

MISSIONARY

HERALD

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COMMUNITY HEALTH CARE



MARCH 1983

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We share in the work of the Church in:

Angola	Nepal
Bangladesh	Sri Lanka
Brazil	Tanzania
India	Trinidad
Jamaica	Zaire

COMMENT

Specialization is one of the marks of this age. There is a constant urge to place everything into its own classified little box insulated and safe. There is a failure to see life as a whole, with interconnecting and mutually dependent parts. In medicine this has often resulted in a mechanical approach to health and healing. Use the right drugs in the right amounts and all will be well.

Happily we are seeing a return to the treatment of people, rather than just a disease, which assumes an understanding of a person's life, family, home, in fact his total environment.

Health and wholeness

In the latest edition of *Contact*, the magazine of the Christian Medical Commission, this approach to the whole man is spelled out. Stuart Kingma offers us a definition of health.

Health and wholeness are a dynamic state of well being of the individual and the society; of physical, mental, spiritual, economic, political and social wellbeing; of being in harmony with each other, with the natural environment and with God.

Our BMS medical workers learned this lesson some years ago. At one time the work was confined to curative medicine, albeit along with a loving, caring, Christian witness. Now, centred on BMS related hospitals, are to be found village dispensaries and health centres, under-fives clinics, programmes of vaccination, education in health and family planning, and teams of para-medical workers.

Rural development

But this in itself is not enough. A large proportion of illness in the Third World is caused by an inadequate diet and insanitary conditions, and so immediately we are led into agricultural work and the provision of a clean, safe water supply.

It is not as simple or as straightforward as we might, at first glance, imagine. We cannot place all of this into little boxes labelled Community Health and Rural Development, because so much depends on the attitudes of people – attitudes resulting from the privations of their lives and the need to work all hours for a subsistence living; attitudes sometimes fashioned by a fatalistic religion.

In this edition of the *Herald* you will see how Joyce Brown suggests that it demands a sharing of people's lives in the villages where they are in order to understand fully their problems and needs. On our part, and the part of the missionary, it demands a sharing of all that we are. If attitudes are to be changed, indeed if lives are to be changed, we must offer more than the goodies, the technology, the knowledge of our civilization. To share all that we are means that we must also share our faith in Jesus Christ the great healer, the giver of life in all its abundance.

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WE SEE THE CHILDREN TOO LATE

We arrived for the opening of our new Under Fives' Clinic. The local leaders had arranged for bunting to be put up outside the building we were to use and a few dignitaries were there, with a microphone, to broadcast our arrival. Once the formalities were over and the clinic officially opened, we resumed our normal clinic routine.

This new clinic is at Kaptai, 12 miles into the Hill Tracts from Chandraghona and at the end of the paved road. We go there each Saturday morning by Land Rover and stay from 7 am until 12.30 pm.

When a request came from the people of Kaptai to hold a clinic, we closed one of our other clinics in direct response to the great need at Kaptai. Very close to our clinic is a transit camp for homeless Bangladeshis. They live there prior to their resettlement in a new area. This poses quite a challenge as the people are so poor. Very often there are children with no clothes, an inadequate diet, no clean water supply, no sanitation and consequent illness.

Great excitement

When we arrive each morning, a group of women and children are waiting for us. There is great excitement as they see the Land Rover appear. Women crouch with their children, the babies in their mothers' arms under the black shroud all Moslem women wear. Two mornings we have arrived at the clinic to find children moribund on the doorstep waiting for us. Parents are too poor to seek help from

Susan Headlam is one of our BMS nurses working at Chandraghona. She has a special interest in the work of the under fives clinics. This is especially important because in Bangladesh about a quarter of all the children die before reaching the age of five years old. She sees the great importance of preventive medicine and community health care, and has written some very useful books to help village health workers. The World Health Organization has taken an interest in these publications, which have been translated into other languages and reprinted as far away from Bangladesh as the Caribbean.



Mass immunisation, Kaptai clinic

BY SUE HEADLAM

any other source. So often we see the children too late.

During the morning we see children with dysentery, pneumonia, vitamin deficiency blindness, rickets, bone disorders, skin infections and many infectious diseases. We usually see 80-100 children per session and at the end of one clinic, as I thought back over the morning, I decided that, although we had tried to help these children, really we could only go so far. We were taking three children back with us in the Land Rover to the Mission Hospital for admission and treatment. But if I thought about it and the training I received in UK I really knew that nearly all of the 94 children we had seen that morning needed hospital care. That is impossible in our situation, as it is in most Third World countries, although we are fortunate to have the Chandraghona Hospital with its facilities for cases we refer. Children with pneumonia, night blindness, pus pouring out of ears, physical abnormalities, a six month old baby weighing just six pounds, all are sent home with treatment and advice as best we can offer. We just hope they will survive until our next visit a week later.

Prevention

It is easy to be concerned only with curative treatment in such a needy situation, but we do place great emphasis on prevention. Each child on his first visit is vaccinated against TB, then a complete course against other diseases

is started. Health education is given by the Bengali lady helpers, especially advice on clean drinking water and adequate rehydration of children during attacks of diarrhoea.

We aim to be friends to these needy women and children. By our actions we try to share God's love with them. We tell Bible stories using flashcards and give out tracts with a simple Gospel message. We try to give time to the women and care for them in a practical way. So often they ask why we care and this gives us a perfect introduction to sharing Christ with them. They ask the question. We can answer and they listen.

We have a great responsibility being with these people and sharing with them something of their anxieties and also joy as they see a child respond to treatment, who otherwise would have died. The baby who gains weight, when given nutritious food instead of rice water; the boy who recovers from severe worm infestation; the girl's discomfort eased when she receives treatment for her bone infection; most of all the joy when a mother or child asks one of the clinic staff to pray with her as she believes, are our rewards. Do pray for the five Bengali ladies and Bengali driver who make up the Under Fives' Clinic team. There is so much need in this area of Bangladesh and we have the opportunity to go to these people and share with them the good news of Jesus Christ.



