In the ministry of healing, the physician is to be a co-worker with Christ. The Saviour ministered to both the soul and the body. The gospel which He taught was a message of spiritual life and of physical restoration. Deliverance from sin and the healing of disease were linked together. The same ministry is committed to the Christian physician. He is to unite with Christ in relieving both the physical and spiritual needs of his fellow men. He is to be to the sick a messenger of mercy, bringing to them a remedy for the diseased body and for the sin-sick soul.

Christ is the true head of the medical profession. The chief Physician, He is at the side of every God-fearing practitioner who works to relieve human suffering. While the physician uses nature's remedies for physical disease, he should point his patients to Him who can relieve the maladies of both the soul and the body. That which physicians can only aid in doing, Christ accomplishes. They endeavor to assist nature's work of healing; Christ Himself is the healer. The physician seeks to preserve life; Christ imparts life.—The Ministry of Healing, p. 111.

No line is to be drawn between the genuine medical missionary work and the gospel ministry. These two must blend. They are not to stand apart as separate lines of work. They are to be joined in an inseparable union, even as the hand is joined to the body.—Medical Ministry, p. 250.

The gospel ministry is needed to give permanence and stability to the medical missionary work; and the ministry needs the medical missionary work to demonstrate the practical working of the gospel. Neither part of the work is complete without the other.—Counsels on Health, p. 514.
SINCE the beginning of our movement Adventists have stressed the close relationship between the physician of the body and the physician of the soul. Ours is a complete message, emphasizing from the earliest days the matter of health and healthful living.

In this issue sincere and devoted doctors have related their experiences. These men and hundreds like them are proving their value to the cause as real medical missionaries. They practice the healing art for one purpose—to bring the gospel of grace to their patients and their communities.

Some of these contributors stress the importance of prayer as therapy; others emphasize the place of our literature as an opening wedge; still others give instances of the clear guidance of God in moments of crisis. These medical missionaries, most of them self-supporting, are making a wonderful contribution to God’s work, and through their ministry the kingdom of God is being advanced.

To read what is being done is to be inspired. And yet withal there is no blare of trumpets, not even a statistical report. Theirs is a quiet leavening process by which hundreds and thousands are being led to a truer concept of Christianity. The world today needs what it needed nineteen centuries ago—a revelation of Jesus Christ. To reveal Christ in the heart of a giant city is no small task. But the same consecration and devotion are required to bring His love to men scattered out in sparsely populated rural or mountainous areas. Some who have written are working out on lonely mission stations, and others are carrying heavy burdens in large institutions. But all are workers together, the doctor and the minister, the nurse and the Bible instructor. And as “workers together with God” and with one another, we are bringing a practical message to a sick and weary world. Efficient scientific service carried on by devoted medical missionaries is preparing the way for the “loud cry” when the whole world will blaze with the glory of God.

It is with particular enthusiasm that we send forth this issue. We have been told that a consecrated doctor can, in some instances, be ten times more successful than a minister in reaching hearts. But when the doctor and the minister work together, that is real success, for while one can “chase a thousand,” two can “put ten thousand to flight.”

R. A. A.

Cover—The Drs. Daniel H. and Lauretta Kress. See article on page 8.
Those Worthy Objectives

T. R. FLAIZ, M.D.
Secretary, General Conference Medical Department

THE application blank on which we asked for admission to the College of Medical Evangelists contains a statement of our reasons for wishing to study medicine. Practically without exception, this statement records in most convincing form the aspirations of the applicant to prepare for more effective missionary endeavor. We may reasonably suppose that in most cases these expressions of good purpose are sincere, but successful heavy practice, and the demands of growing business and social contacts, are sometimes permitted to crowd out well-designed plans for missionary endeavor. Many a good Christian physician tells himself that his high-class medical work is of itself a service which repays the sacrifices of his professors, clinicians, and instructors—that these services make the multithousand-dollar denominational investment in his education well worth while.

The College of Medical Evangelists was born because Seventh-day Adventists forty years ago calculated that the addition of a corps of missionary-minded physicians to the denominational working force would be of such value as to justify the large expenditure involved. There was no thought that all the graduates of the school would be denominationally employed. It was anticipated, however, that there would be scattered across this country and in other lands those who would by their excellent professional achievements and their Christian lives advance the gospel program.

In the intervening years, Seventh-day Adventists have spent millions of dollars in subsidy to the school. Every graduate of the College of Medical Evangelists has received several thousand dollars of denominational subsidy for his education, just as every university medical graduate has been subsidized by the state or other sponsoring organization. Although some have failed to yield appropriate account of their stewardship of this investment, Seventh-day Adventists in the 1953 Fall Council reaffirmed their confidence in the value of the College of Medical Evangelists and her hundreds of loyal missionary-minded sons and daughters in the home country and scattered in far corners of the world.

More Effective Distribution

In recent years a much larger portion of the College of Medical Evangelists’ men and women are recognizing the need of the field generally, and are leaving the shelter of the home nest of southern California and venturing out into the Midwest, the Eastern States, the provinces of Canada, and to outlying dependencies. It is a well-recognized fact that we apply ourselves to the work before us in proportion to the urgency of the work and the extent to which that work depends on us personally. As a natural consequence of this fact, we generally find the most fruitful yield of missionary activity per doctor in places where the physician stands most nearly alone in his home church or community.

In harmony with this line of thinking, the great majority of our recent graduates are finding their fields of service out in areas where the need is greatest. A significant number of our graduates in the congested areas about the school are finding great satisfaction in challenging situations in the South, in the East, and in Canada. Where, but a few years ago, we had only a handful of physicians in Florida, there are now nearly fifty College of Medical Evangelists men scattered through the churches of that conference. The same could be said of Tennessee, Georgia, and the Carolinas. Missouri has attracted twenty physicians in the comparatively recent past. Michigan, Colorado, Texas, and Maryland each have an excellent representation of our College of Medical Evangelists graduates. The New England States, New York, Indiana, Illinois, Oklahoma, Wyoming, and the Canadian provinces are typical of areas where excellent progress is evident in strengthening the medical representation in our churches.

It may not be in Africa or India that God would have us fulfill the pledge or statement of purpose that was a factor in our admission to the College of Medical Evangelists. Perhaps we should be searching out that needy community in the New England States or in the Midwest, or perhaps some should be returning to Canada, where we have some of our most successful young physicians.

On the evening of January 17, nearly sixty physicians, dentists, ministers, and their wives gathered in Vancouver, British Columbia, Can-
ada, for a banquet and for an enjoyable evening of fellowship. Some, like Dr. A. W. N. Druitt, came through blizzard-bound passes from as far as the Okanagan Valley, three hundred miles to the east. It is the courageous pioneering spirit that takes people out to these sometimes rugged frontier assignments. It is only incidental with these men that professionally they are succeeding along with the best in supposedly greener pastures.

What about that application-blank pledge of ten, twenty, or perhaps thirty years ago?

The Medical Worker on the Gospel Team

CARL SUNDIN
Associate Secretary, General Conference Medical Department

ALL who thoughtfully read the reports of soul-winning exploits from our medical workers, presented in this issue of The Ministry, will be greatly heartened. These reports graphically portray the potentialities in enlarged soul winning when the medical arm is made an integral part of the ministry of the church.

We have a rich heritage in basic concepts of what constitutes the ministry. In the writings of Ellen G. White and actions of the General Conference Committee the medical arm is conceived as intimately associated with the ministry of the word in carrying out the gospel commission. This is but a reflection of the concepts upon which Christ established His ministry when He set about to do the will of His Father.

These concepts are clearly outlined early in His ministry, concurrently with the calling of the first disciples. In Matthew 4 the record states that He “went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of diseases among the people. And his fame went throughout all Syria: and they brought unto him all sick people that were taken with divers diseases and torments, and those which were possessed with devils, and those which were lunatick, and those that had the palsy; and he healed them” (verses 23, 24).

Having thus established the pattern for His ministry, He never varied it. He always combined the three aspects of ministry—teaching, preaching, and healing. Furthermore, He also passed on this concept to the seventy. Luke records it thus: “After these things the Lord appointed other seventy also, and sent them two and two before his face into every city and place, whither he himself would come. Therefore said he unto them,” “Heal the sick that are therein, and say unto them, The kingdom of God is come nigh unto you” (Luke 10:1, 2, 9).

Jesus understood the total needs of man, which include his intellectual needs, his spiritual needs, and his physical needs. It has taken modern medicine many years to recognize that man cannot be dealt with by compartmentalizing him—that all his needs are interdependent and interrelated. In leading medical circles it is now an accepted fact that if a man is to be helped in his physical needs he must be simultaneously helped in his mental and spiritual needs. This was Jesus’ way. He healed their physical ills so that He might reach them mentally and spiritually.

No one ever faced such odds as Christ in the assignment given Him. Not only did He have a specific task to perform, but by prophecy the exact time for its completion was foretold. Not only did He have the world’s greatest task to perform, but He had a deadline to meet. So successful was He in accomplishing His mission, however, that He could say just before He was taken by the mob, “I have finished the work which thou gavest me to do” (John 17:4).

Remnant Church to Work as Christ Did

Just as Christ was sent into the world to carry out His assignment, so Christ has sent us into the world to do our appointed work. In His prayer He says, “As my Father hath sent me, even so send I you” (John 20:21).

It is evident, then, that Christ meant that we are to accomplish our assignment on the same basis which brought success to Him—that of combining teaching, preaching, and
healing in one complete ministry. "We are to follow the path . . . trodden by Christ."—Medical Ministry, p. 20.

God's messenger to the remnant of His church has written much regarding this team relationship. With earnestness she states, "If ever the Lord has spoken by me, He speaks when I say that the workers engaged in educational lines, in ministerial lines, and in medical missionary lines must stand as a unit, all laboring under the supervision of God, one helping the other, each blessing each."—Testimonies, vol. 9, pp. 169, 170. Our assignment will be accomplished by the coordination of the three classes of workers on the gospel team.

There is an especially close relationship between the gospel worker and the medical worker. We are told that "the medical missionary work and the gospel ministry . . . are bound together in sacred union as one work, and are never to be divorced."—Counsels on Health, p. 528. They are to team up to bring to ailing mankind a ministry that fills the need of both body and soul. "The Lord has specified that the two shall be as closely connected as the arm is with the body. Without this union neither part of the work is complete. The medical missionary work is the gospel in illustration."—Testimonies, vol. 6, pp 240, 241.

The leaders in the scientific world are beginning to recognize the importance of spiritual influences on the well-being of man. In a dedication address to a graduating class of the Syracuse University, College of Medicine, Henry Asbury Christian, M.D., an eminent professor of Harvard Medical School, put it this way:

"The physician will always need the support of true religion. A simple faith in God and His ways should emanate from all true physicians. If he believes not, this will be impossible. The believing physician can often bring into perfection a cure not otherwise obtainable. There is no place in this profession for the agnostic or the atheist."

May God help us to effect a closer relationship between medical workers and the gospel ministry, that we shall be strengthened thereby to finish the task that He has assigned us.

The Medical Missionary Church

DANIEL H. KRESS, M.D.
Orlando, Florida

The combination of the medical, evangelistic, and spiritual work is not a modern idea. Among God's people anciently these two were combined. The priest looked after the physical well-being of the people as well as after their spiritual needs. So well informed was he that he was able to make a diagnosis of diseases that might threaten an epidemic in the camp of Israel, and he also gave instruction as to what should be done in regard to isolation and disinfection. The matter of diet was considered of special importance. God had purposed to make of Israel a healthy and holy people and a kingdom of priests. To bring this about necessitated reforms in their habits of eating. They were taught that what an individual ate and drank had much to do with what he was physically and spiritually, and that there existed an intimate relation between health and holiness.

When Jesus made His appearance, priests were devoting their time exclusively to things termed spiritual, leaving the health phase to the medical profession. Between these two there existed a great gulf. Priests and Levites, in devoting their time to what were considered things spiritual, passed by the sufferer by the wayside and ignored his needs. Ministering to the physical needs was not considered to be a part of their work. A commoner who came along had compassion upon the sufferer and ministered to his needs, bound up his wounds and took him to an inn, where he could have the attention he needed. To the priest and the Levite Jesus said: "Go, and do thou likewise." What God had joined together should never have been put asunder.

In the ministry of Christ these two again blended. He "went about doing good, and healing all that were oppressed of the devil; for God was with him." He also instructed those He healed in regard to the causes of their illness and then sent them home to their friends as missionaries. In sending forth the medical evangelists He had in training, He said: "Heal the sick . . . and say unto them, The kingdom of God is come nigh unto you." In their ministry, as in that of their Teacher, the two phases
were combined. In reading the Gospel According to St. Matthew, the evangelist, and the Gospel According to St. Luke, the doctor, it is difficult to determine which was written by the evangelist and which was written by the physician, so perfectly did the two phases of ministry blend. The evangelist was a healer and the physician was an evangelist.

Today there are many whose palsied stomachs and livers can never be healed until the palsied mind is healed. To make physical healing possible in such cases, they must hear the words, "Son, be of good cheer; thy sins be forgiven thee." Diet alone, essential as it is, will not greatly benefit this class. They need in addition mental and spiritual healing. On the other hand, many there are who are depressed mentally or are spiritually discouraged, and possibly think they have committed the unpardonable sin, when they are merely suffering the results of wrong habits of eating. They cannot be helped very much spiritually unless their dietary errors are corrected.

