

MISSIONARY

HERALD

THE MAGAZINE OF THE BAPTIST MISSIONARY SOCIETY

APRIL 1985 20p

HEALTH FOR ALL



Chandraghona Hospital, Bangladesh

Editorial Comment

ONE of the difficulties of presenting material in the *Herald* is that we cannot present all of what BMS is doing all of the time. We need to focus our attention on particular aspects of that work. This month we are looking at some of those areas in which the Society is involved in health and medical work. 'But where's the Gospel in that?' someone says. 'Where are you challenging people with the good news of the crucified and risen Christ? Surely that is what a missionary society should be doing!' Another criticism we hear is that our work seems to revolve too much around institution and not enough around people, although how you can have institutions without people is not all that clear.

Perhaps as you read through these pages it will become clear that it is possible to be involved in a 'speciality' and still show people the reality of Christian love. The Under Fives' clinics based on Chandraghona are bringing ordinary families into contact with dedicated, serving, committed Christians who then are presented with many evangelistic opportunities.

Then there is the story of one of our newer missionaries, still struggling to communicate in the Nepali language, but caring deeply about expressing her Christian faith and love by example. Nepal is a constant reminder to us that you don't always have to 'preach' in order to evangelize. In that country there is a growing, lively, but very young church, even though it is forbidden to seek to change another's religion.

But Dr Stanley Browne sums it all up when he talks about the forgotten element in health care – the spiritual factor. We praise God that the medical fraternity is rediscovering the spiritual, but the BMS has never lost it. It is there in our medical, agricultural, educational as well as our evangelistic and church work. All of our missionaries are committed to Jesus Christ and his work and because of their endeavours in partnership with the churches overseas many are still coming to a saving knowledge of the Lord.

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Tel: 01-935 1482

General Secretary
Rev R G S Harvey

Overseas Secretary
Rev A T MacNeill

Editor
Rev D E Pountain

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Miss J A Maple

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APRIL 1985

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We share in the work of the Church in:

| | |
|------------|-----------|
| Angola | Nepal |
| Bangladesh | Sri Lanka |
| Brazil | Tanzania |
| India | Trinidad |
| Jamaica | Zaire |

Meeting today's health needs in Bangladesh

WHAT'S NEW AT CHANDRAGHONA?

by Robert Hart

THE story of the medical mission at Chandraghona, on the edge of the Chittagong Hill Tracts, started in 1907 with a small dispensary on the banks of the Karnaphuli river. The first leprosy patients arrived in 1913, and were allowed to settle on a nearby hill

as there was no treatment available for their disease. From such small beginnings the work has developed, under the hand of God, to a 120 bedded busy Christian Hospital, largely staffed by national Christian workers, and offering a comprehensive service

to those in need. The leprosy programme has steadily expanded, and there is exciting news to report.

A New Name

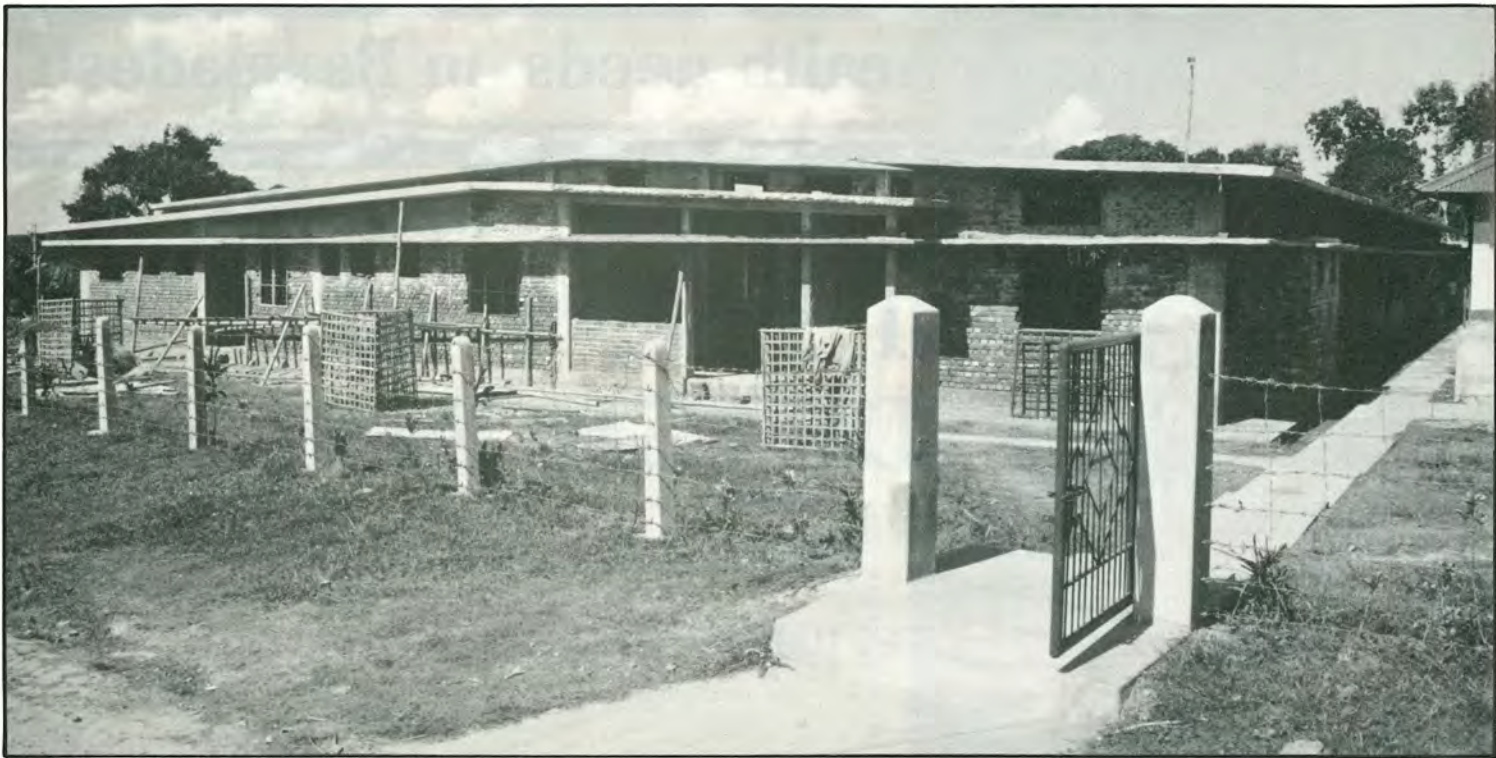
The leprosy colony on the hill became the 'Leprosy Home and Hospital'. In recent years the name has been changed to 'Christian Leprosy Centre'. This new name reflects the Christian basis of all our work, and also more accurately describes the network of ten out-patients' clinics centred on the Leprosy Hospital at Chandraghona.

