MISSIONARY HERALD

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St. Thomas' Anglican Church, Dacca, Bangladesh. *(Photo: B. W. Amey)*

Bengal—

East Pakistan—

Bangladesh—

Gordon Soddy, *B.M.S. missionary from 1933 continues his reflections on the changes and growth of forty years.*

THROUGH the decade of the sixties the political situation in Pakistan was slowly growing worse and the antagonism between East and West was coming to a head. In this situation there was little the Church could do but sit back and watch, and strengthen itself internally.

Little external outreach was possible in those years of high political tensions, and truth to tell after years of such stagnation the church was not used to thinking in terms of outreach at all—survival was a much more urgent matter. However, there were leaders urging us in the direction of outreach, and the first thing was to strengthen the pastoral ministry of the Church. So there came into being various attempts to train pastors with almost minimal success as it seemed. Every effort seemed to be at the point of collapse most of the time, and yet by devoted work a few men were trained who are now doing fine service in the churches. How forward-looking this really was we none of us realized at the time, for none could foresee the troubles that were about to burst on us.

These troubles had of course been simmering for some years, but suddenly in March, 1971, the country flared into open revolt against the Pakistan Army. I do not want here to talk about the months that followed, except to say that the churches in different districts had very varied experiences at that time.

Those in the northern district of Dinajpur and certain other border areas were forced to flee as refugees into the neighbouring areas of India. Others lived in perpetual fear of molestation, but, apart from a few cases of murder, arson and looting involving Christian homes, for the most part all they had to endure was the terrible uncertainty of life from day to day and the inevitable shortages of such a time. There is no doubt that this experience deepened the spiritual life of many individuals and that some of the churches emerged into the new country with a re-awakening of spiritual life.

It was an unfortunate fact that the massive and essential relief operations so ably mounted by Western nations in 1972 to save the country from famine, had the effect in some cases of damaging this new spiritual experience again by bringing into prominence once more the terrible greed that so easily takes control of humanity. I am not saying that the relief operation was a disaster—it was a great success in many ways and saved the country as a whole—but our leaders quickly realized that the spiritual life of

the churches depended on its being cut short as soon as possible.

It was spiritually better for them to struggle on in poverty and semi-starvation and to have to depend on their own resources, rather than to become paupers accepting the very welcome hand-outs of the West. This was a hard decision to make, but I was quite amazed in some cases at the depth of the feeling expressed in this regard at Union meetings, not only by leaders but also by members of the rank and file.

The church as a whole has been helped in this decision by a new factor which is now emerging. During 1972 in some areas, villages of Hindus, who had returned from the refugee camps in West Bengal to start their lives again in a ruined country-side, came to our church leaders and asked for teaching in the Gospel as they wished to follow Christ. At first there was considerable suspicion about the motives of these people; were they hoping to get a larger slice of the relief cake by such an action?; but when some of them returned after being rebuffed several times it seemed that these requests were actually genuine.

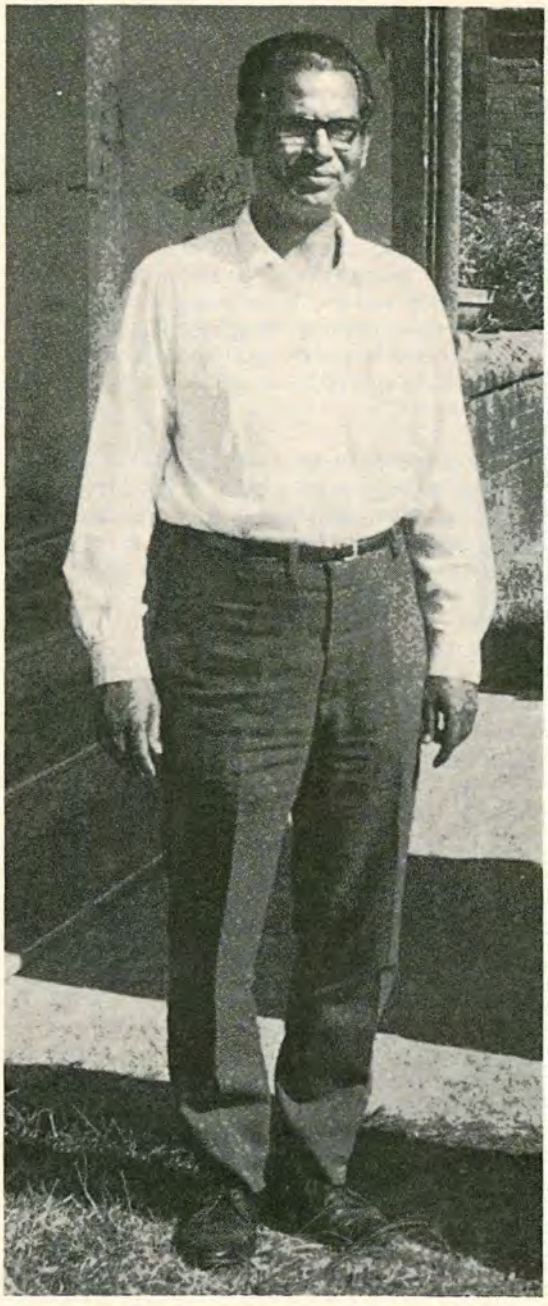
School boys at Dinajpur, Bangladesh, are in the area where there is movement into the Christian church.
(Photo: B. W. Amey)