The ministry of Christ, the Great Healer, was preceded by the teaching of John the Baptist, who came neither eating nor drinking as did the people about him. He was a food reformer, and a teacher of reforms. Those who rejected this message of reform placed themselves where they were mentally unable to receive the spiritual message borne by Christ. The workers sent forth by Christ to help the people were prepared to help them both physically and spiritually.

**Similar Work Needed Today**

We believe that those who are sent forth in these days to prepare a people for the coming of Christ should be prepared to do a similar work. A place is needed where the necessary attention can be given physically and spiritually to the suffering. This explains why we have sanitariums and treatment rooms.

More than sixty years ago, after having been a Baptist minister, I became identified with this church. To qualify as a medical missionary I took a course in medicine. At that time there were but two or three sanitariums conducted by the Seventh-day Adventist denomination. One, located at Battle Creek, became world famous, and another, at St. Helena, California, also became an institution of fame. The physicians connected with this educational health movement at that time could have been counted on my two hands, and there were possibly not more than fifty registered nurses.

Today there are many sanitariums and treatment rooms connected with this gospel message.

In the medical college at Loma Linda, California, and the White Memorial Hospital of Los Angeles, associated with it, there is a large enrollment of students taking the medical course. Each year many receive their diplomas as qualified physicians after the completion of their course. This school has more graduates who have qualified in foreign lands than all the other medical schools in America combined. The graduates are sent forth into foreign lands not merely as physicians but as *medical missionary physicians*. In this school are students from most of the States of the Union and from many foreign countries. This offers a partial explanation of why we conduct sanitariums—the gospel of the kingdom is to be preached in *all the world* to prepare a people for the coming of Christ.

As Christ left this world He said to His disciples: "He that believeth on me, the works that I do shall he do also." He purposed to carry out the plans He had for ancient Israel and make of His church a medical missionary organization. He will not fail nor be discouraged until He has accomplished this. The work of God in this world will never be finished until this is brought about. Teaching and healing will be combined again as they were in the days of Christ and the apostles and afterward, when in a brief period the gospel was preached in all the world.

As a result of wars, famine, and pestilences, such as the world has never witnessed, there shall be "upon the earth distress of nations, with perplexity; . . . men's hearts failing them for fear, and for looking after those things which are coming on the earth. . . . And when these things begin to come to pass, then look up, and lift up your heads; for your redemption draweth nigh." We see the significance of the prediction made some years ago: "I wish to tell you that soon there will be no work done in ministerial lines but medical missionary work."—Mrs. E. G. White in General Conference Bulletin, 1901, p. 204. (Italics supplied.)

This is why we are now putting forth a united effort to encourage the members of our churches as far as possible to fit themselves for this work of ministry, and especially to make it possible for young men and women to obtain a special course of training to meet the emergencies as they arise.

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"In every city where we have a church there is need of a place where treatment can be given."—Testimonies, vol. 6, p. 118.
SEVENTH-DAY ADVENTISTS have long been familiar with the voice and pen of Dr. Daniel H. Kress. Through numerous articles in our church publications and through his books and public lectures, this man of God has rendered a great service to the church. Today he and his lifelong companion, Dr. Lauretta Kress, are quietly and happily living out their long span of years at their retirement home in Orlando, Florida. How appropriate that the editors of THE MINISTRY have accorded them the honor of gracing the front cover of this special issue on Medical Evangelism!

The long years of service have left no dark shadows and no bitter regrets. The faces of these two great medical pioneers just beam with joy. To visit them is an experience that brings new hope to every heart.

Quietly, and almost without realizing it, we must each pass through the changes from youth to maturity and then on to the golden years of sunset. While the Master tarries, it is inevitable that some of His people must be laid to rest. Among these are many who in times past have been our strongest leaders and most capable workers, those who have laid the broad foundations of the great and mighty work of God in all the world today. Their lives have been spent in spreading the message of His return. These are they who have known hard ship and sacrifice as they have tilled the soil and planted the seed. The gathering of the harvest must often be left to other hands. But how their hearts have thrilled as they have witnessed the triumph of the message in all parts of the world!

True Medical Evangelists

Such are the Drs. Kress. They helped to build Battle Creek. They opened our medical work in England. Later they moved to Australia. There they labored effectively in public evangelism, combining their medical training with the preaching of the Word. They laid the foundations of our great medical and health food work in the Australasian Division. They led out in building the Sydney Sanitarium. Workers from the training school they founded in Australia have gone to the South Pacific, the Far East, and many other parts of the world field.

Later, under the direct urging of Ellen G. White, the Drs. Kress were called to open medical missionary work in Washington, D.C. From the Washington Sanitarium they followed the counsel of the Lord, branching out and holding important medical missionary efforts in Philadelphia, New York, Boston, and Portland, Maine. This is the plan of God for all our medical institutions.

Many hundreds of our workers around the world have received their training and their inspiration from the sanitariums and training schools where these faithful doctors pioneered the way. What strength they have brought to the church! Multitudes have been blessed, and many are rejoicing in the truth. Eternity alone will measure the influence of their noble ministry, and of those whom they have trained and inspired.

But the day must inevitably come when even the greatest of pioneers must hand on the torch to younger workers. Dr. Daniel is now ninety-two years of age. Dr. Lauretta is in her ninety-second year. They realize that the sun is setting over their long and fruitful lives. But their courage is high, and their hearts are full of hope. In a letter Dr. Daniel wrote:

“...My strength is failing, I am conscious of it. But I cannot expect anything else. The heat of this past summer was hard on men and women of ninety! ... I have before me a statement from Sister White, written when she was conscious of failing strength due to age. She said, ‘I long to be personally engaged in earnest work in the field, and I should most assuredly be engaged, did I not believe that at my age it is not wise to presume on one’s physical strength. ... When in the night season I am unable to sleep, I lift up my heart in prayer to God, and He strengthens me, and gives me the assurance that He is with His ministering servants.

‘...I am encouraged and blessed as I realize that the God of Israel is guiding His people, and that He will continue to be with them to the end.’ Then she added, ‘I do not expect to live long. My work is nearly done. ... Our men of solid minds know what is good for the upbuilding and uplifting of the work.’”

Dr. Kress adds, “I feel as did Sister White. My lifework is about ended. Younger men will carry it forward to completion.” Thank God
for a faith that can look forward to that day of triumph in the glorious kingdom of God. We who are younger salute the Drs. Kress and all the faithful pioneers of earlier days, those who are waiting, and those who are at rest. We shall never know how much we owe them for what they have done. Their lives still testify to the power and glory of redemption through our Lord Jesus Christ. How often we wait until too late to tell these aged champions how we appreciate their outstanding contributions to the cause we love! And we find them in many parts of the world. Let us tell them now!

"O God, to us may grace be given To follow in their train."

Home Missionary Doctors

WESLEY AMUNDESEN
Secretary, Association of S.D.A. Self-supporting Institutions

Too often we think of our foreign missionary doctors as being the only ones who are real missionaries. As we look around us here in the North American field, we find scores of self-sacrificing home missionary doctors who are carrying on a wonderful work for the Lord. Nor is it only those who serve in our denominational institutions that we are to think of. There is an army of Seventh-day Adventist physicians, supporting themselves by their practice and doing exploits in the cause of truth. Time and space will not permit us to bring them all before you in this story of “Home Missionary Doctors.” We can select only a few and let them be samples of many, many others whose names could be brought up in review.

Tempe, Arizona

In 1937, Dr. and Mrs. Ernest Pohle moved to Tempe, Arizona, where Dr. Pohle opened an office in the Casa Loma Hotel. The Lord blessed this medical missionary doctor from the start. Both Dr. and Mrs. Pohle took a personal interest in the spiritual welfare of patients. House calls were not always for the purpose of relieving someone from suffering. Many such visits were for the purpose of studying the Bible with interested families.

On my visit to Tempe in 1953, I found an excellent thirty-six-bed hospital and a very busy clinic in operation—and also a thriving church of about one hundred members. Yes, the Pohles really were responsible for the building of this church. They also paid the salary of the minister for several years. And, I have been told, the Lord has blessed them through these years with approximately two hundred souls won and baptized.

While visiting with them, I had the privilege of attending an old-fashioned Bible study in a private home. Sister Pohle conducted the study, and the doctor and I assisted in the reading of the texts. There were five others present. Since that time they have all been baptized.

Sister Pohle said to me, “Brother Amundsen, we believe that every case that comes to our hospital has been sent by the Lord, and it is our duty to make known the love of God to the patients as best we can. We must be true to the purpose for which God has placed us here.” More about their work on page 12.

Bakersfield, California

At Bakersfield, California, we met the Drs. Marion C. and James F. Barnard, two brothers who, together with Drs. Wayne A. Fenderson and J. Wesley Kizziar, conduct a group-practice clinic in that city. What a missionary organization! Here, in one of the most modern of medical buildings, we find a medical group whose chief ambition is to direct inquiring souls to the kingdom of God. We did not find one page of secular reading matter made available to patients. On the other hand, there was a wide variety of good, current Seventh-day Adventist literature available—clean and well kept. We saw a closet well stocked with such material. Patients are encouraged to take home with them small books, Bible Readings, leaflets, and magazines, all of which cost the medical missionaries approximately $1,000 a year. A full-time Bible instructor, paid by the group, makes contacts with patients in their homes and conducts Bible studies.

We attended Sabbath services at the Bakersfield church, and there was Dr. Marion Barnard teaching a Sabbath school class in which were seven of his non-Adventist patients. Monday
nights are devoted to conducting a Bible class in the waiting room of the clinic. Yes, soul winning is the keynote of this organization, and souls are being born continually into the kingdom of God.

Paradise, California

The Feather River Sanitarium and Hospital, at Paradise, California, is well known as an institution that has been specifically established to care for the physical and spiritual needs of mankind. Under the leadership of L. E. Folkenberg, a retired minister, who has not “retired” from serving God, the soul-winning program continues to move forward. He is kept busy following up interests developed in the institution, and at the time of my visit five or six persons had been baptized and twelve more were in the baptismal class.

The whole corps of workers is geared to the soul-winning program. Drs. C. C. Landis and M. C. Horning, as they minister to sick bodies, call attention to the Great Physician, who can do more than anyone else in restoring the sick to health. It is a fine place. One comes away with a feeling of having been in the midst of a people whose lives are closely in touch with heaven. God is there.

North Sacramento, California

In October, 1947, the Community Medical Center at North Sacramento, California, was formally opened as a twenty-two-bed general hospital and clinic. The institution employs some thirty workers. The doctors, William K. Eaton, F. Curtis Varney, Russell T. Brown, and Robert A. Jacobsen, together with the dentist, E. L. Mathisen, carry on the medical program. O. M. Randall is the business manager, and G. H. Smith the chaplain.

This institution has a remarkable record and is known far and wide as a Seventh-day Adventist institution in which the principles of health are taught and practiced. The religious atmosphere is indeed most wholesome. Twice a week, workers who are able to be spared from their duties are encouraged to attend devotional services and do what they can in carrying on missionary work. Signs of the Times, These Times, and other helpful religious reading materials are available to all patients. Such patients as seem favorable receive, upon leaving, a copy of Steps to Christ.

The Quiet Hour radio programs, together with other religious broadcasts and musical recordings, are made available through the “pillow-speaker.” Bible study classes are conducted regularly. And now with the new Seventh-day Adventist chaplain, whose salary is provided by the institution, there are greater things ahead in soul winning for the Community Medical Center. Its story is more fully told on page 21.

Walla Walla, Washington

In Walla Walla, Washington, we met Dr. John E. Potts and his associates of the Blalock Memorial Foundation, Inc. This organization is not confined to a building. It is composed of a number of physicians who, under the leadership of Dr. Potts, have banded together for medical missionary purposes. The members of this organization pool some of their profits for the purpose of paying the salaries of two Bible instructors. These two ladies combine forces with the doctors and visit the homes of patients who have been attended by any of the doctors of the group. As a result of this visitation, which in many cases develops into opportunities for Bible studies, more than ninety persons were baptized in the first year and more than seventy the second year.

Here we see an effectual demonstration of the uniting of medical workers with the Bible instructors and ministers—the right hand being used to open the doors for the entrance of the message. When men use the methods God has indicated, success is assured. See page 45 for more about this group.

Cortland, New York

It is possible that many readers have not heard of the Gibbs Medical Group at Cortland, New York. Dr. D. R. Gibbs has associated with him another physician, D. W. Anderson, and a dentist, Earl C. Stannard, as well as a number of other fine workers.

Not long ago someone wrote to me and expressed her feelings regarding the Gibbs Medical Group in this way: “Dr. Gibbs is a splendid surgeon and is well known for his sterling Christian qualities. Not only is he a healer of broken bodies, but also a physician to the souls of men.”

Fifteen years ago there was but a small group of six elderly Seventh-day Adventist women in Cortland. That was when Dr. Gibbs decided this was the place to settle and begin his practice of medicine. He became pastor as well as Bible instructor, in addition to his duties along medical lines. Not until 1949 did the conference send a pastor. Now there is a $40,000 church building and a two-teacher school that is already strained to capacity, and the work continues to increase.

The Present Truth series is being sent weekly.
to all patient contacts. After the complete set of fifty have been sent, the medical group Bible instructor visits the home and seeks to arrange for Bible instruction. Religious and health films are used with success in interesting people in the better ways of living.

