missionary herald

The monthly magazine of the Baptist Missionary Society

October 1975
Price 5p

Baptist Theological Seminary Library
8803 Rüschlikon, Switzerland

bms
bms
bms
bms

This month sees St. Luke's Sunday, the annual appeal for Medical Service Overseas and the publication of our B.M.S. Annual Medical Report. The Missionary Herald, therefore, takes another look at Medical work. In this article Dr. Ian Acres, B.M.S. Medical Director and this year's chairman of the Society writes on

A continuing medical mission

FOR a number of years, some people have been saying that the day of medical missionary work has come to an end. If by that they mean doctors and nurses no longer go from this country to jungle outposts, to start medical work and to "run the show themselves", then of course they are right!

Such medical work is no longer part of our Society's programme. What were previously "mission" hospitals are now under the control of national churches or management boards and doctors and nurses and paramedicals from this country form part of the staff. They are not there to "run the show" but to work in close co-operation with national colleagues, to strengthen the witness of the church through the healing ministry.

A process of devolution of responsibility has taken place and has reached different stages in different countries, and therefore the contribution which we can make will vary from place to place.

With the greater devolution which has taken place in India, it is perhaps tempting to think that they can "go it alone", but it is clear that in these difficult days it is still necessary for us to provide financial support so that Christian hospitals may be able to give a service to the needy and also maintain the training of Christian nurses.

Still new developments

In Bangladesh there are possibilities for exciting developments in leprosy work and in community health care. A programme is being initiated with the help of specially trained missionary personnel to attempt to control leprosy, profiting from the recent advances in diagnoses and treatment and aiming to ensure rehabilitation of the patient after treatment. The need for community health work was made clear by the suffering which children endured in time of war, and while progress in under five clinics is somewhat slow, yet it is surely something which will make a real contribution to the country's future prosperity.

Turning to Zaire, and despite the possibility of increased government pressure, the Christian hospitals have tremendous opportunities, particularly in community health work and in training of nurses and medical auxiliaries; spheres of service which embody the Christian concern for a high standard of medical care which can reach the humblest peasant in the most out of the way village.

Developments of work in Brazil present a difficult problem. In such a rich country, the resources of our Society can hope to develop medical work of only a simple nature for the really needy. The long period necessary for a nurse to obtain Brazilian recognition puts a question mark against the possibility of rapidly developing the mobile dispensary work already started.

Consolidation and extension

Wherever we turn, opportunities abound: with less demand for doctors and nurses in Asia there is greater demand from Africa to strengthen the work in Zaire.

Now we must be ready to respond to any appeal made by the churches in Angola. With the unstable political situation no clear cut programme can yet be planned but it is likely that we shall be called upon first of all to give "relief" help and later in co-operation with the government and others to help build up an adequate medical service for Northern Angola.

In Angola alone, there is the likelihood of extension of the medical work of our Society, elsewhere it must be consolidation of what is already being attempted. Our resources may be limited, but let no one think that the day of medical missions is really finished.

Mondengo Eloko standing by a Toyota jeep used for public health work in the Upoto District, Zaire.
(Photo: J. Sillitoe)

We are taking medical care to the villages

by **Jill Sillitoe** *B.M.S. missionary at Upoto, Zaire.*

IT is 5 a.m. and the darkness is beginning to lighten in the east as I attempt to get the Toyota jeep out of the garage as quickly as possible. In fact the powerful engine refuses to do anything quickly and makes its usual roar as it bursts into life.

Eloko comes up with her baggage which she adds to the rest of the stuff, loaded the night before, we pack in a couple of other passengers and off we go.

So begins our monthly three day public health trip to the Budja region. Two hours later and 84 kms. of not too bumpy road further on we arrive at Yakomboksi, the centre of the region.

The people there have just come out from morning prayers and Pastor Gbamo and his family, the overseer, primary school teachers and other folk gather round to exchange greetings and news and collect their post if they are lucky. The main reason for our stop here is to pick up the nurse who works in the dispensary here as he comes with us to the other villages.

Off again for a further 20 kms. stopping briefly at a village along the way to let them know we have arrived and will be holding the clinic in their village the following day. As we draw near to Yahonde we call out to the women to come quickly with the children so that we can start work. They wave and assure us that they will come but one wonders just when.

On arriving at the centre there is no one there, except the catechists family who live there, so out come the coffee and a sandwich for our breakfast which we eat while waiting for the women and children to gather.

When quite a good group have arrived we all go into the church where everyone can sit down. We start off with a Bible reading and a short talk followed by prayer and then give a health talk illustrated with drawings or flannelgraph. One can get some response while talking though it is difficult to judge if any of it is being really absorbed. Mostly they agree verbally but it would never occur to them to put anything into practice.

Over we move to the hut, where we hold the clinic. The children are weighed, examined briefly and given an anti malarial pill. All the

weights are charted so that the mothers can see how their children are doing.

