

# THE OPEN DOOR

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the Methodist Church of  
New Zealand . . . .

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## A Bacteriologist Speaks

### A Message from the Vice-President

My interest in Methodist Overseas Missions was kindled away back in my early teens when I joined a Boys' Club attached to the New Brighton Methodist Church. The minister responsible for the running of the club was Rev. A. H. Scrivin who had attracted a goodly number of the local lads and who was somewhat a hero because of his prowess on the football field. Later, when he was accepted for service in the mission field of Papua, his work there was followed with a great interest by those connected with the New Brighton Church. An added interest in our Solomon Islands Mission was engendered by the visit of Daniel Bula. He definitely made a great impression on the young men of the Bible Classes of that time.

Those who attended the last Conference were thrilled to hear the testimony of the young Solomon Islander, Francis Talasasa, then resident in Christchurch. I have often wondered if a greater response from our people in New Zealand would result from periodic visits of suitable representatives from our mission field.



MR. E. L. F. BUXTON.

Because of my work in hospital laboratories I have always been vitally interested in the medical work conducted by the various doctors who have given of their best to healing the sick over in the Solomons. I have always admired the way they have carried on their task—a truly pioneering task—and one performed without the many helpful aids which are at the disposal of their brethren who labour in more civilised areas. It is not always known that those of our medical missionaries who have now established practices back in New Zealand are regarded by their medical

brethren and other authorities as the leading specialists in tropical medicine in this country.

**I have been particularly interested in the work that is being done among the lepers. I can recall three cases of leprosy that I have seen in New Zealand during my work as a bacteriologist and shall never forget the shock and feeling of pity that I experienced as I looked on the face of a man whose nose had been completely removed by the terrible scourge of leprosy.**

As I listened to the presentation of the Annual Report of the Foreign Mission Department at Conference last November I felt that the year 1954 had been an epoch-making one in the history of our Overseas Missions. The establishment of the Papua-New Guinea Highlands Mission has increased the enthusiasm of our people, and we have followed with great interest the selection and training of the first group of missionaries to carry the gospel of salvation and healing to these recently discovered people. But our interest must be practical. We are thankful to God that the target set for the special Highlands Appeal is within sight, but we must remember that our work in the new mission field will cost annually £2000 to maintain, and this amount added to the ever increasing costs of the work in the Solomons is a challenge to our people to be more liberal in their support. The present annual giving is only 11/8d per church member. Just about the cost of four or five visits to the cinema. Surely we place greater value on the work of our missionary friends, who have sacrificed greatly to take the gospel to our dark-skinned brothers and sisters; but more important still, surely our love for our Lord Jesus Christ should create a more worthy response from our church members than they have given in the past. God has placed us in a wonderfully favoured country. We can show our gratitude by remembering those not so favourably situated.

**Our Bible Class leaders can do much to promote the interest of their class members in the work of our missionaries. I shall never forget the wonderful response that came from those who attended the Youth Conference held at Papanui at the end of 1952 when £1500 was given for the Youth Hostel at Vella Lavella. I am sure that the whole church has been greatly impressed with the self-sacrificial spirit shown by those who have served in the Order of St. Stephen, and particularly with those of the Order who have given of their talents in the Solomon Islands. We pray that others will come forward and serve their Master in this way.**

(Continued at foot of page 2).

# Leprosy . . Ancient and Modern

by DR. C. J. AUSTIN, C.B.E., of Auckland, formerly Medical Superintendent, Makogai, Fiji.

Dr. Austin is a member of our Board's Medical Advisory Committee.

Leprosy, it has been said, is a disease as old as the world itself. There are, certainly, references to leprosy among negro slaves in Egyptian records dating back to about 1350 B.C., and it seems probable that the disease originated in Africa, and spread thence to Asia Minor and Europe, as well as across to India, and so to Burma, Tibet, and China.

## LEPROSY IN THE BIBLE.

The Hebrew word — Tسرائيath — translated in Leviticus and elsewhere as—Leprosy—was probably a generic, rather than a specific, term, and applied to any disease manifesting scaliness of the skin. Such a blemish would be sufficient to render the sufferer 'unclean,' with the natural consequence—'without the camp shall his habitation be.' On the other hand, the term undoubtedly included leprosy as we know it to-day, for the leprosy which 'rose up in his forehead,' when King 'Uzziah was wroth' with the priests who dared to question his right to offer incense upon the altar, can be clearly recognised as the faint patches of early leprosy, which may, in some cases, become visible only when the skin is flushed from emotional or other causes.

The 'cleansing' of the Old Testament was purely ritual, following recovery, and was in no sense a matter of treatment, for the ceremony was to be carried out only 'if the plague of leprosy be healed in the leper' to the satisfaction of the priest after he had obeyed the injunction 'to go forth out of the camp, and . . . look' upon the hopeful exile. The 'cleansing' might, indeed, be likened to the present-day 'Governor's Order for Discharge' from Makogai, which is contingent upon the recommendation of a Medical Board (in lieu of the priest), authorised to 'look' upon the disease-arrested patient and his records.

## LEPROSY IN EUROPE.

It is not generally recognised how prevalent was leprosy in the British Isles during the Middle Ages, and particularly from about the 10th to the 14th Century A.D., when there were said to be over 300

lazar houses in use. These were largely run by the Church, but individual treatment, however, well intentioned, could only have been, in a medical sense, of the crudest kind. The danger of contagion was fully realised, if not exaggerated, and in order to impress on the sufferer that he must regard himself as dead to the world, the Burial Service was read over him in an open grave. He was supplied with distinctive garments, a stick, and a clapper with which to warn others of his condition and approach, as well as a long list of prohibitions.

These and other harsh measures were enacted for the protection of the community, but showed little concern for the unfortunate victim of the disease. They were not, of course, universally observed, but undoubtedly played a part in the elimination of the disease from Europe, as did also the 'Black Death' of 1349, which wiped out about half the population of England, and must have been much more severe among the under-privileged and comparatively helpless sufferers from Leprosy. The raising of the general standard of living, and the improvement in diet due to the introduction of potatoes and other vegetables about the end of the 15th Century, must also have benefited the diseased, and raised the resistance of the community to infection, thus lessening the number of new victims.

## CHAULMOOGRA OIL.

In India and S.E. Asia, the use of Chaulmoogra Oil as a treatment for leprosy appears to have been known for centuries. Taken by mouth it has a violently emetic action in any but the smallest doses, while its effect on leprosy is erratic, and in advanced cases,

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(Continued from page 1).

As one who has been in close touch with many of our missionaries over the past thirty years, I have often felt the need for more adequate training of our workers prior to going to the Islands. I was therefore delighted to learn that those chosen for the Highlands Mission were to have the benefit of a course at George Brown College, and I am still further pleased that, as soon as circumstances allow, our women missionaries before proceeding to the field, will be given similar facilities for better equipping themselves for this specialised avenue of service. It will be a happy day when all our missionaries, men as well as women, are given the opportunity of the training afforded by the George Brown College.

A few months ago, when I was speaking to a missionary on furlough from the Sudan, he was most emphatic concerning the growing restriction of opportunities for Christian missions in certain parts of the world. As far as present indications went he felt he had only five years longer to spread the gospel in the

mission field to which he belonged. After what has happened in China, one wonders how much time is available for mission activities even in the Islands of the Pacific. This thought should make us press on with the task of preparing the native people to take greater responsibility. Our aim should surely be a self-supporting, self-governing native Church. Therefore, we heartily agree with the statement in the last issue of the "Open Door" that "no task is more urgent than the fostering of the indigenous ministry in the Solomon Islands."

In concluding, I would like to pay tribute to those who have given long years of service on the mission field. Some are still on the active list; others are back in the homeland maintaining a liaison with the work overseas. We trust that their great sacrifice, coupled with the present great need and opportunities, will act as an inspiration to all our Church members to give more than ever before to this most worthy cause.

—E. L. F. BUXTON.

very slight. Between 1910 and 1920, the introduction of intramuscular injections of Chaulmoogra or various derivatives of the oil marked a significant advance in treatment. Until recently, this was the standard treatment at most leprosy hospitals, and, though realising its limitations, particularly in advanced cases, we were enabled to discharge about 40 patients a year from Makogai under this regime.

