

Baptist Theological Seminary Library
2003 Ruschlikon, Switzerland

missionary herald

*The monthly magazine of the
Baptist Missionary Society*

October 1976

Price 5p

*bms
bms
bms
bms
ms
s*

A Bengali and a tribal boy at Chandraghona. The hospital is ideally placed to serve both communities



There is healing for many

Robert Hart, B.M.S. doctor, reports from Chandraghona

OUR B.M.S. medical policy speaks of help "offered to all in need". It is good to have aims, even if they seem impossible to attain in a country of apparently limitless need like Bangladesh. The population of about 80 millions is continually rising, putting an ever greater strain on the resources of food and medical care. The poverty of the vast majority of people means that any natural or man made disaster causes widespread starvation.

The needs of the people are

so great that we cannot predict the future of the country, but can only hope and pray and work that their sufferings may gradually ease.

so great that we are sometimes tempted to despair at the little we can do. When surrounded by crowds in the villages, more patients than we can cope with, or families begging at the door, we can only remember

that Jesus was often surrounded by crowds yet did not despair. He helped individuals in need, and we can at least do that.

so great that no single group or society can work in isolation. We feel one with all who minister in the name of Jesus Christ in Bangladesh, and have fellowship with the 300 Protestant missionaries as well as many of those from Relief organizations working together to meet the needs of the people.

"Without discrimination" is the next phrase in our aim. Our hospital doors stand open to all, whether rich or poor. There are private wards for those who can pay for them, and the income is used to subsidize the many who cannot pay. There the rich man lies surrounded by anxious relatives, demanding the best medicines and treatment available in the country.

The poor man is sometimes carried to the hospital gate, and can get no further until someone goes out to bring him in. He may have no money to pay for food or medicines, and his family may well be suffering hunger at home.

Our aim is to treat these two equally, but how difficult this is to achieve in practice. Much disease is the result of malnutrition or neglect, and sometimes in a sense the patient's own fault.

Children come with grotesque deformities from untreated burns, crippled from neglected fractures or dislocations, with loss of sight or rickets from vitamin deficiencies.

Many of our beds are occupied by young men needing amputation for gangrene of the legs or fingers, a disease brought on entirely by excessive smoking. One young man with leprosy arrived emaciated and unable to walk because his family had isolated him in a back room and refused to feed him. Another boy of sixteen was so weak from lack of food that he developed heart failure and died.

Help for all—if they come

The poorest patients of all will not come to hospital unless they are brought in through our Under-fives or Leprosy Clinics. Children often suffer and die at home because their mothers are reluctant to make the journey to hospital.

We offer help to all who come to our Christian Hospital whatever their race or religion. Some of our patients are Bengalis, others come from the Chittagong Hill Tracts and belong to one of a number of tribal groups, each having their own language. Very few who come are Christians. The prevailing religion and culture of Bangladesh is Islam, and it is a common sight to see Muslim

men kneeling in prayer in the hospital corridors or wherever they happen to be at the prescribed time. Their wives are kept in the background, and if they do appear outside their homes are heavily veiled in the black *burkha*. A large minority of the people are Hindu, and the tribal folk generally Buddhist. All mingle side by side in our hospital wards where they are treated without distinction and daily encounter Christians, at work and prayer.

What help can we offer to the many who come? Our work starts in the villages where a team goes out daily to Under-fives Clinics. The morning begins with Bible teaching, new children are registered, and every mother and baby seen. Advice is given on infant feeding, which can make all the difference in preventing deficiency diseases, immunization carried out, and medicines supplied as necessary. A feeding programme for the poorest children at risk, and literacy and sewing classes for older girls are also run.

Surgery brings hope

Leprosy clinics are held weekly in villages, and in the main port of Chittagong where we have recently taken over a room in the General Hospital. Leprosy treatment as far as possible is on an outpatient basis, patients being admitted

An Under-fives Clinic in the Chandraghona district





Female outpatients at Chandraghona. Muslim and Hindu women are side by side

for surgery or complications, as necessary. About 100 patients daily are seen in the Christian Hospital, and those who need inpatient treatment are assured of good nursing-care.

