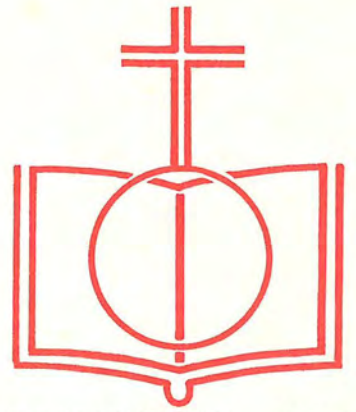


Missionary

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COMMENT

Nepal is a name likely to conjure up in the minds of many people, romantic pictures of snow clad Himalayan peaks and sparkling clear blue skies reflecting the sun from many pagodaed temples. Overall there is the mystery which has surrounded that country because for so long it remained closed to all foreigners. Many, too, will associate with this land, those intrepid soldiers of the Gurkha regiment who have shared so many engagements with the British army.

In these latter years, when Nepal has been opened to the outsider, the romance surrounding it has acted like a magnet to draw many tourists to the country, but these, for the most part, have been confined to two main tourist centres, Pokhara and the capital, Kathmandu. This is because the land of Nepal has so few roads and these towns are the only ones with any suitable hotel accommodation for the tourists.

The road builders

The government of Nepal has received help from other nations for the construction of what roads there are. The Indian road, built by the Indian government, links Kathmandu with the northern plains of India and along it most of the merchandise and petrol needed by Nepal has to travel. There is the road which China built linking the capital to the Tibetan border and another which it built running from east to west providing a route from Kathmandu through Pokhara to Tansen, Butwal and beyond, but this was only opened in 1971. The British and American governments have built other sections, most running from east to west and none of them multi-lane highways as we know them. They are single track roads, liable to be washed away in monsoon storms. There are virtually no roads which traverse the country in a north south direction and so there is a very limited part of Nepal open to the coach or car travelling tourist. A few hardy travellers are able to explore further by obtaining trekking permits and walking away from the roads along hill tracks if they are good at map reading.

Kathmandu with its cosmopolitan crowds and its many hawkers and souvenir stalls presents no true picture of Nepal or of the life its people have to live as, in fact, is true of most capital cities.

Moving away from the highways

It is as one leaves these new highways and penetrates into the hills and the villages that the true character of the people is observed and the hardships with which they have to contend is realized.

It is only then that the utter dependence on the harvest is appreciated and the sheer hard labour of having to carry everything that needs transporting, on one's back, is recognized.

Think of a hospital, howbeit a small one, like Amp Pipal, with all its needs and how every item of its requirement from operating table to microscope, from X-ray plant to fuel for the generator, as well as the generator itself, has to be carried up the mountain tracks on the backs of people, men and women, for women act as porters as well.

The further the traveller moves from the roads into the hinterland of Nepal the more primitive become the conditions of life and it has to be remembered that it is in conditions such as these that many of our missionaries in Nepal have to live and work. Faith has nothing to do with whether or no missionaries are paid a stipend, but whether they have faith to believe that God has called them to minister in such places. They need faith also to trust that, having called them, He will sustain and strengthen them to do His will though the amenities of modern life in the west as they have known it, are completely unobtainable where they are appointed to serve.

In so many ways Nepal is a lovely country and its beauty catches the breath away. But there is also much that is unlovely and it is to offer the beauty of holiness which purifies all ugliness, that our colleagues follow Christ to that Himalayan Kingdom of Nepal.

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Tel: 01-935 1482

Secretaries
Rev A S Clement
Rev H F Drake, OBE

Editor
Rev A E Easter

Enquiries about service to:
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Tansen

through the eyes of a social worker

by Ann Matthias



Terraced hills below Tansen Hospital

Tansen is a hillside town in South West Nepal, about 200 miles (average journey time 12 hours!) by road from Kathmandu, and about 50 miles North of the Nepal/India border. The town plays an important commercial and administrative role in the area, being the centre of Palpa district in Linbini Zone. Nepal has 75 districts and 14 zones. Here there are civil servants with responsibility for supervising the local Panchyats. These are the structured village or town councils for education services, agricultural development, health, transport and communication, that is, postal and telegraphic. In addition there is a military garrison, a campus of the university, a prison, Government Health Centre, several large temples and a picture house which, along with a variety of language groups and religious differences give Tansen quite a cosmopolitan quality despite its population of only 20,000 people.

The universal colour

However, even given all this detail, it is extremely difficult to describe with real accuracy what life in our Bazaar is really like. There is, for example, only one hard-top road. This links the town to the main highway but terminates in the main shopping area, leaving only narrow, dusty or muddy earth roads, leading out into the hills behind the town. These are just about negotiable with a 4 wheel drive vehicle in good weather, but they peter out after a few miles leaving miles and miles of hill track that have to be walked!! This accounts for the fact that distances in Nepal are generally measured in 'days walk' rather than miles or kilometres. Most of the buildings in the Bazaar are made from mud or baked brick, corrugated iron, tile, wood and cement, all of which tend to give an overall reddish brown impression, be it from the rusty iron roofs or the soil from which the bricks are made, and the dust

from the roadways. The traveller, too, is left with a reddish-brown reminder of the town, either of mud on his clothes in the wet season or that super-penetrating dust in the dry, both of which are almost impossible to remove.