#### THE SULPHONE DRUGS.

In 1942, certain drugs known as Sulphones—more or less distantly related to the now-familiar sulpha-drugs—were found effective in the tuberculosis of guinea pigs, as well as in preventing the growth of tubercle bacilli in culture media, on which, normally, they would grow readily. They proved much too toxic, however, for the use of comparable dosage in human tuberculosis. In an attempt to avoid this toxicity, a number of closely-related drugs were produced within a short while, but, still proving unsatisfactory for tuberculosis, they were tried in cases of leprosy, for there are certain limited resemblances between leprosy and tuberculosis that render such a trial logical. The bacilli are closely alike in appearance and staining reactions, and certain of the tissue reactions in the two diseases are similar. On the other hand, leprosy tends to be limited to the skin and nerves, whereas tuberculosis invades vital organs, and is, in itself, a more toxic condition.

The introduction of these new drugs into the treatment of leprosy can only be regarded as epoch-making. Extensive ulcerations in advanced cases, which had previously demanded swathing with fresh dressings twice a day, and which had proved completely refractory to sulpha-drugs and penicillin, dried up within a few weeks of the commencement of the new treatment, and many patients who were obviously deteriorating showed remarkable improvement.

The early results were thus extremely encouraging, and it was felt that for those to whom sulphone treatment was available, the sting had been taken out of leprosy, for it was the advanced cases that gave the most obvious signs of improvement. The question still remained, however, as to whether this improvement, striking though it was, would go on to complete cure. As I wrote for a Broadcast Talk in connection with a Lepers' Trust Board Conference in November, 1950—'The healing of these sores does not mean that the leprosy producing them has been cured. No

patient has yet become eligible for discharge as the result of sulphone treatment. . . . There is no doubt in my own mind, however, that the improvement—so dramatically shown by the rapid healing of open sores—is steadily continuing, though less openly, and perhaps much more slowly, in the great majority of our patients who can stand the treatment. Most of them look and feel much better, and from the bacteriological point of view they show fewer bacilli, and such bacilli as can be found, appear to be degenerating.'

#### CAUTIOUS OPTIMISM.

Since that time we have been anxiously watching results to see whether that optimism was justified, or whether, as with some of the new antibiotic drugs, we were producing a race of drug-resistant bacteria. That the latter suggestion was, indeed, a possibility, was indicated by the fact that at the end of 1952, 155 patients were recorded as 'Stationary,' their leprotic condition having neither obviously improved or deteriorated, but by the end of 1953, the number so classified had risen to 280. The only other possibility appeared to be that improvement beyond a certain stage was so gradual that progress within a 12-month period was imperceptible.

In his Annual Report for 1954, however, Dr. W. H. McDonald, the present Medical Superintendent at Makogai, appears to have settled the question. The 65 discharges in 1954 included 24 leptomatous patients (the more severe, infective type), who had spent an average of 10 years each—with extremes from 4-23 years—at Makogai, and had received sulphone treatment for 4-5 years. The number of apparently stationary cases has also decreased to 211. It therefore seems evident that continued sulphone treatment, far from producing a drug-resistant bacterial flora, is, in addition to clearing the ulcerating sores and other outward manifestations of the disease, gradually and almost imperceptibly producing cures in even the severest types.

The recent gift by the Lepers Trust Board of the latest type of electro-therapeutic equipment will prove a great boon to Makogai in the treatment of nerve lesions due to the disease and of their sequelae of paralysis of muscles and trophic ulceration. From July, 1954, to the end of that year, over 1750 treatments were given—the best evidence of their popularity.

Surgical treatment has become less and less necessary with the advances of modern drug therapy,

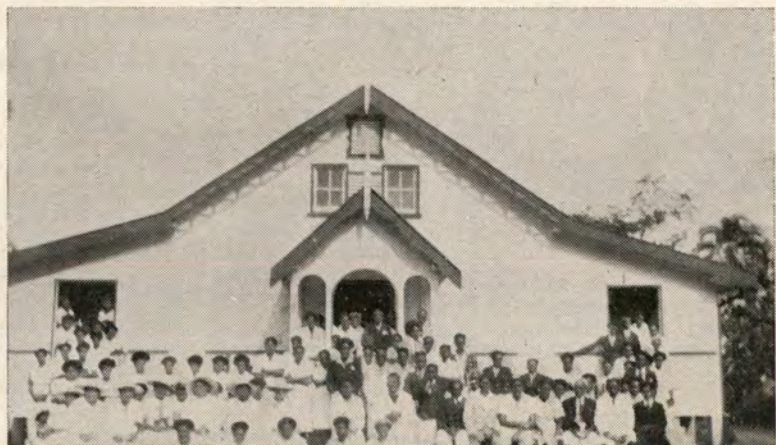


**Makogai**

**Methodist**

**Church**

A LEPER CONGREGATION  
IN FIJI.



and no surgical operations were carried out at Makogai during the latter half of 1954—a further tribute to the efficacy of the electro-therapeutic treatment.

#### OTHER FACTORS.

The provision of an adequate diet, and the treatment of concurrent disease have, of course, always been necessary, and tuberculosis was formerly one of the worst complications of leprosy at Makogai. Modern treatment is now proving that tuberculosis can also be cured or kept in check, even in the tropics, and there have been no deaths from this cause for some years. Malaria is one of the main complications in the Solomon Islands, and Yaws, Elephantiasis, dysentery, worm infestations, and various skin diseases have all to be considered and treated, if only to give the new treatment a fair chance.

Drugs and the physical aspect of medicine and surgery are still, however, by no means the only factors in the treatment of leprosy. The large proportion of patients are comparatively able-bodied, and in order to avoid the boredom of idleness, leading to mental depression and brooding over their sad fate—sick, and isolated from their loved ones—it is essential to encourage them to occupy their time with a judicious admixture of work and play.



**HELENA GOLDIE HOSPITAL — our main medical centre in the Solomon Islands.**

#### OCCUPATIONAL THERAPY.

At Makogai, where the majority of patients are natural agriculturalists, everyone desiring it is provided with an area for gardening, and surplus produce is bought for re-issue through the main Hospital Kitchen. All buildings are erected and maintained by patients, most of whom had no experience of building prior to admission. A number of patients are trained as nursing-aids in the hospital wards or village out-patient dressing rooms, and others are employed as Head Men or Women in their respective sections or Villages. The wages or gardening proceeds so gained find a ready outlet in the Co-operative Store, where a most representative selection of foodstuffs, clothing, and sundries, is kept.

The women, in addition to making mats from the pandanus leaf, and adorning their bed-covers with the embroidery at which they are so skilful, do a good deal of the washing and mending for the men, who, when fetching their freshly-laundered clothes, always carry some form of payment in kind—garden produce, firewood for cooking, or a small gift from the Store. The children are well catered for in separate schools

under Education Department supervision, and there are Troops of Boy Scouts and Girl Guides.

Inter-village contests at football, softball, cricket, and tennis, are very popular in their respective seasons, and periodical Sports Days are eagerly anticipated and trained for. All of these activities are an excellent source of physical as well as psychological benefit.

#### TRAINING AND RECREATION.

It is, indeed, fortunate that, in addition to providing the more basic necessities—buildings, drugs, and clothing itself—for leprosy work in some of the more necessitous parts of the Pacific—and especially in the Solomon Islands—the Lepers Trust Board of New Zealand has realised the importance of this psychological and re-creative aspect of treatment, and has greatly assisted in its application at Makogai. Among its more recent benefactions is a large concrete-block building, fully equipped for use as a Training Institute for the training of young patients in wood and metal work. This will not only ensure them good and profitable employment as well as developing self-respect and self-reliance while at Makogai, but will also prepare them for employment on discharge, and so facilitate their re-establishment in normal civil life. Mention must also be made—regrettably, but necessarily, in brief—of earlier gifts, including, for example, a large open-sided Theatre, where patients can see 'Talkies' once or twice a week, or parties of patients put on their own ever-popular concerts or stage shows; Recreation Rooms in the different areas for reading, writing, or indoor games; a Sewing Room in the Women's area equipped with both treadle and hand machines, cutting-out tables, and other dressmaking appliances; a Rehabilitation Centre for discharged patients in Suva; Sports and Gardening Prizes; as well as innumerable gifts sent for Christmas throughout the years.

