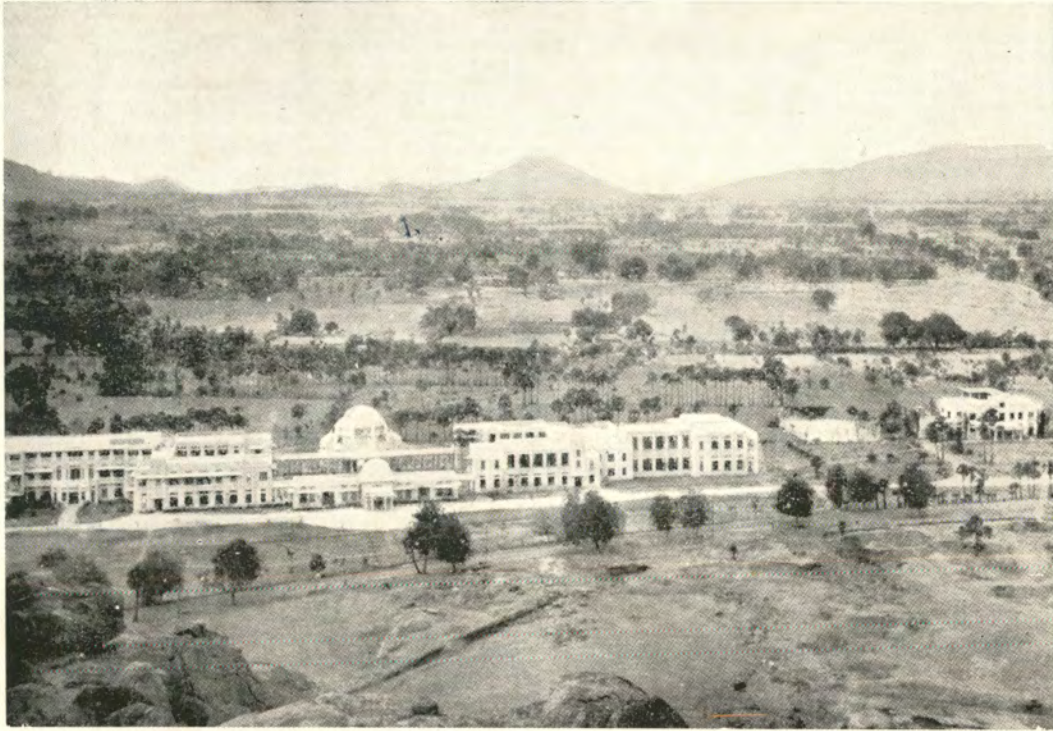


THE OPEN DOOR

The Missionary Organ of the Methodist Church of New Zealand



THE CHRISTIAN MEDICAL COLLEGE AT VELLORE, SOUTH INDIA.



MEDICAL MISSIONS NUMBER:

"And the power of the Lord was present to heal them"

—Luke 5:17.



Price: One Shilling and Sixpence per annum.
Posted: Two Shillings.

General Secretary: REV. S. G. ANDREWS.
Foreign Mission Department, P.O. Box 5023, Auckland.

**A BRIEF INTRODUCTION TO THE MEDICAL MISSIONS NUMBER
FROM THE SENIOR MEDICAL OFFICER OF THE BRITISH SOLO-
MON ISLANDS PROTECTORATE — DR. W. H. McDONALD.**



HELENA GOLDIE HOSPITAL—as rebuilt following the war and opened April, 1953, by His Excellency the High Commissioner for the Western Pacific.

It is with pleasure that I contribute this foreword to the Medical Missions Number of the "OPEN DOOR" at the invitation of your General Secretary. The Mission in the Solomons has had the services of 4 doctors —Doctors E. G. Sayers, C. James, A. G. Rutter and now G. E. Hault— as well as the devoted

services of nurses and sisters. One must not forget the considerable assistance rendered by the missionaries, their wives (some of whom are qualified nurses), and medical assistants.

You may remember how Rev. J. F. Goldie contrasts conditions when he first arrived in the Solomons in 1902 with those found 30 years later. He found "one of the finest races on God's earth was literally being wiped out—by dirt and disease and the devilish delusions of a debased heathenism"; 30 years later at Kokengolo church he sees his "congregation, spotlessly clean, their very attitude conveying the idea that they are fully aware of the brighter, happier and better life."

You may also recall how Mrs. Goldie emphasised the need for trained help to tend and teach the mothers, to help the children and treat the sick.

Much has been achieved but much remains still to be done. The work may be arduous but the reward is great.

W. H. McDONALD,
Senior Medical Officer.



DR. E. G. SAYERS—our first medical missionary, 1927-34.

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"Preach the Gospel" "Heal the Sick"

The President's Message

Nothing could indicate more clearly in the teaching of our Lord and Master that body and soul are equally His concern. "The Acts of the Apostles are not accomplished unless Luke the physician goes hand in hand with Paul the preacher." Space forbids one enlarging on the Master's words of commission by adding and developing the phrase, "cast out devils," except to say that this aspect covers a large part of the medical missionary's work and demon possession in primitive life is still a challenge to all who would reveal the power and spirit of Christ in preaching and



healing. Hymn writers have quite appropriately caught at the Master's own suggestions and practices in presenting the Gospel message in the song "the great Physician now is near, the sympathising Jesus." This is the Christ the missionary commends and takes as his example.

A finding from the International Missionary Council of 1928 says: "This work must be regarded as an expression of the Spirit of the Master, not thought of as a pioneer of evangelism, or as a philanthropic agency:— the most important single factor in it is the personality

of those who engage in it." In simple terms it is the teaching of the parable of the Good Samaritan in practice.

Of Doctor Laws of Livingstonia and his medical work his biographer, early in his years of service, writes: "the doctor was greatly impressed with the power which his medical knowledge gave him over the natives, and the opportunity it afforded of commending to them the message of the Divine Healer of humanity. Already he felt well repaid for the self-denial and toil he had undergone to qualify himself for the work."

The dark sway of the witch doctor with his rule of terror, craft and fear thus yields to the reign of faith and love of the compassionate Christ expressed through the miracle-working of modern medical practice by men and women consecrated to His service.

On the principle that the first objective of the foreign evangelist is to make himself unnecessary by labouring for the foundation of a native church which shall be self-sustaining and self-propagating the enterprise goes forward. Here lies the reason for training as well as treatment, for the creation of a Native profession which at all times demands of us our very best. The growth of the Church in the lands to which the missionaries go is a matter of fundamental importance for all who are engaged in the great enterprise. The Mission and the Missionary are in principle temporary and transitory; it is the indigenous Church that is permanent. The ability and aptitude for learning possessed by the best of the Solomon Island "boys" in the realm of education and medicine has long been recognised by those best qualified and situated to judge. The medical outreach to the Ozama Leper station is another call to "prayer with a purpose" and a challenge to the whole Church. "Rejoicing in hope" let us give solid and generous proof of our resolve to complete the rehabilitation at an early date. Finally, remember that we do well to take pride in the latest evidence in the Solomon field of growth in real spiritual status in the Native Church, proven in the offer to send a team of Island pioneer workers with the Christian Gospel into the highland area of New Guinea.

—J. H. ALLEN.

29/4/53.

The Healing Ministry of the Church

Contributed by the REV. DR. LESLIE WEATHERHEAD, M.A., specially for "The Open Door."



Dr. Weatherhead visiting the Pacific, 1951.

In this brief article I can only outline my thoughts on this immense subject which bristles with difficulties, and which opens up questions which I cannot answer here.

Let us begin by remembering that Jesus commissioned His disciples to heal the sick as certainly as He commissioned them to preach the Gospel, and at first they did so with great success (Luke 10:9). We do notice, however, an interesting thing, even as early as the events described in the Acts of the Apostles. They did not vary their methods as Jesus did, but, using the Divine Name, they called for faith in Jesus. To my mind, they put a greater onus on the patient to "have faith" than Jesus did and were less able than He to call it forth.

As the years passed, and those who had worked with Jesus died, new difficulties arose for the early Church. Pagan exorcists got the same results as Christian healers. Medical science, which needed no saintliness on the part of the healer and practically no faith from the patient, began to seep into the Christian community from the Greek culture in the world around. Drugs could be relied on to "work" and had the same effect on sinner as on saint. No "believing in Jesus" was necessary. The faith of the early Church lost its earlier warmth and passion, and by the end of the third century, healing as part of the Church's work had dwindled into insignificance. In 1215 the Pope condemned the practice of surgery and in 1248 declared the dissection of the body sacrilegious, and the study of anatomy was condemned. Medicine and religion separated never to come together again.

Many of us believe that an attempt should be made to revive the healing ministry of the Church again today. This might usefully proceed in various ways.

