Missionary

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CHRISTIAN HOSPITAL CHANDRAGHONA

ANTE-NATAL TRAINING COURSE
FOR
VILLAGE HEALTH WORKER

MESSAGE FROM THE CHAIRMAN

Leslie Tizard was a fine Christian preacher and greatly loved pastor. At an informal gathering, a stranger approached him and asked to be directed to Leslie Tizard. 'You can't miss him,' Leslie replied, 'just keep going until you find the ugliest man in the room'. The stranger moved away and circled the room. At length he came for certain to 'the ugliest man in the room' – Leslie Tizard himself. Yet what contradiction! For despite his lack of physical attractiveness, Leslie was a man whose winsome personality and gracious spirit drew many people to him. He demonstrated remarkably well the loveliness of a life that is fulfilled by love for God and for man.

The great purposes of God

This quality of life is what God wills for all men. His created children are made for a wholeness of body and mind and a fulfilment of love. This we only discover through the peace and joy of God, found in Jesus Christ as we respond with faith and love to the grace of God. Each person who ever lives is made for such wholeness and loveliness in Christ, a quality of life only made possible by the costly work of our Lord in His dying and rising. More than that, God has made clear His great purposes which see even creation itself transformed into true splendour when all men find their great Father God through Christ – 'All of creation waits with eager longing for God to reveal His sons . . . there was the hope that creation itself would one day be set free from its slavery to decay and would share the glorious freedom of the children of God' (Romans 8 vv 19 and 21).

From Carey and his supporters onwards, our Society has caught the vision of these great purposes of God and is committed to banishing true ugliness and ushering in the splendour of God. Our medical missionaries strive to co-operate with God and men for a wholeness of body. Our agriculturists and technical workers advocate redevelopment within communities, that the physical lot of many may be greatly improved. Our teachers unshackle the minds of those enchained by illiteracy and ignorance. All of these, together with our pastors and church workers, seek to share the Good News of God's love in Jesus Christ, which enables men to discover the loveliness of loving God and their fellows, because they know the wonder of being loved to the uttermost in the Saviour and Lord.

Reginald Harvey

The great task to which we are committed

I cannot convey how great a privilege it is for me to be sharing in this work as Chairman of the Society. My prayer is that I shall be worthy of the great task in which the BMS is engaged. May it be the prayer of all of us that we bring a continuing and right dedication to the ongoing purposes of God, that we may be used for His glory here at home and in the cause overseas.

ACKNOWLEDGEMENTS

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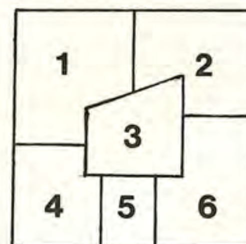

1 Night nurse reporting to Jean Westlake
2 Under Fives' Clinic
3 Hospital entrance, Chandraghona
4 Boy orthopaedic patient
5 Booklet by Sue Headlam
6 Preparing for an operation

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COMMENT

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Many of the pioneer Baptist missionaries underwent a training in medicine as part of their preparation for service overseas. This was not a full scale course, nor did they regard themselves as doctors, but they believed that, if they were equipped in some measure to bring relief for the bodily ills of those to whom they preached, there would be an important added dimension to their witness.

Following the steps of the Great Physician they were convinced it was right, not only to declare his saving grace and point the hearers to a future glory, but also to show Christ's concern for the healthful well-being of the people in the present.

Extra study for the early missionaries
Thomas Comber, early missionary to Zaire, after completing his theological training at Regent's Park College, delayed his departure to Africa in order to take a year's training in medicine and surgery. He produced a diagnostic chart for the Congo Mission detailing symptoms and their treatment, and the fearsome great chief Nga Liema only accepted the prospect of Comber establishing a station among his people because 'the missionary practised the healing art'.

Rev Frank Harmon, during a furlough from China in the 1890's, took a special course in diseases of the eye and on his return achieved almost 100% success in the numerous operations for cataract which he attempted, though he was not, in our present day terms, a medical missionary.

Christ's concern for the whole man
Healing work has always been undertaken in partnership with the preaching of the gospel because these two aspects were found in the ministry of our Lord. But from these early days, with their simple medicines and almost amateur practitioners, medical missions have moved a long way. The work now is highly specialized, yet it is still undertaken because Christ has called each person to proclaim his love to people in need of a saviour; to demonstrate the love of God in and through a healing ministry and to present an all-embracing Christ concerned for the salvation of the whole man.

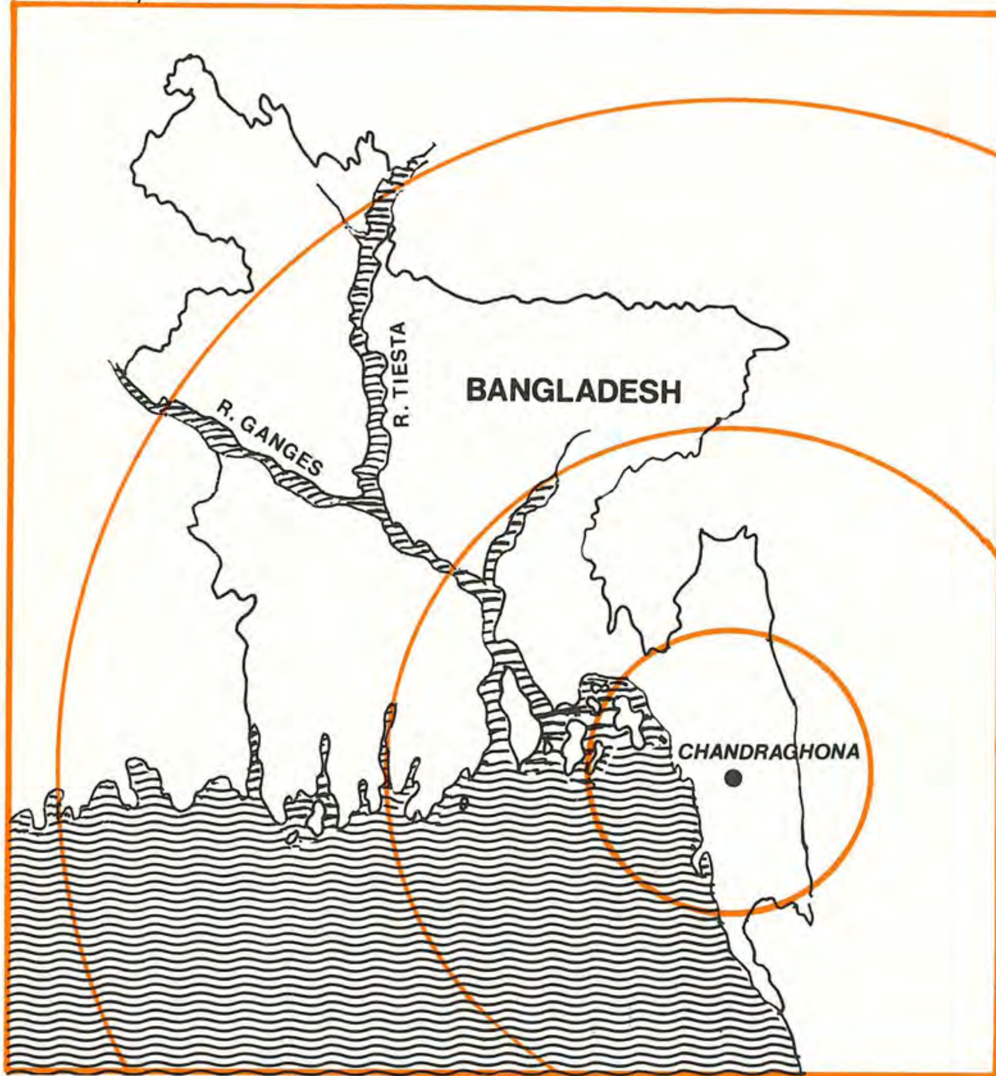
Getting behind the symptoms
On that 'Symptoms and their Treatment' chart produced by Thomas Comber for the Congo Mission, stress was laid on a vital truth. 'To treat symptoms only is bad treatment,' he counsels.