Riverdale, Maryland, and Wytheville, Virginia

How we wish that we might bring you the many thrilling stories that come to us from the Eugene Leland Memorial Hospital at Riverdale, Maryland, just a short distance from the General Conference office! They do their work so quietly and unobtrusively that one does not hear too much of the exploits. One just about has to force them to tell of them. Baptisms are the rule rather than the exception in this medical missionary institution.

Dr. W. E. Malin began the work here in 1937, and later his brother, Dr. L. W. Malin, joined him. Some years ago Dr. W. E. Malin took up the challenge of developing a hospital in Wytheville, Virginia, and Dr. L. W. Malin continued to operate the institution at Riverdale. They have developed an organization called the Medical Group Foundation, which has for its purpose the establishing of Seventh-day Adventist medical missionary units in areas where there are none at present.

The report of missionary activities of the Wytheville Hospital group sounds almost like that of a home missionary secretary. Dr. W. E. Malin said, at a recent meeting of the Association of Self-supporting Institutions, that with a church of less than one hundred members, two hundred persons are receiving Bible studies, and much of this work is being done under the direction of the business manager of the Medical Group Foundation, H. E. Clough.

At the Riverdale institution a full-time chaplain, paid by the institution, leads out in all religious activities. Bible studies are conducted in and out of the hospital. Literature is distributed widely. Branch Sabbath schools, home visitation, Bible course enrollments, and temperance work are all fostered by this live, wide-awake medical missionary group.

We should also mention medical units in the Southland, at Little Creek, Madison College, Takoma Sanitarium and Hospital, at institutions in Miami, Fletcher, Wildwood, Chunky, and in scores of other places where the work is being carried on in much the same way. We think of Dr. A. W. Truman at Ardmore, Oklahoma, and of Dr. J. L. DeWitt down in the southern part of Texas, who are more interested in the souls of men than in their physical ailments, although they do not neglect those either. We think also of the Fuller Memorial Sanitarium and Hospital, where Dr. L. A. Senseman leads out.

Yes, as we look over the field and think of the many, many faithful Seventh-day Adventist medical missionary physicians carrying on in a strong way for God in North America, we thank Him for the College of Medical Evangelists. May its tribe increase and may we, as ministers of the gospel, do all that we can to encourage them in their good work. No one but a physician can understand the terrific strain to which many of these men are subjected. May God bless them one and all, and make them fruitful in the great work of pointing sin-sick souls to the kingdom of God.

"Genuine medical missionary work is the gospel practiced."—Testimonies, vol. 8, p. 168.

MEDICAL MINISTRY OPPORTUNITIES

C. Banker holding office space for one of our MD's, Kansas . . . $1,000 subsidy from town . . . post as school physician and district health officer available, New York . . . three neighboring towns have no doctor, . . . Chamber of Commerce asks for MD, Maine . . . four towns have no MD, Vermont . . . one of largest gold and silver mines nearby, Canada . . . will aid in getting started, Colorado . . . office rent free, Missouri . . . town and business men willing to help, Nebraska . . . need acute, Wyoming . . . deceased MD's practice available, Ohio . . . house, office, equipment available, Pennsylvania . . . mayor glad to help MD, Virginia . . . two clinics . . . willing to help, Minnesota . . . druggist writes for CME graduate, South Dakota . . . practice and office for sale, Montana . . . Lions Club trying to find MD, Idaho . . . town has built office, Washington . . . minimum income guaranteed, Utah . . . office building fully equipped, North Carolina . . . new clinic, rent free, Georgia . . . druggist will furnish equipment, Arkansas . . . first-rate clinic rent-free first year, Texas . . . Write, Medical Department Extension Office, 312 N. Boyle Ave., Los Angeles 33, California, asking for the booklet Medical Ministry Opportunities. Booklet contains 24 pages of opportunities for MD's similar to those listed above. Specialty openings and opportunities for dentists also listed.

JULY, 1954
THE editors of THE MINISTRY have asked me to write about the work here. Let me make this point very clear at the outset: it is nothing that we have done. The Lord has placed the opportunities before us and we have merely tried in a feeble way to accept them and push forward. He has seen fit to bless in a way that continually amazes us. I can truly say that the greatest joy I have ever experienced is to see souls make their peace with God, and it is the greatest stimulus to further endeavor.

From the time a patient enters our office, our desire is to keep in mind the healing of soul as well as body. The literature in the waiting room is restricted entirely to health and religious material, such as: (periodicals) Life and Health, These Times, Signs of the Times, Listen, Liberty; (small books) Judy Steps Out, The Marked Bible, Repairing of Sam Brown, Straightening Out Mrs. Perkins, Faith of Our Fathers, The Cigarette as a Physician Sees It; (large books) the Bible, The Desire of Ages, and Your Home and Health.

From the time we begin to take the patient’s history, questions are asked that will lead to points of appeal to the individual. Questions on patterns of life and habits open opportunities to place The Ministry of Healing and The Cigarette as a Physician Sees It. We also have a display of Seventh-day Adventist books in our waiting room. From this display, sales are often referred to the conference Book and Bible House. On the pharmacy display shelves, which open into the waiting room, we keep a stock of our health foods.

Our employees, both at the clinic offices and at the hospital, gather in their respective places of work for morning worship. We have received some favorable comments from patients who arrive early at the doctors’ offices and are invited to worship with us. At present The Desire of Ages is being read.

When a patient enters the hospital, he is visited by the chaplain. Before surgery the doctors pray with the patients; morning worship is broadcast over loud-speakers in the hospital. On Sunday the Voice of Prophecy program is connected to the loud-speaker hookup throughout the hospital. Evening prayer is offered by one of the aides, who makes this her business. Adherence to our principles of diet at the hospital gives opportunities to teach further health principles.

Patients who show interest are enrolled in Bible correspondence courses, or are given individual Bible studies. Our chaplain is paid for half-time work for us and half-time for the conference. He therefore acts as pastor of the local church in addition to his work at the hospital.

For a number of months our local television station has put Faith for Today on the air each Sunday. The results have been gratifying. In one week fourteen new enrollees added their names to those desiring to study the Bible systematically. On Sunday the same picture is shown in our church.

Public Contacts

We have endeavored to take part in civic affairs, such as Lions Club, Boy Scouts, and Chamber of Commerce. We have provided speakers for the Lions Club from among our missionaries who have visited us; also Faith for Today and other educational films have been shown there. Once each year at the time of Hospital Day we have the Lions Club members as guests and show films on the hospital grounds. The general public is invited. On two occasions we have invited a group of the businessmen to luncheon. At that time an outline has been given of medical missionary work as carried on by our denomination. The General Conference has kindly sent us speakers for these occasions.

When local option was on the ballot, we took educational films on alcohol, cigarettes, and narcotics to high schools, churches, clubs, and
wherever groups could be gathered. It was estimated that we had reached five thousand people. When the time was opportune, we intermingled these films with Daniel 2. At the time our present governor declared his candidacy, we gave a dinner in his honor at the hospital, so that our workers throughout the conference might make his acquaintance.

It has been a real privilege to work with our conference organization. G. H. Rustad, our president, has given us much encouragement and help at times when we could easily have become discouraged. It is our purpose to continue cooperating with the organized work in every way possible, as we are determined, by God’s help, to go through to the kingdom.

We feel that this little institution can be of definite help to foreign medical missionary workers, because it is small, and we can give help in the very problems they are going to have to face, such as hospital management, administration, laboratory and X-ray, anesthesia, surgery, maintenance and operation of a stand-by electrical plant, preparation of surgical packs, sterilization, autoclaving, medical records, and even the construction and maintenance of cesspools. Our hospital of thirty-two beds is equipped for obstetrics, surgery, and medical cases.

Our home has been a haven for a few young people at a time when they needed encouragement. The contacts made here have resulted in conversions and baptisms. A number of these young people are today a real blessing to the cause of God, and they have greatly enriched our lives.

Recently it was our privilege to champion the cause of religious liberty, which was being seriously threatened here in our town. We were permitted to present the fact that Sunday observance is nowhere mentioned in the Bible, and the city councilman who had brought his Bible to prove that Sunday observance should be enforced later resigned his position because the blue law was not stricken from the books!

Results

A copy of The Great Controversy lent to one of our nurses later led to her baptism and that of her cousin. There have been a number of baptisms as a result of The Marked Bible on the reading table. We have no idea of the amount of good seed being sown in this way. Recently a young mother remarked, “Oh, I know which is the right day to keep, because I read The Marked Bible.”

As the result of a vegetarian cookbook in the display rack, a woman expressed interest, and finally took Bible studies. In the lobby of the church a few months ago a woman met one of our staff and said, “Oh, do you remember that you prayed with me several years ago? I never forgot that.” Today she is keeping the Sabbath and preparing for baptism. The first contact was through prayer. A patient in one room overheard prayer being offered for someone in the next room. She made a remark about it. Later she was in the hospital again and it was known that she felt kindly toward prayer. The helpers took time to pray with her. Studies were started in her home, and now she has four baptisms to her credit.

One young woman asked, “What do you think?” when discussing a religious question. She was referred to the Bible for her answer. This began a series of studies. She is now attending church. One evening a patient called to say that she and a friend were having an argument over which was the right day to keep. Would we please straighten them out? This has resulted in one baptism, and we hope will mean at least three more. A young man stated, while confined to the hospital, that attendance at college had taken away his faith in the creation. Conversations followed, then Bible studies. He is now almost ready to take his stand for this message.

As chairman of the Health and Safety Committee of the Boy Scouts, I have examined a number of the lads who were preparing to go to summer camp. Among those boys was one who later became a foster son, and today is educating himself for the Lord’s service.

I have a very strong conviction that patients are sent to us so that we can lay before them the love of Jesus and His soon coming, and tell them how to prepare themselves for that glorious occasion. The Lord sends them, and it is up to us to fulfill our part. Sometimes it takes a number of contacts before confidence is established, but we feel a definite burden for those sent to us, and the Lord has blessed our humble, sometimes blundering efforts with souls who have made their peace with God. And may I repeat, it is the greatest reward I hope to have on this earth—the joy of seeing souls won to Christ.

PHYSICIAN’S The Redeemer expects our FIRST WORK physicians to make the saving of souls their first work. If they will walk and work with God, in His love and fear, they will receive leaves from the tree of life to give to the suffering. His peace will go with them, making them messengers of peace.—Medical Ministry, p. 37.
MEDICAL evangelism is only one aspect of evangelism, and in order to be successful it must be integrated with the whole of evangelism. It has no objectives different from those of other types of evangelism, whether they be colporteur, singing, or that conducted across the desk or the back fence. The individual or collective object is the same; namely, bringing men and women to Christ.

To become an evangelist is not accomplished upon receipt of a degree or license, and may not be even upon ordination. Rather, it is brought about by the Spirit of God compelling one to go forth and be His witness, whether he be a physician or a carpenter. There is one common denominator and that is "go and do." There are no armchair evangelists.

Why is it that the Spirit of prophecy has so much to say about medical evangelism? The answer is quite simple. Before one can present Christ to an individual, he must be in a position where he himself can make a receptive approach to people. This places the physician on vantage ground, because he sees many people and has an opportunity to talk to them about their personal problems. In fact, his advice is sought. The physician is looked up to and respected.

Respect for Physicians Adds to Influence

This thought reminds me of what happened to us shortly after we came to Higgins. A day in the fall of 1951 was set aside by the denomination as "visitation day." I had heard of an old man who believed that Saturday is the Sabbath, so on that particular Sabbath I went to see him. There he was, sitting under the apple tree with his Bible. One thing he said I still remember with force: "I'm glad you've come and that you keep Saturday for the Sabbath. Before you came, everybody thought I was crazy for keeping Saturday. Now they see a learned and educated man does the same."

No matter how much a person may believe in the second coming of Christ or the Sabbath, he will find it difficult to be associated with a person or group that is considered fanatical or rabid in any way. There is no reason why Seventh-day Adventists should not be clean, progressive, friendly, frugal, and, yes, even prosperous.

We are in a mountainous area, where gardening is productive, and we are endeavoring to show these people that many more things than the usual cabbages, beans, and potatoes can be raised. We have been fairly successful in this, having grown some twenty-five different vegetables in our garden. Since a small stream runs close by, we have taken water from it for irrigation during the dry part of the summer. As a result of this success we were cited in the Asheville daily paper last fall as being Seventh-day Adventists and vegetarians, thus particularly interested in the raising of vegetables. Another issue of this same daily newspaper stated that we had the best vegetable garden in our county.

We are learning that if you can excel in any particular line, whether it be medicine or farming or whatever, people will have respect and esteem for you. And if they have respect and esteem for you, they will be more likely to read the literature, you give them and to listen to what you have to say.

Evaluation of Our Methods

Because we came to a community where there was not a single Seventh-day Adventist, nor did the people even know what a Seventh-day Adventist was, we had to begin in perhaps a little different manner.

We use only denominational literature in the waiting room. This plan not only gives the patients an opportunity to read and take home our literature, but it is an ever-present reminder of the reason why I, as a physician, am here. With this literature on my table and in my reading rack, I am not allowed to forget that the winning of souls is my prime objective.

As I notice patients reading the literature, I suggest that they take it home with them if they care to. This they almost always do. Upon returning, they will look at some more, and I suggest the same thing as before. Thus I learn who is interested. The literature we use is such as the Little Giant Series, *The Marked Bible, Signs of the Times, Life and Health,* and *These Times.* After patients have exhausted our supply, we give them *Drama of the Ages.* Many of our readers have reread these books, checking all the references in the Bible. After doing this, they say that they know the book...
must be good because it checks with the Bible.

