

MISSIONARY

HERALD

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Going forward in
God's name to heal
the sick, to preach
the Good News,



and to prevent
sickness and
suffering wherever
we can.



HEALTH WORK



APRIL 1984

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the world*

We share in the work of the
Church in:

Angola	Nepal
Bangladesh	Sri Lanka
Brazil	Tanzania
India	Trinidad
Jamaica	Zaire

COMMENT

'WHAT is Christian health care?' asks Stuart Kingma in an article to appear in the Christian Medical Commission's magazine *Contact*. He says that it is not Christian simply because it takes place in an institution that has Christian in its name. Nor if a church or Christian agency supports the programme. Nor is it enough to have the right motive because Christian health care must say something about *how* one goes about the planning and the work.

'To merit the name "Christian",' Kingma believes, 'there must be something about the quality, the style, the planning of all parts of the programme that is truly distinctive.'

The whole person

Christian health care, according to Kingma, begins with a recognition of Christ's unique concern for the whole person and the implications of seeing each illness as a disturbance which touches all the physical, mental, social and spiritual facets of the human person. He points to the centrality of reconciliation in healing. There is the need for reconciliation with our neighbours, with ourselves, with our bodies, with the environment, and with God.

In the BMS we have long seen how wrong it is to divide our work into little compartments. Even though we talk of medical and health work, or pastoral and evangelistic work, or teaching and development work they are all part of our Christian concern for the whole person.

This has been underlined in the annual report from Bolobo. 'For every patient,' it says, 'there is a spiritual element in his illness.' Kingma questions the rightness of preaching at someone confined to a bed, but this does not take away the need for chaplains to exercise a caring, counselling ministry. The Bolobo report talks about patients suffering from 'Zebula' (the local name given to severe anorexia attributed to sorcery) who look for help from witch doctors and often die from despair or neglect of treatment for tuberculosis or sleeping sickness.

Love and justice

'Medical work is one of the Church's weapons for demonstrating to the world the love and justice of God,' affirms the report but also recognising that it is only part of all that God is doing for the healing of the nations. Establishing Medical institutions like hospitals does not solve the health problems of an area. In fact an over-reliance on such places, however admirable and caring, can sometimes divert attention and funds away from adequate programmes of community health care and preventive medicine.

Articles in this edition show how the Society is involved in community health care in different parts of the world. Even so neither is this enough. Ill health is linked with malnutrition and bad sanitation. These are linked with poverty, ignorance and overpopulation. These are tied up with world economics, power struggles and the way nations relate to each other. We are, and must always be involved in Christian health care, but it must be as part of a total proclamation of the gospel of God's love and justice in all areas of this world's life.

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RECENTLY, while visiting the hospital I worked in before returning to Bolobo in 1982, I was shown round the new Antenatal clinic. The soft carpets and easy chairs of the waiting area, the individual, fully equipped consulting rooms, and the general atmosphere of peace and orderliness seemed a far cry from its counterpart in Bolobo.

Wednesday is *kilo* day in Bolobo — *kilo* being the popular name for the clinics, whether antenatal or for under-fives.

Antenatal clinic takes place during the morning, and on Tuesday many women will have walked into Bolobo from the surrounding villages to attend. It is held in the Community Health Department of the hospital, badly in need of repair and renovation. The main ward serves as the waiting area, with a few wooden benches scattered at one end, and here a team of student nurses man a 'conveyor-belt system' as the women are booked in, have their weights and heights recorded, and their blood and urine examined. They then crowd into the narrow passage-way which leads to the small side wards, and with much pushing and jostling, wait their turn to be seen by one of the midwives.

Individual attention

In the consulting room, furnished only with a wooden examination couch and a small rickety table, the midwife seeks to give each woman the individual attention she deserves, though this is not easy as only a thin curtain separates them from the pushing, chattering mass of women in the corridor. Once seen, the women are directed to another student nurse giving the anti-tetanus vaccine injections — vital to prevent tetanus in the newborn babies, as most of these women who come from the outlying villages will not make the journey back to give birth in hospital. Towards midday, the noise lessens and the last of the 80 or so women is seen.

For the afternoon *kilo* we need to leave the hospital and visit one of the three urban dispensaries situated in different suburbs of the town. But first we must wait until the student nurse has called to collect the cold box containing the vaccinations needed for the afternoon's work. Maintaining the 'cold chain' is one

It's Wednesday so it's 'kilo' day

By Joan Parker

of the important aspects of vaccination programmes, and with practically no refrigerators in the area apart from the Mission, this has curtailed, for the time being, more extensive vaccination programmes into the surrounding district.

Each dispensary holds several clinics a month, each clinic being for a specific number of avenues served by the dispensary. Thus, following a population study of his neighbourhood, the nurse in charge knows exactly how many children should come to each *kilo* and can chase up those who don't attend.

A large audience

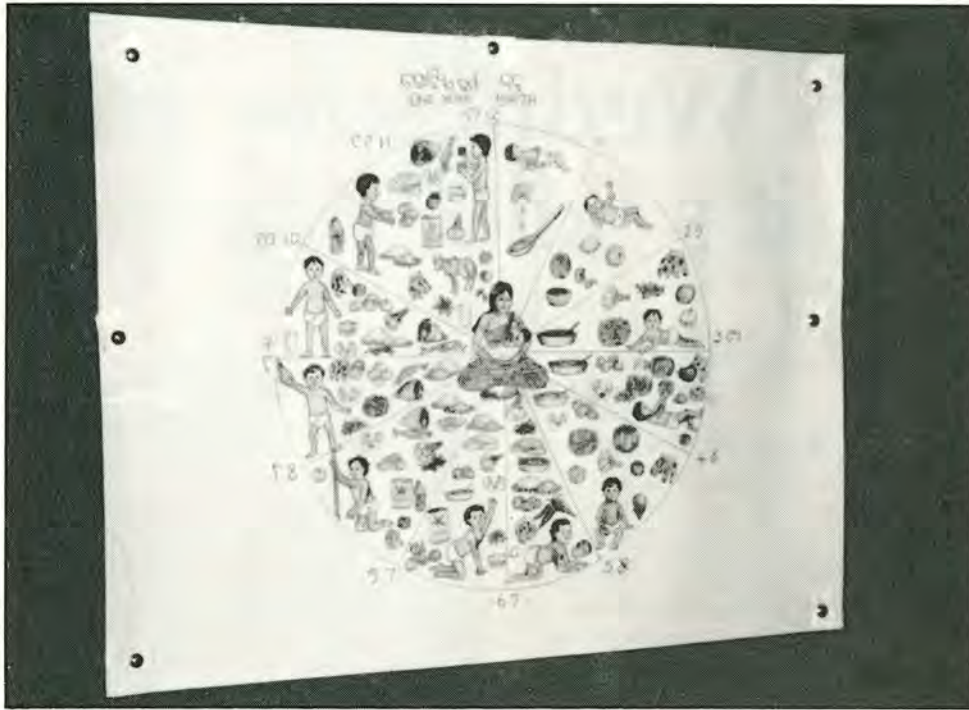
As we approach the rented building, which houses the dispensary, we are soon aware that something is happening from the crowds and noise surrounding the place. The clinic is usually held out of doors, so as well as those attending, it attracts a large audience, mainly of

school children. The session begins with a talk, illustrated with attractive posters, on some aspect of health or hygiene, for example how to prevent malaria or intestinal worms. The scales are hung from the branch of a convenient tree, and the *kilo* gets under way. Many toddlers are brought by older brothers or sisters, as their mothers will be out working in the gardens, and this can present problems for the nurse who needs to give advice to the mothers, particularly if the child is below weight. So he'll make a note to visit the mother at home later.

It will probably be dark before the student is back at my home, returning the unused vaccines to be put again into the refrigerator. Compared with British standards, our resources are minimal, but each Wednesday in Bolobo, the health of some mothers and babies is being safeguarded — a practical expression of our concern as a Christian Hospital for the 'whole man'.



