climbing the dusty hills on one side of the broad valley. As I swallowed the dust and, terrified, looked over the rim of the snaky alpine tracks, I was told that Alexander the Great had passed along the valley below after conquering Swat, in the border regions near China. At various points in our passage, we came across clusters of flags on poles like those marking golf holes, but twice as tall — markers of nomad graves. At 630 metres above sea level, juniper trees suddenly appeared on the valley walls, creating a new demarcation line between the bare slopes below and the trees, which only thrived above this height. The mountain air was laden with the scent of thyme, as well as juniper.

Reflections

At the end of my adventure, returning to my hotel in Karachi, I was surprised to find that Bishop Ray had left a message for me. He invited me to lunch with him, and then came to the airport to see me off. His touching courtesy prompted me to ponder the situation of the Christian minority and its missionary doctors, whose lives I had shared.

My missionary friends were not confounded by their inability to care for everyone, everywhere in the region. They were realists, content to do all they could to meet local needs. To them, their calling didn’t involve self-sacrifice (although a young English nurse did die suddenly during my visit). Perhaps the missionary urge, previously a preserve of the Christian medical missionaries, can be best illustrated by paraphrasing Sir Henry Holland:

Our aim is to care for the whole person, body, mind and spirit. Our healing is like a sermon in the ward. It’s not bait to lure the people. It’s delivered in dedication to our calling, undaunted by dangers and difficulties.

Today, the North West Frontier is an even more dangerous place than it was in 1959. Opposition to the presence, and even to the work, of medical missionaries has intensified.

I reflected on what the hospital and I had provided for each other. I’d assisted slightly with the patient load. Quetta gave me the benefits of concentrated experience with advanced, neglected, untreated disease; further medical and surgical insight; and the privilege of working with admirable colleagues dedicated to the impressive people native to this frontier. I’d learnt much more in Quetta than surgery alone.

SNAPSHOT

Beer and oral hygiene

One of my most amusing cases concerned two young fellows who had spent a day on the town doing some considerable celebrating. To prepare for more of the same that night one of them decided to clean his teeth. In the course of this procedure he managed to swallow his toothbrush.

I was unbelieving when first I heard this story, but, despite his inebriation, the patient was obviously distressed, so oesophagoscopy was indicated. A toothbrush was removed from the upper oesophagus.

My relieved patient, hearing my name, said he was used to consulting Dr Beer regularly, and thought that more beer was sure to help him.

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