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Help Them to Help Themselves

NEW HOSPITALS FOR OLD

LESTER N. HAWKES, Medical Secretary, Bismarck-Solomons Union Mission

BATUNA IS A NAME KNOWN TO MANY. It brings to mind an island of tropical luxuriance, set in the bluest of blue seas. The setting is, indeed, superb. The colours are so vivid one is inclined at times to doubt one's eyes. Those who have had the good fortune to visit Batuna will certainly treasure a memory of the three buildings which form the hospital located on the shelving shoreline reef with the tidal water gently ebbing and flowing beneath.

A fine hospital in a lovely setting—colourful, peaceful, functional and essential to the people of the area.

Everything seems just fine—until you look a little closer.

Not so long ago I was at Batuna visiting with the Donaldson family. Mrs. Donaldson (nee Elaine Sawyer) was doing the rounds of her patients. She walked carefully as she moved from bed to bed, watching where she placed each foot. But, at one time she forgot. She stepped back from the patient. There was no floorboard there. Her leg rasped down between the adjoining two boards and jammed just below the knee.

Yes, Batuna is certainly picturesque. But the hospital has had its day. A new set of buildings must be erected.

Logs at the Mill

Not so long before this I had sat in a meeting of the village leaders of the Marovo Lagoon. Dark, strong men they were, each man a potent influence in his own village. They had gathered to press for more medical help for their people. They understood the position of the mission. They knew of the large amount of work already commenced by the mission

in other areas. So they had a suggestion to offer.

"We will supply all the timber needed for the new building," they said.

Most of those logs are now in at the sawmill, many now stacked as timber. It has taken a little time to get the work under way. The hospital is even now in the process of erection. Soon a new and permanent hospital will stand proudly at the water's edge beckoning the needy to come for care. It is so designed that when one of the young Adventist men now in training as a doctor graduates from the Papuan University he may be adequately located here.

From the other end of the union, from Pisik Central School, came another call—this time from Mrs. Feigert (nee Beverly Young of Tasmania). Sister Feigert has been trying to care for the needs of the many villages around the mission. It was somewhere toward the end of 1967 that she remarked on having cared for some ninety-five persons as inpatients in her own home during that year. It was obvious that the persons needed care, and there was nowhere else to care for them—so they were bedded down in her own home.

All this is now in process of change.

"We Will Help You"

"We will help you to build a small hospital," said the village leaders of Lou Island. The students of the Pisik school caught the fever, and are cultivating gardens in their spare time in order to raise money for the new building. Soon a new and representative cement brick building will adorn the slopes of lovely Lou Island.

Again we catch a glimpse of the interest the island people are taking in medical work. Past are the days when it was the expected duty of the mission to supply all. Today the people are increasingly happy to do their part in providing for the needs of their sick.

Stories could be told of village help given at other hospitals, such as Kwaillesi, Atoifi or Kukundu. The people of Mussau need a new hospital badly. They, too, plan to do their part. We are looking confidently forward to the day when all our hospital and dispensary buildings will have disappeared and in their stead will have arisen buildings of durable steel and concrete. That day is still in the future. But when it comes, you from Australia, and we from the islands, will be able to take some satisfaction from a labour in which we have mutually shared.

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ENCOUNTER

H. W. NOLAN, Medical Secretary, Trans-Commonwealth Union Conference

RECENTLY I HAD AN ENCOUNTER with an earnest young man, not a Seventh-day Adventist, but who is, nevertheless, a vegetarian and understands our beliefs extremely well. He is also well versed in the writings of the Spirit of Prophecy, and in view of our denominational standards, he wonders why we are not more sincere in our application of them. His remarks gave me a great deal of food for serious reflection.

While we may feel that he is probably judging the whole denomination by the actions of a comparatively small segment of the Adventist community, yet it would seem that he has moved fairly freely in our midst. The following incident which he told me about did nothing to boost my ego as a Seventh-day Adventist, and left me not a little troubled.

Quite recently he had been invited to the home of an Adventist to celebrate someone's birthday. At the meal provided he found that as far as he was concerned, as a vegetarian, the only item on the table he could eat were the cherries. This could have been an exaggeration, but that is the way he put it to me. I was reminded of a quotation I have often read. "Shall we who have had such great opportunities allow the people of the world to go in advance of us in health reform? . . . Shall our inconsistency become a byword? Shall we live such unchristian-like lives that the Saviour will be ashamed to call us brethren?"—"Counsels on Health," pages 578, 579.

Adventist's Attitude to Health Principles

"Greater efforts should be put forth to educate the people in the principles of health reform. . . . Teach the people that it is better to know how to keep well than to cure disease."—"Testimonies," Vol. 9, 161.

To occupy the position of teachers we must ourselves carry out the principles; they must be a part of our own experience; we are not only to have a theoretical acquaintance, but there must also be an experimental knowledge. Many of our church members are sadly lacking in a properly motivated appreciation of our Adventist oriented health principles.

In almost every nutrition school, at least one person will tell us they have consulted one or the other of the itinerant health lecturers who visit our Australian cities from overseas. When these people know that their questioner is an Adventist they will remark, "You people have the information in your books but you do not follow the instruction given in them. I use 'Ministry of Healing' by Ellen White." Why, indeed, do we not follow the information divinely given? Why must our inconsistency become a byword?

At times we are confronted by the fellow who boasts his independence of action and who resents the idea of what he terms "restriction," who will, with some show of belligerence, declare, "No one is going to tell me what I can eat." Maybe we will

meet the odd one who will, with some show of triumph, state: "Not that which goeth into the mouth defileth a man." "Only when we are intelligent in regard to the principles of healthful living, can we be fully aroused to see the evils resulting from improper diet."—"Testimonies," Vol. 9, page 160.

Health Principles in the Home

Unless health principles become an integral part of family life from the very beginning of the establishment of the home and are a firmly founded principle when the children are growing up, there will be difficulty in making the necessary changes unless there is strong motivation. The strongest motivation is that which accompanies a genuine conversion experience.

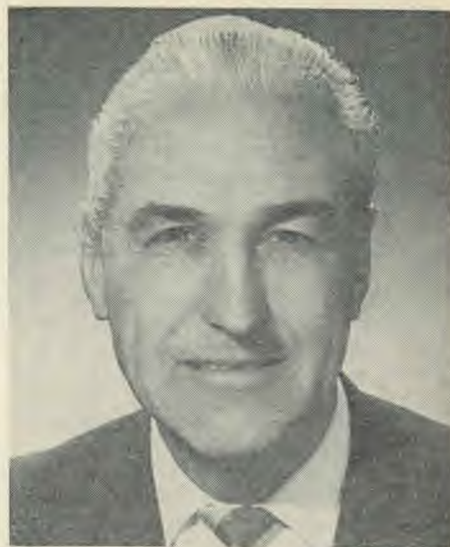
The effects of genuine conversion will be felt in the family setting more strongly than in any other sphere of life. The principles of truth will be taught to growing children on the basis of Biblical method. Every opportunity will be grasped by parents to direct the thinking of their children in a well defined pattern of Christian conduct. Prominent in this planned approach will be a well balanced programme of instruction in every aspect of our health message. If the right situation prevails in the home, there will perhaps be no particular necessity to give instruction as such; it will be a way of life which is a veritable part of the individual existence.

"The character is formed . . . in early years. The habits then established have more influence than any natural endowment. . . . The earlier in life one contracts hurtful habits, the more firmly will they hold their victim in slavery, and the more certainly will they lower his standard of spirituality. On the other hand, if correct and virtuous habits are formed in youth, they will generally mark the course of the possessor through life. In most cases, it will be found that those who in later life reverence God and honour the right, learned that lesson before there was time for the world to stamp its image of sin upon the soul."—"Counsels on Health," pages 112, 113. (See also pages 107-202.)

Critical Attitudes Freeze Faith

Many parents wonder why their children have drifted out of the church, giving honour neither to its members nor its message.

A minister was in my office only this morning. He stated that just last night he had been talking to two young people who had wandered out of the church. They referred to Adventists as "Nuttos." This



H. W. Nolan, Medical Secretary, Trans-Commonwealth Union Conference.

is without doubt a play on words, implying firstly that Adventists are "nuts," and secondly a derogatory reference to our excellent, scientifically-based health message. The real question is, of course, who is the "nuttiest"? How did these young people get this way? Why this show of disenchantment with the church? Does it originate within the home?

A consistently hypercritical attitude directed against the church and its leadership, when expressed in the hearing of children and youth, cannot help but bring forth the inevitable fruitage. The church and everything and everyone associated with it is degraded, and total disrespect is the true result.

Let us consider a hypothetical case. Imagine an Adventist home; the parents, to all intents and purposes, of above average intelligence, develop the habit of speaking in very critical terms of the work, its conduct and the people entrusted with its supervision. The pros and cons are loudly and vocally discussed in the presence of the younger members of the family. Health reform is not practised in the home. Disrespect for the whole organization is gradually built in the young minds over the process of years. They do not, of course, attend denominational schools. As soon as conveniently possible the young people flee the parental nest and the church becomes a thing to be spurned. Is it any wonder that the children marry out of the church? As their homes are established, worldliness is the keynote, drink becomes an accepted "amenity." Their children will grow up without an affiliation with any church.

The picture which these young people have of the church is one which the parents have painstakingly yet unwittingly built up over the years during the impressionable period of their children's lives. "Those who indulge a child's appetite, and do not teach him to control his passions, may afterwards see, in the tobacco-loving, liquor-drinking slave, whose senses are be-

(Concluded on page 5)

Guest Editorial

THE PRINCIPLE AND THE PRACTICE

W. J. RICHARDS, President, Trans-Tasman Union Conference

A FEW DAYS AGO an unexpected visitor called at my office. He was a Hungarian who had been attracted to Adventists because of their emphasis on healthful living. As I spoke with him, he, in his broken English, testified to the benefits he had received, and to the good health he had enjoyed, as a result of following these principles.

He said that although he was a Catholic he had no religious basis for his dietary convictions; it was merely a matter of health. Then he asked, "Are your church members health reformers because of their religion, or is their practice based entirely on principles of healthful living, and do all Seventh-day Adventists have the same convictions?"

This experience was highlighted by an article appearing in the "Review and Herald" of June 5, 1969. The contributor, a non-Adventist, wrote as follows:

"For years one of my biggest problems concerned the writings and teachings of Ellen G. White. . . . On May 7, 1967, God put perfect peace and assurance in my heart. . . . It was almost as if He said, 'Don't be afraid of Mrs. White's writings. She was a servant of Mine. Accept all that she wrote.'