It has to be heard to be believed

The Bazaar also has its own sounds, which cannot be captured fully on paper: the Indian salesman, with two baskets slung across a long pole over his shoulder selling vegetables, or chickens and ducks; the village lady with a large wooden pot of plain yoghurt, or her friends with vegetables or firewood on their back, all competing for sales and trying to ensure that the people far and near are well aware of their presence in the street. The noises, too, of the wandering dogs, goats, pigs, ducks, hens and occasionally a bear with a rope through his muzzle being encouraged by his owner to dance to a drum or stringed instrument. Common as well is the inevitable blast of the radio, turned up so loud that the reception is distorted – or the portable loudspeaker that is regularly carried around the streets, blasting forth Indian film music at an incredibly high level of decibels to give news of the latest film being shown.

Smells too evade capture on paper. They range from the delicious ones of food being prepared to the less desirable odours of misused toilets or areas where there are no toilets at all!! But the people are not dirty by any means and crowds of them can be seen each morning washing themselves and their clothes at the water-taps throughout the town. The streets also, which often seem so dirty to the casual visitor, are swept every day, a substitute for the refuse collection service we know in the United Kingdom.

The Mecca of traders

Into this situation then, come traders from far and near, walking many days journey over the hills and carrying goods in a cone-shaped wicker basket. This is suspended by a flat strap from the forehead. The more prosperous may perhaps carry their goods on horse-back or mule. Many of the travellers from the high hill regions, with perhaps 10-15 days journey are of Tibetan origin with their own language, physical features and distinctive style of dress. The high regions lack salt and therefore much of their return loads consist of bundles of rock-salt, often tied to pack horses. Loads to the less remote areas tend to consist more of cloth, paraffin, school

continued on page 165

NEPAL



SCALE
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MILES

Tansen through the eyes of a social worker

continued from page 163

books, soap, batteries (for radios), candles, cigarettes and other like commodities. These people tend to have less oriental features than their Northern neighbours and are more squat and sturdy in build, often speaking their own hill language, and having their own customs and traditions.

The resident traders and craftsmen tend to be mainly Newar speaking and following predominantly Buddhist rather than pure Hindu religious practices. The more transient street sellers of cloth and vegetables tend to have come in by road, either from India itself or the Nepali Terai, the flat southern border region, and are usually Hindi speaking, dressed mainly in lightweight clothes more suited to the hotter regions than the hills.

Understanding the people

Among these diverse and varied people coming to Tansen are patients seeking assistance at our hospital, which is situated about 25 minutes walk from the town centre and it is with these people that I try to practice as a social worker. Basic to any form of social work is an understanding of the people with whom one is working. This usually includes cultural and economic considerations, but here too are the further aspects of language and general communications. Attitudes also present a problem, especially when so many are based on religious principles and ideals, and in this it is necessary to be aware of one's own attitudes and carefully consider which are detrimental and which are essential elements of our Christian witness. Here in Nepal our opportunities for open evangelism are restricted by law and therefore our lives are a daily sermon to the people with whom we are in contact.

In the west, social workers have responsibility for the referral of clients to various departments to meet their specific needs, but here there are no such agencies available to receive such referrals. The poor, with no means of obtaining food other than begging – or worse! the deaf and dumb, crippled and mentally ill, all of whom would have their needs met within the Welfare State were they living in Britain, here have nothing. We have certain sums available to meet medical expenses from charitable



Ann Matthias attending to mother and baby

funds, but the administration of these has to be carefully controlled lest we subject our patients to an unrealistic dependence upon the hospital. Further such sums would be impossible for a government to administer, should it take over the hospital in the future and charity also diminishes the patient's own self-esteem.

Social work here, therefore, is demanding

and challenging, but not without an element of frustration and it certainly provides a framework for constant learning and changing of ideas – usually as a result of 'failure'. It is not only negative however. One's own ignorance drives one to depend more and more on the inner strength available from the Lord, whom we seek to serve in the changing situation and usually one is led to praise Him for His provision.



Carrying loads up the hillside

Warmth and Light in Lapsibot

by Barbara McLean

Not long after my return to Nepal in the hot, sticky monsoon month of August, I was asked by one of the veterans of the United Mission to Nepal, 'And how are you going to keep warm in Lapsibot this winter?' Keeping warm was not my immediate concern, but I now understand the reason for the question. Situated in the Gorkha District at an altitude of about 4,500 feet and a good bit further north than either Amp Pipal or Jaubari, Lapsibot village makes the high snowy peaks of the Himalayas seem very close indeed. Snow has fallen within an hour's walk. To you at home this may not seem unusual, but to us in Lapsibot

it is quite remarkable in view of the little difference the people here make in either the quantity or quality of clothing they wear during these extremely cold months, and in view of the fact that central heating is quite unheard of. A house here is a place of shelter, for sleeping, for cooking, for eating and for storing grain.

Suddenly a door opens

The Lapsibot area has had long association with the United Mission through visits by medical people to hold clinics and through the school, which was one of the UMN's 'district schools', first at primary and then

at middle school level. All attempts to get medical people living in the area proved futile. Outsiders did not seem welcome on a more permanent basis than just visitors. It was therefore quite unexpected when Lapsibot opened its doors and invited two teachers to live and work there. Margaret McCombe and myself count it our joy and privilege to have been the ones available to come here at this time.

