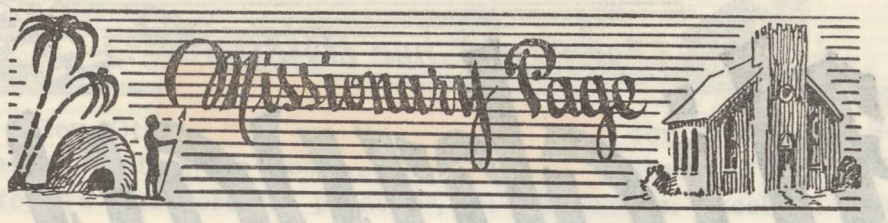

REPORT FROM BETHESDA HOSPITAL

by Dr. S. W. Emmett

Several people have written to me expressing an interest in learning something of the diseases which we are seeing and treating in our hospital and clinics in Rhodesia and this month, as a matter of general interest, I would like to tell you something about these.

Many of the diseases which are prevalent at home are present here. We have seen a large outbreak of the measles among the children this year. While the measles is rarely an easy disease even with the healthy child, the African child whose general nutritional status tends to be poor, not infrequently develops rather serious complications such as pneumonias and gastro-enteritises: we have had one child succumb with what appeared to be a measles encephalitis (brain infection). At the moment we are seeing a small outbreak of pertussis (whooping cough). The "flu" is here with its various forms and manifestations. There are tonsillitises and pneumonias; we have seen rheumatoid arthritis, rheumatic fever in children, severe anemias, hepatitis, asthma, allergies of various kinds, and, of course, lacerations, burns and bruises of varying severity.

We have a fair number of obstetrical deliveries but many of the Africans, uneducated, still prefer to have their babies unattended at home. As a result of this, we have seen several post partum infections and lacerations and we have seen two cases of tetanus among the new born both of which died.

Tuberculosis is quite common among the Africans and we have discovered several cases both among the adults and the children.

Among the diseases which we infrequently see in the home land but which are very common here is malaria. This is especially seen during the rainy season when the mosquitoes are abundant but it is endemic the year around. An attack of malaria can be very critical requiring hospitalization or can be quite mild requiring out-patient treatment only. We have treated two cases of cerebral malaria, the accompanying symptoms being frequent convulsions and lapse of consciousness for several days.

We also see a large number of cases of bilharzia or, perhaps, better known at home as schistosomiasis, the early prime symptom of which is blood in the urine. This is caused by a small parasite which is present in the stagnant water of tropical countries. Many of the natives either bathe in this water or use it for drinking purposes. The treatment takes several weeks and we have often had as many as ten receiving treatment at the hospital at one time.

We have also seen two cases of leprosy both of which have been previously treated and are presently inactive.

Common at home but uncommon among the Africans in the Reserve are degenerative diseases such as diabetes, heart attacks, and strokes.

Sickness is much the same the world around. It is an unpleasant aftermath of the curse of sin. We are appreciative of the opportunities to minister to the illnesses of these people who in many cases would otherwise have no care—but how wonderful to be able to minister to their souls which otherwise would have no spiritual care.

NEW PLAN FOR FINANCING FOREIGN MISSIONARY WORK

The Foreign Mission Board reported to this year's Alliance changes that it feels will greatly improve the financing of our foreign missionary programme. Two things in particular were underlined:

First, that each church of our denomination be asked to set as a goal for itself a 10% minimum for foreign missionary giving. On the basis of the total giving of the church for the past year, or on the basis of the actual weekly or monthly income of the church, ten per cent would be set as a minimum for the support of our missionary outreach. This may seem to be a modest objective, and all will agree that it is. But for some churches 10% of the total giving of the church will represent considerably more than was given last year. This plan will give each church a specific goal in missionary giving and will bring all churches into active support of our missionary projects. If the 10% cannot be raised this first year, progress can be made toward this objective, but if sincere and prayerful effort is made, doubtless the goal will be reached. Adoption of the plan may be a real step of faith for some pastors and churches, but we believe that God always honours the missionary church.

Second, that payment of missionaries' salaries and expenditures for operation of our foreign missionary programme is now being made on a monthly, rather than a quarterly basis. In the past, our missionaries were paid by the quarter, but in June of this year the plan of monthly payments was initiated by the Board. This will be a much better arrangement for our missionaires, one with which they are well pleased. To make this plan successful, the Board needs regular support from our churches. We are therefore requesting that churches and missionary societies send a monthly offering for foreign missions. Whether the amount be great or small, please send it in so that we may have the resources necessary to meet our monthly commitments.

We wish to express sincere thanks for the wonderful support our pastors and people gave to our missionary work during the last church year. It is an inspiration to represent our church in this area of denominational activity when we have such splendid co-operation from our people. Please pray with us that this may be a year of blessing and fruitfulness in our missionary work.

Send all contributions for foreign missions to

Rev. S. E. Cameron,
Perth, N. B.

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