"In the secret recesses of my mind I know that I am more Seventh-day Adventist in my beliefs than anything else. But . . . one thing that bothers me deeply is the way some Adventists ignore the health message of Mrs. White. . . . Why do so many of your members say one thing and practise another?"

One need only see the thousands who flock to hear lectures, and take the courses offered, by speakers of international repute, to realize the interest being taken in the subject of health reform; and yet Adventists, who are so favourably situated, and who have such valuable instruction, so often neglect and ignore God's special revelation to His people.

"IF YOUR PEOPLE WOULD . . ."

I had occasion a few years ago to spend a profitable hour discussing health principles with a prominent and very successful gentleman who has brought health and healing to thousands of sufferers. He is not a Seventh-day Adventist, but he said, "The basic treatments I give, and the health principles I follow, are all found in the book written by your Mrs. White, 'The Ministry of Healing.' If your people would follow what is written there, there would be no need for them to visit me."

In the instruction given by God through His servant it is made abundantly clear that the health message, which is a part of the beliefs and practices of the Adventist people, is to reach far beyond the principles advocated by the general run of health reformers, although these may be founded on accepted scientific evidence. Our emphasis on health is to be an integral part of the message that prepares men and women for the coming of Christ; it is to be recognized as a "religious duty to care for the body temple."

In 1866, J. H. Waggoner stated it this way: "We do not profess to be pioneers in the general principles of health reform. . . . As mere physiological and hygienic truths, they might be studied by some at their leisure, and by others laid aside as of little consequence: but when placed on a level with the great truths of the third angel's message, by the sanction and authority of God's Spirit, and so declared to be the means whereby a weak people may be made strong to overcome, and our diseased bodies cleansed and fitted for translation, then it comes to us as an essential part of present truth, to be received with the blessing of God, or rejected at our peril."—"Review and Herald," August 7, 1866.

SIGNIFICANCE OF HEALTH MESSAGE

The messenger of the Lord has clearly stated that "the proclamation of the third angel's message, the commandments of God and the testimony of Jesus, is the burden of our work. The message is to be proclaimed with a loud cry, and is to go to the whole world. The presentation of health principles must be united with this message, but must not in any case be independent of it, or in any way take the place of it."

"The gospel of health is to be firmly linked with the ministry of the Word. It is the Lord's design that the restoring influence of health reform shall be a part of the last great effort to proclaim the gospel message."—"Counsels on Diet and Foods," page 75.

"Whosoever violates moral obligations in the matter of eating and dressing, prepares the way to violate the claims of God in regard to eternal interests."—Id., page 72.

Therefore, on the authority of the instruction so positively given, it can be said that Adventists believe and teach the principles of health reform, not merely as "physiological and hygienic truths" but "as an essential part of present truth."

How shall we effectively proclaim such a message unless it possesses our own hearts and lives, and is not only a principle but the practice of every Seventh-day Adventist?

Gleanings from the "Record"**FIFTY YEARS AGO**

"The evening of September 18 [1919] will long remain in the memories of the Missionary Volunteers of the Adelaide city and suburban churches. At that time a specially prepared programme was rendered by the young people in the Willard Hall (W.C.T.U.), to which the public were invited. . . .

"Pastor Turner, our conference president, acted as chairman, and after a few remarks by way of encouragement to our young people, invoked the presence of God on the evening's entertainment. None of the items were announced, all having been provided with programmes. The hall was completely filled by a very attentive and appreciative audience by the time the first item—an overture by the orchestra—was rendered. . . . Altogether nineteen items were presented and everything passed off very successfully."—"Australasian Record," October 13, 1919.

TWENTY-FIVE YEARS AGO

The "Australasian Record" throughout the year 1944 ran a series called "With Our Boys in the Forces." On this page, in the October 9 issue, appeared this letter from Cpl. Keith H. Adair:

"Our new location is one hundred per cent on the last place. Here we have the sea handy; consequently there is plenty of swimming, fishing, etc. We are extremely isolated. . . . However, we make our fun, and the days fly by.

"Recently some of us boys got together and decided it would be a good idea to hold a church service on Sunday nights for half an hour or more. We hold the meetings in my medical section, and up to date have had four. The usual attendance has been ten, and one night we had seven different denominations represented. Three of us take turns to take the service. The service begins with the singing of some choruses, then a hymn, reading from the Bible, prayer, another hymn, a talk, then close with a hymn and prayer. We consider that an attendance of ten is excellent, considering the size of our unit; but of course we strive to get more to come.

"Last Sunday was set aside as a day of prayer and dedication by His Majesty the King. The R.A.A.F. requested each unit, if possible, to observe the day as such. Even we in our isolation held a proper full-dress church parade, and I took the service by request of the commanding officer."

☆ ☆ ☆

"Christ sanctions no lavish or careless use of means. His lesson in economy, 'Gather up the fragments that remain, that nothing be lost,' is for all His followers. He who realizes that his money is a talent from God will use it economically, and will feel it a duty to save, that he may give."—"Christ's Object Lessons," page 352.

Lessening Leprosy's Lesions

W. E. J. HOKIN, Togoba Hansenide Colony

WITH INTEREST, the staff at Togoba were following Doctor Robson's movements knowing that, one day, we would have an Adventist specialist surgeon to lead the work at the Togoba Leprosy Hospital. Interest turned to excitement when my wife and I were invited to join the Robsons for their final six months at the world-famous Schieffelin Leprosy Sanatorium at Karigiri, eight miles east of Vellore, South India.

This institution trains personnel in the care of leprosy patients, and accepts post-graduate students from all parts of the world. Recently introduced is a policy not to accept individuals, but "teams" for training in the total-care concept. The team should consist of surgeon-physician, physiotherapist, nurse, occupational therapist and splint-maker.

It was a real pleasure to have the Robson family meet us at Madras airport and accompany us to Karigiri by taxi, a distance of eighty miles! After a week's orientation we were assigned to various departments, and by working in the department and attending the many interesting classes, demonstrations and clinics, we learned the newest ways to overcome the many problems confronting the leprosy sufferer.

The most common lesion with far-reaching and subtle complications is the mixed nerve destruction which leaves the patient with areas of anaesthesia, muscle paralysis, and tissue wasting. Secondary to these conditions, injuries, deformities, ulcers and burns become very common complications.

Unfortunately, there is no known method of early diagnosis in leprosy, and as a result many of our patients come with lesions and their associated complications in advanced stages.

The Team Does It

For their treatment the "team" is necessary. Firstly the patient is seen by the doctor, who writes orders and sees him from time to time during the weekly routine of clinics and rounds.

In the meantime the other departments are busy with dressings, plasters, tests, X-rays and shoes. The occupational therapy department spends nearly all its time teaching the patient to perform his usual tasks without causing such disastrous complications already mentioned. These can commence in the anaesthetic area as a small abrasion, and for people living in areas lacking the semblance of hygiene, the smallest break in the skin can easily become infected; and because the area lacks sensation, no pain is felt and the patient continues to work. This process, if repeated, in a relatively short time can cost the patient his finger, hand or foot.

The splint department plays an important role by placing protective splints over healing areas and keeping fingers, wrists and ankles in positions to favour muscle and joint recovery and to prevent deformities from developing. Another valuable service of this department is the splint which transfers the body weight from the



Brother W. E. J. Hokin, physiotherapist at the Togoba Hansenide Colony.

foot to the knee joint, leaving all below the knee joint non-weight-bearing so the patient can be ambulatory during the recovery of an ankle or foot problem.

When necessary, artificial limbs are made, using the latest resin materials which require little or no maintenance, a desirable feature in New Guinea's high rainfall and remote areas.

When the patient understands how to care for his anaesthetic extremities, and when all the open sores are healed and he has no other "closed" areas of infection, he is ready for preparation for surgery. Careful instruction is given to the patient on the isolation of the contraction of the muscle chosen for grafting, with special attention to maintaining full mobility of the joints to be given new motor tendons.

Replacing Muscles

The surgical team works deftly to replace paralysed muscles with normal muscles, carefully making small incisions, joining tendons neatly, gently tunnelling new paths for the tendons and inserting them snugly with no chance of complications from periosteal damage. The operated part is encased in a plaster-of-paris cast favouring the new function of the grafted muscle.

Other surgical procedures include removal of dead tissue in advanced ulcer cases and performing skin grafts. In all, twenty-eight different operations are listed in special leprosy surgery.

After a fixed time in plaster, the patient returns to the physiotherapy department

for special treatment to regain the function of the part previously paralysed. First there is a period when gentle isolation contractions are encouraged. This is followed by a period of orientation by performing joint movements which were previously impossible, and then integration of the new motor muscle by using the part in its normal functions.

This brings the patient to the occupational therapy department again, to remind him of the all-important work of caring for an anaesthetic part, as it is very unlikely that another muscle can be spared for more surgery on the same part.

The surgical restoration of hands, feet, eyelids, eyebrows or noses, wonderful as it is, is not as good as the original, one reason being that surgery does not restore sensation.

My wife and I look forward to working again at Togoba as part of a team, not only to lessen leprosy's lesions, but to teach those who suffer leprosy's toxins and stigma, about the Great Restorer who promises all a glorious body and everlasting life.

ENCOUNTER

(Concluded from page 3)

numbed, and whose lips utter falsehood and profanity, the terrible mistake they have made."—"Counsels on Health," page 114. (See also pages 606-610.)

Reformation Before Revival

The revival we have long sought has not come. There may be many reasons put forth. Basically, however, we can summarize the matter in one word, "Disobedience." For us, as Seventh-day Adventists, physical cleansing must precede spiritual achievement. We must give earnest heed to the instruction contained in the books we call the Health Classics. These books give the key to the problem of the evasive experience we call revival. The remedy is within ourselves, our own indulgence, our own selfishness and inconsistency. Gospel evangelism and gospel medical evangelism are God's two great agencies, which, hand in hand, are designed by God to accomplish the completion of the world task. Both, with dignity and power, are to join in bringing release from the effects of sin in body, mind and spirit. "Then let no line be drawn between the genuine medical missionary work and the gospel ministry. Let these two blend in giving the invitation."—"Counsels on Health," page 516.