In the medical mission work today great attention is given to preventive medicine in an endeavour to reach behind the symptoms to the root cause of the disease. Though still ready to nurse a sick child through the crisis of measles or whooping cough, which in so many situations overseas is fatal, we strive by Under Fives' clinics to prevent these diseases occurring. Malnutrition has still often to be treated in hospital, but every endeavour is made to remove the cause of malnutrition on the basis that it is far more satisfactory to prevent than to cure, as Christ dealt first with the man's sin, then bade him take up his bed and walk home.

In the following pages accounts are given of how the Chandraghona Christian Hospital, Bangladesh, presents the love of God for man through its varied work. For these accounts we are indebted to our colleagues at Chandraghona who readily spent much time in preparing them.

THE AVENUES OF CONCERN

The medical outreach from the Christian Hospital, Chandraghona, extends far beyond the narrow confines of its small site on the banks of the Kharnaphuli River, 26 miles north-east of the bustling port of Chittagong. Through the Under Fives' clinic programme it reaches those within a five mile radius, through the family planning work those up to 75 miles away, as a curative centre as far as 200 miles, but through the nurses who train in the school to every corner of Bangladesh's 55,598 square miles (which is roughly the equivalent of England and Wales).



The centre of the ever widening circles is a sprawling cluster of brick and concrete buildings constructed at various times during the last 73 years. They include wards, laboratory, physiotherapy, store, garage, classrooms, operating theatre, X-ray, dispensary, offices, in fact all the usual paraphernalia associated with a small cottage hospital, which is the nearest British equivalent.

On a normal working day the six o'clock bell shatters the morning air, and student nurses struggle out of mosquito nets and bedclothes to begin the routine of washing and breakfasting, before appearing immaculate in white uniform for prayers at 7 am. As the nursing staff work shifts, the first hour of the day is devoted to night reports, handing over keys, checking theatre lists and collecting clean laundry. All these activities revolve around the nursing superintendent's office, where Jean Westlake listens, questions, disciplines and organizes in turn, or sometimes all at once. The cleanliness of the hospital, as well as ward care, is in her hands, so no two days are the same. Mattresses to be mended; syringes to be replaced; relatives to be counselled; nurses to be reprimanded; midwifery emergencies to be dealt with – these are all part of a day's work.

At eight o'clock the rest of the staff come on duty and ward prayers are held. Then the various departments open, the ward rounds begin and the operating theatre swings into action.

Jean Westlake

PHYSIO DEPT

Maureen Lacey

Busy time in the 'outdoor'

In the 'outdoor', as out-patients is locally known, our medical staff see patients 5½ days per week. Dr Suzanne Roberts, having now established herself not only as a gynaecologist and obstetrician but also as 100% female, is sought by the Muslim and Hindu ladies who would be too shy to come with their problems to a male doctor. Dr Bob Hart has a fine reputation as a surgeon and on the days he sits in the 'outdoor' one finds the registration office busier than usual. Dr Choudhury is an eye specialist, and in his well-equipped department is able to make pre- and post-operative assessment for a wide range of conditions. The medical side is covered by Dr Baroi, who completed postgraduate studies at the Liverpool School of Tropical Medicine in 1978.

With the steady flow of men, women and children through out-patients, the work of laboratory, dispensary and X-ray increases to a peak around midday, when a gentleman needing a blood test may be swept into the stream of those collecting medicines, being admitted or paying bills, and so finds himself totally confused. It is not uncommon to find a toddler wandering cheerfully in the direction of the garden to chase the goats or just howling because mother has disappeared to see the doctor.

Whilst out-patients clatters away, on the wards the 48 student nurses go about the more mundane duties of making beds, doing dressings, giving injections or preparing patients for operation. Patients always wear their own clothes whilst in hospital, and in winter frequently bring quilts made of old saris sewn together. Patients on the whole do not take kindly to being bed-bathed or made comfortable in a European way. The staff nurses who are in charge of each ward decide whether water poured over the head is all that is required, or whether the patients must be subjected to the rigours of a 'British' wash.

One of the wards is kept mainly for orthopaedic patients who are in the special care of the hospital's physiotherapist, Maureen Lacey, who here describes her work and department:

'I am hoping to have a new department soon, when a large store-room is to be converted into a more adequate physiotherapy centre. It is hoped work will begin on this shortly. It will have four cubicles, in addition to space for throwing balls and a waiting area. This will be a vast improvement on the present 17' x 13' room where there is only space for one bed, and ball throwing is a dangerous business. The new department will house new equipment ordered from abroad, some of which is on the way. This will augment my negligible aids and mean in future that I shall be able to do much more for the patients. I shall be able to soothe painful joints with deep-heat treatment, quickly heal up infected wounds and sores with ultra-violet rays, and assess damage to and progress of paralysed muscles with electric currents. Work will consequently increase and so will the need for another physiotherapist, as just one ultra-violet treatment can take an hour.

'Unfortunately the future of physiotherapy nationally is most uncertain, as the Dacca School of Physiotherapy has had to be closed due to lack of government recognition. In consequence, Bangladeshis who trained there have passed their BSc course but mainly find themselves without jobs. As a temporary measure the doctor in charge of the physiotherapy training scheme has given jobs to many of them and is personally paying their salaries. Unfortunately we at Chandraghona, though in need of a national physiotherapist, can offer none of them a post, as they are all non-Christians and the hospital's management committee understandably feel its staff should be Christian. This means that should I ever leave Chandraghona there will be no national physiotherapist to take over the work.

'During the last three years a young man who trained here as a compounder* has been helping me in the general hospital side of the work. He was an excellent assistant and a joy to work with, but since being a physiotherapy helper holds no future he left last November to take up a post elsewhere, using his compounder qualifications. He has been replaced by another compounder who

*Someone who has taken a one year course in dispensing and preparing medicines; a junior pharmacist.

Dr Suzanne Roberts seeing outpatients

PRIMARY HEALTH CARE PROGRAMME

has been designated for work in the Hill Tracts, so will not be able to stay helping me for too long. But I will use him as much as possible while he is here.

1,001 jobs to be done

'The day's work is varied, and of course it is necessary to attend ward rounds with the doctor so that he and I along with the nursing team can discuss the patient's progress and treatment. At the moment there are ward rounds five days a week, and each can last from one to two hours. Many times I can be kept busy all day without even laying hands on a patient. I may need to look at an X-ray, then run back and forth to the appropriate doctor discussing the patient's treatment; perhaps spend time making a splint or other appliance; occasionally get the record books up to date: or any other of the thousand and one necessary little jobs.

'All of us find ourselves doing things we have never done before. I am asked to put up traction for a patient's fractured femur, or I find myself designing and making things which are readily to hand in England. Due to ignorance on medical matters patients do not always believe all we tell them. Recently after telling a man with a broken back, who had been on strict bed rest, that he was now allowed to do the one simple back exercise I had shown him, I discovered that he had been getting up and walking down to the local market for his midday rice and curry for several days!