Yakusu hospital in the early days

'HEALTH FOR ALL BY THE YEAR 2000' —

a pioneering example of 'Comprehensive medical care' through a BMS Medical Service



Dr C C Chesterman

by **Stanley Browne**

'There's always something new coming out of Africa,' was the opinion of a Latin writer nearly two millenia ago. It was certainly true in one respect about fifty years ago. The 'something new' is now being hailed as the very last word in health care. It is called 'community health' or 'preventive medicine' or 'comprehensive health care'. And it was being practised in a BMS Medical Service based on the Yakusu Hospital (in present-day Zaire) way back in the '30's.

It all happened because Dr. (now Sir Clement) Chesterman, appalled by the terrifying spread of sleeping sickness among the people living along the banks of the River Congo — wiping out whole villages and communities — determined as a Christian doctor to do something about it. The rest is history, written up in learned medical journals. Dr. Chesterman was backed up by Dr. Raymond Holmes, Sister Phyllis Lofts and a wonderful team of African medical auxiliaries. Before I arrived there in 1936, the sleeping sickness epidemic was controlled, the dramatic disappearance of populations was halted, and the foundations had been laid of a rural medical service. This included the establishment of small village dispensaries and the training of promising lads to man them.

Wonderful opportunity

Because of the phenomenal success of Dr. Chesterman's programme of sleeping sickness control, the government authorities invited the BMS to assume responsibility for providing a medical service over an area of about 10,000 square miles. What a wonderful medical and evangelistic — opportunity! It all

fitted in well with the developing programme of a BMS School in every one of the 500-odd villages in the area, each manned by a teacher-evangelist.

The curricula in the government-approved school for medical auxiliaries were upgraded, and a five-year course of training instituted for suitable Christian lads from the BMS Schools at Yakusu and Yalema. By the early '50's, boys were being admitted from Protestant Mission Schools from all over the east and south of, the then, Belgian Congo, from 15 Missions, and girls were being trained as Assistant Midwives.

Improved Standards

In the Yakusu district itself, complete medical coverage of the population was assured through 18 health centres and 35 treatment centres. All the former were manned by trained medical evangelists, the latter by aides selected by the local villagers, and trained and supervised by the man in charge of the health centre every six weeks, to supervise the work of the medical auxiliaries in charge and to examine patients. When our own staffing needs were satisfied, the successful trainees, proud holders of the government diploma, went into Mission, government or Company employ. They were able to diagnose common ailments, use of microscope, and organize Baby and Toddler Clinics and Antenatal Clinics. The whole standard of health and hygiene in the villages improved enormously.

In 1947, we had the joy of seeing the end of the sleeping sickness epidemic



Clinic prayers by team from Yakusu

with the cure of the last patient. The whole population (of 105,000) had been vaccinated against smallpox. The endemic disease of yaws, which had claimed 9,000 cases a year, was halted.

Tuberculosis was controlled. Cerebral malaria, which had killed 200 infants annually before prophylactic medicine was distributed through the 18 Baby Clinics, became a thing of the past. Hookworm and the resulting severe anaemia disappeared from the school children. In the early '30's, schistosomiasis affected 100% of the school population; in 1957, not a single case could be found.

New foods, such as soya bean, were introduced through the demonstration gardens around the health centres, and the standard of nutrition was raised noticeably.

Leprosy Drugs

A complete census of the population for leprosy was undertaken, with bacteriological examination of material

from every suspect. A plantation of two and a half acres of chaulmoogra seeds had been made in the early '40's, but the oil from the ripened seeds was never used for leprosy treatment. The arrival of the first delivery of the new drugs for leprosy coincided with the appearance of the first fruits on the trees.

The medical auxiliaries played a full role in the evangelistic outreach of the Church, and their wives (many of them trained midwives) helped their husbands in all ways. Because of their close and friendly rapport with the local village communities and their leaders, these husband-and-wife teams were able to detect disease in its early stages and take appropriate action; they organized classes in hygiene, in simple cookery, and in baby feeding with transitional weaning foods, and they prevented an enormous amount of disease and suffering.

This was 'comprehensive medical care' long before the phrase became popular. It was practised and demonstrated through a BMS Medical Service.

MANY people ask us what we *do* in Devkot. I live and work there with my colleague, Dr Eleanor Knox, a paediatrician from Australia, who belongs to the CMS. Well a lot of what we *do* has just been living and being among the people, learning about their reactions to life, and our reactions to their life.

My usual reply is to say that we are sowing God's seed of hope to people, who are among the hopeless of Nepal. Although Nepal is a Hindu country, and there are limitations to the preaching of the Gospel, there are many ways and means by which we can sow God's seed of hope. In one way, because of their hopelessness, these people are more open to the Gospel. Also there are opportunities to awaken the possibility of change in their minds. We need to have Christ's hope for them.

Understanding the problem

In order to sow the seeds of development and to help the people see their problems, we need to have an understanding of their difficulties ourselves. These include poverty, ignorance, superstition, an insanitary environment, lack of food, poor health habits, inadequate medical care, and bondage to their fatalistic Hindu religion. All this takes time. After three years of residence in the village, we are only just beginning to touch the surface of the problems.

My work has included co-operating with Eleanor, our Nepali Community Health staff, and our local trained workers. I have also been supervising the weekly mother and child health clinic in Luitel, an hour's walk away from our village, and our monthly mobile (which means walking on foot) clinics in the areas of Devkot and the surrounding villages.

Building up relationships

We have been living in the community of Devkot, using our medical skills, and encouraging people to take an interest in their own health care. We have laid special emphasis on the under-fives and on antenatal care. As much as possible we try to build up relationships with the



Joyce Brown (left), Dr Eleanor (right)

SOWING SEEDS OF HOPE

Joyce Brown has been living and working in the village of Devkot, Nepal. She describes it as a 'low-caste' village, three hours' walk from the United Mission to Nepal project of Amp Pipal. Amp Pipal itself is six hours' walk from the road. Here she tells of her work, and its significance in terms of Community Health.

local government workers and the village leaders. We have been involved in house visiting in the area, and we take many opportunities to teach informally,

and in the follow-up of treatment and defaulters.

Responding to love

Assistance has also been given in the fields of water improvement, horticulture, and animal health improvement. Our United Mission Rural Development workers have come and talked with the men of the village.

