chairmanship of Principal late David Phillips to "consult as to how a closer and fuller co-operation between the Church and the Mission could be secured in the respective areas". In that consul-

tation it was unanimously agreed, "That all the work, pastoral, evangelical, educational and theological, but excluding medical work, should be under the control of the Church acting through its Presbyteries and the Assembly." In 1941, one hundred years after the Welsh Mission had founded the Church, power to run all work of the Church with the funds thereof, were transferred to the Church of the Khasi and Jaintia Hills, retaining to themselves only the medical work for the time being.

The advent of the Travelling Dispensary in February 1949, was a milestone in the history of the Medical Work. In the first place, it was an outreach of medical services which so long were confined within the four walls of the Hospital, but were now being extended far into the rural areas. Secondly, it opened out the way for the Church to be associated with the medical work. It was when the Travelling Dispensary came into being, that the Senior Medical Officer gave a report of its work in the annual meetings of the Assembly and an Assembly Committee was formed.

On 9th March 1953 the Jowai Hospital, was opened by then Governor of Assam Shri Jairam Das Doulatram in the presence of late Rev. Llewelyn Jones, General Secretary of the Presbyterian Church of Wales, who read out a document containing the resolution of the Board of Directors of the Mission and of the General Assembly of the Presbyterian Church of Wales, bestowing the Hospital and all assets to the

Presbyterian Church of Khasi and Jaintia Hills. The gift of the Jowai Hospital was another important landmark in the association of the Synod (as it is now called) with the Mother Church in the ministry of healing. Although Shillong Hospital is still under the Mission, the Hospital Report and audited statements were now brought before the Synod.

The year 1962 ushered in a new era in the Mission-Church relationship. In that year Dr. R. Arthur Hughes read out the following resolution on the floor of the Synod at Laitkynsew—

“In order to put into effect the policy and purpose of the Mission Societies regarding buildings and properties held by the Mission, resolved that appropriate steps be taken now to implement this in relation to this Hospital so that the Hospital, its buildings and assets be transferred to the Synod Khasi Jaintia Hills”.

Dr. R. Arthur Hughes explained to the Synod that the time had come for the Mission to transfer this Hospital to the full control of the Synod. The Synod accepted the resolution with joy and thanks-givings. A Hospital Committee was formed to run the Hospital. What followed was only a process of consolidation of this transfer.

In 1966 the Hospital is named ‘Khasi Hills Presbyterian Hospital, Shillong’ within brackets (Khasi Hills Welsh Mission Hospital Shillong). The next step was framing the Constitution, which task was entrusted to Mr. E. H. Pakyntein, I.A.S., who ably drafted the Constitution and which was accepted by the Synod and was registered under the Registration of Societies Act XXI of 1860, in 1967. The time coincided with the withdrawal of our Missionaries

from the Mission Field. Some Missionaries have already left and others are leaving too. The Managing Committee has to find out men and women who would carry on the work in the days to come. Dr. G. Roberts from Wales meanwhile sent word that Dr. S. P. Sen Gupta, F.R.C.S., was prepared to come and work in this Hospital. So the Managing Committee formally appointed him Chief Surgical Officer of this Hospital.

When Dr. and Mrs. Hughes left the Hospital in May 1969 a number of farewell meetings in the homes, in the Churches and in the State Library were given to them, and we went to see them off up to the Gauhati Air Port.

The Church used to take collections for the Hospital but the figures were relatively small. Mr. Jrimson the auditor pointed out often, that the Synod contribution barely met one day’s expenses of the Hospital, and urged that Synod to take more interest in the Hospital work. At the Pariong Synod in 1969, the Synod resolved to collect Rs.50,000/- for the Hospital Fund. In response to that call the Churches rose to the occasion and responded magnanimously to the needs of the Hospital.

In the past, the Presbyterian Church of Wales hardly gave any maintenance grant besides paying the salary of the missionary doctors and nurses. It was in 1968 on the eve of their withdrawal from here that a substantial maintenance and Capital grants were given to this Hospital. The Mission have come in a much bigger way to support us financially, when their presence could no longer be with us. Rev. M. R. Mainwarring the General Secretary of the Presbyterian Church of Wales in his letter the other day wrote—“Costs are increasing

but we are convinced that the resources necessary are also available”.