If the child needs treatment or a vaccination, advice is given to the mother and they pass along to the nurse who will give the necessary medicine. Vaccinations for tuberculosis, smallpox, tetanus, whooping cough, polio and measles are all part of the programme but unfortunately polio vaccine has been unobtainable for some months.

Unnecessary death

Having seen all the children we begin examining the ante natal women but seeing these women often makes me feel so helpless. A woman comes with a bad obstetric history and a haemoglobin of 40%. "Make sure you go to the hospital for treatment and to have your baby!"

"But I have no money and who will look after the other children?"

I try to argue persuasively, give her some iron pills, some advice on diet and hope that she will make the effort to go the fifty kilometres before it is too late.

The sick people are treated and then on to the next centre that is situated on the river. Unlike the rest of the villages we visit, these are fishing people and the child death rate here is very high due to a large extent, I believe, to village practices.

We wait and wait and eventually a few children and women come but such a small proportion of all those in the village. However, the toddler who had been having such a hard time with measles and diarrhoea is eventually much better, eating well and gaining weight by leaps and bounds.

On to Yangola where we stay the night at the home of Citizen Nojiki a student pastor. Friends soon gather round to say hello and most of the evening is spent sitting outside the house talking, interrupted by a very welcome meal of fish or chicken and kwanga followed by a good cup of tea.

During this visit we hear of the death of the girl with tuberculosis. They brought her to me a few months before, very thin and ill looking with a bad cough. On investigation it appeared that she had been under treatment for tuberculosis at a hospital about sixty kilometres away. She had come away because they had no money left to buy food. I had a long talk with her and her family and they agreed to take her back to the hospital. I saw her once more when they said they were waiting to sell the rice and then came the news this time that she has died. A life

Mothers and children assembling for a clinic in the Upoto District, Zaire.
(Photo: J. Sillitoe)

A health talk being given to mothers by Mondengo Eloko in the church at Bobala, Zaire.
(Photo: J. Sillitoe)

that could have been saved if facilities were better and life was not held so cheaply.

The next morning we wait once again for the women to gather with their children. Again so few as many have gone to the fields which they are preparing for the new rice crop. Rice growing, markets, lack of money all too often come before the health of their children and at times it is difficult to remain patient, continually explaining, teaching and encouraging those who do come and the local church workers to persuade others to come regularly.

On to another two villages repeating the same things, rejoicing to see some children much better, sad to see others sick, happy to hear of safe deliveries and the arrival of new babies unspoiled by sickness and pain, continually advising these mothers in the care of their new babies "Please don't give your new baby enemas with pounded chilis (red peppers)!!"

Evening comes and once again we are back at Yakomboksi in the house of Pastor Gbamo. Sitting out the back with the women I catch up with the family news while the supper is being cooked on open fires. After I have had a good wash, in a bucket of hot water, we enjoy a happy meal, monkey being included in the menu this time!

Tonight is the night that the music group come round to practise and while we are still talking around the table sounds of the guitar, rattles and drum waft in through the open doorway! Soon they are in full swing singing in parts with a vigorous accompaniment serenading us until bedtime.

Lives saved?

The next morning there are patients to see at the dispensary, the books to check and the nurse to pay. Once again there isn't sufficient money to pay the nurse from the months takings and this isn't taking into account the cost of the drugs I take him each month. On with the clinics and I am thrilled to see that the lady who had been coming to the ante natal clinic was safely delivered of twins at the dispensary here—both girls weighing about five pounds each.

Work finished, we load up the jeep again and have a quick meal before the homeward journey, stopping off at one more village on the way home. Results? Difficult to assess but financially definitely a loss. Through vaccines and treatments and teaching I hope a few lives will be saved. Through our visiting, others may be encouraged as they see that we care, but above all I hope and pray that they may see that Christ cares.

Nurses are needed

by **Dorothy Humphreys**

The Baptist Missionary Society has approximately 36 nurses working overseas—in Hong Kong, Nepal, Bangladesh, India, Zaire and Brazil. What do we as nurses know about the work which they are undertaking in the name of Jesus Christ? Is there a line of communication? Yes!

We can gather information from our *Missionary Herald*, the *New Quest*, from prayer leaflets and the Prayer Guide. For nurses there is a special scheme known as the Baptist Nurses' News Scheme.

This Scheme was commenced in 1954, so it is now 21 years old. Its purpose is to bring information and up to date news from the missionary nurses to their colleagues at home and, because it is intended for nurses, whether trained or students—or in whatever sphere they may be working, it gives more technical details which are of special interest to the profession, and which cannot normally be found in the general literature of the Society.

Not only are our nurses working in six different countries, but under very differing conditions. For example, Anne Bothamley works at the Medical College and Hospital, Vellore, where there is adequate staff and equipment, where each department has its own 'head' and to which is attached not only the Nursing School but a College of Nursing offering a degree course for nurses.

In Brazil, where Helen Watson works, the Society is not connected with an institution but Helen has a mobile dispensary from which she conducts ante-natal clinics, teaches simple hygiene and advises folk, where necessary, to go to hospital or to be seen by a doctor.