The Place of Medical Institutions in the Programme of the Church

H. E. RICE, Associate Secretary, Medical Department, General Conference

FROM THE DAWN of recorded history, medical institutions have been related to religion. The very first hospitals were temples and the first physicians and nurses were priests. The early priests of Egypt performed crude surgery and splinted up fractured extremities. They also prescribed whole skinned mice for children to swallow to cure various childish diseases.

The early temples of Greece also were primitive hospitals. Aesculapius, the Greek god of healing in mythology, the old man with the long beard, the staff and the twined serpent which became the insignia of medicine, had two daughters, Hygieia and Panacea. Today these names are familiar in medical and hospital parlance. Thousands of years ago the sick and the afflicted in Greece came to the temples to sleep in the shadow of these goddesses in hope of healing. The sleep, at least, probably helped!

In earliest years the causes of illnesses were not understood. The not-understood and unexplained happenings of life were traced by the ancients to the will or the wrath of the gods. It was therefore logical to appeal to the priests for deliverance. Thus primitive man linked illness to the wrath of the gods and healing to the intervention of religion. An early link was thus established between religion and houses of healing.

A purer and much stronger link was formed two thousand years ago when the Great Physician held consultations on the shores of Lake Gennesaret. On the quiet hills of Judea, Christ, the Great Healer, restored sight to the blind, made the dumb to shout the praises of God, cleansed the lepers and cast out evil spirits. He spoke, and the slave of the Roman officer was well again. He lifted the head of a little child, and the eyes closed in death opened to see the tear-stained face of a mother smile with relief. This was not magic or mystery. Indeed it was compassion that moved the heart of God, and here is found the motivating force which now erects medical institutions in the cities of the world and in the highlands of New Guinea, the jungles of South America, and among the palm and flame trees of Africa. Compassion is but the extended character of God, and this, and this alone, places medical institutions in the great programme of the church.

Through the centuries God has always had His mission on earth. There never has been a day without a Christian witness since the stars sang together above a

manger. Great spiritual truths have been committed at various times to godly men to proclaim to the world. John taught that love is the expression of God, for God is love. Luther revived the doctrine of justification by faith and not by works. Moffat and Livingstone sent hundreds of missionaries scurrying to the ends of the earth with the great commission, "Go."

But No Health Message

It seems unique that to none of these great reformers of other years did God give a health message. Nor did He direct them to establish houses of healing. With the advent of the message committed to this church through the Spirit of Prophecy, there was, however, committed to us first a health message, and also a commission to establish medical institutions. Why now this message to our church and this ministry?

To understand the place of medical institutions in the programme of the church, it is first essential to understand the programme of the church. It is more than being good. It is more than doing good. It is more than acceptance of certain doctrines and philosophies. The total programme of the church, distilled and filtered into one sentence is **to set salvation within the reach of the multitude and to reconcile humanity to God.** Everything else is method! This is our one job. All else are but ways of doing it. Thus every school conducted, every radio broadcast flung into the air, every book or paper printed and sold, every sermon preached, every nurse trained, and every grain of wheat toasted and pressed into packaged breakfast food is but method. A medical institution is, with all its kindred church activities, but a different method of setting salvation within the reach of the multitude. It is a good and an effective method.

Before discussing this method, however, let us first recognize that God gave to this church two related, but still distinct, health programmes. Too frequently we tend to think of them as one and the lines become blurred, but they are distinct and separate. The one is the message of healthful living. The second is the commission to establish health institutions whose ministry is more curative.

When God led the children of Israel out of Egypt He gave them instruction on healthful living. The regulations He gave them were arbitrary rules because scientific investigation had not yet discovered the supporting evidence. They were instructed to destroy contaminated clothing and to tear down infected houses. At

that time it was a regulation without rhyme or reason. The microscope had yet to be discovered and the idea of germs was unknown but to God.

He also gave instruction on the most healthful selection of foods. Arbitrary divisions were made. Supporting reasons could not then be understood. Thus a philosophy of healthful living was given to the long columns marching wearily through the dusty desert. The reason was concern for their health. The reward of obedience was better health. The penalty for gross violations was sickness and disease.

Again, in Our Day

Thousands of years slipped through the fingers of God, like grains of sand. Again in our day in kindness and in thoughtful tender mercy God gave through the Spirit of Prophecy a programme of healthful living to our church and to our generation. It is much better documented and supported by scientific investigations than the earlier instructions. That which the generation leaving Egypt loaded down with borrowed treasures had to take by faith and obey as unreasoned arbitrary rules, we now accept, supported essentially by scientific documentation.

The rules are similar and the purpose the same—better health. Compliance with all of these well-enunciated principles, including proper clothing, adequate rest, exhilarating exercise, pure water, fresh air, purifying sunlight, a balanced, wholesome, nutritious diet and an attitude toward life of quiet confidence in a loving Father, leads today, as it did in the days of Moses, to better health, fewer aches and pains, and lessened hazard of illness. This is part of the health programme of the church. It is not to be a source of contention in the church, nor a determination of piety. Rather it is another undeserved blessing given to us by God because of His love and concern for us, His chosen people. It is an extra dividend of salvation.

This is part of the total health programme of the church, but it is not the reason for the erection of the Sydney Sanitarium or its sisterhood of hospitals around the world. Today we are erecting a new modern hospital on one of the main streets of Addis Ababa. Another is growing, brick by brick, overlooking Hong Kong Harbour. Carpenters and masons and painters and plumbers are working in Seoul, Korea, as our hospital is being rebuilt there.

Cruseiros are being expended in Brazil, pesos in Argentina, and today the

treasures of the church are being poured out in a wide variety of currencies and in many locations to build hospitals. Why? Why do we have the equivalent of \$165,067,595 (1967 figures) invested in houses of healing? Why are the productive energies of hundreds of physicians and multiplied hundreds of nurses and some 17,000 other workers being expended in the operation of these hospitals?

A Total Programme

The reason is that the programme of the church is a total and a balanced programme. All of the agencies of the church are but method, and all are needed to reach all classes of people. The voice of the evangelist is unheeded by many today. The book salesman who takes the truths of salvation from door to door cannot make a sale up each rose-bordered walk or at each wisteria-draped front door. Not everyone will enrol in a Bible correspondence course. Not everyone listens to the message of salvation broadcast so invisibly and mysteriously through the air, or watches the expounding of the Word of God on some screen. Nor does everyone stop in at some health food store and purchase prunes or Weet-Bix and inquire why the church is involved in this business.

Nor does everyone get sick and come to a sanitarium or a church-operated hospital, or even consult with a kindly, competent Seventh-day Adventist physician. But some do all of these things and therefore all agencies are needed. In this role the Seventh-day Adventist medical institution, established as part of the methodology of the church by direction of the Spirit of Prophecy, plays its important place.

The hospital, as a method of setting salvation in the midst of the multitude, is a good method. It is well for the church to understand its particular and significant contributions. Their names are legion.

First they are organized compassion, and departmentalized love. They afford opportunity for tender-hearted people, whose eyes sometimes well with tears for others' suffering, to come into intimate contact with people in need. Every agency of the church brings people into contact with people.

In time of sickness the door of the heart is most open to understanding, to sympathy and to compassion. Times of sickness are times of sober thinking. Frequently people are too engrossed in the activities of the day, earning a living, and saving money, or purchasing pleasure with the money saved, to take time for serious and sober thinking. This frantic routine of earning and spending comes to a sudden and abrupt halt when the hand of sickness beckons one to bed. Pain is a common denominator by which all of humanity is divisible.

The Great Ultimate

When one is faced with the great ultimate equation of life or death, a completely different set of values comes into focus. The hereafter then becomes im-

portant. The mind and heart, too busy heretofore to give attention to anything but the quest for pleasure and gain, now has time to think. The purpose and meaning of life become significant. The hand of pain pries open the door of the heart to contemplations of the life beyond. Into this open door may step a Christian nurse to offer a prayer when it is needed most and when it can change the course of a lifetime. Into the open door may step a godly physician who has medicine for the soul as well as for the body. Hospital pillows are frequently wet with tears and no eyes see quite so clearly as those that have been tear-washed.

In such times the assurance that nurses, sisters, physicians, students, chaplains, maids who clean the room, food service personnel, business managers and accountants care—and like the Saviour of old they, too, are moved with compassion—takes on a new and important significance. The prayer at the bedside is the very breath of life. The comforting assurance that each patient is a child of God has a new importance.

The message of the hospital is the message of sympathy and love as God sympathizes and loves. The story of the seven trumpets can come later. Thus every sanitarium or hospital or clinic becomes a potential anteroom to heaven. Each becomes a tool and method of the church to reach people who might never be reached by the other avenues of the church. This is why they are part of the evangelistic armament of the church today.

Public Relations Agencies

However, this is not the only contribution which our medical institutions make to God and for the church. They are also great public relations agencies of the church. It is the philanthropic medical ministry of the church which attracts the eyes of the world. It is the stories of the

medical ministry that are told in the journals of many lands. Thus the work of the church becomes known and is set forth in a favourable light before many who may never enter a Seventh-day Adventist hospital. Again it is but the old, old story of letting the good deeds be known before men that they may give glory to the God of all good deeds, whom we worship perhaps best as we serve.

Those who have favourable knowledge of the great medical work of the church from the Andes to Angola and from New Guinea to Newfoundland are preconditioned to more favourable responses when the literature evangelist knocks, when the evangelist speaks, or when the turn of a dial brings the message of the church through the little box on the table.

Nor is this the sum total of the contribution which these medical institutions make to the work of the church. There are others of perhaps equal importance. Our larger medical institutions become important training centres. The children of the Sydney Sanitarium are found in the ministry of the church around the world. I have found them literally everywhere. In the heart of Africa at a small mission hospital I found two well-trained and dedicated sisters busily engaged in both teaching and healing. My heart warmed in telling them all I knew about the developments in their homeland.

In India, in the Orient, and in America as well as in the islands of the sea the daughters of Sydney Sanitarium are serving with dedication and with distinction. I frequently pondered as to what these wonderful ladies would be doing with their talents and with their lives had they not been educated as nurses and as sisters in our medical institution.

Rewarding Careers

Thus our medical institutions make a very great and significant contribution to the church when they make it possible for literally hundreds and hundreds of our young people, the finest and most wholesome in all the world, to find rewarding professional careers in Christian service. Through our medical institutions scores and scores of young people have become leaders in society as competent professionals. Their Christian witness and influence extends in ever-widening circles wherever they live and move and serve.