A great variety of surgery is undertaken, bringing new hope to some who had lost all hope. With the expert help of the Medical Superintendent, Dr. S. M. Chowdhury, many who were blind have regained their sight. With the co-operation of the Limb Centre at Chittagong, some have learned to walk again, such as Chikonkala from the Leprosy Hill who had had

amputation of both legs. The work of our physiotherapist, Maureen Lacey, is invaluable in restoring the usefulness of hands and feet.

Our nursing sisters safely deliver many women in the Maternity Department, who are admitted with severe anaemia and the complications of pregnancy, even though we have no properly organized blood bank. Some lives have been saved of unconscious patients with malaria, severely burned children, and severe abdominal emergencies, thanks to dedicated nursing care and the prayers of many.



Dr. Chowdhury, the Medical Superintendent, operating at Chandraghona

In the case of leprosy patients who may have been thrown out of their homes and rejected by their families we try to do more than offer medical help. As a result of the ideas and enthusiasm of Margaret Robinson, sister in charge of the Leprosy work, a programme of rehabilitation has been started. Patients are taught crafts such as basket making and weaving jute mats, which not only teach them to use their hands again, but can help support the work and be useful to them when they go home. Our aim is to avoid wherever possible accepting patients for permanent care, but rather to help those who have been treated to return to their own homes. Our strength is not inexhaustible, our resources are not unlimited, and our skill not endless, but depending on the power of God and helped by your prayers and support, there is much we can do to help those in need.

“Help offered to all in need, without discrimination, and expressing a specifically Christian

concern.” We are to express something of the love of God in our work. Medical work is not by its nature necessarily Christian, and it is possible to offer medical services without really becoming involved in the suffering of the people.

Complete healing

Doctors are trained to remain detached, and indeed sometimes we can become annoyed and irritated at the constant demands made upon us. But that was not the example of Jesus. He was moved with compassion, reaching out hands of love to those in need. How often His word, His touch, His presence, made all the difference.

If we are to do more than heal the bodies of men, if we are to see hope restored, and light dawn in the darkness, we must demonstrate His love to those in need as well as proclaim Him by our preaching. These are our aims, and we feel inadequate in fulfilling them. Please continue to pray for us as we work in His name.



A farmer/nurse partnership

Frank and Peggy Gouthwaite wrote about their introduction to Brazil in the September issue of the *Missionary Herald*. Here, Frank traces the steps leading to their readiness to work at Potinga, Paraná, as a farmer and nurse.

The Lord first called me to His service at primary school, through a teacher who talked about children in far off countries who had nothing to eat or who had no health care. I

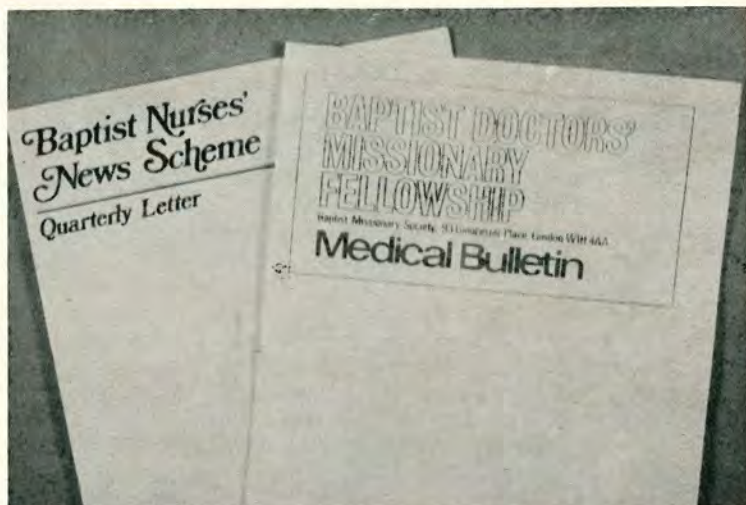
felt the natural response of compassion and willingness to go without luxuries, like shoes, in order to help those in such a desperate plight. I was, and still am, horrified to discover that my elders and betters did not seem to share this concern.

It was a long, hard, and barren road from there through a church of another denomination where people cried, “Lord, Lord”, and I could not see lives which responded to Jesus’ love and His clear and fundamental command to love others as ourselves. I became completely disillusioned with Christianity as I saw it practised and therefore could not believe in this God who was, supposedly preached.