'Oh, wait till you see it! It's a real Brahman house,' the Education Secretary informed me. 'It's quite small, and rather dark inside,' Margaret hesitantly added. 'Now remember, make yourself as comfortable as possible,' advised a senior colleague.

Everything within reach

By the time I arrived, the little house which we have rented from the Brahman family next door, had had three of its four Brahman platforms removed. Cooking and eating are great rituals in Brahman society. According to your status in the family, you will be seated at one of the various heights above the cooking area. Our floor is now on one level, apart from an eighteen inch high area, about the size of a double bed, which quickly became our pantry. Margaret feels that perhaps she may now qualify to design a kitchen for the disabled! Seated at the edge of this platform, a slight body movement to the left enables one to light the paraffin stove or little picnic gas stove. A move to the right enables one to find pots and pans, the scrap bucket between two wooden boxes which support our table (originally intended as the wardrobe top!) Just behind one finds most of the everyday food requirements on two shelves supported by large iron rods driven into the mud walls. Three steps forward takes one to the buckets containing our water supply which is carried in morning and evening, and also to our dish cupboard, a converted packing case.

Home Improvements

Our sleeping apartment is, well, not exactly upstairs. It is reached by ascending a notched-log; and it is amazing how quickly one can become adapt at manoeuvring oil-lamps, buckets of water and the like, up and down this device. The lack of bathroom facilities has necessitated such carrying around of water. For a month we managed to make the same toilet arrangements as everyone else, a walk across the rice fields and a wade through a small river. It was with a sense of great alarm that our neighbours learned the reason for the hole being dug 20 yards or so from the house. It was too near habitation! The roofless, bamboo



A typical Nepali school

and canework erection was temporary. Six months later, and we continue to use it.

We have learned that in Lapsibot there is most definitely 'a time and season for everything'; a time for planting, a time for weeding, a time for harvesting, a time for grass cutting, and a time for opening the forest for wood chopping. The time has now come, with the people a little less busy in the fields, when we can hire carriers to bring wood and slate and carpenters to be employed in the business of 'home improvements'. The neighbours' rice mill has to be rehoused. This has continued on the verandah of our house and is in frequent morning use from around 5 a.m. We hope to have a small kitchen built here and a bathroom area added above. The one improvement we did manage was to have our inner darkness somewhat enlightened. Windows were put in, or rather knocked out! Holes were made in the wall and wooden shutters put on. This, added to the spaces in the slate roof, brought its own problems in the cold weather. Which brings me back to the original question, 'How do we keep warm in Lapsibot in winter?'

The attraction of warmth

I'm sure you have seen night watchmen on a building site huddled over a charcoal burner. This, along with hot water bottles, has been our chief source of heat in the evenings and sometimes the mornings. Sitting around this fire in our front yard on Christmas Eve, with our neighbours, one of our schoolteachers and our weekly mail-runner, singing carols and sipping drinks, made me feel that I could expect the heavenly host to appear on the starlit hillside at any moment.

Warmth and light are attractive qualities. And while our fire has brought passers-by, carrying loads of manure or grass, to warm their hands and their feet as they made their way home in the evenings, so, too, it is our desire and prayer that something of the warmth of Christ's love and compassion, something of the light of the glorious gospel of peace, may also attract to Himself 'all those who pass by'.

The coldness of caste

Several hundred yards on up the hillside there is a small community of Karmi (low-caste) people. They are the carpenters, stonemasons and goldsmiths. Recently they have been the victims of a typhoid epidemic which has claimed the lives of three adults in one family. When one of the doctors from Amp Pipal came to visit us she brought with her

the appropriate medicines for this village. One of the men came down to our home to have the proper use of these medicines explained to him. Quite naturally we invited him in, and he came! But what offence we caused to our high-caste neighbours! Such a person must not cross the threshold of a Brahman home and we must never allow that to happen again. 'Do not be conformed to this world, but be transformed by the renewal of your minds.' Do we conform to the wishes of the people whose house we have rented? How does the Light of the World begin to transform the darkness of such thinking?

From darkness of mind to physical darkness! 'Guruma, is there any hope of improvement for me? Is there any hope that I may ever see?' Such were the questions with which Tek Nath confronted us.

Only one hope

Blindness does not seem to be a very common affliction in Nepal, but where it does occur it is a most serious handicap indeed. Tek Nath and three of his four sisters have been blind from birth. Born of sighted parents this seems extremely unusual. The family have no land and are dependent on the generosity of those around them for food, shelter and clothing. Mother and father work on neighbours' land; one blind sister is married and others have become skilful at

making small mats and baskets. But Tek Nath, quite remarkably, is a student in Lapsibot High School. Daily he can be seen with his long stick feeling his way up and down these mountain paths. How well he must know each stone, each rock and tree to be able to make this hour-long journey to school and back again!

Education in Nepal is now free in the first three classes. Such was the alertness of mind which this boy displayed that the school has allowed him to go on studying without paying the normal fees. All his examinations have been taken orally and his remarkable memory is a constant source of wonder to teachers and classmates alike. It is my privilege to teach him English, his favourite subject! At the age of about 16 he has reached class VII. But what of his future? It seems to us that he has progressed about as far as is possible without specialized education. Nepal has only one class for such students in a school in Kathmandu and only the very privileged are fortunate enough to get there. Unknown, as yet, to Tek Nath, we have begun to make tentative enquiries about the possibility of his acceptance in the School for the Blind in Kalimpong.