This movement is by no means confined to the areas where our churches are operating, but other churches and missions are reporting the same thing, and the same difficulties. For one thing, this is a mass movement, which means that, in the peculiar structure of Hindu society, villages are prepared to move either all together or not at all, and our usual procedure of accepting only those who show personal spiritual experience often has to be modified a little in order to be able to accept those whose desire is felt to be genuine.

This of course means that it is vital to keep the teaching and pastoral care at a high level after the Church is established in any area as well as in the preparatory period. This is a very good thing, as sometimes one is tempted to think one's task is completed when the church is formed, whereas in reality the hardest part still lies ahead, which is to integrate these converts into the new community and ensure that they grow in the grace which is in Christ Jesus, being slowly weaned in this way from their specifically Hindu culture.

So far this movement has gone furthest in the northern district of Dinajpur, where the pressure of requests for teaching is putting an almost unbearable burden on the small staff available. But there are also requests coming to us from other areas in the south, in particular the Faridpur area where there is currently no foreign staff available and the local churches are having to tackle the whole operation on their own.

To say that I have been surprised at the way in which they are doing this seems to show a serious lack of faith on my part in the churches of that area! Perhaps this is true; there have been serious troubles in that area recently and it was an area badly hit by some of the unhappy results of relief work, but I thank God that in this new opportunity the Church leaders there are rising to the occasion and trying their utmost to gather in the harvest waiting for the reaper.



Rev. Rajen Baroi is the secretary of the Baptist Union of Bangladesh. He was a visitor to England in 1955 for the Baptist World Alliance Congress.
(Photo: B. W. Amey)

This then is the church situation as I see it as we leave Bengal after 40 years. There have been many ups and downs through the years, but I can see a steady progress under all the surface tensions towards a real independence and a growth in the Gospel. We seem to have avoided a lot of the very real troubles that have come to similar bodies in other countries, and I pray that the church in Bangladesh may continue in the way in which it is going.

The Assembly and Council meetings last January at which we took our farewell of the Union showed real solid progress in many ways, and we give thanks for the atmosphere of peace and fellowship that we enjoyed in the meetings. We also give thanks for the sense we have that the Church is really awakening to the opportunities of the present time, and is ready to accept these new converts into the community with joy.

No-one can foresee the future, but I feel that the Baptist Union of Bangladesh now has a very good chance of real growth in all ways, and that the future should be a bright one—unless other factors suddenly intrude, or the whole country once more lapses into chaos. Even then I feel that the Church is firmly established, and though it is by no means perfect now, it has within it the seeds of real growth into the deepest fellowship of the Kingdom.

I have said nothing in all this about other aspects of our mission work in that country,—the schools, the hospitals, our various social projects and the agricultural emphasis which has grown up in recent years. Perhaps I can return to those at a future time.

NOTE: The first section of this article by Gordon Soddy appeared in the September issue of the Missionary Herald. Copies are still available. These and other earlier issues of the Missionary Herald can be obtained, free of cost, to be used for free distribution to encourage others to take and read the magazine regularly.

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There is healing for city and village

by **Jean McLellan**, *B.M.S. missionary from 1947*

Jesus said, "As you go proclaim the message. The Kingdom of Heaven is upon you. Heal the sick, raise the dead, cleanse the lepers, cast out devils. You received without cost; give without charge." (Matthew 10: 8).

When Jesus was on earth he went about healing the sick and telling the good news of the Kingdom. He entrusted this mission to his followers. Today the Christian Church all over the world is engaged in the great ministry of healing and teaching. The initial command of Christ has left no alternative, but that men and women should continue to respond to carry the Gospel to the uttermost parts of the earth.

From the earliest days of its existence the Baptist Missionary Society has been involved in the twofold ministry of teaching and healing. It was Dr. Thomas who, through treating the young man Krishna Pal, opened the way for the love of Jesus to reach his heart.

A review of mission reveals how, from small beginnings of early pioneer work by medical missionaries, often working under difficult circumstances in lonely places, the Christian Church has contributed to the advance in medical, nursing and other areas, that we can see today.