In the total process of combined education and service these medical institutions become centres of employment for Seventh-day Adventist personnel and towers of strength for the church. Around every new-born hospital or sanitarium there first develops a church school and soon a strong church. Each becomes a source of sheltered environment conducive to Christian growth and maturity, and thus a tower of strength for the church.

"What then is the place of the medical institution in the programme of the church?" Ah, the place is in the suburbs of every major city where there is a need and where human suffering causes man to look for Divine help. Let us erect more of them.

IF I KNEW YOU—

NIXON WATERMAN

*If I knew you and you knew me,
If both of us could clearly see,
And with an inner sight divine
The meaning of your heart and mine,*

*I'm sure that we would differ less
And clasp our hands in friendliness;
Our thoughts would pleasantly agree
If I knew you and you knew me.*

*If I knew you and you knew me,
As each one knows his own self, we
Could look each other in the face
And see therein a truer grace.
Life has so many hidden woes,
So many thorns for every rose;
The "why" of things our hearts
would see,
If I knew you and you knew me.*

Medical Missionary Work on Malaita

DR. L. H. McMAHON

THE THREE YEARS since the new Malaita hospital opened here have flown, due to the pressure of work and the diversity of challenging problems that confront us each week. One is quickly drawn to love the natural, friendly Solomon Islands people with whom we work. These people have acquired a childlike faith in what the hospital can do for them and flock to us from distant parts of Malaita by foot, by dugout and on every available ship.

People of a fortunate land like Australia would be appalled by the advanced and often long-neglected cases that come to us. It is a great privilege to be able to bring healing to these suffering people and to point them to the love of Christ.

Suni was a bush boy of about twenty-five who was carried for three days to reach hospital. He had been unable to walk or eat for five weeks and sat hunched up in a squatting position with his bones protruding under his wasted skin. His voice came in a hoarse croak as tuberculosis had effected his larynx as well as his chest.

After four months of treatment he looks healthy, his emaciation is gone, he walks normally, is free from his cough—and has renounced his devils. There is a new light in his eye and a new hope in his heart. He believes his family will soon join him in becoming "Seventh Days."

One in Three Died

We know that before we came here one baby in three died in infancy, and without the help our hospital has given many hundreds (young and old) would not have survived.

Many patients tell us they have bypassed government hospitals to come to us because they believe God's blessing is here. We have proved by experience that God hears and answers our prayers and often makes advance provision for the needs of our expanding work.

Almost every afternoon I am busy with major surgery and it is a great satisfac-



Dr. L. H. McMahon and family.

tion to restore these people to full health and strength again. Some hundred cataract cases have regained their sight and all types of cases from bowel resections to craniotomies have to be dealt with in emergencies. We always seek God's guidance and blessing before commencing each case.

It is difficult to have no specialist to turn to for consultation or assistance. This has stimulated me to seek further qualifications in surgery. It is fine to have God get the credit for good recov-

eries but I would not like Him to be discredited because of my lack of expertise.

Lack of a laboratory technician and facilities is our greatest deficiency at present but we have a small budget for equipment this year and are praying that we will obtain a technician from one of several possibilities we are pursuing.

Anxious Moments

Inadequate power and irregular supply from our diesel generating plant has caused us many anxious moments and some loss of life when failure occurred during critical surgery. God has provided a wonderful waterfall about four hundred yards from the hospital which can provide abundant, reliable, round-the-clock power once we can afford the initial outlay for a hydro-electric installation.

I wondered, however, if we could operate a ninety-bed hospital on a budget that would provide for about three beds in Australia. However, donated medical supplies from Australia and New Zealand have come to enable us to carry on. Often a shipment arrives just when our situation is desperate. We are most grateful to all who have assisted us in this way.

So far this year over fifty patients have become adherents of our church. We rejoice with them as they make the transition from devil worship with its rule of fear to Christ's new rule of love.

Medical patrols often involve tramping, in heat and humidity, for hours through mud that drags the shoes off your feet, but the welcome of the villagers is warm and enthusiastic. Difficulties are soon forgotten as you slake your thirst on a green coconut, and press on with treating the swarms of waiting sick.

As a result of a recent five-day walkabout in a new area, three new families moved to an Adventist village, ten Jehovah's Witness boys about twelve years old enrolled in our school, two villages called for teachers, and several people enrolled in the Voice of Prophecy Bible Correspondence Course. Many requests came in from the surrounding areas for visits also.

Barriers Go

Although there are barriers of language, custom and religion, it is possible to have really meaningful discussions with these people as you sit by their smokey fires or walk their bush paths. There is a warmth and sincerity in their handshakes and prayers that touch your heart. The urgency inherent in the task



The first baptism at Atoifi hospital was held recently. (Photos: L. H. McMahon.)

of carrying the gospel to all the world before Christ's imminent return leaves no room for self-seeking or time for loneliness.

Malaitan people are pathetically poor in material things but they laugh readily and enjoy fellowship tremendously. They show great perception in the unselfish consideration they extend to their missionaries whom they love. Once you win their respect as a worth-while person, they place tremendous value on what you can tell them. In the evening they sit around for hours discussing every aspect of a new

idea, then once they accept it they never forget it.

There is an immense diversity of customs and practices among the different language groups we work for. This provides endless interest as we move about and it is easy to become an enthusiastic collector of artefacts, decorations and folklore.

The greatest satisfaction in working here comes from seeing the change in the lives of those who accept the truth, and in expressing the love of Christ through a healing ministry to those in need.



Tamino, who consulted witch-doctors for his arthritis and obtained no relief.

The Time Is Never Wasted

DR. C. T. HAMMOND, Superintendent, Sopas Hospital, New Guinea

A MOTHER BRINGS in a small malnourished child with a very high temperature. Treatment is started, but the next day the mother runs away with the child and several days later one hears that the child has died in the bush. A staff member sees a very sick child while away at his branch Sabbath school and offers to take it to the hospital in his car. The parents refuse and the same day the child dies of dehydration due to severe enteritis. The next day another child is brought in from the same village in a critical state and dies in the hospital despite all that can be done for it.

On the other hand, there is the other extreme. Very often the same parents, who are loath to bring in their children when they are really sick, will come in with the minutest ache or pain, many of which defy diagnosis. These minor aches and pains seem to disappear conveniently when the patient decides he has had enough medicine.

These are some of the frustrating and disappointing aspects of medicine that confronts a new medical missionary in this part of New Guinea. In between these two extremes is a wide range of clinical material and problems that provide a great deal of satisfaction and interest for the one who contacts them. Much of the work is new, some of it is simply routine, but there is always the unexpected that turns up when least expected. As with other populations, there are many of the patients who are grateful for what has been done for them, no matter how trivial, and there are others who are never happy no matter how much has been done for them.

Satisfactions

As well as the satisfaction gained from helping backward people to regain their physical health, there is the satisfaction that comes from knowing that while receiving physical help, the patients are in an environment where they can receive spiritual help. Many of the patients are rank heathen, others are nominal followers of Catholic and various Protestant religions. But the old heathen ways still persist and are very strong under a thin veneer of civilization.

One young lad, whose name is Tamino (see picture), came to Sopas for treatment of painful arthritis of his knees and

ankles and back. Before coming to the hospital, he had already visited two native witch-doctors who had charged him exorbitant prices for a bit of quakery that had done nothing for him but relieve him of a good bit of money. In actual cash value for what he had given them he paid each of them approximately thirty dollars. And yet this lad is nominally a Catholic. While he has been at Sopas we have been able to give him some relief, but more important than that, he has been hearing Bible talks and stories and I am sure that his stay here will bear fruit.

Great Responsibility

It is a very great responsibility to be an Adventist medical missionary. As I have visited other areas in the western highlands of New Guinea I have discovered the respect that the local people



Even doctors can be Dorcas workers. When Dr. Hammond went to the government school at Nandi to examine the children he was able to help the clothing situation—which was gratefully received. (Photos: C. T. Hammond.)

have for Adventist medicine and Adventist institutions. It is the responsibility of each new generation of workers to keep up and raise, if possible, the very high standard that has been set by those who went before them. Wherever one goes in the more remote areas, the people want doctor boys, especially "Seven Day" doctor boys. As simple as these folk are in this area, they can recognize the type of work that has the blessing of the Lord.

And so, despite the frustrations that arise from poor communications and patterns of behaviour that are strange to the newcomer, there is the satisfaction of helping these people live a better and more productive life and helping them find the road that leads to life eternal. Despite the disappointments that arise from children being brought in too late or not being brought in at all, there are the joys that come when a particularly worrying patient suddenly comes good and you realize that the time you have spent on him has not been wasted.

And with all this, one has the comfort of knowing that time spent in the Lord's work is never wasted.

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BLESSING—SIXTYFOLD

"Our life is like the dial of a clock. The hands are God's hands passing over and over again. The short hand, the hand of discipline; the long hand, the hand of mercy. Slowly and surely the hand of discipline must pass, and God speaks at each stroke; but over and over passes the hand of mercy, showering down sixty-fold of blessing for each stroke of discipline or trial; and both hands are fastened to one secure pivot, the great unchanging heart of a God of love."—Norman B. Harrison.

How to Postpone a Heart Attack

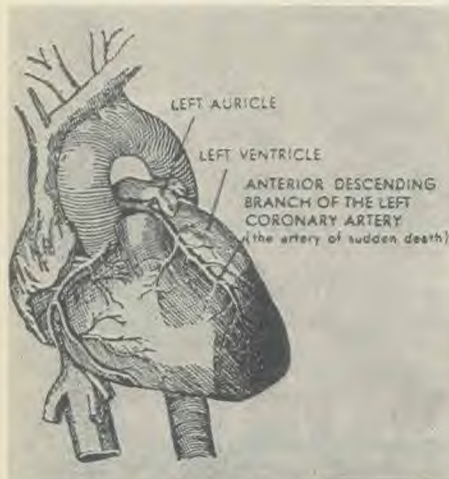
S. A. FARAG, Medical Secretary, Australasian Division

POETS AND SONG WRITERS have always had an intense interest in the subject of the heart. To them the heart is the very seat of all love, affection, and emotion. However, another large group—doctors and medical researchers—have an interest that is just as intense, but for a very different reason. To them the heart is nothing but a unique and wonderful muscle whose efficient operation means the continuation of life itself. Their admirable objective is to make the world at large aware of what keeps a heart healthy. That such an awareness is of paramount importance is understood by the fact that more people in this country die of diseases of the heart and blood vessels than from all other causes combined.