When He, in His mercy, finally showed Himself to me, He had to have all my life. At that stage I had a B.Sc. in Life Sciences (that’s Biology!), and Psychology and was doing research in psychogenetics in the University of Birmingham. I knew I had to be committed to the problems of the world, but it was another four years before we were sure enough to offer for service with the B.M.S. In that time the Lord had most generously provided a partner with whom to share the commitment.

We then spent a year on a farm in Norfolk to
(continued on page 151)

Linking-up doctors and nurses



THE B.M.S. has always seen medical work as an essential aspect of true Christian witness. Through the years the Society has encouraged doctors and nurses and other medical workers in the British Isles to take a particular interest in medical work overseas. The news items which follow will give you an insight into medical work overseas and introduce you to the Baptist Nurses' News Scheme and the Baptist Doctors' Missionary Fellowship.

FROM OUR NURSES

VELLORE, INDIA

Ann Bothamley

... once again I have started a series of lectures for those working in the Cardiology wards ... have been asked to take lectures in nursing Administration for M.Sc. nursing students. Increasingly I have realized the real need for all the members of staff to have someone to whom they can come with their problems and difficulties, someone who cares about them as individuals. Hannah is just one of them. She looks like a walking skeleton. She tries to maintain her blind mother and two small children. There is rent to pay, school fees to find ... there are 110 staff, many of whom carry burdens similar to Hannah.

PIMU, ZAIRE

Kathleen Ince

When someone falls ill, the family is faced with three possibilities, to go to hospital and put oneself in the hands of a foreign white doctor and his western medicine or to go to a person who practises traditional medicine using concoctions of herbs, flowers, leaves, etc., or to go to the fetisher who will call on the spirits of the ancestors for help. . . . Oh yes, we can more than fully occupy ourselves with medical work but what contribution should we be making to the spiritual side of the work. . . ? I have come to realize that here in Pimu we are not being called to evangelize those who have never heard the Gospel but to teach the Christians, many of whom have very limited knowledge and understanding of their faith.

DIPTIPUR, INDIA

Marilyn Mills (extracts from her diary)

October 1974—Almost total crop failure, people in despair, in fear and desperately in need of food, water and work.

January 1975—Relief work gets under way, 600 employed and 1,100 children in feeding programme. Temperature up to 155°F. Efficiency reduced, problems enlarged. Famine riots break out. About 700 men scream and

rant and rave outside my house. I feel rather like Daniel walking into the lion's den, but remember that Daniel's God is our God also!

July 1975—An excellent monsoon under way. God has answered prayer again. 2,000 children now being fed and a new "Food for Growing Food" scheme commences. "The river of God is full of water and the river never runs dry."

July 1976—No monsoon, but food and water adequate. "How vast the resources of power available to those of us who trust in Him."

Are you a member of the nursing profession? Are you a member of the Nurses' News Scheme? If not, why not join now. Write to: Miss D. A. Humphreys, S.R.N., S.C.M., c/o B.M.S., 93 Gloucester Place, London, W1H 4AA, who will be pleased to send you more information. If you already belong, perhaps you could introduce another student or trained nurse to the scheme.

FROM OUR DOCTORS

BERHAMPUR, INDIA

Betty Marsh

... only one operation this morning and our junior doctor can now do that alone so I am free to do a full round on some of the wards. How have the patients who had their operation last week got on over the week-end? Having seen the patients, written medicines, etc., then comes the job of writing discharge notes and bills for those ready to go home ... out-patients of every kind to see ... now I am off to give a surgery lecture to the third year students.

CHANDRAGHONA, BANGLADESH

Bob Hart

... the work is continually increasing, putting a strain on beds, staff, supplies of drugs and equipment ... the operating theatre has been even busier than ever and we praise God for the strength and necessary supplies to keep going.

PIMU, ZAIRE

David Masters and Adrian Hopkins

... there is tremendous potential here in the hospital, and in the tuberculosis work which has many problems ... although treatment is free, most patients do not have enough money to buy food for two years, hence about a third have absconded due to starvation. ... With a good supply of drugs, just arrived from B.M.S. we hope to send most patients back to the villages once a system of follow up has been established.