New Treatment

Dr Teichmann wrote in 1920, as he began to use Chalmugra oil injections, 'A new day has dawned for Leprosy patients'. Unfortunately his enthusiasm was premature, as it was many more years before effective treatment became possible with Dapsone. We have now introduced 'Multi-Drug Therapy' as recommended by WHO to provide more rapid and certain cure of the disease. All new patients are started on two or three drugs together, and if they take treatment regularly, may be cured in as little as six months. Those with more advanced disease and



Inside the new leprosy hospital



The New Leprosy Hospital

deformities may need physiotherapy, reconstructive surgery and special footwear to help them return to a normal life. There is indeed new hope for leprosy patients today, and the message is passing around Bangladesh that leprosy can be cured.

New Staff

After two years without a Treasurer, when the doctors have had to carry this responsibility, we have now welcomed David Kerrigan to oversee the financial side of the work. His wife,

Janet, is a nurse, and will help in our programme as family responsibilities allow.

A Japanese Christian doctor, Kentaro Hatano, is at present completing leprosy training and language study, and will then be appointed full-time medical officer for our leprosy programme. This will involve hospital work including surgery, and regular visits to the out-patients' clinics to supervise the work of our paramedical workers. A young Bengali Christian doctor, Bernard Sarkar, is also giving part of his time to the leprosy work.

Our team of paramedical workers is growing as we send young Christian men for training, and post them to clinics in the Chittagong urban area. David Baidya started work in October 1984, and David Biswas will be appointed this year.



This is the bus that the BMS Young People are raising money for. It will be used to give access to areas for out-patient clinics

A New Vehicle

Thanks to those who are raising money for the BMS Young People's Project, we are now able to Reach Out more effectively to those in need in the vast area of Chittagong and the Hill Tracts. After six years continuous use, on pot-holed Bangladesh roads, our old

vehicle was in a very bad state. This has now been replaced by a new diesel van, which is more economical and ideal for taking the team to out-patients' clinics, and bringing patients back for hospital admission where necessary. Our clinics are all held in government hospitals and health centres, including the medical college in Chittagong. We plan to concentrate our efforts on finding the many 'hidden' patients in the Chittagong area, and getting them on regular treatment.

A New Hospital

After many years of hopes and dreams, prayers and plans, our new Leprosy Hospital is almost complete, and will be opened on 16 April. Purchasing and importing equipment will continue for some time because of the formalities involved. The existing buildings on Leprosy Hill will then be adapted for a new use. We thank God for His blessing throughout the period of building, for David Wheller and his skilled team, and pray that this will be the beginning of a new era of hope for those with leprosy.

A New Church

As some of those living on the Leprosy Hill came to faith in Jesus Christ, a Church was established and built up. There is still a live fellowship made up mostly of those in permanent care, or ex-patients who have settled nearby. We often see Muslim, Hindu and Buddhist patients in the Church services. To make this easier, we plan to use an empty staff quarter adjacent to the new Leprosy Hospital as the new church building. Please pray for the pastor, Rev Tophon Sarkar, that the Gospel may be clearly proclaimed, and that many may respond.

We thank God for all that He is doing at Chandraghona, and ask you to join your prayers with ours, that new life may come to many through the Leprosy work.

SERVING THE COMMUNITIES AT CHANDRAGHONA

How the hospital serves tribal, Hindu, Muslim, Buddhist and Christian people

SOME think the aim of a Christian hospital is to treat Christians. In fact, from its beginning the aim of the hospital at Chandraghona has been to serve the tribal people of the Chittagong Hill Tracts. These are animist or Buddhist hill people, and relatively few have become Christian. They speak a variety of languages, and the tribal dress is distinctive and colourful. Dr Teichmann did extensive tours in the hills, and even made an annual trek to Serkawn in Mizoram. In this way he reached patients who would never be able to come to the hospital.

In recent years the political situation has prevented foreigners from entering the Hill Tracts, and it is not easy for the tribal people to come and go to Chandraghona. However, we still have some tribal people coming for help, but many more must suffer at home unable to reach us. Those who do come travel for days, sometimes carried on a bamboo bed or in a basket or deckchair. Those arriving are often in very bad condition after injuries such as falling from trees, mauling by bears or wild boars, but they are a tough people, and often survive in spite of our fears. Another common problem is stones of the kidney or bladder, due to lack of drinking water in the hills, and this can affect even small children. It is a joy to help these independent tribal people, and to share something of the love of Christ with them.

As the number of tribal patients reaching Chandraghona has declined, so the number of Bengalis from the plains has increased – so much that the out-patients' department is often crowded and noisy, and there are extra beds in the wards. Most of these are Muslims. Many more Muslim women have been encouraged to come by the presence of Dr Reba, our lady doctor, and it has not been so easy for the male doctor, who has replaced her during this last year. Muslims are very religious people, and it is not uncommon to see patients at prayer in the hospital corridors or on their beds.

Through Dr Swehlamong Chowdhury, our Medical Superintendent, the hospital has good relationships with the local Muslim and Hindu communities as well as the tribal people. Dr Orissa Taylor wrote at the beginning of the work at Chandraghona: 'There are many interesting stations, but none, if any will offer a more manifold field for usefulness and work than Chandraghona, touching as it does both the men of the hills and those of the plains.' And so it has proved.

Closely Watched



Sue and Kin Liu, BMS missionaries serving with the United Mission to Nepal, are working at Patan hospital not far from Kathmandu. Sue is a nurse and Kin is a laboratory assistant.

Sue Liu tries to teach baby care by example

'HONEY. Honey, minsaab. Do you want any honey?'

The sun was blazing down as two women came to Sue and Kin Liu's door in Nepal. One of them was an oldish woman, carrying an aluminium jar on her head. The younger one was carrying a load in front, securing it with an old shawl.

'How much is a *mana*?' Sue asked. A *mana* equals, roughly, a pint. At that time the shops in Kathmandu were out of sugar as well as kerosene and many other things, because a bridge on the road into India had been washed away. So anyone selling honey was welcome.

As she bought the honey, Sue took a closer look at the younger woman's bundle. A pair of big, dark, but shiny eyes looked out at her.

'Who's that?' she asked.

'My son!' The woman unwrapped the baby and laid him down on the lawn. The figure of the baby nearly made Sue turn her head away. It had the typical look of an undernourished child. The two big eyes were sunk back into the skull. The limbs had no more than skin covering the bone. The head seemed large. There was a disproportionately big tummy and a chest that revealed all its ribs. In all, he

could only have weighed five pounds and measured 18 inches. He looked very feeble and had a hungry look.

'How old is your baby?'

'Three months,' the young woman whispered, seemingly ashamed of her answer.

'What do you feed him with? Do you breast feed?' Sue enquired.

'No. He doesn't like it.'