Under-Fives' Clinic, Bonzongo Dispensary, Bolobo



Food chart for first year of growth

Vellore Christian Hospital has run a visual aid unit for some years but to obtain material from there is expensive and their output is decreasing. Also the women need to relate to the pictures, so regional fashions in sarees and other clothing have to be shown.

The main illustration was a large 'road to health chart' which I jointly designed with Stephanie Price a nutritionist. The 'road to health chart' is an international graph designed by the World Health Organization. A child's health can be seen by a line plotted according to his weight and age. (Height can be deceptive.) The illiterate need to associate with the lines, so pictures of healthy or malnourished, children were shown by the side of them. It was about 6ft by 4ft, big enough for the nurses to use as a guide while at the baby clinic. Similar graphs were made, showing the weaning process. Flashcards included some for diabetics and exercises for pregnant women.

We also produced anatomical diagrams for the nurses' training school, where again posters are expensive, and illustrations of Bible stories for the Sunday School. Pictures to capture children's attention are important in any culture.

Teaching

I also taught English to a class of student nurses for about an hour each day in the last seven weeks. I felt for them. They have to go to an English medium nursing school, and follow lectures from English medical students in accents very dissimilar to Indian English, as well as remember highly technical words. They try so hard, and their noses are never out of their books.

The hospital grows at the same rate as the population of the city. There is an increasing awareness of pre-natal and delivery care and the reputation of the hospital spreads because of its efficiency. Yet, it is still very basic — no hot water, no incubator, the continual recycle of equipment and limited painkillers. The hospital still needs proper lighting in the theatre, especially during power cuts, yet in comparison to the government hospital of Berhampur it seemed luxurious. There the wards were filthy and smelly, and dogs wandered around

IMPRESSIONS OF INDIA

By H. J. Fellows

Hetty Fellows worked as a volunteer in the Christian Hospital for Women and Children at Berhampur, Orissa

At first I was involved in the clerical administration of the hospital, registering the admissions, discharges and births. To do that the charts needed to be collected from the wards each morning. This was rewarding because it brought me into contact with nurses, while they were working, and with the patients.

The paper work was months' behind because of the incredible work load of the staff. The number of patients was growing steadily each year and all their diagnoses had to be recorded to go towards the government statistics at the end of the year.

At least I found out the illnesses that affect Indian people, especially children. The most common were dysentery and chronic diarrhoea, causing dehydration and malnutrition, and often a result of their appalling living conditions.

Visual aids

Later on I became far more involved in art work. Visual aids are very important in a country like India because so many of the women are illiterate. When giving talks on the health care of children you need something to capture the attention.

freely. Built only fifteen years ago the windows need repairing and the place looks run down and decrepit. As with their cars. India's ideology seems to be 'wear something to the ground then replace it'. They still have a lot to learn about maintenance and long-term saving.

The women who come to the hospital are from all classes. The village women especially can be quite haunting. They wear thick dark make-up round their eyes and the large red dot on the forehead. They decorate themselves with numerous chunky ear and nose rings. Their arms are adorned with jingling bracelets. They drape their brightly coloured sarees over their shoulders, sometimes so high as to reveal their anklets and toe rings. The poorer ones don't wear saree-blouses. All tend to drape their sarees over their heads, almost it seems in shyness, but as a sign of modesty. They would then sit staring at me, as I worked at outpatients, with their children on their knees, also brightly dressed and with dark black rimmed eyes and large red smudges on their foreheads. The girls might have beautifully scented flowers in their hair. They were very tropical and very exotic. London seemed a long way off.

Mother-in-law

The wards are open and a cool breeze is allowed to pass through them, as well as the occasional stray dog or child. The beds are simple with hard metal boards and often a cot attached to the end. The women often sit up and breast feed their children, the nurses encouraging them, to combat the giving of sugar water so popular as a substitute in the area. Mother-in-law will frequently sleep under the bed and in this often matriarchal society keep a watchful eye over daughter-in-law. To make changes in the diet the mother-in-law has to be convinced as much as the mother. The fathers are often present some showing touching concern. The expectant father is not an uncommon sight. No set visiting hours are observed, but it all adds to the relaxed carefree atmosphere, compared to the impersonal treatment we sometimes find at home.

The number of children in a family is large and family planning tends to be a dirty word after Mrs Gandhi's Emergency programme. Yet a great many children

die because of malnourishment or illness. There was one woman whose new baby was the only one out of eight or nine alive. This time she promised to breast feed it. Yet many die of diarrhoea caused mostly by the contaminated drinking water supply. The United Nations is right to be concerned about the access to clean water with so many water related diseases like cholera, typhoid and malaria and dysentery. The people too need to be educated about boiling water, yet in Hindu philosophy (running) water is considered pure and in Kathmandu, Nepal, they create their own water shortage by leaving the taps on continuously.

A vicious circle

A balanced diet is a necessity yet it is an uphill struggle to educate the people over the best use of their limited income, especially where superstitions have to be overcome. Bananas are supposed to give you colds and groundnuts poison. People need good living conditions before it can be guaranteed that the children they do have will live. Until that can happen, and their old age is safeguarded they will continue to have large families. Yet more children mean less to go round and poorer conditions. It is a vicious and pitiful circle.

The lifestyle of the nurses is very different from what we are used to in the West. Although they are well cared for and privileged to have such an opportunity to be educated for a position of responsibility, they have very little freedom compared to women in the West.

The student nurses are allowed out once a month under supervision and the staff nurses, well into their twenties, are allowed out with permission.

Correspondence is not allowed with anyone outside their own family. Many, although quite old, seem very young.

They have gone from an extremely sheltered family straight into a hospital institution where they remain for six years. They are allowed to see their families once a year for a month. It may seem strict, but then the parents will not let their daughters out into any other environment. Their daughters remain their until they are handed over to their

husbands through an arranged marriage. Most of the nurses are Christian, not Hindu. (Hindu women would not touch strange men.) Apart from the fact that it is a Christian hospital, for them it is a respectable profession. There are 70 nurses in the training school and about 140 beds in the hospital.



Road to health chart

Two different worlds

which
need

a

bridge

of understanding

By Joyce Rigden Green



Mother with second child



Bwakeli girl

RECENTLY I was summoned to greet a new grand-daughter. I travelled from my home by British Rail 125. We sped through the winter countryside where leafless trees sparkled with frosty diamonds in the wintry sunshine and dark ploughed fields showed tiny hints of new life in the bright green shoots of the winter wheat. All so very different from Zaire where the clanking train of the Kinshasa — Matadi railway pants slowly through a heat-soaked land. My journey was quick and comfortable and I was soon at the modern maternity hospital.

Visiting a mother in hospital with her new baby is always an emotional experience; tears are very close to the surface. There is a different air about the very building; it is a place of hope, of wonder, and a shining conviction of an exciting and busy future; of pride and a sense of importance. Something wonderful has taken place; mortals have for a short while shared with God in the

act of creation. How pretty and proud all the mothers look as they sit on or in their beds in dainty nighties and dressing gowns, perhaps watching a little anxiously as the inexperienced father handles his new responsibility. Everything is bright and clean and gay with flowers.

As I nursed little Rachel, a tiny sleeping rosebud of babyhood, I thought of other babies I had known. Two years ago I saw a tiny baby in Yakusu a few hours before it died; I thought of parents in Bolobo whose baby's chance of survival was very small because they had not the courage to allow Dr. David Masters to operate. I remembered babies in Kimpese brought in with tetanus within the first week of life, because at birth the umbilical cord had been cut with an unsterile knife (this is much commoner in Asia than Africa), and others very much smaller than Rachel although they were months older, so tiny because they were starving; babies with TB, or measles who

became blind or died. How very fortunate we are in Britain to have such a good health service.