'Many out-patients do not turn up again after the first visit, because I have not given them some magic formula medicine which loosens their stiff joints without any effort on their part. Most distressing are patients who try village medicines first and when they do not work come here much too late, when we are able to do little or nothing for them.'

Most frequently the negative results of village medicine are seen in the moribund children and obstetric problems which come in almost daily. For many of these mothers' lives the whole hospital team is mobilized. It is to prevent the tragedy of infant and maternal deaths, as well as improve the level of primary health care in our area, that the Under Fives' and Family Planning clinics have been established.

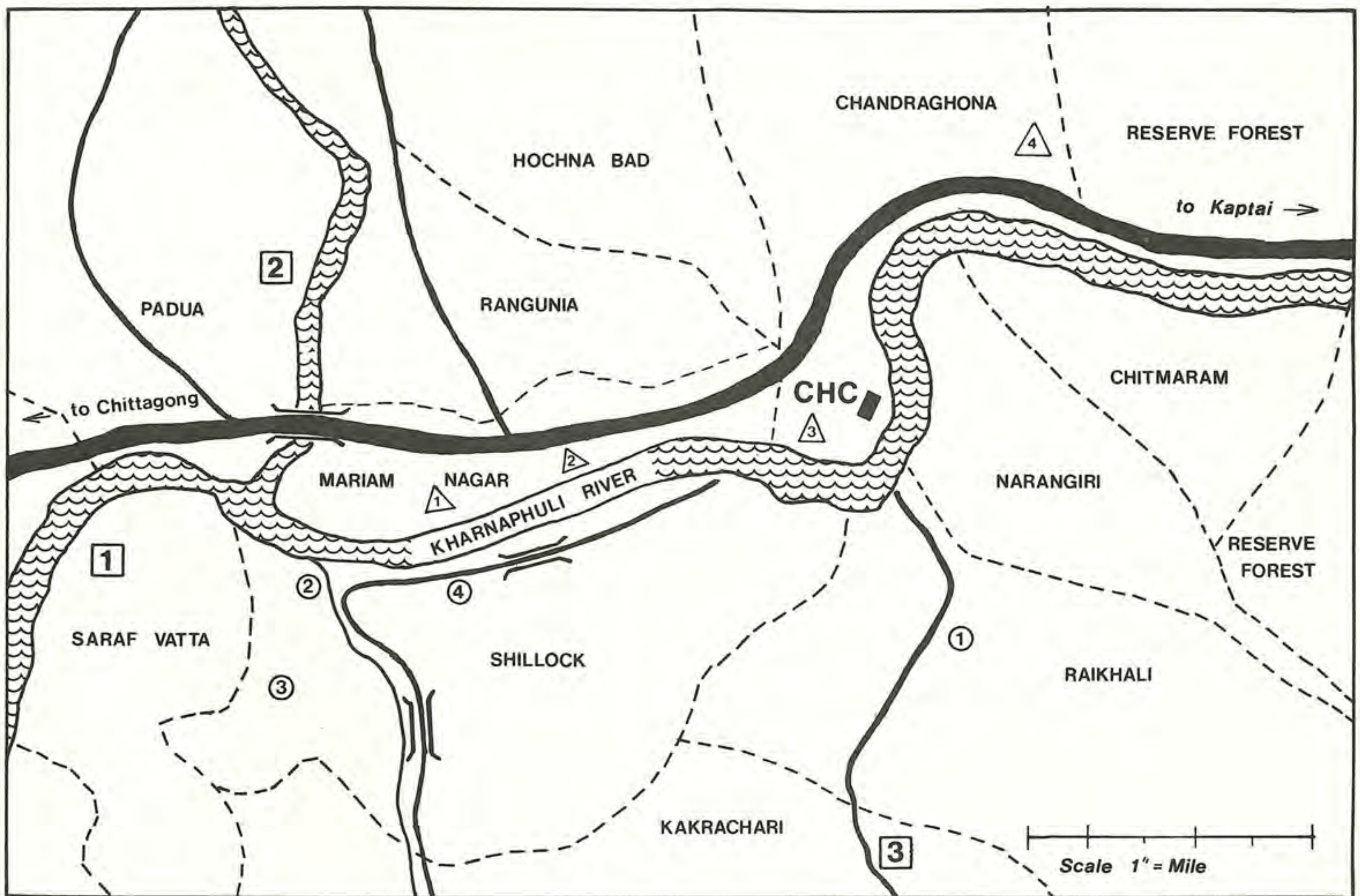
Under Fives' clinics

The Under Fives' programme with its four centres in Chandraghona village, Mariam Nagar, Kodomtali and Baragunia saw 12,690 children in 1979. The team of Susan Headlam, four Bengali helpers, nurse and driver are augmented once a week by Dr Suzanne Roberts. Their Land Rover pulls away from the clinic office at 7 am and here Susan Headlam tells of the morning's work:

'Most clinic mornings we divide into two groups. I take Mrs Biswas and Diplokerma with the mobile clinic, whilst the staff nurse and the rest of the team stay in the clinic proper, seeing children there. We walk through the paddy fields, over bamboo and log bridges, shielded from the sun by our big black umbrellas, and into the villages to hold clinics. By village I mean a complex of half a dozen houses round a courtyard, each housing a family of 100 people in all. The houses are mud huts or small bamboo dwellings with grass roofs, and have a rural attractiveness of their own. One or two bamboo mats and a rolled up quilt are the simple furnishings, along with a collection of assorted cooking pots. We are going out to reach people who would not otherwise come to us. I try to look and sound as Bengali as possible, I wear a sari, am growing my hair and trying to make my Bengali sound more like the local dialect. But initially there is curiosity, because in the remoter villages where the mobile clinic goes, many have probably never seen a white woman before. They only half understand as we tell them that we have come from the Christian Hospital to bring them medical aid, teach them nutrition and sanitation, and tell them of Jesus who cares and wants them to be whole.

'We would like them to supplement their diet with "shark" – animal, vegetable or mineral you may well ask! This time, it is vegetable, green and leafy just like spinach, and about as popular with children here as spinach is in the UK. It grows well and has two and a half times the iron content of

Sue Headlam treating ten-day-old baby weighing 2 lbs



liver, but is unpalatable. We teach them how to prepare it in a more acceptable way, as it would reduce the anaemia we so frequently see. We only visit a village twice, and after that we expect the women and children to make their own way to one of the regular clinics in the vicinity.'

The story of Laly

The need for this type of mother and child health programme is well illustrated in the following case history by Alison Wilmot as she tells us about a little girl affectionately known as Laly:

'When Laly was first admitted to the nursery she was one month old. She was referred by Susan Headlam from the Mariam Nagar clinic. Laly arrived at the hospital, a pathetic, dirty little scrap, with her mother. She was first seen by Dr Suzanne Roberts who arranged her admission and prescribed medicine for her chest infection.

'Laly's mother was given a bed in the post-natal ward while in the nursery Laly was given a bath and put into clean clothes. When weighed it was found that she was only 2 lbs 10 ozs. Watching the mother with Laly, it was obvious she had little interest in the baby and no breast milk.

'After a few days Laly's mother said she was returning to Mariam Nagar, where she had another daughter, but would come in to visit Laly from time to time. In fact the visits became less and less frequent until she stopped coming altogether.

'It took about a week to introduce Laly to bottle feeding, but slowly she began to take an interest, and also to respond in the way that a normal baby of her age should. Soon she became a contented, smiling baby, her chest infection cleared up and she began to gain weight. She acquired the name of "Sister's baby" from the number of times I popped into the nursery to talk to her – one of those strange things Westerners do!