YAKUSU, ZAIRE

Ken Russell (recently arrived in Zaire with his wife Maureen)

... it is very difficult to put the hospital out of our minds even for a little while each day, even to try to learn some Lingala, or to pray and have Bible study. There is so much to think about. Ken is supposed to be only working in the hospital in the mornings but this has often spread into the afternoons with emergency admissions, marking entrance exam papers (for the School of Nursing) ... making up a drug order for six months ... Maureen has begun stock taking in the pharmacy!

If you would like to receive the Medical Bulletin, which is issued quarterly and is intended for Doctors and Medical Students and other allied professional persons, please write to the Medical Department, B.M.S., 93 Gloucester Place, London, W1H 4AA.

A FARMER/NURSE PARTNERSHIP

(continued from page 149)

give us some experience of farming, augmented with reading about tropical agriculture.

After becoming a Christian I went to the City Road Church, Birmingham, and continued attending there until after our marriage when we moved across town. We then joined Edward Road Church and have been very encouraged by the participation of the other members in our part of God's mission, as well as their participation in His mission in the Balsall Heath area of Birmingham.

So much happens at Bolobo

Pauline Weatherby writes her impressions after a few months at Bolobo

SO this is Bolobo! I had formed various mental pictures of African hospitals over the past few years, some not too good, but coming to Bolobo I was pleasantly surprised, finding it light and airy and reasonably clean. I knew nothing at that stage of the doctor's struggle to keep it so!

In comparison with our hospitals at home, Bolobo is, of course, quite small. It roughly divides into two sections, the old and the new, the latter consisting of three main wards and the operating theatre linked by an open corridor.

I entered by the little wooden gate and was given a hearty handshake by the gate-keeper. He chatted away while I nodded and smiled until eventually he realized that I did not understand a word and allowed me to move on. I passed along the corridor lined with visitors (or were they patients?) who stared, or even smiled as I greeted them. I reached the centre ward and met the doctor who had offered to show me round.

As I saw people with sleeping sickness, malaria and other tropical diseases, some of the theory I had been learning began to make sense. Most of the time the doctor had to communicate through a nurse; I was not convinced that all the questions posed by the doctor were actually put to the patient, nor his replies to the doctor!

Special care!

I was told that each patient is allowed one "helper" who does many of the things that nurses are expected to do at home, such as making beds and attending to the patient's toiletry needs. I haven't seen a nurse here bed-making or washing anyone! This helper is also required to provide food for the patient. There are no hospital



An aerial view of Bo

kitchens as we know them, but behind the wards are shelters or "kitchens" where the helpers can prepare food for their patients. At night time they lay their mats down beside the patient's bed (if there is not room in it!) and sleep there, "on call" if required. Other visitors are only admitted during certain hours.

We moved on into the maternity unit where the atmosphere was much brighter and with the doctor shaking two rattles (borrowed from a cot) which made the mothers begin to sing and almost dance, obviously contented at the birth of their young. There was a premature baby in one of the side rooms with its mother, having "special care". This doesn't mean incubators, or tube-feeding, as it might do at home, but just



Bolobo Hospital, Zaire

a special eye to make sure the child is kept warm and feeding adequately.

I moved next to the Children's Ward. As I am to work in the Nursing School I wanted to see the nurses at work and to know what was expected of them and here I found a nurse, with a tiny dehydrated baby, gently cutting into the skin to find a vein, hardly thicker than a piece of thread, and I admired his patience and skill as he set an infusion going which would probably save that baby's life. That, with many other things that nurses do here, would have been done by a doctor at home.

Going back along the corridor, and through the wooden gate, I turned to go up the hill to the

older buildings. On the way I passed the chapel where services are held each morning for those who wish to attend. Since FOMECA have been running the hospital it has not been possible to have services in the wards. The first of the older buildings is the out-patients department. People walk or are carried miles to be seen at the hospital and many were sitting outside on benches waiting for their turn.

The majority of them won't be seen by the doctor, for the nurse will examine and treat as many as possible. This too is different from home where nurses are frequently told that it is the doctor's job to diagnose! Each patient pays a small sum to be seen (about 10p) and they are given a notebook in which all visits and treatments are recorded. Any medicines or laboratory tests are paid for later. If the nurse is unsure about whether to admit a patient, or feels he would like them observed but not admitted immediately, then they are taken to the observation ward just next door. Only problems which the nurse feels unable to cope with are referred to the doctor.