There has been an emphasis on non-formal education. Two local teenage girls have learned to read and write. Village helpers involved in mobile clinics have joined in informal training sessions held in Devkot village. I have started to work with two mentally retarded children, and have been much blessed in seeing them respond to love and concern.

TB is a big problem. We have been extra vigilant in encouraging TB case finding,

The lack of motivation in individuals is reflected in the lack of community involvement in Devkot itself. However, recently, there have been encouraging signs of changing attitudes. About half the village, which totals 30 households, have dug themselves pit latrines.

We have continued to record the nutritional status of the under-five children. A new record of all households in the village has been started, each house being visited and each mother interviewed to try and determine maternal fertility and infant mortality. As you can see from the statistics, there is a need to concentrate on under-five care.

Ploughing

Talking of the seed, I think that we are still at the ploughing stage, still creating an awareness of the possibility of change and still trying to discover what works in quite a small way. These people cannot afford to take risks. They are struggling to survive and so we need to —

plant by our example,
water by being and living among the people,
weed by working with them,
and manure by the teaching of principles.

The harvest? We have to think in the long term, and perhaps we may not see it, but hopefully others will.

And yet constantly the Lord has been helping me not to give up when things are difficult, like when we are sick; or when I am trying to cope along with Eleanor battling with the waves of darkness and depression; or when we get opposition because of what we teach and believe about Jesus. A verse of scripture which I have found very precious whilst I have been in Devkot is:

'keep on sowing your seed, for you never know which will grow, perhaps it all will.'
Eccles 11 v. 6.

Eleanor and I need your prayers so that we may carry on sowing God's seed in the village of Devkot.

FACTS AND FIGURES ABOUT DEVKOT

MALNUTRITION

Total under-fives _____	23	
On the road to health _____	3	(13%)
First degree malnutrition _____	5	(22%)
Second degree malnutrition _____	14	(60%)
Third degree malnutrition _____	1	(5%)

SURVEY OF FERTILITY AND INFANT MORTALITY RATE — OCTOBER 1982

Total number of mothers interviewed _____	30
Livebirths _____	152
Children now living _____	110
Deaths _____	42

Of those who died, 32 were under five.

Total number of mothers over 40 years of age _____	10
Their average number of children _____	7.4
Their year of marriage; under 15 _____	5
15-20 _____	2
20 + _____	3

Number of children who died	
under one month _____	6
1 month-1 year _____	7
1-4 years _____	6
over 5 _____	8

Total of deaths under five _____	19	(70%)
The number of livebirths _____	74	



Devkot village



Aerial view of Bolobo hospital

Joan Parker

NEW LIFE IN BOLOBO

by Vivian Lewis

The Bolobo Hospital is coming to life again. The hospital, which was initially built and staffed by the BMS, was leased about ten years ago to Fomeco a government medical agency, when the Society was not able to station a doctor there. But, as Dr David Masters wrote in his article in last November's 'Missionary Herald', when Zaire's economic situation plummeted in the late 70's, the position at Bolobo deteriorated.

Medicines and drugs were in short supply or non-existent; the supervision of staff was minimal; standards of care fell alarmingly; and because of the isolation of Bolobo, national doctors didn't want to serve there. Confidence in the hospital's care disappeared, until in the end the local people pleaded with the CBFZ, the national Baptist Church authorities, not to renew the lease when it was due to expire last December. So the Church agreed to take over the running of the hospital again.

To this they looked to the BMS for help in staffing and re-equipping the hospital.

Dr David Masters was appointed Medical Director by the Church's General Assembly. Sister Joan Parker, a missionary nurse who had served at Bolobo in the past, felt called to return to Zaire to assist in the 'take-over' and re-establishment of the hospital. And with the agreement of the BMS, Richard and Elisabeth Smith, newly appointed missionary nurses, were allocated to Bolobo.

I had the privilege of visiting Bolobo recently, and they described the situation at the 'take-over'. Dirt and filth everywhere. Broken down equipment discarded and cluttering up the wards

and stores. Nursing care virtually non-existent. The lack of confidence in the hospital was such that there were only half a dozen patients in the 83 bedded hospital.

The staff were dismissed, and the newly set up hospital management committee re-engaged those nurses whom they believed would enhance the care and love of a Christian-run institution. There are therefore fewer Zairian nurses than before. They receive much smaller wages than before. But with the new standards creating a renewed confidence in the hospital, the probability of many more patients and far more work than before.

Getting Ready

The missionaries and their Zairian colleagues set to with a will. The stores and pharmacy were made secure and burglar proof, so that the medicines and equipment sent by the BMS and other agencies should not 'go walking' as we say here in Zaire. Wards, treatment rooms, stores and offices were cleared of the accumulation of years of neglect, cleaned and washed. Those beds that could be used were set up in some of the wards, and though there were no mattresses or bed-linen, the place was made ready to receive patients.

By the time of my visit, less than a month after the 'take-over', there had already been 51 deliveries in the maternity department, which is just one of the responsibilities Joan Parker has. Dr Masters had decided to admit only emergency cases, but the number of patients had already grown to well over forty. As I walked around I saw Richard Smith dispensing drugs and supervising the work of the tidy, well-organized pharmacy. That too is just one of his jobs, of course.

Urgent Needs

They are battling against incredible odds. For instance, there are large underground water tanks, but the pumps that should send the water to the high storage tanks, which would give running water to the hospital, are broken down. There is no-one to mend the pumps, so no running water in the hospital. Water has to be hauled up in a bucket from the underground tanks. The generator that should supply electricity to the hospital has broken down, and there is no-one to mend it. So it is a hospital with no electricity. In and around the hospital and mission station there are three broken down land-rovers and other expensive equipment in different stages of dis-repair, and no-one to repair and maintain them.

Talking with Dr Masters about their needs, the priority is of course, more staff. A permanent maintenance man, who could repair the pumps, generator, and other equipment, and keep them running, and who could maintain the buildings and missionaries' houses in decent order. More missionary nurses who could share the tremendous work-

load that Joan Parker and Richard Smith are carrying. Someone to organize the hospital, and relieve the medical staff of the administrative burden. In time another doctor to work alongside David Masters. Hopefully, some of these needs will be met.