Short-lived return

'At three months Laly weighed 4 lbs 4 ozs and was ready to return to her home environment. Susan Headlam took her on the Under Fives' clinic morning. I had my doubts as to how she would be looked after and, sure enough, two weeks later she was re-admitted.

'At this admission she was once again referred by Susan Headlam, and again mother brought her to the hospital. At first it was hard to recognize Laly; she had lost weight, had

KEY

▬ TARMAC ROAD
— BRICK ROAD
---- UNION PARISHAD BOUNDARY

UNDER FIVES' CLINIC
1 MARIAM NAGAR
2 KODOMTALI
3 CHANDRAGHONA
4 BARAGUNIA

FAMILY PLANNING CLINICS
(Weekly)
1 RAIKHALI
2 KODALA BAZAAR
3 KODALA TEA ESTATE
4 DHOPA GHAT
(Monthly)
1 SARAF VATTA
2 ITCHA MOTI
3 KAKRACHARI

CHC CHRISTIAN HOSPITAL, CHANDRAGHONA

Basic health booklets in English and Bengali, by Sue Headlam

whooping cough, was dirty and unresponsive. Again Laly was seen by Dr Suzanne Roberts and the necessary antibiotics prescribed. She was given all our tender loving care, and once again became the happy baby she had been previously. This time her mother left after we had admitted Laly and did not come back.

'Laly stayed with us until she was 6½ months old and weighing 7½ lbs. It was felt that she needed more stimulation than she was able to receive in hospital. Although mentally she was as bright as a button, physically she was behind in her capabilities.

'Once again it was decided to try and replace her in her natural environment, so on a bright sunny morning and all dressed up, she went off for the second time with Susan Headlam to Mariam Nagar. When the parents were found the mother showed only a little interest, but the father was very cross and insisted he did not want her as she was a girl. He agreed to put his thumb print on the necessary documents, relinquishing responsibility for Laly so that she could be adopted. This was duly witnessed and both Laly and the documents were brought back to the hospital. It has subsequently been possible for Laly to go to Chittagong where adoption was arranged.'

Baby weighing, Under Fives' Clinic

Sadly there are many such children who do not receive help, and with national statistics showing an infant mortality rate of 25% in the first five years of life the value of a primary health care programme cannot be over-emphasized.

Family planning

In both out-patients and wards, teaching is given on the necessity of basic sanitation, the value of clean water and advantages of spacing one's family. Dr Suzanne Roberts is renowned for trying to convince those with four children or more to complete their families. She writes:

'Trying is the right word for all concerned, and I have to keep remembering that what is so painfully obvious to me is irrelevant and worrying (because it is an operation, however small) to those village ladies; and anyway this funny foreigner just does not understand that it is all Allah's will and that their husbands will not agree anyway, especially as one's sons are the equivalent of an old age pension. Consequently those who have no children are in a tragic position and I find it most rewarding helping such couples. It is always a special joy to see one of these ladies later coming to the ante-natal clinic.'

To encourage women to come for care when pregnant a village ante-natal clinic has been opened in addition to the one run from hospital, and both seem to be gaining acceptance.

NURSES' TRAINING

Midwifery students being instructed by Sister K

Midwifery

Because of the inadequate maternal and child health care available in the country, the hospital has for many years wanted to expand its three year general training programme to include a one year midwifery course. On 7 January this year, after much detailed preparation, the midwifery training school was opened, and here Alison Wilmot describes the first group of student midwives.

'Three are doing the training as a 4th year course following their three year government nurse training, whilst another three are already staff nurses in the hospital and are doing 'in-service' training, which means that they attend lectures and do deliveries but retain their positions and responsibilities as staff nurses.

'The students' time is divided between the classrooms, where they receive lectures from

Alison Wilmot

armaker

Sister Karmaker, the midwifery tutor, Dr Suzanne Roberts and Dr Bob Hart, and periods of practical experience. This is gained in the ante-natal ward, labour room, nursery and post-natal ward, where practical teaching is given by Jean Westlake, Madhobi Baker and myself. The students attend ante-natal clinics in the hospital as well as in the village situation. Dr Suzanne Roberts holds post-natal clinics which the students attend, and here too they find out about the different methods of family planning.

'We have been pleased to see over the past year a rise in the number of mothers having normal deliveries, due probably to the increased numbers attending ante-natal clinics in the hospital or at Mariam Nagar where Susan Headlam runs the village clinic. The student midwives have good opportunities of following through a normal pregnancy delivery, and post-natal period. We continue to have a fairly high proportion of abnormal or difficult deliveries, so the students also see how these complications can be handled. It is hoped that later in their training they will visit the local Health Centres to find out what happens in the surrounding district.

'When the course has been successfully completed we hope some of these girls will stay with us and help to increase our team of midwives. Others will take their experience into a situation where a trained midwife is much needed.'

Green, yellow, red and blue

The midwifery section is in fact the final part of the nurses' training. The hospital is glad to be able to offer a three year government recognized Registered Nurse Course to 48 young people at any one time. They come from all over Bangladesh for the hospital's entrance test, having completed the formalities of application, references, etc. Many are reluctant to abandon higher studies but have succumbed to family pressure put upon them to become earning members – almost any job will do if it enables them to help support younger brothers and sisters through school.

At Chandraghona we are highly selective, as those who have inadequate ability in English or are generally dull do not cope with the varied and demanding course. An initial three months of classroom study with half a day per week on the wards enables both students and tutors to decide whether or not they are suitable for the rigours of nursing training. The drop-out rate is high and of the August 1979 group 40% had left within the three months period. Having successfully passed the preliminary examination the girls acquire white saris, caps and green belts, which somehow transform them from little helpers, wandering confusedly from bed to bed, into nurses. The boys acquire smart white jackets with green shoulder flashes. As their training continues these belts and flashes change to yellow, then red and for the girls blue during their midwifery year.

The bulk of the classroom teaching falls to our team of three tutors led by Sister Renu Gain, and follows a pattern similar to that in the UK. The doctors contribute with courses on specialized subjects, Christine Preston on operating theatre technique, and the head of pharmacy, Mr Bipul Mondal, and the laboratory assistant, Mr Santwal Bawm, on their respective disciplines. On the wards practical supervision is given by the Bengali staff nurses and sisters.

Teaching through the night

Night duty is a time to get to know the students more closely. Alison Wilmot with her special paediatric qualifications has found satisfaction in teaching about care of premature and malnourished babies as they have their two to three feeds throughout the night. The nurses will rotate through the various wards and departments of the hospital. Out-patients is an opportunity to hear the Family Planning clinic staff explain about the need to introduce mixed feeding, the value of vaccination against TB etc. The nurses also have opportunity to go out with Susan Headlam to the Under Fives' clinics

Student midwife and newborn child

SURGERY

and see village medicine first-hand away from the clean sheets, electric lights and relative orderliness of the hospital environment.

The nurses will spend three months in the operating theatre and whilst there participate in the wider family planning programme in which the hospital is involved. The hospital co-operates as the surgical arm of both independent and government programmes in the locality. The white tiled, well lit theatre is left behind, the hum of air conditioner forgotten, the quiet bubbling of the sterilizers and shrill ring of the timer which announces the autoclave has completed its cycle, are no more. In a wide variety of offices, clinics and schools the theatre team, under the direction of Christine Preston, have unpacked their mops and brushes to clean the floor, before seeking suitable benches to be tied together into makeshift tables, thus slowly converting any room into a temporary operating theatre. The kerosene (paraffin) stoves always smoke, the electric torches inevitably fade at the crucial moment and every door or window is encircled with solemn, curious faces wondering what on earth all these strange people with cloths on their heads and over their faces can possibly be doing!