1. A beginning could be made by recovering the ancient practice of intercession for the sick and the private "laying on of hands" as advocated in James

5:14 and in Mark 16:8. Healing missions in public places to which anyone may come for healing are, in my opinion, to be avoided on account of the hysterical excitement set up and the disappointment of those who are not healed, some of whom have real faith in Jesus, but are not spiritually strong enough to react to disappointment as Paul did (2 Corinthians 12:7-10). In the privacy of the home this ancient rite of the laying on of the hands should be restored, and the intercession for the sick, if possibly by name, should be part of our public worship.

2. Study groups could be formed of doctors, ministers, nurses and other Church workers to explore the circumstances in which co-operation of the two professions could be attempted. The present writer has working with him a team of ten Christian medical psychiatrists, and many patients are helped who would be unhealed by the minister alone or by the doctor alone.

It is beginning to be realised that many people are ill from a sense of guilt, now perhaps so repressed in the deep mind as to be unconscious. Clearly, when the psychiatrist has "dug up" the guilt and made it conscious, the forgiveness of God and any reparation the patient can make to men, form the relevant treatment.

It is also beginning to be realised that **some** skin disorders, **some** cases of asthma and **some** cases of gastric and duodenal ulcer are due to worry, or fear, or hate, or resentment, or jealousy, or anger. Christianity seeks to expel these "demons" and to implant their opposites. So Christianity is very relevant to the cure of disease—sometimes serious physical disease—caused by unhealthy emotion contained over a long period in the deep mind.

Further, it is clear that if a person is deprived of love, or even feels himself to be so deprived, he tends to develop neuroses, that is a faulty emotional way of reacting to his difficulties, often making him give up altogether, feeling that he cannot cope with life and feeling a panic and agony of fear without being able to say clearly what he is afraid of. Frequently, he cannot sleep and becomes very depressed and unhappy. Here the love of God, as offered in the fellowship of a real Church, is of immense healing value.

3. But all this leaves out an important point. When Christ sent out His disciples to heal, He did not mean them to train as doctors or as psychologists, though the work of both is most valuable and can be dedicated to His service. There is a simpler thing we can all do. We can form a small fellowship of devoted people as the Apostles did. We can pray for and with one another and get to know one another; sympathise with one another and understand one another, and gradually, in prayer and faith and thought, become one, as the Apostles did. Such a fellowship, or series of fellowships, in every Church would renew its power as in ancient days, for it is the fellowship which in modern days is the extension of Christ's incarnation. Healing, then, by power direct from God could be restored, for members of the fellowship could visit the sick man, and in the midst of such a group Christ Himself has promised to be present. Then we could sing with even greater sincerity,

"Thy touch has still its ancient power."

—LESLIE D. WEATHERHEAD.

Christian Doctor Among non-Christian People

by DR. D. J. OLDMEADOW, Suva, Fiji.

(Dr. Oldmeadow, who conducts a medical practice among all races in Fiji, and is a power for good in their midst, is a son of Mr. J. A. V. Oldmeadow, a member of the Australian Methodist Board of Overseas Missions, and brother of the Rev. R. Oldmeadow, Methodist missionary in India).



SISTER EVA SAUNDERS,
nursing sister of our Buka Circuit.

Having been requested to contribute a few ideas on this subject, I thought it might be profitable first to consider what is implied by the words "Christian Doctor." This can and should mean not only one who has had the great privilege of special training for the meeting of human physical need, but one whose first loyalty is to the Lord Jesus Christ, and who is ever seeking to look at men and women through His eyes, and see the problems of human bodily disharmony in their right perspective. He will have the Christian concept of health as involving far more than the mere absence of bodily disease, but rather that wholeness of body, soul and spirit which cannot be achieved apart from a vital personal relationship with the God and Father of our Lord Jesus Christ. In realizing the supreme importance of health of mind and spirit in its influence on the health of the body, and the part played by disharmony of spirit in the causation of many diseases once thought purely physical in their origin, he will be in the line of recent medical research, and he will see new meaning and relevance in much of the teaching of our Lord.

One with such a concept of life and health, finding himself in a non-Christian country, will of course not be there by accident, but as a result of his positive action in response to what he believes to be the will of God for his life.

Now as such a man studies life in his new community, he will see in a new way how many of the best features of life in his previous Christian community had their origins in Christian Theology. For instance, he cannot fail to be impressed with the poorer status

of women in the non-Christian country, of the equation of disease with punishment, and with all the trust in superstition and magic which is brought to the surface in the presence of physical disease and in the crises of life. He will learn again that many of the values that he had previously taken for granted in the old community are distinctively Christian in origin and in sustaining power.

THE DOCTOR'S WITNESS.

In the new community, a Christian witness can be made in many ways. The quality of the service he is able to render, with its reverence for personality, its genuine interest in individuals as such, and concern for their whole lives, should be distinctive and challenging. In the many personal relationships which are part of his professional activity, there will be evident a deep concern for the whole lives of those with whom he comes into contact; And yet, of the most important channels of witness he could easily be quite unconscious. One of these might well be just the setting up of a really Christian home in a non-Christian community; a home where, because all strive first to be loyal to Him, there is a harmony, and love, and a quality of living which is both a joy and a challenge to others.

He will almost certainly find himself face to face with the problems of racial tension in all their complexity and challenge. While readily agreeing that apart from Christ there is no answer, he will see that even in Christ the answer is not easy, and must be worked out afresh to each problem and each situation.

WITHIN THE CHRISTIAN FELLOWSHIP.

In his non-Christian community he will probably find the Church of our Lord—a minority of souls called out from their background and environment and having to a greater or lesser extent heard and answered the call—called to be different, and yet finding it so hard to be different in those things in which difference is essential to a living Church. One of the many factors adding to the growing pains of the Younger Church will be the contrast between the way of life of the Missionary Community, and that life lived by the majority of the other representatives of the same race who reside amongst them for business or other reasons. At times some members of the Younger Churches could surely be excused for wondering if the apparently different standard of values of the Missionary Community was not just part of a professional way of life and witness.

None will deny that the devil has had a most successful strategy in the non-Christian countries up to the present time. To mention the scandal of the divisions of the Christian Church, and the conduct of many representatives of the very race which from its Christian heritage has sent the Missionaries, and to mention the devastating effect of the alcoholic drinks introduced by our race, is to mention only a part of this strategy.

A NEW MISSIONARY ORDER.

In answer to this, the Christian Church must have her own plan, a part of which must surely be the placing of "non-professional missionaries" in non-Christian countries. The full-time Missionary has in many ways the harder task, and is still so necessary, but about the vital witness of the non-professional missionary there must be a spontaneity and challenge which is uniquely his privilege and responsibility. These men and women will be well trained in their various callings, who will set up their Christian homes in such an environment, will come of their own free choice to love and serve the community, and who will of course wholeheartedly ally themselves with all missionary effort and with the Younger Church.

Today there is just such a need, but it will not always be so, and even in ten years the picture could easily be very different. Teachers, business men, expert craftsmen, engineers, nurses, dentists, doctors—men and women of sound training, and equally importantly of Christian integrity of character—who can be utterly re-

lied upon, who can resist the subtle temptations of life under very different conditions from those found at home, men and women who "having done all, can stand." Such men and women are wanted now, urgently, here and elsewhere, for the sake of Christ and His Church and for the souls of men. To those in touch with Him the need can be the call.

In many of the assumptions we make we seriously limit God's power to use us in fuller Christian Service. Let us not necessarily assume that God wants us to set up our homes in the country of our birth! It may be that there are non-Christian countries anxiously awaiting the very talents that we possess, and hungering and thirsting for the love which can only be offered in the Name that is above every name, and through the life and home in touch with HIM.

May God kindle within us all a Christian awareness and imagination! May God, because we are willing to receive His gifts, give us hearts to love Him, ears to hear Him, and wills to obey Him, for the sake of His Son, our Lord and Saviour!

Vellore Christian Medical College

By DR. EDWARD GAULT, Australian Methodist Missionary and Professor of Pathology.

One night nearly fifty years ago there came three knocks on the door of a missionary's home in South India. The visitors sought help for their wives who were desperately ill in nearby villages. They asked the help of the missionary's young daughter, but because she had no medical knowledge they went back home again, refusing the help of her father, who was a doctor, as they insisted that a woman must attend their wives. In the early morning young Ida Scudder heard the sounds of the funeral bells as the bodies of these three wives were being carried to the river's bank to be burnt. She had decided not to follow the missionary tradition of her family, which had made the name of Scudder famous in South India. She wanted to spend the rest of her life in America. But this night made such a powerful impression on her that her plans for life were changed. She decided to train as a doctor and come back to serve the women of India.

TODAY'S MEDICAL OPPORTUNITY.