I can only speak of India, after twenty-seven years of service which gives first hand knowledge. Recently India has advanced in education at a tremendous rate, yet, India, is still a land with vast unmet human need. India, with its millions of people, so varied in cultural and educational background; India, which has so many scenes to bring vividly to the mind of those of us who have had the privilege to serve there, as we read of the many scenes of need in the Bible. There is still the beggar by the wayside; the leprosy patient longing to be healed and the very high incidence

Andrew and Eileen Taylor, with Jean McLellan (centre) and Margaret Smith (right), photographed when they were sharing in the work at Ludhiana.
(Photo: B. W. Amey)

of mortality rate in children, especially under two years of age. The land of the green revolution where nearly 80% still live in the villages.

In Christian Mission we have worked alongside of the government services and in the early days Christian hospitals were placed in many states all over North India. At the beginning there was training of a fairly middle standard given to young student nurses, who even in the forties were mainly from Christian families and sent for training either by the family or the church. Those nurses after qualifying were to be found serving in government and mission hospitals.

After the partition of India, the standard was raised; an extra six months had to be taken and a Grade A certificate was then given. So, the Christian student often had to come out of the sheltered atmosphere of the Christian hospital

to take this compulsory training in government hospitals. In North India, it was received at the Brown Memorial Hospital, of the Christian Medical College, Ludhiana, Punjab. This hospital, where I spent most of my time in India, was then a small hospital, having only 300 bed capacity.

It suddenly became a general hospital, because of the conditions immediately following the partition of India, when during the days of riot and unrest, the hospital had to change from admitting only women to taking in men of all creeds and castes. This coincided with the College having to upgrade and become a M.B., B.S., College.

The Christian Church has always been involved. Through the Christian Medical Association of India and the National Christian Council, liaison with different Christian hospitals has been carried on and the service has been thus strengthened.

The three main centres of medical and nursing education have from small beginnings advanced, especially in the last ten years. There is Vellore Medical College in South India, the Miraj Medical Centre in Miraj Western area, and the Christian Medical College and Hospital, Ludhiana.

In 1971 when the Church of North India came into being, a much needed and radical change took place in the servicing of Christian hospitals. A survey was carried out and many hospitals were very short staffed and ill-equipped making it extremely difficult for various Missionary Societies to know how to give care and yet maintain a high standard of training. The Church of North India, through agencies of the Church, have been able to pool resources in staff and finance. Some small hospitals were closed down and others merged with a larger centre. Nursing training became a joint enterprise, where teaching staff could render more effective service. Other agencies carried out the same method with hospitals which were not within the Church of North India.

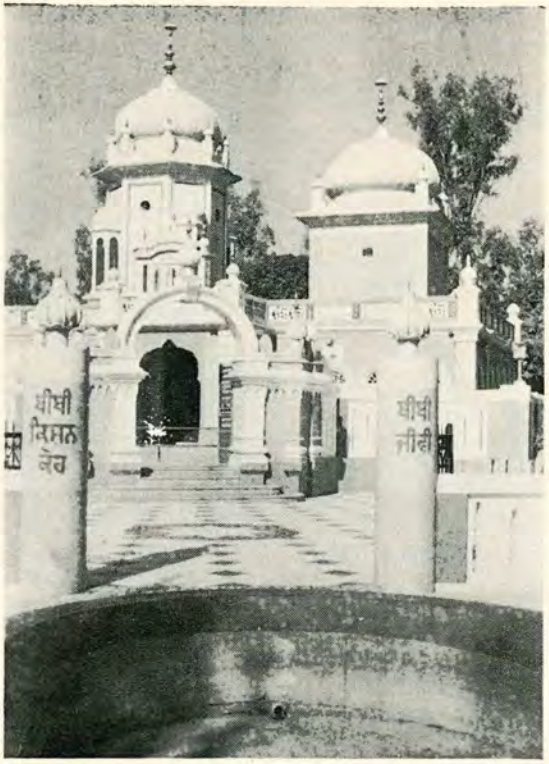
The last ten years in particular have witnessed staggering changes in the health care rendered to the people. I have had the opportunity of being on the staff of one of our own B.M.S. hospitals, the Farrer Hospital, Bhiwani, which was typical of many all over the country. Then I was seconded to head up and develop nursing services in one of the most modern and sophisticated centres of learning in North India, the Institute of Post Graduate Medical Education and Research, Chandigarh. The longest period has been spent at the Christian Medical College and Hospital, Ludhiana.

We have the cream of the youth of India, eagerly pressing in for learning as technicians, radiographers, nurses (a degree course now open to them), in medicine, and also the more mature students coming for post graduate study.

The Medical College has advanced greatly. The upgrading and admitting of medical students for the M.B., B.Sc., degree took place in the early 1950's: the pioneer group graduated

The new College of Nursing in course of construction at Ludhiana.