I believe that the greatest asset to medical evangelism is our good literature. It is interesting to see how all the departments of this message are interwoven to form one great whole.

We hold Bible studies, as many and as often as we can—usually one or two a week. We could hold more if we had the time. We use both the old-time method of giving Bible studies and the filmstrip method. Both can be used effectively. In giving Bible studies we always try to have the group memorize one key text, and we always review the previous lesson. In using the filmstrips, we copy down the references so that the lesson may be reviewed.

When we first came here, we attended a local church on Sundays. My wife and I taught Sunday school classes for more than three and a half years, and I spoke often at the church services. After we had been here one and one-half years, we held a week's revival in the church, which was well attended. The following year we held another, at which time the doctrines were presented. The attendance was poor. We feel that possibly a mistake was made in presenting doctrines in this way. Perhaps we should have presented the doctrines through literature or through Bible studies rather than in public meetings.

A year and a half ago we started services on the Sabbath. Our attendance is between twenty and thirty and is continuing to grow. Our service consists mainly of Sabbath school, with a fifteen- or twenty-minute talk following, either on one of the Bible characters or on one of the parables. We have no minister who meets with us, so the responsibility is ours.

**Results Thus Far**

There are several people who think they have already joined our church. That is because of the custom in this community. None has been baptized yet, because we believe in teaching them first, then following with baptism.

One family is very much interested. The wife said she believed God permitted her children to get sick so that she would come in contact with the Lord through me. She read our books avidly and one day burst into the office and said, "I see the seventh-day Sabbath, I see the tobacco question, and I see why you don't eat hog meat, but I don't follow you in this hell-fire business." In answering her, I told her she was nearer being a Seventh-day Adventist than she thought, and that I could show her what the Bible said about hell-fire.

Later I asked this woman how her husband took to doing without meat. (In view of counsel from the Spirit of prophecy, we do not take any great pains to distinguish between clean and unclean meats, since even the clean are no longer safe to eat.) She replied that while he liked meat, he could surely tell that he and his family felt better and had had no doctor bills since they had quit eating meat.

Owing to distance (four to six miles) and lack of any public transportation, we bring several people to our services every Sabbath morning.

This year we are sending one boy to Mount Pisgah Academy, and next year we hope to send another. The one we are sending this year is doing well, and is having a great influence on his family.

The adversary of souls is not sitting idly by. We have seen him manifest in several ways. To mention a few: (1) public burning of the book shares. This was done in one of the local churches while Seventh-day Adventists were condemned; (2) local ministers telling the people that the "seventh day" in Seventh-day Adventist means that we believe the wicked will burn seven days in hell; (3) local minister stating publicly that we tried to bribe him by offering him free medical aid if he would join our church.

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*Church Group at Higgins, North Carolina.*
While we have our moments of discouragement and loneliness, sometimes seemingly greater than we can bear, yet the joy and satisfaction that come in seeing souls won to Christ is incomparable. The experience and anguish that come in praying for people in the valley of decision are taxing, but we are learning patience, the value of prayer, and in a small measure what it means to walk by faith. Our sincere prayer is that God through His mercy will see fit to save us and those for whom we have labored, in His eternal kingdom, which must shortly be ushered in. May we be faithful to our trust.

Medical Radio Program Opens New Doors

A. E. RAWSON
Ministerial Association and Radio Secretary, Southern Asia Division

OUR RADIO DOCTOR is a series of fifteen-minute health talks prepared by Clifford R. Anderson, M.D., of the Washington Sanitarium and Hospital and broadcast weekly over the commercial stations of Radio Ceylon and Radio Burma. The program is introduced in the following way:

"We are happy to introduce Your Radio Doctor program. This is one of a series of radio talks given by Dr. Clifford Anderson of the Seventh-day Adventist medical department and made available to Radio Ceylon through the courtesy and cooperation of the Voice of Prophecy."

This program has been on the air for many months and is meeting with a most encouraging response from the field. Beyond all expectations, letters of appreciation are flowing into the headquarters office here in Poona. These letters indicate that the broadcast is meeting a definite need of the people.

As an evidence that this program is recognized as an outstanding one, I should mention that Radio Ceylon is broadcasting it free, and speaks of it in highest terms. Furthermore, the Burma Broadcasting System not only broadcasts it free in English but is translating it and broadcasting it free each week in Burmese also. We look upon this very unexpected reception by these two great broadcasting stations as proof that they feel we have something the people need and that they are willing to cooperate with us in getting it to the people.

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Some interesting reports have been received. A journalist in Portuguese India wrote asking permission to quote from our printed health talks. He praised them highly and desired to pass on to a larger audience the valuable information contained in Dr. Anderson’s talks.

Several municipal health inspectors have written asking for additional copies of the printed talks for distribution among the people in their territory.


A Pleasant Surprise

Recently a fine tribute came from an unexpected source. It reveals that not just the ordinary listener is appreciating "Your Radio Doctor" broadcasts, but that those high up in the medical world are hearing it. This is seen by the following paragraph from a letter we recently received from Dr. Anderson:

"Just before I close, here is a cheering word. Dr. Cutler, one of the leading Washington officials of the World Health Organization, phoned recently to say how pleased he was to receive word from Ceylon and India concerning our health program from Radio Ceylon. Their officials in both countries have been listening to these programs for some time, and wished him to contact us and express their thanks! This was a very pleasant surprise, as you can imagine."

At the conclusion of each program the announcer repeats the announcement he makes at the beginning and then says:

"A free copy of today’s talk [mentioning the subject] is available to all of our listeners by simply writing to: 'Your Radio Doctor,' in care of the Voice of Prophecy, Post Box 17 (that is, one-seven), Poona 1, India."
On receiving their letters we send them a copy of the printed health talk requested. In each health booklet is printed an advertisement of the Voice of Prophecy Bible Correspondence School and also our radio log giving the timings and wave lengths of all our programs. In addition to the printed talk, a letter concerning the value of the free Bible course and an enrollment card are sent to each one writing to us for the talks.

We believe that this health message now reaching Southern Asia and beyond, through these radio stations, will function as the right arm of the message in breaking down prejudice and leading many to the truth.

All indications are that “Your Radio Doctor” is making friends for us. And, being tied to the Voice of Prophecy, it should substantially increase the listening audience for the message. We believe it was providential that we were able to enlist the services of Dr. Anderson in this great work.

Missionaries in Hospital and Office

GEORGE A. JOHNSTONE, M.D.

Glendale, California

BEHRENS MEMORIAL HOSPITAL, Glendale, California, now has a full-time chaplain with a centrally located, newly furnished office. The work and experiences of the chaplain are very much the same, no matter where the institution is. Recently, in “making rounds” among the patients, after he had visited briefly with a woman she boldly announced, “I was reared a Seventh-day Adventist. I have left the way. But now, whether I live or die, I am coming back to the church.” Since then her sister and brother-in-law living in the Middle West have joined in her decision.

One patient queries, “Are you a Lutheran minister?” The answer brought forth this enthusiastic, “Oh, we had Seventh-day Adventist neighbors in Yucaipa. They used to bring us things to read. We enjoyed that literature very much.”

Patients admitted to the hospital for surgery are visited by the chaplain the evening before operation. The statement of one such person pretty well sets forth the sentiment of all: “Words cannot express how much I appreciate your visit and prayer.”

The chaplain uses a supply of health and religious literature. Larger books are usually lent, smaller ones given. The names of interested persons are sent to district leaders of the church in their home areas.

In our office reception room, along with current secular magazines we have Life and Health, Listen, and Signs of the Times. Also we have the four Gospels in “magazine” form, 8½ by 11 inch size, beautifully illustrated (copyright, 1953, American Bible Society, New York). These may be obtained for a few cents each. The book of John, for instance, is titled “He Gave His Only Son”; the book of Mark, “Sowing the Seed.” These “magazine” Scriptures are very much appreciated and are handled with respect. The authentic and appropriate pictures in them lend much interest, whether one has but a few minutes to read or a longer time. Often, one who would not actually pick up a copy of the Bible and begin to read, will find himself thoroughly interested and unembarrassed with one of these magazine Gospels.

A Neglected Phase

In my opinion, we as physicians in general have definitely neglected one vital point in the practice of medicine—the dietary habits of the patient. I am not advocating that each assume the role of a specialist in this line. But whatever our specialty, we should carefully consider the diet in making a diagnosis and prescribing treatment. The modern trend being what it is, this factor, I believe, will become more and more important as time goes on.

How often we get the same story: Breakfast: several cups of coffee, heavily sugared; perhaps nothing more, perhaps a slice of toast, perhaps a piece of fruit. Lunch: sandwich, pie, coffee, “coke”—to say nothing of smoke and drink. All doctors would do well to take an active interest in this phase of medicine. Seventh-day Adventist doctors in particular have a definite responsibility in the matter. Not all patients will listen, of course, but many are eager for guidance in this respect, and when one who has doctored expensively for years begins to feel like a different person after a change in his diet program, he is indeed most grateful. Healthful living needs to be presented in its simplicity, not as a complicated burden too grievous to be borne.
Without question, the practice of medicine offers unlimited opportunity to the Christian physician to share his faith. There is seldom if ever lack of opportunity. The lack is in sincere, active, Christian faith. One cannot share that which he does not have. Conversely, an abiding faith is shared whether the doctor is conscious of it or not.

Several years ago a patient was talking to a doctor's secretary. Among other things, she said, "I want the type of religion that doctor has. I want to go to the same heaven he believes in." She began the study of the Bible and later was baptized into the Seventh-day Adventist Church. The doctor had not consciously tried to interest her in religion, but something in his life had pointed her to the Master. That "something" should be continuous and abiding. But usually, it seems—as with Samson of old—it is only "at times."

Theoretically we want our patients to find the paths of righteousness. Practically, too often we put forth very little real effort in our own example to bring it to pass.

But the past is recorded and gone. We have only the present. How are we making use of it?

With Charity To All

GUS H. HOEHN, M.D.
Temple City, California

Have you ever had a slap in the face that stopped you right in your tracks? Probably you'll say you've never been slapped. Well, I haven't either that I recall—not physically—but I have had two experiences that were a mental "slap in the face."

Five years ago I was visiting in the home of my brother, and he and a married sister were recounting some minor incident in each of their children's lives that had recently required a visit to their local doctor. By way of curiosity regarding medical fees, I asked them what the doctor had charged them for minor visits like that. And the surprising answer in each case was, "Nothing."

On further questioning I found this was common practice for minor things. His stock saying was, "I am your family doctor and I want you to come in whether your problem is big or small, but I don't expect to charge you for every little thing."

Well, somewhere along the line I had become imbued with the idea that if you didn't charge people for things, they didn't appreciate them. But it didn't take any crystal ball to see that my brother and sister appreciated their doctor. In fact, they admired him with an almost religious fervor. Externally I showed very little reaction, but internally I was in a bit of a turmoil. If a Catholic doctor could treat his patients so liberally, why couldn't I? And I went home resolved to do just that.

I would like to report five years later that it works. And if any of you were saturated with the same philosophy that I had to begin with, why, throw it out the window. I had also believed that if you didn't charge for the small things, people would take advantage of you; well, they don't. At least most folks don't. Now, I'm not advising this as a hard and fast rule, not to charge for small things. This is just a suggestion to try to suit your mood.

When you are feeling discouraged, try saying to a worried mother that there is no charge for today's visit; tell her you are glad for the chance to see that cute boy of hers again. And after she has thanked you profusely and left, why, just see how much better you feel!

Five Dollars Worth Refusing

Or when things are booming and everything is going along fine, try expressing your gratefulness by treating a few cases free and you'll feel better than ever and you'll find yourself in a grateful and prayerful mood. When things are monotonous and going along in the same old rut, just put a little spice into life by refusing that five-dollar bill that an anxious father is holding out to you after you treated his daughter's bruised head. Tell him you appreciate the fact that he brought her to you instead of sitting at home and frantically phoning you to make an emergency home call, and tell him you want him to bring the children in when they get hurt, so that you can decide whether it is serious or not, rather than to have to treat a cut nerve or tendon days later.

Now I'm not trying to tell you that my income soared during those years—that our income tax is so big that the Treasury Department will soon be using armored cars to pick up quarterly payments—but I will say my happiness soared. After all, most of us make more than is good
for us now. I had a song in my heart and a prayer on my lips much more often. You will too, and you will find yourself speaking to people much more often about their souls, for somehow you'll feel closer to them.

Don't misunderstand me; we did the usual "free" work before I started this plan. We treated ministers of all churches free for office and hospital care; we gave all Seventh-day Adventists a discount and treated all conference workers free; we gave the widows and fatherless a 50 per cent discount, at least. We shared the salary of a part-time Bible instructor. But this was something different—not a fixed rule and not necessarily dependent on poverty. Telling the banker that I had appreciated his friendliness and that there was no medical fee for ten days' attendance on his wife in the hospital, did me much more good than another twenty-five dollars would have done.

**Face Slapped Twice**

My second experience of mental face slapping occurred quite recently and my face is still red. Why couldn't I be original and do something like it on my own without having to be shown?

I was visiting a young minister who was shepherding a small cluster of our churches in a solid Catholic block of the country. To be truthful, I should say he was trying to resuscitate a group of dying churches. The birthrate had fallen and conversions were rare, so the churches were slowly fading away. This was true of other Protestant churches too, with one noticeable exception, and there I saw what the right arm of our church could do.