Times have changed and while in South India today there is not the same timidity on the part of women, the need for doctors in India, particularly those who will serve the village, is tremendous. Just how the work that Dr. Ida Scudder started in 1901 has grown into a great medical college serving the Christian Church and India to-day is one of the modern miracles. Vellore is an inland town some eighty miles from Madras. To begin with she only had a small dispensary, but soon money was raised to build a fifty-bed hospital. Here not only were patients treated, but a start was made with nurses' training. Then came the idea that Indian women should be trained in a Christian atmosphere to go out as doctors to their own people. So a start was made on a diploma course lasting four years, which was recognised by the Government. The fifty-bed hospital soon proved too small for all these undertakings and the plans were made for building a bigger hospital in another part of the city where more land was available. How well these plans were made can be understood to-day when the hospital has grown to a three-storied

building with modern laboratories, X-ray plant, operating theatres and accommodation for 460 patients. One of the early buildings was a beautiful marble-floored chapel which has proved a focal centre for all the work of the hospital. Each year a very beautiful lamp-lighting ceremony is held in this chapel. The nurses who are starting on their training precede the nursing staff in a procession which enters the chapel in which the medical staff and visitors have already assembled. Then follows a dignified service during which an address on the ideals of the nursing profession is given. Following this there is lit a replica of the lamp used by Florence Nightingale at the Crimea. Each young nurse then comes forward to light a simple Indian lamp at this central lamp as a symbol of the life of service she is entering on. To-day there is a school of nursing in Vellore which is recognised as one of the best in India. This gives not only the usual certificate course of training but also a sister tutor's course for trained nurses from Mission hospitals all over India and a degree course affiliated with the Madras University following lines adopted in Norway, Canada, and the U.S.A. This later course is attracting a better educated type of girl to a profession which in the past has so often been considered an inferior one.

THE MEDICAL MINISTRY AND THE PEOPLE.

From the early days the hospital has had a close link with the villages. Not only have patients come into the hospital but the hospital has gone out to the villages. Roadside ambulances have gone out along the four main roads from Vellore and treated small groups of village people at regular stops. At first only an ox-cart could be used, but later one of the earlier primitive cars was bought. Its unreliability was recognised and village people would wait by the side of the road all day for its return if a flooded part of the road might offer difficulty. Today bigger buses with a team of doctor, nurse, dispenser and bible woman see up to 300 patients a day. The incidence of leprosy is heavy in many of these villages, and as day by day these simple people get treatment truly the sick are

healed, the lepers are cleansed and the acceptable year of our Lord is preached. Few modern medical centres have such an intimate link with the rural population. The problems that the village presents in terms of prevention of diseases, malnutrition and home conditions are not forgotten in the efficiency and orderliness of a big modern hospital. Our students have kept before them the claims of the village, for no matter how many doctors are trained in India, unless they have the rural needs at heart the problems of the country will not be solved. Recently one centre has been established where a systematic study of leprosy is being made in the surrounding villages and an attempt to control its spread is being made along new lines.

COLLEGE AND HOSPITAL.

The medical college had developed in association with the hospital but soon the position in the city became too cramped for students' hostels and the laboratories for the more academic subjects. Two hundred and fifty acres of land was purchased four miles out



SISTER JESSIE GRANT—nursing sister, Choiseul, and four of her medical assistants.

of the city in an area where great rocky hills rose on three sides of an extensive plain. Built out of the grey stone of these hills some very beautiful buildings were erected. Up till 1937 nearly three hundred doctors had been trained. But the standard they reached only enabled them to work under the supervision of fully-qualified doctors. Then came a crisis. The Madras Government abolished this type of training, insisting on a full training equivalent to that in other parts of the English-speaking world. This was already being undertaken by the Government medical college in Madras, but as Vellore faced all the implications of what such upgrading meant in terms of enlarged laboratories and bigger and better qualified staff, even the most courageous heart must have felt daunted as the sources of supply were surveyed. However, a start was made. Members of staff were sent for further training and the teaching facilities of the college were enlarged. By 1942 the first two years of the course covering Anatomy

and Physiology had been recognised for teaching, but the burden of raising the hospital to the required standard seemed impossible. Then came the daring and exciting conception of Vellore as a big all-India training centre for both men and women. The churches were captured with the idea of a place where first-class medicine could be linked with Christian teaching; where communities could be taught how to enter into fully healthy living in spite of tropical conditions; and where Indian doctors and nurses could be trained for responsible positions in the healing ministry throughout the land. The wonderful story in this decade of how doctors were drawn together from many parts of India and from many countries, forms an important page in the history of the church in modern India. A thoracic surgeon from Boston, an Indian brain surgeon trained in Canada, an Orthopaedic surgeon from London pioneering the treatment in the deformities of Leprosy, a South Indian woman anatomist with a flair for histological research, and the leading expert in Leprosy are a few of the 70 doctors on the staff of college and hospital. Drawn from many denominations, they have been an example of church union in action before it came to actuality in South India. Students came from all parts of India, Pakistan, Burma and Ceylon. As one wanders through the classes the great variety is seen from a keen alert girl from Travancore to a man from a hill tribe in Burma—the first of his group to train as a doctor. How it would please the spirit of Osler to see a group of students at a post-mortem seeking to learn the causation and basis of disease or the enthusiasm of Mansen as a lovely young Assamese girl studies the clever charts and illustrations of parasitic diseases which have been specially prepared in the college. Since all the students and staff are in residence, there has grown up between them that friendly relation which results in the best type of teaching.

COURSE AND PROGRAMME.

Thirty-five students are admitted each year. The course follows similar lines to that found in Australian medical schools and the Madras University, which is the examining body, is rightly proud of its medical degree. All the teaching for the last three years of the course is done at the hospital and there is a close co-relation between the various departments. The present principal is a most distinguished Indian woman doctor—Dr. Hilda Lazarus—and the staff is about half Indian and half European.

Not only in the daily services in the chapels but in weekly classes the religious background of all the work finds emphasis. Members of staff take groups of students through a four years' course. The first year covers the study of the early church in the book of the Acts, the second year in a study of the gospels, the third year the doctrines of the church and the final year the relation of Christianity to other religions and institutions—the home, the community and daily work.

This piece of work is something greater than can be carried through by an one Christian body. It becomes the work of the whole church as it faces the new India. Some forty missionary bodies are supporting Vellore today. Of the £110,000 needed annually for the hospital and college, over fifty per cent, is raised in India. For the rest the college looks to Christian people throughout the world. To complete the scheme at Vellore and provide all the buildings and equipment needed will take another £60,000 a year for the next four years. These may seem large figures, but Vellore goes forward with courage to face the new future as it has faced its amazing past.

—The Missionary Review.

PROBLEM and OPPORTUNITY

by DR. A. G. RUTTER,

former Medical Superintendent of our Mission in the Solomon Islands, and later Senior Medical Officer of the British Solomon Islands Protectorate.



DR. A. G. RUTTER

"Medical problems in the Solomons"—how many they are, and how large they loom in the consciousness of the hardworked doctor or nurse upon the field. How discouraging and disconsolate a sound the very word problem seems to have; how far away and unattainable a solution sometimes seems to be. There is an answer to his discouragement—it lies in the contemplation of the challenge and opportunity of which the problem is but one facet. This is not escapism, but true realism; for the opportunity has as real an existence as the problem. So I have chosen to treat first in this short article of the opportunities which the Medical work offers to our church in the Solomons; the problems, which are legion, may then perhaps be seen in clearer perspective.

THE CONSTRAINING LOVE.

First then, to put it at its simplest and most obvious, the opportunity for humanitarian service in the healing of the sick, the relief of pain, the making of the lame to walk and giving of sight to the blind, is a tremendous one; one which must appeal to the individual nurse or doctor on the field, and to every church member who supports the work with his gifts. You in New Zealand have become so accustomed to the provision of a natural health service on the grand scale, to the free medical attention and the free hospital treatment which are yours for the asking, that it is hard for you to appreciate, even dimly, the plight of the Solomon Islander who is ill in his village, or whose sight is failing, or whose leg has been broken in a fall. For him there is no telephone to ring the ambulance, no well equipped hospital down the road; for him not even the injection of morphia mercifully available to relieve his

pain. For him there is only the canoe, the rough wooden splint, and perhaps the aspirin which his village medical orderly may be able to prescribe. But remember this, in many areas of the Solomons, in spite of the recent expansion of the Government medical service, there is, but for the work done by our missionaries, doctors, nurses and medical orderlies, not even this; and that these crude and primitive services are to the injured or ailing patient the sign and symbol of hope, and the possibility of recovery. So here is opportunity number one. Surely not the most apathetic of us can close his eyes to it or withhold his support.