(Photo: B. W. Amey)



A Sikh Gurdwara (temple) next to the hospital at Narangwal, near Ludhiana. *(Photo: B. W. Amey)*

in 1959. A new hospital was compulsory and the dingy, dark old hospital, which with painstaking care and labour Dr. Edith Brown had worked in all those years ago, has become hostels for young male students, with part still housing the obstetric and gynaecology Department.

Very recently, over the last five years, speciality units have been opened. We now have renal dialysis; a burns unit (the latter offering a course in this speciality); an intensive care unit; a highly geared paediatric unit; a central sterile supply; the finest paraplegic and rehabilitation unit in North India; a vast complex of orthopaedic care and a limb making centre. The care given in the ophthalmic area, both through training, through the first specialized nursing course in the country, and through the network of eye camps, is quite fascinating. In this way the command to heal by those who know and love the Lord Jesus is being carried out.

In training the Medical College offers post graduate degrees in every discipline. More mature doctors who have served in Christian or other hospitals, return to us for this training for three years and work as registrars. In radiography, the granting of the British M.S.R. has been going on for a few years, largely through the efforts of B.M.S. missionaries. In nursing, again through the efforts of a B.M.S. missionary with national colleagues, rapid advance is still taking place. A College of Nursing has come into being, giving a degree training which is geared to meet the needs of India. In medicine, in nursing, in pathology and in administration, B.M.S. missionaries have contributed greatly.

There is also the great outreach in community medicine, where the areas around Ludhiana Hospital have to be seen to be realized! The small narrow streets, crowded with people in great need, and little children so uncared for, sitting in the midst of open drains, yet Ludhiana is an advanced, industrial city with a population of 500,000; prosperous, yet so needy.

There is also the outreach in the rural areas through two hospitals with sub-centres. There is the contrast in the hospital of the youth in a learning situation, with the poor who come for treatment. There are middle class too, and the new six-storey private wing caters for those who can pay. Thus the poor are helped by what the rich can pay.

There are beautiful buildings in the Ludhiana complex, a lovely new College of Nursing, a beautiful nurses home and a hostel for doctors. Generous help and willing hands from many countries have made these possible.

The Society may now have only one missionary working from Ludhiana, Miss Margaret Smith, but it can continue to be involved through prayer, especially for those nationals who have taken over from expatriates; the new Director of Nursing, Miss Sigamoni, is carrying a great responsibility. Then there are those in Administration; in Community Health, and in the College, teaching all the time; the Governing Body with members now mainly nationals, sent by the Church of North India, and other related groups. This vital centre has still a major role to play in the great ministry of healing and education at all levels.

Christian hospitals are still needed

by **Stanley Thomas**
BMS missionary from 1938

HAD there been any doubt in my mind that the usefulness of Christian hospitals in India was coming to an end it was rapidly dispelled during my recent trip to Orissa. Please notice that I call them "Christian" and not "Mission" hospitals, for they must not be regarded as agents for evangelism but rather demonstrations of love and care for people.

There are, of course, changes in the problems facing the hospitals and these vary from place to place so that some have had to close or hand over to other management. Rising costs in a population that is too poor to pay very much for its treatment have meant increasing deficits and therefore greater demands for subsidies. These have sometimes not been forthcoming but we in Orissa have been greatly blessed by the sympathetic generosity of the B.M.S., which has been prepared to share the heavy burdens laid upon those responsible for the administration of our hospitals.

Another problem stems from the reduction in number of missionary personnel in India. This has been partly forced upon us by the government but has always been part of our plan for the future. It is accepted as wise and right that the time should come when national Christians should replace missionaries in every part of the work. Exactly when that time has arrived in any particular situation is not always easy to determine.

I think too that there is real need for contact to be maintained between missionary and national by occasional visits of one to the country of the other. There are inevitable difficulties when changes are made and they can only be overcome by patience and understanding. In the Kond Hills, for instance, it was

rightly considered necessary in the early days to build large, screened bungalows to protect the health of missionaries who had no immunity to local illnesses. These residences are now a liability as their upkeep is expensive and nationals find them uncomfortable and inconvenient.

Our hospital in Diptipur has a young and able national medical superintendent while Miss Marilyn Mills takes care of the nursing. This situation posed a number of problems a few years ago but with patience, frank discussion and a good deal of prayer these were largely overcome so that there is now a happy relationship and the hospital is making an increasing contribution in the community. In Berhampur both medical and nursing superintendents are at present missionaries but it is hoped that very soon it will be possible to appoint nationals. Of the situation in Udayagiri I shall write presently.