Hardening of the Arteries

The factor which is responsible for most of the deaths relating to the heart and the blood vessels is a disease which doctors call atherosclerosis, or, in layman's language, "hardening of the arteries." Strokes and heart attacks are caused generally by this condition, but here is an interesting and vital fact: most strokes and heart attacks occur only after years of "hardening" have slipped by.

Take the example of the coronary arteries which convey blood to the heart itself. You possibly have heard the phrase "coronary heart disease." That disease is simply atherosclerosis of the coronary arteries (by the way, they are called "coronary" from the word "corona" because they encircle the heart like a crown). When this disease develops to an advanced stage the heart muscles are deprived of nourishment which the blood alone can supply. The result is a serious disturbance of the muscular activity of the heart. This we call a heart attack.



When the arteries supplying oxygen through the blood to the brain are blocked, the ultimate result is a stroke. It happens this way: fatty yellowish material called cholesterol is deposited in the inner lining of the artery. This process begins imperceptibly and, unknown to the patient, it continues over a period of many years. The thicker the deposits become, the narrower the opening in the artery. The body endeavours to compensate for this blockage by increasing the load on the other arteries by a "detour" mechanism. Sometimes, however, a blood clot will form suddenly at the diseased site, and the blood supply will be totally cut off.

Notice that while cholesterol accumulates in the artery over a period of many years, a blood clot forms suddenly. If this happens in one of the large branches of the coronary or cerebral arteries, death can result immediately. If it occurs in one of the smaller or less important branches, the heart attack may be mild and the patient may recover promptly.

But what is this substance called cholesterol, and how are these dangerous deposits to be avoided? Cholesterol is a fat-like substance and is a normal constituent of the blood with a necessary and important role to play in the physiology of nutrition—especially in the transportation of fat. It is only when cholesterol is present in excessive amounts over a long period of time that it is deposited in the arteries.

Factors in Heart Disease

As a result of research conducted during the past few years, we know something about the development of atherosclerosis. There are many other questions that still remain unanswered, but we should give careful study to the factors which patient research has brought to light. First of all, consider the factors over which we have no control:

Heredity. Some families are more prone to heart attacks than others. This suggests a hereditary factor which either delays or promotes the progress of atherosclerosis.

Sex. Heart attacks occur at an earlier age in men than in women. This is believed to be due to the protective effect of female hormones, present in women up to the age of forty-five or fifty.

Age. It takes time for atherosclerosis to develop, and if the deadly process is not retarded, a diseased artery may become occluded (blocked) in later life by a clot, thus precipitating a heart attack or a stroke.

Fortunately there are other factors over which we do have control. By giving these



DR. S. A. FARAG

careful attention we can either postpone or actually prevent the inroads of this disease.

Smoking. While the association between smoking and lung cancer has had wide publicity, the fact is that the killing effect of smoking is much more commonly shown in damage to the heart. As is noted in the brochure on the subject of smoking,* Doctors Hammond and Horn of the American Cancer Society found that the death rate from coronary heart disease among smokers was 82 per cent higher (almost twice as high) than the rate among non-smokers. Smoking also temporarily increases blood pressure. The effect is most marked in people who have a tendency to high blood pressure. Coronary artery spasm for as long as eight hours has been known to be caused by smoking a single cigarette.

Hypertension. High blood pressure may also aggravate the problem of atherosclerosis. The cause of hypertension is not yet fully understood, but it is known that high blood pressure and atherosclerosis often prove to be a fatal combination.

Stress and Tension. Some authorities believe that mental stress and tension can accelerate the development of atherosclerosis.

Lack of Exercise. Inactivity favours the development of atherosclerosis. This is true especially in persons who are overweight.

Diet. The most important factor is diet. How much fat we eat, and what kind of fat we eat, will usually determine whether or not we develop atherosclerosis. The fat we eat determines how much cholesterol will be deposited in our arteries. Generally speaking, Australians and New Zealanders eat too much fat. The average Australian consumes eight tablespoonfuls of fat daily. Half of this amount would be ample for his nutritional needs. Contrast this with the fat consumption of the Chinese in Asia, which averages two tablespoonfuls of fat per day. Further, the average Australian gets 40 per cent

* See Advertisement next page.

of his calories from fat. Nutritionists tell us that from 25 to 30 per cent would be ideal. Many office workers and sedentary persons eat so richly that 60 per cent or more of their calories come from fat.

Doctor Ancel Keys and others have studied diet in many countries to investigate the relationship between coronary heart disease and cholesterol. They have all found a striking correlation. Simply expressed it means that the higher the fat consumption, the higher the cholesterol levels and the greater the incidence of coronary heart disease. The lower the fat consumption, the lower the cholesterol levels and the less frequent is the incidence of heart disease.

In contrast to Australians, the Japanese farm worker gets only 10 per cent of his calories from fat. This is about as low a fat content as may be found anywhere in the world. The African Bantu gets only 15 per cent of his calories from fat. Such a low fat content in the diet is nutritionally undesirable, for fat in the diet has several important functions. For example, certain fatty acids are an essential element in cell structure and function.

Italians, Spaniards, and Portuguese, who eat typical rural diets, get about 20 per cent of their calories from fats. This percentage approximates more nearly what is believed to be ideal. Among these groups of people, atherosclerosis is much less common than in such countries as the United States or Australia, where the incidence of atherosclerosis is highest. This disease

is almost non-existent among primitive tribes with very low-fat diets. These extremely low-fat diets are not always nutritionally adequate, however, in other respects.

By way of interest, your doctor can easily arrange for a determination of your cholesterol rating. It is simple laboratory procedure. The normal blood cholesterol value is considered to be between 140-250 (milligrams of esterified cholesterol per 100 cubic centimetres of blood serum). If your level is high, you will need to be relentless in following the simple measures outlined in this article, as well as taking advice from your doctor.

Finally, the type of fat in the diet is as important as, if not more important than, how much fat is in the diet. The reason for this is that some fats actually tend to lower the blood cholesterol levels while other fats tend to raise these levels. Obviously then, one of the most effective ways to prevent strokes and heart attacks is by watching carefully the type of fat in your daily diet. All meat, eggs, butter, and milk contain hard or "saturated" fat, and should be taken sparingly. Fish, fowl, and all vegetable fats—excluding chocolate and coconut—are soft or "unsaturated" fats, and are far preferable for they tend to lower the cholesterol levels in the blood. The reason for this is not fully understood, but the fatty acid, called linoleic acid, in these soft fats could well be responsible.

You have been born with only one heart, and in spite of the world-wide pub-

licity afforded to dramatic heart-transplant surgery, the probability of your having a second chance with a second heart is very slim indeed. Look after your heart and give it every consideration. Remember, the factors which increase the cholesterol content of the blood and thus increase the risk of heart attack are: high fat diet, overweight, physical inactivity, stress, and smoking. The methods by which you can decrease the cholesterol content of the blood and keep a heart attack at bay are to adopt a low fat diet, stop smoking if you smoke, avoid continuous tension and stress, and take daily exercise. It is a simple formula to keep in mind every day. Look after your heart because it keeps you alive!

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See the wonderful organ of hearing! When the Great Designer moulded the ear of man he placed in its recesses a delicate sound receiver. Smaller than the smallest wrist-watch, it was a wonderful circular harp of full 3,000 strings.

The countless voices of nature would play on this harp, and through it, all the music of the newborn world would rejoice the heart of man. He would sense the song of the birds and the music of the whispering breezes. The murmur of babbling brooks and the Te Deum of the ocean waves would awaken a new sense of the goodness of God in him. Through this power his heart would be thrilled by the voices he loved and would respond to the songs of angels.—Arthur Warren.

The Medical Department

has expertly prepared seven lessons on popular topics of current public health interests, namely:

- "HOW TO CONTROL YOUR EMOTIONS"
- "YOU CAN STOP SMOKING"
- "HOW TO POSTPONE A HEART ATTACK"
- "HOW TO REGAIN YOUR YOUTHFUL FIGURE"
- "DELAY, DECAY AND DENTURES"
- "BETTER HEALTH THROUGH BETTER EATING"
- "HOPE IN THE FIGHT AGAINST CANCER"

● The course is known as Health International, and church members can enrol their non-Adventist friends in this course by writing to Health International, Box 363, G.P.O., Sydney, N.S.W. 2001, or Health International, Box 2316, Auckland, New Zealand.

● Evangelists, church medical secretaries, and church pastors can contact their local conference Medical secretaries for illustrated taped lectures to be used in conjunction with these lessons.

New Zealand Adventist Hospital Project

E. J. GARRARD, Public Relations and Fund Raising Secretary

LAND AND FINANCE have been the two significant problems associated with the New Zealand Adventist Hospital project from its very first mention. Those delegated to search for a block of land with an area of five acres or more, frequently discovered sections of two acres or less. That desirable block large enough for a hospital which would expand over the years, seemed to be non-existent.

However, it turned out to be a case of "man's extremity is God's opportunity." We can now see that providential leading through the person of Brother Barrow of our Remuera church, Auckland, took us to the right place. This is a long story in its own right and will be told on another occasion.

Then, too, there is further evidence of the Lord's guidance by His over-ruling of the local opposition to a hospital in the selected area. Those people who tried to stop the issuance of a building permit soon discovered the futility of their efforts. These experiences have been great encouragement and have given us a buoyancy beyond normal, human reaction.

Another interesting aspect has been the fact that six building sections adjoining the hospital land became available from the Crown Lands department. The total area under our control is now over seven acres.

Sketch Plans

Several sketch plans have been prepared, but it does appear we have not yet reached the ideal. This activity is being concentrated on at the moment.

Finance, that elusive substance, has been the cause of much discussion, and we still need more of it. The Australasian Division has been very helpful with appropriations, but we are still short of our target. However, we know that our members and friends will help us give the financial as-

pect a good push during the next few months.

Some of our members have been praying for decades for the establishment of our own hospital in New Zealand.

Past experience has shown that Adventist-influenced medical work in New Zealand is not readily forgotten. Often we read articles in national magazines about an Adventist couple who practised medicine in Auckland from 1900-1921. These good people were the Doctors Peter and Florence Keller. The General Conference, at the beginning of the present century, invited them to leave America and proceed to New Zealand. They left their homeland, settled in Auckland and spent twenty-one years in that city. The New Zealand "Eve" magazine a few months ago, and more recently the "New Zealand Women's Weekly," published pictures and extensive stories on Doctor Florence, who is still alive and still practising in the U.S.A. at ninety-four years of age.