On a different level, and appealing perhaps to a different kind of person, is the opportunity for the improvement of the public health of a people who are denied the benefits which a more highly organised civilisation gives to us. When I first went to the Solomons—and no doubt the position is not so very different today except around the mission stations and Government hospitals—it was no uncommon thing to ask one of the older mothers of a village—"How many children have you had?" and to receive the answer "Eight," or "Ten," or even "Twelve." But go to count the children who had survived into adolescence or adult life, and you would be hard put to it to number five or six. In my early village patrols and surveys—carried out after our medical work had been so drastically curtailed in the nineteen thirties—I recorded infection rates amongst children for the horrible disease of Yaws as high as ninety, or even in places, one hundred per cent. The Ross Innes leprosy survey in 1938 revealed that at least one per cent. of the population, and probably many more, were infected with the germs of the dreadful scourge of leprosy. Here is an opportunity if you like, with an unlimited horizon. Next to the task of direct healing, our medical workers



ONE OPPORTUNITY

are in the Solomons to teach the people new ways of living; cleanliness, hygiene, mothercraft, and homecraft—and so to raise the standard of living of the people. Preventive medicine, public health: to transform a disease ridden race into a healthy one, a dying community into a vigorous and growing one; and to enable them to make a fuller contribution to the commonwealth of nations of which they form a part, and to play a role which they could never sustain without healthy bodies and healthy minds. Here is opportunity number two—nothing less than the rescuing of a whole community from dirt and disease into healthy living.

THAT THEY MIGHT HAVE LIFE.

And opportunity number three?—to preach the acceptable year of the Lord. The missionary worker, however inspired by personal pity and compassion for the individual sufferer, and however possessed by a vision of a healthy virile nation emerging from the mists of ignorance and disease, must, if he is really to fulfil his mission, have a further vision, and a sense of his highest opportunity. Medical missions and missionaries are sometimes criticised by the outsider as taking an unfair advantage of the unfortunate heathen. "You catch him when he is at his lowest ebb; and when you have him at a disadvantage and under an obligation, you ram your gospel down his throat." Or, in the same vein, the reality and validity of the native's acceptance of the gospel is minimised and written down on the grounds that he has only conformed out of gratitude and a desire to please. But the true medical missionary's approach is a very different one. He regards his work not as a side door into the native's affection and regard (though it no doubt often acts as such); nor as a stance or platform from which he may "preach Christianity" to someone who would never listen if he were not lying on his back in a hospital bed. No: the work of physical healing is for him, as it was for Jesus, part and parcel of the gospel message. The healing miracles of Jesus, whatever you may think of them, were not acts apart from his

message and his teaching; least of all did he regard them as a means to an end, as a way of attracting attention and interest which he could not otherwise secure. They were part of the very essence of his gospel. Fulness of life, and more abundant life, meant for him health in its very widest application; health of body, mind, and spirit as interdependent parts of a healthy personality. How can a man have more abundant life if he is racked by pain or crippled by disease? And this is the missionary's message too: he will teach respect and reverence for the body: cleanliness and health as a way of fulfilling God's ideal for man's human life. So the gospel message is rounded out, and we seize our opportunity of carrying life, in real fulness and real abundance, to these people whose need is so great, and whose need is indeed our opportunity.

These are our opportunities. What are the problems and the difficulties. They are of course many and varied, and few of them are purely medical.

FINANCE.

Because the opportunity is so great, so also is the need. However generously you may give, it is unlikely to be quite enough for what the man on the field would like to do, and knows he can do. The cost of medical work, like that of everything else, has soared in the last few years: drugs, dressings, rations, fuel, all cost from two to three times what they did in my days on the field. But remember this too: that a little money wedded to a lot of love, with devotion to a cause and to a people, may yield far greater results than can be calculated by any ordinary mathematics. Grandly conceived and highly organised schemes for native welfare may spend their thousands, or indeed their millions, as we know full well. The tiny budget of your missionary society may yield far greater dividends. Remember this when you plan your giving.

STAFF.

There have been times when it has been difficult or impossible to find just the right people to undertake the work that waits to be done. This is a problem which should never exist when the life of the home Church is healthy, and when her membership is dedicated to the service of the Master. Will you not think whether you, or you, or you, may not have a task here to your hand, an opportunity for service which you ought not to deny. This is a problem whose solution does really lie in your own hands; and which, if you of the home Church are ready to answer to the call, will always be solved as soon as it arises.

TECHNICAL PROBLEMS.

Of these undoubtedly the greatest is that of transport and communications. It is expensive in time, expensive in money, and often, inevitably, expensive in human life and suffering. It is difficult for you town dwellers, or even for those of you who live in the remotest backblocks in New Zealand, to understand just what this problem means on the Solomons field. The people of Choiseul, for example—only three and a half thousand of them all told—are scattered along a reefstrewn coastline of some two hundred and fifty miles: the only road is the rough bush track, and the alternative is the sea. Our best launches and boats cannot exceed a speed of six to eight knots, so that a journey of fifty miles will eat up most of a day, and to visit the people of Choiseul in their villages will take three weeks. It is a problem which bedevils medical work perhaps more than any

(Continued on page 14).

Recent Advances in the Field of Tropical Medicine

by DR. G. E. HOULT, our Medical Superintendent.

Dr. Hoult has recently completed the course for the Diploma in Tropical Medicine and Hygiene at the University of Sydney.

On a New Year's Eve visit with the Rev. and Mrs. Trevor Shepherd to Maseru, we are informed of a woman seriously ill at Tapurai. Within an hour the mission party is ashore on the beach at Tapurai. In vain the woman restlessly seeks relief from her pain. It came very suddenly to her lower left abdomen spreading to the whole of the lower abdomen. She feels weak, breathing even is painful while this continual movement is excruciatingly so. Mrs. Shepherd gives her some appropriate medicine and manages to find a more comfortable position, partly propped up, for the woman. She will be a little better in a few hours. Then she will be taken to Bilua.

The patient has developed a severe form of Peritonitis which used to cause many deaths, but thanks to the skill of research chemists in making the necessary drugs the death dealing infective processes were halted, allowing the tissues to wall off the danger area. We thank God for the research, more active now than at any time in the world's history, which is making such frequent discoveries of great benefit to the whole population of the world and of particular importance to us in the Solomons.

ATTACKING TUBERCULOSIS:

If we think of the disabling disease of Tuberculosis there is a galaxy of drugs called Antibiotics the wider usefulness of which on the mission field is merely limited by the astronomical cost of some members of the group. One member called Streptomycin is not so expensive and has been applied successfully here to the treatment of bony Tuberculosis. At Sasavele in the Roviana Lagoon, the village where Sakiri Goldie resides, a young man had a water discharge from the lower jaw bone. Nothing seemed to influence the amount but it would continue to flow and cause discomfort and a prolonged unhygienic state. After a short course of this drug the condition cleared completely without recurrence. Another boy called Israel was suffering with a deep tubercular bone infection of his heel. He was given local treatment with a weak ointment made from a drug used in leprosy but which it is not wise to use except in such weak mixtures for tubercular bone conditions. He was also given some of the other drug intramuscularly. His heel is now healed up and he has been able to resume school. A few years ago an amputation would have been the only treatment with consequent limitation of activity. Other drugs similar to the ones developed against Leprosy have been applied against Tuberculosis, and a progressive immunity to the disease is developed. It has great application where hill country people of New Guinea for commercial reasons have been taken to the coast. They are not subject to tuberculosis in the hill country but are suddenly brought into contact with massive infection when working on the coast. Hence as a preventive measure they have been given skin tests to determine which had had previous contact. If the result is negative they are given the B.C.G. vaccine to produce resistance to the disease to which they are now exposed. It has also a very special application to the children who are very susceptible and can be given an immunity by this relatively simple procedure.

There are however some difficulties to the use of B.C.G. in the Solomons as it has to be used within five days of its despatch from Melbourne. At present B.C.G. is largely controlled in distribution but these controls may be eased in the not too distant future. The same B.C.G. has been used on lepers and it has shown that when the leper has shown no evidence of resistance to the disease processes then the B.C.G. has altered the skin tests to suggest that some resistance has been acquired. It is of course merely experimental at the present time but there is a gleam of hope that it may have a wider application.



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In the study of leprosy we are very greatly hampered as it does not conform to the criteria generally required to define an infective disease in the strict medical sense. None has succeeded in growing the organism, or if the doubtfully successful cases be admitted then none has from those organisms been able to pass the second generation infection to satisfy Koch's postulates. Therefore our understanding of the method of infectivity of the disease is very imperfect. Likewise our criteria of cure, so that at the present time we follow experience which indicates that a period of some years is required for treatment even with the new drugs before the risk of a relapse can be safely overlooked. Then it is possible for the cases to be supervised in an outpatient department if regularity can be expected. It can thus be well understood that cure will be



DR. CLIFFORD JAMES
1928-1931.

a significant word when the full story of the course and progress of the disease is known. Considerable work is being done and now the presence of inclusion bodies in the skin cells is being used as an indication of the progress of the cases so we expect that more exact information will not be long delayed.

DYSENTERY.