Some of our nurses work closely with national doctors, others with 'missionary' doctors. Each one has a story to tell of what God is doing, of His enabling strength, of His grace, and it is through the *Quarterly News Letter*, in which articles written by the nurses are published, that this information is communicated.

But as all nurses who have had anything to do with the "Salmon" structure of management in hospitals know, communications is two-way—up and down; down and up; from side to side! So the News Letter acts as this line, for us at home to receive news, but also for us to translate that news into prayer, concern and interest. Our prayers will release spiritual power, our concern will cause us to rethink our practical responsibilities towards Medical Mission. These, together with our interest, will encourage our missionary nurse colleagues in their day to day work of bringing wholeness to others.

If you are not a member, why not join? It costs 50p per year, which helps to cover the cost of postage and materials and you will also receive the Annual Medical Report of the Society. If you are interested and would like to know more about the Scheme, or to join, please write to me:

Miss D. A. Humphreys,
Medical Department,
Baptist Missionary Society,
93 Gloucester Place,
London, W1H 4AA.

and if you are already a member, how about introducing another nurse to the Scheme? I will gladly send you a letter introducing the Scheme, together with an application form.

TO COMFORT OTHERS

THE B.M.S.
MEDICAL REPORT 1974–75

is now available

Write for your *free copy* to:

Medical Department:
Baptist Missionary Society,
93 Gloucester Place,
London W1H 4AA

A child who sustained a fractured elbow in an accident being X-Rayed at I.M.E. Kimpese, Zaire.
(Photo: A. Kimber)

A radiographer was needed

Audrey Kimber, *B.M.S. missionary at Kimpese, Zaire, writes about her experiences as a radiographer.*

It was in 1957 that I had my first contact with Kimpese. I was working in a bush hospital with the Balolo Mission, not as a radiographer, but as a general aide—Paul calls them 'helps'. I had thought of giving up radiography to become a missionary in some other field of service. The contact with Kimpese at that time was an attempt to get a prothesis for a leprosy patient who had had a leg amputation, but it was so expensive that we decided to get one from England instead.

By 1960 I was doing radiography again in the Mildmay Mission Hospital, London, and had become more convinced that God could direct and use radiographers abroad just as He could at home. In 1966 a prayer letter from Mary Fagg told that Kimpese—she was there at the time—desperately needed a radiographer as their technician had left suddenly. I was absolutely certain, and subsequent events gave more evidence, that this was God's will for me, and so I found myself, in December 1966, at Kimpese, knowing nobody, except the names Staple and Comber—names which went back to Carey Hall days.

I was more than a little taken aback when I saw the X-Ray department. The darkroom was black throughout: the X-Ray room was in a state of chaos. A formidable array of nuts and bolts, minute screws and springs, and all sorts of pieces of machinery. I had understood that a new secondhand apparatus had been installed, and was ready for the master touch.

After several days of stumbling over 'this and that' and with threats to stop all work if parts were interfered with, I and the two young men who were to be my great helps in the next two years decamped to a room about 4 x 3 metres, which had been used for giving injections, down the crowded out-patients' dispensary corridor. Here we worked amidst the noise, smell and heat of the out-patients' department, steering our patients on chairs and trolleys with the utmost delicacy so as not to crush the two rows of feet lining the corridor.

Our table was a large wooden one, our apparatus a Balteau portable. The patient was placed or climbed on to the table, and the film cassette, stationary grid, where necessary, and X-Ray tube, were very carefully aligned. The tube had no centring device or light beam collimator, but thankfully it had an adjustable diaphragm. We learnt a great deal about accurate centring in those days.

When the films had been taken and the cassettes removed and the patient exhorted not to move an inch we hurried down the well filled corridor to our 'black hole' to see the results.

Sometimes we had to X-Ray patients in the wards, and for that we had to manipulate the Balteau, tipping it sufficiently to allow its too tall upright column to go through the doorways, and then the three of us would alternately struggle to push it up or hold it back on the inclines. It is a wonderful machine, still functioning, and filling in when our new machine breaks

The waiting room for X-Ray patients at I.M.E. Kimpese, Zaire.
(Photo: A. Kimber)

down. When I look back on those days, I marvel at the quality of our work and know for sure that those circumstances welded the three of us into a firm unity.

It was there in the cramped space of the injection room that we did our first and only ventriculogram (special brain examination) on a baby with an enormous head. It was done in the most unorthodox manner with a doctor holding the baby upside down and in other necessary positions; someone else holding the cassette, and the rest of us holding our breath. It was a great success!

It was also during this difficult period of the department's history that we had many interesting orthopaedic patients, who were under Dr. David Wilson's care. I remember well how deeply I was moved as I watched tiny children manipulating crutches, with legs in irons or plaster. Their courage and determination was extraordinary. There were others with tuberculosis spines and one little girl I shall always remember. She had already been in hospital a long time when I arrived, and had a tuberculosis hip and spine which kept her legs in a permanently bent position.