In the locality they may be ensuring no more pregnancies for ladies, but back at hospital it could be almost anything. The statistics for last year give a clear picture of the variety and volume of surgery undertaken. A total of 2,896 operations were performed for conditions ranging from broken bones and cut heads through the removal of minor lumps or bumps, to major internal plumbing with a good smattering of gynaecology. Some of the most rewarding surgery is performed on children with either the congenital deformities of club feet, cleft lip and palate, or the acquired deformities of inadequate diet, ie rickets with its accompanying bow legs and knock-knees, or those which follow inadequately treated burns.

As most cooking is done at floor level on open fires or kerosene stoves, toddlers are exposed to the danger of a naked flame and boiling liquid just where they are happily playing. A scald or burn if neglected leads to a contracting of the skin and subsequent deformity which may be only a bent toe or a grotesquely contorted limb. The straightening out process can take weeks with a whole series of operations, and every case of fresh burns is referred to Maureen Lacey for physiotherapy to complement the medical treatment. It is always an encouragement to see such patients walk out smiling, the moans, groans and painful memories of exercising and stretching the hardening skin forgotten in the joy of being able to move freely once again.

Another group of patients who leave with happy smiles are those who come blind and return home seeing. The problems of blindness are well known and in Bangladesh are aggravated by lack of vocational training centres, special schools or any real prospect of employment.

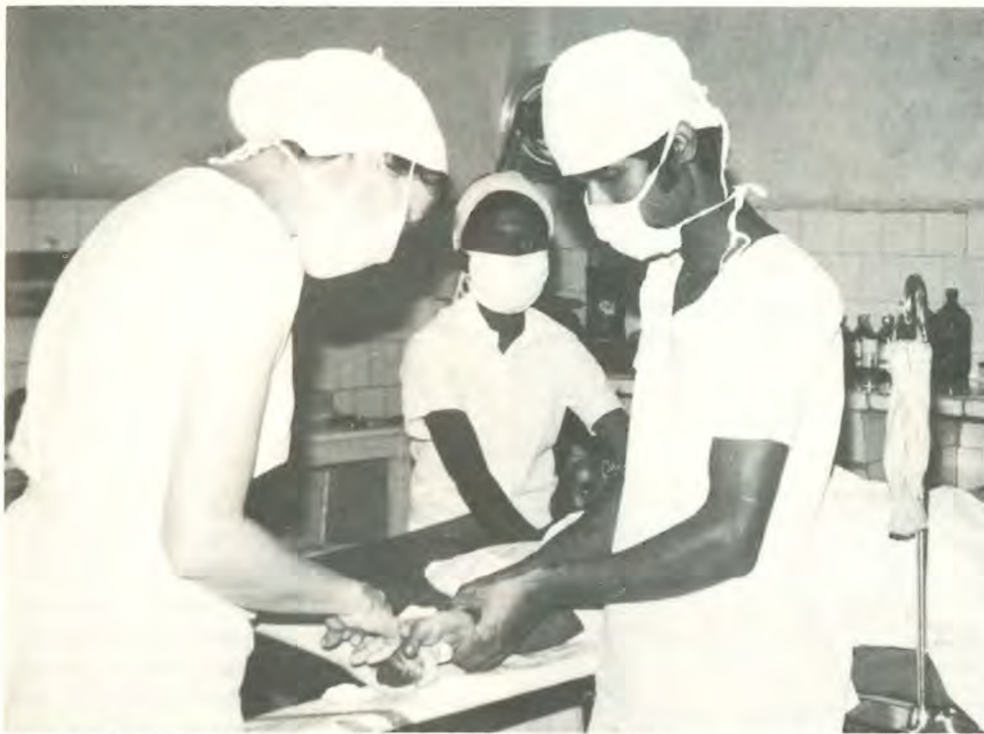
Eye operations

Dr S M Choudhury, the Medical Superintendent of the Christian Hospital, Chandraghona, is closely associated with the work of the Bangladesh National Society for the Blind, assisting them in their programme by sharing in winter eye camps when it is at all possible. These are intended to treat only one or two simple eye conditions, but advice and a referral centre ensure that any who need hospitalization know where to obtain help. During a normal camp day up to 70 cataract operations are performed in simple conditions.

In the Chittagong area Dr Choudhury is a well-known and respected ophthalmic surgeon, so he has a busy practice at Chandraghona. Operating one morning a week he will have five or six cases, mainly cataracts, tear duct problems, or a condition called pterygium, more commonly seen among the tribal peoples to the north.

Relatively minor injuries and foreign bodies are often left for several days, leading to infection and ulceration of the cornea. If the cornea becomes scarred, vision may be permanently affected. Harvest time, when the rice crop is being gathered, dried and then threshed, brings a number of children to hospital with tiny specks of chaff in their

Ligation (Sterilization) Camp at Lichu Bagan



Christine Preston giving intravenous injection before operation

eyes. They are easily spotted in out-patients rubbing their watering eyes, clutching father's or brother's hand and fearful as to what a visit to hospital might entail. The spotlight of theatre, and stillness induced by a general anaesthetic, enable Dr Choudhury to make an unhurried examination and careful removal of the cause of the trouble.

Penetrating injury to the eye in a young person can lead to a cataract forming. For this condition a small operation can be done, which breaks up the white lens matter enabling it to be absorbed, leaving a clear pupil through which the child may again see, after being fitted with spectacles. This last year 15 such children have been helped, as have a number of babies whose cataracts appeared within days of birth.

The saga of Rinku Sarkar

One such child is Rinku Sarkar, the fourth son of Anil and Birojini Sarkar. His home is the village of Ramsil in Faridpur district, a journey of three days by train, boat and rickshaw from hospital. Rinku's parents had sought medical aid from the local homeopathic doctor as well as a semi-qualified man who practices at the nearby weekly market. All the pills and potions were of no avail – their youngest son could not see. Then one day they heard that an eye doctor was coming to the local Baptist Church Union's annual meetings. Somewhat fearfully they decided to go and see if yet another doctor could offer any new hope for their toddler, as by now Rinku was 2½ years old.

Dr Choudhury was the eye doctor, and strongly recommended that they travel to Chandraghona for the operation. But it was a long journey and expensive, as mother needed an escort. However, after much debate they decided to go. Packing a small plastic-straw bag with one change of clothes each for mother and Rinku, they set off. The bustle of out-patients was frightening, but having got this far they joined the queue, paid the registration fee of two *taka* ie 6p, and waited their turn. (Two *taka* will buy a packet of ten cheap cigarettes or four cups of tea in a tea shop.)