It is unlikely that Tek Nath will ever have physical sight. But what of this alert young mind? May it find renewal in the transforming power of the Light of the World!



Children fetching water



THE TANSEN PROJECT

by Eileen Talbot

The approach to Tansen Hospital



The Tansen Project, up in the hills of West Nepal has grown to be the largest of the projects run by the United Mission to Nepal, with between 30 and 40 missionary personnel. The diagram above gives the titles of those in charge of the programme, and these are mainly people to whom I am responsible as Project Secretary. The fact that our UMN folk come from 12 different countries lends an infinite variety to phrasing, spelling and idioms in written work handed into the office and can also cause some amusement.

Bare-foot doctors

The Community Medicine Assistants School gives a one year's training course to 70-80 boys who have obtained their School Leaving Certificate. This will equip them to work as a CMA in Health Posts throughout the country, diagnosing and treating patients in remote areas, being the instigators of health prevention, carrying out vaccinations, and virtually being junior GP's in a country where there are very few doctors. This

training programme is still in its infancy. The people in charge of the School have been building up teaching materials over the past couple of years and an instructors' manual and students' manual will soon be ready for printing. This material has mostly passed through the Project Secretary's office, as the level of education of the students means that their instruction can be in English.

This has become a highly organized programme. The materials being developed for teaching the students here in Tansen are expected to be used in other CMA Schools in Nepal, and it has been good to be able to share in the beginning of this new training programme, even though at times the volume of material being handled (and usually wanted yesterday) has at times threatened to crowd out other people's work!

A training for girls

Those in charge of the School for Training Assistant Nurse Midwives tend to make considerably fewer demands on the services of the Project Secretary. This is partly because the School has been in operation longer, but mainly because the training of these girls has to be in Nepali. Their educational standard is lower, as the qualification for entry is an 8th class pass. Girls in Nepal seldom have the opportunity of as much education as boys, and for those with higher education, full nursing training is available in Kathmandu. The ANM students study general nursing, community health and midwifery, with particular emphasis on the latter, and the course lasts for two years. On completion of their training, the girls may work in a district hospital or form part of a team in a health post in an outlying area. The 70-75 girls in training live in a large modern hostel immediately below the house which I share with the ANM School In Charge, so we have a bird's eye view of the events there, and can watch and hear the girls at work and play, which can have advantages and disadvantages!

Exciting statistics

The Community Health work based on Tansen continues to spread into new areas as well as continuing in places where UMN has worked for many years. This work requires enthusiasm and also much patience

before rewards are seen, but some of the reports passing through my office for typing are a joy. For example, 'In Bojha, three days' walk to the west of Tansen, the under five mortality rate has dropped from 55% to 12.5% in the ten years that UMN has worked in the area. Also, during the past three years, the percentage of well-nourished children has risen from 48% to 86% of the child population in the 16 villages where enthusiastic young men have been visiting regularly.'

Sometimes reading or typing reports with percentages can be boring, but when put into the perspective of small children living or dying, or having a good start in life, they become thrilling documents. Other areas in which the Community Health team work, are in health education in school, in tuberculosis prevention and follow-up, and in helping villages to build clean water systems and improve sanitation. Some of the UMN team in the Butwal Technical Institute have helped by supplying the engineering knowledge for the larger water projects and for pilot programmes such as the installation of a Gobar Gas Plant in Tansen town jail. The drawing for this latter experiment needed approval by high officials in Kathmandu to ensure that the circumference of the underground pipes would not permit the escape of prisoners! (Sounds rather like a detective novel.)

The hospital as a base unit

My pen would carry me away regarding community health. There is so much new outreach in this field. Does this mean that the work of the hospital itself is not important? By no means. A referral and training centre is very necessary and the 100 bed hospital in Tansen has built up a good tradition over the past 25 years. The availability of X-ray apparatus and surgeons means a continual stream of orthopaedic problems including many which are seldom seen in British hospitals nowadays. Osteomyelitis and tuberculosis of the bones are quite common. Patients with leprosy or tuberculosis of the chest come from a wide area, and every day patients are carried to the hospital in various ways and some for many days, with a wide variety of illnesses. In the out-patient department, patients are first seen by trained Nepalese medical assistants under the supervision of UMN doctors, and generally all their investigations and treatment are conducted on the same day. If admission is essential and urgent and the ward beds are already full, beds are put up in the corridor, but this is hard for the patients and the nursing staff, so efforts are made to keep these to a minimum. While



A little child receives treatment

they are in hospital, many patients read Christian literature for the first time, hear the Christian message played on tape recorders and, if they are ambulant, they may attend the daily service in the hospital chapel or the weekly meeting in one of the classrooms.

Clerical work for those in the hospital tends to be fairly routine and has some similarity to hospital clerical work under the National Health Service, although minus the letters to the patient's own GP regarding follow-up. However, it is hoped that when more young people have received training and the Health Posts throughout the country are fully manned, a better referral and follow-up system will be possible.