Help is needed

Very few Zairian women are able to come into hospital for the birth of their babies. Mercifully childbirth is not hampered by the scarring caused by female circumcision which is practised in other parts of Africa, but there is still so much help needed.

Most of our hospitals organize ante-natal and under-fives' clinics where children are weighed and immunization is given against TB, Whooping Cough, Diphtheria, Tetanus and Measles. The Government aims to get the whole country covered by public health teams based on the hospitals but there are not enough hospitals or personnel for this to be realised for a long time.

Teams from IME in the Lower River area go out daily to do monthly visits to villages in the area and these teams are all Zairians. From Yakusu there are regular visits round about and across the river. From Tondo, Wilma Aitcheson visits forest villages or travels by canoe to lakeside villages. Bolobo has a scheme approved by the Regional Medical Director (a keen Christian) but there are too few trained people there to implement it, apart from three centres in outlying parts of the town. Pimu serves a number of the forest villages, but will be hampered this year due to furloughs.

Bwakele

On one trip from Pimu, we came across the traditional custom of Bwakele. Among the mothers bringing their children to the clinic, were two girls who looked plump and healthy. Their skins gleamed like polished bronze from the orange palm oil with which they were rubbed all over. They wore black bras which were decorated with red straps and sequins, grass skirts with red cummerbunds, red garters, sandals and wide-brimmed straw hats; it looked like a sort of uniform. Their babies, too, looked well-fed and contented. They were in sharp contrast to the older mothers and babies.

The custom in this area is to send the young wife back home to her parents



Happy mothers! Yakusu



Waiting for the job! — across the river from Yakusu

when she has her first baby, where she will remain for a year. Her only duty during this time is to tend her baby. You could call it the one and only holiday that she will ever have. Perhaps this was a way of trying to ensure that at least one child in the family had a good start in life and a chance to grow up.

Unending toil

Once back in her own home the woman's lot is one of unending toil; fetching water; tending her garden, selling the produce, collecting firewood for use or for sale, cooking, washing . . . no wonder most women look old before their time. How fortunate we are to have hot and cold water coming out of taps and fit to drink, to have washing machines, tumble driers and good indoor sanitation! Lack of such amenities means that the missionaries must have help to run their homes and this is becoming an increasing problem especially in Bolobo. Few Zairian men want to work as house-boys these days and many of the girls are not very keen. It is also a problem in Kinshasa where help is obtainable but very expensive, because travelling in the city costs so much and the workers mostly come in from the sprawling suburbs. To walk would take too long.

The Bwakele girl would have to walk home by forest paths, a journey which might take several days; I travelled by train with speed and comfort. Two different worlds which need a bridge of understanding. The best bridge is built on the Gospel of Jesus Christ.

Opening Eyes

By Adrian Hopkins

WHAT do you do when a patient will not do what you advise? A common enough occurrence in Britain but what if the advice you gave is impossible anyway? Patients coming to Pimu Hospital with cataracts were advised to go to Karawa the nearest centre doing eye surgery. They went home and stayed blind. Karawa is about two weeks' travelling if you are lucky with lorries and a couple of months' salary for one person one way.

After watching two operations whilst on holiday at Karawa (and learning the operation off by heart from the books) our surgical work began. Only those completely blind were operated on (I couldn't make them see any less)! I could have done without the mother of our senior theatre nurse as the first patient. Instruments were a gift from the Cristoffell Blinden Mission (CBM), who also gave a gift of glasses, and so our eye work was underway and has been increasing over the last three years.

Increasing numbers

The people around Pimu have begun to come for treatment for all sorts of eye problems — some just need glasses, some medicine, some surgery. Glasses, mostly for reading, are prescribed by our nurses. Other non-urgent cases wait for the weekly eye clinic that we have held during the last year, because the increasing numbers of patients slow down the normal outpatients' clinics since it takes more time and equipment to examine them properly.

However, patients come from further afield. One man from a distant village north of the River Zaire had his cataracts removed. He was destitute — brought by the Pastor — because his wife had left him when he became blind. He was looked after by a young grandchild. When he returned home he was able to look after himself, clear some forest and plant his own garden. He now attends church regularly.

On the six monthly or yearly visit to the dispensary over half of the patients have eye problems. If the Land Rover were a bus we would be able to take back some of those who need urgent treatment. Most of the patients have to hitch expensive rides on the rare lorries passing through or walk. It took one patient four months to come because of

the difficulty of finding both the money and someone to help her. She needed urgent glaucoma treatment and by the time she arrived there was little of her eyesight to preserve.

No ivory tower

A visit by the African Consultant of CBM, seeing the need and the work we were doing, led to an invitation for me to go to Tanzania for further experience in eye disease and eye surgery in an appropriate African environment — not an expensively equipped department in Britain or an academic ivory tower. During furlough the BMS made it possible for me to accept this invitation and to attend a course that celebrated its twentieth birthday while I was there. Other visitors included government and party chiefs, the radio and the press.

The course is aimed at Medical assistants, but there are usually one or two doctors as well with the specific task of learning or improving their eye surgery. The time spent in Tanzania was of immense value and I'm sure the standard of eye work at Pimu will improve as a result.

Preventable Blindness

Eye disease is very different in Africa and blindness very much more common. Unlike in Britain, where the comparatively minute numbers of blind are incurable, in Africa the vast majority of blindness is treatable or preventable. Add to this the fact that economic difficulties in Africa prevent almost entirely the support services so necessary for the blind and the extent of the problem begins to emerge.



Morning prayers at Pimu

What are these blinding diseases? The most important (around half the blind) is cataract due to old age – exactly the same condition that many of our old people in Britain suffer from and which is treated with comparative ease. In Tanzania it has been estimated that 150,000 people are blind due to cataract. Last year all the ophthalmologists in Tanzania removed 2,000 leaving only 148,000.

Climate and poverty do contribute to some of the eye problems in Africa. In dry areas Trachoma is a major problem. Blindness from Trachoma can be easily prevented by regular face washing, but if you must struggle all day to get enough water for drinking and cooking you are certainly not going to waste more hours of labour to wash your face!

This is an economic problem not a medical one. Did you know that a large baked bean tin full of water with a small hole can be used to wash 25 faces? In wet areas near fast flowing streams Onchocerciasis (River Blindness) is the problem. The solution, move people away from the rivers, their source of water and source of food! (WHO and the World Bank are also trying to solve the problem.) Malnutrition has its effects. Sometimes severe measles, if it does not kill the child, will result in blindness. All that is required is education to eat vitamin A containing foods, but that is as difficult as getting people to stop smoking or to wear seat belts in cars.

Frustrating and sad

As in Britain Glaucoma is a problem. In

Pimu it is the second highest cause of blindness. We can only prevent the sight from getting worse. We have been doing operations for Glaucoma over the last two years. The disease can usually be controlled by eye drops, but it is frustrating and so sad to have a patient come back blind having been unable to find the means to return for regular control and treatment. This has happened at Pimu on several occasions.

Jesus was concerned to restore people's sight as well as to open their eyes to the things of God. Our prayer is that people coming to Pimu with eye problems will be helped to see not only the real things around them but to see and understand spiritual realities. Will you make it your practical and prayerful concern and help us?

HEALTH CARE PLANNING IN NEPAL

By Ann Matthias

OVER the last few months it has been my responsibility to co-ordinate the planning of Primary Health Care for the Urban area that surrounds the new Patan Hospital. This has been an interesting and exciting, as well as frustrating and sometimes disappointing responsibility.

The urban population of Nepal represents only about five percent of the total population. Consequently, urban health care needs are not generally regarded as great or special priorities in the National Health Care Plan. However, with the completion of the new Patan Hospital by the United Mission to Nepal (UMN) the need has arisen to include the Patan Urban Area in the community primary care outreach of the district.