Despite an increasing awareness of the problems in the country and a rapidly increasing medical service I could detect no lessening of the need for help. Despite a strenuous family planning programme the population continues to increase. There is a steady drift of young people from the villages to towns and industrial complexes so that a desperate need for medical care in the villages continues and now there is added serious overcrowding with insanitary conditions in more areas of the cities.

Chronic medical illness, many forms of malnutrition and every kind of surgical problem still present an enormous challenge. I have a vivid memory of a woman who had recently lost her sight. There was nothing that could be done to help her to see again and I found her crouching down outside her house the picture of misery. She was untidy, dirty and wept bitterly when I talked to her. Hopeless blindness is a terrible affliction in India for there are no places where such patients can be rehabilitated and taught to be useful. This was a particularly sad case as she was educated and the wife of a pastor with three children.

Medical education has been rapidly expanded of recent years and in Orissa we now have three large medical colleges run by the government. This rapid increase has meant difficulty in getting well trained teaching staff and this has meant that standards have deteriorated and though they are producing about 100 new doctors every year the quality of medical care leaves much to be desired.

There are, too, many more hospitals and dispensaries but I found them poorly equipped and usually understaffed while there seemed to be little real care for people in need. On this

(above left) A quiet evening scene as goats and cows move slowly past the hospital at Udayagiri.
(Photo: M. Philip)

Leprosy patients outside the Udayagiri hospital, waiting for treatment.
(Photo: M. Philip)

account I was urged by several of my old friends to see that Christian hospitals continue. It is this fact which makes the Christian Medical Colleges at Vellore and Ludhiana so very important for the future of medical work in the country. They are producing highly skilled and dedicated Christian doctors many of whom are serving the people of their own country.

The greatest thrill of my visit was to meet Dr. M. R. Krishnamurty, Medical Superintendent of the Moorshead Memorial Christian Hospital and his wife. They are both Vellore graduates, he a skilled and experienced surgeon and she an excellent anaesthetist. Each has a higher degree in their own speciality and Dr. Krishnamurty is particularly expert in plastic surgery. I saw some of their work and also observed them on the job and was deeply impressed by their mature and dedicated skill. They are already attracting cases from long distances and I heard no word of complaint against them. They have a great desire to help those in the most remote part of the Kond Hills and have begun a regular clinic in the distant village of Sikerimaha. I spent two days there with Dr. Krishnamurty and his team while they dealt with 300 cases and visited other villages in the area. He has a dream that one day there will be a permanent clinic in the village and it is this kind of vision that will bring blessing to the enterprise.

The fact that our hospitals in Orissa are now part of the Church of North India is greatly to their advantage. They are members of the Eastern Regional Medical Board in which there are nearly twenty Hospitals and it will be by the interchange of staff, sharing of problems and help in more material things as well as the wise counsel of men from other parts of India that will keep our hospitals viable and effective.

This does not mean that we in this country have now no responsibility for Diptipur, Berhampur and Udayagiri. On the contrary I believe our task is still an urgent one. It will be a long time before these hospitals, particularly the one in Udayagiri, are able to manage without financial help and I rejoice that the B.M.S. has accepted the request of the C.N.I. to continue the generous grants made of recent years. It is also good that War on Want, through the energy and vision of Dr. Gordon Wilkins who first established the Moorshead Hospital, have begun to send regular supplies of drugs and equipment which will be invaluable in lessening the local burden of expense.

We can do more. Dr. and Mrs. Krishnamurty ask for fellowship and assistance in their medical task. The nursing service needs help and guidance while there is a place for somebody who can minister to the spiritual needs of the staff and patients. I believe that short-term service for a doctor and possibly for a nursing sister would be an immense source of inspiration to folk in Udayagiri and we are looking for somebody in Orissa who can supply the spiritual leadership required.

Those of us who have had close associations with Udayagiri are forming a group which we shall call "Friends of Moorshead". This will keep in close touch with the situation in India and seek ways of helping our friends out there. We will endeavour to get in touch with all who might be eligible for this group but if anybody who reads this does not get a notice but has the necessary qualification please write to me! We shall form a similar group in India—indeed the idea came from a group of nurses who had been trained in Udayagiri and want to help the hospital as it tackles the enormous problems of these days.

And for the rest, we have proved that prayer changes things, so please keep us, and our friends in Orissa, in your prayers.

The Leprosy Village at Njingo, Pimu, Zaire.
(Photo: R. Andrews)

A motor cycle will help fight leprosy

by **Joyce Andrews**

It was on a very hot afternoon that I was driven by lorry from the base hospital at Pimu along the fascinating forest track to the leprosy village about two miles away.

In appearance it was just like any other African village, although perhaps the huts were a little more dilapidated owing to the lack of personnel for the supervision of building and improvements. Naturally because of this lack the work has suffered considerably in the past few years, and the number of patients has decreased because of the need for a full time worker to diagnose the disease. The African does not readily or voluntarily come for treatment of his condition until it is far too late for preventive medicine.