Missionaries still needed

Staffing the wards and departments of the hospital is a continual headache. Staff are encouraged and helped to go for training and to gain government certification, but while they are away, there are gaps, and sometimes when leadership has been handed over to Nepalese, they move away or go to get another job. It seems disheartening to have to revert to putting missionary personnel back into some of these positions, but it is sometimes necessary to keep up the standard

and enable the hospital to be used as a training centre. Looking at the whole of Nepal, and the fact that men and women who have been working in Tansen are now scattered across the country is a cause for rejoicing. However it is sometimes difficult to view things from that angle when the Pharmacy and the Laboratory are under-staffed, the only person who can take good X-rays is on a course and the artificial limb maker has left to work in Kathmandu. Even in the business office, several people left at the same time after there had been some doubts regarding security, and back to the Project Secretary's office came the handling of mail and the selling of stamps. A visitor remarked, 'I used to do that in my first job', and I guess I can say the same and certainly, unless you are prepared to do anything that is needed here, it would be better not to come.

It seems that in Tansen we shall be needing people with a variety of skills for some time. How could I ever have thought that only teachers, doctors and nurses were needed overseas? But the Lord can only use those who are listening to His voice and ready to do whatever He commands. Are you listening? Are you ready?



Public Health work in the village

Towards a Caring Health Service

by Anna Weir

At Tansen our sleep was usually disturbed about 5 a.m. with the ringing of the first bell in the Assistant Nurse Midwives' School below us. Then shortly before 7 a.m., as the strains of the national anthem, sung by the students, wafted up to us we knew that the working day had begun. In the interval, between the rising bell and the singing, the nurses had already been busy with household tasks. Now until 3 p.m. they will be engaged in the hospital, working with the tutors. This close working together of tutors and students is an important element in the ANM teaching programme.

The scheme as it has developed
The Assistant Nurse Midwives training scheme had already been in force for several years in various parts of Nepal, growing in the number of campuses and in girls under training, when the United Mission to Nepal was asked by His Majesty's government to participate in the work of a new school being built in Tansen. The UMN was to help with the budget and to second workers to the government. There are now four of us foreign workers, one working as counterpart-in-charge with the campus chief, and three tutors working with six Nepalese tutors. The first batch of girls (as they call

themselves) started training in the early part of 1973 and we have just admitted the tenth batch of 20 girls to begin the two year training course. The girls are expected to be between 16-18 years of age on commencement, and to have a class eight pass from school. To obtain the School Leaving Certificate one must complete class ten and pass the appropriate exam, so you will see that the educational qualifications are not very high. It must be appreciated that, in a country where education for girls is of fairly recent origin, it can be difficult to find suitable girls for training, but if the educational qualifications are not very high, the aims of the course are. Among these aims is the preparation of the nurses to participate in health teaching in their communities and to enable them to carry out ordinary nursing care. It aims also to teach them to cope with the management of normal programmes and deliveries, as well as to detect deviations from the normal and to be able to deal with them within the scope of an ANM, or hopefully to refer those which are beyond their skills to medical aid. In practice some of these young girls will find themselves with obstetrical emergencies not dreamt of by either obstetricians or midwives at home.

The first year of training is general, while the second is devoted to Public Health and Midwifery which make up two of the neediest areas in a developing country.

The fully organized timetable

The nursing students live a very organized life in comparison with their sisters in Britain. Apart from their morning household chores and the day's work in the hospital, they help with gardening, have organized leisure time, to say nothing of a two hour compulsory study period every morning, except Saturday. One can imagine the reaction of student nurses at home if anyone were rash enough to attempt to introduce such a schedule, but it seems to be expected here and I am told the more organized the daily routine, the more secure and happy the girls are. 'Strict but homely, and the girls will enjoy the course,' said one of the Nepalese tutors, not long out of training herself. The 'homely' bit brings us to the sphere of influence. The very organized communal life makes it difficult for the few Christian girls to take part in the activities of the Church, and in a large school it is hard to get to know the girls individually. In the midwifery part of the programme we are perhaps more fortunate in that we are usually dealing with just one small group of about 20 girls, so we can get to know them a little better.

This part of the course has recently moved to Pokhara, a town some four and a half hours bus ride northeast of Tansen, where the UMN also help in the work of a Boys' Boarding School. Here in the smaller intimate atmosphere we can perhaps share a little more in each other's lives. Here, too, we (two Nepalese tutors and myself) are working not in a mission hospital as before, but in the government general hospital. This is a new experience with many opportunities and problems. The shortages in and the difficulties of providing a health service in a developing country really are brought home to one much more here, than in the comparatively well stocked and staffed mission situation. But perhaps it is possible that from this very angle we may be able to give a more realistic training to health workers moving out to even less well stocked and staffed situations in the towns and villages of the land.

More than skill is needed

Most of our trainees are probably from well to do families who have been able to send their daughters to school, but some, without a doubt, are from poor homes and have got this far by the aid of scholarships or by other means. There is a certain status in



Nurses' Training School at Tansen

being a nurse and there are not too many other openings at present. It can be an escape from work in the fields, or they may have a genuine interest in nursing. It becomes clear to us all the time, even to those who like me enjoy the classroom situation, that the real work of teaching is done on the wards. It is also increasingly clear that the teaching and demonstrating of skills in themselves will achieve little unless one is able to pass on with them the idea of service to others. We seem to spend so much time before coming abroad acquiring skills to share with others, yet once we are abroad it seems inevitable that we end up becoming supervisors, superintendents or the like, so that we just do not have time, even if we have the inclination, to do the menial tasks for others, so important to and for them. 'Whoever wants to be first, must place himself last of all and be the servant of all.' I do not suppose too many of us see ourselves in either role, but it may appear sometimes as though we are fulfilling the former one.