She was a pathetic little skeleton, and in spite of Dr. Wilson's attention and the nursing care, she went steadily downhill. It was painful for us to put her through the misery of X-Raying her back and hip. Her mother was absolutely devoted to her, and so tender in caring for her. As a last resort she underwent a 'cleaning out' operation to get rid of the dead bone, and miraculously from that day on she improved to the point where she could be outside, stand without support and even walk unaided. How we praised God the day that she and her happy mother went out of hospital after more than a two year stay.

A new start

Suddenly we couldn't bear it any longer and made an attack on all the redundant apparatus in the X-Ray room, kept for ourselves the table and the fluorescent screen and a chest stand, and wheeled the Balteau for the last time down that corridor.

Sometimes during the dry season the water became so scarce that we hadn't enough to wash our films in. Sometimes during the wet season it was so brown with mud that we couldn't use it. On several occasions I have travelled over to Kivuvu in the landrover with a tank full of films to be washed in their lovely clean water, and then hung them on the line to dry during the lunch break. Our electricity supply was insufficient in those days as the hospital increased in size and domestic consumption grew.

In 1968 we heard news of a new department and new apparatus, and by 1970 we were installed in a brand new building with a brand new Philips machine. By this time I had acquired two new assistants, (the other two having left and got good jobs elsewhere.) Both of these two were clerks and knew almost nothing of the basics of radiography and so we had to fit lessons into the day. The best way of learning is by practical experience and explanation. We had plenty of opportunity as our work increased rapidly.

Rats cause delay

It was unfortunate that the new apparatus arrived a year before the department was finished and had to be stored, because it gave the ingenious rats plenty of time to eat the plastic covering of the wire in the table motor, and so it wasn't until six months later—the time it took to get replacements—that we really started to make the best use of our new apparatus.

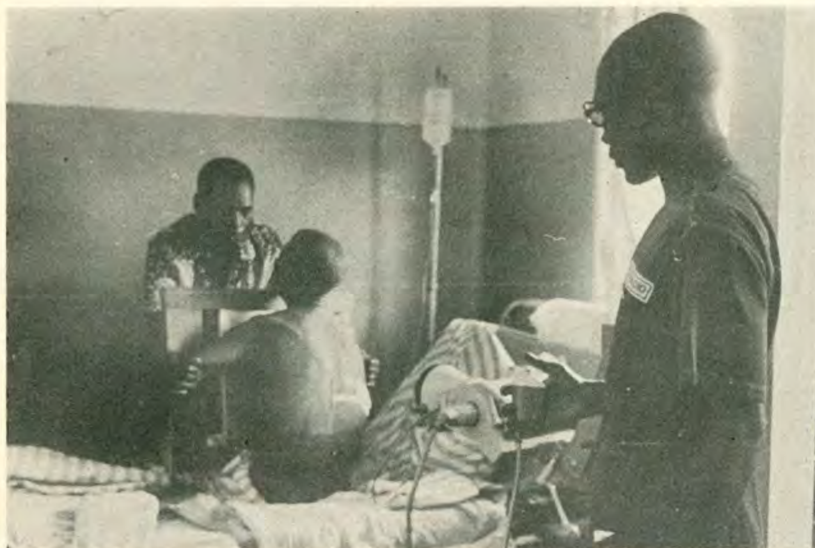
We also had a new light portable unit which we use in the wards with much greater ease. Sometimes we have had to take it down to the Guest House for private patients. This entails loading it on to a 'pick up' and going at 6 m.p.h. on our rough roads to deal with the matter in hand. This year a beautiful new cement path has been constructed connecting the Guest House with the Hospital.

Due to the fact that Kimpese is on the main road between Matadi and Kinshasa, and because of this road's good surface it invites excessive speeding. Because of its length and the fact that Kimpese is just about half way between the two towns, many lorry and taxi drivers 'enjoy a good drink'. This and other factors are responsible for the many accidents, which fill up our beds with broken heads, legs, arms and ribs. Our orthopaedic department is always full—not only with fracture patients but people with tuberculosis, bone tumours and paralysed limbs due to falls from palm trees while cutting nuts.

Our orthopaedic work is extremely interesting. We have many children, who, after a fall, suffer supracondylar elbow fractures; broken arms through falling out of mango trees; broken legs through football, or falling into holes, or being pushed over by a friend!

There are women with broken necks due to slipping on muddy paths or river banks with heavy basins of manioc on their heads, and nowadays many men who are working in heavy full time employment with back troubles.

We have two cement factories in the vicinity and these supply us with hundreds of routine chest X-Rays. Then there is the continual stream of tuberculosis patients, and their check-ups over the years. We do perhaps 50 new and old tuberculosis cases a week.



The mobile X-Ray unit at work in a ward at I.M.E. Kimpese, Zaire.
(Photo: A. Kimber)

Now that we have our new paedriatric ward, we are becoming more skilled in dealing with the problems of X-Raying tiny babies and unwilling children. We have done some very interesting examinations of one or two day old babies with congential abdominal deformities, which have been successfully operated on.