However during the past year it has been possible to send one of the trained nurses from Pimu Hospital to Kimpese for a training course in leprosy. Citizen Anjolo has completed four months at Kimpese and is now back working in Njingo the leprosy village. He has been equipped with a new Vespa motor cycle which has been provided with the financial help of the "Leprosy Mission". Anjolo is now able to travel to the villages farther afield and improve the diagnosis of leprosy in people in the surrounding area.

The pattern for the treatment of leprosy is changing. The patients are no longer isolated in special compounds for years or maybe life. The policy now is to diagnose the disease and bring the patient into the leprosy village for a three months period to establish the treatment. The patient is then returned to his own village and Citizen Anjolo is able to follow up and distribute drugs and so continue the the treatment in the patient's own home. Thus his transport is invaluable in extending the search for new cases and contacts in the isolated villages and for the distribution of drugs in the follow-up treatment.

Although leprosy is not the worst disease of the area—tuberculosis, malaria and amoebic dysentry being much more prevalent—it is still something that needs to be dealt with effectively to improve the health of the people. It is hoped that with the new programme under way many more people with leprosy and contacts may be diagnosed and so relieve a little more of the suffering of the people of Zaire.

A trained nurse is always a help in the community

by **Betty Gill**
BMS missionary from 1956

"Freely ye have received, freely give." . . .

IN most emerging nations a major problem is the health of the population. It is estimated that in the poorer and more heavily-populated areas of the world, where the countries are in process of development, the work-force is cut to 50% of its true potential by illness; that many of the beds occupied by sick people contain sufferers from preventable gastro-intestinal diseases; that about 90% of them do not possess pure water supplies and adequate sanitation; that health and community development are closely linked; that malnutrition is a big factor; that more suffering is caused to the world by avoidable diseases than by the sum total of all other diseases, and that in these areas a "medicine of poverty" is practised.

Zaire, a rapidly developing nation, is no exception. There are not enough doctors, nurses and para-medical staff to care for the 22,000,000 population, and supplies are often limited or non-existent. Those who live near main roads or rivers may reach, or be reached by medical help, but for many such help is unavailable.

Prevention

In trying to come to grips with the problem the government health services realized the need for preventive methods, and so the training programmed for nurses includes, in its final years, public health courses. The full nursing training leading to a diploma takes four years, and includes general education courses too. By the time a student is in the third year of training he is well grounded in general medicine and obstetrics and public health is added to the curriculum. Most of the final year courses are public health ones, and aim to equip the nearly trained nurse to promote health and prevent disease and to teach the population the principles of health care.

His time in the wards of the hospital where he trains will have taught him that few of the patients suffer from only one disease, but that they are all plagued by a multiplicity of ills, large and small which sap their strength and lengthen their stay in hospital, thus increasing their financial and social problems. Most of them too have poor or undermined nutritional states. Nowhere does this hit harder and more tragically than in children, where a combination of under-nourishment and measles is a frequent killer.

Organization

Now the students learn that many diseases may be prevented, or their severity lessened, and as they understand cause and effect they grapple with ideas on how to organize health services; on community development; on recognizing the links between eating habits and health; between poor water supplies and sanitation, and epidemics of gastro-intestinal diseases; worm infestations and the like. They are faced also with the problem of how they will communicate their knowledge to others, and of how they, personally will put into practice the principles of hygiene and nutrition with which they are being bombarded.

A statement from the World Health Organization says that the profession of nursing should have as a basic principle the idea of health rather than that of disease. In the countries of the third world ravaged by disease and hampered by poverty, with exploding populations yet with high maternal and infant mortality rates, this is an easier idea to express than to believe and work for. The people are so steeped in misery and sickness that the idea of health is a dream, a luxury, and not something to be expected as a norm. This may explain why it is so difficult to convince people that they themselves can help to improve their own health, they themselves can plan the size of their family and help to protect their children against disease. People long for a better life, but are too apathetic to do anything

The mothers and babies clinic in the Lower Zaire with Betty Gill on the left.

about it. It must be delivered to them ready-made, which of course is impossible.

Attitudes and habits must change before such a population can progress to better health, an improved productivity, soaring economy, better education, and a better life. Yet this is the plan of God for them and for all; Jesus said, "I am come that they might have life, abundant life." A full life, a better life, a life where we see men made whole.

At the Institut Médical Evangélique, the hospital at Kimpese in Lower Zaire, Christians are running a Nursing School for both male and female students in order to train nurses who will go out into the world with this vision, making men whole. A school for both sexes has its obvious problems in a country where segregation of the sexes is normal, where even in church the men sit on one side and the women on the other and only the most enlightened husbands and wives break the rule and sit together; where some churches even have separate offerings in order to encourage competition between the men and women and see who can give most (this is rare, fortunately, and usually happens when there are special offerings, but it has happened).