As a Hospital we dearly prized so much individual donations for they come out of the hearts of the donors. (One Party gave Rs.40,000/- last year and has promised another Rs.30,000/- this year. Space will not permit to mention all but just few striking instances). One lady had six children. While they were quite young she taught them to keep out of their pocket money, something for the Hospital. In the Christmas time of 1950 and every Christmas thereafter all their collections were brought as Christmas gifts to the Hospital. Now that the children are no longer under her wings, yet the mother herself visit us every Christmas with the same box full of money. Another lady never failed us with a monthly subscription of Rs. 20/- since pre-historic times, for when the Hospital has started her records, these gifts were already there. And only last year one retired lady doctor gave all her estate to the Church worth lacs of rupees. She specifically stated in her deed of gift that a certain income derived from investments be given to the Synod Hospitals of Shillong and Jowai. People were shocked by her deeds. When they asked her why she did all this; her reply was “From God I received and to God give I back”.

During the last few years we have lost some of our most trusted and responsible workers through retirement. Foremost among these is Dr. Drinsingh who had worked in this Hospital without any break

for thirty years from 1923-1958. It was through the efforts of Dr. Drinsingh and his ability that the Maternity Ward has reached the high standard it now occupies. Sister Lesibon Wallang who started work in 1924 retired last year. She was a beacon of light to all patients who lovingly called her ‘San’ meaning aunty. Another Sister Drissy Basaiawnoit, retired after 38 years service. She too was a source of comfort to expectant mothers. The other day Mr. Thomas Barch of X-Ray Department who was loved by all retired after 34 years service.

And lastly we lost Miss. Margaret Owen. The strenuous work in this Hospital told heavily on her health that she left for her heavenly home in the prime of her life. “We loved her well but Jesus loved her best.”

Our noticeable feature in all the people who have retired and in our beloved missionaries who are no longer with us was their dedicated life of service. We can only say that they have learned to follow after the footsteps of our Master, “who came not to be served unto but to serve”.

We who were left behind to hold the Fort which has such a glorious tradition of service greatly feared lest we lower down the standard. Let us too as our predecessors have done turn to our Great Master who comforted us with these words “He that believeth on me the work that I do will he do also; and greater works than these shall he do.”

Calendar Of Events

Collected by
SHRI MAURICE G. LYNDOH.

1878— Dr. G. Griffiths M.B. C.M., opened a Dispensary at Mawphlang—The beginning of the Medical Mission in Khasi Hills.

1887— Dr. A.D. Hughes arrived and started a Dispensary at Jowai—The beginning of the Medical Mission in Jaintia Hills.

1891— The headquarters of the dispensary was transferred from Mawphlang to Cherrapunji.

The Medical work in Jaintia Hills suffered a great loss owing to the departure from the field of Dr. A.D. Hughes consequent on the serious accident to his wife.

1893— Dr. Edward Williams M.R.C.S., L.R.C.P., succeeded Dr. A.D. Hughes in Jowai.

1897— The Dispensaries at Cherrapunji and Jowai were razed to the ground on account of the great earthquake. The Dispensaries were rebuilt by the Government.

The headquarters of the Dispensary was again shifted from Cherrapunji to Laitlyngkot.

1904— Dr. G. Griffiths who spent 25 years on the field retired on health grounds.

1905— During the furlough of Dr. Edward Williams, Dr. G. Russel Jarvie, the Tea Garden Medical Officer, succeeded Dr. Williams. He was given the status of a missionary but resigned three years later.

1913— Dr. H. Gordon Roberts M.D., who was also a Chartered Accountant, arrived Shillong.

The dispensary was opened by Dr. Roberts at Mission Compound near the K.J.P. Girls' High School.

1914— Dr. Edward Williams returned from furlough but engaged in medical service with the Armed Forces.

The Jowai Hospital was built by Government Grant.

Mr. Dentieth, Deputy Commissioner, K.J. Hills opened the Jowai Hospital.

Dr. H. Gordon Roberts was appointed Civil Surgeon, K & J Hills.

1919— Miss Margaret Buckley arrived Shillong.

1922— Dr. Roberts completed the Construction of the Hospital at Jaiaw, Shillong.

Sir William Marris, K.C.S.I., K.C.I.E. Governor of Assam opened the Hospital at Jaiaw.

