



Living Holiness





‘As I read the books of Helen Roseveare, these powerful words come to my mind – REALITY, VISION, INTEGRITY, COURAGE, ACTION and FORGIVENESS. They are all words that we need to hold centrally in our lives too. Perhaps you don’t read many books but I would urge you to read this one - and then to share what you’ve learned with others. They are a huge challenge to the indifference and lukewarm-ness of our day. It is necessary for the church to have IMPACT for the good of this world. Helen shows what kind of impact you too can have.’

George Verwer





Living Holiness

Willing to be the legs of a galloping horse

Helen Roseveare



CHRISTIAN
FOCUS



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PROLOGUE

Holiness, without which no man shall see the Lord.

(Heb. 12:14, AV)

The text which heads this page opens up a subject of deep importance. That subject is practical Holiness. It suggests a question which demands the attention of all professing Christians: are we holy? Shall we see the Lord?

Holiness by J.C. Ryle¹







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‘Doctor, can you come quickly? Timothy is bad.’
There was an edge of fear in Mangadima’s voice that Tuesday evening which warned me that three-year-old Timothy, Pastor Ambisayo’s son, must be seriously ill.

★ ★ ★

The scene is a small clearing in the north-eastern border of the mighty Ituri rainforest in Central Africa, just a couple of degrees north of the equator. The time, July 1962. Rain, sunshine and a steamy humidity make up the climate; root vegetables and green leaves, soaked in palm oil, make up the diet. The normal additions of rice, peanuts and corn are sadly lacking as the rains came too late this year for the annual crops. Poverty – shattering, unbelievable poverty – is the lot of everyone. It is hard work to eke out an existence. Suffering has abounded over centuries. Axe-wounds fester; colds develop into pneumonia; women die in childbirth; children die before they learn to walk. Yet the people are surprisingly happy, accepting with stoical resignation that life must include daily hardship.



Here in this small, almost unknown village, a hospital has grown up. Wards and clinics are still mostly mud and thatch structures, though here and there permanent buildings of brick and cement are appearing, one or two even with corrugated roofing. There is no electricity. Water is gathered in disused 200-litre petrol drums, as it pours off the roofing during daily downpours. The medical staff seek to serve the surrounding population of almost half a million people living in thousands of scattered villages within a radius of five hundred miles. The operative word is 'serve'. There is so little they can do with their extremely limited resources, compared to the work carried out in a modern, well-equipped hospital in the affluent industrialised world. But they can, and day after long day do, offer loving service with good nursing care.

A mile-long village borders the dirt-track road that runs from Isiro, the Government township fifty miles to the north, to Ibambi, the small commercial centre ten miles to the south. At the southern end of this village, two rows of small homes face each other across a sun-baked courtyard, housing both the forty male 'medical' students during their two years of study and the families of the fifteen workmen. Between the workmen's quarters and the hospital quadrangle lies the square of 'rooms' where families and friends of hospital patients can stay, to cook the meals and wash the clothes and bandages of their sick relatives. The hospital itself consists of a motley collection of permanent brick and very impermanent mud wards, a room for surgical operations and a large, open, covered area for the out-patients' clinics.



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The doctor's home, which backs on to the hospital compounds, is the focal point of all the community's activities, looking out, as it does, on the village square, with its small church to the right and the primary school classrooms to the left. Towards the northern end of the clearing lies the maternity complex, a pleasant brick building with ward and delivery rooms, and several small homes for the twelve pupils and staff midwives. Lastly, there is the home of the two European nurses. Flanking all are the well-kept food gardens amidst attractive sloping grasslands, bright with frangipani and poinsettias, the whole surrounded by the eternal forest.

The whole village throbs with life and activity. There is constant coming and going. Patients arrive at all hours, some from great distances, some walking, some being carried on makeshift stretchers, always accompanied by members of their families. Young men come, from near and far, to be trained as 'medical auxiliaries'. Yet, at the heart of the village, there is a close-knit family of nationals and missionaries to all of whom this village is home. The scene looks peaceful enough. Though to an outsider it may appear a little run-down and haphazard, to the team, whose very lifeblood has gone into its creation, it is a continuing source of wonder.

As for me, the doctor, *Nebobongo is my life*. Day and night, for more than seven years, I have sought to be available – to patients needing medical care; to students needing training; to workmen needing encouragement; above all, to the Church, the centre of the life of the village, in its worship and its teaching.