Weighed by hanging

I moved on again and passed the laboratory where heads were bowed over microscopes, to the public health department. The ante-natal clinic is held here, although the conditions are more primitive most of the same examinations are performed, but first of all there is a talk, so all the women are lined up on the benches listening carefully. This week it was on Family Planning. Remembering how precious children are here, having been told by a Zairian nurse that a man's riches are his children, I just wondered what those women were told!

The Public Health team goes out to hold "clinics" in other parts of Bolobo, and also in other villages round about. I have been with them two or three times and had a rude introduction to local roads and vehicles, as in the heat of the sun we bumped over mud-tracks, full of pot holes, and breathed in engine fumes. However, the journey apart it is really quite interesting to see people in their own setting.

Ante natal visits were in a hut set aside. Ready and hanging on a tree were the scales for weighing the babies. They are placed into a bag

**“The laboratory where heads
were bowed over
microscopes”**



and hung from the scales, usually protesting wildly! Their tempers aren't improved as they are taken by their mothers to the next nurse for vaccinations! A worried mother arrived with a very jaundiced looking son. We decided to bring them back to the hospital with us. A few minor ailments were "treated" from the medical box we had brought with us . . . and so we moved on to the next village to start again. We stopped for lunch in a little mud home, it was furnished quite comfortably; how beautifully cool it was inside!

I haven't mentioned the school, closed now for the summer. Some of the students have been "to look me over". I can see that nursing and teaching nurses will be very different here. I pray that somehow I can help them to become good nurses, useful caring members of their communities and that they will come to know Jesus, and allow him to love and care and work through their lives. Please continue to pray with us, that the presence of Jesus may really be known in this place.

MEDICAL MISSIONS APPEAL

**Those who listen to the traditional appeal on the radio,
on St. Luke's Sunday, for Medical Missions, will miss it this year.
In its place the B.B.C. has granted a television appeal for Ludhiana Hospital,
India. This will be on Sunday, 23rd January, 1977, at 6.50 p.m.**

ENLISTED IN THIS SERVICE

THE B.M.S. Medical Report for 1975/1976 has just been published under the title "Enlisted in this Service" (2 Corinthians 5: 18, N.E.B.). Sections from the Report appear on this page and on page 159. When you have read these we hope you will wish to read more about the medical work in which the B.M.S. is sharing overseas. Copies of the Annual Report can be obtained, free, from Dr. I. S. Acres.

Dr. Acres, the B.M.S. Medical Adviser, will also be glad to give information and advice to any medically trained person wishing to know about opportunities for service overseas.

BERHAMPUR

After many years of treating local people from the area around Berhampur an exciting prospect has been opened up by the contact with the Tibetan Refugee Camp at Chandragiri, some 35 miles away. Christians are not allowed into the camp so that evangelism there is impossible, but now that the Tibetan mothers are coming to the hospital for confinement, new opportunities are given for preaching the Gospel.

DIPTIPUR

Perhaps the most striking progress has been made in the Community Health Project, which has not been dependent on patients' financial state upon their coming to hospital. After village surveys and meetings, eleven villages were chosen for the Project and eleven village level health workers were appointed and given some basic training, then they returned to their villages to commence field work whilst continuing in service training in Diptipur once a week.

Miss M. Banarjee, a staff nurse, has taken over most of the responsibilities in training and field visits, and the enthusiasm of the village level workers has been remarkable, as has been their ability to understand what is being taught

to them; the practical results are being seen in the improved health of village children and pregnant women and in the fact that people are more health conscious.

SERKAWN

Living as we do in this country with all the sophisticated facilities of modern medicine it is difficult for us to envisage, for example, what it must be like not to have available suitable blood for transfusion in desperately ill patients, but in a letter during the year Joan Smith wrote that she had, for the first time, seen a blood transfusion in the hospital at Serkawn. The blood was donated by members of the patient's family, since there are, of course, no blood banks.