Then the older woman took a baby bottle from her pocket. The bottle, teat and lid were all smudgy.

'He likes this.' As she spoke she put the bottle into the baby's mouth and he sucked greedily.

This worried Sue. A tin of baby milk powder costs nearly 40 rupees and, if it is fed properly, it only lasts for four to five days. It is an expensive item for a Nepali whose daily wage is probably no more than 30 rupees.

'By the look of it she does not clean the bottle properly,' Sue thought. 'How can she clean and sterilize the bottle if she is out most of the day. On a hot day like today any germs in the milk will multiply and give the baby diarrhoea.'

'Your own milk is the best food for your baby,' Sue told the young woman. 'You should eat good food and drink plenty. A nursing mother needs to drink a lot.'

As she was talking Sue sat down and began to breast feed her own baby, Cherk Yun. She remembered some of the difficulties she had experienced when Cherk Yun had breast milk jaundice and Sue had started to bottle feed her. After seven weeks of such feeding she took United Mission to Nepal advice and went back to breast feeding. This was partly because of the difficulty of getting milk powder, partly for health reasons, and as a witness to the Nepali mothers.

It was not an easy transition back, and often Sue was in despair because her baby did not seem to be getting enough nourishment.

'Have I made the right decision?' she wondered. But she persisted, and gradually Cherk Yun got enough food from her mother's milk and some of the solid food she was beginning to take.

'You breast feed your baby?' the young woman asked in surprise bringing Sue back from her memories.

'Yes I do.'

'I told you so,' said the older woman. 'For generations we fed our babies with breast milk. And look, even this lady feeds her baby with it and her baby is so big!'

Sue discovered that the baby boy often suffered from diarrhoea. Something which claims the lives of many babies in the Third World. Sue tried to persuade the mother to breast feed, and asked her if she could call again so that she could give more advice and encouragement. But she lived a long way off and a return trip was impossible. So she gave the women

some money and said goodbye.

As Sue sat down that night she thought of what had happened. She was glad that she had made the decision to breast feed her own baby. She was also glad that she could explain things to the women in Nepali with the UMN guidelines in her mind: 'For Nepali infants mother's milk is often the only lifeline . . . foreign women, with healthy infants, are closely watched by Nepali women for indications on how to rear such healthy children.' Breast feeding can be a part of Christian service and witness.

Yet Sue continued to worry: 'If the baby is kept on the bottle he will get ill. But if the mother puts him back on breast milk only, the baby will not be fed enough. Either way the baby's life is threatened. Why didn't I suggest that the baby be taken to the hospital? Why didn't I suggest that she spoon feed the baby. At least it is easier to clean and sterilize. I could have done better. Lord forgive me.'

**The post of
Principal
of
St Andrew's Hall
Missionary Training College
Selly Oak, Birmingham**

**will fall vacant on
1 September 1986**

**Further information regarding
applications for this post can be
obtained on request from**

**The Secretary to
St Andrew's Hall Council**

**Rev A T MacNeill, MA
c/o Baptist Missionary Society
93 Gloucester Place
London W1H 4AA**

**The closing date for applications
is 30 April 1985**



**BAPTIST UNION OF GREAT BRITAIN & IRELAND and BAPTIST MISSIONARY SOCIETY
1985 NOTTINGHAM ASSEMBLY**

15th — 18th April 1985

“OUR CONTINUING MISSION”



| MONDAY 15th APRIL | TUESDAY 16th APRIL | WEDNESDAY 17th APRIL | THURSDAY 18th APRIL |
|--|--|--|--|
| | 9.15-10.10 Bible Study (Rev. Dr. R. Brown) 10.15-11.00 Coffee 11.15-12.30 THIRD SESSION Missionary Sermon (Bishop Lesslie Newbigin) | 9.15-10.10 Bible Study (Rev. Dr. R. Brown) 10.15-11.00 Coffee & BMS General Committee 11.15-12.45 SIXTH SESSION Public Issues | 9.00-10.15 Seminars (see list) 10.30-11.15 Coffee & Baptist Union -Council NINTH SESSION 11.30-12.45 Bible Study and Holy Communion Assembly declared closed (B.U. President — Rev. N. Wright) |
| 1.00 LUNCH | 12.45 LUNCH | 1.00 LUNCH | 1.15 LUNCH |
| 2.30-4.00 FIRST SESSION Assembly Declared Open (BMS Chairman - Rev D. Mucklow) Celebration - (Rev. C. McCarthy & others) 4.15 Tea 4.30 BMS Medical Meeting BU Departmental Meetings Baptist Historical Society | 1.45 College Reunions 2.45 BMS Women's AGM Seminars and some other meetings (see list) 4.00 Tea 4.30-6.00 FOURTH SESSION BMS Business | 2.15 Baptist Assembly Women's Rally Pastoral Session (BMF) 4.00 Tea 4.30-6.00 SEVENTH SESSION BU Business | Other meetings:— Seminars on Tuesday: 1. Music in Worship 5. Youth/Education 8. Working Ecumenically 9. Evangelistic Ventures 10. Use of Premises—Churches 11. Local Radio. Press etc. 12. Healing 13. Social Rehabilitation 14. Stewardship |
| 6.15 DINNER | 6.15 DINNER | 6.15 DINNER | Other meetings on Tuesday:— Baptist Men's Movement Lay Preachers' Federation |
| 7.30 SECOND SESSION “OUR CONTINUING MISSION” Induction of President Announcement of Vice- President. Commemoration Recognition of Ministers Presidential Address | 7.30 FIFTH SESSION “OUR CONTINUING MISSION — in the Local Context” Baptists & Inter Church work Youth and The Church Address - Rev Clive Calver | 7.30 EIGHTH SESSION “OUR CONTINUING MISSION— Worldwide” 9.15 BMS Valedictory Meeting Late Night Meetings:- Baptist Peace Fellowship Mainstream Baptist Housing Assoc. Baptist Renewal Group | Seminars on Thursday: 2. Effective Leadership 3. Nurturing New Converts 4. Use of Homes 6. In a Divided Society 7. In a Multi-racial Society 15. Overseas Commitment & Twinning |

*Sometimes the church is caught
between traditional and
modern medicine*

by Katie Alexander



TRADITIONAL MEDICINE

**‘You
missionaries
think you
have all the
answers. You
want to give
but not to
take’**

WE were sitting in a little village church about 18km from Pimu when David had a fit. Until then he had been a perfectly well four month old. The fits became very frequent, but the cause remained unknown. Tests proved negative and there was no response to the drugs tried. Within a matter of days we knew that we had to leave what had been our ‘home’ for years and bring David back to the UK for investigations and treatment. We had no choice – or had we?