Community Survey

One of the main problems of Urban Planning is that, even on very superficial observation, these areas seem well served with doctors and clinics compared with rural areas. Thus our first task was to try to establish a record of all existing services and facilities and discover how these were serving the community. This was done by contacting local officials and leaders and by designing a survey to be carried out in the community.

The contact work was my responsibility together with my Nepali counterpart, but the survey was planned by a committee. This committee was a mixture of Nepalis and expatriates, health professionals and lay experts, UMN Staff and

outside advisers, Christians and non-Christians, a kaleidoscope of people working together to serve the peoples of urban Patan. The questionnaire designed by the committee was to be implemented by a team of interviewers, all of whom were trilingual in English, Nepali and Newari. Information gathered by these interviewers was then to be fed into a micro-computer that had been carefully programmed by Trevor King.

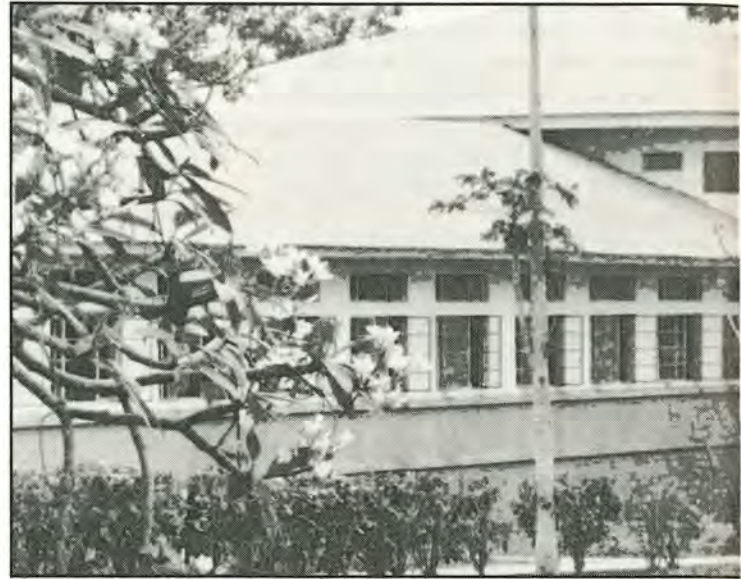
Primary Health Care

As I write in January this information gathering process is still going on and I hope to be returning to Nepal soon to complete the task. This will involve using the information to provide a system of Primary Health Care that is appropriate to the real needs of the people, and especially to concentrate on serving the poor and marginal groups in the community.

There are a large number of government and non-government sponsored 'Aid' type agencies working in Nepal, of which the UMN is but one. The UMN has served for over 25 years and has been able to establish an on-going working relationship, especially in health care, to demonstrate a Christian concern for people in all levels of society.

It is my sincere hope that this programme will be a further demonstration of our Christian love and care for the people of Patan.

'The Community Health Project



Kimpese

By Stanley

THE TRAIN running on its narrow-gauge rails swerved and shuddered to a stop with a screech of brakes at a little wayside station that proudly announced itself as KIMPESE. So this was the place where pastors and teachers were being trained for their work in the BMS and other Missions.

The train moved on. A succession of rounded grassy hills, interspersed with narrow wooded valleys. A few mud huts. No hint of any medical work. That was in 1936.

Transformation

Some years later, I was there again. What a transformation! On those rolling grassy hills stood a group of solid buildings — the wards of the Christian Medical Institute, Kimpese, and classrooms for the students in training. Several Missions having medical work in Zaire — it was still 'The Belgian Congo' then — had agreed to work together, to pool their resources in men and money, and to create a joint hospital to serve the people living between Matadi and Kinshasa. The BMS was there, and the American Baptists, and the Swedish

Lutherans.

They began by tackling some of the pressing local problems — leprosy, tuberculosis, the deformities caused by infantile paralysis. The surgeons operated, the technicians made splints and braces, and the doctors taught willing pupils. It was a hive of industry, all as busy as bees.

On the map

I visited Kimpese twice in the '70's — to conduct seminars on leprosy for doctors in mission or government service. I was glad to make use of the better classroom facilities available, and noticed the increased outreach of Kimpese. Men and women students were everywhere — in the wards, the labs, the busy outpatient department, the Church. Kimpese was now definitely on the map. The reputation of its standards of caring had spread far and wide: folk were coming from distant towns like Matadi and Kinshasa to seek the specialized treatment they needed. The Church was there too, exerting an influence for good and for God and affecting the lives of many.

I was there again, in the middle of 1983 and stayed for the best part of a couple of weeks. I had been invited to advise on policy and programmes. Once again, what differences! Perhaps the most



Moving surgical packs, Kimpese

is already justifying its existence'



Paediatric/Pharmacy Section

Revisited

y Browne

significant was the difference in attitudes, in outlook, in objectives. There were more national doctors on the staff, and others sent by the government medical school in Kinshasa and attached to



Kimpese for a few months.

Why not prevent?

There were new ideas floating around. Why should we be content with dealing with the late results of neglected disease? Why not prevent? Why not organize a health service in the district outside Kimpese, to detect and treat disease in its early stages, to improve standards of nutrition, to prevent the complications of pregnancy and childbirth? If so much disease is preventable, why not prevent it?

The answer to these questions lies in the Department of Community Medicine in Kimpese. In the Community Health Zone for which the Department is now responsible, over 100,000 people live. They are now served by 22 Health Centres, each of which is manned by a medical auxiliary or nurse trained at Kimpese, and each Centre is visited every month by a team from Kimpese. The main task of the medical auxiliary in charge of the Centre, with the active support of the local community, is the prevention of serious disease. He or she vaccinates, conducts Baby and Toddlers'

Clinics, teaches mothers, treats diarrhoea in infants, and makes sure that difficult or obscure cases will be seen by the doctor on his next visit.

Leprosy is yielding

This Community Health Project is already justifying its existence. Measles — a killing disease in the tropics — has lost its terror: most of the children presenting themselves with measles at the Kimpese Hospital are unvaccinated and live outside the Project area. The same is true for tuberculosis: fewer cases of new infections than a few years ago. Even leprosy is yielding to intensive case-finding and multi-drug therapy.

It is not surprising — is it? — that people living in neighbouring areas, seeing the advantages of a Christian-inspired and Christian-motivated Community Health Service, are clamouring for the same facilities. Perhaps God is calling the Kimpese staff, and us, to go forward in His Name to heal the sick, to preach the Good News, and to *prevent sickness and suffering* wherever we can.

I hope to revisit Kimpese again.

We Believe In Mission

Edited by John Wallace

The Challenge Of Mission

by Oswald J. Smith

STL Publishers

HERE are two books to read and pass on among fellow church members. Both boldly present the call to be involved in mission. The second of the two titles carries the 'warning' 'this book has the power to change lives and transform churches'. The writer of that comment is Vicar of a church that has seen dramatic new life in the last twenty years. It has grown from a small, dwindling congregation, whose buildings were scheduled for closure, to a dynamic fellowship whose giving for missionary work reached £62,000 in 1982. 'THE CHALLENGE OF MISSIONS' is compulsory reading for new members of that Church!

Oswald Smith briefly deals with what he views as the supreme task of the church, that is the evangelization of the world. He looks at the Church's failure to evangelize, and points us to biblical methods, the missionary call, preparation, hardships, programme and principles. As the book was written over thirty years ago, not surprisingly some of the style and ideas are somewhat 'dated', but the preacher's message and enthusiasm come over loud and clear.

The other book gets its message over just as effectively but in a contrasting way.

Why is a middle-aged housewife with four children driven to mission? You'll find the answer to that in one of the experiences of a number of contemporary Christians from different lands and backgrounds. Their ordinariness is their strength as they share with us something of their own involvement in Christ's concern for the world.