NEPAL

It is pleasant to hear of one place in the world where traffic accidents just do not happen, but when one realizes that it is because Okhaldhunga has no roads then one appreciates that such isolation has its drawbacks. It means that patients may have to walk or be carried for perhaps five days to reach the dispensary and this can have tragic results if the delay is too long. Although the dispensary has been established for a number of years, Anna Weir does not feel that the local people have really become accustomed to western medicine, and for the girls who come from the villages as nurses, the routine of taking temperatures, doing dressings, and keeping everything clean and sterile, is entirely foreign to them, but it is amazing how well they manage these new situations.

CHANDRAGHONA

Side by side with the expression of Christian love and concern through medical and surgical treatment, there is a steady day to day work of the chaplain, Rev. T. K. Sarkar, who moves amongst the throng of folk in out-patients and visits others in hospital. His annual report shows that three-quarters of more than 600 books he has sold are to non-Christians, while there has been free distribution of 108 books, 4,000 tracts and 300 booklets to non-Christians.

(continued on page 159)

The Graduation Ceremony is about to begin, at Kimpese, Zaire



The day that makes it all worthwhile

Betty Gill reports from Kimpese

June 24th was a cold morning in the dry season. It was a holiday for nearly everybody at the Institut Technique Medical (Nurses' Training School) of the hospital at Kimpese, Lower Zaire, but not for the students of the 4th year nursing, nor for the members of the Oral jury. This was the dreaded, yet long awaited final hurdle for the students; behind them four years of hard work in hospital and classroom, and many exams and tests; before them, hopefully, the coveted diploma at humanities level. Between them and that success lay the Jury, long talked about, now about to begin.

They began to appear in ones and twos on the grassy slopes fronting the school as early as 6.45 a.m. furnished with cardigans, sweaters and scarves against the weather, and clutching large files of notes against defeat! Into these they buried their heads in that frantic last minute cramming which is a feature of student life here, hoping no doubt that the information their eyes lighted on would be just the thing they were asked for. As they sat there shivering partly from

cold and partly in apprehension of what lay ahead of them, the Jury assembled; three groups of two, plus the President, a Zairian doctor appointed by the State, and the names began to be called.

No failures

A long day of questions and answers had begun, ending some ten hours later when the twenty-fifth student emerged from her third session of the questions. The exams were over for another year. The hospital (I.M.E.) has been training people in various ways for many years and this was the 22nd such occasion. However, much progress has been made over the years and however often courses have changed or been upgraded to meet current needs, there are many people working in health fields all over Zaire today who look back in gratitude for their training and are proud to be known as Anciens Elèves (old scholars).

The set of 1976 were no exception. They were eager to know the results of the Orals and Writtens, to find out whether they had passed or failed, so at 8 p.m. the same evening they and many other students and staff gathered outside the School Auditorium to hear what is known as the Grand Proclamation from the lips of the President of the Jury. He was very happy to

announce that there were no failures and that all twenty-five of them could look forward to receiving their Diplomas the following week. Then I.M.E. erupted in shrieks of joy and delight, there were handshakings, backslappings, embracings, leapings in the air and even rollings on the grass in relief and ecstasy. At times like these it is good to be with people who are so uninhibited at displaying their joy, though with more restraint, we rejoiced with them in true Biblical fashion.

Graduation uniforms

I.T.M.K. (Nurses' Training School), July 2nd, the school en fête for the graduation and prize giving ceremony.

By the time the honoured guests had taken their places, the sun was shining on the proceedings and, although it began later than was scheduled, it went off without a hitch. The leaving students were preceded in by those of other years, and then, finally, the great moment arrived and slowly and proudly they wended their way towards the places of honour awaiting them, doing their own little one step forwards, two steps backwards routine, and all looking extremely smart in the glory of their white uniforms made specially for the occasion.

The long grind

The elaborate coiffures of the girl students (14 of them to 11 boys) made it very difficult to recognize who was who, but finally the disguises were penetrated and, rising in their honour as they filed into their places, we knew there were no intruders among them, trying to sneak away with the coveted awards, though it is a fact that we receive forgeries of our diplomas from time to time, sent to us by people anxious to know if the holder really did train at I.M.E. All too soon, considering all the work that led up to this moment, surely a high-light in the lives of these youngsters, most of them only 22 years old, the ceremony was over, the refreshments disposed of and all was quiet on the school front.