Hundreds of doctors have lived, practised and associated with the people of Auckland. Few of them are even remembered, but the work of the Kellers still lingers pleasantly in a city's memory. This dedicated couple left an "image" of great magnitude. Such an image must be continued, and we look forward to a reflected glow of beneficial medicine with a Christian atmosphere. May the hospital lights on St. Heliers Hill soon indicate the establishment of yet another gospel agency.

LETTERS TO THE EDITOR

One in Favour

Brother,

I wish to express my complete agreement with the sentiments expressed in "M. Barrast's" letter ("Record" 15/9/69). I feel that the present formal method of transferring church members is no longer necessary and that it detracts from the solemnity of the divine service.

I appreciate the necessity of having a system to keep church records in order, and I recognize that occasionally problems arise over transferring members who may not be "in good and regular standing," but I can see no reason why the practical suggestion made by "M. Barrast" cannot be adopted. I trust that "someone in high places" will respond.

Moving on from this matter to the "Record" in general, may I say how much my wife and I enjoy reading the "Record" each week. We enjoy "catching up" on the family news from "Flash Point," studying and laughing over the photographs in the Historic Picture Gallery and reading the various stimulating articles. May I thank you and all the Signs workers for an interesting and informative church paper.

G. Jones, Victoria.

Out of Favour

Brother,

Thumbing through the Church Hymnal for an opening hymn for Sabbath school, I came to the conclusion that there are few absolutely suitable ones; ones we use, yes, but not ones which I categorize as absolutely suitable.

More pointedly, there are too many hymns we do not know and never use, in fact, and I suggest that it is time for a new or revised hymnal. This one may have been "tops" in 1946, but a survey of pastors on the question, "What hymns are you not likely ever to use?" would reveal a surprising number. Hymns such as "O Canada!" and others raise the question of a possible need for a "down-under" edition (or perhaps in co-operation with the British Union). Whether or not a revised hymnal is needed every thirty or forty years I do not know, but I do think this thirty-year lapse requires a new one with more hymns which we will use and that will appeal to this generation. This does not imply that there are not some hymns from our older hymnals that still have an appeal to us. There are plenty.

The point is, perhaps, how do we, the church, the laity, impress this need upon the "higher-ups," or do we have these things handed down when and if thought fit? Could we have a poll or survey taken to find (1) Is there a desire for a new hymnal? and (2) What sort of hymnal do people want—what do they expect from a church hymnal? Book publishers may not relish the call for more frequent changes in such things by present generations as compared with the "slower" nineteenth century, but have I made my point?

E. J. G., Dunedin, N.Z.



FROM HUMBLE BEGINNINGS: In foreground is the preparation for foundations for a staff cottage. The hospital will be built on the hill in the background. The view is in a north-westerly direction from Sierra Street.

Cookery Nook

Hilda Marshman

HURRY-UP BREAD

Breadmakers: In case of emergency when there is not time to follow the usual four-hour process, excellent results can be obtained by using the following recipe. Reckoning from the time the dough is mixed and kneaded, you can have a first-class loaf out of the oven within 1½ hours. On cool days, warm the flour to 80 degrees, and do not allow the dough to become chilled while kneading it.

Use 8 oz. measuring cup, and level spoon measurements with the set of standardized plastic measuring spoons.

10 ozs. wholemeal flour	1½ tablespoons brown sugar
6 ozs. white flour	1 tablespoon oil
1 tablespoon gluten flour	2½ teaspoons salt
1 oz. compressed yeast	1½ cups lukewarm water

Sieve together the meal, flour, and gluten flour into a large bowl. Cream yeast with brown sugar. Dissolve salt in water; add oil and yeast; stir well.

Make a hole in centre of flour; add yeasty liquid, and stir until dough forms an irregular mass and comes away from sides of bowl. Knead, using a little extra flour to maintain a pliable dough and to keep it from sticking to the hands. Knead about 8 minutes until dough is smooth and elastic. Do not allow dough to become chilled. Place the kneaded dough in its oiled bowl. Cover with a doubled cloth, and put in a warm place for 10 minutes (20 minutes on a cold day) to allow dough to double in size, then punch down with your fist, and pull the sides of the dough into the centre and form into a ball.

Flatten to oblong shape on floured board. Using both hands, fold each end of oblong to centre; press down firmly. Roll the dough up as tightly as possible, making it the length of the tin as you work. Pinch together centre fold and ends of dough to seal. Lay in oiled warm tin 9in. x 4in. x 2½in. Brush top with oil; cover with waxed paper, let rise in a warm place until almost doubled—sides of loaf ½in. below top of tin, centre of loaf above tin—10 to 15 minutes.

Bake in hot oven (450 degrees F. electric, 400 degrees F. gas) 55-60 minutes, or until top of loaf sounds hollow when tapped with the fingers. Brush top with oil or warm water, and place across its tin to cool. Makes 1½lb. loaf.

Life Sketch of PASTOR S. H. GANDER

W. G. TURNER

Stanley Herbert Gander was born in the beautiful county of Dorset, England, on August 25, 1896, and passed to his rest at the Belmont hospital, near Newcastle, on Thursday, September 11, 1969, after a serious heart attack.

As a boy of thirteen years, with his parents and family he came to Australia and settled in Melbourne. An active member of the Methodist Church, he heard the message of present truth through attending a mission conducted by Pastor N. J. Waldorf in one of Melbourne's suburbs in 1915. Following studies conducted by N. C. Burns, then a young worker in the team, Stanley was baptized and joined the Seventh-day Adventist Church, as did other members of his family.

By profession he was a fitter and turner, carrying the responsibility of overseer in the firm employing him. Owing to serious difficulties arising over proper Sabbath observance, he was compelled to leave his



The late Pastor S. H. Gander

work. He went to the Sydney Sanitarium to take the nurses' course, having in mind later service in the mission field. Owing to his particular ability in preparing food, the Sanitarium Board called him to leave the nurses' course to devote himself wholly to the culinary department at the sanitarium. He was chef there for some time,

and was then called to Brisbane cafe, then to Melbourne cafe, as chef. He also devoted considerable time to visiting churches around the city of Melbourne, where cooking classes were held under his direction. Ever wishing to be a missionary, he decided to engage in colporteur service. In this field he worked for seven years in Victoria, with good success.

In 1922, he was married to Miss Greta Tivey, and ten years later he and his wife were called to the island field, where his first appointment was principal of our new school at Boliu, on the island of Mussau, where he served for two years. Called to the mainland of New Guinea, he opened our work at Kainantu in the highlands. While they were there, it was my privilege to share the kindly hospitality of the Gander family when I visited this area in the 1930s.

Following Kainantu they opened the work at Bena Bena, continuing there until the outbreak of World War II. During the hostilities in the early forties, Pastor Gander occupied the office of Lay Activities secretary of the North New South Wales Conference, from which position he subsequently returned to New Guinea. The war over, the Ganders opened our work in the Western Islands, a group west of Manus.

Later, the work was opened at Madang, where this family remained until 1949. With the arrival of the "Leleman," a new mission ship, Pastor Gander was asked to survey the Sepik River area, with the possibility of opening work for the natives of this great waterway. He and his wife spent a year on this ship travelling the Sepik and opening stations along its banks. Today this river has many faithful church members living along its shores.

Called in 1955 to Lae, the Coral Sea Union headquarters, as Home Mission (Lay Activities) secretary for the Union Mission, Pastor Gander had served for five months when he was involved in a serious plane accident in which the pilot was killed and Pastor Gander very seriously injured. His injuries kept him as a patient at Wahroonga for over a year and compelled his retirement from active service. Settling at Wahroonga, he and his wife remained there until moving to Kressville, Cooranbong, early in 1969, where they were very happily located.

Ordained in the Avondale Village church in 1942, Pastor Gander leaves a name for faithful and honoured service in the work of God, pioneering in a number of fields that now rejoice in the light of truth. To mourn his passing, he leaves a widow of forty-seven years' happy companionship, a daughter, Gwen (now Mrs. Ken Adair), and three grandchildren.

Pastor Gander now sleeps, to await the coming of his Lord whom he loved and served with vigour and faithfulness for so long. To the family we extended our sincere sympathy as we laid him to rest in the presence of the many friends who had gathered at the beautiful Cooranbong cemetery on Sunday, September 14, 1969.



ASHMORE—MUIR. John Ross Ashmore, scion of a well-known Adventist family of Narembeen, Western Australia, was married to Maureen Lynette Muir, of the Queen's Park church, on September 1, 1969, in Perth. They will add another farming family to the church at East Narembeen where John farms with his father. N. E. Bolst.

BAKER—STARR. The Royal Oak church in Auckland, New Zealand, was the scene of a very pretty wedding, when many friends and relatives gathered late on Monday afternoon, September 1, 1969, to witness John Francis Baker and Janice Carolyn Starr exchange marriage vows. John is the only son of Pastor Baker of New Plymouth and of the late Mrs. F. J. Baker, and Janice is the younger daughter of Pastor and Mrs. P. H. Starr of Melbourne. John and Jan have pledged their loyalty to Christ, and their many friends wish them God's richest blessing as they set up home in New Plymouth. P. H. Starr.

GILL—WINTER. August 25, 1969, was the date chosen by Margaret Ruth Winter to meet Kenneth James Gill at the Avondale Village church, New South Wales, where friends and relatives from near and far witnessed the happy occasion as they pledged lifelong fidelity to each other. Ken is the only son of the late Brother L. Gill and of Mrs. Gill of Cooranbong, while Margaret is the eldest daughter of Pastor and Mrs. S. G. Winter of Cooranbong. As this young couple make their home in Melbourne where Ken is employed by the Sanitarium Health Food Company, may the blessing of Heaven always be theirs. S. G. Winter.

HIGGS—CAPPE. On August 25, 1969, the Stanmore church, New South Wales, resplendent with flowers to match the bridal party, was the happy setting for the wedding of Judith Dawn, eldest daughter of Brother and Sister Albert Cappe of Enfield, and Robert John, son of Brother and Sister Higgs of Brighton-le-Sands, New South Wales. Judith is well known in Sydney and is an accounting machine operator, while Robert is an electronics engineer. The church and later the Lane Cove town hall were filled with guests to launch this new matrimonial barque on its way. Dr. P. Cappe was an efficient master of ceremonies at the reception. We join with the many friends in wishing this fine young couple God's very best blessings as they make another Christian home in Sydney. R. B. Mitchell.

