



**EMEMBERING Dr. FORREST C. EGGLESTON  
MY MOST CHERISHED PROFESSIONAL DOCUMENT WAS "DESTINED"  
TO BE SIGNED BY Dr. EGGLESTON ONLY!**

CMC graduates, who learnt the art and science of surgery under his supervision, will have so many fond and happy memories to share about him that, if Rev. Max Marble is not selective, he will have to publish a memorial volume for Dr. Eggleston that will be larger than the contents of his circular letters for the next ten years! Another volume will be needed to include the memoirs all others who knew him in India and the world over I want to remember him from some very different aspects than his being a world renowned teacher, surgeon, and a researcher. My own familiarity with him is not from being his long-term student. I came to know him well from observing his active Christian living and from an administrative point of view when I was a faculty member and also served as the first alumnus Medical Superintendent of CMC, Ludhiana.

Dr. Eggleston, being a busy surgeon, was not much involved in students' Christian and extracurricular activities. But he and his wife were always there in the Sunday evening church services. He was not a Bible-brandishing and persistent scriptures quoting Christian. He was a missionary with a strong commitment to vocation and work. This aspect of his dedication to "Dharma" endeared him to his students, colleagues, patients, and people who had close dealings and contacts with him.

Dr. Eggleston belonged to a well-to-do American family. He had so many opportunities to be comfortable, succeed and shine in his own prosperous homeland. There were so many factors that drew him to endure hardships to spend a lifetime serving as a missionary surgeon at The Christian Medical College, Ludhiana. Suffice it to say that he yielded to the Holy Spirit and allowed himself to fulfill God's will by being free to walk the path that was chosen for him.

It may surprise many people that Dr. Eggleston was born into and remained a member of the Presbyterian Christian denomination which gives "predestination" quite a bit of credibility. It does not mean an orthodox, pessimistic belief system that views mankind a fallen race whose members are destined to live a life of struggle, toil and tears, die in dismay, and have only some vain hope of peace and happiness in a possible existence in the hereafter. This predestination has Biblical foundations: St. Paul's letter to the Ephesians 1:1-14, with emphasis on the fifth and eleventh verses (specific words in King James and New International Version)

In my third year of medical college I was unanimously chosen president of the Student Christian Movement. Usually it meant helping to organize the morning and evening daily services in the college chapel and making sure that Christian students were available to go with some staff members to serve leprosy patients and their families in a slum area of Ludhiana. They always welcomed us with open arms. Compared to the surroundings, these "untouchables" colony was well-kept and their children were neat and clean. Some other students and staff went to the local Railway employees' colony where children eagerly came to learn the Biblical stories. During Christmas we organized a dinner for all staff and students and several times in the year we had our own Christian staff or outside evangelist to come and preach to the whole student body. Many non-Christian students attended out of curiosity but some were sincere in their pursuit for understanding the Christian Gospel.

My first personal contact with him Dr. Eggleston was when I was yet to have an exposure to the department of surgery. Dr. E.R.B. Snow, the first, very first popular Principal/Director of the upgraded MBBS college had retired to her homeland in Briton. Dr. Eggleston had joined the Ludhiana faculty a few years before her retirement. Dr. Eggleston once told us the story that when he met her she said, "I will have to investigate whether you in fact are the person you say you are because your youthful looks do not convince me that you are the surgeon whom we are expecting to join us from America."

Dr. Casberg, an American surgeon came out to be the Director for a short time and left rather suddenly. Dr. Kenneth Scott had yet to join in as the next Director. During, this rather uncertain time, the board cast the burden of keeping the institution running on the shoulders of the British background Professor and head of Anatomy: Dr. Guy Constable. Dr. Banerjee, an Indian Professor and head of Physiology, seems to have entertained the aspiration to be the next

principal/director. He instigated some vulnerable students to express lack of confidence in Dr. Constable's leadership. In a few days a strike was organized. It soon became obvious that some influential students were forcing others to take the side with Dr. Banerjee. They were spreading the rumor that he had been chosen by the government and if they did not cooperate they will no more be part of the new government medical college.