These benefactions, apart from their actual value, not only stimulate the patients to mental and physical activity, and lift their thoughts above their troubles, but also, by the evidence of the sympathy of others more happily situated, serve as a link with the outer world, from which so many of them have been so long isolated.

After visiting Makogai, and seeing so many of these evidences of New Zealand generosity, the late Sir Frederick Doidge declared that they made him feel proud to be a New Zealander. The Lepers' Trust Board evidently realises to the full that 'Man does not live by bread alone.'

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## Leprosy in Nigeria

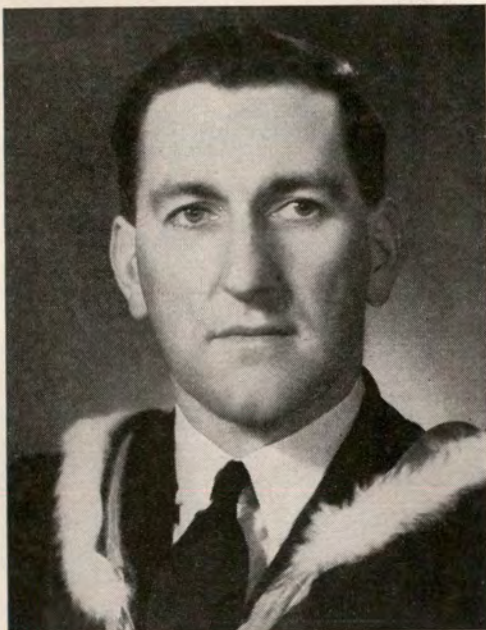
Writing in "The International Review of Missions in 1953," the Rev. A. Donald Miller, General Secretary of the Mission to Lepers writes: "The resident institution must still have its place; but it is likely to be a diminishing place as out-patient and health-education develop. The centre of activity is changing to the villages and the homes, and to an approach to leprosy sufferers before the disease has advanced and become obvious to all. Already this changed emphasis is very evident in considerable Nigerian work, where several missions, especially the Church Missionary Society, the Methodist Mission (of Great Britain) and the Church of Scotland Mission, co-operate with the Nigerian Leprosy Service, and where extensive networks of clinics and village segregation units are notably reducing the pressure on institutions."

# OZAMA

by DR. G. E. HOULT, M.B., Ch.B., B.D.S., D.T.M.

**The care of the sufferer is a work of love very close to the heart of our Lord, for it is more than the ordinary individual has been used to doing—to cleanse the leper.**

Ozama is an example of the struggle against opposition to the presence of the sufferers, for Choiseul would not have their own people treated near their villages, so land had to be sought elsewhere. No very serious opposition was experienced at Vella Lavella, where the island which had been leased for this purpose was put into operation. There was considerable feeling against the lepers at the start, but this has almost completely disappeared, and we are glad that they often have a good deal of freedom of movement. Ozama, a small island less than half a mile from the coast, handy for the sister to cross over for the regular treatments. The patients are able to visit gardens more easily than can occur with some of their village gardens. Some of them make canoes, they beautify their surroundings, they do native work such as string bags and mats, while the children delight in the making of carved vessels with all the mission and commonly seen vessels in their fleets. Fish is plentiful, and it is not an unusual sight to see many boys and men in the water flinging sardine-like fish onto the shore when they come in their millions right to the shore chased by the larger fish. These fish make a tasty meal, apart from the small bones, while they are good bait for the larger types of fish round the island. There is always plenty for the people to do, for houses are in constant need of repair, gardens take a lot of time, and they use their time making as much money to raise their standard of living as well as they can, buying wide varieties of merchandise.



DR. G. E. HOULT.

Most of these people come from a few small areas of Choiseul, common areas being Vanga near Sasamuqa, while near the top end of Choiseul are two villages called Poro Poro and Liuliu. Many relatives of our lepers live in one of these areas, and much interchange of dwelling arrangements has occurred among these people in these few areas. One thing noticed during the visit to Tetero Leprosarium was a very close similarity between the method of counting and the actual language used between the Guadalcanal people there and the Bambatana people. There may be no significance to this, but it was interesting to discover that, while the skin colouring had no association whatever, yet closer linkage occurred with this group than with any other of our people.

## OUR PROBLEM.

The increase in leprosy occurred when during the war the native peoples were forced to live under poor hygienic conditions, with poor food supplies, in constant danger and living very close to much dirt, disease and with poor clothing. Certainly it was inadequate for the high rainfall found in the hill country of Choiseul, where it was cold, wet and miserable. Yaws was very bad and the history of a young baby having contracted it at a few months old, not more than three months is astounding when we think that in good clean conditions now it is not unusual to find a child may miss the disease altogether while contracting it before 12 months is often because the conditions are very unhygienic. It is hardly surprising therefore that leprosy gained a good footing during such conditions. It is generally a disease of the interior in Malaita and Guadalcanal and while it is not considered that there is much significance between diet and the course or contraction of the disease it is felt in some quarters that probably taro eaters are among those more susceptible at least in Guadalcanal. Still this would need to be investigated. It does seem a possibility that where it is grown may be of significance as with high rainfall inland there is certainly leeching of soil with possible trace deficiencies which may be of importance in the infectious stage of the disease. It is a well known thing that surveys have given higher incidence figures for the inland areas.

## TREATMENT.

Our cases on Ozama are treated as is usual in most institutions, firstly by eradication as far as possible of the other tropical conditions which they exhibit or may be expected to have. Such diseases and conditions Malaria, Yaws, Hookworm diseases, Malnutrition, Scabies and various Tinea infections are all treated routinely on admission.

Very soon after admission a very noticeable change for the better occurs with a shinier skin free from blemish by Tinea or scabies and with a returning pigmentation from the effects of the improved diet, Vitamin therapy and the reduction of the effects of the Leprosy bacillus showing darkening of the coppery patches commonly seen on the face, shoulders and upper thighs and outer aspects of the arms. Some

of the more severe types as seen at Teter exhibit nodules round the brows, ears and other parts of the face with thickening of the ears and nose and the development of the leonine facial appearance. These often show a remarkable response to the DADPS but if reactions occur they are more difficult to treat than the less spectacular Tuberculoid cases with their sharper, more defined patches.

Some of these cases undergo a spontaneous cure by a series of reactions as occurred in one of our patients but not to complete cure as yet. The drug seemed to trigger the action and very little indeed was needed to keep the patient improving. Modern drugs are improving the treatment of the very resistant ulcers for which surgery offers a good outlook at present.

#### WHAT OF THE FUTURE?

We have been very slow to discharge our patients knowing that many have been discharged from some leprosanaria with relapses and we would prefer to avoid

this. However we are reasonably confident that there are several who would probably not recur if discharged after two or three years at Ozama. Hence it is hoped that this year we may be able to let at least one whole family away to return to Choiseul and we know there will be a great rejoicing. We trust that the project may be well performed in order to bring Glory to God for His help to whom be all the honour.

We are hoping that Eroni Garataru and his family may be able to return to Choiseul this year although at the present time some members are still showing signs of activity. It is considered that there is a good prospect that control will be established very soon and we are working to this end.

Several other individuals are practically clean and are for early discharge where conditions are suitable.

May God bless the efforts of all those who are endeavouring to bring comfort and healing to these who need our special prayers and efforts.

## Progress at Ozama

by SISTER DAVINIA CLARK.

We rejoice in the fact that we have discharged as cured our first Patient from Ozama. Aaron Gorataru is a very fine Christian and is a married man who is now able to live once again with his wife and family. It would be difficult to express what this must mean to him. FREEDOM to do as he likes and to go where he pleases. No more to be restricted to a limited sphere or tied down to rules and regulations. To be treated as an ordinary person.