Our Zairian friends thought that we had. They assured us that the type of fits which David was having were common amongst their children and were caused by the mother eating something, which passed to the baby through breastmilk causing an ‘allergic’ reaction. There were local folk, including a village catechist, who knew the cure. This involved determining whether it was fish or meat which had caused the reaction, and drinking a secret concoction which would produce a reaction in the mother. The healer would then know which treatment to give – again, a drink taken by the mother which would pass to the child.

Local remedies

We thought very seriously about trying

this local remedy. Several years previously, when I had a fungal infection on my legs, I used a fungicidal cream on one leg and a local treatment, made of pounded leaves of a local plant, on the other and it was that one which cleared up quickly.

Whilst working in the Maternity ward and surprised by the quick labours of many of the girls having their first babies, I discovered that they sucked a ‘seed’ under their tongues to help contractions. In Pimu snake bites are treated locally, so is infective hepatitis. One could argue that most snakes are harmless anyway and that there is no specific treatment for hepatitis but . . .

Those of us at Pimu at the time will never forget the bald chauffeur who arrived at the hospital with a nasty gunshot wound – he had an infected open fracture of the tibia and fibula and there was evidence of gangrene. He was told that the leg would have to be amputated to save his life. His family were adamant – amputation was not acceptable. So they took him away from the hospital to be treated by a village catechist. I used to see him each month and marvelled as I watched the wound heal and the fracture mend and now that man is driving a lorry again. Where Western medicine failed, the local treatment saved not only his life but also his leg.

Of course there are the failures and so often people bring the sick to the hospital as a last resort and often too late — having tried local treatment in some form.

Let me make myself clear here. There are two types of local treatment which are open to Pimu folk. There are the traditional healers who have the cure for a specific illness or injury — a cure usually handed down from father to son and a guarded secret. This is the type of treatment I am referring to — not the methods used by the witchdoctor, who is also very active around Pimu and calls on the spirits of the ancestors and practices sorcery. No way can a Christian hospital liaise with him.

Co-operation?

But wouldn't it be good if the hospital and local healer could share their knowledge and experience to help in their ministry of healing the sick. At Pimu all closed fractures, sprains and so on are treated by the local bone setter in whom the local population has every confidence despite the fact

that treatment is often very painful. As one of our nurses once said, when trying to persuade the doctor to let him have some Pentothal, when going for treatment locally, 'The skills of the bone setter plus the anaesthetic of the hospital would be the perfect answer.' As it is, most people have a good long drink of palm wine before submitting to the treatment!

But back to our dilemma — should we have tried the local treatment to stop David's fits? Would it have undermined the local population's confidence in the medical work at Pimu hospital to see a missionary having to go elsewhere for help? Or would it have drawn us closer together to see us accepting something which they could offer to help our baby? Could we trust the healer not to give an overdose nor to give something which might produce nasty side effects — after all, it was a treatment which had never been analysed and controlled scientifically?

Too risky

In the end after much prayer and discussion with our missionary friends

and our Pastor, we decided the risk was too great and despite the fact that we hurt many of our Zairian friends we came back to England. We left Pimu with the words of a dear pastor friend who had made a long journey to Pimu to say goodbye to us, ringing in our ears, 'The trouble with you missionaries is that you think that you have all the answers — that your medicine is superior to ours — you want to give but not to take.'

A year later — unable to return to Pimu because of David's continuing problems, despite the fact that he has lived through many crises and has done far better than the doctors dared hope, we still sometimes ask each other, 'Did we make the right decision?'



The modern clinic for under-fives, but what about the old ways?

Improving the health



Sue Headlam

THE work of the Under Fives' Clinics, based on Chandraghona Hospital, Bangladesh, was started in 1973. The clinics were developed from a relief programme in which milk powder was distributed to poor people during the 1971 struggle for independence. Initially they were funded by World Relief but since 1982 half the cost has also been borne by Tear Fund.

The Director of the Under Fives' Clinic programme is BMS nurse, Sue Headlam, who has gained something of a world-wide reputation in the teaching of health care. She has written several handbooks. Although originally printed in Bengali, the World Health Organisation has taken an interest and they have been translated into other languages and are in use in Nepal, India, Ecuador, Africa and the Caribbean.

Booklets Sue Headlam has prepared



Sue is supported in her work by Miss Lily Chowdhury, a trained nurse, Mrs Khyang, clinic clerk and evangelist, Mrs Bishwas, who does a lot of health teaching, and a driver, Mr Authoi Manuar. The ladies are Christians and do quite a lot of evangelistic work in the hospital. The driver comes from a Buddhist family, but he has recently committed his life to Christ.

The clinics are held five days a week and last from 7.30 am until noon. Each afternoon the team give immunizations at Chandraghona hospital, and Saturday is used as a day of preparation for the following week.

The places where the clinics are held bear no resemblance to the purpose built premises we are used to in the west. In the town of Miriam Nagar, about five miles from Chandraghona, the clinic is held in the house of the town Chairman, a Muslim. But it gives the needed privacy from the stares of passers-by. Each Monday an ante-natal clinic is held there and each Thursday an Under Fives' Clinic.

The Tuesday clinic takes place in a disused government healthcare building in the town of Santiniketon, seven miles out of Chandraghona. Here again the clinic has the support of the town chairman. Local support is essential for the Under Fives' Clinic programme. New clinics are only opened at the request of the local community, and the community is

Health of a community



Photo right:
Measuring child for
progress



Photo left:
Teaching the
'Road to Health'
Chart

required to provide accommodation and furniture.

A 'Road to Health' weight-for-age chart has been devised to take into account the average weight of a healthy

Bangladeshi child. They are generally smaller than western children. On one particular day 105 children were brought to the Santiniketon clinic. Only eight of them had a healthy weight. One child, three years old, 'had the

weight and appearance of a six month old baby,' according to a visitor from Tear Fund. 'His large head lolled down onto his bony rib cage and his wide eyes stared reproachfully at me.'



Healthy baby, happy mum

Throughout all the clinics simple, clear health and nutrition teaching is given to the mothers. It is estimated that each clinic has a 'natural' life of about five years. After that time the numbers begin to dwindle as child health improves as a result of the teaching given to the mothers, immunization, and better nutrition.

Sue Headlam and her staff are planning to survey areas where clinics were previously held to see whether the earlier improvements in child health are maintained.

The programme is good. It is notably improving the health of the community around Chandraghona, building up a good relationship of trust, and presenting many opportunities for evangelism.



Healthy children – Healthy future, Under-Fives' Clinic, Bangladesh

'HEALTH FOR ALL' THE FORGOTTEN FACTOR

by Stanley Browne

THIS factor has been forgotten for far too long – neglected, overlooked, wilfully ignored.

At last, thank God, I can detect in various quarters some small indications that changes are imminent. It can't be wishful thinking, or wistful hoping – there are real straws in the wind.