On my fleeting visit, I was greatly impressed by the sense of dedication to the tremendous task these missionaries are facing. Here is a hospital coming to life again after a period of neglect. The love and care of Christ is being shown anew to the 100,000 people in the area the hospital serves. But more help is needed. Pray the Lord of the harvest that He will send more labourers into this part of the vineyard.

Alan and Janice Brown will be joining the team at Bolobo later this year. Alan is a craft teacher and will be an administrator and handyman at Bolobo. His wife Janice is also a teacher and it is hoped that she will be able to help in the Bible School amongst the wives of the students. Alan and Janice, who come from Wigan, are at present studying the French language in Belgium. They have three boys aged between four and eleven years.

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AFRIC'S FOUN

Joyce Rigden about Living V

ONE OF the exciting things about travelling in Zaire, the vast difference in the modes of travel, and the way that air travel has been taken for granted. This is a prime example of the tremendous gulf between primitive ways of life which continue side by side with the technological ways of the West. I flew in a small Fokke as well as in a jet belonging to Air Zaire, but the greatest thrill was the flight in a Cessna of the Missionary Aviation Fellowship which took my son and his family 'lock, stock and barrel' when he left Pimu to work at Kimpese.

Flying over the equatorial area of Zaire, I was amazed at the vast amount of water below. How wide the River Zaire looked. How the many islands looked like shoals of enormous fish floating in it, what large lakes they were too. The words of a hymn came to mind:

*'Where Afric's sunny fountains
Roll down their golden strand.'*

I had never realized how apt they were.

Looking down from the plane the *fountains* sparkled silver in the sunlight, like diamonds in a setting of gold, laid on green velvet. Sandy roads, like fine threads twisted and meandered through

the vast, dark, broccoli-like forest area. I could scarcely believe that somewhere down there I had been living. I had walked along some of those paths and bathed in that water.

A source of disease

Yet for all its apparent abundance, water is a problem as in many other parts of the world. Where there is water, there people congregate to wash themselves, their children, their clothes and their cooking pots; there they soak their Kwanga to remove poison; there they catch fish; there they drink and take water away for the needs of the day. Yet this very thing, which is so necessary for life, is so often the source of disease and even death.

One weekend I went with Rosalie Harris to visit Diadia, a village of 57 people high in the Bangu Hills, a four-hour walk and climb from CECO Kimpese. The last part of the track was very steep. At the top we were weary, dusty, hot and thirsty. Longing for a cool wash, I learned that I would have to go down the other side of the hill to reach the stream which was the village water supply — (definitely no 'mod cons' here). I felt I could not

take another step, not even down, let alone climb back up again.

Then Berthe, the student who had walked with us, appeared with an enamel bowl of water on her head. She had been down to the stream and back again in the time I had been thinking how weary I was. How extra cool and refreshing that water seemed. In this village the most important daily task is the fetching of water. This stream eventually dropped as a waterfall into a deep and narrow gorge, making a pool deep enough for swimming — a favourite picnic spot for missionaries. Not far from this stream is a small river, in which you must not bathe, since it is infected with Bilharzia.

A warm welcome

The small protestant community of the village made us very welcome. We stayed the night and next morning Rosalie called them together for a service. It was a lovely experience to worship in such a high place with wonderful views all round. There were no Bibles or hymnbooks so Berthe led the singing and taught something new. We left laden with gifts of peanuts, bananas, kwanga and a live sheep!

SUNNY TAINS

Green talking Water in Zaire

Fortunately a young man was returning to CECO so he took charge of the sheep, carrying it over his shoulders when we crossed the log bridges.

On another occasion I visited Tondo, and watched Tim Reed putting the roofing sheets on the roof of the new Maternity building. I was so pleased to see the progress of our Women's special appeal. In the evening I had a swim in Lake Tumba. Around me African children splashed and dived enjoying as I did the silky coolness of the water. Looking out across the lake from the bank it appeared as blue as the sky it reflected. But in it, I realized how brown and dirty it really is! For one awful moment, I had the feeling that when I emerged I would be as brown as the children! On the shore is part of the water system for Tondo, a pumping installation which is to take water from the lake to the village and hospital, but it is not complete. It is good news indeed that Christian Aid is going to assist with the completion of the project.

By contrast, Kimpese has a piped water supply, which 'our' Dr David Wilson helped to install when the hospital was built. It (the water system) has since been



Service in home, Diadia, Bangu Hills
taken over by Régédeseau, the Water Authority. Sometimes at first light I could see people carrying all sorts of receptacles converging on our neighbour's rain-water tank; mothers with children of all sizes, older girls with smaller sisters, each with some sort of container. These filled, they would hoist them on to their heads and proceed home, more slowly now and often in single file. This was because, without warning, the water supply had been cut



off and so families had to get water where they could. We, too, were in some difficulty, until a water barrel was provided. The Government has now agreed that the hospital shall receive its water free of charge, but for the houses and hostels another source of water is urgently needed.

To be continued next month.

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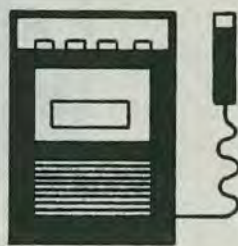
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MISSIONTALK



NEWS AND VIEWS
FROM HOME
AND ABROAD

Hitting them to Kingdom Come

By this time, tributes will have been paid to the scholarship of the late Rev Harold Mortimer Angus, of Mill Hill, a great servant of the Society in India, first appointed in 1916.

But it does no harm to remember that even great missionaries had some spare time, otherwise they would have been burned out long before their time.

'H,' as he was known to his colleagues, was a very good cricketer, as was his cousin, the late Dr G. H. C. Angus, former Principal of Serampore College. Some memories may still be stirred by stories of a holiday the cousins shared in Shillong, Assam. It was cricket week and they were invited to play in one match. The details may be lost in an ancient scorebook but the fact was that they hit the bowling to regions more commonly known as kingdom come and few who watched could take it in that they were missionaries and not old 'pro's'.