There was nothing exciting about the behind the scenes chores of finishing off bulletins, or collecting in books and uniforms, yet even these tasks are necessary for the smooth running of a Nursing School. It is a challenging and sometimes satisfying thing to be privileged to play a small part in the training and character forming of young Zairians, and Angolans, and to see some fruit for our labours in July each year, but the day to day grind brings many problems and frustrations.

Every day isn't prizegiving. It is during the



A group who are glad it is all over!

year that we are so grateful for all the prayer and friendship which help to support and sustain us as we offer this service to God for Zaire and for His church in this country.

Students come to us from many parts of Zaire, most of them having had some church connection or backing, but not all of them are Christians. It has been, therefore, a particular joy to have in this group of twenty-five so many who are really followers of the Lord, and who are committing to Him their daily walk. Some were Christians when they came, others have come to know the Lord at some of the Scripture

Union camps held here from time to time and they are open in their work and witness, taking part in the activities of the church.

We crave for them a continued dedication as they now leave behind them the rather protected life of students and go out into the world to practice the healing art. We pray that the touch of the master's hand may be on their lives and that He may be seen in the service they offer. "Christ has no hands but our hands to do His work today." May their hands truly work for Him as they reach out to the needy thousands of sick people. For such as these Zaire waits.

The first for eleven years

About 1,000 miles from Kimpese, lies Yakusu. It is in the Upper River Region of Zaire and the hospital there has taken a long while to recover from the effects of the 1964 rebellion. For many years there was no doctor and no nurses were trained. However, after a lapse of eleven years, a group of nurses completed their training and Doreen West reports on this important event.

AT the hospital the day began as usual at 7 a.m. with a prayer, the national anthem and the hoisting of the Zairian flag. In the Maternity Ward there was special joy because a woman whom we had thought might need an operation had just given birth to a lusty baby and another was about to have her baby.

There was a special thanksgiving service in the church at 9 a.m. and the "Proclamation" took place immediately after this. The attendance at the beginning of the service was poor, more people came trickling in all the time until there were several hundred there. The "Proclamation" is something like an abbreviated Speech Day at home but excitement runs very high as no one knows who has come top, nor who will get a prize. Those who had failed had been told beforehand though.

Six young male nurses had passed all fifteen subjects and are now qualified. There had been keen competition for the top place with only 0.1% separating the first two students. It is hard

to be a nursing student here. Each week they have roughly 18 hours of theory and 18 hours of practical experience in the wards and departments of the hospital. All live in, but no meals are provided so they also have to buy, prepare and cook their own food. Most of them also grow a few vegetables. No training allowance, on the contrary, there are school fees to pay but they do receive duplicated notes of most courses and have the use of one or two small textbooks each.

A library? Yes, we are quite proud that we have a library with three sections; professional, religious and general. All the books fit into one modest tin trunk! Study facilities? Two 60 watt bulbs in a classroom for two-and-a-half hours each evening. Recreation? Half the members of the church choir are our students. You can always swim in the River Zaire. There are volley ball games every week and football most weeks too.

Volley ball figured in our celebration. After the prize giving was over all the students went off to analyse their marks and compare notes. About 4 p.m. when the sun was less fierce there was a staff v students volley ball marathon and then we all sat around on benches drinking sweet tea out of tin mugs, munching doughnuts, chatting and relaxing. One nice touch was that the students filled up cups and mugs of quite a few patients as well as their own.

Then we ended our day of celebrations as we had begun it, with a prayer. Some of us are Christians, some make no profession of faith, but all joined in the final "Amen".

ENLISTED IN THIS SERVICE

(continued from page 155)

YAKUSU

Dr. Smith had the task of reorganizing the surgical work after a lapse of ten years, but this was not just a question of "doing operations", but it meant that a surgical team had to be trained to work smoothly together! Eventually there were two regular operation days weekly and it was possible to do major operations of considerable complexity. The formation of such a surgical team will be of great value for Dr. Russell as he succeeds to this work.

PIMU

The public health work has also been hampered because of lack of adequate funds for fuel for the Land Rover, but nevertheless as far as possible eighteen centres are visited monthly when a total of some 1,100 infants and 200 mothers are seen.

Even the nursing school has been affected by the economic position and a number of students, successful at the entrance exam, were unable to afford the fees; incidentally 179 candidates presented themselves at the examination and there were only 19 places! Some of the students spend some time in practical work at Upoto Dispensary with Jill Sillitoe who, in addition, has the medical care of the secondary school children.