At that time Dr. Eggleston and Dr. Garst were the only two senior American missionary faculty members. They were still too new and their American values of democracy and equality made them think that the motives of the said professor were geared towards the "Indianization" of the top administration. The professor was trying to pitch Dr. Eggleston and Garst against the British Commonwealth missionary staff members. The Commonwealth background missionary faculty put out a joint letter (about eight of them) supporting Dr. Constable. Christian students were (and still are) a minority in the institution. Most of us did not understand as to what was going on. There were hardly any Indian Christians on the senior faculty. Two mid-level missionary staff women (one British and one Australian) helped us, the members of SCM, to understand the situation. As president of the SCM, I was deputed to go and talk with the "American" faculty and ask them to put out letters supporting Dr. Constable.

Dr. Eggleston called me to meet him in his home. When I entered Dr. and Mrs. Garst and Dr. and Mrs. Eggleston were in the verandah sitting under the ceiling fan. Dr. Eggleston led me to his living room and heard out what I had to say. He expressed his concern that Dr. Banerjee was research minded. I pointed out that he could have more time to engage in useful research by not trying to take over the total administration of the institution in his hands. I did not hesitate to point out that the Christian character and culture of the institution will be lost by too quick a change. He told me that he will think it over. It was a very short meeting. Next day he and Dr. Garst put up supportive letters. The faculty was united with hardly anyone openly siding with professor Banerjee anymore.

Meanwhile the strike had been noticed by the Vice Chancellor of the Punjab University. He called Dr. Constable and Dr. Banerjee to meet him in Chandigarh and to bring a few other senior faculty members with them so that he could hear both sides of the story. Dr. Constable did not want any support. I do not know if Dr. Banerjee asked anyone to go with him. Dr. Cowan (British) and Dr. Nambudripad (from Kerala) talked and volunteered to join them. On the way they helped to break the ice between the anatomist and the physiologist. This intervention by a high government dignitary ended Dr. Banerjee's insinuations and claims. He resigned and left CMC to join a medical college outside of the Punjab and his own State of Bengal.

That hot summer evening I was relieved when Dr. Eggleston told me that I could leave. I was just a small third year medical student and had felt very nervous before this rather stern-looking "giant" well-known American! I still had the presence of mind to gulp down the nice refrigerated cold drink he had offered me. I ran out of Eggleston house as fast as I could. On my way back to the boys' hostel it occurred to me that the senior students, who had inflated my ego to go and speak with Dr. Eggleston, were in fact quite timid themselves and had avoided facing. I understood their hesitation when I myself had to face him in the ward rounds and surgery tutorials. He was fair and friendly but he did enjoy making students feel like lambs, which he will eat up like a hungry lion, if they did not learn fast and well by working hard. From my point of view only the determined and talented ones dared to face Dr. Eggleston for another three to five years of surgical residency and specialties.

Late Mrs. Barbara Eggleston was the wind beneath her husband's wings. She kept him healthy and active. She encouraged his residents to put up with him in some of his overbearing moments! They had nicknamed him "The Boss." She typed their thesis materials and also taught his secretary, Rattan to do the same. Rattan was still a child when he became paralyzed below the waist from an accidental fall. He belonged to a village not too far from home in Palampur, Himachel Pradesh. Some local Christians encouraged his Hindu parents to bring him to CMC. The institution rehabilitated him. Dr. Eggleston recognized his determination to get over his handicap and Rattan became a member of the Ludhiana family. Because Rattan was bright and talented, Dr. Eggleston employed him to help out in his office. Over time Rattan practically became Dr. Eggleston's right-hand man by being his stenographer and very fast typist. He kept a watchful eye on the residents needs and 'deeds' and all matters pertaining to the department of surgery.

Rattan himself retired from CMC many years after Dr. Eggleston had returned to the US. He built a house in the "Isa Nagri" Christian colony next to CMC, Ludhiana. One of his older brother's sons, his wife, and children live with Rattan and take care of the needs that he still cannot meet himself due to his paraplegia. He was sanctioned a loan to start a taxi service by the government. His nephews are the drivers and all CMC employees and overseas visitors to CMC seek out "Rattans taxi." Pushpa and Invested him in March 2016. He was very happy to speak in 'Pahari' with me and asked me to convey his best wishes to Dr. Eggleston. As we were leaving, he asked me to pray for him, his family "and for CMC...that it may always be there to people as it has helped me." I believe that all those who trust God and do not let themselves to succumb to their own, or be influenced by others, false notions of an unchangeable destiny, eventually find their own corner of contentment in this world.