This can be likened to the man or woman who comes to Christ and standing at the foot of the Cross accepts Freedom from Sin which binds us to Satan and comes between us and our God. If you have accepted this Freedom, this cleansing in its fullest sense you will realise what it must be to be a cleansed leper. No more an outcast but a child of God.

Eroni is free and we thank our gracious Heavenly Father for His Healing Power.

We have now a small village of contacts on the mainland. Some however are still on the island with 40 odd patients bringing the total on the island to between 50 and 60.

#### OUR COMMUNITY.

Ozama is set out in the form of a village. It is an island about 5 minutes by canoe from the mainland. Here they have their own church where they have morning and evening worship which is taken by the leaders there. On Sunday at 7 a.m. I take the worship and the other Sunday services at 10 a.m. and 3 p.m. The teachers on the island take Sunday School during the afternoon. Every Friday morning we have Bible Class there for those of B.C. age. This year the women of Ozama joined in a service of Prayer on the Women's World Day of Prayer.

What of their every day life? Some are confined to the island and spend their days fishing, sewing, making mats, baskets and string bags. We have

school each morning for the children and this is taken by two lads who are themselves lepers. Timothy and Sam are doing quite a good work on Ozama. Some of the folk are permitted to cross to the mainland and garden and in this way they are able to keep the folk there supplied with food. The men build canoes and before very long we hope the the Sister's canoe will be finished. It is a beauty and it will be good to have one that doesn't leak.



SISTER DAVINIA CLARK.



**SISTER JOY THOMPSON**, who has now joined Sister Davinia Clark as nursing sister at Bilua and Ozama.

#### INTRODUCTIONS.

Now let me introduce you to a few folk.

Luke is our dresser and is doing an excellent piece of work. Medicines and dressings are carried out every morning and evening. Luke's wife is a patient and they have one child contact living there. Beatrice, whom many of you met in November's "Lotu" belongs to Luke and Lui and young John who has just had his first birthday lives with us here at the sisters' hours.

There are a group of small children including Vaqalo who is nearly 7 years old and is our youngest patient. He is a delightful young imp and full of mischief. He with the others are never very far away when I go to the island and are fond of singing choruses to me, also they are very fond of chewing gum which I give them in preference to lollies.

Zakele, not only a leper but also a victim of polio, always has a smile and never a complaint. He is able to swim but will never walk again. Still as I say he is very bright and very capable with his hands and makes native rope and fishing nets and string bags.

Naomi, the picture would not be complete without her or Harry; Naomi is a real tartar. She demands attention at every turn and is always most hurt should we forget to enquire after her welfare. She causes me much amusement and is continually disgusted with me over my failure to understand the languages she talks. One day she teased another woman until it came to blows and I was called to make peace and dress the wounded. Naomi came off second best and had a lump the size of an egg on the side of her head. Needless to say it taught her a lesson.

Harry is a dear old man who loves visitors and chatters away in Bilua, Roviana or pidgin English. His main hobby is carving walking sticks and one he made he presented to Mr. Bensley when he visited Ozama.

You will be pleased to know that these folk are progressing most satisfactorily and we have hopes that quite a number will be discharged in the not too distant future. For discharges will bring new hope for those who have not yet been treated and who are frightened to reveal that they are victims of this dread disease.

Please pray for these people that as their bodies are being healed so their souls might be cleansed by the power of the Gospel of Jesus Christ.

#### FROM A LEPER PATIENT:

Dear Mr. Andrews,

I am happy to write this letter to you for I thought that you might like to hear something of the folk at Ozama.

We are all very happy and well. We have no troubles like we had before we came to Ozama so we are very happy in our hearts. We are happy too because Ozama is ours, and if we had not come I think that some of us would not be alive today. Our heavenly Father is very good to us and we thank Him for calling the Doctor, Nurse and Minister to help us. Thank you for the saving Power of Christ.

I would like to say something about myself. I came to Ozama 4 years ago with this sickness but now I have been given my discharge by Dr. Hoult. My heart is very happy indeed because I am free. So are my wife Rewa and my sons Donali and Tyler. I have proved that God is close to me all the time.

We are happy to with the work of Doctor and Sister who are helping us so much. That is all I have to say. God helps us all by His Love.

Yours Sincerely,

Aaron Gorataru.



**AARON GORATARU AND FAMILY.**

# The Lepers' Trust Board [Inc.]

**"It is strange that men should see sublime inspiration in the ruins of an old church and see none in the ruins of a man."**

G. K. Chesterton's statement has been proved wrong by New Zealanders who contribute thousands of pounds annually to an organisation which must inspire all men—the Lepers' Trust Board.

The board, the headquarters of which are in Christchurch, in the South Island of New Zealand, strives to comfort South Pacific Islanders who have contracted leprosy. Its charity extends to all who have leprosy or any tropical disease in the South Pacific, from Tahiti in the east to the British Solomons in the west. It knows not racial or religious barriers. Its work uplifts physically and psychologically those suffering from the disease, and offers a firm foundation—mental happiness—on which modern drugs can heal.

The board does not actually control leper hospitals. It has, by substantial assistance, enabled hospitals and leprosy settlements to be founded, and by its untiring interest it has played a big part in the successful running of these establishments. A form of philanthropic work on a modest scale led directly to the board's establishment. More than thirty years ago the late Mr. Ben C. Pratt, of Christchurch, began to help a small number of lepers quarantined on Quail Island, in Lyttelton Harbour, a few miles from Christchurch. He collected Christmas gifts and donations for presents to make their lives more cheerful. In 1918, Mr. P. J. Twomey, of Christchurch returned home after five years spent in Fiji, where he had learned much of the ravages of leprosy. His interest in the work being done by Mr. Pratt induced him to contact Mr. Pratt and help him.



**Plaque on dispensary Ozama Methodist Leprosarium, annually assisted by the Lepers' Trust Board.**

## MAKOGAI.

When the Lyttelton harbour leper station was closed in 1925 the lepers were transferred to the Central Leper Station, at Makogai, a beautiful island in the Fiji group, only a few hours' steaming from Suva. Working in conjunction with the Medical Officer of Health in Christchurch (Dr. T. Fletcher Telford), Mr.

Pratt collected about £40 a year for the lepers. When old age forced Mr. Pratt to give up the work, he asked Mr. Twomey to carry on. Mr. Twomey's organisation ability and enthusiasm transformed the annual collection into a nation-wide appeal, bringing in thousands of pounds annually.

It soon became evident that a legally-constituted body should be established to control the work. Repeated requests for the board to extend its activities to other parts of the Pacific led to the establishment in 1942 of the Lepers' Trust Board.

Collections and incomes have grown from £28,224 in 1949 to £35,738 in 1952. The board's work has been growing steadily, but the use of modern drugs for the treatment of leprosy in the last few years has resulted in a more rapid growth. More patients are being treated; more are being cured; more need rehabilitation. Originally the board set out to aid the welfare of lepers at the Makogai Central Leper Station, and it is on this island that much of its work has been done, in co-operation with the Lepers' Trust Board (Fiji), the New Zealand board's agent there. The Fiji board superintends the expenditure of funds, and the construction and maintenance of buildings for the New Zealand board. The Makogai Leper Station is managed by the British Colonial Government of Fiji, with a resident medical superintendent, and an administration staff of nursing sisters of the Society of Mary. These women nurse all creeds and colours.

**All the board's work of appealing to the public for support for its worthy object is done by correspondence, lecturing, and broadcasting. No canvassers are employed.**

One of the board's greatest contributions to the battle being waged against leprosy in the islands has been the provision of modern, mobile X-ray plants at Makogai, New Caledonia, and Wallis and Futuna Islands. These plants are the pride of the medical staffs working on Makogai and other islands. Tuberculosis and leprosy belong to the same family. The tuberculosis rate is fairly high in the Pacific and the equipment has been of inestimable value in checking its progress, and locating new cases for early treatment.

## DR. AUSTIN'S TRIBUTE.

Assistance given by the board is aimed at alleviating boredom and to prevent patients from brooding over their misfortune. The value of this psychological aspect of the treatment was emphasised by Dr. C. J. Austin, C.B.E., a former medical superintendent of the Makogai station, in a broadcast address over the New Zealand radio in 1950.