Space forbids prolonged discussion of all the recent benefits that have been conferred on the practice of medicine in tropical areas but brief reference can be made. Listen to Mr. Goldie or Mr. Gill, an old identity of these areas, tell harrowing tales of a dysentery epidemic in the islands. Now we have a very efficient drug with more recent variants in Sulfaguanidine. Yet it was not brought into prominence till 1943 approximately when it was used against severe epidemics in New Guinea by the present Director of the Sydney School of Tropical Medicine. Could we stop to enquire from lepers with eye troubles, which in other days would have meant blindness, what the new medicines mean to them we should have more tales of gratitude and now we have the prospect of using Cortisone drops not only for them but for many other severe eye disturbances which have even in the past few years been followed by blindness. This could not have been avoided when dealt with by partly skilled staff. This could have been avoided by the correct use of this powerful new drug which we hope to have available soon. Trachoma, a dread disease, is yet amenable to treatment with some of the new antibiotics. In the

field of skin diseases there are new drugs but these have not been so very successful as had been hoped but interest has been quickened by the application of radioactivity to the treatment of certain skin lesions in the form of varnishes and these may have considerable value in all kinds of conditions in the future. These substances are applicable to thyroid and also to certain blood diseases but these conditions are relatively rare in the islands. In the field of microscopy we have very good instruments and the one provided by the Lepers' Trust Board gives a magnification of 800 with a single eyepiece while with binocular vision its magnification is of the order of 1200.

MALARIA.

This article would not be complete without reference to that most serious disease of the Tropics and the one which is responsible for several million deaths a year in India alone. It has been known from the days of Hippocrates who held that it was caused by vapours from swamps. It was not till Meckel discovered pigment in the brain of a man dying from cerebral malaria that any scientific approach was commenced. Most of the work has been done in the last 50 years, so that the whole story of scientific malariology is quite recent. A recent book eulogises the work of Ross who worked out the cycles of the parasites responsible for bird malaria and so set the stage for the proper understanding of human malaria. Then it became possible to break the cycle. Drugs have now been developed to combat this dread disease. Atebrine came with the first world war and Paludrine with the second. A brilliant piece of research was carried out at Cairns giving very good results for Paludrine.

Chloroquine is a very good drug which has not been shown to have the disadvantage of a developing tolerance which is the case with Paludrine and it gives good results in most cases. As newer ones are available from dollar sources this means they are not being used here at the present time. They are said to be able to kill the parasites completely. This has not been true of the others in general apart from parts of the cycle.

Malarial control by the use of insecticides has grown apace but is of very limited application since thorough control is a process involving complete teams, determination of the actual mosquito responsible for the malaria in a particular area and then destruction of the breeding sites by suitable drugs. DDT is of profound significance to this branch of Tropical medicine. The expense can be gauged from the Sardinian project which cost £3 million to rid the island of malaria. It seems difficult to see how mosquitoes could be eradicated economically from our mission area.

Newer approaches to the problem of insect control involve the use of substances which when mixed with the ground about the roots of trees or plants and absorbed into the substance of the plants form a poison for the insects which normally feed on these plants. It has to be controlled to avoid poisonous effects on human beings using the plants as food.

Hence we are encouraged to feel that soon we shall be able to have many of the diseases under such control as to be virtually powerless. With air transport we are able to send specimens to first class laboratories and receive the reply by radio in a few days. So we can begin to treat disease on a level approaching that available to practitioners in country places in New Zealand.

TITUS TAVIRA

A DOCTOR BOY AT WORK—by Sister Merle Carter.

We would like to introduce you to TAVIRA who is a native medical assistant at the D. C. Alley Memorial Hospital, Kekesu, Teop Circuit. You will find him cheerful of disposition, laughing merrily at something which tickles his fancy with an infectious laugh which sets others smiling too. Tavira is about 24 years old and has been in the top class at school at Kekesu during this year. He hopes to enter College at Banga, Roviana B.S.I.P. early in the New Year. He has been a "Doctor boy" for six months only but has shown great promise.

Tavira begins his day at 5.30 a.m. when he joins with other Mission folk at morning Lotu, or alternatively takes Lotu with the Hospital patients. Then, at hospital, with Satoriri, a younger "Doctor" boy, and some of the patients he sweeps the wards and Outpatients' Department, washes cupboards, and in general prepares for the morning's work. Medicines are next dispensed to patients. Most of the patients receive Cod liver oil, some of them iron tonic, others medicines according to their particular need. Here Tavira may have to struggle to give a young child its medicine; one of the adults may keep him waiting 5-10 minutes while he or she decides whether to drink it or not! He must have infinite patience with them. Then there are a few very sick patients who are not able to go to the river for a wash and they must be washed in the wards. This is a comparatively simple operation as the patient usually wears a single article of clothing—a lap-lap or loin cloth—and if water is splashed around the floor that is little cause for worry,—it can easily be wiped up again.

THE DAILY ROUTINE:

By now the outpatients are beginning to arrive. There are many sore legs to be treated—cuts, yaws, and tropical ulcers with their large dirty, sloughing areas which will take Tavira a long time to remove and clean. Here is one patient who has been in several days and with whom Tavira has spent much time. Now the ulcer



TITUS TAVIRA and his brother VARANA (left).

is looking clean—no sloughing tissue is left. This is now ready to receive "powder or grease" treatment and to be put in a plaster of paris bandage. Tavira busies himself getting the necessary utensils and medicine, or calls to Satoriri to get them and soon the leg is in



SISTER MERLE CARTER

plaster and the patient being instructed not to walk on the leg until the plaster is dry. One of the doctor boys helps the patient out into the sun. There are many more waiting for their dressings to be done—some take several minutes only—a dab of mercurochrome here, a piece of plaster there;—a little ointment and bandage for another,—and so the moments fly until all the dressings are completed.

Here too we find some more patients. This one has a calico tied round his head and Tavira can guess that he has a headache. He will make a few more enquiries, take the patient's temperature, read the thermometer, and will refer the patient to Sister. He thinks the patient has malaria and further investigations proves he is right, and so he gives the appropriate medicine. This patient has a cough, but no temperature, Tavira states, and so he has given him cough medicine and cod liver oil.

INJECTION DAY:

But now the bell has gone for school, so Tavira rapidly finishes off a few odds and ends, excuses himself and goes to school. When school is finished he and Satoriri will sterilize the dressing trays, wash cupboards, bandages, towels, etc. Tomorrow is injection

(Continued on page 13).

FROM THE EDITOR'S MAILBAG

A LETTER FROM SISTER WINIFRED POOLE:



SISTER WINIFRED POOLE—who is nursing sister at our leprosarium at Ozama.

Many thanks for the letter which I received from your last plane. The following paragraphs you may be able to use for the special medical number of the "Open Door" that you are preparing. The incidents stand out above all others during my time at Bilua.

The first occurred just two years ago. This is the story as written at the time: A lovely little eight-month old girl, Joyce, was brought in with cerebral malaria. On admission she was unconscious with marked arching of the back. Dr. Hault was in another part of the Circuit and it was not possible to contact him. For days and nights we fought for the little girl's life, praying the while that, if it were possible, she might be spared. The parents, Isaac and Eunice, requested special prayer at morning and evening Lotu and themselves prayed without ceasing. What a joy it was to witness their faith! Their loving care for the little one was a revelation to me. Years ago Eunice had been trained by Sister Ethel McMillan and her handling of Joyce would have satisfied the most Plunket minded of mothers. I made an unsuccessful attempt to relieve the cerebral pressure by lumbar puncture. In spite of everything, the babe died six days after admission to hospital.

Then came the time of testing. How would the parents react? They were so confident in the efficacy of their prayer. But their faith in the love and goodness of God remained unshaken. As soon as Isaac saw that the child had died, he asked for prayer. Although grief stricken he prayed, "O God, you have taken to Yourself the gift which You sent us. Is it not our will, but if it is Yours, then we can still say 'Hallelujah' and 'Hosannah,'" (translated). Then he prayed for his wife and children and for me that we might receive strength

and comfort in this time of sorrow. It is only to be expected that Eunice and Isaac have been wonderfully sustained and blessed. The hymn they chose for the Lotu in hospital and again at the graveside was, "I'll Praise my Maker while I've breath." (M.H.B. 428 translated).

Not long before Jubilee we were saddened by the news that Mendana, 10 year old son of Eroni and Reva Qorataru, had been taken by a shark at Choiseul. As Eroni is a patient at our Ozama Leprosarium, it fell to my lot to break the news. Eroni is a man with a deep and sincere love for his family. For their sakes he came to me last term and showed his leprous lesion although he knew it would mean indefinite separation.

When I told him of the tragedy, he was very broken up. Together with Aleke, the teacher, we had some prayer and I marvelled at Eroni's faith. His prayer was full of gratitude to God for having given them the boy for so long. Very lovingly he prayed for his wife and family so far away when they needed his presence. Doneli, the eldest boy was especially remembered that he might receive strength to care for his mother and small brother. Eroni prayed for me and for the others on Ozama that they might not be too sad. He prayed for Dr. Hault, then in Sydney, that God would grant him wisdom to pass his exams. that he might return here. Lastly he prayed for himself that his faith might not fail and that God's will might be found in his life. It is difficult to describe such a prayer, but it was one the most real that it has been my privilege to share.

Such experiences as these serve to restore our faith when it is so easy to become discouraged in the Work and to doubt the depth of the personal experience of our Saviour Christ among these people.