As well as the personal testimonies, there are helpful chapters giving an over-view of world mission, and offering practical guidance for local churches to get really involved. EDM

What sort of preacher are you?

IT HAS taken me a long time to find out why so many young ministers cultivate beards.

It may well be that they are encouraged to do so by wives and sweethearts, because a beard gives a profound impression of wisdom, scholarship and

authority. (I doubt if William Carey wore one. . . .)

The only sensible reason of which I am aware concerned a former BMS missionary, John Smith, whose little son was born blind. Father grew a beard so that he would be instantly recognised when he picked up his toddler son.

The great BMS authority on work among Muslims was the late Bevan Jones, whose book *The people of the mosque* ran to two editions within twelve months of its appearance, exactly 50 years ago.

A third edition was printed in 1959, with only a few minor alterations. The reason for the long interval was that other authorities also dealt with the subject, but I was told that it should certainly reappear because it was a classic.

In the same year, 1959, Bevan told an interesting story about the Arabic word, *Maktub*, which means 'it is written' and is often used by Muslims.

He wrote, 'My colleague, Peter Sircar, and I were preaching in a crowded market place in Dhaka (it was then in East Bengal).'

'A bearded Muslim joined himself to the group who formed our "audience" and at once sought to counteract the effect of our preaching and, at the same time, bring ridicule on myself by interjecting "What sort of a preacher are you? Where's your beard? Everyone sent by God to proclaim His message had a beard — the prophets Moses, David, Jesus (on whom be peace!) and our Holy Prophet, all had beards, but where is yours?"

'How telling, then, was our use of this term, *Maktub*, "Man looks on the outward appearance but the Lord looks on the heart" (1 Samuel 16:7).

'The effect was startling, for the laugh of the crowd now turned on the bearded Muslim and he went away, somewhat crestfallen.'

(Bernard Ellis)

COMMENTS QUESTIONS QUOTES

By DEKA

'PERHAPS you think we may be charging too much for our services? Hernia repairs now cost about £3 and a hysterectomy £5. At one point almost a third of the patients were being supported by the hospital so that they could buy food. It is difficult to describe the poverty here.'

So wrote a doctor recently from Zaire. As you read it what are your thoughts? It's almost incredible isn't it? The NHS shields us from realizing the cost of the medical treatment that we receive. I remember once paying for a course of prescribed antibiotics, I think they cost me over £7 — more than the amount charged for a hysterectomy. Values seem so topsy-turvy, how do we find the way through to the right Christian understanding and attitude?

Q Q Q Q Q

I have mentioned before how much we take for granted the great wealth that we have in all the books and literature at our disposal. Another comment on the Church in Zaire set me thinking about it, from a rather different angle:

'Because of the unavailability of Christian literature there is little depth of knowledge — the church here remains active but weak in many aspects!'

We have all the rich resources of Bible commentaries, reference books, and theological writings of all persuasions available, so that cannot be the excuse for the church here being weak. Is it weak? If so what do we lack? The church in Zaire is active, in spite of its dearth of books, and literature — pastors may well have only a Bible and hymn book. Dare

we describe the church here as active? If not, why not?

Q Q Q Q Q

'HE'S depressed by a secular job he doesn't enjoy and a spiritual life that he recognises to be superficial.'

Do you know someone like that? Perhaps we may even empathize with part of that statement ourselves? I am sure there are times when we are all conscious that our spiritual life is not as deep as it could, or should, be. That was actually written about a Brazilian; whose wife is a keen Christian, and active in the infants' 'Sunday school' class; and the letter goes on to ask for prayer for him.

And that reminds me of another sentence that I read recently, which has

stuck in my mind, among requests for prayer for a missionary:

'for my relationship with my missionary colleagues'

What an honest request! — and yet I doubt if many of us would be courageous enough to ask people to pray for us like that. It is also a reminder to us to pray for our missionaries in their relationships with each other. Most missionaries are strong-minded people, they probably would not be there if not, but at times it is almost inevitable that there will be tension. There is often little privacy, and you have to learn to live alongside, and work with, your colleagues. How important it is that in all these relationships also grace and love should be shown, and these will be God's gifts.

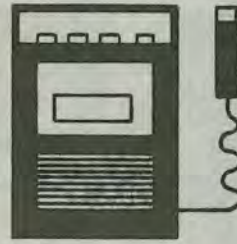
Are we just going to make that a prayer for missionaries, or do you think that we ought to make it a prayer for ourselves also?

BMS STAMP BUREAU — SPECIAL NOTICE

Our appeal for stamp collections in the January issue of the 'Herald' caused some confusion, for which we apologise. We were appealing for complete collections suitable to sell by retail to collectors. Only these should be sent to the Retail Sales Dept., 3 Barnfield Crescent, Wellington, Telford, Salop TF1 2ES.

Stamps collected from every day mail, which are always needed and are sold in bulk, should be sent to the Kiloware/Sorting Dept., 77 Hurst Park Avenue, Cambridge CB4 2AB.

We would like to thank those who recently sent stamps in, we rely heavily on them and the more the better. Please continue sending them to Cambridge.



Working in Zaire



Jane and David Knight were contemporaries at Reading University and both became Christians in their first year of studies. They met through a mutual interest in Zaire and felt challenged by the opportunities to work and share their faith in Central Africa.

David spent ten weeks as a volunteer on the agricultural project at Tondo and returned to Britain to share his enthu-

siasm with Jane. She had already been accepted by the Society as a single missionary bound for Lower Zaire, but they soon discovered that this was a life and work which they wanted to share together.

They were married in December and left for Zaire in January. David is an assistant on the agricultural project and Jane is a French-English teacher in the local school.

ALSO going to Zaire is Allison Isaacs. She is a native of Swansea, but had no real Church connections there apart from Sunday School. She became a Christian whilst studying geography at Manchester University and as the result of a mission organized by the Christian Union in 1978.

'The rest of my life has been spent trying to come to terms with what that meant,' says Allison. 'After University I felt God was leading me into social work. I worked for a branch of the National Children's Home for two years with a group aged between 13 and 17 years. It was hard work at times, but rewarding and I learnt a lot.'

During this time Allison studied to gain further social work qualifications, but she began to wonder whether she was following the right course. 'I felt that God was closing that particular door.'

'I thought a year working on a "Kibbutz" or something similar would help me to see the way ahead, and while planning that year the BMS kept "popping" up! What started off as a short term commitment became a long term one. I felt that if I'd said, "a year's your lot, Lord," I'd have limited God. So I gave an open-ended offer.'



The last two years for Allison have been spent in training for church work — one year at Selly Oak and one year working for her home church, Mount Pleasant Baptist Church, Swansea, and for Cannon Street Memorial Baptist Church, Handsworth, Birmingham.

'I feel very certain,' she says, 'that this is the area in which God wants me to move, and it's been fascinating to see how He's already prepared me for work at Upoto, in Zaire. I was, for example, interested in soil science at university. I hope that will mean I have a blooming garden! Having been a vegetarian for three years I at least know how to cook lentils and millet!

Re-opened

THE Shipu Church in Guangzhou (Canton), China, re-opened on December 25 with a special Christmas service.

Formerly a Methodist church, it was used as a primary school during the Cultural Revolution. After several efforts to find other facilities for the school,

the church property was returned to the Guanzhou church authority.

Mai Huixin is in charge of the church. She was formerly a Baptist who used to teach religion and student psychology at Peidao Women's Seminary.

Large print

HERE is some good news for those with bad eyesight. The biography of Dr. Stanley Browne, *Mister Leprosy* by Phyllis Thompson, is now available in the Ulverscroft Large Print Series. Why not ask your

local library to order it?

The third reprint of *Mister Leprosy* is now sold out, but a few copies are still available at the Leprosy Mission, 50 Portland Place, London W1.