In later years, their prowess was confined chiefly to an annual fixture between the Principal's XI and Serampore College team.

The photograph reproduced herewith was taken at Serampore in 1957. 'H' is the figure in the front row, holding the bat. On his left is Norman Ellis, superintendent of the old Baptist Mission Press, Calcutta. Third from the right in the back row, is Canon Peter May, then Principal of Bishop's College Calcutta (not too often mistaken for the old England captain, but a useful bat, nonetheless).

Serampore had one or two other sportsmen on the staff, at different times, notably Donald F. Hudson, now of Bradford, retired also from the BMS, who was a clever foot-

baller but an even better punter — on the river, we hasten to add — in his Oxford days.

Top Class Player

Frank Wells, once of Udayagiri and now chaplain at Eltham College, was a top-class hockey player, and his brother-in-law, Stephen Maltus Smith, could not have risen much higher at Rugby Union: he played for England.

There was another Rugby Union man at Udayagiri: T I Bowen, still remembered by the faithful in his own land: he played for Welsh Universities.

One more remains to be added to the tally — although there must be many others, 'in their time'. He shall be nameless, although, happily, still with us.

He was a sound goalkeeper and was once persuaded to turn out for Stewart School, Cuttack, Orissa, in a local derby, against Cuttack Town.

The opposing centre-forward — there were no 'strikers' in those days — came at him, with his foot up. What happened afterwards was sufficient to cause a pitch invasion. . . . The goalkeeper calmly side-stepped his opponent and shoulder-charged him into the back of the net.

Peace was eventually restored. Eventually . . .

B G Ellis



Teaching at Bolobo . . .

RUTH JONES left in January to join the missionary team at Bolobo. Ruth is a native of Wales being born in Bangor in 1961, but she has lived most of her life near Newport in Gwent.

She was brought up in a Christian family, and at the age of eleven she came to know Jesus as her Saviour. She was baptized 18 months later at Pontrhydyrun Baptist Church,

Cwmbran, where she has been a member ever since.

She says, 'The desire to become a missionary has been with me as long as I can remember. When I was 14 this became a deeper conviction that God was calling me to overseas service.' It was at this time that her interest in teaching English as a foreign language was aroused.

Ruth took a language orientated English degree at Leeds University and at the same time engaged in voluntary teaching of immigrants, mainly to test whether this was her vocation.

She first approached the BMS in 1980 and was accepted by the Candidate Board in September 1981 for a two year period of service. After training at Selly Oak, and in Belgium she has arrived in Zaire to teach English in a secondary School at Bolobo.



Harold Mortimer Angus

MANY friends remember with affection the Rev Harold Mortimer Angus, who died on January 21. 'H,' who was 89, joined the BMS in 1916. He worked for two years in Serampore before moving to Barisal, Chittagong and Bishnupur. He worked as a member of the home staff from 1937-46 and then returned to Calcutta for three years.

He worked in Assam under the auspices of the British and Foreign Bible Society finally retiring from active service with the BMS in 1963.

For his work in Bible translating he was made a honorary life governor of the British and Foreign Bible Society.

The Society was represented at his funeral on January 28 by the Rev David Staple, when a service of thanksgiving was held at Hampstead Garden Suburb Free Church.

That wasn't right, we only served them

It is always a good thing when a church community gets caught up in a piece of loving service. A group of poorer folk have been identified. All have been invited to come and receive a meal — no strings attached. The deacons and church members have served their guests, who have all been most appreciative.

'But it wasn't right,' said one of the deacons at the end of the day, 'we only served them. We should have sat on the floor and eaten with them.'

The other church members agreed, and the next time such a meal was held, they served their guests, then sat down on the floor and ate with them.

The church at Cinnamon Gardens in Colombo, Sri Lanka, found itself led into this interesting and illuminating piece of service just within the last year, according to Peter Goodall, BMS missionary and pastor of the church.

That was not the end. Having won the confidence of the needier folk, the church people asked if there was any other way they could help.

Tentatively the reply came from the few whose concern overcame their pride and shyness, 'Please could you help us get the books and pens for our children to go to school.'

Officially, education is compulsory in Sri Lanka, but if children do not have the necessary books and equipment, they are handicapped and sometimes prevented from benefiting from the education offered. Enquiries soon

revealed that the need was widespread. Hundreds of rupees were collected within the church, and the children presented with the school books and pens.

Service, followed by a closer identification, and then opportunities for further service. Is this a pattern for our own church life?

Incidentally, after the second occasion the same deacon was heard to say, 'That wasn't right. . . .' He went on to speak of some other area of further service. How would we, and our fellow church members, have completed his sentence?



Cinnamon Gardens Baptist Church

... and at Kinshasa



'When I made a commitment to Christ, I believed that God wanted me to work abroad one day. It was only after college, and three years of teaching that I was sure that God wanted me to teach abroad. Since applying to the BMS I have spent a year at St Andrew's Hall and four months in Belgium studying French in preparation for going to Zaire.'

SUSAN SHIELDS has now joined the staff of the British Association School in Kinshasa, Zaire. Susan comes from Tunbridge Wells and has been teaching for three years in Slough.

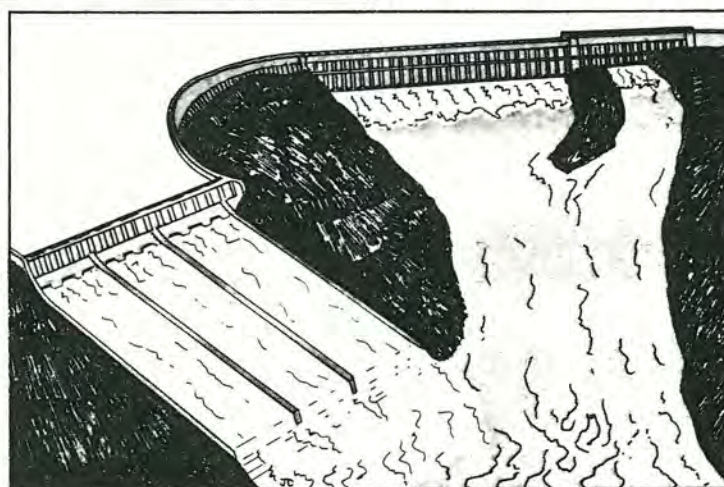
Both her parents were missionaries, 'So I grew up aware of the need to tell of God's love to all people,' she says, 'and to show that love through practical service, whether in Britain or abroad.'