1923— Dr. John Williams and Miss Hopkin arrived and served in the Jaiaw Hospital for a short time.

1924— Miss Muriel Owen came to assist the hospital.

1925— Dr. Edward Williams passed away.

1926— Visit by Lord Reading, the Viceroy of India.

1928— Miss Bullock joined the Staff of the Jaiaw Hospital.

1931— Visit by Lord Irwin, Viceroy of India.

1932— Miss Margaret Buckley was transferred to Jowai.

1933— Visit by Lord Willingdon, Viceroy of India.

1935— Dr. Llewelyn Williams, C.B.E., D.P.H., F.R.C.S., Member of the Commission of Enquiry appointed by the General Assembly of the Presbyterian Church in Wales visited the hospitals at Shillong and Jowai.

1936— Miss Doris Jones (later Mrs. A Crockett) arrived Shillong to serve in the Jaiaw Hospital.

1937— Miss Menna Jones S.R.N. (later Mrs. T.B. Phillips) joined the Staff for the Jaiaw Hospital.

1939— Dr. R. Arthur Hughes, M.B., Ch.B., F.R.C.S., took over charge of the Jaiaw Hospital from Dr. Roberts.

Miss Anne Dorothy Harris (later Mrs. E.H. Williams) was transferred from Durtlang to Jaiaw Hospital.

Dr. Homiwell Lyngdoh L.M.S., M.B.E., was entrusted by the Mission in Wales to build the new Hospital at Jowai. He was given the status of a Missionary by the Mission Board.

1944— Miss Marian Pritchard joined the staff of the Jaiaw Hospital.

1946— Miss Margaret Owen S.R.N., and Miss J. Beryll Edwards S.R.N. joined the staff of the Jaiaw Hospital.

1947— Miss Morfydd Jones joined the staff of the Jaiaw Hospital.

1948— Miss Dennis Rowlands and Miss Jennie Davies joined the Jaiaw Hospital.

Visit by Lord Mounbatten, Governor General of India.

1949— Dr. H. Gordon Roberts returned to India to build the new Hospital at Jowai.

The Buckley Memorial Travelling Dispensary was introduced.

Visit by Shri Rajagopalachari, Governor General of Free India.

1951— Dr. N. Tunnel F.R.C.S. and Dr. P. Shave M.B.B.S., joined the staff of the Jaiaw Hospital.

1953— The New Hospital at Jowai was opened by Shri Jairamdas Doulatram, Governor of Assam.

1955— The Nurses Hostel of the Jaiaw Hospital was opened by Shri Fazal Ali, Governor of Assam.

1956— The new Nurses Hostel at Jowai was opened by Shri Rupnath Brahma, Minister of Health, Assam.

1959— Miss Lily Thomas joined the staff of the Jaiaw Hospital.

1960— Miss Enid Edwards joined the staff of the Jowai Hospital.

1961— Dr. H. Gordon Roberts passed away.

Dr. R. Arthur Hughes was made an O.B.E.

1962— Miss Blodwen Harries came to assist the Rural Health Centre at Mawphlang.

1969— Dr. R. Arthur Hughes retired after 31 years service.

Dr. E.C. Syngkon M.B.B.S., was made the Senior Medical Officer.

Dr. S.P. Sen-Gupta F.R.C.S. took over as the Chief Surgical Officer. Dr. Sen Gupta was the last person to be interviewed in the 16 Falkner Street, Mission Office Liverpool for appointment in the field church of Khasi Hills.

1970— Front extension work of Out-Patient Block started.

1971— Shrimati Sobha Nehru, wife of Shri B.K. Nehru, Governor of Assam visited the hospital and presented the Cardiac Defibrillator machine on behalf of the Talent Club.

1972— Golden Jubilee of the Khasi Hills Presbyterian Hospital Shillong.

Calendar of Events in the Mizo Hills.

1928— Dr. John Williams and Sister Winifred Jones arrived and served in the Durtlang Hospital.

1933— Miss Eirlys Williams joined the staff for the Durtlang Hospital.

1937— Dr. Gwyneth Roberts arrived to served in the Durtlang Hospital.

1943— Miss Beryl Edwards and Miss M. Parker joined the staff of the Durtlang Hospital.

1953— Miss Mary Bounds joined the staff of the Durtlang Hospital.