This 'forgotten factor', now being recognized and discussed at high level and low, is the spiritual, the non-medical, the non-material component of health. Of course, the BMS medical work over the years has not forgotten the spiritual. Way back in the days of Dr John Thomas, William Carey's fellow-worker in Bengal, we see that



Teaching the mothers about Health Care, Under-Fives' Clinic, Bangladesh

medical work realized its aim in the practical commendation of the Good News of a Saviour's love. Krishna Pal, his dislocated shoulder reduced, was the first convert.

It is today very encouraging to see that on many sides people admit that the 'best-laid schemes of mice and men' may go badly wrong if the spiritual component is forgotten.

The World Health Organization at its General Assembly last year actually passed a Resolution inviting Member States to consider including in their health-for-all strategies a 'spiritual dimension'. Without this component, all such blueprints popularized under the slogan 'Health for all by the year 2000' will prove empty and impracticable. It is motivation that counts – in caring for the individual sick patient in a BMS hospital or in participating in the rural health outreach from Kimpese, in treating leprosy sufferers in Chandraghona or in teaching medical students in Vellore and Ludhiana.

Something else has happened recently. In Athens last October, I attended an international consultation sponsored by the Council for International Organizations of Medical Sciences under the title (believe it or not) of 'Health policy, ethics and human values'. One speaker after another stressed the importance of the moral and spiritual standards essential in the drawing up of health policies for countries of the Third World.

There was a Christian counterpart to these august governmental bodies: it was a Consultation held a year before, on which the BMS was represented. Called together by the Conference for World Mission, the participants issued a rallying call to missionary societies with medical work. They concluded that we were today facing a wonderful opportunity to regain the initiative by taking advantage of the changing climate of world medical opinion. Because of our burning faith and missionary zeal, we can show government health services the way forward. It is still the privilege of BMS medical workers to care for *the whole man*, and to share with all who look to us for health and healing the Good News of a Saviour's love.

COMMENTS QUESTIONS QUOTES

By DEKA

AS you looked at the cover of February's *Herald* what did you think? A white cloth with a red cross on it covering what I took to be a body in a coffin. 'How odd!' I thought. I looked a little more closely and noticed a bride and bridegroom. Obviously a wedding service of some kind was being conducted. Stranger and stranger. Why would there be a coffin at a wedding service? I just couldn't make it out. Eventually I asked a colleague about it. 'That's not a body, it's a table prepared for communion.' The bumps were the bread and wine.

Q Q Q Q Q

That started me thinking. Preconceived ideas can really prevent us from seeing things for what they really are. I was so convinced of the body under the cloth that I had not thought of its being anything else. Having recognized the occasion as being that of a wedding, it was pretty unintelligent of me. I suppose it was what you might describe as blinkered vision. I wonder how often we jump to the wrong conclusions because of not really 'seeing'?

But, in another way, there was a body under the cloth – the bread and wine symbolizing the body and blood of the Lord Jesus, reminding us each time we come to a communion service that He died for us, to forgive our sins, to give us new life. That is the central fact of our faith, and how good for that young couple to be remembering this within the context of their wedding service.

Mmmm . . . that was a thought-provoking cover!

Q Q Q Q Q

Happiness is. . . ??? What is your answer to that question? A new car? Exotic holidays? The latest gadget? A good job? This world's goods are all around us, and the clamorous way in which they are advertized tells us that this or that is the way to happiness. But I wonder? I think we need to look a little more deeply for a real answer.

Perhaps these words written recently by a missionary may help to put us on the right track:

We went to the service in the little bamboo church on the Leprosy Hill. The service was followed by communion, and as I am one of the few able-bodied church members it usually falls to me to serve the bread and wine. As I took round the bread and wine (broken biscuits and the pink rose-water that tastes like perfume), placing it mostly into hands that are badly deformed by

leprosy. I thought how little these people have and yet how little they require for happiness. I served a young mother with her two small daughters, and remembered the tragedy she suffered a few years ago when their first baby died very suddenly. At the back was Chobi's Ma, whose face, so ravaged by leprosy, makes her one of the ugliest ladies I know, and yet she is a radiant Christian.

A week later at a service in another place:

The sermon brought home the problems of expecting from poor village people a standard of behaviour that westerners feel is essential for Christians. He used the text where Jesus accused the Pharisees of laying burdens upon the people that they were not able to bear. If we were sitting where the poor sat we too might be unable to reach these standards of behaviour.

Not a comfortable thought, but humbling and challenging. What is essential for a Christian?

BMS STAMP BUREAU

Unwanted Stamp Collections are wanted by the Bureau and – will be gladly received by:

**Mr R B Camp
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Salop**



MISSION TALK

Japanese Apology

THE Japanese Baptist Convention has sent a formal apology to the Korean Baptist Convention for the 'unbearable sufferings' inflicted on Koreans during Japan's 36 year rule of Korea from 1910 until the end of the Second World War. Japanese Baptist Secretary, Sumio Kaneko said the Koreans accepted the apology 'graciously', interpreting it as the 'beginning of genuine fellowship and co-operation between the two'. *EPS*

Hand Luggage

DELEGATES to the 15th Baptist World Congress, to be held in Los Angeles in July, are being encouraged to take good quality theological books with them to share with people from countries where Christian literature is not readily available.

Frightening experience

'WE had a nasty experience on the night of 2 January,' report Peter and Margaret Goodall from Sri Lanka. 'Six of us were travelling home in our van late at night. Suddenly we were rammed on the driver's side by a service bus which seemed to appear from nowhere.

'Fortunately, no-one was injured,

but the van was badly damaged and the driver's door completely jammed. The driver of the bus had obviously been drinking, and the bus itself could not be moved for at least two weeks.

'With an escape like that, we feel that prayers for our safety have had a very direct answer.'

Suffer the children . . .

ACCORDING to the World Health Organisation 40,000 children in the Third World die each day and 300 million live in extreme poverty. The great majority of these have no access to the most basic medical care.

It is calculated that about 15 million children died in 1983 from diseases that could have

been prevented. Of these, five million died from dehydration caused by simple diarrhoea. More than three million died of pneumonia and two million from measles. One million from tetanus. Many millions of children are left permanently debilitated because of disease and inadequate diet.



PINNACLE OF SUCCESS!

SOME ministers will go to any lengths to boost their congregations, but Charles Bradbury, Baptist minister in New Jersey, America, decided he was more interested in heights. He told his congregation one Sunday that if twice as many people turned up the following week he would climb the church steeple and eat his lunch there.

He got more than he bargained for. Next week the church was crammed full. Not prepared to break his promise the intrepid Charles scaled the steeple's 75 ft. But after munching his sandwiches of cheese and pickle his nerve failed and he had to be rescued by the fire service.

FRIENDS OF THE CHURCH IN CHINA

'FRIENDS of the Church in China' is a new ecumenical fellowship of Christians, formed at the end of 1984 in order to deepen the understanding that already exists between Christians in the British Isles and China on the basis of mutual trust and respect. The Committee represents different denominations and a variety of interest, but each one has some personal experience of, and commitment to, that vast land and the Church there which is evidencing such vibrant new life.