Leper patients undergoing treatment at Ozama.

The Papua-New Guinea Highlands Mission

READERS WILL BY NOW BE FAMILIAR WITH REPORTS OF THE NEW MISSION OPENED TWO YEARS AGO IN UNEVANGELISED TERRITORY BY MISSIONARIES OF THE AUSTRALIAN METHODIST CHURCH. IN OUR MARCH ISSUE, WE PUBLISHED THE PICTURES OF THE TWO MEN CHOSEN TO REPRESENT THE SOLOMON ISLANDS METHODIST CHURCH IN THE NEW VENTURE. THEY ARE ALPHEUS ALIKERA AND JOHN PIRAH. JOHN PIRAH'S TESTIMONY HAS WON WIDE INTEREST AMONG OUR READERS.

ON THE NIGHT BEFORE THESE TWO PIONEERS AND THEIR WIVES AND FAMILIES LEFT KIHILI MISSION STATION ON THEIR WAY TO THE HIGHLANDS MISSION, A FAREWELL WAS ARRANGED BY THE ACTING CHAIRMAN OF THE SOLOMON ISLANDS DISTRICT, THE REV. A. H. VOYCE, WHO COMMENDED THE NEW MISSIONARIES TO GOD'S CARE AND HANDED THEM THIS LETTER ON BEHALF OF THE METHODIST PEOPLE OF THE SOLOMON ISLANDS.



A Valley in the New Guinea Highlands.—Australian Information Office picture.

Dear Alphaeus Alikera and John Pirah, Eileen and Ruth Moho,

We did so want to give you a farewell. You are the first missionaries to go out from the Solomon Islands' Church to a heathen district over the seas. You are going to Mendi, in the central Papua-New Guinea Highlands. You will find the people very different from anything you know, and the climate will be cold.

You are going in the name of Jesus Christ, and you are going to do God's work. We want you to know that our prayers will go with you. We know you will work faithfully. You will have times of joy, and, no doubt, times of sorrow. You will be homesick, too, at times. All missionaries who go to other lands have such experiences, loneliness, joys, and, at times, sorrows; they feel their work is in vain. We want you to know it is God's work, and He will not suffer your efforts to be in vain.

We want you to give of your best. You are well fitted for your task; you have a good education; you are men and women of much experience. But when you deal with the primitive people to whom you are

going, if you want to be a success, forget all that you have, and are, and live only to "love them" into the Kingdom of God.

Remember that Paul says, in I Corinthians 8:1: "Knowledge gives pride, but loves gives true strength." Yes, knowledge can make a man look big, but only love can make him grow to his full stature. During the war, you both saw New Zealand and Australian soldiers, and perhaps you visited some Y.M.C.A. tents—Young Men's Christian Association tents, where games were played, and Lotu services held.

One sign that was often displayed in Y.M.C.A. tents was this one: "Some men grow under responsibility; others only swell." That is only another way of saying what Paul said to the Corinthians. We want you all to "grow under responsibility" and serve Jesus Christ faithfully. We want to be proud of you. See to it that you don't let us down.

May God bless you all, and give you grace and strength to serve Him faithfully.

(signed) A. H. VOYCE.

(All staff and students at Kihili signed this letter).

AUSTRALIAN METHODISTS EXPRESS APPRECIATION:

WHEN THE REPORT OF THE APPROVAL THE NEW ZEALAND CONFERENCE ACCORDED THE APPOINTMENT OF THE TWO SOLOMON ISLANDS' MISSIONARIES TO THE PAPUA-NEW GUINEA HIGHLANDS MISSION WAS RECEIVED BY THE ANNUAL MEETING OF THE AUSTRALIAN METHODIST BOARD OF MISSIONS, THEIR MIND WAS EXPRESSED IN THE FOLLOWING RESOLUTION, WHICH RECENTLY CAME TO HAND:

"The Board of Missions of the Methodist Church of Australasia wishes to place on record its sincere appreciation of the action of the Solomon Islands' District Synod in sending two of its pastor-teachers to participate in the Papua-New Guinea Highlands Mission. The Church in Australia has undertaken this new missionary venture in a hitherto unoccupied and unevangelised area at what it believed was the call

of God, and although there are many difficulties and heavy responsibilities, it felt that it could not do other than take the Gospel to this large and unknown population in the mountains of Southern Papua and Central New Guinea. The news that the Solomon Islands Church was willing to share this missionary task was very enheartening to our Board and to the Methodist Church in Australia. It made us realise that Methodism in the Solomons is in the great tradition with such missionary devotion coming from the people themselves. It also confirmed the desire which has been with both Boards that we should wherever possible share our resources in the interests of the more effective proclamation of the Gospel among Pacific peoples amongst whom Methodism has, by history and tradition, been entrusted with great responsibilities.

(Signed) C. F. GRIBBLE,
General Secretary."

OPENING OF HELENA GOLDIE HOSPITAL

Stop Press Report by Sister Effie Harkness.

For some months, Phil Taylor and his carpenter boys had been working on the new Hospital buildings and they were completed by the time of the High Commissioner's visit. The Hospital is built on a point and there is ready access to two sides of the Lagoon. There are four European buildings and three native buildings in the Hospital block. There is the Women's section, the Men's ward with a dental room in the same building, Out-patients etc. in another, and a meccano building which has the operating theatre and dispensary as well as other small rooms. The native buildings are for the dresser boys, the relatives of patients, and one for a native nurse who is a widow with three little girls. It is a fine Hospital.

The Helena Goldie Hospital is about four minutes' walk from the Jubilee Hall. Just as the High Commissioner arrived at the Hospital it began to rain gently. We were able to stand in the shelter of a verandah, but two choirs who were to sing nobly stood out in the rain, and all their nice white clothes got

wetter and wetter, but they didn't show the least sign of discomfort and sang very sweetly. The buildings were declared open and then the folk went through to see all the wards and patients.

Steady rain had set in by this time, but that did not deter the young people from going on with the dances, drill etc. The visitors sat in the porch of the Hall and watched the dancing which went on in spite of the rain. Coloured crepe paper was used by some of the dancers as decoration, and it was sad to see the colours running into the white frocks, but the girls were unconcerned. Dancing went on till it was almost dark and then we had evening Lotu all together. Mr. Stanley, the High Commissioner, took the reading and our Station boys' choir sang.

In the evening sixteen of us sat down to dinner at Mr. and Mrs. Woodfield's house. Everyone was very friendly and we spent a very happy evening together. The native folk put on a concert at night but His Excellency didn't want to attend, as the day had been quite busy enough, and we all just stayed and chatted after dinner. It is very good when the high Government officials take a real interest in the people they have come to govern.

TITUS and TAVIRA

Continued from Page 10).

day and perhaps you would like to see Tavira and Satoriri at work again. They will have the tray with syringes, needles, basins and water all sterilized ready for use. Tavira has not been a "doctor boy" for long but he has been able to give injections, both intravenous and intramuscular for some months. The N.A.B. for injection is in powder form and must be mixed with an appropriate amount of water. Tavira's arithmetic is good so he is able to work out how much water he will need for a certain number of phials. He will scrub his hands and then proceed to mix the solution. The patients will be sitting around ready; Satoriri will be busy writing their names in the injection book and then putting the tourniquet on their arms ready. "Strongim hand belong you," Tavira might say and he proceeds with the intravenous injection. Adults and little children, all are there for injections. Here is a little lass of 6 years. She is so good. She holds out her arm and scarcely winces when she sees the needle coming nearer. Good! Tavira has got it in the vein and now the injection is finished and the arm is being painted with iodine. But there is a youngster who really is frighten-

ed and who won't hold out his arm. Well he will have an intramuscular injection. Perhaps it will take two people to hold him down, for Tavira doesn't want the needle to break. He knows he must be careful too where he gives the injection for he has seen a few children about who are lame because someone has not given them a good injection. And so the injection days come and go for Tavira and he is pleased with himself that he has mastered this art.

TAVIRA'S MOTIVE:

Perhaps this has given you a brief glimpse of Tavira at work. He was led to give his heart to Jesus through the ministry of a Solomon Island teacher who was stationed in his village before the war. He was only a young lad but remembers the day very well. It was during the past year that he was baptised into the ecclesia and took the name of Titus. His life and witness is in accord with his profession. He has his difficulties and his problems; he is learning to follow Jesus and to work with the Great Physician as the Healer not only of bodies but of souls. Many times he must take his place in leading the little service in the hospital chapel. Your prayers for him and others like him would be valued that they may "grow up into Him in all things, which is the head, even Christ."

LEPER WORK — AN EXPLANATION

At many missionary deputation meetings the same question is being asked—"Can you explain the difference between the various leper appeals at present before the Churches and general public?" Evidently there is some confusion in the minds of Methodist people. Therefore, the Foreign Mission Board has approved the publication of a statement aimed to clarify the position.