Four years ago two young doctors moved into a neighboring town. They belonged to a small Protestant church group that had a handful of members who met in a weather-beaten hall in that little center. The two men were young and earnest and were soon busy and well liked. But suddenly the district began to hear strange tales. Dr. A had been called to see someone in the Jones family down across the tracks, and a few days later the Joneses got a note telling them that since their shanty wasn't very suitable for living quarters, they could look at the house on Third Street, and if it suited them they could have it rent free for three months or until Mr. Jones could get back to work again. And if they would call the local freight trucker, he would move their belongings over free of charge. Of course, when the Joneses reached their new abode, they found a full larder and a ton of coal in the shed.

**Doctor Solicits Patients**

You know doctors usually wait for patients to come to them, but Dr. B is reported to have picked up the crippled Zeebin boy and given him a ride. On route he asked him about his disability and invited him to come to the office for a free checkup, because he thought something might be done to help him. And he ended up by paying the boy's bus fare to see a city consultant, and three operations later the Zeebin boy could walk straight and firm for the first time in his life.

And so it went. Clothes were supplied to one, food to another, school books to a third, boys' storybooks to a mischievous boy, and a used washing machine to a harried mother with an even seven for whom to wash. The young people of the church split wood for patients in need; the women cleaned up the town drunkard's home and clothes while he was in the hospital.

**Difference Is Personal Touch**

As I was told these experiences I did some rapid calculations and estimated that probably the known charity of these doctors wasn't over five hundred dollars a year, and my second tithe amounted to much more than that. The difference was that my giving lacked the personal touch. It isn't the size of the gift that counts, it's the Christian love and interest behind the gift.

You will recall I said these doctors came to this church with its handful of members in a weather-beaten hall. Well, the membership soon increased. They have a dignified new church now and the congregation is bursting its doors. It is no longer one of the run-down Protestant sects in a Catholic town—it is a growing, vital church.

People are proud to say they go to the "doctors' church" and also proud to go to these two "different" doctors. Both are busy and both are respected and talked of for miles around. Some of their techniques would fit in very well with our blueprint of medical evangelism. I hope to fit them more into my future practice.

**REST FOR THE OVERWEARY**

The temptations that come to a physician are great; for he is often pressed beyond measure, overworked, overworn. But if he will commit the keeping of his soul to God as unto a faithful creator, he will find rest and peace. A soothing influence from Jesus will come to him—*Medical Ministry*, p. 50.
We are instructed in the Spirit of prophecy that in denominational medical institutions "our peculiar faith should not be discussed with patients."—Counsels on Health, p. 245. Sick people are not in a position to weigh evidence concerning unfamiliar teachings. While it is proper to answer direct questions concerning our beliefs, our sanitariums and hospitals are not the places "to be forward to enter into discussion upon points of our faith wherein we differ with the religious world generally."—Ibid.

While patients are in the hospital we aim to visit and pray with each one, directing him to Jesus as a Friend. The Signs of the Times and Life and Health are distributed to the patients. Our tract racks are easily accessible to those who may be interested in studying our beliefs. Twice a week the hospital librarian makes our denominational books, as well as other good literature, available to our guests. These books are on a portable book rack that is wheeled from room to room. The names and addresses of patients who express a desire to study our doctrines are sent to the Adventist minister or Bible instructor who lives nearest to them.

After patients leave the hospital, the chaplain's office sends a letter to each one—a form letter but appearing to be typewritten—setting forth the thought of the fellowship that we enjoy in communion with one heavenly Father. With the letter is sent a copy of Steps to Christ. On its inside cover is pasted a picture of our church, with the hours of service and an invitation to attend. In the same envelope is an enrollment card for the Voice of Prophecy Bible course.

Our private physicians and dentists can make a more doctrinal approach than would be proper when the sick are our guests.

An Unusual Story

Some time ago a Seventh-day Adventist dentist in a small town called me long-distance and asked me to preach in his church. The church was two hundred miles away and was in another conference. I was reluctant to make the trip, but he was so urgent that I consented.

I arrived about ten minutes before Sabbath school. The auditorium of the church was almost full of people. My dentist friend was playing a beautiful blond electric organ. At class time the dentist's wife persuaded me to teach her class.

A CME physician and the dentist took charge as coelders during the church service. During my sermon I kept feeling that there was something strange about the congregation. They wore stylish clothes, and rings, earrings, and bracelets were evident on every side.

After the services I went to the home of the dentist for dinner. He had also invited the physician and his family. I said, "You have a nice little town here in which to work, and a beautiful little church to worship in. Your Sabbath school was well conducted. Your church order was well planned and executed. The congregation appeared to be intelligent. They were unusually attentive and responsive, but I have never seen so great a concentration of jewelry in my life."

Then they told me the story. The medical doctor first set up practice in this town. He liked the people and his practice grew rapidly. At times he visited the Adventist church, but it was so small and looked so uninteresting that generally he drove off with his family to some city church.

The physician liked his business set-up so well that he decided to find an Adventist dentist to share the office building with him. The dentist he found also liked the town and its people. It was not long before he too had a large practice.

The doctors were friends. The townspeople loved them. Life in the little town was unhurried and simple. They could go home to dinner. They could easily walk to work.

But, alas, the church! They just drove off to faraway churches. Then one day the physician and the dentist talked over the situation. They decided to do what they could to change the local condition. The doctors and their families began to attend the little local church. They joined in its work. The local membership began to take more of an interest in the church. Country brethren found the service inspiring enough to drive in to attend meetings. The doctors invited their patients.

From a little company of fifteen or eighteen the church grew in one year until there were seventy people attending services, most of whom
were not of our persuasion. The doctors as coelders at times invited speakers from afar to visit their church. They are starting Bible studies for those of their patients who are interested in our faith. The doctors led in providing social and recreational programs on Saturday nights. The electric organ was purchased by them for the use of the church. They are constantly improving the church building.

These doctors are not only making a good living but are the happiest and most enthusiastic I have met. They have a mission. Their zeal and their unselfish service bring them business and a contentment they never before knew. These doctors would say to their fellows in the healing arts who desire the same goals, "Go thou and do likewise; if you want to taste real happiness and soul-satisfying success."

Awakening and Caring for Interests

COMMUNITY MEDICAL CENTER STAFF*
North Sacramento, California

HAVE we covered every phase of our subject tonight, or is there still some question in your mind? This study has been rather deep, but it is fundamental to a clear understanding of the good things yet to come. Then, until next Monday evening—every needed blessing, and Good night."

The group of four or five prepares to leave. Friendly farewells are exchanged. The porch light of the doctor’s home is extinguished. The well-earned rest of the night begins.

Once again, the "right arm and hand of the message" has been at work. The ministry of the physician in hospital and clinic has become a ministry of yet higher privilege—to bring the light of truth to the mind, and the peace of understanding to the heart of his patient through the study of God’s Word. These Bible studies carried on by members of the staff and workers in the North Sacramento Community Medical Center are not the result of any elaborately organized plan. They are rather the outcome of a clearly understood purpose and a willingly accepted responsibility. May we ever realize that the medical work is a "heaven-ordained means of finding entrance to the hearts of the people."

Our experience has proved many times the truth of the counsel of the Spirit of prophecy: "The influence of the Spirit of God is the very best medicine for disease." In our worship hours and prayer bands this high ideal is kept before every member of our staff. It is not just a matter of giving Bible studies or presenting pieces of literature. Rather it is something expressed and seen in our attitude and in the performance of our daily tasks. It is to be felt and seen in our association with one another, as well as in our service to those who come to us in sickness and perplexity.

The patient who enters our building by way of the reception room will see the latest copies of the Signs and of These Times on the desk as he attends to the necessary admission forms. Those who are seated and waiting for the appointments with the doctors can scarcely avoid seeing an attractive sign above a side table, "Free copies. Help yourselves," and beneath it, other issues of the Signs—enough that they will feel quite at ease in helping themselves. Current issues of other magazines are on another table for those who may not care for religious literature. It thus becomes a question of suggestion and choice, and, therefore, more attractive.

The patient who comes in through the ambulance entrance will find at his bedside a Bible and a copy of a daily devotional book, Steps to Christ, or other inspirational literature. A neat sign near the admission desk and at the nurses’ station informs the patient: "Our chaplain is at your service, to listen or to counsel." The hospitality booklet presented to the patient when he is admitted, helping him to feel at home, informs him that his physician or nurse will make an appointment with the chaplain, if desired. These mechanical features acquaint the guest promptly, yet unobtrusively, with the spiritual aspect of the institution. They prepare the way for more direct effort.

Ministry to the Soul

The thoughtful and experienced physician well knows the importance of a contented mind and a restful spirit in relation to the healing of the injured and the cure of the physically


JULY, 1954
ill. The Christian physician, with a knowledge of truth and the prophetic urgency of our mission, senses his opportunity, its privilege, and its inescapable responsibility to minister to the soul as well as to the body. Doctors, nurses, and helpers alike are alert to the sacred responsibility they bear as medical missionaries to those under their care.

The seemingly casual, yet well-chosen and purposeful remark in the treatment room or by the dental chair can awaken curiosity and interest in truth. The condition of a patient physically or in mind may give cause for counsel that will lead to the Word of God and encourage its study. If the response points to an interest in definite Bible study, arrangements are made to provide regular studies.

A happy spirit of cooperation exists between our staff physicians—Adventist and non-Adventist—and the chaplain. Their requests and suggestions enable him to make his visits more effective to the physical, mental, or spiritual needs of the patient. Books that lend comfort, inspiration, and spiritual guidance or that teach Bible doctrines are available through the hospital library, and also books of interest to children. It is a frequent occurrence that an interest in the truths of this message is awakened as the dietitian visits with the patients and counsels with them regarding the importance of diet and the reasons for some of the menus served them.

The departing guest takes with him a leaflet briefly outlining the doctrines in which we believe “What Is an Adventist?” and with it a book of daily devotions, or other inspirational book. These are presented by the physician, dietitian, nurse, or chaplain whoever has made the most suitable contact. To some who reveal a definite interest, a copy of Bible Readings or Drama of the Ages is given. Many names are placed on the mailing list for Signs of the Times and These Times, which has some four hundred names at present.

Of great importance in this program of giving the message for this time, and of winning souls to Christ, is a working contact with the pastors of our churches in the communities served by the institution. They are frequent guest speakers at our worship periods. Sometimes they are introduced to interested patients who reside in the area served by their church. The names of those who have taken Bible studies and are interested in baptism are passed on to these pastors, also names of persons in whom an interest has been awakened that should be followed through.

**The Results**

To the patients: Many, many people receive an attractive acquaintance with Seventh-day Adventism, and misunderstanding and prejudice are dispelled from their minds. Frequently these contacts lead to conversion and baptism. Unquestionably, many are blessed in body and in soul, and return to their homes with a better understanding of how to live and with nobler ideals in their living.

To the institution: A reputation of kindliness, thoughtfulness, sincerity, and efficiency is gained that well repays the cost, time, and effort.

To the workers: A spirit of loyalty and unity is gained, and the unparalleled joy of serving their fellow men in the name of Jesus Christ. True, indeed, is the inspired counsel: “All physicians are under one Master, and blessed indeed is every physician who has learned from his Lord to watch for souls, while with all his professional skill he works to heal the bodies of the suffering sick.”—Medical Ministry, p. 18.

Sufficient, truly, is that blessing to carry over abundantly to all associated with him, whatever their task or duty.

In the spring of 1954 we concluded a series of Sunday evening lectures given in our North Sacramento church. Approximately one thousand invitation cards were mailed to persons whose names are on our records. Illustrated health talks by members of the staff were coordinated with brief inspirational and doctrinal messages by the chaplain. It was the intent of this series not only to bring a service of health instruction, but also to lead to the organizing of a Bible study class to be carried on by the church pastor.

**AWAY FROM DRUGS**

Drug medication, as it is generally practiced, is a curse. Educate away from drugs. Use them less and less, and depend more upon hygienic agencies; then nature will respond to God’s physicians—pure air, pure water, proper exercise, a clear conscience. Those who persist in the use of tea, coffee, and flesh-meats will feel the need of drugs, but many might recover without one grain of medicine if they would obey the laws of health. Drugs need seldom be used.—Health and Medical Missionary Work, pp. 42, 43; written in 1890.
IT IS thrilling to contemplate the time, not now distant, when the “right arm of the body of truth” will be invigorated, revitalized, and so revived that it will again fulfill its divine mission to “serve and protect the body.” The human body can do many things without a right arm, but it is terribly crippled.

God had only one Son and He sent Him into the world as a medical missionary. Why? Because there is no other kind of human ministry or service in which it is so possible to clearly demonstrate the sympathy, compassion, and love of God and the principle of the gospel of His saving grace as in unselfish ministry to the sick.

It is into this sacred circle of power and influence for good, into this fruitful field of the double ministry, that Christian physicians are called to serve. What shall be our great objective? What are our most satisfying rewards here and now? It is a wonderful thing to be the instrument for snatching out of the very jaws of death some beautiful child, a young mother, or a needed breadwinner, but if our efforts are confined to these worthy achievements having to do only with this present world, someday the icy hand of death will thrust back our best efforts and claim that loved one, and then what?

Prayer Quickly Answered

Late one night the telephone rang. A frantic mother screamed, “Doctor, hurry to such an address over by the ditch; my child is choking to death with diphtheria!” I rushed to the little shack over in the poorest section of the city and found a young mother, her form convulsed with weeping, her head turned to one side. She held on her lap the limp and apparently lifeless form of a little boy of four years. The child had ceased to struggle. He had ceased to breathe.