Progress at Itaipu

The completion of the Itaipu dam at Foz do Iguacu and the formation of the new lake, in October marked another stage in the building of the world's largest hydro-electric project, due to be completed by 1988.

The enormous work force, which reached a peak of

35,000 in 1981, brought growth and progress to the region, and presented a tremendous evangelistic challenge to the churches. This was undertaken by a perhaps unique work of cooperation between Baptist agencies. Derek and Joanna Punchard, of the BMS have been there from the beginning in 1976.



Evangelistic outreach projects were undertaken by Baptist Seminary students financed by the local church, state unions, the Nation Missions Board, and the Southern Baptists of USA. One of the permanent workers designated to the team ministry was Jim Moon, son of Southern Baptist missionaries. The work continues with five Baptist congregations now meeting in the town, and over 200 new Christians have been baptized in the past 5 years.

Cuban Christmas

Ailsa Mackintosh, of the International Fellowship, works as a Secretary in the diplomatic service in Havana. Her home church is Bromley, she writes:

For Cubans, the outward trappings of Christmas — the shops, the fairy lights, the superabundance of food and drink; even a day off work — don't exist. So it is back to basics, even if a few rather tatty plastic Christmas trees have survived since pre-revolutionary days.

Christmas Eve is a family occasion, and Christmas Day a normal working day for everyone, schools included. But a special musical service, for which the choirs have been practising for weeks, is held in the evening. The Cuban carols accompanied by castanets and other instruments are particularly lively.

The Sunday School classes have their own programme of singing and recitations, after which each child receives a little present and a plate of food, which rapidly disappears.

Food, being strictly rationed, takes on a special significance. This year, on New Year's Eve, the church made a heroic effort and produced a communal meal for more than 200 members before the watch-night service. The preparations involved three young men travelling by train far into the country, to a farm, where pigs were known to be for sale 'on the free market' (a concession made by the government for New Year). They hauled two pigs back in sacks to Havana, where they were cooked in a baker's oven, for lack of a big enough oven at home. At the

party, we each enjoyed a small portion of pork, along with the beans and rice contributed from people's rations.

The watchnight service followed. Towards the end, as midnight approached, we all waited in silent prayer until the hooting of cars outside announced the arrival of 1983. Then everyone was on the move, hugging and kissing and wishing each other God's blessing for the New Year.

In future years, at Christmas, I shall always remember the joy and the exuberant faith of this Cuban church, and, above all, their love and kindness to a foreigner in their midst. Love does indeed break down the barriers of language and different customs.

Muslim Missions

Will Europe become a Muslim continent in the near future? *Al-Islam* a paper for German Muslims has made this prediction. It says, 'if human civilization is to be kept from destruction, Islam is the only religion for the world of tomorrow.' It believes that Islam will soon be the largest of the world's religions. There are more than 53 countries where Muslims are more than half the population.

Another report, this time from the Evangelical Centre for World-View Questions, Stuttgart, reveals that some Muslim theologians are advocating the use of Christian missionary methods. They feel that there are special opportunities in Europe now that the Church seems to have lost its identity.

BAPTIST HOLIDAY FELLOWSHIP

HOLIDAYS-1983

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Sept 10-Sept 17	Llandudno	Leader: Rev Anthony Walker	£ 85

OVERSEAS TOURS

April 7-April 18	The Holy Land	Leader: Rev Charles Couldridge	£473
May 20-June 3	Majorca		£229
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July 1-July 15	Switzerland	Leader: Rev Dan Weller	£399
July 29-Aug 12	Italy	Leader: Mrs Brenda Forward	£359
Aug 12-Aug 19	Paris		£199
Sept 6-Sept 18	The Holy Land	Leader: Rev Fred Wilson	£490

Please write or telephone for Brochure to:

Baptist Holiday Fellowship (MH), 1 The Esplanade, Minehead, Somerset TA24 5BE
Telephone: Minehead (0643) 3473

Body Guard

THIS amusing snippet comes from Frank and Dorothy Vaughan's latest letter. They are working at Cotia, São Paulo, Brazil, among the *favela* folk.

'Everyone knows that it can be dangerous in the *favelas*. As I sat on a log waiting for the women's meeting to finish in the *favela* community hall, Luiz Rogerio spoke to two other fellows about his size. 'If anyone bothers Pastor Frank I'll beat him up.' I must be sure to get him a birthday present in October when he is four years old.

Wanted — Guinea Pigs

to test our quizzes and games on home computers. If you are interested and willing to give a trial run to these programs, write to David Martin;

Young People's Department,
BMS, 93 Gloucester Place,
London W1H 4AA

NB. Please mention the make and model of your computer.

Q's Q's Q's *by Deba*

In the spring of 1981 a group of Christians from the Church of North India came to visit a group of churches in Derbyshire, the two groups see themselves as Partners in Mission. On their return to India they wrote a report on their visit — many comments and phrases in it leaped to life for me — challenging, piquant, humbling and thought-provoking. Let me share a few with you.

'The first thing that came to our notice was the fact that the Church in England — is a minority.'
'You are not sufficiently aware that the Church is primarily, God's people — or "a Peoples' movement" as we are fond of saying back in India. 'Too inward looking, concerned more about yourselves, struggling somehow to maintain what you already have.'
'We have not come across many occasions of family prayers or graces before meals.'

Ourselves as others see us — some of them strike rather near the bone, but healthy reminders none the less.

Q Q Q Q Q

Rain in the UK usually seems to be too much, and perhaps we do not often rejoice about it, but then we take our water for granted. I've been thinking about this lately for various reasons.

Vivian and Gwen Lewis wrote:

'Greetings from a hot and wet Kinshasa. Rejoice with us that it is wet, the rains were late starting this autumn, and people were beginning to get anxious. But we have had some good, prolonged, heavy rains this past two weeks, so the gardens will flourish. In Europe, where water is always "on tap", we take it so much for granted. It is in a country like this that one realizes how dependent we are on the elements and seasons. And that means, dependent upon God. It is good to be reminded of that.'