New Zealand Methodists should first understand that our own missionaries are actively engaged in the attack on leprosy in the Western Solomon Islands. On his patrol work our Doctor is always alert to detect lepers and to bring them in for treatment at our lepro-



The Plaque which appears on the dispensaries financed by the Lepers' Trust Board.

sarium on Ozama Island. This work has long been financed out of a special fund for which donations and legacies are regularly received.

The Mission to Lepers:

The Mission to Lepers, of which the New Zealand Secretary is the Rev. Murray Feist, is a long established Christian mission of an interdenominational character which works in India, China and Africa, in co-operation

with many different Protestant missionary societies. In 1952 grants exceeding £17,000 were made by the Mission to Lepers to assist British and American Methodist work among lepers in India. A smaller sum was similarly used in Nigeria and drugs worth £125 got through to China where Chinese Christians are now maintaining former American Methodist work among lepers.

The Mission to Lepers does not support work in the South Pacific area.

The Lepers' Trust Board:

The Lepers' Trust Board which is incorporated in New Zealand makes an annual appeal to the general public throughout the Dominion. Begun to provide comforts for the large Government leper settlement at Makongai in Fiji, its work now extends from Tahiti in the east to the Solomon Islands in the west. In the Western Pacific it assists the Solomon Islands Government with its work at Tetere, Guadalcanal. It also assists the Melanesian Mission (Church of England), the Roman Catholic Diocese at the South Solomons, the New Zealand Presbyterian Mission in the New Hebrides and the New Zealand Methodist Mission in the British Solomon Islands. None of the annual grant we have been receiving may be used at the Bougainville end of our District which lies over the border in the Territory of New Guinea.

Between 1942 and 1952 £14,250 has been received by our Mission from the Lepers' Trust Board. All but £972 of this has been spent on drugs, equipment, travel, three new dispensaries and an agreed proportion of the medical salary charges. A further contribution of £2,500 has now been received for 1953. In addition to these grants £8,500 has been received and invested towards the cost of a new leper relief vessel to assist in our medical work. Similar sums have been received by the other assisted missions.

Our Connexional Secretary, the Rev. H. L. Fiebig, is the Methodist representative on the Lepers' Trust Board in Christchurch. The Secretary of the Lepers' Trust Board is Mr. A. H. T. Rose who recently succeeded Mr. P. J. Twomey, M.B.E.

PROBLEM AND OPPORTUNITY

(Continued from page 7).

other part of our missionary activity. For the doctor cannot economically spend his time in travelling, and sick people cannot be moved by the primitive means available. How well I remember the thankfulness with which in 1939 we received the gift of little Cicely I., and what a difference she made to the effectiveness of our work. Do not begrudge, as you read your annual reports, the apparently large proportion of your contributions which seems to be swallowed up in "Boats and travel." And do not forget the trials and tribulations which those who represent you on the field have to meet in their unending journeyings upon the waters. There is of course a partial answer to the problem: that is the training of native nurses and orderlies to meet the need upon the spot. It is a most important task, and it too costs money. But it is the only way that even the simplest and most essential of medical services can ever be carried into the lives of the people in the villages: and it has borne rich dividends in the past.

Special Medical problems. These are of course many. Malaria is a problem, for European as well as

for Solomon Islander. Yaws is a problem; Leprosy is a problem. Perhaps largest and most important and most difficult of solution of all is Tuberculosis. Each has to be met in a different way, and each is all the time exercising to the utmost the ingenuity and the energy and the consecrated service of your doctor and nurses on the field.

Because of all these problems, and in spite of all the increasing work being done directly by the Government, we are still doing little more than scratch over the surface of this great field that waits for cultivation. Never be deluded into thinking that the need is small; or that the Government is taking it over; or that in a few years' time there will be little further to be done. Problems there are, and I have sketched a few of them. Those who have the responsibility of solving them need your prayers, your live interest, your gifts. But the problems are only one side of the picture, whose other side is opportunity. Be sure you take your share in the solving of the problems and the grasping of the opportunity.

ABOUT PEOPLE

THE CHAIRMAN:

The Rev. J. R. Metcalfe and Mrs. Metcalfe reached Britain in early May. They will spend extended furlough in the home country, where Mr. Metcalfe hopes to attend the British Conference of our Church next month. During Mr. Metcalfe's absence from the Solomon Islands, the Rev. A. H. Voyce has been appointed Acting Chairman of our Mission District there. Mr. and Mrs. Metcalfe expect to visit New Zealand before returning to the field.

* * *

SISTER DAVINIA CLARK:

Sister Davinia left Auckland on May 30th on her return to the field. She will serve temporarily at Kekesu, Teop Circuit, whilst Sister Merle Carter comes on furlough.

* * *

"THE LOTU" EDITOR:

The Board has regretfully accepted the resignation of the Rev. A. A. Bensley, the Editor of "The Lotu," our children's missionary quarterly. The new editor will be the Rev. E. C. Leadley of Gisborne, who will commence his work after the publication of the August number of the paper. Sister Lina Jones of Auckland has been appointed sub-editress. Sister Lina continues with characteristic efficiency and devotion to serve our literary work. She has recently completed the proofing of the Roviana New Testament and Dictionary, and is supervising also the duplication of school lesson notes for our sisters.

* * *

ORDER OF ST. STEPHEN:

In collaboration with the Youth Department, the Foreign Mission Board has recently accepted two young single men for service under the Order of St. Stephen furthering the building programme on our mission field. The Order of St. Stephen provides for a full year of unremunerated full-time church service in a circuit or church department on the part of the young person offering. After the completion of the year, the badge of the order is presented by the Youth Department. Mr. Jack Murray of the Riccarton Circuit reached the field on May 4th. Mr. Gordon Dey of Hamilton East Circuit will be leaving for the Solomon Islands this month.

* * *

SISTER JANE BOND:

After furlough, Sister Jane returned last month to the Solomons. She has been transferred from Vella Lavella to Roviana.

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OUR YOUNG PEOPLE:

The special effort initiated at the Papanui Youth Conference at New Year has now been completed. The target of £1,500 for a new hostel for boys at Vella Lavella is now assured. Well done Methodist youth!

DEPUTATION:

In April the South Auckland District was visited by the Rev. A. W. E. Silvester, whilst the General Secretary has visited Taranaki-Wanganui in April and Wellington in May. This month, Mr. Silvester is in Hawkes Bay-Manawatu, whilst the General Secretary is visiting circuits in the Auckland District.

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MR. and MRS. A. C. CUFF:

Mr. and Mrs. Cuff who have been serving our Australian Methodist Mission in the Papua District are spending their furlough at Okato, Taranaki.

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FOREIGN MISSION BOARD:

New members appointed at or since the 1952 Conference are the Revs. J. H. Allen (President of Conference), A. W. E. Silvester, Mrs. W. H. Patterson and Mr. H. L. J. Newton.

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SISTER JOAN BROOKING:

Readers will share our regret that an adverse medical report has resulted in the resignation of Sister Joan after only one term on the field. She and Sister Pamela Beaumont had till recently been associated with the



Sister Joan Brooking.

work at the lonely inland station at Siwai, South Bougainville. This station has been temporarily left un-supplied. Sister Pamela has been transferred to assist Sister Effie Harkness at Roviana, where our staff of teaching sisters is already one short.

WOMEN'S PAGE

M.W.M.U.

Methodist Women's
Missionary Union of
New Zealand.

269 Highgate,
Dunedin, N.W.1.
June, 1953.

Dear Readers,

Annual Conventions have been held in most districts and reports coming in tell of many happy gatherings and of spiritual refreshment. It is good for us to meet in this way.

Miss Barnett, Morven, wishes to thank all who sent donations for bulbs and especially those who added postage. The result was £50/10/-. We are grateful to Miss Barnett for her help. To handle and pack and post 1,725 bulbs means a lot of work.

Since the last "Open Door" was published we are sorry to record the death of Mrs. Ballantyne (Sister May Jenness) the first missionary sister to be sent to the Pacific by the Otago Ladies Auxiliary in 1905. For a number of years Mrs. Ballantyne lived in Dunedin and took an active part in the work of the Auxiliary.

Sister Davinia Clark has done official deputation work in Manawatu and Thames Districts as well as speaking in other places. By the time that this is in print we expect that she will have left for the Solomons, and we wish her a happy and helpful period of service.

Unfortunately Sister Joan Brooking will not be returning to the Solomons, for health reasons, but we are pleased to know that she will be able to resume nursing in New Zealand.