In this second half of my eulogy about Dr. Eggleston I want to share a few of my experiences with him when, after the completion of my residency training in neurology and psychiatry from the A.I.I.M.S., I joined back at CMC as a member of the faculty. Like most surgeons Dr. Eggleston did not usually have to deal with the needs of mentally ill. Unlike some missionaries, who looked upon psychiatry as being outside the realm of missionary work, due to its Freudian and related roots, he encouraged my starting the department of Psychiatry and Behavioral Sciences at CMC. One incident when he stood by me firmly stands out in my memory. I was caught in a difficult conflict between a very senior Christian professor and his adult daughter. She fell in love with a local Christian boy of low socioeconomic status. When her father came to know about it he tried to get her to go with him (the father) to his state of origin to be married off to a boy from a well-to-do family. When she refused, he became very irate and took the help of an uncouth police officer to have the boy arrested and beaten up mercilessly. This further enhanced the determination and she said that she would rather commit suicide than marry anyone else. Her father shut her off in a room. She refused to eat. By then the news had spread outside of his family and he came to ask for my help. I recommended that we admit the girl into my inpatient unit. She was afraid to leave the house lest her father had her abducted and taken away. I had to personally go and bring her to the ward with the help of another of my staff members.

The situation became more complicated when her pregnancy test came out positive. Her father took an overdose. His wife called for help and he was admitted to the hospital ICU. A Christian physician colleague offered to help the father. Rumors began to spread as to what was happening. I asked the Director, Dr. Nambudripad, to call a senior faculty members' meeting so that, at least, they would know the facts and help others to process the information. I presented the 'case' as objectively as I could and clarified that the girl was not suicidal due to severe biological depression but, if let loose, she was determined to end her life. Ethically I had to side with the patient under my direct care. Some said that her suicidal talk was just a threat and no one should undermine her father's authority. This was not a clinical approach. It reminded me of the tragic death of one of our nursing students. She was admitted under a medical physician for incessant weeping and not eating for many days. I was asked to see her. She admitted being depressed but did not reveal the whole story in my first session with her. I ordered some medicine. As I was leaving she said, "Dr. Chander, medicine is not going to do anything." Next morning when I went back to see her, she was not there. Her physician came over and with a sad looking face told me, "she insisted on being sent home and I let her go, thinking she will be safe there." When she was near her home, she jumped into a well, in the full viewing of some villagers. Autopsy revealed that she was pregnant. I was not going to take such a risk again with this patient. While all others sat silently, Dr. Eggleston said, "Very good clinical presentation. I agree with you that the girl is an adult and her decisions take precedence over all other factors. Your plan is a good one: to apprise the government authorities and release her in the care of the Deputy Commissioner in-charge of Ludhiana." I did exactly that. I was hoping for some confirmatory words from our Director but these never came. The boy and the girl were married. The said professor himself became well. Some years later (after Dr. Eggleston's retirement) when I was visiting CMC, he came to see me and hugged and thanked me, saying that I had saved his daughter and that he was very happy with his grandson. Compared to the praise that many of us receive and enjoy, Dr. Eggleston had passed the point of considering his achievements to be of any consequence. He lived to win the trophy that the Lord had promised him.

Some years after my return from study leave at Johns Hopkins, I was offered the additional responsibility to serve as the Medical Superintendent. That gave me the privilege to be an integral part of the governing board. In a time of need, Dr. Eggleston himself had served as Medical Superintendent many years before, but had gone back to spend his time in surgery only. As with other heads of departments, I worked with Dr. Eggleston also in the selection of residents for post-graduation degrees in CMC. He was very keen to bring physicians from Mission Hospitals, situated in the Northern States of India, to receive higher education and return to serve their multicultural, ethnic, and religious communities even better, when they returned to their previous mission hospitals. He knew that the Christians of Punjab, its surrounding States, and almost all over North India depended heavily on CMC Ludhiana. Many who came from the South Indian States of India for MBBS were also accepted for post graduations. The South has CMC Vellore that has always catered well to that area's needs--and to some extent to the North Eastern States of India. Towards the end of the last century CMC Ludhiana and Vellore began to cooperate and many of our physicians and surgeons went to Vellore for training in super-specialties, while many of their graduates came to Ludhiana for training in surgical, medical and Ob/GYN specialties. Emmanuel Hospital agency also helped to send doctors to Ludhiana for postgraduate studies from India's North Eastern Frontier Areas (NEFA).