Drugs were not the only factor in treatment, Dr. Austin said.

"To an even greater extent than in tuberculosis, I should regard the psychological treatment as paramount, and the assistance given us from New Zealand in this regard has been incalculable. Among your most generous gifts, I should particularly mention the admirably-planned, open-sided cinema and concert theatre, in which 700 patients can attend pictures twice a week, or stage a concert of their own.



"This, together with the recreation rooms and sports and gardening equipment, as well as the innumerable gifts and little extras you enable us to distribute on your behalf, not only stimulate the patients to mental and physical activity . . . but also . . . serve as a link with the outer world from which so many of them have been so long isolated."

The cinema Dr. Austin referred to was built and equipped by the board at a cost of more than £4,000.

Several years ago the board built a hostel for discharged patients at Suva. This well-furnished building is used and appreciated by those who have to wait at Suva for boats sailing for their islands after they have been discharged cured from Makogai. An additional hostel for women patients is being built. It has been made necessary by the increasing number of patients being discharged now as the result of the introduction of new drugs.

#### LEPROSY RELIEF VESSELS.

Annual financial grants are made by the board to mission stations scattered throughout the Pacific for medical supplies for the treatment of leprosy and other diseases. The board has sent wheelchairs, artificial limbs and microscopes to various leper hospitals, direct from Christchurch.

Three leprosy relief vessels are to be built at Auckland, New Zealand, by the board to serve mission stations in the Solomons. These stout vessels will greatly facilitate travel between the islands by missionaries who often have to make long, and sometimes hazardous, journeys by canoe from one tiny group to another.

The three ships will go to the Solomons, where they will be run by the Melanesian, Methodist and Roman Catholic missions working there. In the New Hebrides a cottage hospital will be built in place of the relief vessel for the Presbyterian Mission.

The board has been responsible for the establishment of dispensaries at a number of mission stations in the New Hebrides and Solomons. These patients, are helping to locate new cases for leprosy. Lepers are attracted to them for the treatment of tropical diseases.

The board has played a major part in the establishment of a leper hospital at Tetera, on Guadalcanal, in the British South Solomons, and the rebuilding of one at Fauabu on the Island of Malaita, in Melanesia. It had reached an agreement with the Western Pacific High Commission to finance a leprosy medical officer who would supervise the Government leprosarium at Tetera and co-ordinate the anti-leprosy work being done by the missions in the Solomons. This is now being held up as a medico who would accept the position has not yet been found.

The Tetera leprosarium was established in 1949, following several years' agitation by the board and the provision of substantial grants by it. It is run by the British Colonial Government. The Fauabu hospital was rebuilt by the Anglican Melanesian Mission with funds supplied by the board, which also provided a hydro-electric scheme for the leper colony and the general hospital there.

The board has concluded, through the efforts of Dr. Jean Davies, of the Presbyterian Mission, the first leprosy survey of the New Hebrides.

#### THE FOUNDER.

No account of the board's humanitarian work would be complete without a tribute to Mr. Twomey, the board's appeals organiser. From the inception of the board's work in 1931 until 1942, Mr. Twomey gave his service voluntarily, devoting practically all his free time to conducting its appeals and packing goods for dispatch to Makogai. In May 1942, at the request of the board, he resigned from his position in Christchurch, to devote all his time to the crusade.

Mr. Twomey has allowed himself to be labelled "The Leper Man" in the belief that any would-be contributor would find this title easier to remember than his name and address. His is a labour of love.

In recognition of his work for the lepers Mr. Twomey was made a Member of the Order of the British Empire in 1947, and at Ducos, in New Caledonia, in September, 1953, he was presented with the *Medaille d'Or, des Epidemies*, a rare award not previously bestowed on an Englishman.

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## A Lifetime of Service for Lepers

Quite early in Christian history a religious order was created to engage in missionary work among lepers. St. Basil is credited with founding the Order of St. Lazarus and building a hospice for leprosy sufferers, whom he personally cared for. The Order of St. Lazarus became responsible for much of the leprosy service rendered in medieval times.

With the spread of merchant adventurers during the fifteenth and sixteenth centuries, missionaries of the Roman Church began to penetrate into Eastern lands, quite two centuries ahead of missionaries of the Reformed Churches. In 1549 Francis Xavier expressed concern for the lepers of Japan. That Roman Catholic missionaries have retained their zeal in caring for lepers was instanced notably during last century by the work of Father Damien at Molakai (Hawaii).

It is in this historic setting that one must consider the life time of service rendered by the Rev. Mother Mary Agnes, M.B.E., whose long life closed at Makogai, Fiji, early this year. Going to Fiji from France before the turn of the century, this devoted worker retired in 1950 after thirty-three years as Sister in Charge at Makogai. A former Governor of Fiji stated: "Without her marvellous devotion it is difficult to see how Makogai could have existed." Makogai is a Government Institution staffed by Roman Catholic Sisters.

As a Fiji Methodist missionary it was for a time the duty of the Editor to visit the Protestant patients at Makogai. From his brief personal knowledge, he would humbly confirm the Governor's tribute.

# The Mission to Lepers

A MESSAGE FROM THE REV. MURRAY FEIST.

We sat under the great slow fans of a huge room in Lucknow during an interval in the International Christian Conference on Leprosy Relief. Most of the 70 delegates who had come from the ends of the earth were resting. I was uncomfortable. It was not just the heat that made me feel like that. It was rather that I felt ashamed, not just for myself but for all of us Christians in the West, as I listened to this quiet doctor. We were talking to Dr. Currant of Dichpalli. He did not complain or plead but I felt we had put him in an embarrassing and humiliating position, for he is the Superintendent of a splendid leprosy home handicapped by an acute shortage of funds. The Leprosy Home at Dichpalli has room for 1,000, and as recently as 1944 there were 800 inmates. But cuts in the grants from the Nizam's Government, and the difficulties of the British Missionary Society, had forced the doctor to reduce the number of patients to around 400. This in spite of greatly increased contributions from the Mission to Lepers which according to recent figures was putting more money into the Dichpalli work than the Methodist Missionary Society itself. But reducing numbers may not sound such a bad thing, until we remember that in these years a wonderful new treatment has been put into the hands of the doctors, so that increasing numbers of lepers are being cleansed. Naturally, too, more than ever have been coming to ask to be cured. Day after day Dr. Currant has gone to the gate and turned away the pleading sufferers. He could not even say "No Room." He had room to spare, but no money. Report after report showed huge deficits of thousands of pounds carried forward to weigh them down through the following year. There were other troubles too, as troubles do not come singly, but money was a critical one. One small consolation was that while costs were rising and grants were falling, the Mission to Lepers was able to increase its assistance. Without that help the doctor had said they would have had to close their doors.

So as I sat under those slow old fans I was rather embarrassed by the thought of the crying need there, and of all that we Christians in New Zealand use or waste.

## FAIZABAD.

Later we sat in a little office in one of the Mission's own Homes—it was Faizabad, where the Methodist Church supervises the spiritual work as this is a British and Australian Methodist mission district. There were no fans here. There were no delegates here either. The capable Sister at the desk was Gwen York from Australia, the only missionary, and the only white woman for many miles. She and dear old Doctor Chandy, the Indian Christian medical superintendent, comprised the staff of this Home for nearly 300 patients. It was a rather austere office. There were few things of any sort that were not fully necessary for the treatment of leprosy. And here Gwen York and Dr. Chandy told us of their great disappointment. You see the new drugs had put a new power into their hands, and they had accepted this power as a God-given responsibility. These new treatments could quite easily be given at village clinics, even by the roadside, so now they could take the gifts of spiritual life and

physical life out to the people of the villages. They could prevent the spread of leprosy by education, and detect cases in their early stages when hopes of cure without deformity were much greater. These simple and effective treatments gave them a unique opportunity. Carefully, watching costs and man-power and effectiveness, they planned an advance out into the surrounding country. What a development it would be!! Its results for the Kingdom could be immense. The plan seemed perfect. With high hopes and fervent prayers they submitted their plan of advance to the Mission Authorities. But that was as far as they got. They were very very disappointed.