At the moment of writing we are sorry to learn that Sister Eva Saunders had to be sent to Port Moresby for medical attention. In a letter received from her a short time ago she says: "The most exciting news that I have to tell you is that I have purchased a canoe. It is to me, here, what a motor car would be to you at home. It is the only way of getting about here, and I do not know why I had not got one long ere this and it has already paid for itself. It really is for the hospital, I named it "Hygiea Skotolan"; it is painted green with a red border round the top. It is just a handy size, enough for three people of my own weight, but I find it ideal to take the "Doctor Boy" and two of the orphan children, they love it in the canoe. Kuhn's father made her a paddle and she does quite well too. The Island children learn very quickly to master their own little canoes. I can get to a village now without having to call a boat's crew away from school, as the morning is the best time for my work. Hygiea's maiden voyage was to Poka village to open a clinic there, followed by a sewing class. Poka is about three or four miles from Skotolan. Travelling via the coast over a coral reef most of the way provides ample nature study, for down in the deep blue or in the shallows there are the gayest and brightest fish to be seen, not only colours but shapes and sizes. We have to travel about a mile up the Poka River, the birds singing in the quiet untouched beauty of the giant overhanging trees has a charm all its own. The crocodiles make this river their paradise too. A trap is set beside

the wayside for them, a narrow pen at the side of the river; the crocodile swims into it and it is too narrow for him to turn round, he evidently cannot swim astern. I took Juti home to his village in my canoe. I sent word that I was coming and there was Juti's father waiting on the beach to greet us. I hear that Juti has settled in very well and is very happy. Tung is a nice clean village, nice and flat, a good playing area and beach for the children. Juti's mother and brother looked very thin and poorly, so I will need to keep an eye on their health."

Sister Helen Whitlow writes: "I have been helping Marama to duplicate some Petats Bible stories. There are one hundred stories printed on fifty-five pages. They are for use in the lower classes in school. It is a pity that printing is so dear for these people have no books except the Bible. When they see a paper they look at it and pick out all the little drawings and ask the name of the man or the lady etc., then when they get a children's coloured book it intrigues them immensely."

Sister Myra Fraser writes: "Easter has come and gone. Rev. T. Shepherd had spent much time in preparation for Easter and we were expecting a great blessing. The Sunday morning Communion Service will live long in my memory. During the week, Sister Winifred and I had discussed with our ten girls the meaning of the Service and the need for a personal decision to serve Christ. We left them to think about it and if they would really give their lives to Christ and to follow Him they were to come to witness to the fact by coming to early Communion Service. We especially stressed that it is no use going just because a friend went, that one person could not decide for someone else. Our hearts were filled to overflowing when eight girls came forward and took their place at the Communion Form. Several of the Mission Boys came too. Pray that they may stand fast and true to their decision and witness which they have made. About one hundred and fifty partook of the Lord's Supper. I was privileged in being able to help Rev. T. Shepherd in this service by leading part of it in the native language. I am sure that as the teachers went back to their villages that most of them would go back with a greater zeal for God and His work, as many do not get much outside spiritual help during the year. They have no books to help to refresh them as have our people at home."

Sister Myra hopes to be home in August.

Greetings to all,

ELIZABETH PURDIE.

DISTRICT COUNCIL REPORTS.

Franklin.—Easter Service for the Franklin Council is always a memorable day, held in the beautiful chapel of Wesley College, Paerata, and this year's service was no exception. Mrs. E. A. McEwen presided. The Communion Service was conducted by Rev. E. M. Marshall, B.A., Dip.Ed., assisted by Rev. T. Skuse. This

THE OPEN DOOR

followed the dedication of the Easter Offering. Over 70 members were present. Miss P. Marshall rendered hymn 809 as a solo. Rev. A. W. E. Silvester gave an inspiring address on the rehabilitation of the Solomons and its present needs. Luncheon was served on the lawn by some of the college lads. A beautiful day and true Methodist fellowship made the convention most enjoyable.

South Auckland convention. The District president, Mrs. S. Maunder, presided over 67 delegates and visitors. Roll call 8 Auxiliaries. Opening devotions were led by Sister Grace Clement. Rev. C. H. Olds delivered the pre-communication address—Theme: "Jesus' condemnation and sufferings at the Cross." Revs. A. W. E. Silvester and J. H. Hall assisted with the Communion. Mrs. Fisher dedicated the Easter Offering amounting to £62/15/6. The Rev. A. W. E. Silvester was the speaker and gave a frank and up-to-date picture of the needs and claims of the native people. Our Church's aim was to establish a strong indigenous church. The challenge was to us to work and pray that God's purpose be fulfilled. Solos were rendered by Mesdames Collinson and Hay. The day was one of high inspirational value and fellowship.

Thames Valley District Council, delegates from 9 Auxiliaries attended the quarterly meeting held at Matamata. The President, Mrs. R. Eastwood, took devotions stressing the necessity of every mother being a Christian example in the home. Reports from branches showed all have accomplished many things during the quarter, interest and support being maintained. Conventions were to be held at Waihi and Rotorua.

Taranaki convention was at Hawera, representatives being present from 9 auxiliaries. The communion service was conducted by Rev. L. G. Hanna. Mrs. I. Ramage, Hawera, led devotions, her theme: "Do we care enough?" reading from Mark's gospel the story of Gethsemane. Only caring matters. We should care enough for our missions to pray for them. Mrs. G. Tozer sang "In the secret of His Presence." Sister Joan Brooking then spoke of her work in Bougainville. Throughout her address she gave instances of answered prayer. Superstitions still grip the people, the language is a problem too. Despite all these difficulties the joy of service overrules all. All Auxiliaries had appreciated Sister Edna White's Jubilee story. Once more sharing in such a day as this had brought renewed enthusiasm to give of our utmost in the service of God and our fellowmen.

Manawatu.—There were 79 members present at Convention at Pahiatua on 12th March. Our president opened by reading a portion of Stan Daily's "Release." There were brief business sessions dealing with the Home and Overseas Missions, our own local work and methods of work. The highlight was Sister Davinia's account of the power of prayer in her work. She told humbly and gratefully of the healing power of God experienced in the lives of her patients when she and they committed themselves to God's love. Sister's singing was also much appreciated. The whole convention was characterised by a happy friendly spirit and Pahiatua's organisation helped a great deal towards this. Thanks were expressed by Mrs. Smith.

Wairarapa Council meeting and convention at Greytown commenced with morning tea at 9.30. A communion service conducted by Rev. A. Newman followed. Mrs. Sage presided over the business session and led devotions, stating 5,000 members in our Union made up of small auxiliaries, together spread the gospel. This year conference will be our privilege. Interest and

attention were solicited. Greetings were received from the Dominion Executive. Auxiliary reports showed good attendance and keen interest in all branches of the work. Mrs. Speight led afternoon devotions, stating "God does not expect us to under-estimate our worth. Every little effort counts." A solo was rendered by Mrs. Farley "I know my Saviour cares." Roll call revealed 41 being present. Mrs. Patchett dedicated the Easter Offering. The speaker was Mrs. Goudge who told of her recent visit to Cornwall. Mrs. Hunt expressed thanks.

West Coast convention was held at Reefton when there were 30 members present representing all auxiliaries. The Communion Service was conducted by the Presbyterian Minister, in the absence of the Methodist Ministers at March synod. Mrs. Dorrian spoke on "Service." An elocutionary item "Patchwork Quilt" and the passion play "Magda" were presented. Each Auxiliary thanked the Reefton ladies for their hospitality.

South Canterbury convention was held in Woodlands Street Church, on March 11th, Opening devotions conducted by Mrs. M. Hayman were based on the theme: "For to-day," "Let your light so shine before men, that they may glorify your Father in Heaven." Christianity is a life witness. The morning was devoted to receiving reports and routine business. At the conclusion a sacramental service was conducted by Rev. H. C. Orchard. His inspirational address will long be remembered. Miss Smail rendered the solo "There is a Green Hill." Mrs. Osborne presided at the afternoon session, devotions being led by Mrs. Avery. Greetings were received from sister organisations. The speaker was Miss Griffin who related her experiences when serving in Fiji, dealing particularly with the educational side of the work. A duet by Misses Lill and Willowby followed. Afternoon tea brought convention to a close.

Southland District Council was attended by 24 members. The Rev. A. Witheford conducted the communion service and gave a most inspiring address. All auxiliaries were represented with the exception of Tautapepe. Auxiliary reports showed that the work was progressing steadily and interest being maintained. Mesdames H. Robb and S. Brown were elected as life members of the council.

Otago District Council convention was held on 2nd of May in Trinity Church, when 117 members rededicated themselves at the communion service conducted by the Revs. E. S. Hoddinott and J. K. Watson. The Easter offering amounting to £110 was dedicated at the conclusion of the service. Mrs. McIndoe, president, presided over the business portion and welcomed all. Roll Call resulted in 13 Auxiliaries being represented. Musical items were rendered by five Dundas Street members and Miss P. West, and were much appreciated. Rev. H. G. Brown spoke on his work in the Solomons in 1924-27. The evening opened with a session of prayer for all branches of mission work. Reports from Auxiliaries showed good progress being made. The speaker was the Rev. H. A. Cochrane who served as a Home Missionary in the Northland District and who related some of his experiences. Mr. Cochrane paid tribute to the work of Sister Eleanor Dobby's work in this district. Close of day was taken by Mrs. McIndoe who read Hebrews 11 v.39:40. So concluded another inspiring convention.

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Sister Eva Saunders
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