One day we received a very emaciated little boy who would not speak. "A barium swallow, please!" First of all we took a routine chest film and discovered a curious foreign body high up in the oesophagus. All sorts of questions produced no answers so we gave him a little Barium to swallow, which he did with great difficulty. It was discovered that a very small amount of fluid passed the object, so he was scheduled for surgery. The whole oesophagus was removed, and a square object was found embedded in it. The surgeon very cleverly exchanged the oesophagus for a piece of small intestine and the whole situation was changed. What a bright happy little boy went out of hospital some weeks later.

One day a lovely young woman came to my house bringing me a present of eggs. "Do you remember me?" she said. I was afraid I didn't, although I remembered her name. She was a patient brought some time before suffering from advanced tuberculosis. She had two tiny children and I helped her at the time with food and some clothing from the supply sent to us. She had come back for a check up after a two year holiday, looking well and happy.

One thing that impresses me about our patients is their uncomplaining attitude to real suffering. I've rarely seen suffering endured with such fortitude. There are the young men who think they're dying with the slightest knock, but so often fear is behind it. With my limited Kikongo I try to help them to see what Christ suffered to bring them Life, and to teach my assistants to deal with all patients with gentleness and patience.

Many times we have patients who have never been in hospital before and have never had an X-Ray; they are confused and frightened and need to be treated with understanding and love. It does take patience to try and get an elderly man or woman to hold their breath, even when the explanation is given by a relative. There are many dialects of the same tribal language, and even the Zairians are perplexed at times to know how to deal with their own people.

There in so doubt that the X-Ray department is a school for patience, gentleness, self-control, and perhaps above all, love, joy and peace. There are laws against many things now in the world, but against these, praise God, there is no law— and together we are learning.

Ndombussi Menga, now in charge of the X-Ray Department, at I.M.E. Kimpese, Zaire, with a young patient.
(Photo: A. Kimber)

A Christian hospital in Asia bears witness to the compassion exercised by many medical missionaries. In this article Frank Wells, until recently B.M.S. Asia Representative, writes of B.M.S. involvement in medical work in S.E. Asia.

Our share in medical work in Asia

In a sense, all the medical work done by the Baptist Missionary Society in Asia, is co-operative.

Take the case of Berhampur. The Christian Hospital for Women, in Orissa, not only receives a generous government grant for its nurses' training, but also over the years has received very generous donations. Recently, World Vision of the United States of America gave an autoclave costing 20,000 rupees, which greatly helped the hospital in its day to day budget.

Or take Udayagiri, the hospital 87 miles north-west of Berhampur in the Pulburi District. Here again, the hospital is helped by all sorts of agencies, Christian and government. Just to take one example, the Leprosy Mission gives a generous donation for the support of the Bulusuga Leprosy Village.

Another hospital which illustrates this point is the hospital in Chandraghona, Bangladesh. Chandraghona, our largest hospital in Asia, not only receives money from Societies as the Christophel Blinden Mission, and Tear Fund, but also receives workers from the Bible and Medical Missionary Fellowship, the International Christian Fellowship and the Red Sea Mission etc., which second people to the hospital to work for a time. So we can see that in all our medical work there is co-operation with other societies, other bodies and even with the general public.

The case of Diptipur in West Orissa is a special one. It was set up as a co-operative venture. The site was discovered and the buildings constructed by the U.C.M.S. (Disciples of Christ America), with which the B.M.S. is a partner in the work in Orissa. More recently, because of the disastrous famine which has hit

that part of the Sambalpur District it has received massive help from overseas, from such agencies as, Oxfam, Christian Aid, Tear Fund, Operation Agri and the Relief Fund of the B.M.S. But for this aid many hundreds of people would have died in the Padampur Sub-Division of the Sambalpur District. This is an excellent example of the way in which one piece of B.M.S. work co-operates with many agencies and many people. Christian Aid volunteers have been at work in the hospital and have been of great assistance to Mr. and Mrs. Alan Casebow, and Sister Marilyn Mills.

Training

To turn now from those hospitals which have had the label, Baptist Missionary Society attached to them, as it were, we consider other pieces of medical work in Asia with which the Baptist Missionary Society co-operates.

Let us start with Ludhiana. Situated in the Punjab in the north-west of India. The Ludhiana Christian Medical College Hospital was founded by Dr. Edith Brown, later Dame Edith Brown, in 1894. Dr. Brown was a missionary of the B.M.S. and she had a vision of the need of Indian women for medical treatment. Due to the suspicion of the women patients of male doctors, many of them would see no doctor at all and literally were dying in their own homes. To meet this need Dr. Brown started medical training for women doctors in Ludhiana and this work, started with such great faith, has grown into the massive co-operative Institution which we see today.