Or think again of the diocese of Sambalpur in Orissa — part of the Church of North India. In 1979 flooding and much damage, and the church had to engage in relief work. In 1980 a severe drought, and the church was involved in the drilling of 300 wells. Finally in 1982 the worst floods in living memory.

Too much, or too little, water in the right quantity is vital for life, and I expect we hardly ever think about it here.



An Active Worker

MRS GWEN DEBNEY, a member and life deacon of the Beaver Park Baptist Church, Didsbury, has, until recently, been a very active worker on behalf of the BMS, in her church, and in the wider area of Manchester and district. For a number of years she was a member of the BMS General Committee and served on several of the sub-committees.

There are many in the church who pay tribute to Mrs Debney's encouragements, and even today, at eighty years of age, she is still urging young people to look towards Summer Schools for the holiday of a life time!

At the age of 80 she now feels it is time to relinquish many of her responsibilities. We are sure that the many readers of the *Herald* will join us in our expression of thanks to her for all her service in so many different ways.



...we had to shout into her ear

IT WAS difficult to communicate with Bishney, because she had become very deaf during her illness. We had to shout into her ear, in front of all the others in the ward. Conversation was not easy.

At first, she seemed unable to give attention to anything that was said to her. All she could think of was how much she wanted to go home, the difficulties she had, and whether or not anyone was bringing the food supplied from home.

Various treatments were tried for her anaemia, along with TB treatment, but her blood did not improve. She needed a transfusion every four weeks or so, and it was difficult to find donors. Neither her family nor any of the local people were willing to give. There was just the handful of mission folk, or rather those with compatible blood. Fortunately she was blood group 'O'.

A good opportunity

Sometimes she would come to my house, either to ask for food, or just

BISHNEY IN HOSPITAL

Part two of Eleanor Knox's story of illness in a Nepal village. Bishney arrived in hospital just before Christmas. We take up the story in the following January, 1978.

because she was bored. She would appear at any time, even at six in the morning! It was a good opportunity to tell her about the love of God and about Jesus a very little at a time, and as simply as I could. She began to learn a little of Jesus and God opened her heart to His love.

I did not visit the villages much during these months, partly because of Bishney and partly because of tummy troubles, which meant I could not eat village food. So I was usually at home in the early morning, or the late afternoon at the time when Bishney might appear.

When I did visit Devkot village, there was quite a changed atmosphere. People were asking eagerly after Bishney, with expectation instead of foreboding. Generally there was a more friendly spirit.

In June we promised her that she could go home in the Nepali month of Assar in



...I was amazed at what she was able to do



Amp Pipal Hospital

time for the rice planting. She was much better in herself, but her blood picture had not improved. She still needed to have a transfusion every four weeks. It really was a miracle that she stayed so long — six months — in hospital.

Back home

So she went home in the middle of June, with instructions for her to come back for another transfusion, if things got worse again.

I visited her a couple of weeks later. It was amazing to see what she could do with blood in such a condition — cutting grass for the animals, carrying water from the well. She was very happy.

In July I went to Pokhara. While I was there I heard that Bishney had died. She became very anaemic once again, but could not be persuaded to return to hospital. Instead she went to her mother's home and died there. Her husband went a few days later to take her to hospital, but she died before he arrived.

Folk were different

I wondered what reaction I would find when I next visited Devkot. I was amazed. The village folk were so different and they treated me as one of the family. Previously some of them had tried to make a joke of anything I said, or they would ask me a question, just to laugh at the answer. Now these same people were gentle and they asked questions as though they really wanted to know. 'You don't believe in *puja* do you? What do you believe about heaven?' said one man, straight out of the blue. So I told him about the love of God, and Jesus preparing a place for those who belong to Him.

Mussey, Bishney's husband said he would not stay at home now. He was going to look for work in India. 'Who is there to stay at home for now?' he said. His mother, his two children, and now his wife, have all died. He is about 24 years old. We cried together as he told me the story of her death, and I assured him he had done all he could for her, as I believe he had.

Later, when I was talking to the *Pradham Pancha* he told me that Mussey's father had a large debt from Mussey's wedding (for the feast) and Mussey hoped to earn enough money to pay off the debt. I suppose Mussey will have to pay off the debt for his first wedding before he can think of marrying again!

Continued next month.



... he was going to look for work in India

Where is he now? — Rev João Garcia

by Rev M Elcome

From 1969 to 1972 João Garcia trained for the ministry at Spurgeons College, when he visited many churches on deputation. He came to England from Brazil on the recommendation of BMS missionaries, to further his own theological education. He arrived with a sparse knowledge of English, but thanks to the painstaking work of the Abbey Road Language School he began the Autumn term at Spurgeons with enough English to make himself understood.

The three years of study that followed were not always easy, with necessary adaptation to a different culture, and the problem of reading theology in a language that was not his own. He persevered well and during that time his fiancée came to England as well, took her studies in English at Abbey Road School where she excelled, and eventually they were married at Abbey Road Baptist Church.

Then, study over, it was time to return to Brazil where there was work waiting in a series of pastorates, and in the Curitiba Bible School. So where is he now? Well he's in London, Ontario, Canada working amongst the Portuguese speaking peoples. There are many people, whose first (and sometimes only) language is Portuguese, living in the cities of Central Canada, a large proportion having come from the Azores Islands. João and his wife Lucimer have become pastors and evangelists in such a congregation, leading them in worship and in outreach. Their basic method is the one that works so well in Brazil, the evangelistic home Bible Study. Homes are visited where people are sympathetic and a regular Bible Study is held. The Scriptures are examined and the claims of Christ presented.

It sounds simple, but it works and in stark contrast to the zero growth of the English speaking

Baptist Church, the Portuguese congregations are growing and seeing many conversions and baptisms. It is a real missionary work in a rather prosperous Western setting, where the people in need are being reached and won for Christ. Currently the Brazilian Baptist Mission Board is sending out other men to answer the call and challenge of the Portuguese speaking people in the cities of Canada.