One day Dr. Eggleston suddenly walked into my office. He sat down, rested his elbows on the table, and held his head on his hands. He looked tired. I asked him if he was well. He sat up straight and said, "Ernest, I used to be a surgeon but now I feel like a mere operator. Now I have to do what I am told to do. Well, I will somehow live out my last few years here before I retire." I was shocked to hear him say so, especially to me. I quickly gathered my wits and said that he was well-liked, loved and appreciated by all of us, and like some other bad times that he may have faced before, this too would pass. He got up, nodded and left. I remembered my first meeting with him when I was so afraid to face him. Now he had come to me to vent his frustration and feelings. I felt happy and humbled at the same time because by trusting me, he had raised my own level of self-confidence.

I did have some inkling about his frustrations. Dr. Eggleston was a member of important administrative committees. He and Dr. Nambudripad liked to express different views on some matters. Their arguments often extended well beyond the time allotted for a meeting. The rest of us had to bend and lower our heads down lest they saw us yawning! Dr. Nambudripad usually came out as the winner by using his favorite phrase "let us ask the treasurer." Mr. Massey, the treasurer was an experienced and shrewd steward of the finances and he was the one who often had the last words "Where is the money to do this?" I was not privy to financial matters. I don't know if some projects were dropped because of a lack of funds or Mr. Massey's and Dr. Nambudripad's reluctance to venture out into unexplored territories due to their Indian cultural traditions to be too cautious. Such uncertainties not only frustrated Dr. Eggleston, but some of the rest of us, who wanted progress at a faster pace. Dr. Eggleston wanted an additional operation theater. Dr. Nambudripad refused to do so.

Despite their differences Drs. Eggleston and Nambudripad were also good friends and admired each other's expertise. One time Dr. Eggleston had severe back pain and could not operate or even walk. He asked Dr. Nambudripad (neurosurgeon) to operate on him. Dr. Nambudripad refused to do so and ordered him to stay in bed and not be seen walking by any one for six weeks. Dr. Eggleston wanted to get well faster and thought surgery would be the quicker path to reach his goal. It was commendable that he wanted to go through this complicated procedures right in Ludhiana itself, and that he did not want to go anywhere else to have it done, knowing very well that his supporting board would have sent him any were in the world to get excellent treatment and nursing care. This time he had no choice but to bow down to Dr. Nambudripad's orders, especially when Mrs. Eggleston put her foot down and told him to stop being stubborn and listen to the good advice he was getting.

There were reasons behind Dr. Nambudripad's objection to agreeing with Dr. Eggleston's insistence to build another theater at the time and in the suggested place. He did not want this limited inner space in the inner square of the hospital to be defaced by structures jutting out in it. He had hoped that someday it could be landscaped into a beautiful garden for hospitalized patients who could be wheeled in to breathe some fresh air and smell the flowers. He had also come to know from the then CMCL-USA Executive Director, Rev. Dr. Charles Reynolds, that Dr.

Eggleston had quite a lot of money lying in his account with the CMC office (New York). Evidently the churches that supported a missionary sent their donations and contributions to this account and its use was at the discretion of the missionary. Dr. Eggleston was popular not only in Ludhiana, Punjab and North India, but he was well known and liked in the USA also. I am not sure why he had not offered to use all or some of this fund to build the additional O.T., when Dr. Nambudripad told him that the institution did not have funds to spare to build this additional theater.

The conflicts and different priorities of the bygone generations did not help to create endowments for the viability of CMC. Such burden seems to be the cross of our generation.

While some of these high-level debates and discussions were going on, Pushpa and I were getting affected by our own difficulties in CMC. We decided to leave and start afresh by moving back to the USA. Dr. Eggleston was one of the many of our teachers who were not happy about our (or mainly my) decision. He came to see me to find out where we were going and gave me some useful information about Connecticut, "It is part of the so-called New England gold coast of the USA (he was a New Yorker). Good educational opportunities for children. It has wonderful scenic beauty and great cultural and academic centers." He also cautioned me that there will be hardships and needed to weigh my options of staying or going and starting almost all over again.

A few months before Pushpa and I were to leave, Dr. Nambudripad himself resigned. At the next board meeting he recommended and I seconded Dr. Eggleston to be the next Director of the institution. I do not have the intentions, the time and space to go into any details in this write up as to why and how this massive change took place. The reader can get information from other sources. If you want to know about it from my Indo-American point of view, you are welcome to read about it in my book *Trishul to Trinity*.

Among some other material contributions (like modern fiber optic scopes), Dr. Eggleston got his wish fulfilled by building another operating theater attached to the old ones on the second floor. Due to this construction the ground floor got a much-needed addition to the Emergency room complex and the laboratories that are situated on the top third floor could also be expanded to accommodate their increasing service demands. I am sure that most of this was built from the money that he had kept in store for such a time!