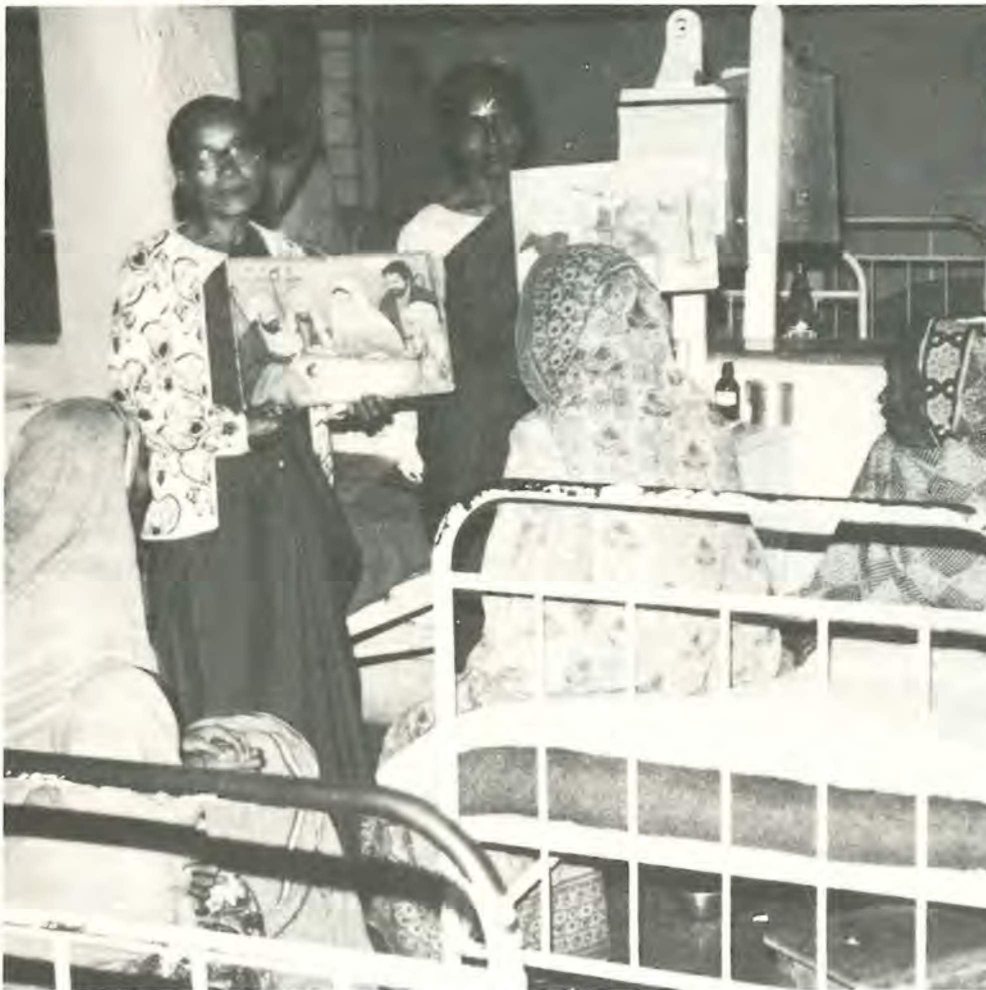
Admission was arranged and Rinku's mother felt a little lost in a bed all to herself, with clean white sheets and a gaily coloured quilt. Soon the nurses were making her feel at home, and she discovered that two of them came from neighbouring villages to her home village of Ramsil, in fact just half a mile further along the canal. Here at last she felt were people who would understand. But the routine of blood tests and all the other usual procedures left her even more confused, especially since her husband had to return to the family as the eldest girl Sukriti who was only 15 was finding it a hard task caring for her four brothers and sisters.

Rinku's big day

The day for Rinku's first operation came at last. Rather worriedly Birojini agreed not to feed her son because Sister had forbidden it, and given her many frightening tales of what would happen if she did. Even so Sister did not really understand that Rinku was hungry and in this strange environment needed the security of being nursed by his mother. But all too soon someone came along with an injection, and they were led

Dr Bob Hart

Dr Swehlamong Choudhury



Mrs Kyang and Mrs Biswas telling Bible stories on the female ward

away to the other side of the hospital. Here Birojini took off her shoes and went into a huge shining room where she could not see anyone's face properly as they all had their noses covered up. As asked she sat on a low stool and was reassured when she saw 'her' eye doctor come in – at least he was to be trusted. Everyone gathered round and prayed for Rinku which was also reassuring, then whilst resting in her arms he had a further injection and went to sleep. After laying him on the table Birojini was taken outside to wait.

In a matter of minutes Rinku was again in the ward with her, but lying so still. Dreadful thoughts passed through her mind – what if he never wakes up; what if he is already dead; what will I tell his father? Overcome by such possibilities Birojini covered her face with her sari and wept. A nurse quickly went to see what had happened and even as she reassured the mother Rinku began to stir, giving weight to her words. Two weeks later the whole frightening process was repeated when the second eye was operated on, but this time there was the comforting thought that previously he had been alright. Indeed very quickly after the second operation Rinku was making up for his missed breakfast. Father was sent news of his son's progress and was soon arranging to come and collect the boy with his mother. Then the day came when Birojini and Rinku said goodbye to their new friends before beginning the long journey back to Ramsil. And so they returned home, another patient who had found love, caring and healing at the Christian Hospital, Chandraghona.

It is the desire of the hospital that all who come for treatment should receive not only physical help but be introduced to Jesus Christ, who offers true wholeness. Chandraghona is not renowned for aggressive evangelism, but under the direction of the Rev T K Sarkar, the hospital chaplain, a quiet witness is maintained through daily prayers on the wards and literature distribution from the bookroom in out-patients. On the female wards two of Susan Headlam's Bengali helpers, Mrs Kyang and Mrs Biswas tell Bible stories in the afternoons, listen to the ladies' woes and pray with and for them. Those patients who are hospitalized for some time look forward to the appearance of the ladies in green, hoping there will be more stories of the One who knows and cares for them.

THE CHRISTIAN LEPROSY CENTRE

An integral part of the caring of the hospital is expressed by the surgery undertaken for those suffering from leprosy. The Christian Leprosy Centre, Chandraghona, though only 300 yards from the general hospital, is completely autonomous. There is close co-operation between the two hospitals, and Maureen Lacey is at present coping with a double work load. Here she shares about her involvement with the leprosy work:

'Leprosy patients are almost always eager to regain the use of crippled hands or feet. Many of them are regulars whom we get to know quite well. A leprosy patient himself, Yusuf, a young Muslim boy, has been doing the physiotherapy in the leprosy hospital under my supervision. Much physiotherapy is required, especially for hands, before as well as after reconstructive surgery. Patients with fingers fixed in a bent position, due to the paralysis of the small muscles which normally straighten them, can hope for a good recovery if the fingers are the full length, and not shortened due to bone absorption. The fingers can be kept soft and supple with wax baths and oil massage, then gradually straightened with daily plasters. After surgery, at least three weeks of physiotherapy are required for the patient to learn how to use the "new" muscles.

Clawing of leprosy affected hand

VARIETY OF CASES

Dangerous lack of feeling

'The prevention of ulcers on hands and feet is really a health education problem. Due to lack of sensation injuries are caused by stepping on stones or sharp objects, or by grasping hot things with insensitive fingers. Such minor injuries are often left untreated until they get into a very bad condition, simply because the patient feels no discomfort or pain. If infection from an untreated wound penetrates to the bones and destroys it, then amputation of the affected area may be necessary.

'We were pleased recently when one patient rushed out from the ward to show some visitors his "new" hand, explaining to them what it was like before the operation and showing them what he was now capable of doing.

'A Scottish physiotherapist has been accepted by the Leprosy Mission for secondment to Chandraghona and is now in the UK awaiting her visa. A full-time physiotherapist for the leprosy work will mean a great deal more can be done. If some of the Leprosy Centre's out-patient clinics could be attended by a physiotherapist, I would hope many conditions caused by neglect could be prevented, and in this way the steady flow of "regulars" to the hospital be reduced.'