The activities of this Group will give opportunity for study and fellowship and there will be a Newsletter and a Prayer Sheet published three or four times a year. Other publications already exist which can help us understand what God is doing with His People in China. If you are interested please write directly to the General Secretary, 'Ludwell,' Faringdon Road, Abingdon, Oxfordshire OX14 1BQ.

Available also at the end of 1984 has become the 'Chinese Catechism in English'. Strictly speaking, this is not a Catechism but 100 questions and answers on the Christian faith compiled within China by the China Christian Council and published in September 1983. The booklet has been issued to Churches and Christians throughout the country.

The attempt has been made to

look at and to set out essential Doctrines which are indispensable for the Christian life and yet reflect what the Chinese would call the post-denominational era. There has been a genuine attempt at the mutual respect of the differing views brought from the various traditions of the pre-revolution Churches within China and there has been a willingness to have some matters laid alongside each other rather than having to choose between the two. Throughout it all, these questions and answers try to reflect something of the unique experience of what looks so much like death and resurrection for the Church within China as a whole.

Here is a document that has value in its own right, to be used in looking at our own faith and probably in discussing with enquirers or new Christians, some things that are at the heart of our believing and our acting. Good, too, is the exercise of scanning the questions to see which receive most attention and which issues receive scant or no attention, thereby reflecting something of the priorities as seen by the China Christian Council in living, worshipping, and witnessing within the contemporary society of communist China. Copies are available, price 50p plus postage and packing, from the China Study Project, 6 Ashley Gardens, Rusthall, Tunbridge Wells, Kent TN4 8TY.

Knibb celebrations

THE road to identity and progress, started in Jamaica by people like William Knibb, has still not been found by Jamaicans today according to Mr Mike Henry, Minister of State for Culture.

'Knibb needs to be recognized because it was a result of his work in the quest for improving the lot of Jamaicans that we are now able to enjoy the great freedom we have today.'

Mr Henry was speaking at a Heritage Service in the William Knibb Memorial Baptist Church, Falmouth, Jamaica.

'It is imperative that all Jamaicans continue to search for this total freedom and identity together,' he said.

On 5 August last year special services were held to celebrate the 150th anniversary of the emancipation of the slaves.

Wreaths were laid on William Knibb's monument to commemorate the vital part he played in freeing the slaves.

Later, in October, the William Knibb Baptist Church, in collaboration with the Jamaica National Trust Commission, started excavation work on the monument with the hope of retrieving important artifacts said to be buried underneath.

The Rev Harris Cunningham, minister of the church, and Keith Russell, a member of the Jamaican Parliament, have helped to heighten public interest in the work of BMS missionary, William Knibb, and the excavation work is regarded as a natural follow up.

Afterwards, \$2,000 donated by the government will be used to refurbish the monument which has aged immensely and is eroding.



REV. WILLIAM KNIBB'S HOUSE, KETTERING, TRELAWNY, JAMAICA.

UMN Pioneer

A PIONEER UMN worker, Jonathan Lindell, died of a heart attack in the USA in January. Jonathan and his wife Evey were amongst the earliest workers in Nepal. Indeed Jonathan worked along the borders of the country before Nepal opened its doors to foreigners during the fifties.

Jonathan was the author of

Nepal and the Gospel of God which revealed his commitment to expressing the love and compassion of Jesus Christ in practical service to the peoples of Nepal. Many missionaries remember with gratitude the way Jonathan taught them about the people and culture of Nepal — knowledge which has been invaluable over the years.

A not so new looking landrover. It was used for the Community Health Programme based at Diptipur Hospital, West Orissa, India, but late last year was involved in an accident. One doctor, involved in eye work, lost the sight of one eye, but it is slowly coming back into use. Now the Community Health team, visiting ten villages, is getting around on motorbikes and mopeds.



BMS CONFERENCE & TRAINING DAY

20 April 10 am-4.30 pm
New Glendower Hotel – North Promenade
St Annes on Sea

Leaders: Chris Haig, Minister, St Annes, BMS General Committee
David Martin, BMS Promotions & YP Secretary
Roy Turvey, BMS Area Representative, North-West

* Mission in the Bible
* Resources

* Mission Today
* Getting it Across

Swimming Pool Available! – Parking at Hotel

Details from: Roy Turvey, 8 Frenchwood Knoll,
Preston PR1 4LE (0772) 25278

BOM DIA, DEMOCRACIA

THAT WAS the short phrase painted on a building on Brazil's election day. It expressed the delight of millions of Brazilians at the victory of the opposition candidate as the country's next president.

An opinion poll taken by *O Globo* showed that 66.6 per cent of the population believes that the new president, Tancredo Neves, who took over on 15 March, will be capable of handling the country's economic problems. However he is faced with a number of acute national problems inherited from 21 years of military government.

Since 1964, when a military government took power, Brazil's population has grown from 76 million to 130 million. Its GNP has increased from \$80 billion to \$267 billion; exports went up

from \$1.4 billion to \$22 billion; and the foreign debt rose from \$2.86 billion to £100 billion.

With an industrial base nearly as sophisticated as that of Europe, Brazil today is the seventh or eighth most powerful economy in the capitalist world and the fourth largest exporter of grains. But it also has the sixth largest number of undernourished people, and some ten million unemployed out of a work force of 47 million. More than half of those who have work receive a monthly salary of \$60 or less. While it has some of the most sophisticated technology in the world, and in spite of its rampant consumerism, Brazil displays a growth in misery, disease and violence.

LP

GALE – FORCE 1985

'GALE' reminds us of the power of the Holy Spirit and 'force' of the 4,000 members of the churches of the West Midland Area who will be converging by coach on the County Show Ground at Stafford (Bingley Hall) on Saturday, 15 June.

This first family day to be held in the area is to strengthen the reality of their fellowship and to deepen the level of the commitment of Baptist churches to mission in the neighbourhood, in the United Kingdom and overseas.