HILL—HILL. On Monday, August 25, 1969, at 3 p.m., Valmai Hill of Christchurch, New Zealand, walked down the aisle of the Ilam Seventh-day Adventist church, Christchurch, to the music of Purcell's "Trumpet Voluntary" to exchange the marriage vows with Barry Hill of Macksville, New South Wales. Many friends and relatives had come from near and far to witness this happy occasion when two consecrated young people pledged their love one to the other. Barry is a secondary school-teacher in our Christchurch high school, and Valmai is an accomplished music teacher. Both young people have shared their talents of music unreservedly with many evangelistic and church audiences. We pray that their home will continue to be an expression of the love they have for their Lord. D. Currie.

HITCHICK—GREEN. Douglas Raymond Hitchick and Margaret Joan Green were a radiantly happy couple as they exchanged their marriage vows in the Parkes, New South Wales, Seventh-day Adventist church on Thursday afternoon, August 28, 1969. Margaret, who graduated last year from Avondale, is the younger daughter of Brother and Sister Richard (Dick) Green of Parkes. As Doug and Margaret set up another Christian home at Bogan Gate, New South Wales, where Doug will conduct his business as a motor mechanic, our prayers and good wishes go with them. E. M. Logue.

HOBDEN—MANN. It was a happy occasion on September 3, 1969, for Ivan Hobden from Dubbo, New South Wales, and Lynette Mann of Berri, South Australia, when they ex-

changed marriage vows in the Berri church. Many relatives and friends gathered on this day to convey their best wishes to Ivan and Lynette as they began life's journey together. As they establish their future home in New South Wales we wish them much of God's rich blessings for their future happiness. L. J. Laws.

HUMPHRIS—HARDES. Errol William Humphris entered into life-long covenant with Rosemary Harde at Wallsend church, New South Wales, on September 1, 1969. Members of the Toronto and Wallsend churches especially know and love these young people and were present to wish them God's blessing.

"Love is not passion, love is not pride,
Love is a journeying side by side,
Not of the breezes, nor of the gale;
Love is the steady set of the sail."

"Deeper than ecstasy, sweeter than light,
Born in the sunshine, born in the night;
Flaming in victory, strongest in loss,
Love is a sacrament made for a cross."
D. Ford.

KARVINEN—OAKES. The Gosnells church Western Australia, was the scene of a very pretty wedding on Monday, September 1, 1969, when Reijo Karvinen and Rosemary Oakes pledged their troth to each other before their many friends and relatives witnessing the happy occasion. At the reception, the highly-respected couple were showered with congratulations and gifts with a prayer that the abiding blessing of God will rest upon them as they establish their home. K. E. Martin.

MCDONALD—BELL. On Tuesday, September 2, 1969, the Victoria Park church, Western Australia, was the meeting place of well-wishing witnesses to the marriage of John Rodney McDonald and Evelyn Joyce Bell, both of Perth. The high esteem in which Rodney and Lyn are held was shown by the valuable gifts and the congratulations from their wide circle of friends and relatives as they gathered for the wedding breakfast at the youth hall beside the church. We pray God's richest blessing will be with them as they walk together through life. K. E. Martin.

PIPER—COON. Just as the sun was setting at Ketchikan, Alaska, on September 7, 1969, two well-known Adventist families from opposite ends of the earth were brought together on the occasion of the marriage of Haydn Kingsbury Piper, elder son of Dr. and Mrs. Athol Piper, late of Sydney, now living in British Columbia, Canada, and Jayne Elizabeth Coon, eldest daughter of Mr. and Mrs. Jay Eldon Coon, Sr., of Ketchikan, Alaska. Many friends of these Christian young people were present to witness the marriage vows, and wish the bride and groom God's blessing, and future happiness and success as they return to Walla Walla College where Haydn is studying engineering. The service was conducted in the Seventh-day Adventist church by Pastor Harold Dawson and the writer, who assured the young couple that God had been the creator of true love and marriage, and if He were a constant guest in their hearts and home, they need never doubt their future happiness here on earth, or in the earth-made-new. A. V. Piper, M.D.

RICHTER—MICKELTHWAITE. The Goulburn church, New South Wales, was the scene of a very pretty wedding on the last day of winter, Sunday morning, August 31, 1969, when Jennifer Merle Mickelthwaite, daughter of Brother and Sister Mickelthwaite of Goulburn, walked down the aisle on the arm of her father to be united in marriage with Ronald Desmond Richter, son of Brother and Sister Richter of Toowoomba, Queensland. Many friends and relatives were in attendance to witness this happy event and later to join the young couple in their wedding breakfast in the Goulburn church hall. Des and Jennifer are esteemed members of the Goulburn church and we wish them God's richest blessing as they set up their new home in the city of Goulburn. H. B. Christian.

RISBEY—SPOOR. Adrian John Risbey and Joyce Maureen Spoor chose the Perth City church, Western Australia, for their marriage on Thursday, August 28, 1969. This beautiful occasion was blessed with delightful spring sunshine. The parents of the bride and groom and a wide circle of friends and relatives witnessed the solemn marriage vows. At Hawthorn Lodge Adrian and Joyce were the recipients of many gifts and expressions of appreciation. As they plan soon to return to Avondale where Adrian will continue his studies, we are confident of the continued blessings of God upon their united lives. K. E. Martin.

SHOTTER—HARDERS. On September 7, 1969, delightful late afternoon sunshine added beauty to the Victoria Park church, Western Australia, tastefully decorated for the happy occasion when Marion Ruby Harders walked down the aisle on the arm of her father to be united in marriage with Peter Edward Shotter of Walpole, Western Australia. Marion has given valued service both in the Sanitarium Health Food Company and in the mission field. Many friends and relatives were in attendance to witness the exchange of marriage vows and later to join the young couple at a reception held at the Belmont church hall. As they establish their home at Walpole we are sure that their combined lives will bring honour and glory to the name of their heavenly Father. K. E. Martin.

SKIPWORTH—DYSON. Monday, August 25, 1969, in the Bickley church, Western Australia, Russell John Skipworth was united in the sacred bonds of wedlock with his chosen bride, Leonie Margaret Dyson. Leonie, the daughter of Brother and Sister David Dyson, gave much appreciated service in the office at Carmel College until recently. Friends and relatives again joined the radiant young couple at the reception where congratulations and gifts were showered upon them. May the Lord continue to bless them both as they walk hand in hand down the pathway of life. K. E. Martin.

ZYTNIK—ZEUSCHNER. On Wednesday, August 27, 1969, William Zytnik and Greta Christine Zeuschner united their lives in holy matrimony. The wedding was the first to be celebrated in the lovely new church at Leon-gatha, Victoria, and the members had laboured long and hard to have all in readiness. Bill and Greta and their attendants made a charming group, and many guests and friends joined with them at the church and in the delightful reception which followed, to make this a very happy occasion. Bill and Greta will set up their home in Western Australia, where Bill is at present teaching in the Victoria Park church school. We pray that God will richly bless them and keep them in His care. D. E. Bain.

TILL HE COMES

BROWN. A long life, filled with ministry and loving service has come to a close. On August 25, 1969, as we tenderly laid our beloved sister, Annie Brown, to sleep till the Master calls. Known by all as "Auntie Annie," Sister Brown was the mother of Sister Reuben (Doreen) Kelley, two other daughters, and two sons. Besides her own family, she had been mother to twenty-two other children. Baptized in 1946 by Pastor George Parker, she was a member of the Armidale church, New South Wales, and her passing has led us all to look more earnestly for the blessed home. E. C. Rosendahl.

DOW (formerly CRESSWELL). Doris Eileen Dow (nee Bentley) was born on August 22, 1903. After a lingering illness she passed away at her daughter's home in Croydon, Victoria, on September 3, 1969. She married George Cyril Cresswell on January 8, 1927. Four children, Jan (Mrs. Ross Mitchell), Zola (Mrs. Wilbert Mitchell), John and Paul were born of this marriage. Through a lifetime of struggle and personal sacrifice this faithful mother reared her family in the fear of the Lord and in the love of the message for this time, and they assembled together at her deathbed and graveside to say a brief goodbye—till the morning. They each pledged themselves anew to be together for the great march home "beyond the sunset." A large assembly of friends assembled at the Croydon church and at the graveside to honour the memory of a great life which has now closed its earthly journey. To her surviving husband, Mr. Arthur Dow, whom she married in 1954, and her children and the large circle of sorrowing friends who assembled at the Croydon church and Springvale cemetery, words of comfort were re-emphasized from the assurances of the Word of God. J. B. Conley.

DUNMAN. At the advanced age of ninety years, Sister Enid Louise Dunman passed to rest on August 12, 1969, while a patient at the Sir Charles Gardiner hospital, Perth, Western Australia. During Pastor Russell Kranz's mission in Perth, Sister Dunman and her daughter, Maude, accepted Christ's message and subsequently became members of the city church. A gracious lady, a sincere Christian, she possessed a radiant personality combined with a keen intellect. Resting in the care of the angels, this

mother in Israel will await the return of the Master and the resurrection morning.
G. I. Wilson.

DYSON. The exceeding great and precious promises of the blessed hope brought real comfort to the hearts of Brother and Sister Ian Dyson as they laid little Andrea Maree to rest in the beautiful Springvale cemetery, Victoria, on September 2, 1969. The many beautiful floral tributes and large assembly of friends gave evidence of the esteem in which this young couple are held. In the twenty-two short months that Andrea lived, Joy and Ian lavished all the wealth of parental affection on their little one and long for the day when she will be restored to their joyous embrace.
K. R. Miller.

GANDER. Pastor S. H. Gander was born in England in 1896 and passed to his rest in the Belmont Hospital, New South Wales, on September 11, 1969, following a heart attack. He was buried at Cooranbong on September 14 in the presence of his family and numerous friends. Baptized in 1915 in Melbourne, he first served at the Sydney Sanitarium, then at the Brisbane and Melbourne cafes as chef. He then canvassed in Victoria for seven years. In 1932 he commenced mission service in New Guinea and remained within the island territory until a serious plane accident led to his retirement in 1956. After settling at Wahroonga, he and his wife came to Kressville in February of 1969. He leaves to mourn, his widow, who he married in 1922, daughter, Gwen (Mrs. Ken Adair), and three grandchildren. Officiating at the graveside were Pastors L. S. Rose, S. G. Winter and the writer. To all the family we extend our deep and sincere sympathy in the loss of a devoted husband and father.
W. G. Turner.