Last year 77 patients suffering from leprosy came to the general hospital for surgery. Of these, three had eye conditions so they were helped by Dr Choudhury. Dr Bob Hart performed tendon transfer operations on 13 hands and five feet. The balance of the surgery was 'tidying-up' operations on patients who had nasty, infected ulcers which were mainly acquired through carelessness and neglect. To have people awaiting surgery in bed in the general hospital is a practical demonstration to all the other patients and their relatives that leprosy is not the appalling, contagious scourge some imagine it to be.

Male ward with Charge Nurse Swapan

By the time the student nurses attain to a red third-year belt and the thought of finals looms on the horizon, they will have seen and helped care for those suffering from a whole range of diseases, coming from many social backgrounds and different ethnic groups. Situated as it is on the edge of the Chittagong Hill Tracts, the tribal people from the north and west travel down to hospital usually on foot, whilst the people of the plains – the Bengalis and Baruas – travel up to hospital by boat, rickshaw or the local bus which plies between Chittagong town and the hydro-electric power plant at Kaptai, nine miles due north.

Electricity brought industry to the area with the result that within a ten mile radius there are paper, rayon and jute mills, in addition to plastic and plywood factories, timber yard, local metal-smiths and in each market the rice mills, which will not only husk rice but also grind it into flour. All these provide hospital with a wide variety of accidents and the nurses working in out-patients must be on their toes to cope with literally anything from an overturned bus, or a drowned child pulled out of the river, or a hand caught in a machine, to a man with metal fragments in his eye.

Wounds from wild animals

In an article for *PRODIP* (Light), the magazine of the Christian Medical Association of Bangladesh, Dr Bob Hart described some of the unusual injury cases seen in the hospital last year, which had been caused by animals:

'The tribal people do not usually come to the hospital unless they are very ill or have had a serious accident. Many of these accidents are caused by wild animals of the Hill Tracts. Bears are particularly fierce, and attack on sight. The area where bears are common is a long way from the hospital, and patients often come some weeks or months after injury. One patient had lost half his upper lip, requiring reconstructive surgery. Another man saved up his money, and came to hospital with the middle of his face missing, asking for a new nose. The operation done was a forehead flap, which was first performed by Sushruta in India in 500 BC. These patients were mauled by bears, but we more commonly see people injured by wild boars, which can also be very fierce, especially when wounded. A recent patient had about 20 deep flesh wounds, including an abdominal wound with about 10 feet of intestine protruding. He was severely shocked, but has made a good

AFTER THE TRAINING

recovery, helped by a pint of blood given by our church secretary.

'The tribal people are usually very strong, but as many do not speak Bengali, communication can be difficult. One night there appeared at the hospital two men who had been hunting wild boar. They only had very small wounds, and it was only after X-ray that I realized that in trying to kill the boar they had shot each other. One man had metal pieces in his right hand, the other had 19 shotgun pellets scattered throughout his abdomen and pelvis. Elephants are used in the Hill Tracts for felling and transporting timber. Training them can be a dangerous task – one young man came to theatre recently after falling from an elephant, and another had chest wounds from an elephant's tusk. When I worked in India a young girl was brought in to hospital with her mother. They had met a wild elephant in the forest and it was said that the elephant trampled on the girl's face. As she only had a slightly broken nose, that cannot have been the true story! A young girl recently came with her lower lip torn by the horn of a water buffalo, and we often have injuries caused by cows' horns.'

It has been truly said that work at Chandraghona is never dull. Visitors from other parts of the country are often surprised at the variety of cases being treated. The student nurses have a busy and well-rounded training. If the young people study hard they can complete the Registered Nurse Course in exactly three years. Final examinations are taken at the Medical College Hospital in Chittagong, when the students mix with girls who have trained at hospitals in Rangamati and Noakhali, as well as those from the Medical College itself. This is perhaps the first time the students think seriously about their future. Should it be to join the government health service, or to work in an independent institution? The problems of security for the future, pension benefits and the likelihood of marriage are all factors to be considered, as is their individual financial commitment to the younger members of the family. Surrounded by such conflicting thoughts it is not easy to ask God honestly to show the way of His choice. Most of the student nurses are from a Christian community, but not all have made a personal commitment to Jesus Christ, nor recognize His lordship in their lives. As mentioned earlier, for many training was forced upon them by financial necessity rather than any sense of vocation, so the primary consideration in seeking employment is often the size of the salary.

Once out in the broader environment of a non-Christian society, the newly qualified nurses in their white belts and triangular caps must decide whether or not they will make a stand for honesty in care of their patients, that is, whether they will resist the pressure to accept 'a little something' for services rendered and so augment their income. The other pressure is the one of marriage outside the Christian community. In a Western society it is almost impossible to imagine the fear of destitution in old age when, enfeebled by illness, one has no sons to make the necessary provision.

The Christian Medical Association

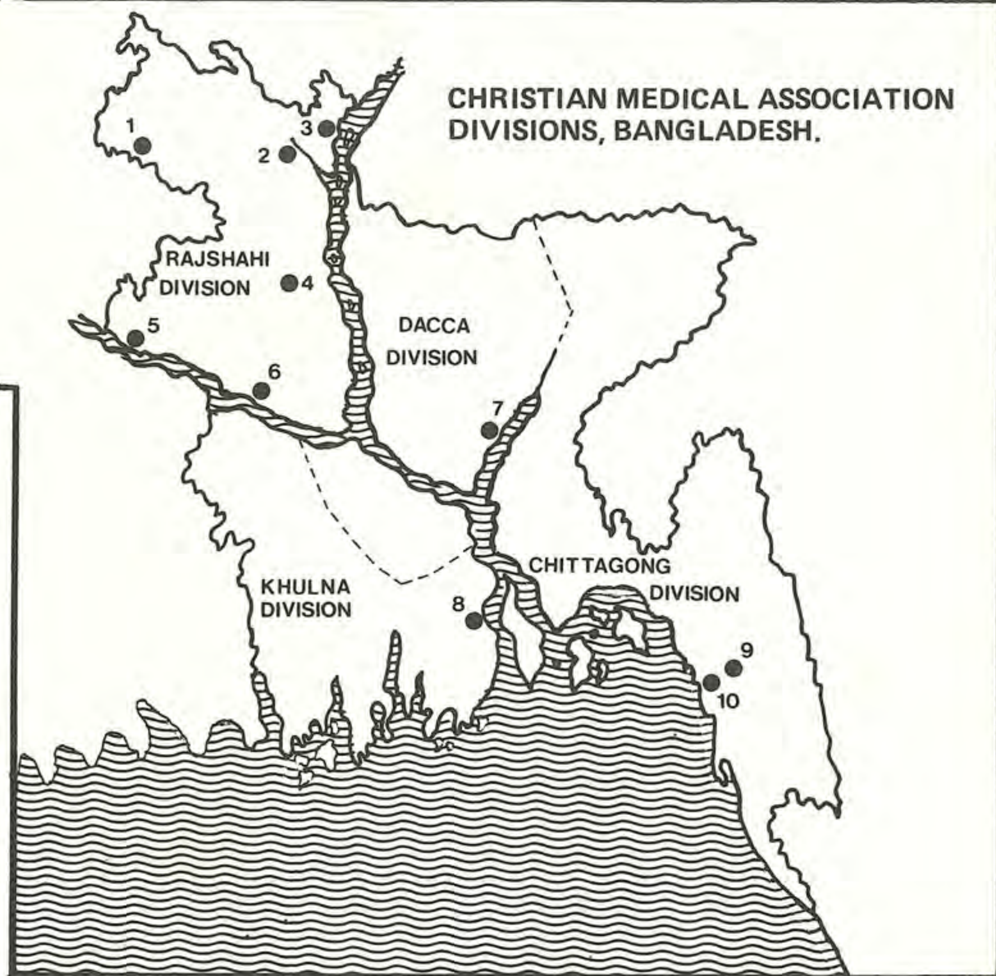
These young people need the fellowship of a strong local church which will stand with them as they grapple with these pressures. Sadly many work in places where there is no church, and perhaps only one other Christian, so much fellowship can only be enjoyed during their annual holiday in the village home. Whenever possible they are put in touch with the Christian Medical Association's divisional secretary, who will maintain contact by letter, visiting and sending information about divisional activities.