Although the Ludhiana Christian Medical College is, indeed, a co-operative venture, in the fullest sense, there have been many Baptist missionaries who have worked on the staff of the College and the Hospital. To name but a few, Sister Edna Throup was for a time the Nursing Superintendent. Sister Jean McLellan was also Nursing Superintendent of the hospital and it is to her credit that she was able, during the years she was in Ludhiana, to start the College of Nursing.

It is remarkable that B.M.S. missionaries have been responsible for starting not only the medical training, but also the Nursing College in Ludhiana. Mr. and Mrs. A. G. Bennett were for a number of years on the staff. Mr. Bennett was the Business Manager and brought to the work of organizing the hospital his very considerable administrative expertise. Mrs. Bennett also worked in the hospital, as she is a doctor. Sister Margaret Smith has been working until recently at Ludhiana, in the Community Health Project. For a time she was out in the district at Narangwal. These missionaries and many others like them have brought their great gifts to the work of the co-operative Institution.

Vellore is the other Christian Medical College in India, started by Doctor Ida Scudder, an American lady. It was to meet the very same need that Dr. Brown saw in the Punjab, but Vellore is over 1,000 miles to the south in the State of Tamil Nadu. Students come from all over Asia to study in this great college. At the moment the B.M.S. representative on the staff is Sister Ann Bothamley. During her term of service she has worked in the intensive care ward of the Thoracic Surgery Dept.

Moving across from South India we come to Hong Kong. In Hong Kong there is the Rennies Mill Clinic. Picturesquely situated in Junk Bay, the Clinic was started to help the many hundreds of Nationalist refugees who had settled there after fleeing from the Communist armies in 1951. In fact, many of the sufferers were found to be soldiers of the Nationalist forces.

A refuge

The missionaries, who had been working in China, started work among these refugees and gradually they realized that far more was needed than just haphazard medical treatment. As the poor people came in for treatment to the Clinic it was found that so many of them were suffering from tuberculosis that a new institution was required. The result was the Haven of Hope Sanatorium situated a few hundred feet above the clinic.

Then in turn it was seen that when the sufferers from tuberculosis were in the sanatorium, their children were in great need and destitution. So to look after the children the Sunnyside Children's Preventorium was built, again, above the Haven of Hope Sanatorium. These three, the Clinic, the Sanatorium and the Preventorium, comprise the Junk Bay Medical Relief Council. This is an

Interdenominational and International Body which gets its support from all over the world. From the U.S.A., from Britain, and also from the Scandinavian countries.

Recently the income of the Rennies Mill Clinic has dropped, because of the non-receipt government grants. Consequently, some of the departments of the Clinic have had to close. Sister Dorothy Smith has found a useful opening in the Christian Medical Hospital in Kwantong, near Kowloon in the new territories. This huge Institution of 550 beds, not only deals with in-patients, but has a large out-patients department and much community health work in the surrounding high-rise flats. It is in this community health work that Sister Smith is engaged just now. The Medical Superintendent of the hospital is Dr. E. H. Patterson of the Council of World Mission.

Mountain medicals

No account of co-operative medical work in Asia would be complete without thinking about the work in Nepal. Work in Nepal started by Dr. Robert Fleming (doctor in Zoology), and Dr. (Mrs.) Fleming (a medical doctor), was from its very origin a co-operative effort. Today there are 180 missionaries in the country from 30 different Missionary Societies and Agencies. Included in the B.M.S. representation of eleven missionaries are two medical workers and an office secretary, working in the Community Health Department. Anna Weir is a nurse working in the very isolated Okhaldhunga Dispensary. Seven days walk from Kathmandu, this place is virtually cut off during the monsoon. During the rest of the year it is supplied by air. Miss Weir spends much of her time in the day to day work of the dispensary, but she also has opportunities of touring in the near-by villages.

There are many preventable diseases working havoc among peasant folk of Nepal, such as, hook worm, dysentery, typhoid and many others that could be prevented if the necessary precautions were taken, and can, indeed, be virtually eliminated by good community health teaching. Miss Weir and nurses like her also spend much time in teaching mothers the care of their infants in under-five clinics. They see that the babies are given the necessary immunization injections at the correct time. They see that the parents give their children a more balanced and nutritional diet than they have been receiving in the past. In this way they are seeking to build a healthier Nepal.

Another Public Health nurse, at Amp Pipal, is Sister Sylvia Slade. For many years she has worked at Tansen, a large hospital in central Nepal. After furlough she went to Okhaldhunga and for a time was the only foreign missionary in the dispensary. Miss Slade then had a spell at the village of Bungmati, in which she was working as a Community Health Nurse. Bungmati is typical of so many villages in Nepal, which still seems to live in the Middle Ages. More recently Miss Slade has been working at Amp Pipal, several thousand feet above the Kathmandu Valley.

Eileen Talbot, although not a medical worker, is working with the Community Health Project in Kathmandu, as the Administrative Secretary.

Dr. Iwamura is one of several Christian Japanese who are working with the United Mission to Nepal. He is a world authority on community Health.

In these ways our missionaries throughout Asia are engaged in the great task of healing. All of them would say that their work is enriched as it is done in co-operation, and with the help of many other agencies, missions and Christian medical workers.