When we came out of that little office there was a woman sitting on the path. She had been there for days. She would not go away. She was a leper, and to whom could she go but to these Christians? But they could not take her in. They had no room and no money to build more room.

## THE PART OF THE MISSION TO LEPERS.

Now I am back in this land of plenty. Here I sit at a littered desk in Auckland, but round me are reports and memos and magazines which link me with outposts of the Kingdom in almost every leper land. Here for instance, is a collection of statistics. Here is the page headed "Methodist"—the list of homes under Methodist supervision which the Mission to Lepers supports wholly or in part. They are scattered from Almora and Chandag in India, to Uzuakoli in Nigeria. Here's a name we know—Faizabad; the "M" after it, means it's a Mission to Lepers Home though, being in a Methodist area, it is supervised by Methodists and is part of the life and witness of the Methodist Church. The "239" is the number of patients. Let's remember it means that 239 of God's most afflicted children are being given, day by day, the water of life. Morning by morning in the plain, bare Church, its small cross of crimson glass the only light on its front wall, they give thanks for our sacrifices on their behalf. But Faizabad is just one of the many Homes owned by the Mission, and supervised by Methodist churches.

Then there is another name, "Stonegateway." No figures are given. No grant is shown. No report is submitted. Why? This is one of the 24 Homes behind the Bamboo Curtain. We believe they still carry on, some being run by the Chinese Christians of the area, some having been taken over by the local government. But all save two of these Homes are open still. More lepers are being treated than previously, and in some at least Christian worship and witness are not suppressed. And when the curtain goes up on the next scene of the drama of China, we may well learn that a great work of grace has gone on there. We can support them only by our prayers.

At the bottom of this page of "Methodist Homes," we learn that there are 14 of them in all, sheltering 1,530 in-patients, and treating 2,490 out-patients. The amount of Mission to Lepers grants to them is £27,148 a year.

Statistics may be dull by themselves, but to Christians imagination they bring pictures of all that is being done in our day to obey those challenges of



Our leper children and contact cases present a drama at Ozama.

Christ to "go into all the world and preach the Gospel"; to "heal the sick, preach the Gospel, cleanse the leper"; to "tell John what things ye have seen and heard." For this mission is specifically a Mission, seeking to bring to these afflicted for whom Christ died, that life abundant which is His will for us all. It is not limited to humanitarian work but rather insists that its grants be used in evangelical Protestant witness. It not only helps others but accepts full responsibility itself where this is necessary, always co-operating fully with the church if there is one. The Mission does not overlap with any other leprosy work, as there are too many pleading at its gates, and too many out of reach of any Christian care.

And as I study these figures and reports about me, and remember the promises of Christ, I feel increasingly confident that the campaign for the cleansing of the leper in Christ's name will gather greater strength around the whole World, and that under the good hand of God this apparently impossible task will be accomplished in the not too distant future.

Surely it is God's will for us that we should consecrate ourselves to this and the other tasks He has for us today.

## A New Viewpoint

The medical missionary has always been in the vanguard of the advance in tropical medicine, particularly in the matter of teaching, in order to prepare the nationals of the tropical countries for greater responsibility towards the development of better health services. One has only to recall the great efforts in this direction of Christie in Mukden, of Thomas Cochrane in Peking, of Chesterman in Africa, of Edith Brown, Ida Scudder, Wanless and Vail in India, to mention but a few, to realize the contribution of the Christian enterprise in the realm of medicine in the tropics; and therefore the final question is—"What of the future?"

If our forces are adequately distributed and intelligently placed and our resources pooled, the Christian Church has as glorious a part to play in bringing the world to a state of health as it ever had. We cannot, however, survive as an organized missionary endeavour if we plan our work as if there had been little

change in the last twenty years. The economic crisis which confront us demand a greater expenditure of money, which is increasingly difficult to raise and of much less proportionate effect. This is liable to have a disastrous influence on the missionary enterprise, particularly in the medical field. If, therefore, we endeavour to burden the younger churches with the total medical missionary effort, we shall find that we are imposing a responsibility far too heavy for these young shoulders. Our Christian task is to create a group of men and women who are convinced that healing, if it is to be effective and break the shackles of fear and superstition, must be based on the acceptance of Christ as Saviour and Lord. We should not be concerned whether those whom we train go into missionary service or not, but we should be concerned that they know the meaning of Christian living.

—From an article by Dr. R. C. Cochrane, M.D., F.R.C.P., in *International Review of Missions*.

## OUR LOCAL SECRETARIES:

Few realise how greatly the success of our annual missionary appeals depends on the organisation and service of our circuit and local secretaries. This year, as he travels the country, the General Secretary is calling meetings of secretaries in each main centre visited. Such groups have already met Mr. Andrews for general discussion of the work at Hamilton and Auckland.



A PATIENT.

(Block: By courtesy of Mission to Lepers).

# 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, we publish this 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 leprosarium on Ozama Island. This work has long been financed out of a special fund for which donations and legacies are regularly received.

Leprosy has been detected also at Tari, New Guinea Highlands.

## 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 inter-denominational character which works in India, China and Africa, in co-operation with many different Protestant missionary societies. In 1953 grants exceeding £27,148 were made by the Mission to Lepers to assist British and 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 Makogai 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 Tetera, 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 Solomon Islands. None of the annual grants 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 1955, £22,750 has been received by our Mission from the Lepers' Trust Board towards drugs, equipment, travel, three new dispensaries and an agreed proportion of the medical salary charges. In addition to these grants, £15,500 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. P. J. Twomey, M.B.E.



**The  
Late  
Mrs.  
E. W.  
Ashby**

The sudden passing on April 18th to higher service of Mrs. E. W. Ashby came as a profound shock to her family and a legion of friends throughout New Zealand. The late Mrs. Ashby who was in her 53rd year lived a life full of service for the Kingdom of God.

A daughter of Mr. and the late Mrs. Worboys of Wellington, Doris May Ashby was nurtured in a good Methodist home and in her earlier years from childhood to adulthood was associated with the Thorndon Church. Gifted musically she was an acceptable soloist and choir member and also church organist. Her capabilities were probably seen at their greatest in her Bible Class activities in Wellington where she was fully associated with the Bible Class movement on

both the District Union and on the National Executive. Following her marriage she was for a short period associated with Central Church, Invercargill, and in 1944 became associated with the Wesley Church, Dunedin. In the local church she was Treasurer of the Guild for a number of years, choir member and Sunday School teacher, Auxiliary member and also active as a member of the Leaders' Meeting and Quarterly meeting.

On the district level of the Church Life she was a member of the Welfare of the Church Committee and an officer of District committee of the M.W.M.U. until taking over the office of Dominion Secretary of the M.W.M.U. two and a half years ago.

She loved the Church and was always very faithful in worship and witness. She was in very truth a worthy Methodist. She knew the ways of Methodism well and her delight was to serve.

The last few years of her life were lived under the constant handicap of indifferent health but she never permitted this burden to force her to relinquish the many offices that she filled with unusual capacity.

The large congregation at Wesley Church on the occasion of the funeral was further testimony to the high respect in which Mrs. Ashby was held. The service was conducted by the Rev. E. S. Hoddinott who paid high tribute to the life and work of the late Mrs. Ashby. The District Mission Secretaries, the Rev. H. G. Brown and the Rev. A. H. Cochrane acted as pall bearers and the Missionary Union which she served with such distinction was represented with a full representation of Dominion and District Officers.

The late Mrs. Ashby was a faithful servant of God who throughout the whole of her life was never without an office in the Church. She leaves a very treasured memory.

# About People...

## COMING AND RETURNING:

April 2nd brought to Whenuapai Airport Mr. and Mrs. R. A. Mannall and their one year old son, Wayne. For the past three years, Mr. Bob Mannall has ably served our mission in the Solomon Islands as district engineer and technician. Boats, their engines, station lighting plants are some of the day by day concerns of Mr. Mannall. But he has maintained his live interest in the spiritual side of our work also, and



MR. and MRS. R. A. MANNALL.