Doing rather than telling

It is good perhaps that in government service we are having increasing opportunities to work with and under such people of the country. With our western training it is impossible not to want to organize changes in the new situations to which we go. As tutors, and therefore outsiders in the ward situation, we do not have the authority to do this, or to try to do it. Rather by just working with the nurses on the wards and in our attitude towards them and the patients we have the opportunity to show real Christian caring. If we can somehow demonstrate that there is no shame in caring for people, and to do this by carrying out the less pleasant nursing tasks for them, then to some extent, we will demonstrate the love of Christ. Once people feel real compassion for others the skills will follow whether we are there to teach them or not. Of course we must also, at the same time, seek to share the skills and knowledge that we do have and how eager people are to acquire them. Nevertheless perhaps we could be more effective if, instead of doing those things which a sufficient number of our national colleagues may not yet be able to do, we did those things which they can do if they want to. Maybe this is true anywhere.

Doctors are few and far between

Despite the efforts of the government to institute health care for all in Nepal, there are as yet few doctors and in many rural areas diagnosis and treatment of disease is still in the untrained hands of local medicine men. For several years after graduation the



Pokhara Boys' School in the early days

nurses are under bond to the government, who have helped with the financial burden of their training. Some of the girls will be posted by the government to hospitals in various centres, others will be sent to Health Posts, often in quite isolated places where medical aid may not be available. It has been hoped for some time to begin a follow-up programme whereby it will be possible to visit former students to evaluate our teaching in the light of their actual situations, and to offer advice and help but, at the moment, this is still in the future.

It is also hoped to start a one year course in Public Health and Midwifery for girls who

have completed their education and obtained the School Leaving Certificate. This is a dire need as the infant mortality rate is still very high, and it is not uncommon for women to die in childbirth.

In certain areas of the country well trained Nepalese workers are offering a good and efficient health service to their communities. It is the aim of the ANM course, which now has five schools throughout the kingdom, to increase their number by sending out suitably trained people motivated by the desire to serve, and with the knowledge and attitudes that can help to raise the quality of the lives around them.

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Although Nepal has the highest mountain in the world, Mount Everest, it has a low standard of health, and of numbers of doctors per population, of hospital beds and average life expectancy.

The whole idea of germs to the average Nepalese is just another peculiar western superstition. Disease, when it has to be faced, is simply regarded as a dispensation of the gods. Therefore, standards of sanitation and personal hygiene are deplorable and conducive to the spread of many of the diseases and ailments encountered in Nepal.

Religious observances of the uneducated classes create many difficulties. The fire, for example, used for cooking and heating in the Nepalese home, is regarded with special reverence and this demands that it be located in a depression in the middle of the floor, ideally situated for children and infants to roll into while asleep. Indeed this is the commonest of all accidents in rural Nepal. Other accidents occur when men or children fall from trees while cutting leaves to feed their goats. Bones and teeth are often broken in the favourite pastime of riding on a *ping*,

a kind of home-made Ferris wheel, built of wood and turned by hand.

Superstitions are costly

Most of those who function as priests in the rural areas grow rich by extorting money and goods from the local people who are compelled by fear and custom to seek their services in order to ward off illnesses and other catastrophies. Many of the patients who come to the hospital at Amp Pipal come as a 'last resort' and all too often they have left it too late.

It was only in the 1950's that foreign missionaries were first allowed into Nepal. Those early entrants began with institutional medical work, but gradually over the years community health work began to develop alongside the hospital and now there is a great opportunity to work with the United Mission to Nepal in training nationals. These are taught how to work in hospitals, in mother and child health, in community health clinics and also for working in government programmes as seconded workers.

No matter how much experience and

Western Nurse in a Hindu Kingdom

by Joyce Brown



Joyce Brown



Improving the child's diet

training a missionary may have had at home, here the first essential is to learn to be adaptable and to employ and use the skill and knowledge in a way that will be most helpful to the people of Nepal in the circumstances in which they live. The whole way of thinking has to change. 'Will they take this medicine if I prescribe it? How far have they come? What is the best and cheapest treatment for them?' are questions that have to be answered for each patient that comes.

Traumatic experiences

Many things stand out in my memory, especially some during the first few months of my being here, such as the time I had to teach midwifery to Auxiliary Nurse Midwives, when I didn't feel confident myself, or the occasion when I had to deliver a baby on the floor of a Nepalese home with just a small wick oil lamp as my only light, or having to diagnose and treat illnesses instead of just observing signs and symptoms as trained nurses do at home. Then there was the very humbling realization that the Nepalese nurses were far more experienced than I was and that I needed to learn from them. There was the time when a baby was lost because of lack of ante-natal care and I experienced the frustration of not being able to do anything about it. Always too there was the question, 'Why didn't they come earlier? If only they had.' There was the morning when a woman was brought in bleeding in pregnancy and, because of my experience at home where blood of all groups is readily available, I never thought to ask her carriers to stay so that they could be cross-matched to give the necessary blood for a transfusion. My biggest culture shock was seeing the colour of the 'white' sheets in the laundry, but the hardest thing to accept was that of the patient's relatives being around all the time. We have to carry out routine procedures with an audience in attendance who often 'give advice' as to how it should be done!