He also helped me in a very specific way. I had been promoted full professor by CMC and accepted so by the Punjab University. University requires one year probationary period before it confirms its decision. The Institution's Principal has to send this information to the University. In Ludhiana the Director has to allow this to actually happen. Dr. Nambudripad had not done it stating that I had not seen enough patients and he and the principal could not send a confirmation to the University. As the co-chairman along with Rev. Dr. Reynolds, I was heavily engaged in the arrangements and delivery of the 100th year international conference and celebrations of the Institution's founding (as a small dispensary in 1881). He or the Principal had not shared any of this information with me nor had they warned me that I needed to pay equal attention to keeping up my minimally required patient load when also involved in higher administrative activities and any special projects' load. I had in fact not heard about such a rule. The procedure to undertake some statistical record of how much time faculty members spent in patient care, teaching, administration and research was introduced in the institution only after I had learnt about it myself in my MPH studies at Johns Hopkins and had introduced it at CMC, Ludhiana.

This denial to not confirm me as a professor essentially meant that, if I ever wanted to return to CMC, I wasn't going to be accepted back due to the circumstances at the time of my leaving the institution. I still believe that Dr. Nambudripad's reluctance was not of his own accord. Some people, unfortunately most of them were surgeons, had not been happy that I—a relatively junior alumnus faculty member and that too a psychiatrist—had been planted over them as the Medical Superintendent. I had seen Dr. Nambudripad become ambivalent when he had to take some necessary disciplinary actions against such folk. I think he was hesitant to confirm me due to their pressure.

I decided to take my chances with the new Director. This was my last meeting with Dr. Eggleston in CMC. This time I was not nervous the way I was when I had met him the first time as

a third year medical student. I was also not concerned what the outcome will be, as I was anyway leaving India and the chances of return, within a few years, was not possible due to Pushpa and I having to Americanize our trainings and the educational needs of our children. It was more to see how a missionary teacher will handle my commitment to have stayed and served in Ludhiana, compared to my own Indian compatriots! He listened and said, "Now that I have to spend so much time in administration, I am also not seeing as many patients as I used to...why don't you stay back and start doing so again?" By then I knew him so very well that I did not hesitate to use some humor. I said, "Dr. Eggleston if I have to serve under an American Director I would rather do it In America than in India." He was in a good mood. He smiled and said that he will see what he can do. At times humorous speech can be an indirect expression of sarcasm and a covert expression of resentment. Looking back, I feel that my behavior had some such elements in what I said to Dr. Eggleston that day. It is too late to remind him of this incident and seek his forgiveness.

None of us were very happy that not even one of Ludhiana's own North Indian Christian graduates had been prepared to take over the institution's Directorship if and when Dr. Nambudripad stopped being in that position; and we had to ask overseas missionaries to once again take back the top positions (Dr. Eggleston as Director and Dr. Ms. Cowan as Principal). I was still not senior enough and ready, but there were a few others with extensive administrative and organizational experience who could have stepped in. In this sense, accepting the position was not a great achievement for Dr. Eggleston and he, in fact, had said so when he had clarified that he can do so for three years as he had long decided to retire at that age. Of course, one can remain Director much longer than the University declared retirement age for a regular faculty position. But Dr. Eggleston had gone to India to serve and part of his service objectives was the goal to hand over administration and management to the areas Christians where God had sent him to serve. Even after he left, it took the board many years to realize this oversight and invite Dr. Daniel to be the institutions first alumnus Director.

Two days before I was to leave Ludhiana I received a letter from the Director's office. I was now a confirmed Professor of Psychiatry! I felt vindicated by Dr. Eggleston. This short letter, typed on CMC's white stationary paper, is more meaningful compared to large parchments that I have received from some very famous institutions of India and the USA.

It was not an easy choice for Dr. Eggleston and his wife to leave the USA and practically settle in India. It is equally difficult for us, especially late life immigrants, to settle in the USA. Our human need for equality and liberty may be hindered by the powers of opposition that are always there. But our pursuit of happiness does not remain a mere utopian dream when there are people who welcome us into a new country, pray for us and help us to achieve our potentials. Dr. Eggleston went to serve in a needy part of India where the local and regional people, especially the small minority of Christians belonging to the various Christian churches of the Punjab and its surrounding states not only accepted him, but also provided the grassroots help he needed to keep going on with his work. He also went there to be a witness for Christ. He must have met roadblocks many times but, unlike some other missionaries he did not leave his post and returned to his homeland prematurely. He and Mrs. Eggleston helped the nearby Church of North India sponsored Saint Thomas English Medium Higher Secondary School to take roots and flourish near CMC.