The only light in the room was the flickering flame from a smoking kerosene lamp. Speed was the prime requisite. The race was against seconds of time. With the mother’s lap for an operating table, with no assistant, the father’s shaky hands holding the lamp, and no anesthetic (however, none was needed, for death is a potent anesthetic), and with but two surgical instruments from the medicine bag—a scalpel and one forceps—I did a tracheotomy in thirty seconds. When the cold air struck the inside of the windpipe it provoked a coughing reflex. The child sprayed diphtheria membrane all over my nose, eyes, mouth, and face. A heavy plug of debris was forced into the artificial tracheal opening and with the forceps I pulled out a cast of the trachea as long as the child’s finger, and the boy could breathe again. What grateful parents and what a thankful doctor! Faith in God was again revived in this home. Peter’s formula had been retested and it worked—the shortest prayer in the Bible—just three words, but it contains all the essentials of a perfect prayer: God at one end, a needy doctor and a dying patient at the other, and a one-word plea for help in between.

Oh, the terrific responsibility and the unexcelled opportunity of the Christian physician, the man who can pray and get quick answers! “The physician who can not do this loses case after case that otherwise might have been saved.”—Ministry of Healing, p. 118. As scientific medical men Seventh-day Adventist physicians are often tempted to maintain a sort of apologetic attitude for their Christian faith and to keep in the background their religious beliefs and principles. I have repeatedly observed, however, that the things we might fear and might wish to cover are our greatest drawing cards and our greatest asset. All people respect honesty, integrity, and fidelity, and all people respect Christianity if not religion. As such people draw near the operation table, they feel safer in the hands of the Christian surgeon. Of course, hollow pretense, sham, and make-believe are soon detected and can only lessen the respect and lower the physician in the estimation of the public.

From some non-Seventh-day Adventist patients who did not know that it is our regular custom to pray with patients before performing major surgical operations, we have had numerous requests that we pray with them before beginning the operation. Some surgeons have lost much by neglecting or discontinuing this practice. A sense of calmness, of security, of assurance of divine aid, comes into the heart of both the patient and the surgeon as the head and heart are bowed in humble petition.

A prospective surgical patient who once was a Christian, but who had married a worldly,
unbelieving businessman and had lost her way, was lying on a bed in one of our Western sanitariums. Her case was serious and she knew it. She was much worried and fearful of the outcome. Lying in an adjoining bed was another non-Seventh-day Adventist woman who was convalescing from major surgery. Desiring to reassure and comfort the younger woman, she said, “Now, dear, drop your worries, don’t be afraid; these are Christian doctors and nurses. They pray before they operate.” The woman replied, “I don’t want them praying over me.” She was placed upon the operating table and I remarked, “Mrs. Jones, we always have a brief prayer before we operate.” Then followed a short petition that God’s love would sustain our patient; that He would bring her safely through the operation; that He would guide us in judgment, that we might be led to do the best thing; that He would guide our hands to do the work in the best way and that a speedy recovery of health might follow. The quivering lips and the tear-filled eyes betrayed the softening of a hard and flinty heart. The operation was successful, recovery was speedy, and the kindly ministry of Christian physicians and nurses fully reclaimed this wayward, back-sidden soul for Christ. The joy of such ministry smooths the hard places and gives meaning and point to living.

We are not builders alone for time, we are builders for eternity. We shall meet all of our patients again. We must, like Abraham, keep the long-range view. Natural human vision is so myopic, so shortsighted, but faith has a long range. It can see as far as the mind can think. Thus, we are to regard every patient as a possible candidate for heaven, and if we do this we shall be on the alert for opportunities to plant a thought that will attract them to the beauty of truth. The highest aim of the Christian physician should be the spiritual health of his patients.

**Health and Spiritual Educational Work**

Instead of the usual trashy literature that clutters up the average physician’s waiting room, in our waiting room the *Signs of the Times, These Times, Life and Health, Liberty, the Youth’s Instructor, Voice of Prophecy* literature, and many of our small books and tracts are on display in appropriate reading racks and upon a library table. We provide a liberal supply of *Signs* and *These Times* for free distribution to patients. We have within the past year given away more than one hundred copies of *Bible Readings*.

It is our constant endeavor to make our medical work educational in character. We are fully convinced that “the disease and suffering that everywhere prevail are largely due to popular errors in regard to diet.”—*Ibid.*, p. 295. We are in accord also with this statement: “There is sickness everywhere, and most of it might be prevented by attention to the laws of health.” —*Ibid.*, p. 146. We are not satisfied, therefore, just to help our patients get well. We want to help them stay well. It requires time and patience and effort to do this educational work, but the wholesome fruitage fully justifies the endeavor.

For many years we have made a decided effort to acquaint every patient, man or woman, who was a user of the “filthy weed” in any form, with the facts respecting its damage to the body and its injury to the health and try to lure him away from his darling indulgence. These friendly office chats have opened many doors for the presentation of other points of present truth and have paved the way for invitations to give Bible studies or lectures in homes, in halls, and in the popular churches.

Two years ago we rented the American Legion Hall in Madill, Oklahoma, twenty-six miles distant, where we gave twenty-five health, temperance, and Bible prophecy lectures. The interest and results encouraged us to repeat the procedure last year in the American Legion Hall of Wilson, Oklahoma, twenty miles in the opposite direction. We have accepted invitations to speak in a number of the churches and schoolhouses of our community. A few years ago when the liquor interests put up such a battle for the repeal of the hard liquor laws of our State (Oklahoma), a great interchurch temperance rally was held in our city and I accepted the invitation to give the address. This opened other doors of opportunity.

**Prejudice Removed**

The medical missionary endeavors of the Ardmore Sanitarium and Hospital group have done much to remove prejudice and create a more favorable atmosphere toward the truth in our area. Within a few brief years our church membership has doubled, now numbering one hundred and forty, and our tithes and mission offerings have increased sevenfold.

Yes, the “right arm” message and ministry are greatly needed. Medical missionary work removes prejudice and opens doors, it attracts people to the truth and holds them within the truth. Brother physicians, shall we not constantly strive to perfect our double ministry and make our medical work a more effective, more fruitful evangelizing agency?
Prayer Medicine

A. W. N. DRUITT, M.R.C.S., L.R.C.P.
Rutland, British Columbia, Canada

It was quite a while before I learned how to dispense prayer as a medicine. In fact, it was not until I was a medical missionary in Jamaica, B.W.I., working in a wonderful two-year partnership with Dr. Clifford Anderson, that I really learned of its advantages as a medicine. Oh, I had prayed very often before that time, having learned to pray from the time when we had family worship in the home morning and evening. As a student, also, I had learned the value of prayer, and not being one of the bright ones theoretically, I was always glad to claim God's promises in my prayers, especially prior to examinations, that "he shall . . . bring all things to your remembrance." It helped, too. Many a time I know that prayer helped me through when nothing else would have done so.

I was glad that I found a partner in life who believed in prayer too, because she was an answer to my prayers. Many a time through our twelve years of married life we have found that God answers prayers. Often we have found that they are not answered when we would think they should be, but at the last minute the answer frequently comes, apparently when we have not known which way to turn. This experience, however, is not new to Adventists, and possibly no one who is reading this journal has any doubt at all that God hears and answers prayers. But how can prayer be dispensed? It needs to be handled in as careful a manner as one would handle a dose of morphine, giving it at the right time and in the right amount. Sometimes it is contraindicated, for we are told not to cast our "pearls before swine."

Prayer in the Hospital

I really learned in the operating room of the mission clinic in Jamaica how to dispense prayer. It was the custom there never to put anyone to sleep with an anesthetic without first having offered a short word of prayer for the safe-keeping of the patient and the guidance of the doctors and nurses. Sometimes the patients may not have appreciated it, and sometimes they were too sleepy from the premedications to notice, but it brought into the operation room the feeling that the Great Physician was there to help.

It was also the custom of the nurses to offer a word of prayer with all patients as they were tucked in bed for the night. Those prayers, often offered by very timid nurses, were greatly appreciated by many patients who openly expressed their appreciation in letters after they had left the institution. Let me quote portions from two such letters:

"I think there is none better able than I to tell of the benefits derived both physically and spiritually. Matron [Director of Nurses] Sister C., the nurses, and yourself have been wonderful to me during my several illnesses, and I'll surely never forget the many prayers offered for me and my family."

"You have exemplified to the world at large and to Jamaica in particular that there is nothing impossible with God, and I believe it is because the institution is built on the foundation stone of the Rock of our Salvation, that success follows your wonderful work for the aid of suffering humanity. I cannot forget the prayers offered for me by those Christian nurses before I retired to rest at night, and the kind manner in which they attended to my comforts. May the God of heaven help them to realize the importance of their calling."

I remember when the prime minister of the island was in the hospital for a few days' rest. I was around in the evening when the nurse came out of his room, and she said, "I prayed with him, too." A big lump came up in my throat when I thought of the courage of that Christian nurse, and I wondered then whether I would have had the same courage had I been in her place. Such is the power that comes from prayer.

A doctor's wife had been admitted to the hospital. She had been ill for six years and had come to the Adventist hospital as a last resort, having been persuaded by her maid to try it, at least. Her first impression of me was that I was too young to know what to do, but she submitted to the examination, cooperated with the treatments, and said "Amen" to the prayers. In three weeks she considered herself almost cured, but more than that, she had read some of the literature supplied to the patients, sent to Jamaica by good friends in America, and had had her ideas completely changed regarding the Sabbath, so that she went out of the hospital not only walking (which she had not done for many years), but determined, with God's help, to be a Sabbathkeeper. Despite all the persecution that she has had since, she is still faithful to her God, who did so much for
PRAYING DOCTORS

LEONA CLIDDEN RUNNING

My doctor often prayed for me, and I could feel
That by his side the Great Physician silent stood;
That as he used his art, my body's ills to heal,
A heavenly healing art was added for my good.

My surgeon paused to pray for me, and then I knew
That his skilled hands were guided by a mightier
Hand.
So, confident, I fell asleep, and woke anew
To life and joy, in buoyant health again to stand.

God bless the praying doctors, men and women
skilled
In science, who tap Heaven's powers to help
us mend;
Who strive unceasingly our mortal health to build.
May we with them at last know life that has
no end.

(Dedicated to Clifford R. Anderson, M.D., and
John F. Brownsberger, M.D., Washington Sanitar-
ium and Hospital. Reprinted by permission of
"Life and Health.")

her. Can there be any doubt that the prayer
medicine used on her behalf at that time and
many times afterward was the means of her
health improvement both physically and spir-
ituall

A Roman Catholic nun was lying on the out-
patient table in all her robes, waiting to have
her teeth extracted under general anesthetic.
I remember the look of peace that came over
her face when a simple prayer was offered on
her behalf. I do not know what happened when
she went to confession, but I know that she
came back on different occasions to have more
teeth pulled. Prayers penetrate beyond the
robes, and only in heaven will we know the
result of the prayers offered. Jews also appreci-
ate the prayers offered for them. The name
of God need be the only name mentioned on
such occasions. One Jewess will, I am sure, some-
day be an Adventist because of the prayers on
her behalf.

My Resolve

What have we as Christian doctors to offer
a world that is tumbling over itself in such
a manner that it cannot regain its equilibrium,
if it is not the solidity obtained by fastening
ourselves to the Rock of Ages? Where 50 per
cent of the problems of life can be accounted
for by the nervous tension of the individual,
how can that tension be relieved unless it be
by the building up of his confidence in Some-
one who has promised to carry his burdens?
I am confident that in my recent months spent
in psychiatric postgraduate work, the results
obtained would never have been accomplished
had it not been for the power that I was able
to claim from above in pointing these patients
to Him and in praying with them. I resolved
ever to let a patient leave the hospital without
having had at least one prayer with him if at
all possible, and with many patients the prayers
were numerous. The biggest hurdle is finding
courage to ask the patient if he would like to
have a little prayer asking God to bless and
heal him. Once the question has been asked,
the rest is simple, because the patient will al-
most always say, "Yes, please." Sometimes it is
made easier when the patient says, "Will you
pray for me, doctor?" However busy you may
be, never turn such an opportunity down, be-
cause it may not take more than thirty seconds,
but it will carry with it perhaps far more heal-
ing than the bottle of medicine or the injection.

Before coming to Canada, I knew that the
Lord wanted me just where I now am because
of the way He answered my prayers, opening
the way for me to buy and remodel the store
building that is now my office, and sending
opportunities for community service. Already
in my short time in the beautiful Okanagan
Valley I have been able to see the results of
some of the prayers that have been offered
for patients.

Let your office be the gateway to the throne
of grace, and from your office dispense this
potent medicine called prayer.

 RESOURCEFUL One of the physicians in
DOCTOR Eugene, Oregon, has for
several years used the
"trick or treat" custom to missionary advantage.
Kern Hartzell, M.D., has purchased the Uncle
Arthur's Bedtime Stories and given them to the
children of the neighborhood as part of the
"treat." This past Hallowe'en he gave away one
century copies. When children came to his
door, he gave them a choice at first of a story-
book or the candy and apples. He found that
85 per cent of the children said they would pre-
fer the book. Of course they received the treat
also. None of the children was from a Seventh-
day Adventist home.

As a result of this contact, we know of at
least two interested families who are now at-
tending the evangelistic meetings being held
by D. D. Doleman near Eugene, Oregon.—
MONA M. OLIVER NYBERG.