One of the aims of the Christian Medical Association (CMA) of Bangladesh is to encourage believers in their faith and help equip them to meet the pressures of a non-Christian society. As more people pass through the hospitals of Bangladesh than through its churches, Christian workers in the health field are strategically placed for sharing the gospel. The visitation and teaching programme of the CMA is aimed at showing how this may be done effectively. Christine Preston, as CMA's organizing secretary, has for the last eight years combined her responsibilities in the operating theatre at Chandraghona with a wider ministry, and now shares something of that work:

'The 100% increase in membership of the Christian Medical Association of Bangladesh over the last three years is a picture of how the work has advanced since the appointment of regional secretaries, one for each of the four political divisions of the country. Together with their wives and myself we are a team, united in a desire to help our Christian colleagues stand as lights in their work situation. The secretaries, like myself, all have full-time medical jobs; Thomas is a dentist, vivacious, earnest and newly married to Dr Helen, who practises in a Dacca children's clinic; Kelvin is a wardmaster, responsible for the cleanliness of half the 1,000-bedded Medical College Hospital in Barisal; Probhudan has completed his

Christine Preston

1 Dinajpur 5 Rajshahi
2 Rangpur 6 Pabna
3 Kurigram 7 Dacca
4 Bogra 8 Barisal
9 Chandraghona
10 Chittagong



psychiatric training, in addition to the general course, so works in Pabna at the only psychiatric hospital in this country; and finally Subash, whose eldest daughter was married last winter, works in a government skin clinic in Chittagong. Together we plan, pray, visit and organize. As communications within the country are somewhat inadequate, the results may seem small for the time and energy expended, but in faith we continue, believing that contacts on trains, buses or boats are also of value.

One man's burden

'Rajshahi, the smallest of the divisions, is to the north-west. It borders on India and is effectively separated from the rest of Bangladesh by the River Ganges flowing in from the North Indian plains, and the River Tiesta coming down from the Himalayas. Pabna town is to the south, not far from the banks of the Ganges, so to reach the north of his area Probhudan must travel continuously for at least 1½ days. He is burdened about the scattered nurses in the small hospitals and clinics of Rangpur and Dinajpur, the isolated doctors on the fringes of Rajshahi town, the division's administrative centre, and the students at the two Christian hospitals within his area. So last summer we arranged a visitation programme together, which was followed up in the autumn by a two-day seminar in Rangpur town.

'By European standards it was rather an amateur affair, but 21 people registered and others came along for the day. We had a small bookstall where notepaper, pictures and Christmas cards were also on sale. To me the highlight of our time together was our afternoon on "Communication". Ably assisted by a young Indonesian missionary and a Bengali woman evangelist we enacted scenes from hospital life showing how patients over-react, how very concerned they are for their family at home, how one must use a vocabulary they understand, etc. After much laughter we divided into small groups to discuss the play-acting, emphasizing that before one can share the life of Christ with another one must have received it oneself. Using a simple tract as a guide we spoke of what that meant, and ten of our number made a personal commitment to Christ at that time.

'Salomi and Jogotara both work in the small neighbouring town of Kurigram, only 45 miles away from Rangpur and reached in four hours by train or two hours by jeep. Salomi is a house-matron in an orphanage and feeding centre, where some 250 children, from tiny babies to teenagers, receive basic care along with some training to prepare them to be self-supporting later. The attached clinic and tiny ward is a far cry from the Christian Hospital at Bogra where Salomi trained, but she and Makhi do all they can to give love as well as food to the children, comfort mothers whose babies will not recover and quietly maintain a Christian witness. They live "on site" so prayer, praise and Bible reading are always public under the curious gaze of children saying, "Mashi (auntie), what are you doing?"

Maintaining a Christian witness

'Jogotara is a staff nurse at Kurigram's local 100-bedded government hospital and is one of a total complement of five nurses. She lives in a small bamboo house in the hospital grounds. There are many frustrations for Jogotara because of the poor supplies of sheets, syringes, forceps, in fact all the normal tools needed to give adequate nursing care. Such shortages could make one take a "why bother?" attitude, yet Jogotara continues to make the best of what is available. Besides these two young women there are only another eight Christians in the whole town, so to be able to join the Rangpur seminar was a great encouragement and blessing to them.

'Divisional seminars like these, visitation and the Annual National Conference are CMA's main activities, though our magazine, *PRODIP*, keeps us in touch with each other.

'Perhaps my hopes for the future of the Christian Hospital, Chandraghona, as well as for the Christian Medical Association of Bangladesh can be summed up in the theme of the 1980 Conference, "Faith in Action". From Mike Ewings in the office to the newest short-term missionary nurse, we pray that our faith, being clearly expressed in the way that we live, will cause colleagues and patients to see our good works and glorify our Father in Heaven.'

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READ ABOUT US IN THE CHRISTIAN HERALD

The new proprietors of the *Christian Herald* have offered us a regular news spot. The feature is called 'Faith in Action' and our report appears in the third week of every month.

WILLIAM CAREY

A fine new slide set on the life and call of William Carey has been created by Rev R H Spooner and added to our catalogue. The catalogue number is S 118. The slide set, with taped commentary, runs for 28 minutes.

NEWS IN BRIEF

BWA RELIEF

The Baptist World Alliance is sponsoring 41 relief projects in five continents. Major relief efforts have focused on the feeding and health care of refugees in Southeast Asia, on reconstruction and rehabilitation of displaced persons in Nicaragua following civil war there, and on continuation of a health project aimed at immunizing the world's children against contagious diseases.

CHINESE BIBLE READINGS

The recent Bible reading radio programmes, sponsored by the United Bible Societies, have been well received by listeners in mainland China. 'The Most Popular Book in English' programmes consisted of parallel Bible readings in both English and Chinese, with the most difficult words explained. The appeal of these programmes to people wanting to learn English clearly helped their popularity. Listeners who write in to the Hong Kong UBS centre requesting more information about Christianity and the Bible, are sent copies of the Chinese New Reader Scripture Portions which were used in the programmes.

MISSIONARY MOVEMENTS

Arrivals

Miss V Hamilton on 6 February from Dinajpur, Bangladesh.

Miss J Moseley on 12 February from Dacca, Bangladesh.

Miss E M Staple on 12 February from IME, Kimpese, Zaire.

Miss S Marr on 14 February from Diptipur, India.

Miss M M Mills on 14 February from Diptipur, India.

Departures

Dr R J and Mrs Hart and family on 25 January for Chandraghona, Bangladesh.

Miss J Brown on 2 February for Devcot, Nepal.

Deaths

In Australia, on 16 January, **Miss Grace Maria Hickson,** aged 96 (Zaire Mission 1913-1916; China Mission 1924-1947).

In Lossiemouth, Scotland, on 13 February, **Rev James Davidson,** aged 83 (Zaire Mission 1922-1951).