Mrs. Mannall has been active in Girls' Life Brigade work on the field. They will be on furlough, mainly in Auckland, until late August. In lieu of deputation, Mr. Mannall will be renewing contact with his trade in New Zealand. This missionary family has been warmly welcomed at Dominion Road Church and at Papatoetoe, the home church of Mrs. Mannall.

After a refreshing furlough and useful deputation for the M.W.M.U., Sister Thelma Duthie left Auckland by air on April 29th. She flew to Buin, where a conference of our mission educational workers was held the first week in May. After that she was due to return to her work as teaching sister at Kekesu in Teop Circuit.

Mrs. Allen Hall with her three children, Sister Lucy Money and Sister Joy Thompson reached Vella Lavella after an uneventful air trip. Sister Lucy spent some days with her sister Olive at Roviana before re-joining her colleagues at Choiseul in time for the recent Golden Jubilee celebrations of that circuit, of which news is now awaited. Sister Joy is at Vella Lavella for the time being. Her airmail address is Methodist Mission, Barakoma Airfield, British Solomon Islands. The Rev. A. H. and Mrs. Voyce reached Buin on 20th April after deputation in Victoria.

After a short furlough, the Rev. Frank and Mrs. Woodfield have taken up their new work at Westown, New Plymouth.

## OUR DEPUTATIONS:

In New Zealand, our missionary deputations are also on the move. Fresh from his new contacts on

the fields, the Rev. A. A. Bensley is being well received in South Auckland Circuits; the General Secretary has been moving through the Auckland circuits and will go this month to Taranaki-Wanganui District. He takes with him the coloured movie film "MEN OF THE MOUNTAINS," dealing with the Highlands field. A number of circuits in Wellington and Hawkes Bay-Manawatu Districts are this year without a visiting deputation speaker for overseas missions.

## REV. DAVID MONE L.Th.:

A number of North Island Circuits has just received as their Overseas Missions deputation a visitor from Tonga.

The Rev. David Mone, L.Th., is one of the outstanding young ministers of the Tongan Conference. As a boy he was educated in Church primary schools and later at Tupou College, the secondary school of the Free Wesleyan Church of Tonga. He became a candidate for the ministry and as a probationer volunteered for missionary service in Papua, leaving Tonga to take up his appointment in 1941. When war came to the Pacific he was one of the band of South Sea Island missionaries who remained in the District to shepherd the people. At Salamo, the head station of the Papua District, he became well known to the men of the Forces, who spoke highly of the help and hospitality that he gave to them.

In 1949 he returned from Papua to spend a year of study at Kings College in the University of Brisbane, before returning to take up again his work in Tonga. Here again the Master of Kings and his fellow undergraduates spoke in the highest terms of David's record while at Kings.

He was appointed by the Tongan Conference to assist the Rev. R. A. Woodgate, B.A., B.D., B.Ed., at the Theological Training Institution and has served there for the last four years. In 1954 he was elected Secretary of the Tongan Conference.

He is a graduate of the Melbourne College of Divinity in the Licentiate of Theology.

In 1954 the Mission Board in Australia accepted an application for missionary service from the Rev. David Mone and appointed him to the Papua-New Guinea Highlands Mission. Before taking up the ap-



HOME OF REV. and MRS. ALLEN HALL.

pointment David will spend most of the year 1955 on deputation work in Australia and New Zealand. He is well known in the former country, having visited it with the Tongan choirs and having served as a deputation in 1936.

The Church in Australia already knows him for his splendid service in Papua, his genial and friendly nature and his intelligent approach to some of the problems presenting themselves to the Church in the Pacific. David is married and has eight children. His wife, Latu, comes from a well known family of our Church in Tonga.

#### GERMAN METHODISM HELPS:

Prior to 1914, German Methodist missionaries served with the Methodist Church of Australia in New Britain, which was then a German colony. Since the first World War, there has been no opening for German Methodists in the Pacific. Now by negotiation with the Australian Board of Methodist Overseas Missions, two trained German Methodist deaconesses have been appointed to the Papua-New Guinea Highlands Missions. These workers, who recently reached Australia, are Sister Lydia Mohring and Sister Elizabeth Kessler.

#### MR. H. L. NASH:

At a recent meeting of the Foreign Mission Board a message of sympathy was approved for transmission to the Australian Board and to the relatives of the late Mr. H. L. Nash, who, for twenty-eight years, was the accountant at the Mission Office in Sydney. In that capacity, he frequently met planes and ships, greatly helping not only the Australian missionaries but those travelling to and from the Solomon Islands as well. "There will be many on our Mission Fields, and many who are now in the homeland," states the official minute of the Australian Board, "who will remember with gratitude the many kindnesses they received from Mr. Nash. Though naturally shy and retiring, he had a rare gift of easy friendship, and porters, customs officials and shipping agents held him in high esteem."

#### NEW SISTER DEDICATED:

For the third time in just over three months, a new Sister has been dedicated for work on our overseas Mission field. Sister Joy Thompson was brought up in the Port Albert Circuit, though her parents now live at Swanson, in our Henderson Circuit. After completing her general nursing training and qualifying for her maternity certificate, Sister Joy offered for overseas missions work during her midwifery course at St. Helen's Hospital in Auckland and while she was in fellowship with Pitt Street Methodist Church.

It was fitting, therefore, that Pitt Street should be the setting for her dedication as a missionary Sister. In the absence of the President of Conference, the Rev. A. H. Scriv'n, one of our ex-Presidents, presided at the Dedication Service. Sister Joy was introduced to the presiding minister by the General Secretary of Foreign Missions, the Rev. S. G. Andrews, and a message from the Dominion President of the M.W.M.U. was delivered by Mrs. E. E. Kirkpatrick, President of the Auckland District Council. In a simple clear testimony Sister Joy paid tribute to the early influence on her life and gave thanks for the call of God to her new work. The address was delivered by the Rev. R. Thornley, who appealed for more adventurous and self-sacrificing service for Christ and His Church. During Passion Week

our Lord had commended the costly gift of ointment and it was in this spirit that the missionary at home and abroad went to her Christian service.

On the following morning, at the Maori Mission Centre, Airedale Street, about sixty ladies met Sister Joy at a District "Farewell Tea." prior to the Easter Meeting held the same day at Pitt Street Church.

#### FROM MALAYA:

Malaya has recently been in the news. During his recent visit to our country, Bishop Ivan Lee Holt, of our American Methodist Church, instanced the extensive work of American Methodist Missions in Malaya. Apart from their evangelistic programme, they are engaged with the help of grants from the British Colonial Government in a great educational enterprise.

The indigenous Methodist Church in Malaya is almost self-supporting and the missionaries look confidently to the future. Political self-government in Malaya is not likely to interfere with the health of Methodist work.

Recently some of our Auckland Churches have been privileged to hear the Rev. J. H. Haines, B.A., B.D. Mr. Haines has been visiting his parents at Auckland prior to leaving for extended furlough in United States. He has been serving for five years in North Malaya, and brings a story of mass evangelism aided by modern techniques of films and vernacular sound commentaries.

Mr. and Mrs. Haines have recently entertained the Rev. Tevita Galuvakadua of Fiji, Chaplain to the Fijian Battalion in Malaya. Tevita may be remembered by some who met him during his high school education in New Zealand, when he stayed with the Rev. J. D. Grocott.

The Australian Methodist Department of Overseas Missions has consistently opposed the stationing of Fijian troops in Malaya. Our people generally will be gratified that their term there is drawing to an end and that the battalion is to return to Fiji next year.

#### AUSTRALIAN WORKERS:

The Rev. C. L. and Mrs. Williams recently spent some weeks in Christchurch prior to returning to circuit work in Queensland. Mr. Williams has served fifteen years in Samoa, where he has recently been Chairman of the District.

Misses P. E. Campbell and E. H. Smith of our Indian Mission in Fiji recently passed through Auckland en route to Australia.