Miss Gladys Evans opened the Dispensaries at Sawleng and Pukzing.

1958— The X-Ray Room in the Durtlang Hospital was opened.

Jesus Christ The Healer

Rev. T. Bevan Phillips

The ministry of Healing is an integral part of the manifold ministry of Jesus Christ, and likewise of the ministry of his disciples with whom He shared his Ministry. In their practical training he commanded them that they should "keep on proclaiming the kingdom of God, i.e., the effective Sovereignty of God in everyday life and to keep on healing the sick, giving sight to the blind, cleansing lepers, raising the dead, and casting out evil spirits" Math. 10:7, 8.

In what amounts to his Manifesto in the synagogue in Nazareth he called upon his kith and kin and his neighbours to listen to his deliberate fulfillment of the prophecy of Isaiah 61:1, 2. Luke 4:17-19. Later we read in Luke 7:18-23, that he asked the disciples of John the Baptist to reassure their imprisoned master of the effectiveness of the comprehensive ministry of Jesus.

The ministry of Jesus is a personal ministry and because of this his followers have never been able to delimit its various aspects and to separate the healer from the teacher, preacher, and prophet. The christian ministry remains a personal ministry; and however humbly, and obscurely it has been exercised it has always been characterized by Grace Gifts (Charismata) which are personally received and have to be personally dedicated. It is right therefore that when we celebrate any achievement or initiate any venture which is part of this ministry we should look to Jesus

the author and perfecter of our Faith. Mathew tells in Math. 8:17, that Jesus the Healer fulfilled the prophecy of Isaiah 53:4 "He took our infirmities and bare our diseases". Jesus was and is compassionate beyond all telling. He seemed unable to look upon disease without seeking to cure it. In season and out of season, whether the day be secular or sacred he was willing and ready to heal. Math. 3: 1-5.

He knew how much of the disease that afflicts mankind can be traced "to man's disobedience and its forbidden fruits"; but He did not allow Himself or his disciples the luxury of being bogged down in endless and unprofitable discussion as to possible causes and occasions and in JOHN 9:3 he directs their attention to the opportunity which is given to us even in sickness and blindness to bring to light the Glory of God in the recovery of sight and healing.

Jesus the Healer inspired faith, he looked for it and stirred it up. He looks for that personal response to the love and mercy of Almighty God that makes all things possible, and which can of itself restore many to good health and wholeness of life. In its absence life at all levels withers and dies giving way to decadence and corruption. Jesus exercised Faith Himself, He obeyed and trusted the Father completely. He found faith also, sometimes in unlikely places and was glad.

He did not despise material means

of grace, he made use of clay and used touch, and sight and sound; he would not limit the working of God's goodwill and mercy at the behest of any kind of taboo or ideology. He encouraged his disciples to "keep on asking, keep on seeking, and keep on knocking". We are often astounded by the findings of modern scientific and medical research in our age; but none of them go beyond his promises. "Continue to ask in my name", i.e., keep on inquiring as sons and daughters should inquire of their Father; keep on exploring the wonders of the Father's Realm; and "greater things than these shall you do, because I go to my Father."

It is generally acknowledged that His

unselfish wholehearted obedience to the Father and His unclouded trust in Him. In other words the sinlessness of Jesus was a tremendous factor in His ministry of Love and Mercy. He came to do the Will of the Father; and the Father worked mightily within Him to do His Will.

Jesus Christ the Healer shared his faith and his ministry with his disciples. He does so still, and calls upon all of us to share in this personal ministry as members of his body and members one of another. No one can ever enjoy a greater privilege than to partake in this ministry of Jesus Christ The Healer, The Teacher, The Saviour, The Servant Lord. Jesus Christ the Son of God.

"I was greatly impressed by what I saw and heard of the Khasi Mission Hospital, Shillong. I am filled with admiration for the great enthusiasm, energy and business capacity shown by Dr. H. Gordon Roberts of the Welsh Presbyterian Mission, in collecting funds to establish and maintain the Mission Hospital, which is unique, in many ways, in the Indian Empire; and for the high degree of scientific attainments which have made the Hospital and his name household words both through the length and breadth of Assam, and outside the Province also.....I came away deeply impressed by the extent of the good works done here, by the patent cheerfulness and contentment of the patients, and the obvious general efficiency of the arrangements and the Staff."

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