Immorality discovered from time to time among the students has caused many headaches and heartaches and much time spent in discipline committees, ending sometimes with expulsions. IME is concerned with training nurses, yes, but the greater concern is that Christian nurses graduate from that establishment; men and women capable of caring for people, even those outside their own tribal areas, for Christ's sake, and of helping them back to complete wholeness. If we cannot achieve this then we are failing in our mission for the Lord.

A co-ed school is a blessing for two reasons; men who train make it their life's work and form a solid back-bone of instructing, which is of worth to the health services of the nation. Women are at last being accepted on an equal footing with men for education, and the trained nurse should have much to offer to her community, in example, help and advice, even if she is sometimes lost to the full-time workforce.

Some of the congregation outside the chapel after worship at Kimpese.

What do they learn in classroom and among the sick, to fit them to improve the health of their fellows? A multitude of things: the causes of diseases and the conditions which favour their spread; how they manifest themselves in the body; how they may be prevented, and the steps which need to be taken to achieve this. How to care for mothers and babies; the basic principles of hygiene affecting oneself, the family, the society in particular and in general; the principles of good nutrition, and how to make the most of local products; what to plant and how to ensure better harvests and more variety in the diet; how to dig a good latrine, how to sink a well for pure water, how to dispose of waste products; what protective measures are available and when they should be used, vaccinations, anti-malarial drugs, insecticides and so on. How to organize health centres, and the comparative roles of health centres and dispensaries; last and by no means least, how to communicate with various population groups in the battle for health.

All this is not merely theory. The theory of the class-room is put to the test in the ante-natal and children under-fives clinics, in the wards, in the villages, in primary and secondary schools where the student may have to face a barrage of questions, in classes for office workers, and the soldiers and their wives at the local military post. In all these and in other ways the students are trained in preventive medicine and come to believe that it needs to be practised not only by themselves but by everyone so that their nation may become healthy and strong.

There are not many full-course nursing schools of this nature, probably under fifty for a country the size of Zaire, and not all of them have the unique character of IME, a hospital known and respected throughout the country which receives patients from far and wide, because at IME people care; a school with Christian principles which are being challenged more and more by the youth of this modern-day world, but a school where the command of Jesus to heal the sick is still being carried out in His name. The students are faced with the Christian way of life, their spiritual needs are being provided for in classroom, at morning prayers, in Bible study groups and in the Scripture Union group. They are challenged to follow Christ as the gospel is preached in church and hospital.

Christian people need to pray that the seed sown may bear fruit to God's glory, so that the great work of healing and helping may go on in this part of Zaire and so that those graduating every year and dispersing to all parts of the country might in their turn witness a good confession to all they have been taught. Zaire needs nurses, above all Christian nurses with the love and compassion of Jesus, so that their knowledge will be sanctified by the Holy Spirit to the good of the whole man, the whole nation.

Rising early and working hard

Kathleen Ince *describes some of the work women in Zaire need to do.*

Her day begins early, between 5 and 6 o'clock when it gets light. Before sweeping the house she will take a large pot on her head and with her younger children go to the river—there is no running water in her house—to fetch all the water needed by the family.

Down at the river she will have a wash and may wash her clothes, using a rock or fallen tree as a scrubbing board. Then she will fill up her pot, the children copying her with their smaller versions, put it back on her head and, carrying it, hurry back to the house. Not many families eat in the morning and many only eat in the evenings.

Depending on the season of the year, there are now several alternatives. She may take her large basket made from bamboo, on her back and go to the forest to cut wood. The earlier she starts the better, as the day gets hotter and hotter as the hours pass.

Having cut the wood she will load it into the basket and fix it on her back and plod home to the village. These baskets are an enormous weight—I can barely lift one off the ground, let alone put it on my back, and carry it miles, with the sun beating down relentlessly. As all the cooking is done over a wood fire she has to fetch wood fairly frequently.

100 years marked by two cards

Eighty thousand cards are printed each year to be sent out to members of the B.M.S. Birthday Scheme. The card each member receives reminds them of the gift they have promised to the B.M.S. Medical Work.

It can only be rarely that one of the eighty thousand cards greets a centenarian. Mrs Faith Wright reached her 100th birthday on 27 September and received two cards from the B.M.S. One was the usual birthday card, the other was a card with a message from the General Home Secretary, signed by members of the Mission House staff.

Mrs Wright is a member of the Prickwillow Baptist Church, where her late husband was minister for some years, and has been a member of the Birthday Scheme since it was introduced at Prickwillow.