On a health recruiting tour, the Rev. R. R. Deoki, B.A., L.Th., the only ordained Indian minister of our Church in Fiji, recently spent three months in New Zealand. People in many of our circuits, both north and south, had the opportunity of meeting and hearing him.

#### SISTER HELEN WHITLOW:

We regret to report that Sister Helen has been unwell, and on medical advice her furlough has been extended somewhat. Her friends will join with us in wishing for her a speedy recovery to full health.

# Who's Who on Our Mission Field



REV. T. and MRS. SHEPHERD

## REV. TREVOR SHEPHERD:

A descendant of the Albertland settlers of the Kaipara, Mr. Shepherd left school at 12 years of age to help on his father's farm at Port Albert. Converted at 16, he commenced preparing for service as a local preacher. Following the death of both parents, he entered home mission work at Hikurangi, remaining there three years. Accepted at 1943 Conference, Trevor Shepherd proceeded to Trinity College for training. One year of probation at Taihape was followed by acceptance of his offer of overseas missionary service. Mr. Shepherd was ordained and married in 1947, leaving with his bride via Fiji to share in the rehabilitation of the Solomon Islands field.

The Teop section of Bougainville had been without a missionary since the Rev. Don Alley had been captured five years earlier. To Mr. Shepherd fell the task of recommencing the Teop mission station, on a new mainland site at Keksu. Whilst the site had many natural advantages, the pioneer qualities of Mr. Shepherd's character were tested to the full. A beautiful station has resulted.

In 1953, the Shepherds were transferred to Bilua, Vella Lavella to succeed the Rev. A. W. E. and Mrs. Silvester. Once again they threw themselves into the work with enthusiasm. For the recent Golden Jubilee of Vella Lavella Circuit, Mr. Shepherd and the people have completed a new circuit church at Bilua.

Mrs. Shepherd, nee Miss Gloria Pickford, writes that she was originally meant to be an Anglican. Because her best friend went to Methodist Sunday School, she went too, and was converted at 14, soon after offering herself for training for missionary service. Mrs. Shepherd has grateful memories of ministers and their wives, and lay leaders who helped her during the years of preparation at Marton. There she was Foreign Mission Secretary and active in Bible Class and Sunday School work, whilst waiting to continue nursing train-

ing. On completion of training at Wanganui and Palmerston North, she offered for the Solomon Islands, to which she subsequently went after her marriage.

Mr. and Mrs. Shepherd have two children, Alys, aged 6, and Graham, aged 3.

## SISTER MYRA FRASER:

Tiny Wairekiki School, in the valley behind Wyndham, Southland, was an early training ground for Sister Myra, with an average of nine schoolfellows. Four years high school at Wyndham were followed by training at Dunedin Training College, and service in a number of Southland Schools. Before her appointment five years ago to the Solomon Islands, Sister Myra spent four years as infant mistress at Wyndham.

"I owe nearly everything to a good Christian home," writes Sister Myra. "No Sunday School most of the time, church once a fortnight in the school. I was converted at a mission in Wyndham Methodist Church, conducted by the blind evangelist, Mr. Andrew Johnston, when attending high school. I heard God's call to the mission field, when reading in the 'Methodist Times' Sister Lina Jones' appeal for a teacher to succeed her. The Christian Endeavour has been a great spiritual help to me."

On her arrival in the Solomons, Sister Myra was posted first of all to assist Sister Effie Harkness in the teaching work at Roviana. There she proved her ability, quickly gaining a grasp of the language and an understanding of the people and their children. Two years ago, she succeeded Sister Joyce McDonald as the teaching sister at Bilua, Vella Lavella. From her girls' home has come Muriel, bride and co-worker of Burley Mesopitu, latest Solomon Islands worker appointed to the New Guinea Highlands.



SISTER MYRA FRASER

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Have you yet placed your order with your circuit agent for "ISLES OF SOLOMON," the long awaited history of our Solomon Islands Mission. Written by the Rev. C. T. J. Luxton, this book will be published about 1st September. The price will be 12/6 for approximately 240 pages, with six plates, all bound in full Linson case.

# WOMEN'S PAGE

# M.W.M.U.

Methodist Women's  
Missionary Union of  
New Zealand.

269 Highgate,  
Dunedin, N.W.1.

Dear Readers,

Our Union has had a sad loss by the sudden passing of Mrs. E. W. Ashby, Dominion Secretary. Many letters have been received from all parts of the Dominion and many have paid tribute to her work. Throughout her life Mrs. Ashby was connected with many Departments in the life of our Church and has given joyous and devoted service in these various spheres. Mr. Ashby has expressed his thanks for the helpful sympathy received from so many. Our sympathy also goes to Mrs. Ashby's father and sister, Mr. and Miss Worboys of Wellington, and her brothers. Printed in another part of this paper, is a tribute written by the Rev. E. S. Hoddinott, minister of Wesley Church, Dunedin, of which Mrs. Ashby was a member.

Sister Rewa Williamson has been transferred from Roviana to Kekesu and writes as follows:—"I left Roviana in the 'Vecta' on Monday to join the 'Malaita' at Gizo. At 6.45 a.m. the weather was pleasant; but soon the wind became boisterous and the waves splashed on us like warm showers until we were dripping and the wind was bitterly cold. We were glad to reach Gizo and change into dry clothes. I slept on the 'Malaita' that night and was barely awake when we left Gizo. I enjoyed my meals although the weather was rough. We should have loaded at Kieta that night but the weather was too rough till late next morning. There was no trouble about my permit to enter New Guinea Territory, as it had been radioed. We left Kieta at 2 p.m. arriving at Arique about 4.30 p.m. where there was a heavy sea. It was interesting to watch them loading copra from small boats, about ten bags at a time. We left early next evening for Numanuma and we spent Sunday there. With some other passengers I went out to a sandbank to look for shells but when we wanted to return to the ship there was too much swell so we spent some time ashore admiring a gorgeous garden. Fortunately we succeeded in returning aboard before lunch. There was a service in the evening taken by a Roman Catholic priest, who gave a little talk on 'Love,' a real gospel truth. Loading continued all night, but they did not finish, although our sleep was disturbed. Monday we were still at Numanuma and I met our Tongan minister the Rev. Daniel Palavi and his wife and spent most of the morning with them. We left next morning at 4 a.m. and when we woke we were at Teopasino. Of course I could not get on deck quickly enough to see if any one was coming. We could not see the mission and we had breakfast before the Rev. G. Carter came aboard. I was pleased to see him and very soon my belongings were in the canoe and off we went. We had a pleasant trip, about three miles and then got nicely wet as we landed through the surf. I find the canoes very easy to travel in; they have outriggers and it saves much energy not having to balance. There is quite a steep climb up to the house but it is not as long as the hill to the chairman's house at Roviana, or as steep as the hill to the Sister's house at Bilua. Mails are

collected from and brought here every Friday. They leave from Sohana, three weeks out of four, on the plane and every alternate Wednesday by seaplane from Rabaul or somewhere. This applies only to letters and very small air-packets, as these have to be carried by boys for some considerable distances. Parcel mail comes up via New Guinea and stays at Sohana until there is a boat and that is seldom, perhaps every three months if we are lucky. There are twenty girls and a baby to look after. Roviana will be of some use in Teop, but I hope to make an effort to speak their language as soon as possible and serve our Saviour in this part of His vineyard. I know that your prayers will be with me as I commence in this place."

In a letter from Sister Edith James she tells us that she has settled in at George Brown College in Sydney and is busy with lectures. When Sisters Lucy Money and Joy Thompson were passing through Sydney they stayed at George Brown College and so spent some time with Sister Edith.

Sister Myra Fraser writes:—"There has been a horrible 'bug' around and Sister Davinia had a busy and worrying time. I have had a change of teachers and have been kept busy trying to help them in their work with new classes. We have twenty girls staying here and we pray that these girls may have a real experience of the saving power of Jesus Christ and go back to their villages as witnesses for Him."

All District Conventions will have been held by the time that this is in print. Reports coming in tell of happy and inspiring meetings.

With Christian Greetings,

Yours sincerely,

ELIZABETH PURDIE.



SISTER REWA WILLIAMSON—to Kekesu.