THE MINISTRY
IN JUNE, 1952, in Chicago, I had the privilege of attending a symposium on “How to Make My Practice More Christian.” This meeting was held as a part of the convention of the Christian Medical Society. Many excellent suggestions were made.

The first speaker made the point that he must be prepared by early-morning Bible study to meet the patients that came to his office. He felt that he was Christ’s representative in his own office. It was his conviction that the Holy Spirit would impress upon him the proper time and give him the best words to speak to his patients. He should treat them as Christ Himself would treat them.

Another speaker discussed the use of reading matter in his reception room. Certain popular magazines were discussed and some were condemned because they had carried articles expressing atheistic views. He had found it useful to have on his reading table both the King James Version of the Bible and a recent Catholic version for his Catholic patients. Often his patients made comments that led to an opportunity for him to discuss the patient’s problems in the light of Christian philosophy. Comic books for children were strongly condemned, but good literature for children, particularly Bible stories, are of great benefit.

In my own practice I have found patients very appreciative of Life and Health, These Times, and Signs of the Times. The paper-covered Bedtime Stories I have been using recently as gifts to my pediatric patients who have had to have a shot of penicillin or some other disagreeable treatment. And I find that even the three- and four-year-old patients are thrilled to have the chance to make a selection from among the more than twenty different colorful covers. This also aids the colporteurs in my area to sell these books to my patients.

On the walls of my reception room are pictures of various birds. And on the magazine stands are bird and other nature books and magazines. My patients can find the popular magazines in the waiting rooms of other offices—I want them to read only the things that I would want to be found reading myself, should Christ walk into my office.

I know of several patients who have to a large extent read their way into my church while waiting for me to treat them. My conscience does not bother me for taking time to talk with my patients about the most important things of this life and the life to come, if I know that those waiting for me can be filling their minds with the good things in the books and magazines found in my reception room.

Some of my Adventist colleagues maintain a lending library of Adventist books arranged in a small neat bookshelf in their reception room. Through these books they find many opportunities to talk with their patients regarding the certainties of Bible prophecy and Christ’s soon return. I once had a young mother come into my office seeking relief from extreme nervousness. She realized that she was confused in her thinking. On the second visit she said to me, “Doctor, I don’t need that medicine. That will not help me. The other doctors have given me all kinds of nerve medicine. It hasn’t helped.” And I sent a prayer heavenward that God would give me wisdom to know how to help that poor soul lost in the woods of modern thinking. The Holy Spirit immediately gave me an answer. I said, “Mrs. ——. I’m going to give you a prescription, one that you haven’t had before. This is it: Every day I want you to sit down and read your Bible for fifteen minutes.”

“I can’t understand the Bible,” she interrupted.

“I want you to spend fifteen minutes reading your Bible,” I insisted. “You will find that you can understand it if you will read the first three chapters and the last two chapters of the Bible. Then start with the first Gospel, the Gospel According to St. Matthew, followed by the other three Gospels. Read that assignment and come back to see me next week. We will see if you are not feeling much better.”

A week later she came back, and immediately I could see that she had improved. She said, “Why, doctor, I never knew the Bible was so interesting. And I am feeling much better!”

That happened not only once in my practice, but three times to three different young mothers who had lost their nerve because they had lost their way in the maze of modern living.
Juvenile Delinquency and Divorce

The Adventist physician holds a key position in the solving of the problems of juvenile delinquency and divorce. One of our most effective writers, Dr. Harold Shryock, has given us a very good weapon to use in the solving of this problem in his book Happiness for Husbands and Wives and its companion books for the adolescents, On Becoming a Man and On Becoming a Woman. I use many copies of these books in my practice, and they save me hours of time in counseling my patients. In Michigan every person who applies for a marriage license must first have a physical examination by a physician. To those who come to me for a premarital examination, I present a copy of Happiness for Husbands and Wives. If they wish to keep the book I sell it to them, or on certain occasions I may give it to them as a wedding gift. I make the definite request that they read it together before their wedding day. And I may ask them to pay especial attention to the last three paragraphs of the chapter "The Honeymoon."

Dr. Shryock has written as only an Adventist physician could write. He is scientifically and medically sound, he has based his thinking upon the Word of God, and he has the advantage of being a thorough student of God's special gift to His remnant church, the Spirit of prophecy. Indeed, are we not all to heed diligently, in the solving of all our problems, the message that the first of the three angels proclaims, calling for all mankind to give glory to God and to worship Him who is our Creator? Is this not verily a part of the message that God has given His remnant church? How reverently, how beautifully have God's truths been presented in this book!

God has given us a wealth of the best literature to be used as He through His Spirit may impress us each to use it. Should we use that literature with which may be mixed even a little evil, a little impurity, a little doubt, when He has given us such an abundance of the pure, the good, the uplifting, the eternal? Should not our patients come to love to spend their time in our reception rooms where only the best can be found?

One day a salesman sat for an hour waiting to see me. He spent the time reading God and the Future. But when he came in to see me he had it only half finished. After discussing his products and taking my order, he seated himself again in my reception room and finished the book. Perhaps next time I can give him another book, to take with him to read in some other reception room!
In all that we do, there is just one aim—to win souls. Back in the horse-and-buggy days in Michigan, Elders Loughborough, James White, and Van Horn, when their trips took them to Vassar, used to shake hands with your great-grandpa, David, and instead of asking “How are you?” they would ask, “How many new souls, Brother Malin?”

Time has moved on. We live in a new age, but our purpose or commission is the same—to win souls.

I started practice at Hyattsville, Maryland, because there was need of a doctor in that area to aid the new health center that had been started by our church people under Elder F. D. Nichol. After two years, we started to build a new office and home at Riverdale. Things got busy, and your Uncle Lawrence came back from California to help with the practice as soon as he had finished medical school. We found that we couldn’t always get our patients into the Washington Sanitarium because it was crowded, and we had to take them to outside city hospitals. Our county, being next to Washington, D.C., did not have a hospital, but as the population increased, a movement developed in the community to build a local hospital.

One of the patients asked me if I favored a local hospital. I said Yes. Then, as I gave the matter more thought and we reviewed recent experiences with patients in worldly hospitals compared with the influence of the sanitarium, it seemed that we might be approaching a situation where principle could be involved. The question was, How would we best carry out our aims and purposes to the people who came under our care? Could we give our support to a public institution?

A Private Hospital

We went to the “red books” for help. We talked to many of our leaders and people of experience in our institutional work. Then we quietly made a survey of our patients as they came to the office. We said, “Thinking of the future for yourself or your children, in case of sickness, would you rather go to a regular public hospital, or would you like to have us provide, if we can, a small private hospital where special emphasis would be given to providing what we think is best in diet and other treatment, avoiding harmful things such as tea, coffee, alcohol, tobacco, flesh foods, and condiments?”

No doubt because of the favorable influence of the Washington Sanitarium in the adjoining county, the response was favorable to the proposal. Then we sent out to a selected list of patients a financial proposal, asking them to subscribe to stock if they were interested and able. A number of months of persistent effort produced sufficient financial commitments from patients, friends, and a loan institution, so that we proceeded with construction of a fifty-bed hospital as an addition to our offices.

Before this was completed, a local group of citizens was organized, composed of some not sympathetic to our religious views and of physicians who resented the two youngest local members of the profession coming forward with such a “publicity stunt as proposing a private hospital.” A mass meeting was called for the purpose of developing plans for a community hospital. Many speeches were made, most of them casting reflection and some even threatening the success of the present facilities being constructed. All were agreed that there should be a hospital where people could get what they wanted when they wanted it. Then the chairman hung her head and said, “I see that Dr. Malin is with us tonight; maybe he would like to say a word.”

Now I hope, Junior and Joyce, that you get something out of your college public speaking courses that your father didn’t get, because never before had I been in such a hostile spot. I found myself standing up in front. I don’t know what I said as an introduction while I was praying for help, but I heard myself say, “Now I would like to give you proof of why I am in favor of a community hospital to supplement the service that our small hospital will supply.”

I then took from my pocket figures from the A.M.A. Journal showing how many beds it would require to meet minimum standards according to our population. It was pointed out that our fifty beds would give only one bed per thousand people, whereas the need was for four beds per thousand. Therefore in place of one hundred beds, which they mentioned, they should provide one hundred and fifty beds just to meet present needs.

I came away convinced that the Lord was with us in our plans, because outside the meeting place a reporter from the Washington Post shook hands with me and said, “Doctor, you stole all their thunder. You were the only one who had facts and figures. Your applause topped them all.”

Open house for the Eugene Leland Memorial Hospital was held on a rainy night. Yet 750 people came to look around. We had not anticipated such rapid growth, and the problem of getting workers was acute. Our local pastor
came by almost every day, and of course we told him of our problems. He must have worked as hard as we did, because from here and there he suggested or brought in fifteen good Christian workers during the early days. With no official position in the institution, he became, perhaps, the greatest stabilizing factor. We asked his help and advice concerning irregularities in workers. He soothed the feelings of those who felt that administration policies were too rigid. Never did we hear of his expressing disloyalty, although we know his problem interviews were many, and many were the hours that he spent with us privately pointing out possible improvement.

After the first two years, our workers' meetings were given over to a study of the story of early health institutions, Loma Linda Messages, and Medical Ministry. Seventy-five to eighty people attended these meetings. These were the war years and there was a large turnover of workers, but we held strictly to the principles for denominational institutions as we understood them.

A New Project

One morning the conference president asked me to come to his office. There he brought out maps and pictures and explained that in a distant part of the conference the work was going very slowly. He said it had been noted that since the hospital had been opened, there was a more friendly attitude in our area to colporteurs, ministers, teachers, and in business contacts. The Ingathering reflected that a favorable impression was being made on many more people. Because of this, would our organization consider setting up another self-supporting unit at Wytheville, Virginia, three hundred miles away, but still in the Potomac Conference?

The Wytheville Hospital was opened six months later with a nucleus of six workers from Riverdale. Again workers came in from various churches in the conference.

It has now been more than eight years since the Wytheville Hospital was opened in Virginia, and more than twelve years since the Leland Memorial Hospital was opened in Maryland. We have always been short of CME doctors and we have never had enough S.D.A. auxiliary workers, but we have made thousands of friends, and many church members have thanked us for providing them with work in Christian institutions where they could meet so many more people under conditions where kindness was most appreciated.

Now, Junior, as you go on to medical school, and Joyce, as you take up accounting, remember that our one aim is to win souls. There is a place for all our varied talents. Conditions are different today, but God has given us an organization geared to present-day momentum. The church is divided into many segments for efficient functioning in the utilization of all talents, and its divisions are all united in one purpose—to bring Christ to each individual. When grandpa died he had a long list of converts whom he had brought into the church. You and I must accomplish more than he did because we have greater opportunities, yet we may never be able to make out such a list as his.

Shortly after coming to Wytheville, I was asked by a visiting retired minister how many converts I had brought in, to cause the conference to ask me to start in a new place. I changed the subject because I couldn't think of any. I was discouraged.

Then, about four years after I left Maryland, on a return visit I was invited to the rostrum to offer prayer for the church service, since I had previously been an elder there. Although I don't remember who preached or what he said, my eyes were opened that Sabbath. Fifteen years before, I had started practice there, and I decided to count the people in the audience who were there when I began. I was startled to discover thirty-four people present who had not been Adventists when I previously knew them as patients. Maybe I had a part in creating a spark of interest so that later they found their way in.

At a baptismal service at Wytheville one Sabbath, the candidates were asked to give the name of the church member who brought them into the truth. Later, on the lawn outside, one timid lady convert came up to me and said, "Doctor, I wouldn't have opened my door to Brother Brown for Bible studies if it hadn't been that you prayed for my daughter when you operated on her, and he was someone from your church."

I believe that now, with the work so big, only God can make out the correct lists of converts, because so many have had a part with each one.

Place of Medical Missionary Work

The doctor and his helpers are the entering wedge, with their spirit of kindness when a person is ill and most susceptible to serious thinking. Then the minister and his helpers follow up the interests as people ask for more truth on how to return to their Creator, whom they saw reflected in the workers who helped them when they were sick.

The Ministry
These "red books" mean a lot more to me now than they did a few years ago. Read from page 537 in Counsels on Health where it says, "The truth expressed in living, unselfish deeds is the strongest argument for Christian-ity." From Prophets and Kings, page 219, "Success depends not so much on talent as on energy and willingness." From Christ's Object Lessons, page 65, "We are to do our work, and leave the results with God." Then there are such statements as these:

"There is a great work to be done. How shall we reveal Christ? I know of no better way . . . than to take hold of the medical missionary work in connection with the ministry."—Medical Ministry, p. 319.

"Medical missionary work and the gospel ministry are the channels through which God seeks to pour a constant supply of His goodness. They are to be as the river of life for the irrigation of His church."—Christian Service, pp. 153, 154.

"Medical missionary work is the pioneer work of the gospel."—Ministry of Healing, p. 144.


"The formation of small companies as a basis of Christian effort has been presented to me by One who cannot err."

"We have come to a time when every member of the church should take hold of medical missionary work."—Ibid., p. 62.

"In new fields no work is so successful as medical missionary work."—Medical Ministry, p. 239.

"It is that thirsting souls may be led to the living water that we plead for sanitariums, not expensive, mammoth sanitariums, but homelike institutions, in pleasant places."—Ibid., p. 323.