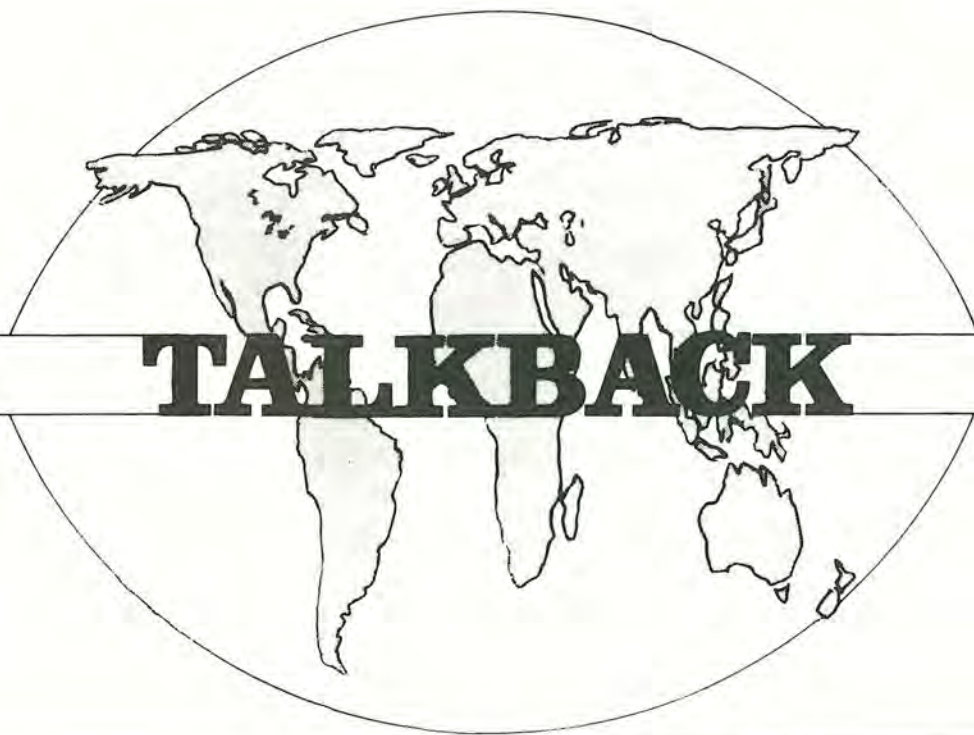
Following worship there will be events suited to all ages, workshops, seminars and displays. BMS will be represented by an exhibition from London, displays prepared by local churches on various aspects of overseas mission, together with a street drama showing how Stafford was involved in the sending out of Carey, Marshman and Ward. There will be a seminar for those involved in world mission entitled 'From Touch Down to Launch Pad' for missionary secretaries, actual and potential.

Methodists to join CNI

THE General Conference of the Methodist Church of India has decided to join the Joint Council of the Church of North India, Church of South India, and the Mar Thoma Church, and to begin union negotiations with the CNI. The Joint Council denominations are themselves considering closer relationships.

When the CNI was formed, the Methodist Church of India (then part of the US based United Methodist Church) declined to be part of it, though Methodists with their roots in British Methodism did join.

EPS



The Key

From Rev Ron Armstrong

MINISTERS are key people in the local churches for motivating their congregations for world mission and encouraging candidates to come forward for missionary service. They cannot do this unless (a) they are enthusiastic themselves and (b) are as informed about a Biblical theology of missions and about current events as possible.

So often the minister becomes almost exclusively engrossed in his own congregation and its neighbourhood. Too often the responsibility for mission is delegated to someone else in the church. This will in turn affect the minister's own missionary outlook, his

preaching, prayer life, and priorities in the church.

Ministers need more support and guidance about their missionary commitment from college training, right through their active ministry.

The minister can (1) share his vision of what God is doing in the world and what God wants to accomplish through a missionary church. (2) Share his understanding of Biblical missionary theology. (3) Discover new resources to teach world mission. (4) Motivate his people towards missionary involvement.

The Church's relationship with individual missionary societies and with missionaries and the

churches overseas needs constant review. Targets need to be set and reviewed.

Far too few churches still give mission a high enough profile. Mission is tacked on at the tail-end of the church's other programmes. Christians are left to assume that it is optional for them to become involved in missionary support or not. New members are not trained, as part of their baptismal classes, about missionary involvement, so they assume mission is just for enthusiasts.

There is an urgent need for the churches to turn their eyes to a global perspective. Mission should figure more in public worship, prayer meetings, Bible Study sessions, Children's and

Youth teaching programmes.

It is time that our churches recognized that the whole New Testament is missionary literature, and to study it out of that dimension is to miss much of its teaching. This discovery, once grasped, must then be applied and worked out in the local church's situation.

I would be more than delighted if the contents of this letter could be taken up and discussed at local Fraternals, and in Missionary Councils, and perhaps *The Missionary Herald* could get some 'feed back'.

REV RON ARMSTRONG

Scottish Representative
Glasgow

We need the resources of Christ

From a Missionary

It is a matter of some concern that little teaching or help seems to be given to missionaries and candidates on the aspect of spiritual warfare. Much emphasis is placed (and rightly so) on the pastoral care

of missionaries — perhaps if more help was given in recognizing Satan's antics and the ways available in Christ for overcoming his attacks, there would be fewer casualties. Corrie Ten Boom, following a visit to a group of missionaries, wrote:

'They have given all, but they have not taken all.' How we need to be familiar with the resources of Christ and have them at our fingertips that we may be victors rather than defeatists.

In an attempt to be positive and encourage new missionaries this aspect seems to be overlooked and rather left to the individual to find out for him/herself the hard way. Of course testing will come, but how much better to face it prepared than to be taken by surprise and found with chinks in our armour.

A SERVING MISSIONARY

Encouraged

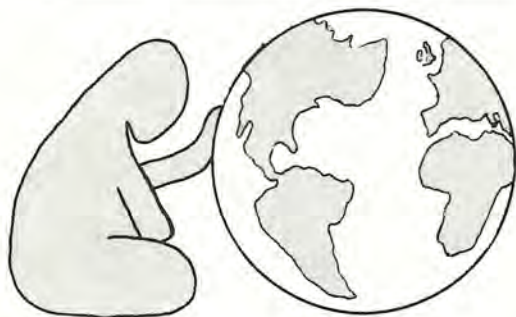
From Miss M Wain

How pleased and encouraged I was to read Fred Stainthorpe's article in the January *Herald* on 'Enthusiasts'.

I do hope it may be used of the Lord to encourage many to become 'enthusiasts' and cease to be 'patrons'.

MONICA WAIN.

Sevenoaks.



CALL TO

PRAYER

1784 - 1985

Trinidad – Tobago 31 March-6 April

AFTER nearly three years without any BMS personnel on the island, Michael and Valerie Bonser have now arrived in Trinidad, with their two daughters Kate, six, and Helen, four. A few years ago the Baptist Union of Trinidad and Tobago decided that it must not expect the BMS to supply pastors for its churches. So Michael, who for the last five years has been pastor of City Road Baptist Church, Birmingham, will be sharing in the Lay Training programme and other projects with the Rev Michael Friday, the director of the programme. Please remember them as they join this work of helping folk into a more effective church membership.

Zaire – Mbanza Ngungu and the Lower River 7-13 April

UNTIL very recently there was a fairly large group of missionaries working in Mbanza-Ngungu. Today there is only Justin Blakebrough, whose short-term appointment has been extended until the end of the current academic year. Justin is teaching physics in the secondary school and is involved in the French-Lingala parish as well as a Scripture Union group.

