



- Within the lifetime of one of our founders, the nature of both medicine and mission has changed beyond recognition
- Being open to God's leading can take us to people, places and situations where God can use us, however unexpected and unusual the circumstances.
- Even in old age and retirement, being open to God's leading can bear fruit for his kingdom.

This article is taken from an interview that Peter gave to me in February 2020 and a Christmas letter that Peter composed in December 2020. Both highlight Peter's devotion to God throughout his life.

uring his career, Peter worked as a missionary doctor, farmer, accountant and teacher, alongside his wife Hope, a nurse who opened and ran several missionary nursing schools in Africa and the Middle East. He continued to witness to those around him until the time of his death.

Peter trained and worked at a time when CT scans and ultrasounds had yet to be invented; the number of antibiotics available could be counted on one hand; and X-rays and blood tests were requested sparingly to aid diagnosis and not as the primary means of diagnosis.

Peter was a medical student in Edinburgh when he attended the Inter-Varsity Fellowship (IVF) meeting in 1943. Here he met Douglas Johnson and 'crossed friendly swords' with Arthur Rendle Short over subscriptions to the IVF. Peter graduated in 1948. In 1949, after one year of postgraduate training Peter went to Nazareth. He left the UK as a member of the Medical Graduate Fellowship of IVF and returned in 1951 as a member of the newly formed CMF, with Douglas Johnson as the Secretary and Martyn Lloyd-Jones the Chairman.

Peter spent a year undertaking General Practice training, getting married to Hope and becoming a father. In 1953 Peter and family went to the Gaza Strip and Hebron and then on to Kenya in 1957. He and Hope were sponsored by the Church Missionary Society (CMS) in Palestine, and American Missions and the Church of Scotland in Kenya. There they served for the next 20 years.

A tale from the mission field

Peter's long experience in the mission field left him with many stories to tell, too many to include here. But here is just one example of God's guidance and mercy whilst Peter and Hope were based in Kenya.

'Hope and I held regular clinics at Baragoi and Wamba (respectively 70 miles north and 80 miles south-east from Maralal Hospital, where we were based at the time). At the end of one trip to Baragoi, as we were packing up to return home, something

said to me "Call into Wamba on your way back and see if everything is alright". So, I said to Hope, "I think we will drop in on Wamba as we go back to make sure it's alright". Hope was not keen, wanting to get home whilst it was still light.

'As we were travelling, I still had the nagging feeling that I should call in at Wamba. As we arrived at the turning, it was so burning in me I said to Hope, "I'm sorry dear, I've got to go into Wamba, I don't know what's wrong, but something keeps telling me 'Go into Wamba'. I promise you, I will go in, and if it is all well, I will come out. I won't even take my hat off".

'When we arrived at Wamba, it was very quiet. On the ward was a crowd of people around a bed, and my Dresser was on his knees. Looking up, he said, "Doctor, where have you come from? This man has just walked in, and I don't know what to do". The patient had been gored by a rhinoceros, resulting in a hole in the side of his chest. You could actually see the heart beating inside. I thought, "Oh my goodness, what do I do here?"

'I sent one of the team to ask Hope to bring in all the equipment that we had for an operation. She took control of the nursing care at once. The bed was low, and I was operating virtually on my knees. I was eventually able to close the wound and put in a sealed drain, and run two bottles of plasma expander slowly in through a drip. I wiped the sweat off my brow. Enquiring if there were any other problems, I was told that he had come in holding his stomach. Removing the cloth covering his abdomen, I found his gut hanging out, coils of it open like a zip fastener. I thought, "This man's not going to live".

'As you can imagine, I was praying from start to finish, "Lord, show me what to do". So we cleaned him up as much as we could and sutured him together. We set up a drip to replace as much fluid as possible, and I left with instructions to keep close monitoring of his vital signs.

'The next morning, the Dresser radio-called me and said,"He's much better this morning, Doctor".

"What do you mean... much better?" I replied incredulously.

"Well, his pulse is 120, but his blood pressure is up to 100 over 70." $\,$

"Is he conscious?"

"Oh yes, he's conscious; he's wanting breakfast!"

'That was Monday morning. On Friday, I got another call asking if they could take the stitches out, "as he wants to go home". I thought to myself, "'Take out those stitches? I can imagine the whole thing going Pop!" So I got him transferred to us in Maralal. I kept him in until the following Tuesday, and when I couldn't put it off any longer, I took him to theatre and gingerly took out the sutures. They didn't go "Pop", and I was able to discharge him the next day. And he walked home!

'Looking back on it, one of the things that has amazed me was not that God guided me to Wamba that night, but that, as far as I could make out, God sent me there before the accident had even

happened. It took me at least an hour to get from Samburu Lodge to Wamba, and the man had only just walked in when I got there. He couldn't have walked hanging onto his bowels for an hour, especially with a chest like that!

'I believe I was put there for that man. He survived because God called me to go to that place at that time. The Lord had given me the things in my hands to do what was needed. If I told that story to a Royal College of Surgeons meeting, they wouldn't believe me!'

Mission in retirement

Returning from Kenya, Peter became the part-time General Secretary of the Medical Missionary Association (MMA) while working as a Consultant in A&E at the Royal Free. Peter travelled around to careers fairs at hospitals and universities, talking about the need for doctors to serve internationally. Peter and Hope, with MMA and CMF, ran courses for student doctors going out to mission hospitals on electives to prepare them for life in a strange land.

They also helped run what was then known as the Missionary Refresher Course, the precursor to the Developing Health Course

One of the schemes the MMA developed was the 'OYSTER' scheme [One Year's Service to Encourage Recruitment] which provided grants to young Christian doctors to experience life working in a Mission Hospital, and later the 'Baby OYSTER' scheme which was for a shorter period suitable for student 'electives'.

In 2000, Peter and Hope retired from the MMA to their beloved cottage in Sussex, but they both remained active supporters of CMF mission work and the developing nurses and midwives' ministry.

Hope died in September 2018, and at the end of 2019, Peter fell at home, breaking his hip. He moved into a residential home to be near his family. Prior to this, Peter had run and been involved in various church and Bible study groups. So it was unsurprising that at Easter 2020, with a retired Anglican Reader who was also resident, he commenced producing a weekly devotional booklet. When COVID-19 restrictions were relaxed in August 2020, Peter, with his fellow resident, was asked to hold a weekly church service with up to 25 residents and staff attending. Even in retirement, Peter found new mission fields!

Just after Christmas 2020, Peter became unwell with COVID-19 and went to be with his Lord on 2 January 2021.

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