Visiting the hospital

Come with me then to the hospital where I am working, Amp Pipal in the Gorkha district. First of all we take a bus from Kathmandu. This in itself is an adventure and an experience long to be remembered. The 'express' bus takes about five hours to reach Dumre, a village, where we have to leave the road. If you have survived that journey we then commence a walk of seven hours uphill to where there are no electric power lines or telephone communications. In travelling we must descend hundreds of feet into precipitous river gorges and then climb up

over steep ridges.

The medical work at Amp Pipal started with a small dispensary in the village. Then a 15 bed hospital was built lower down the mountain side where there was a source of water and this provides the only modern medical care to an area comprising a large part of three districts and with a population of over half a million people. At the hospital there are rudimentary facilities for X-ray, laboratory work and pharmacy.

A quart in a pint pot

The number of patients present in the wards is determined by the seasons. Numbers are low at harvest and rice planting time, and also at major religious festivals and the monsoons. These are times when we can carry out maintenance and repair work. But suppose we came at a busy time we would then find 55 in-patients, many of them lying on the floor on *gundries* (straw mats). We're a 15 bed hospital, don't forget! so be very careful where you tread.

There is a crowd of out-patients to be seen and in the middle of this work one seriously ill patient arrives by the local 'ambulance'. This is a kind of hammock which is carried between poles. As always in Nepal, travel is undertaken in groups and all the patient's relatives and friends seem to have come along too. Only 5-10% of the population would consider it feasible to come to hospital even though they were ill and having survived the journey up here maybe you can appreciate why they think that way.

The opportunity for a lesson

A majority of the patients who come will have such diseases as dysentery, typhoid fever, the basic causes of which are the improper disposal of excrement and the failure to wash hands. One of the community health team takes the opportunity to teach the waiting patients basic principles of health and hygiene. A great deal of this teaching is needed, for staff as well as patients! In many instances it is obvious that all the things our staff have learnt while working in the hospital are not done when they are in their own home.

Nearly all the patients admitted to hospital have intestinal worms and it is a routine matter to treat them for this condition. Other common diseases include pneumonia and tuberculosis and here in the hospital there is a *dera* where TB patients stay. The big problem however, as with most people in Nepal, is to get them to take the full

course of medicine. 'He didn't like it so I didn't give it to him', or 'I felt better so I stopped taking the tablets', is frequently heard.

Another non-fatal but socially traumatic disease is leprosy. The victim is an outcast from society in spite of the recent government regulation stipulating that a person suffering from leprosy should be allowed to live as a normal citizen.

Hurdles to be jumped

One of the obstacles to improving the standard of health for the Nepalese is malnutrition and this is the major cause of the high infant mortality rate. Another hindrance is the practice of such people as the Brahman caste who will not eat meat or eggs. They also withhold fluid from a patient with dysentery and will not feed a pregnant woman certain foods. All these things hinder rather than help health.

Now let us go to the operating theatre where all types of surgery are carried out from the removal of cataracts to hysterectomies. Nepalese patients are happy to take pills, and even ask for an injection, which is considered to be good because it is painful! They will also accept the lancing of boils (this kind of work, among other things, is done in our out-patients' treatment room) because in their opinion the 'evil material' is released. But surgery is regarded with superstition, ignorance and fear, and seems a special and awesome form of medical treatment to the average Nepalese villager.

Very few patients are admitted to our maternity unit because ante-natal care has not yet caught on, and if the delivery seems to be going all right, why come to the hospital! The ones that do come are usually complicated deliveries and often the woman has been at home a number of days before being brought in. Is it any wonder then that often the baby dies? But the family seems to accept it more than we do. Again one asks the question, 'Why didn't they come earlier?' If ante-natal care had been given maybe we could have had a live baby.

The attitude to death

Speaking of death, we had a death the other day on the ward and I was prompted, with western nurse training, to screen round the patient's bed only to realize the fact that the others in the ward had accepted it all.

continued overleaf

Western Nurse in a Hindu Kingdom

continued from previous page

Emotions are freely expressed at times like this and perhaps here we have something to learn. Maybe also we have something to learn in being honest with the patients. If an ill person has no hope, the relatives will take him home to die and this happens, more often than not, at a critical point when we expected them to start recovering.

Patient's wishes have to be respected in a different way from the way they are respected at home and often their intuition of impending death is proved to be right.

But for many there is hope. What use do we have in a country where medical work is regarded as a business proposition, and according to Hindu belief our motive is gaining merit with God for the next life. The important thing is prevention of disease with the cooperation of the local people. The greatest obstructions are customs and traditions and therefore the aim must be to educate the younger generation and to

train Nepalese nationals so that they can take over and carry on the medical work if and when the foreigners have to go home. The Hindu has his thoughts, but what is our motivation? Jesus said, 'the fields are white for the harvest but the labourers are few'. Nepal is indeed ripe for harvesting, but how long will we be able to carry on as labourers in this land where the law forces us to show Christ's love in action and not by proselytizing? It is not certain, but at the moment the opportunity is here, and our motive is in obedience to the Master's call, pressing forward not in our own strength but His, for without Him we are nothing.