★ ★ ★



Mangadima's sudden urgent summons for help, just as dusk was falling at the end of another busy day, brought a premonition of trouble ahead. Pulling on my white coat, stuffing my stethoscope in its pocket, I picked up a storm lantern and accompanied Mangadima across the courtyard to the hospital village. Three weeks earlier, Timothy's mother had come to us with a badly fractured ankle. After ten days in the hospital, she had been moved to a room in the 'square', as her bed in the ward was needed. We could watch her progress here, until she was well enough to walk the fifty miles back to her village of Babeyru, high in the gold mine mountain range to the south of Nebobongo. Her evangelist husband, Ambisayo, had joined her the previous weekend. He would probably stay with her about ten days, and preach in our church the next Sunday.

We stooped to enter the low doorway, and paused while our eyes grew accustomed to the darkness. Young Timothy was tossing and turning in his mother's arms, as she sought to comfort him. His breathing was laboured and rasping, his eyes wide open, fixed on space, unseeing and almost unblinking. He was hot, very hot. His arms seemed to twist in small convulsive jerks. I tried to listen to his chest but irritably he grabbed the stethoscope and pushed me away.

One thing was obvious. He was a very ill child.

We backed out of the room, and I asked Mangadima to help them to move into the spare room in my house, where I could more easily keep an eye on the lad through the night.

I hurried home to make the room ready for them, moving two tea chests of bandages and hospital



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supplies into my own bedroom, and putting up a cot for Timothy.

His temperature had risen over the past three days, with no sign of the remissions typical of malaria. He had no apparent neck rigidity to indicate meningitis. As far as I could tell, his chest was clear of any telltale signs of pneumonia, though his throat was minimally inflamed. During that first night in my home, he became steadily more toxic, the restless agitation and fretful crying giving way to a listless apathy and muted whimpering. His eyes became glazed. His temperature soared. As I sponged the feverish body yet again, in the early light of the next morning, I noticed small blisters around his wrists and, without further inspection, subconsciously registered 'scabies,' the almost inevitable infestation of so many of Africa's village children.

I coaxed him to take a sip of water, but he dribbled it back, apparently unable to swallow. I considered inserting a stomach-tube that I might feed him more satisfactorily. Sponging him again with cool water, I saw blisters also on his legs.

The morning wore on. After doing the hospital ward round, I cancelled the students' lecture and returned to Timothy. His temperature was half a degree higher. Between the twisting heaves that accompanied each rasping breath, he lay still. Again I sponged him. There were blisters up his arms... on his chest... 'Chickenpox,' I thought automatically. Half of the children in our primary school had it just then. 'One more thing that Timothy could have done without,' I muttered to myself.

Suddenly, I realised.



I looked quickly, carefully, at the blisters. They had started at wrists and ankles, and spread inwards to the chest, rather than in the opposite direction as is usual in chickenpox. Yes, each blister showed the tell-tale central dimple. Timothy had smallpox.

Something inside me stood still. For a long silent minute, the world seemed to stop.

Smallpox!

A word of horror. I'd never seen a case of smallpox, but my mind rushed into activity, trying to remember all I'd learned. Of our village family of five hundred people, practically none had been vaccinated, except the three Europeans. This could have devastating results.

'Tuesday – Monday – Sunday –.'

Timothy had been living among them for three days. There would have been countless contacts, as he had accompanied his mother to the water source, to the cook house, to morning prayers in church, to the out-patients' clinic. In ten days from last Sunday – I counted feverishly...

'Next Wednesday – today week – we can expect the next cases.'

'And then...?' I shuddered. My imagination pictured the worst.

What could I do?

The next twenty-four hours were filled with non-stop activity. A plan was drawn up. A bamboo fence was erected all round my home to isolate us from the rest of the compound. As far as possible, I would care in my home for all those who contracted the dread disease. Elaine, one of my nursing colleagues, would be responsible for the hospital, pharmacy and male



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students, and Florence would look after the maternity and leprosy care centres and girl pupils, each working with the African teams of qualified staff.

The whole village was sealed off from the surrounding communities. Trees across all access roads carried large notices to the public of their need to 'leave us alone'. No one was to come into, or leave, the village until further notice. All meetings – church, schools, social – were cancelled, and people asked to keep to their own family unit and not to visit one another. Congregating at the water source and in the cookhouses was strongly discouraged. Every effort was made to contain the infection, and to minimise the danger of a major outbreak.

A small quantity of smallpox vaccine was unearthed in the pharmacy supplies. Whether it was in or out of date, we dared not ask. Medical personnel and young Timothy's most likely contacts were vaccinated. Then what was left was used, as far as it would go, for the village and for the hospital 'public.'

Each day, I would do a ward round with the staff, from the back and front doors of my home, shouting across the twelve yards of no-man's land between house and fence, seeking to answer questions and advise on treatment for all the patients.

Timothy was worse, his right arm tight with swelling, his left arm an open running sore of coalesced vesicles. His breathing was increasingly difficult and I considered doing a tracheotomy. I fed him by tube, yet even so he was vomiting almost everything.