KIMPESE

Gwen Hunter in the Pharmacy Department has had to deal with the problem of drug shortages and one of the measures taken to economize has been to keep a strict control on drugs used in the wards, and although this means new and sometimes tedious routine it does have the welcome and unusual result that the pharmacists visit the wards and have more personal contact with the patients.

HOME

"Cost effectiveness" is a phrase dearly loved by those who work in the administration of the National Health Service, but such a phrase cannot really be used in assessing medical missionary work. We can count the cost in terms of money but none can estimate the cost in terms of service rendered by national and missionary staff working devotedly in hospitals and clinics. Nor can we estimate the effectiveness—for results are rarely immediate—they can never really be assessed by statistics and in fact results may never be known. It is sufficient, therefore, that we go forward in faith knowing that we have been enlisted in this service of reconciliation and, in the words of the Apostle Paul in this same letter to the Church at Corinth—

"Sharing in God's work, we urge this appeal upon you: you have received the grace of God; do not let it go for nothing"
(2 Corinthians 6: 1, N.E.B.).

Missionary Record

Arrivals

- 9 July Miss C. Farrer from Pimu, Zaire.
Rev. A. G. and Mrs. Lewis and family from Dinajpur, Bangladesh.
10 July Miss V. A. Green and Miss H. M. Hopkins from Ngombe Lutete, Zaire.
16 July Rev. D. W. F. Jelleyman and Paul from U.C.T.W.I. Kingston, Jamaica.
24 July Miss R. Murley from Pimu, Zaire.
29 July Miss J. Brown from Kathmandu, Nepal.
3 August Mr. J. G. Davies from Chandraghona, Bangladesh.
4 August Mr. and Mrs. R. J. Saunders and family from São Paulo, Brazil.

Departures

- 20 July Miss B. Earl for Pimu and Miss Hitchings for Tondo, Zaire.
27 July Miss M. Bishop for Yakusu, Miss P. Spratt and Mr. J. Ottaway for Kinshasa, and Miss F. Morgan for Tondo, Zaire.
Miss A. Matthias for Kathmandu, Nepal.

- 5 August Rev. D. W. and Mrs. Doonan and family for São Paulo, Brazil.

Death

- 1 August In a Worthing nursing home, Miss Marguerite Leah Muriel Bion, aged 94 (Monghyr, North India 1904-1932).

Marriage

- 31 July In Brazil, Rev. David Grainger, of Campo Mourao, to Miss Elidia Constantina, of Maringa.

Acknowledgements

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

(10th July-5th August, 1976)

General Work: Anon: £1.00; Anon: £5.00; Anon: £6.00.

Medical Work: Anon: £5.00; Anon: (Prove Me) £5.00; Anon: £1.25.

Nurses Tondo Project: Anon: £25.00; Anon: £5.30.

Chandraghona Appeal: Anon: £10.00.

Relief Work: Anon: £1.25; Anon: (Edin.) £5.00.

World Poverty: Anon: £2.00.

LEGACIES

	£
Annie Davis	1,671.02
Mr. C. Hitchins	50.00
Mr. F. Illingworth	249.49
Mr. H. D. James	95.51
Miss L. G. Kirby	50.00
Miss E. Lawrenson	241.00
Susanna Lee	12,172.96
Mr. A. S. MacLean's Trust	2,306.74
Miss L. A. Maycock	302.38
W. E. F. Palmer	4,000.00
Percival White Trust	433.52

B.M.S. PRAYER GUIDE for 1977

Weekly notes on areas overseas—Daily prayer topics—Maps—to help you place those whom you support.

This Prayer Guide is a necessary tool for all who are interested in B.M.S. work overseas.

Buy it for your own use.

See there is a copy in the pulpit,
for use at Sunday Service.

Give it as a Christmas present.

Price 25p

(P.O./cheque with order please)

Obtainable from: **B.M.S., 93 Gloucester Place,
London, W1H 4AA**

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 1977 by sending this form, now, to:

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

Please send the *Missionary Herald* each
month in 1977 to:

Name block
Address letters
..... please

I enclose the annual subscription of £1.50.

Name block
Address letters
..... please