BROADCAST APPEAL
FOR
CHRISTIAN MEDICAL SERVICE
OVERSEAS

SUNDAY, 12 OCTOBER
11.10 a.m.

on B.B.C. Radio 4

by

Dr. Anthony Barker, C.B.E.

—

This appeal is organized by the Conference of Missionary Societies in Great Britain of which the B.M.S. is a member.

SERAMPORE

The **Rev. Ernest Madge,** the General Overseas Secretary of the B.M.S. is spending some months of this year in Asia. When in Calcutta, India, he wrote about different aspects of life in the district and the articles will be appearing regularly in the Missionary Herald.

"*I have to go to Serampore tomorrow morning, would you like to come?*" As I wanted to call on the College librarian, I was glad to have company and we set off after breakfast to make the journey by train.

To get to Howrah station one has to cross the river Hooghly by Howrah bridge built by the British and then thought to be adequate for the forseeable future. Today, in the rush hour it is crammed with vehicles and pedestrians, and a second bridge is being planned, which is not surprising when you remember that this bridge is the only convenient way across the river for the population of Calcutta, for much of West Bengal and indeed of Bangladesh. The alternative is a detour of many miles.

At 8 a.m. the bridge was comparatively empty but the stream of office workers, mostly walking across the bridge from Howrah to their work in Calcutta was beginning to build up. The pavement was lined with hawkers selling everything from toys and trinkets to fruit and sweetmeats. No one seemed to buy anything—starting a stall is the stock answer to unemployment, though how do they earn enough to pay for their stock, let alone make a profit?

The view from Howrah bridge is fascinating. The broad flow of the river, the water as brown as milk chocolate, bringing silt from the hills which they say is slowly destroying the port of Calcutta. There are the barges, some of them carrying tea from Assam: the sailing craft and the occasional tug; and closer to the bridge, the bathers performing ritual ablutions in the holy river.

On to Howrah station. Surely there is no more crowded station in the world. The fans overhead whirl continuously under the girders of the roof. The concourse is full of hawkers offering bananas, oranges, water melons, biscuits, sweets, soft drinks, peeled and sliced cucumbers sprinkled with water to keep them fresh, toys, hand bags, suitcases—everything that a traveller can possibly want.

Serampore is 20 miles from Calcutta. The second-class fare is approximately 10 pence. Rather cheaper than the Bakerloo line. We are going against the tide of travellers, so it is easy to get a seat. Out through the suburbs of Calcutta past large factories, steel mills, foundries, car assembly plants, chemical works with little groups of houses in between. One of the mysteries of Bengal is that many of the houses look half finished and the rest seem to be falling down. So it is all the way to Serampore.

From the station we take a rickshaw. It is meant for two, but Indians must be narrower than English folk! Soon we are nearing St. Olave's, the Danish Church, dating from the time when Serampore was a Danish colony, with some of the old guns still in front. Near by is the gateway into what used to

Serampore College, founded by B.M.S. missionaries, Carey, Marshman and Ward in 1818, still retains much of the original building. The Senate of Serampore brings together many theological colleges in India.

be the governor's house. The church and the house were familiar to Carey, Marshman and Ward. As we go we glimpse the river on the left and soon are in William Carey Road, which leads along the river bank to the College.

It is vacation. There are a few students reading in the library. Most of the staff have gone on holiday, including our B.M.S. representative Dr. Edward Burrows and his wife and two boys. They have gone to Darjeeling to get out of the heat for a little while.

My business was to look at four folio volumes containing short biographies and details of all the early B.M.S. missionaries, as well as a wealth of other early material. The folios were collected by Rev. E. S. Wenger, grandfather of Rev. Leslie Wenger and most of it seems to be in his handwriting. The folios are being damaged by much handling. To photocopy them would be difficult, to type out the contents would be laborious, but something ought to be done.

Back to Calcutta in the heat of the day, this time in a crowded train. As we go we are entertained by a blind singer and offered patent medicines. On Howrah station we acquire a good big water melon for Rs.8/-. After an argument with the taxi driver, we arrive at "44" in time for lunch. What was achieved by the trip? Not much, except respect for Calcutta's commuters who make the journey we made every week day. Is it any wonder that in May, when temperatures rise to over 100F, quarrels easily break out and deacon's meetings are to be avoided!

Tribute to a headmistress

Vera Armond relinquished her British citizenship in 1961 and became a citizen of Sri Lanka. As such she was able to continue as headmistress of the Matale Girls School, a position she had held as a B.M.S. missionary from 1950, when it was taken from the B.M.S. into the national educational system.

She died on 3rd August at the age of 56 and the citizens of Matale, Sri Lanka, paid extraordinary tribute to her. In accordance with Miss Armond's wishes, her body had been laid in the centre of her living room at the school of which she had been such a distinguished headmistress. During the three days prior to the funeral several thousands of people passed through the room. The whole town went into mourning. On the day of the funeral a large deputation of Buddhists came and paid silent tribute. The Muslims followed, and then the Hindus. After a service in the house the coffin was taken to the church for the main service. Then, at the request of the townspeople the coffin was carried right round Matale, a distance of about four miles, different groups of volunteers serving as bearers. It is estimated that about 15,000 people lined the streets.