Reconciliation call

THE National Christian Council of Sri Lanka has issued a call for national reconciliation in a five point programme outlined earlier this year.

According to the council, national reconciliation requires:

— 'a massive act of co-operation from all persons and groups who are ready to place the unity of Sri Lanka and its peace above all ethnic and other political

partnership.'

— 'the encouragement of inter-ethnic and inter-party activities for peace and goodwill under the auspices of religious and other local organizations.'

— 'opening-up and accepting all opportunities for honest dialogues.'

— 'eliminating all elements of communalism and racism in

our education system' and

— 'renouncing all forms of violence in the settling of conflicts, including violence of attitude and speech.'

The statement also expresses support for the government, 'as it seeks to meet the grave situation' and thanks to the World Council of Churches and other Christian agencies 'who have shown concern for our

nation's need at this time'. The statement was made in the wake of last year's inter-communal violence involving the minority Tamils and the majority Sinhalese.

About nine percent of Sri Lanka's population is Christian most people being Buddhist. The National Christian Council includes Baptists, Anglicans, Church of South India, Presbyterians, and the Salvation Army.

EPS

Out of Work

THE government Planning Institute in Brazil has admitted that one out of every five Brazilian workers is unemployed. Out of a population of 125 million and a labour force of 45 million, 22 percent, or 10 million workers are out of a job.

The Institute warns that if the government's free market economic policies are not modified the number of unemployed could reach 14.5 million by 1986. It urges the adoption of emergency measures to create new jobs.

If the situation is allowed to worsen, the report predicts, social turmoil will continue to plague the country. The Institute feels that present policies are producing unjust social effects among the poorest Brazilians, who have suffered a drastic reduction in their standard of living and alarming increases in infant mortality and contagious diseases.



DURING the Cultural Revolution in China, 1966-69, many homes were searched and private property was confiscated. Among the items which were taken were foreign and religious books as well as many Bibles. Many were destroyed at that time, but some were put into storage. Now, in order to put things right, the authorities are returning items to their rightful owners. Many copies of the Bible have already been given back, but many more are still waiting to be claimed.

Even so there are not enough copies of the Bible to satisfy the needs of the growing Christian community in China. Whilst visiting China with the British churches' delegation late last year BMS General Secretary, Reg Harvey, was able to see some of the 1,300,000 Bibles printed by the China Christian Council to provide for that need. Here some are pictured in a warehouse ready for distribution.

TALKBACK



WHAT OUR
READERS ARE
THINKING

Thank You



Joan Parker works at
Bolobo, Zaire

From Joan Parker

ARRIVING back in Britain just before Christmas, several hours late due to strike action in Brussels, tired and cold, my weariness soon melted in the warmth of the welcome home I received. Yes, my minister — together with friends — was there at Manchester Airport to meet me, a natural sequence to the great send-off I'd had when I returned to Zaire over a year previously, and to the constant flow of letters keeping me informed of happenings at home and assuring me of their loving prayerful support all the time I was away. Later that evening, other friends called round, eager to know just how it had

all been with me.

During my short stay at home, I've spent a considerable amount of time travelling around to visit scattered family and friends, and it's been good to be able to take advantage of the open door I know has always awaited me at the Manse and other homes of Church members, plus offers of very practical help as needed. I thank God for those ministers, their wives and church fellowships who are so supportive to missionaries, and that I am one to be thus blessed.

One of my visits has been to the parents of a missionary colleague. Retired, unable to get about as easily as before and not Baptist, they told me

how thrilled they had been to receive a visit from the minister of their son's church. What a blessing and encouragement it had been to them, and the knowledge that the church cares for his parents will be a comfort to my colleague and his wife. Here is another way the churches at home can actively support their missionaries.

Thank you — all of you who *do* show in these ways that you care and that the World Mission of the Church is important. I go back to Zaire confident in the assurance that I share His work with you all.

JOAN PARKER

Leeds

Becoming Too Blasé

From R J Radley

I refer to Rev Mawson's letter regarding the film *the Spreading Flame* in December's *Herald*.

It is fair, I think, to point out that the film, limited to approximately one half hour's duration, is intended as the latest in a sequence of films from which a more comprehensive picture of the Brazilian scene does emerge.

Brazil is a country of contrast. Anybody who watched programmes like 'Dimbleby Report' would have little doubt that the proximity of comparative opulence to total poverty has as much to say about the political turmoils there as the conflicting ideological activities of the so-called 'Super-powers'.

Rev Mawson implies that there is a tendency on the

part of BMS to descend to naivety in its presentation of the gospel impact. This may be so — he is better qualified to judge than I — but I feel that there is an equal danger of allowing oneself to become too blasé about it. The possible consequence is that the gospel loses its — unique impetus, based on a child-like simplicity, that is less a cerebral matter than an appeal to the 'heart'.

There are great dangers in pitching Christians — other than those directly called — too readily into the political arena. They might, through absence of political alternatives, find themselves forming allegiance ultimately at variance with their new-found faith.

If it is true that conversion to Christ must never lead to a private spirituality, it remains an intensely personal

experience that becomes more meaningful when related to the like experience of fellow Christians. It should issue in social and political concern, yes, but not necessarily in stereotyped commitments. These may be potentially divisive in their failure to treat of human beings as multi-faceted. Indeed the gospel balance has often been an invaluable antidote to fanaticism as history testifies. (One thinks of the Methodist counterbalance to revolutionary activity in Britain during the Wesleyan era.)

I share the concern for the preservation of that fascinating ecosystem the Brazilian forest. We must not however be too harsh on our Brazilian farmer felling his trees. At the risk of over statement might he not be likened to someone dipping a spoon into a dried-up water course and being

reproached for contributing to a national drought.

Two wrongs may not make a right but the prior concern is surely the activities of large-scale commercial enterprises, engaged in timber felling and supply. What is needed is a uniform conservation policy by the Brazilian Government, brought to bear on these enterprises in a manner that enables men, like our farmer, to fell timber without jeopardizing their environment.

I must not be hoisted on my own petard by forgetting to balance this with the need to create employment — and boost an ailing economy — that has put the Brazilian authorities into such a cleft stick over their forestry policy.

R J Radley

London

Ask Those Awkward Questions

From Clifford Cotterell

YOU invited comment on Andrew Mawson's letter in December's *Missionary Herald*.

Perhaps the crux of his letter lies in the closing paragraph which begs the officers of the Society to 'take a serious look at the work of the Society and ask radical and not cosmetic questions about its future'.

I have for a long time had had the uncomfortable belief that we Baptists have failed to grow up. Not so much in the things we do, or even in the things in which we believe. But in some ways far more seriously, we have failed to mature in the communication and examination of our work

and witness as Christians.

Our churches are full of experienced, educated, thoughtful, enquiring adults, anxious to be challenged and led into a dynamic expression of their living faith. Indeed they are! But our denominational literature appears to be directed towards a society which died out in the earliest post-war years – if it ever existed at all.

Certainly the work of Mission is changing, has changed. Irene Masters' superb reflection on the problems at Bolobo (December) presents a moving, thoughtful, disturbing, but very necessary backdrop to today's missionary questions. So called Liberation

Theology seems set to divide, because we seem afraid to expose the negative AND THE POSITIVE things it has to say about traditional missionary activity. The indigenous churches, with their own missionary activities, must be somehow integrated into the global missionary strategy. And if sometimes we have to stray into politics, so be it. We only follow the Master.

Yes, let's ask those awkward questions. Let them be radical and not cosmetic. And if it hurts – as well it may – then hopefully we can share the hurt together.

CLIFFORD COTTERELL

Hillingdon Park Baptist Church

SORRY

IT appears that the letter and the article which appeared in recent editions of the Herald and which we attributed to David Doonan were actually written by Eric Westwood in Cuiabá, Mato Grosso. We are at a loss to understand how the confusion arose, but offer our profound apologies to both friends.