HANSEN. Charles Victor Hansen, one of the most respected citizens of Home Hill, Queensland, passed peacefully to rest on August 20, 1969, at the age of fifty-seven years. Always a public-spirited, kindly, helpful man, Brother Hansen belonged to no less than seven community organizations, all of which were represented in the large congregation of mourners, both at the church and graveside. It was our privilege to extend "the blessed hope" to Sister Hansen, two daughters, two sons and seven grandchildren. Confidently we await our brother's call to eternal life.
M. M. Stewart.

HILL. September 3, 1969, was a day of overshadowing sadness in the home of Brother and Sister John Hill of Shepparton, Victoria, when little Lionel Llewellyn succumbed to the grim reaper. Their little one was allowed only two days to bring joy and happiness to their lives. We laid him to rest in the Shepparton cemetery to await that day when the angels will bear him to his waiting parents.
E. M. Logue.

KURESA. On August 28, 1969, Sister Marie Mietze Kuresa passed away at the age of seventy-six. A large funeral gathering in the Apia church witnessed to the respect in which she was held by neighbours and townspeople alike. In the family plot near where she lived, laboured and witnessed for her Lord for forty years, she now awaits the call of her Master when He comes to gather His people at the last trump. To her husband, Brother Sauni I. Kuresa, and the large family of daughters and two sons, we extend our heartfelt sympathy. The writer was assisted in the services by Pastors Neru and Afa'ese.
D. E. Hay.

LONEY. Joan Loney (nee Wile) was born in Melbourne on February 28, 1934, and died in Bendigo, Victoria, in tragic circumstances on August 30, 1969. She was married to Brother Kevin Loney eleven years ago. Three children: Russel, Sharon and Dyanne were born to this union. With their father and a large group of friends and relatives they mourn the passing of a faithful wife, a devoted mother, and a kindly young Christian woman. As one who knew Joan better than most, I believe we can leave her in her temporary resting place in the confident assurance that we will all meet again in the morning. In this assurance we laid her to rest on the hillside of the beautiful Flora Hill cemetery.
J. B. Conley.

OLIVE. Even though she suffered from a defective heart, the death of Carmel Leah Olive, aged seven years, came as a surprise to her parents and the members of the Sherwood church, Brisbane, Queensland. We laid her to rest in the Mount Gravatt cemetery on Tuesday, September 9, 1969, realizing that our Lord knows best. Carmel showed by her happy little life that she loved Jesus, and so her parents can look forward confidently to the resurrection when this little one will be restored to them again.
R. N. Lawson.

SMITH. Hospitalized for some months where kindly attention was lavished upon him, Brother Herbert Smith, aged seventy-seven years, quietly passed to rest on September 4, 1969. Originally from Bostwell, Tasmania, as a young man he went to live in Collinsvale where his marriage to Gertrude Fehlberg brought great happiness. In the year 1965 our esteemed friend was baptized by his own son, Pastor Ralph Smith, now resident at Cooranbong, New South Wales, and at a subsequent time came to make his home with his only daughter, Sister Kersting of Perth, Western Australia. To his two sons, both serving as ministers, Pastor Noel Smith, Publishing Department secretary for the Greater Sydney Conference, and Pastor Ralph Smith, and daughter, Sister Kersting, we conveyed messages of assurance in Christ in a private service at the Karrakatta cemetery in Western Australia. "Resting in hope," this beloved servant awaits the sounding of the trumpet, and the morning of Christ's coming. "He which testifieth these things saith, surely I come quickly. Amen. Even so, come, Lord Jesus."
G. I. Wilson.

WAMSLEY. James Samuel Robinson Wamsley was born at Clunes in northern New South Wales, in January, 1895, and after seventy-four years, fell asleep in Christ on August 8, 1969. In the year 1918 he was married to Ivy A. McIntosh, and under the ministry of Pastor C. J. Griffin they united with the Seventh-day Adventist Church in 1932. For thirty-seven years Brother Wamsley maintained his faith and confidence in Christ, and for many years held office in the church that he loved. To his bereaved wife, six children, twenty-three grandchildren and two great-grandchildren the hope of the resurrection was extended when we laid our brother to rest in the Tweed Heads lawn cemetery.
E. S. House.

RETURN THANKS

Brother and Sister Titchener and family would like to thank all whose deep and abiding sympathy was tendered from many parts of Australia and New Zealand at the loss of son and brother, Paul, in tragic circumstances.

ANNOUNCEMENT

The officers of the Retired Workers' Association have planned a social gathering for its members and visiting friends on Tuesday, November 11, 1969, at 6 p.m. This will be held in the Wahroonga Social Hall. Pastor A. G. Stewart will report on his recent visit to Fiji. We will be happy to welcome you.
R. H. POWRIE, Secretary.

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AUSTRALASIAN RECORD

and Advent World Survey

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FLASH POINT . . .

- ✧ Over in the satellite city of Elizabeth, in South Australia, a splendid start has been made with a new mission. Pastors A. H. Tolhurst and G. Norman "and their very faithful, working and praying on-the-spot supporters, including, of course, their hard-working, enthusiastic wives" (direct quote from the president) opened with three capacity sessions on the first Sunday and two near capacity sessions on the Wednesday evening. The second Sunday saw four sessions running, with an attendance of 200 more people than on opening day. We'll keep you posted on this one.
- ✧ Other missions running in South Australia are also meeting with good success. Robert Porter's programme at Renmark, Ian Royce's meetings at Whyalla, and Pastor Lindsay Laws's mission at Millicent all jumped away to a splendid start and promise fruitage. Four missions, therefore, started in September in South Australia.
- ✧ The way they sing in the spring! Up in Rabaul they held their annual choral festival in September and the Adventists (a singing people with something to sing about, if we may modestly say so) were out in full force and fine voice. Pastor A. S. Currie writes briefly and mentions off-handedly some of the successes which you would expect him to be shouting about. The next paragraphs will tell of these.
- ✧ Adventists or their choirs who featured in the choral festival were: Harold Peter sang "The Great Judgment" and won second prize in the men's solo section; in the duet section (open to men and/or women) our Sonoma College ladies came third; the Sonoma College Quartette (heard also on their monthly radio programme) took first prize in that section. In the Ensemble Section the Twelve Singing Men of Sonoma took first place. And that's not all.
- ✧ In the Primary School Choir Section, our Sonoma Primary School (with only twenty-three pupils in grades one and two, bless their hearts) walked off with first prize against larger and older singers; in the High School Male Choir Section, the Jones Missionary College Male Choir gave the performance of its career, under Gerald Lankow, singing "Look for the Silver Lining" and "Little Tommy" (are choirs still singing that?) and carried off the honours—to the wild applause of its supporters. (And still there is more.)
- ✧ It was the Open Section that carried the most interest and was the most keenly contested. There were eight choirs in this section and some had more than 100 voices, one choir mustering more than 200 singers. The Catholic Training College Male Choir gave a splendid performance with their 150-voice choir, and our Sonoma College Male Choir had to sing their hearts out to match this group. The forty-five voices (which is a fair muster from a College of just forty-five students) of our Sonoma Choir must have had finesse for what they lacked in volume, because the judges' sharp ears appreciated their tonal qualities and melodic blend more keenly than they did the others, and they awarded the littlest choir (ours) first place. In a thoroughly modest understatement, Pastor Currie writes, "We were delighted." And aren't we all? Let's hear a cheer for the Sonoma Male Choir and all the others who did so well.
- ✧ Pastor L. C. Naden, division president, left Sydney on the evening of September 23 to attend the Autumn Council of the General Conference which this year will be held in Washington, D.C. Prior to the Council Pastor Naden spent a week-end in Camp Berkshire (an Adventist camp), where the General Conference president, vice-presidents and world division leaders gave study to the problems facing the church of God at this present moment. Pastor Naden spoke on the Friday evening on the subject of "Upholding the Standards of the Church."
- ✧ Pastor G. Burnside opened his evangelistic effort in the Wahroonga church with a congregation of 400, including a large proportion of non-Adventists. He is preaching every evening for seventeen nights.
- ✧ Pastor K. S. Parmenter, president of the North New Zealand Conference, reports that Pastor and Mrs. W. W. Petrie recently left the Dominion for retirement in Melbourne after labouring for many years in both the North and South Islands, and their cheery dispositions and their energetic support for the work will be greatly missed. "But," says Pastor Parmenter, "I know the church in New Zealand is high in their list of interests for, as a parting gesture, Pastor Petrie pressed a cheque into my hand to help with the building of the new high school. We appreciate this kind of selfless interest and support. May the Lord richly bless this devoted couple in their retirement."
- ✧ Mount Hagen used to be the end of the line and a remote area just a few years ago, but now with a large group of laymen living in the district, and considerable mission activity, the European Adventist community has grown to quite a large population. So it was that on the Sunday evening of the Mount Hagen Show, that big event of the year, the large crowd of European Adventists in the district, as well as visiting friends and relatives, decided to have a combined tea. Because all the halls in the area were being used for sleeping accommodation for the visitors to the Show, the only place to be found was a disused coffee shed. However, it turned out to be a very acceptable building when the final touches of decoration were completed and the ladies had brought along all their specialities in the food line. There were over 150 European Adventists present, and a delightful meal was followed by an impromptu concert in which quite a number of the local young people, including nurses from both the Togoba Hansenide Colony and Sopas Hospital, displayed their talents by presenting a number of items.
- ✧ A new kind of Adventist radio programme has now been released for a number of weeks over 2GZ Orange, and 4CA Cairns, and is now being aired in Armidale, New South Wales, and in Victoria. This fifteen-minute weekly programme, "On the Beam," features Pastor Roy Naden, director of Advent Radio-Television Productions, Pastor M. G. Townend, division Radio and TV secretary, and Pastor G. Rollo of Greater Sydney. Taking a look at the news from a Christian's point of view, the programme is being received most enthusiastically by the radio stations and the listening public alike. "On the Beam" is additional to our weekly These Times programme.
- ✧ "Finally, brethren . . ." (from the back of an Adelaide bus ticket): If you're a self-starter the boss won't have to be a crank.