How do I know all this? Well, my wife and I spent five weeks of my Sabbatical studies staying with the Garcia family enjoying the privilege of reunion with a former college colleague. And although I was there to study academic ecclesiology from reading theology, a lot was learnt in a practical way about how these Brazilian Baptists go about preaching the gospel and building up the church.

Great Potential

'One of the main impressions of the flight,' writes Vivian Lewis in a recent letter from Zaire, 'was the vastness of the country, and how sparsely populated it is. In the two hour flight we only saw one small town, and a few fishing villages, nestling against the banks of the River Zaire.'

'Yet its potential importance can be gauged by the international figures, who have visited Kinshasa in the last few months, including President Mitterand of France, the Vice President of America, and the new President of China.'

'But the Church is here and the missions are here that the country might be brought under the rule of Christ as Lord and King. Pray for us that His Kingdom may come in and through us.'

MISSIONARY MOVEMENTS

Arrivals

- Rev and Mrs R Davies** and family on 20 November from Curitiba, Brazil
- Mr and Mrs A North** and family on 23 November from Kinshasa, Zaire
- Rev D and Mrs Grainger** and family on 6 December from Curitiba, Brazil
- Dr D Withers** on 7 December from Pimu, Zaire
- Miss M Bishop** on 21 December from Yakusu, Zaire
- Miss P Goosey** on 21 December from Kinshasa, Zaire
- Mr T Reed** on 21 December from Yakusu, Zaire

Departures

- Mr and Mrs L Alexander and Rachel** on 5 January for Pimu, Zaire
- Miss S Shields** on 5 January for Kinshasa, Zaire
- Miss C Jenkinson** on 5 January for Kinshasa, Zaire
- Miss R Jones** on 5 January for Bolobo, Zaire

MARRIAGE

At Market Harborough on 1 January 1983, **Mr Stephen P Mantle** to **Miss Isabel J Tooms** (going to Tondo, Zaire in March 1983)

BIRTHS

- On 20 November, at IME Kimpese, Zaire, to **Rev T and Mrs Bulkeley**, a son, **Thomas Stephen**
- On 30 November, in Gloucester, to **Mr and Mrs John Davis** (designated for Zaire), a daughter, **Becky**

DEATH

In Malvern, on 19 December, **Miss M E Bond**, aged 82. Honorary Member of General Committee since 1973.

ACKNOWLEDGEMENTS

The Secretaries acknowledge with grateful thanks the following legacies and gifts sent anonymously. (18 November-9 December 1982)

Legacies

	£	p
Mr F W Cartwright		100.00
Mrs V M Clarey	4,026.01	
Miss M D Firth	4,000.00	
Miss V George	4,185.67	
Miss J W McFarlane	1,250.00	
Mrs L Nicholls	100.00	
Miss M A Peck	60.00	
Mr H Rutter	51.45	
Miss B M Williams	100.00	
Mrs S A Williams	20,000.00	

PRAYER GUIDE NOTES

Margaret Bishop (1 March) is at present on furlough.

Ken and Maureen Russell (4 March) hope to return to Zaire at the end of April.

Karen Rodwell (23 March) has finished language study and is at Amp Pipal looking after the Guest House until June.

General Work: Anon: £100.00; Anon: £7.00; Anon: £7.00; Anon (Cymro): £30.00; Anon: £30.00; Anon: £3.00.

Gift and Self Denial: Anon: £5.00; Anon: £10.00; Anon: £20.00; Anon: £5.00; Anon: £10.00; Anon: £1.00.

Women's Project: Anon: £5.00.

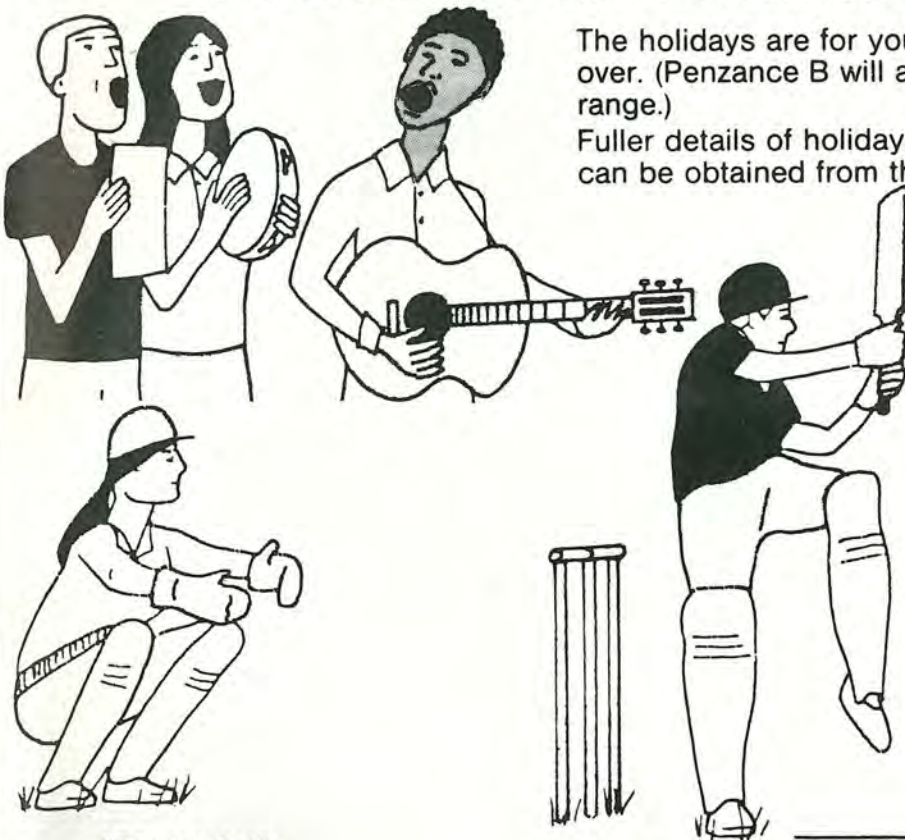


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'B' 13-27 AUGUST

EASTBOURNE

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