"thanks be to God, who giveth us the victory"

Gottfried Oram Teichmann

Gottfried Oram Teichmann was born of missionary parents who served in Bengal. He had been a house surgeon to Sir Alfred Pearce Gould at the Middlesex Hospital before he went to the little red brick hospital at Chandraghona in 1911.

For fifteen years he was on his own, his nearest colleagues being a day's journey by river away at Chittagong and Rangamati. Gradually he won the confidence of a hesitant community, and learnt how to treat many diseases by trial and error, for those were the early days of tropical medicine. He made difficult treks into the hills to visit handfuls of Christians in remote villages.

When Dr. J. W. Bottoms arrived in 1929 Dr. Teichmann was able to make trips to the Lushai Hills to help the dispensary there. Hookworm and eye diseases were especially prevalent there and it used to be said that he had come after his "hooks and eyes". He found his annual trips a "spiritual tonic" for he saw the remarkable response of the Lushais to the gospel, in contrast to the "hard slow plod with few converts" in the Hill Tracts.

After retiring he practised for eleven years in Higham Ferrers and was a valued member of the church at Rushden: regularly walking the more than two miles each way until his final illness. His great interest in the ongoing work at Chandraghona was shown in many ways: only a few weeks before his death he transcribed and translated a sermon, which he heard at Rushden which had specially moved him, to send to his Bengali colleagues. He died on 30 June, 1974.

Missionary Record

Arrivals

28 July. Miss E. L. Waggott from San Fernando, Trinidad.
30 July. Miss B. Diaper from Bolobo, Zaire.
1 August. Miss M. Hopkins and Miss M. Stockwell from Ngombe Lutete, Zaire.
5 August. Mr. and Mrs. K. Webb and family from Upoto, Zaire.
12 August. Rev. M. A. and Mrs. Churchill and family from Ratnapura, Sri Lanka.
22 August. Miss E. Motley from I.P.E. Kimpese, Zaire.

Departures

25 July. Rev. F. S. and Mrs. Vaughan for Francisco Beltrao, Brazil.
30 July. Miss C. Whitmee for Balangir, India.
2 August. Miss K. Ince for Pimu and Miss B. Fox for Bolobo, Zaire.
4 August. Rev. E. J. and Mrs. Westwood for Curitiba, Brazil.
6 August. Miss W. Gow for Baraut, India.
11 August. Rev. G. and Mrs. Myhill and family for Curitiba, Brazil.
20 August. Dr. S. S. Summers for Pimu, Zaire.
30 August. Miss D. Osborne for study in Brussels.

Births

12 June. At Paranagua, Brazil, to Rev. H. R. and Mrs. Davies, a son, Alun.
24 August. At Dumfries, a son, Ian Robert, to Dr. D. K. and Mrs. Masters, of Pimu, Zaire.

Acknowledgements

The Secretaries acknowledge with grateful thanks the following legacies and gifts sent anonymously or without address.

(18th July, 1974 to 29th August, 1974)

General Work: Anon. £10.00; Anon. £10.00; Anon. £10.00; Anon. £5.00; Anon. £2.00; Anon. £6.00; Anon. (Prove Me) £5.00; Anon. (H.S.W.) £20.00; Anon. (Mitcham) £5.00; Anon. (F.G.C.) £10.00; Anon. (Folkestone) £4.00; Anon. £5.00; Anon. (M.C.W.) £46.65.

Medical Work: Anon. £2.00; Anon. (N.H.) £1.00; Anon. (Durham) £2.00.

Relief Work: Anon. (B.M.G.) £2.00; Anon. (F.I.N.) £5.00; Anon. (R.P.) £2.00; Anon. (E.M.W.) £5.00; Anon. (Fellow Baptist) £3.00; Anon. £20.00; Anon. £2.00; Anon. £6.00; Anon. £1.00; Anon. (I.W.J.) £5.00.

LEGACIES	£
Miss M. Dunning	200.00
Mrs. M. A. Evans	500.00
Mr. T. M. Evans	50.00
Miss G. W. Ginn	116.63
Mr. H. J. Harcup	50.00
Mr. H. D. James	135.88
Miss C. E. Patrick	1,000.00
Miss O. G. Pye-Smith	2,000.00
Miss B. M. Shore	100.00
Rev. J. F. Skinner	25.00
Mrs. H. M. Spurling	500.00

Deaths

21 August. At North Curry, Rev. Frederick S. Drake, O.B.E., B.A., B.D., aged 82 (China Mission 1914-1952).
22 In hospital, Prof. John N. Cumings, M.D., F.R.C.P. (B.M.S. Chairman, 1972-73; Member of General Committee since 1965).

Marriage

16 August. At Inverness, Mr. David Lewis Boydell, B.A., to Miss Jessie Morrison, M.A. (both of Bolobo, Zaire).

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