Some of Dr. Eggleston's students, who have not made good efforts to gain knowledge and understanding of the struggles that the North Indian communities suffered for India's independence, are now in top positions at CMC. While they have shown attachment to the institution by spending their lives there, they have not always imbibed the same spirit that drew people like Dr. Eggleston to Ludhiana. Under their administration the department of psychiatry in CMC has not grown because its initiative was curtailed when the space that was allotted to it was taken away to advance the services of already established and much bigger departments. Psychiatry professors were labeled to be lacking the dedication to advance psychiatric training to post-graduate level.

On September 18, 2008, some words: “institution of an all India Character” were added to the constitution of CMC, Ludhiana. One can only imagine the motives behind the addition of the said words in Ludhiana’s constitution as serving and the vested interests of some old board members who still want to keep the local and regional Christians under their thumb and have unsubstantiated fears that otherwise the rise of the locals will mean their exit. They forget that North India, especially the Punjab has absorbed outsiders from times immemorial, and those who adapt, respect and mingle with the previous “old inhabitants,” soon become the new Punjabis and North Indians. It is true that India’s Supreme Court handed down an addendum to their judgment that “Christian Quota” means a chance for all Christians of India and not just for a few belonging to those denominations that have a majority in numbers or can make larger financial contributions compared to the less affluent one or lacking in membership strength. But the same Supreme Court still upholds the rights and privileges of the minorities. It is unlikely that The Supreme Court of India demanded the inclusion of some specific words in Ludhiana’s constitution. These do not appear in CMC Vellore or other religious minorities’ private and nonprofit institutions’ constitutions.

Those of us who try to communicate with the administration about local and regional needs are chastised and told that the mention of regional priorities is a “bias,” and Christian values are dubbed as “religious sentiments.” Success now is measured as CMC Ludhiana having reached the sixteenth status among India’s about four hundred medical colleges. The aim seems to be to become number one in the shortest possible time and surpass A.I.I.M.S. and CMC Vellore as the two top most ones. Vellore did not reach where it is today by denying its supporters any communications on vital matters as CMC, Ludhiana’s administration has been doing in last several years. All our teachers, including Dr. Eggleston, taught us to respect differences but accept people and not have rejecting attitudes towards the area’s alumni. As far as I know there is only one “All India Institution Medical Sciences” in India. All other institutions fall under the respective States’ Jurisdictions with majority of seats reserved for the people of that State.

CMC Ludhiana’s new board members and all alumni need to make sure that all departments--especially the ones that are still facing stigma due to the lack of public education, orientation, and support--are not neglected. Even more important are the needs to retain some priorities for local and regional Christian students and potential staff and faculty to find employments and to have the feeling that the institution belongs to them. The institution will always have to follow government regulations and has to yield substantial quota of seats, on merit basis, just for the candidates from Punjab. Such needs of the larger communities of India are beyond the control of the board. The board should protect the interests and progress of the much smaller north Indian community of Christians.

This new-fangled secularization of the Christian CMC Ludhiana was never on the periscope of our pioneers and the recent greatest generation to which Dr. Eggleston belonged. I recognize the need for change, adaptation, and adoption of new ways to keep the institution functioning at its best in its technical advancement. However, we, the Indian-origin CMC alumni who now are US citizens (or citizens of other well-developed countries), have to maintain the same good moral and ethical old values, and interest in the institution and its service and educational priorities, as did Dr. Eggleston. If I had written this write up as an article on Dr. Eggleston in his life time, I am sure he would have approved of most of it, especially the expression of concern for Ludhiana, Punjab and its surrounding States. He belonged to that part of our world much more than many others who have moved away to other countries, including to his homeland, the USA.

Dr. Eggleston was a courageous servant who preserved the Lord’s Word in the world. All of us can enter our preordained destiny if we accept and walk the well-trodden path that Christians have walked before us and who now are resting from their labor at the right hand of “The Lamb of God.”

**Thank you Dr. Eggleston for being a model encouraging us to find, freely choose, and stay on the straight and narrow road that God has destined for us as the only way to happiness and fulfillment.**

**Ernest R. Chander, MD, MPH**

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