The correspondence following the 'Postman Pat' letter has been encouraging and stimulating but we feel that we ought to draw it to a conclusion next month. We shall be pleased, however, to receive letters on issues concerning world mission and the work of the Society, but please, not too long!

No Dread Or Shame

From Alan Woodfield

I AM taking up your invitation in Talkback, January *Herald*, to comment on the small controversy which has arisen over Rosemary Williams' article 'Seeing Things From

The Other Side', in the November *Herald*. Unlike your correspondent, Mr Coles, I feel neither dread nor shame at its inclusion in a Baptist magazine, nor does the photograph of the mosque in Regent's Park, London, worry

me.

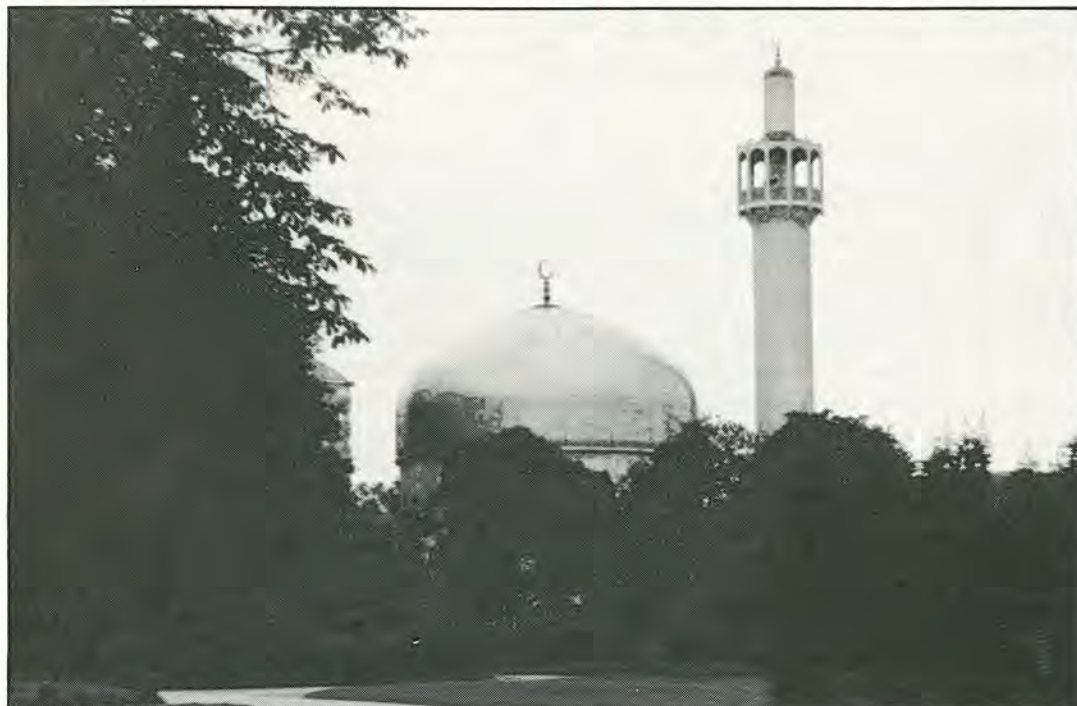
As you suggest, it looks as though Mr Coles is confusing knowledge and awareness with compromise and appeasement. Simply trying to find out what other religious

people believe and practice, and more importantly, really trying to understand what it is that gives vitality and persistence to their faith is an honest, helpful, sensible and essential preliminary for our conversations, intelligent prayers and witnessing.

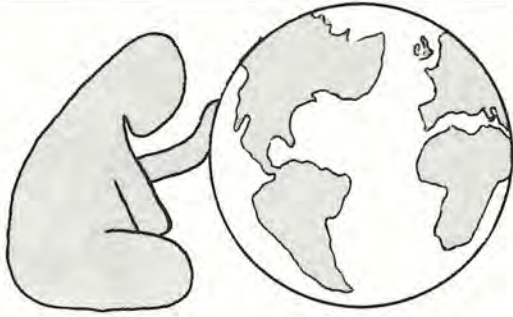
In R W F Wootton's little book, *Jesus, More Than a Prophet*, containing the testimonies of fifteen Muslims who are now Christians, it was loving example, acceptance, patient understanding, sympathetic awareness and friendly approaches on the part of Christians that accompanied their conversions, not ignorance, fear, hostility or dismissive scorn. No less a Baptist missionary than Carey himself began this Christian, understanding approach with his work on translating the great Hindu epic, the *Ramayana*. Of course, we could suppose Carey was punished for it by the Serampore fire!

ALAN WOODFIELD

London, SE23



Mosque in Regent's Park



CALL TO

PRAYER

1784 - 1984

India – Calcutta, 24 Parganas, Serampore and Bishnupur 1-7 April

WHEN Keith Skirrow retires later this year there will no longer be a BMS missionary on the staff of Serampore College, although this does not take away the Society's concern for the work there. Today there are 1,200 students at the college, who have come from many parts of India to study in the departments of art, science and theology. 350 students sit for the degree examination in theology every year, and many of India's church leaders today were educated at Serampore.

In Calcutta, Lt Col George Koshy is also about to retire after giving sterling service as the person responsible for legal and property matters for the mission. The Bengal Baptist Union continues to maintain a witness in the life of the churches in spite of many problems. To the South of Calcutta in the delta area of the 24 Parganas District Union there are also problems because of lack of leadership and pastoral oversight.

Dinajpur District Bangladesh 8-14 April

A NEW hostel master has just been appointed at Dinajpur. It will not be easy for him since the hostel superintendent and school headmaster Hemendra Marandy and his family will be in the Philippines until December. Frank Mardell has been overseeing the hostel work, but is now on furlough. When he returns to Bangladesh he will be based in Dhaka as Secretary for Missionary Affairs.

This month another Women's Leadership Training camp will be held at Mullickbari, Dhaka district. Jacqui Wells, based at Ruhea, is responsible for women's work in the district and will be teaching at the camp. Also at Ruhea is Dr Suzanne Roberts responsible for the clinic where there is a new nurse and laboratory technician.

Valerie Hamilton works with the Sunday School organizers in each district, which means endless travel and many conferences and camps.

Bangladesh – Rangpur 22-28 April

CHURCH relations at Rangpur are not very easy. Tensions exist, especially after some very difficult problems last year and the resignation of the Area Secretary. We praise God that some are beginning to see a real need for reconciliation and are also beginning to understand its meaning. Others are also beginning to realize the relevance of Bible study for the first time.

Gwyn Lewis, as General Pastoral Superintendent of the Bangladesh Baptist Sangha, spends a lot of his time touring all over the country encouraging and advising. Based at Rangpur he has had to exercise a great deal of Christian understanding and love in what for him have personally been trying times.

Chuni Mondal, who remains responsible for youth work in the BBS, has moved to Rangpur to work as a pastor. Remember him as he settles there with his wife and baby. Also remember the follow up of the New Life Convention recently held in Khanjanpur.



Nepal – UMN Education Board 15-21 April

ONE of the three boards into which the work of the United Mission to Nepal is divided is that concerned with education of both children and adults. Richard and Heather Cameron are working at the Pokhara School where Richard teaches maths. The Government has asked the UMN to help build up the standard of this school, which it is trying to do.

In the west of the country is Jumla and the Karnali Technical School where Allan Davies is concerned in building trade

instruction. This involves students developing their skills in various village projects. A certain amount of local opposition has recently been overcome after a visit by King Birendra to the school convinced people of its importance. Operation Agri support this project.

Glenys Walker is teaching in a village school at Jumla, and Karen Rodwell is based at a school in Okhaldunga, but is also doing some non-formal education.