Before burial at the cemetery, representatives of twelve organizations made speeches. The Anglican Bishop of Kuranegela sang a prayer in Sinhalese chanted style, Rev. Cyril Premawardhana saluted her memory on behalf of the Baptists and Rev. Stephen Welegedera pronounced the word of committal. She was interred in a grave next to that of Rev. Stanley F. Pearce, a former B.M.S. missionary.

Acknowledgements

The Secretaries acknowledge with grateful thanks the following legacies and gifts sent anonymously or without address
(24th June, 1975 to 22nd July, 1975)

General Work: Anon., £5.00; Anon., £69.07; Anon., £3.15; Anon. (Sale of Jewellery), £1.50; Anon., £1.00.
Women's Work: Anon. (Prove me), £5.00.
Medical Work: Anon., £0.40; Anon. (Edinburgh), £3.80.
Relief Work: Anon., £10.00; Anon., £10.00; Anon. (E.M.W.), £5.00.
World Poverty: Anon. (D.M.) £20.00.

LEGACIES	£
Mrs. E. Chatwin	25.00
Mrs. M. W. Hammer	100.00
Mr. H. D. James	205.37
Miss J. G. H. Jones	3,000.00
Susanna Lee	1,250.00
Miss E. Miles	500.00
Mr. D. A. Weakley	10,679.52

Missionary Record

Arrivals

2 July. Mr. P. Chandler, Miss M. Diver and Miss G. Mackenzie from Bolobo; Miss J. Comber and Miss R. Montacute from I.M.E., Kimpese, Miss P. Woolhouse from CECO, Kimpese; Miss J. Cowey from Kisangani, and Miss R. Harris from Ngombe Lutete, Zaire.
3 July. Rev. and Mrs. F. W. J. Clark and family from Cascavel, Brazil.
7 July. Miss J. E. Knapman from Calcutta; Miss D. Mount and Miss M. Painter from Berhampur, India; Miss A. Kimber from I.M.E., Kimpese, Zaire.
8 July. Mr. C. Sugg from Upoto, Zaire.
10 July. Rev. and Mrs. M. Wotton and family from Curitiba, Brazil.
17 July. Rev. and Mrs. K. Hodges and family from Guarapuava, Brazil; Miss A. Horsfall from Kisangani, Zaire.
23 July. Rev. D. Rumbol from Kinshasa, Zaire.

Departures

27 June. Miss P. Weatherby for Brussels for language study.
1 July. Dr. and Mrs. A. Hopkins and family for Pimu, Zaire; Mr. J. T. Smith for relief work at Diptipur, India.
6 July. Susan and Andrew Saunders to join parents at Sao Paulo, Brazil.
15 July. Miss A. MacQueen for relief work at Diptipur, India.
17 July. Dr. and Mrs. K. Russell for Belgium for study.
18 July. Miss P. Gilbert for Kinshasa, Zaire.

THE
BAPTIST MISSIONARY SOCIETY

invites you to pray each day
for the work overseas

THE
1976
PRAYER GUIDE

has been prepared to assist you

Price 25p

Suitable as a gift for a friend.

Order now from:
Publication Dept: B.M.S.
93 Gloucester Place,
London, W1H 4AA.

DON'T FORGET 'JERUSALEM'!

Fred's in Barnsley. David's in Guildford.
Sheila's in Canterbury. Lois is in London.
They're all missionaries. *In 'Jerusalem'.*
Mission matters at home and abroad.

See what God is doing in your own country
. . . through the

BAPTIST TIMES

Only 6p Every Thursday

COMMUNION
SERVICE

INDIVIDUAL COMMUNION
CUP TRAYS & ACCESSORIES

Please write for illustrated list and literature

A. EDWARD JONES LTD.

CHURCH SILVERSMITHS
&
CRAFTSMEN IN METAL
(Incorporating Townshends Ltd.)

The originators of the individual Communion Cup in Great Britain

Dept. M.H. St. Dunstan Works
Pemberton Street, Warstone Lane
Birmingham B18 6NY

Established 1902 **Telephone 021-236 3762**

A CHRISTMAS PRESENT FOR A FRIEND

If one of your friends does not take the Missionary Herald make sure he/she obtains a copy regularly in 1976 by sending this form, now, to:

B.M.S. 93 Gloucester Place, London, W1H 4AA.

Please send the Missionary Herald each month in 1976 to:

Name .... block letters please
Address ....
....

I enclose the annual subscription of £1.50.

Name .... block letters please
Address ....
....

Published by the Baptist Missionary Society, 93 Gloucester Place, London, W1H 4AA, at the Carey Press
Printed by William Chudley & Son Ltd., London and Exeter.