Phyl Gilbert, who has been involved in Christian literature work, is now in the United Kingdom. However we are committed to a prayer partnership with the church in this large centre of population – over 100,000 – with its mixture of people from all over Zaire. There is a large Kikongo speaking church and also a Lingala/French speaking church which attracts many of the students from the teacher training college.

We remember the Rev Nkwansambu, who is responsible, as regional secretary, for the five districts of the Lower River region as well as being the pastor responsible for Mbanza-Ngungu district. Mama Kwama is in charge of women's work, Cit Muntuyahu for dispensaries and Cit Nsumbu is Director of Education.

FATHER, hear our prayer for the nations of the Third World, so many staggering under crushing burdens. They have big dreams of a country throbbing with productive activity yet they are gripped by economic forces controlled by wealthier nations. Father we pray for people whose dominant concern is to find food for the family meal each day.

FATHER, hear our prayer for your Church in such places, seeking to express their faith in the culture and

idiom of the people. Be with them as they present the whole Gospel thus feeding the hunger of body, mind and soul.

FATHER, hear our prayer for your Baptist churches in Britain, who through the BMS are partners sharing the work in so many places overseas. Show us what it is right to give in people and things. Make us humble too, that we may listen and learn from our brothers and sisters involved in your work in other places.

Home – Baptist Assembly 14-20 April

THIS year's Assembly theme is 'Our Continuing Mission'. In seminars, and in larger meetings the delegates will be presented with the challenge and needs of mission both at home and overseas. The planning of the Assembly has been very much the joint responsibility of BMS and BUGBI. This will be reflected in all of the sessions. Please pray that the BMS input may result in revival of concern for the work overseas, as folk see mission in its worldwide context, and that there may be those who hear the call to serve overseas. We rejoice that the Society's Personnel Secretary, Miss Joan Maple, is receiving many enquiries about missionary work.

The retiring BMS Chairman, Derek Mucklow, will be opening the Assembly. Derek was thrown into the responsibility of being Chairman half way through his year of Vice-Chairman and so has had to work harder and longer than most. He hands over to the Rev Dan Weller at the Annual Meeting on Tuesday. We look forward to the inspiration of the Missionary Rally and the valediction of missionaries on Wednesday evening, and to the Missionary Sermon by Lesslie Newbigin on Tuesday morning.

Sri Lanka 21-27 April

SRI LANKA has rarely been out of the news for the last two years. The tensions between the Hindu Tamil community and the Buddhist Sinhala community has several times erupted into violence and destruction. Most of the trouble however has been in the north of the country, although Peter and Margaret Goodall, of Cinnamon Gardens Baptist Church, Colombo, report that there has been some recent trouble in the capital. 'On the whole,' they say, 'people are not reacting in the way the terrorists would like.' As we pray for a peaceful solution we remember the different religious communities which recently have been meeting together to suggest ways in which lasting peace can become the way of life in Sri Lanka.

Peter Goodall is involved as a lecturer in the Leadership Training Institute and he says, 'It is exciting to see men and women in the denomination offering their services.' New life in the churches has been reflected in recent baptismal services when four leprosy patients were baptized in the river and entered into membership of the Baptist church a little way out of Colombo.

MISSIONARY MOVEMENTS

Arrivals

Mrs E Grainger and William on 10 January from Curitiba, Brazil.
Miss G Short on 15 January from CECO, Kimpese, Zaire.
Mrs L Hinchin on 20 January from Cuiaba, Brazil.

Departures

Miss A Horsfall on 2 January to Kisangani, Zaire.
Rev F and Mrs Vaughan and Anne on 3 January to São Paulo, Brazil.
Rev D and Mrs Doonan on 9 January to São Paulo, Brazil.
Miss S Headlam on 10 January to Chandraghona, Bangladesh.

Miss J Wells on 10 January to Ruhea, Bangladesh.
Miss K Rodwell on 20 January to Okhaldhunga, Nepal.
Mr A Fenton on 22 January to Yakusu, Zaire.
Mr and Mrs A Brown and family on 29 January to Bolobo, Zaire.
Dr L and Mrs Bulkeley and family on 30 January to Yakusu, Zaire.

Births

On 2 December, in Zaire, to **Mr and Mrs M King** a daughter, **Victoria Louise**.

ACKNOWLEDGEMENTS

The Secretaries acknowledge with grateful thanks the following legacies and gifts sent anonymously (10 Dec-28 Jan).

| Legacies | £ |
|-----------------|----------|
| Dr E M Clow | 5,000.00 |
| Miss V M Coombs | 15.00 |

| | |
|------------------------|-----------|
| Mrs S E Vaughan Davies | 3,233.94 |
| Mr W H Green | 1,000.00 |
| Mrs I P Kendell | 1,125.00 |
| Mr A G Morgan | 1,050.57 |
| Miss J M Ridgley | 12,429.25 |
| Miss W K Wells | 5,773.00 |
| Miss G J Wesley | 1,029.64 |
| Mrs B R White | 163.13 |

General Work

Anon: £30.00; Cymro: £50.00; Anon: £2.20; Anon: £15.00; Anon: £5.00; Anon: £20.00; Anon: £5.00; Anon: £40.00; Anon: £30.00; Anon: £1,000.00.

Special Relief Fund

Anon: £100.00.

Apologies

'The Society is pleased to acknowledge a donation of £250 from the East Glamorgan English Baptist Association, received in the year ended 31 October 1983. We regret that, due to a clerical error, this item was omitted from the appropriate Financial Directory.'

BAPTIST HOLIDAY FELLOWSHIP 1985

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| 26 July-5 August | Austria | Rev E Forward | Twin Rooms only |
| 31 August-7 September | Lake District | To be announced | Single and Twin rooms |
| 1-13 October | Holy Land | Rev M Banfield | Single and Twin rooms |

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Fuller details from
The Personnel Secretary

BAPTIST ASSEMBLY

Nottingham University
15-18 April, 1985

Missionary Meetings

Monday
4.30 pm Medical Meeting

Tuesday
11.15 am Missionary Sermon — Leslie Newbigin
1.45 pm Annual Women's Meeting
4.30 pm Annual Members' Meeting

Wednesday
7.30 pm Annual Public Meeting and Valediction of Missionaries

EXHIBITION

See some of our exciting new children's material on the BMS Exhibition Stand at the Assembly.

Also see a selection of our literature and audio visual aids.

Reach-OUT!

The Young People's project. Reaching out with spiritual teaching and a healing ministry to serve people in Bangladesh.

Details from Rev David Martin

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EASTBOURNE
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Young People 10-24 August

FOLKESTONE
3-10 August

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The Young People's Secretary

BOOK NOW!

Further information about any of these notices can be obtained from: Baptist Missionary Society, 93 Gloucester Place, London W1H 4AA.