I sent two letters out of the village, carefully fumigated in my cookhouse oven over an open wood fire. One was



to Government health authorities, notifying them of our situation: the other was to my mother in England, asking her to mobilise prayer on our behalf.

Timothy was slipping into a coma by Sunday morning.




Two women were moved into my home, both suspected to be developing smallpox, though neither had had close contact with Timothy during the previous week.

I was desperately tired – and afraid. What was going to happen? An epidemic could be catastrophic and wipe out my ‘family’. I prayed earnestly and continuously that God would intervene on our behalf. There were no church services that Sunday, everyone praying in their own homes. An imperceptible ‘waiting’ filled the air. After lunch, wearily I glanced along my bookshelf for something to take my mind off the vast and heavy burden that had settled over us. There was a new book there, that I had received the previous Christmas from friends in England, *Holiness*, by Bishop J.C. Ryle. There was rarely time to read in the ordinary course of my busy life: but today was somewhat out of the ordinary!

I read the foreword by Dr Martyn Lloyd-Jones, and excitedly plunged into the introduction, before I was called out.

That afternoon, Timothy died.

I called our village pastor to the fence, using the small talking drum at my back door, and told him the sombre news. He and a team of workmen went in silence, through the drizzling rain, to dig a grave – a deep grave. As darkness fell that evening, they told me that all was ready, and, with sad hearts, leaving two spades leaning



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against the fence, they trudged slowly away into the dark.

An hour later, when all the villagers were indoors for the night, Timothy's father and I set out together, he carrying spades, storm lantern and other necessities, I carrying the stiffening body of the three-year-old. Together in the dark we lowered the body into the grave. Together, in silence except for the broken sobs of the father and the pattering of rain on the leaves, we shovelled earth into the grave. Together we stood with bowed heads, praying before we made our stumbling way back to my home. There we each changed and bathed, and then burned any garment that had touched the child, before we lay down, each burdened with our own thoughts, for the remaining hours of that night.

On the Monday the five of us settled down to live out the three weeks of quarantine in strict isolation. I read more of J.C. Ryle's book.

Tuesday morning, the two women who had joined us broke out in the typical smallpox rash. In the afternoon, yet another patient was sent over to us.

I sent an SOS to the African nursing team, six young men and two women. I was going to need an assistant. I could not cope with the day and night nursing, plus all the housework, cooking and laundry that would be involved in caring for this growing group. The assistant would have to be a volunteer. None of our staff had been previously vaccinated. Anyone joining me would be at the gravest risk of developing the killer disease.

Suzanne came. I wept – and welcomed her.

In the evening, she and I joined Pastor Ambisayo and his wife Batibama for a time of Bible reading and prayer.

Picking up my Bible as we went along, I unwittingly picked up also Ryle's book on Holiness, as they lay together by my bed. After our time of fellowship, Suzanne went to the kitchen to make mugs of hot cocoa for us all, and I shared with Ambisayo a little of what I had read in the foreword and introduction to Bishop Ryle's book, translating one or two paragraphs into Swahili for him.




Suzanne brought the hot drinks.

As I stopped 'reading,' (translating aloud into Swahili as I read the English words), Ambisayo said, almost sharply, 'Don't stop! God is speaking. These words are like honey.' I read on, Suzanne and Batibama listening as intently as Ambisayo himself.

That evening set a pattern for each evening during the coming four and a half weeks, as our quarantine period eventually proved to be, for the following week two other women joined us, and then, a fortnight later, Suzanne herself developed the disease.

At that very point, the Lord stayed the epidemic. The six patients who had contracted the illness recovered completely. Meanwhile, the vaccine had arrived from Government sources, and our medical team vaccinated over sixty thousand of the local population.

Each evening, as household chores were finished, meals prepared and served, medicines given out, cleaning and laundry done as needed, and each patient made as comfortable as possible, the four of us, Pastor Ambisayo and his wife Batibama, Suzanne and myself, gathered together and read our book on Holiness. Sometimes we continued late into the night, our hearts burning within us as we read the good words of 'one



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of the greatest Victorian evangelicals... that man of granite, with the heart of a child.’²

Ambisayo testified, at the end of our period of quarantine, that the reading of that book so changed his life that he could never be the same again. I know what he meant – I could echo his words. This book now is the direct result. If any reader, through my attempt to tackle the vast subject of Holiness, receives one fraction of the blessing that I received through reading J.C. Ryle’s book over twenty years ago, all the effort in its preparation will have been amply rewarded. The story and setting of young Timothy’s illness form the background to all that follows, for any growth in my life towards a *living* experience of Holiness began during my twenty years as a missionary in Zaire.