After bearing one twin, a woman is carried to hospital for the birth of the second

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ACKNOWLEDGEMENTS

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

(5 August-1 September 1978)

General Work: Anon (Bristol): £5.00; Anon (Aberdeen): £10.00; Anon (F.S.H.): £2.50; Anon (A.F.G.): £25.00; Anon (Tunbridge Wells): £30.00; Anon (T.P.P.): £10.00; Anon (C.F.S.): £30.00; Anon (P.R.S.): £5.00; Anon (J.J.): £14.00; Anon (E.C.M.): £5.00; Anon (TRE/ABER): £5.00; Anon (Ipswich): £1.00.

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MISSIONARY MOVEMENTS

Arrivals

Miss M Stockwell on 4 August from Mbanza-Ngungu, Zaire.

Miss A Kimber on 5 August from IME, Kimpese, Zaire.

Miss V Hamilton on 9 August from Dinajpur, Bangladesh.

Miss M Hitchings on 21 August from Tondo, Zaire.

Departures

Miss J Whitelock on 16 August for Dacca, Bangladesh.

Dr K and Mrs Russell on 21 August for Yakusu, Zaire.

Miss M Bishop on 21 August for Yakusu, Zaire.

Mr and Mrs G D Sorrill and Jeffrey on 21 August for Chittagong, Bangladesh.

Rev M L R and Mrs Wotton and family on 22 August for Curitiba, Brazil.

Miss R Knox on 29 August for study in Belgium.

Rev J B and Mrs Dyer on 22 August for Curitiba, Brazil.

Mr A G Stannard on 29 August for study in Belgium.

Miss J Townley on 29 August for study in Belgium.

Miss H Boshier on 4 September for Ngombe Lutete, Zaire.

Births

At Cuiaba, Brazil, on 10 August, to Rev. P and Mrs Cousins, a son, Andrew Mark.

At Chandraghona, Bangladesh, on 10 August, to Rev J W and Mrs Passmore, a son, William James.

At Antonina, Brazil, on 14 August, to Mr and Mrs F Gouthwaite, a daughter, Judith Carol.

Marriages

In Nottingham on 12 August, Mr Jonathan Gilbert Spiller, of CECO, Kimpese, Zaire, to Miss Judith Hayward.

In Poole on 2 September, Mr Andrew Philip North to Miss Anne Hilary German, both of Kinshasa, Zaire.

BOOK R E V I E W



A PLAIN MAN IN THE HOLY LAND by James Martin Published: St Andrews Press £1.50.

James Martin is a minister of the Church of Scotland who has conducted many groups of pilgrims to Israel and from this wealth of experience he has written a very readable account of a typical pilgrimage to the Holy Land. The reader is led step by step along the way and told what can be seen and what to expect. Mr Martin is at pains to point out that if the authentication of some of the traditional sites is in doubt the pilgrim should not be put off by this but seek to discover, behind the physical, the spiritual link which led Christians through the centuries to commemorate an event in the life of our Lord, and to mark out a site for this purpose. The text is liberally supported by photographs and it is helpful to have the page reference beneath each picture. Undoubtedly this will be a very helpful book for anyone contemplating a visit to the Holy Land, but nonetheless helpful and instructive to the many who will never be able to set foot there. It is remarkable, with printing costs what they are today, that this volume can be purchased for £1.50.

AEE



FLESH AND SPIRIT by William Barclay Published: St Andrews Press £1.25.

THE ALL-SUFFICIENT CHRIST by William Barclay Published: St Andrews Press £1.25.

The first of these two books by William Barclay was originally published by the SCM Press in 1962 and the second by the same publishing house in 1964. So both have proved their worth over a period of years.

Flesh and Spirit is an examination of Galatians chapter five and verses 19-23. It is divided into two parts in which the 'Works of the Flesh' are examined in the first part and the 'Fruits of the Spirit' in the second. Barclay defines the Greek words in turn denoting the 'works' and the 'fruits', and deals with their use in the contemporary language of the day in which Paul wrote and in the history of Greek philosophy. There follows a short exposition of what these things mean to the Christian of today.

The All-sufficient Christ is a study in Paul's letter to the Colossians. The RSV translation of Colossians is set out at the front of the book so this study can be followed with no reference to the Bible. It considers the author of the letter, those who received it and its form, before dealing with its contents. It concludes by expounding the message of Colossians for today. Very little more could be written about William Barclay and the great contribution he has made to Bible study. St Andrews Press is to be congratulated for making these two volumes available at a modest price so bringing them within reach of many.

AEE



News in Brief....

THE CHILDREN PLAY A PART

When Mr and Mrs Brian White, the leaders of the Junior and Primary Departments of the Sunday school at St George's Place Baptist Church, Canterbury, heard of the urgent need of oxen for ploughing in Bangladesh, they enthused the children in their departments to start collecting. Their aim was to raise £40, the cost of one ploughing bullock. So well was the idea taken up that in a matter of only six to eight months they had collected £80 – enough for a pair of oxen – and this was just by the money brought in week by week. Considering there are only about fifty children in the two departments together, this is a magnificent response to the appeal. On 24 September, Harvest Sunday, this money was publicly handed over by Mr White to the Operation Agri Secretary, Mr Bernard Harris, for him to send up to headquarters in London.

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