MISSIONARY MOVEMENTS

Departures

Rev G & Mrs Wieland on 26 January to Campinas, Brazil

Rev P M & Mrs Goodall on 18 February to Colombo, Sri Lanka

Dr A & Mrs Hopkins & family on 19 February to Pimu, Zaire

Mr & Mrs M King on 21 February to CECO, Kimpese, Zaire

Arrivals

Rev P & Mrs Cousins & family on 16 January from Sinop, Brazil

Mrs R Mardell on 11 February from Dinajpur, Bangladesh

Miss B Earl on 14 February from Pimu, Zaire

Miss A Horsfall on 14 February from Kisangani, Zaire

Deaths

On 5 February, **Rev Wm Tudor Morgan** (Delhi 1945-75) aged 67

ACKNOWLEDGEMENTS

The Secretaries acknowledge with grateful thanks the following legacies and gifts sent anonymously. (9 January-6 February 1984)

Legacies

Mrs A Brown	£	p
Miss G V Casselli	401.27	160.00

Mrs G C Chapman	682.37
Mr B Q Davey	250.00
Mr B Q Davey (Agricultural work)	250.00
Mrs H C M Hamlin	13.33
Mr A G Horne	500.00
Mr P C Houston	250
Mrs A Lievesley	1,000.00
Miss W Newton	5,815.24
Miss J M S Parker	697.35
Miss M A Peers	300.00
Miss E M Rickman	22.00
Brenda May Seckington	50.00
Mrs B G Slade	1,000.00
Mrs M Tavener	50.00

General Work

Anon (Cymro): £65.00; Anon (FAE-Aberdeen): £20.00; Anon: £2.00; Anon: £6.00; Anon: £20.00; Anon: £5.00; Anon: £20.00; Anon: £50.66; Anon: £5.00; Anon (Friend in Scotland): £10.00; Anon (Carmarthen): £5.00; Anon: £5.00; Anon: £200.00; Anon: £17.00; Anon: £1.00.

BAPTIST HOLIDAY FELLOWSHIP 1984

Enjoy your holiday in Christian Fellowship, with experienced Leaders and Hosts.

At the time of going to press we still have some vacancies on the following Tours:

26 May-2 June	Falmouth	Rev Douglas Monkley
16-23 June	Llandudno	Rev Ralph Maycock
15-25 August	Oxford (Regents Park College)	Rev Edward Smalley
1-8 September	Lake District	Pastor Philip Boreham
30 July-5 August	EBF Congress - Hamburg	
30 July-11 August	EBF Congress - N Germany	Rev R Rivers
30 July-11 August	EBF Congress - Copenhagen	
16-26 August	Oberammergau/Italy	Rev Neil Hall
1-15 September	Romania	Rev Philip Campion
4-13 September	Oberammergau/Austria	Rev Ernest Forward

THROUGHOUT SEASON - WESTHOLME, MINEHEAD

Our own seafront hotel, comfortably furnished, high standard of catering, guests' laundry room, games room, own car park.

NO INCREASE ON 1983 CHARGES. Our rates for young families are second to none. All Accredited Ministers receive 20% reduction. Special Senior Citizens' fortnight 1-15 September.

Special BMS Week 15-22 September. (An opportunity to learn more of the Society's work.)

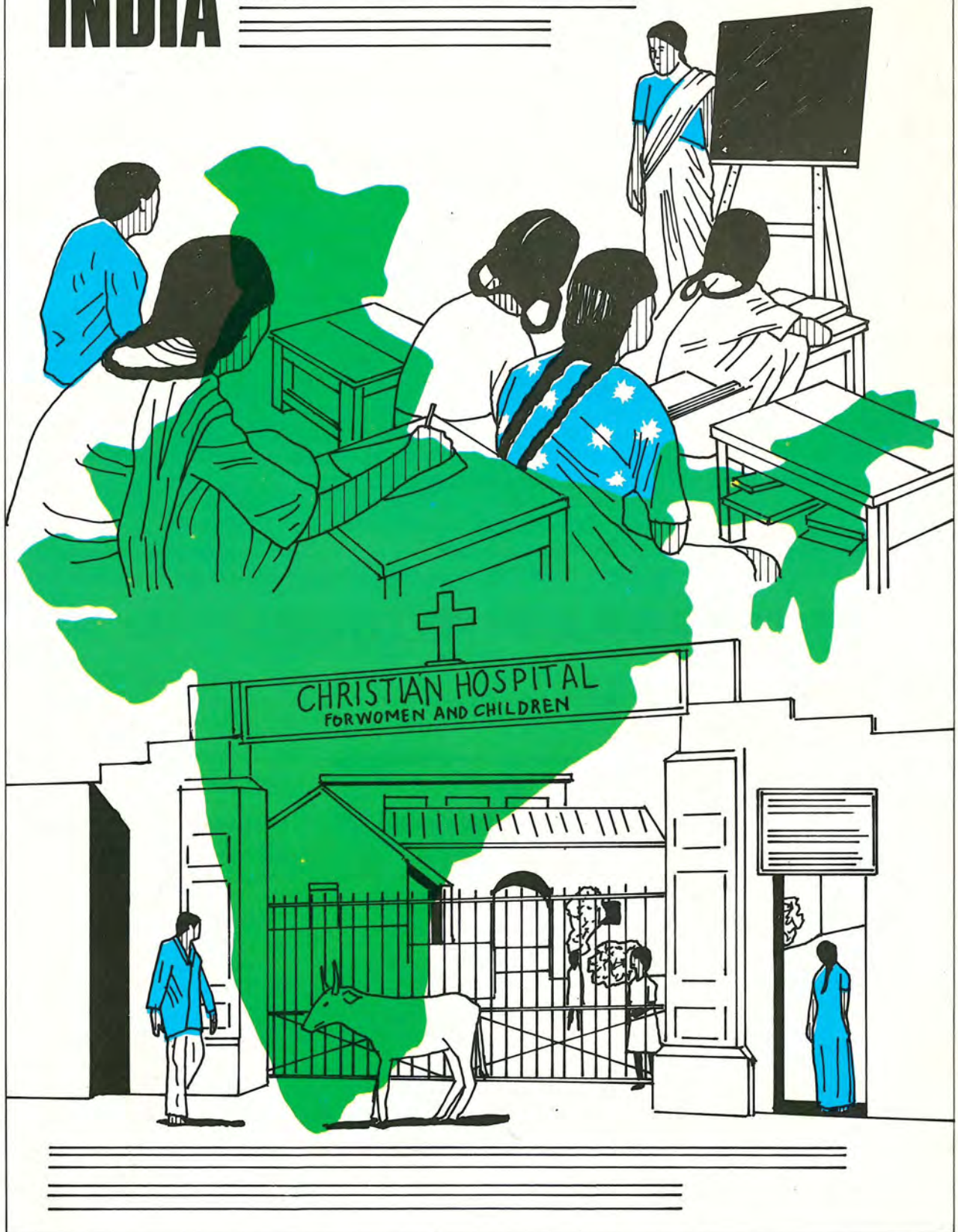
Garden Heritage Week - 26 May-2 June - visit some of the great gardens of Devon and Somerset - Stourhead, Montacute, Knighthayes, stay for the week or for 2 or 3 days. Leader: Mr David Rutland (Chief Commissioner - Baptist Men's Movement)

HOLIDAY FLATS, MINEHEAD

By the sea, near the shops, sleeping 2-9 persons. Spacious, well-equipped, with colour TV. Available 19 April-November. 10% reduction for Accredited Ministers.

Please write for Brochure to:
Baptist Holiday Fellowship (MH), 1 The Esplanade, Minehead, Somerset.

THE BAPTIST MISSIONARY SOCIETY IN INDIA



How can you be a True Partner in the work of the Churches in Asia?

Material to help you, including the poster above, can be obtained from:

Baptist Missionary Society, 93 Gloucester Place,
London W1H 4AA Telephone: 01-935 1482