This is an age of specialization. I look at our Christian endeavor as a production line. We, at the medical end, work on the raw materials of the world by creating a desire to know why we are kind under disagreeable circumstances. Then the various other agencies of the church—the literature work, radio and television, personal visitation, neighborliness, et cetera—provide more softening influences. At the other end of the line the minister of the gospel stands ready to receive the completed product into the church for training to also join the production line.

At Riverdale a full-time chaplain is now employed to stimulate and follow up interest among patients and non-Adventist workers. At Wytheville the pastor of the church visits patients twice a week and is many times called for special problems. He maintains an ethical relationship with the ministers of other churches that has removed all outward evidences of prejudice in the community. The hospital has provided the church home missionary department with funds for one effort in a town twenty miles away, where as many as 150 people come out to see medical films and Bible pictures. It is the purpose of the hospital to open the way into the homes, but all organized missionary work is carried on through the church.

As you go into your final years of training, Junior and Joyce, I hope you will keep in mind the specific advice for conducting the work in these last days. The increase of knowledge has caused people to become hard, skeptical, and sales-resistant. When we can't get into people's homes through the front door, like a public effort, then we must get in through the back door, by private, kindly medical ministry.

Joyce, I hope you can help with the music, when you are at home this summer, at a branch Sabbath school that Miss Minesinger, superintendent of the hospital, and Mr. and Mrs. Clark, who run the farm, are planning up in the Stoney Fork section at the foot of Walker Mountain.

Junior, you can be of great help if you will clean and overhaul the motion picture projector and S.A.V.E. tape machine. I hope they will hold up until vacation time. They are used almost constantly. Harry Clough, business director of the Medical Group Foundation, is the home missionary leader again this year. You might be interested in the report turned in to him on a recent Sabbath. There had been trouble with the water and heat at the public school in Ivanhoe, where the meeting is held, but Brother Eller (brick mason on the new hospital) reported fifty persons out on Tuesday night. He said they were more attentive to the filmstrip and tape recording than they were to the film on rheumatic fever. Brother Reedy reported sixteen attending his meeting at Rural Retreat. These meetings started because of a request from a former appendix case. Brother and Sister Hill (he is doing the plumbing on the new hospital) reported fivey persons out on Tuesday night. He said they were more attentive to the filmstrip and tape recording than they were to the film on rheumatic fever. Brother Reedy reported sixteen attending his meeting at Rural Retreat. These meetings started because of a request from a former appendix case. Brother and Sister Hill (he is doing the plumbing on the new hospital) reported forty at one study and eight at another. The credit manager, Mr. Andress, reported eight in one cell block and seven in the other at the jail. The number of prisoners is always lower in cold weather such as we have been having. Brother Montgomery reported eight at the home of one of the non-Adventist workers. Brother Winkle, the mechanic, had nine out for his meeting. I think that as soon as the new bakery equipment is put in operation so that we can get some bakery routes out into the country, we will find many more openings.
Maybe you will think this letter is more preaching than news, but I have done a lot of thinking about these things lately because of rebuilding the hospital out in the country where we can give more attention to the sanitarium side and have patients out where they can see the mountains, the fields, and the water. Mr. Arthur, who we believe will be the next circuit judge, said the other day that he thinks we are rebuilding on the most beautiful spot in the county.

I trust that all is going well at school.

With love,

DADDY

FORTY YEARS IN THE RHODESIAS

J. BURTON JEWELL
Solusi Mission, Southern Rhodesia, Africa

Just forty years ago last October 11 we arrived in Southern Rhodesia, and we have been at Solusi Mission near Bulawayo for the last twenty-seven years. As I had graduated from the nurses' training course at the Battle Creek Sanitarium in 1905, I was asked to give all my time to medical missionary work. Truly the Lord has abundantly blessed our endeavors in this line of service for Him.

It soon became known in the African villages that there was someone at Solusi who could help the people when they were sick or injured. Often I would be called out to render first aid to those injured in beer-drinking festivals. I would mount my bicycle, taking with me medicines, instruments, and dental forceps, as there was always a demand for teeth extractions. Sometimes whole villages are prostrated with malaria fever. I found it necessary to have a knowledge of obstetrics, so that I could help the mothers in their time of need; consequently I applied myself very diligently to this most interesting study.

During these early years, I rode many thousands of miles by bicycle, going from village to village on the narrow footpaths, caring for the sick and injured and delivering babies. One year my cyclometer registered 6,000 miles.

Our total number of births now registers 1,132. In the early years of our work the heathen Africans regarded the advent of twins as an ill omen, and invariably one or both babies were killed. But now twins are welcome. During the years the clinic has been in operation, we have had many, many sets of twins. In the accompanying photograph my wife and I are seen with the latest twin arrivals.

Morning worship is conducted with our maternity patients, during which time we have read the Bible through three times. These worship periods have been a real blessing to us all.

Our kind heavenly Father has, I believe, many times commissioned His angels to guide and help us in our service for these heathen people, and we thank Him for the favors He has so bountifully bestowed upon us.

The Jewells Holding a Set of African Twins.
The Wyoming Plan
Of Interest to Conference Presidents and Doctors

FRANK R. LEMON, M.D.
Mexico, D.F., Mexico

In Wyoming during the past two years we have been engaged in an experiment concerning the distribution of our medical work. Even though I have recently left Wyoming to take up a new work for the College of Medical Evangelists, a great portion of my heart is still up there in that beautiful frontier land. It is because of an abiding interest in the needs of Wyoming—and many similar communities where we have not made the entrance we should have made—that I am writing about my experience there.

Many others have written about the privilege and the personal satisfaction of work for the spirits as well as the bodies of men; I wish to tell the story of our concern for the distribution of our graduates—for we have felt that obviously no medical evangelical work could be done unless the men trained for this endeavor could be located in fields of need. Wyoming is such a field.

We would like to have what has recently happened in Wyoming be a source of encouragement to all conferences everywhere who wish to gain some graduates from the College of Medical Evangelists, or to add to the few that they have. It can be done by persistence and the will to accomplish. It is a responsibility of our physicians as well as of ministers. The task is a great deal easier than it was a few years ago, by virtue of financial assistance plans now in vogue for all the conference organizations. Some are using these effectively; others are not. There has been a great increase in the effective contribution made to this end by the General Conference Medical Department’s Medical Extension office. This has had its effect, and now we can say almost with assurance that the great majority of graduates will settle outside of California—and frequently in foreign fields.

I suppose that somewhat vaguely I looked forward during most of my student days to either mission service or practice away from my native State of California. This feeling took substance, however, during a chance meeting one vacation Sabbath with a young conference president in the Southwest. He was so enthusiastic about the possibilities of medical-ministerial service and fellowship; he was so full of knowledge concerning the needs of his field, that he caught me up in his enthusiasm and I found myself saying, “I surely would like to work with this man!”

Herein lies the successful proselyting of a physician for the needs of your district—knowledge of the need and an urgent, communicable enthusiasm to get something done about it. It is more likely to attract the helpful kind of medical worker than recitations on average income and bank deposits.

I went back to California from that little visit seeing needs all along the way, and impatiently looking forward to the time when I could try to fill one of them. As a result of that meeting I was able to help, during my senior year in medicine, to arrange for the visit on the campus of the College of Medical Evangelists of several Northern and Midwestern conference presidents to do for others the simple thing that had been done for me; namely, to tell of the need and ask for help. This friendly and continuing contact with men who knew and appreciated the need for medical work in their labors encouraged a number of us to make definite plans to join them in their fields. After a year of postgraduate training I picked, with conference assistance, a little town in Wyoming in which to begin my practice. I cannot say that we did not have some anxious moments there; but we had an equal number of answers to prayer. We will probably look back on those days for many years as among our happiest. Nothing that I know of except mission service or an association with the College of Medical Evangelists, such as at present, could have attracted us elsewhere.

Why We Picked Wyoming

For the benefit of the doctors who may read this story I should like to tell why we picked Wyoming. There is a Directory of Alumni of the College of Medical Evangelists printed by its Alumni Association. As I thought about starting a practice, I chose this book as my guide to help me to settle as far as possible away from the members of that group. It was not for any dislike of them, I assure you! But
I had been appalled, as I studied that book, to find that after about forty years of operation our school had failed to send any graduates into three States and had sent less than ten into more than thirty States of our own country! That situation is now changing. It can be changed much more by physicians and ministers sharing a burden together.

From the pages of the *Alumni Directory* I made up a list of several States in the West, within the reach of my time and purse, where we were scarcely represented. In Wyoming at that time we had one Adventist physician. Wyoming happened to be the first State on the list, and we went up there from California, looked around, and went straight home again, because we found at once what we were looking for: a practice for sale (reasonably), a need, a conference president who wanted us and who made practical motions toward getting us to stay, and finally a place to try out a theory. The theory was that CME graduates could be encouraged to settle anywhere their help was needed—if someone would take the trouble to ask them for their help in an organized and persistent way. I felt the asking would be more effective from someone who was already attempting the task they would be urged to share. If there was any plan to what happened in Wyoming, this was it: Go there and do it. The Results

Today there are in Wyoming six practicing Adventist physicians (one has just left for military service); several undergraduates have received our conference help, and we look forward eagerly to their joining this live experiment. We hope that still others may do the same. If this could happen in Wyoming it could happen anywhere, for Wyoming is a sparsely settled State with a population of only about 280,000, and its towns are frontier settlements. Our hope has been—and still is—that others will see in this a challenge to be duplicated in many of our States and conferences, some with scarcely any or no Adventist medical work.

How was this accomplished? Having begun my own practice, I went to nearly every town of importance in Wyoming and assessed them as accurately as possible as to medical need, medical facilities, financial possibilities, and factors relating to church and church school affiliation. From this information a bulletin listing these locations was made by the Wyoming Conference. This was mailed to every intern and resident in training during the next two years. I wrote to all of them at least once and answered scores of inquiries. Among those who were interested we made it a simple, friendly point to urge their visit to us and to assist with their transportation. Either I or the conference officers wrote, telephoned, or wired as often as necessary to get our point across—which was: we want and need you. When necessary, we went with them looking for locations. It was for the most part a joyous and pleasurable experience, with real rewards in friendship and in the advance of the work in Wyoming. We did not expect to get all of them to join us, and we took nearly as great satisfaction from the fact that of the score or more physicians who visited us during those two years, virtually all settled outside of California (many in our Central Union), some in the very needy mission fields.

**The Results**

What can such an influx of medical work mean to a given field? I do not know that I can properly assess the results. These were both tangible and intangible. For one thing, were you to ask our doctors in Wyoming, I feel sure they would nearly all mention the good feeling of friendship and fellowship they have enjoyed with the ministry of the local church and conference. The close association and mutual responsibility, the sharing of problems and reverses as well as joys and successes, has been a notable experience. I cannot say to what extent the coming of Adventist physicians to the State of Wyoming has made a contribution to the work there, but it has been a thing of great interest to help encourage by money and words—and perhaps some deeds—the urgent spirit of evangelism in our pastors, which has netted us a membership increase in Wyoming of some 25 per cent in those two years.

Does your State or conference or union or district want Adventist physicians or dentists? This, I think, is one way to do it. Find one dentist or physician with an interest in your location. Get him there. Transmit to him the urgent need to obtain other medical workers. Transmit to each medical worker who comes in the same feeling of urgency. Take each such worker into partnership in the problems of church and conference. Establish a professional and spiritual fellowship by word and cultivate it with deeds. I think there is no place where this ministerial-medical partnership will not succeed in attracting yet other physicians to a growing work. I think there is no place where it will fail to strengthen the soul-saving work of the church.

*The Ministry*
The Value of Professional Influence

GLEN H. McDONALD, M.D.
San Diego, California

EVERY medical practitioner—good or bad—has influence. He could not make a living without it, for he has to sell himself and his ideas. The fact that a patient comes to him, pays him money, and returns or sends other people to him, is evidence that this influence has been accepted. Why not “cash in” on it? That personal influence can work wonders if we only take time to “work” it.

Just a few of the practical things that have especially impressed me during the past six or seven years, giving me a new vision of true success, will be mentioned in the hope that they may extend to other “two-talent” men the enthusiasm to make small but regular deposits in the bank of heaven—investments of eternal value. Perhaps some of the “ten-talent” men may read this too, and make even larger investments.

“The physician who ministers in the homes of the people . . . wins a place in their confidence and affection, such as is granted to few others. Not even to the minister of the gospel are committed possibilities so great or an influence so far-reaching.”—The Ministry of Healing, p. 132.

I enjoy these personal contacts and pray daily that only those will be led into my office who can be helped either physically or spiritually. All that come may not appear to be our choice, but God knows best and sometimes real surprises are in store.

One morning, soon after I had started to make this request, a Catholic priest was sitting in my office reading some of our good Adventist literature. He was not just an ordinary priest, for he is a Monsignor with other priests under him. He directs a large parochial school and the largest church in the community. This contact has proved a real blessing. Since then he has referred many of his parishioners, household helpers, and several of the other priests to me. Some time later, during a serious illness, God blessed in a remarkable way. Although he was a heavy cigarette smoker, he was induced to give up smoking entirely for a while. His soul is valuable in God’s sight and his influence can be used to His glory.

We should ask God to help us to do our best for each patient. We can only supply the channel through which He works. At times He has to erase some mistakes in diagnosis and treatment, in order to heal the patient. In a day when malpractice suits are almost of daily occurrence, His protection is truly valuable. My twenty-six years without a threat bear out the statement, “Above all other men should he [the physician], by prayer and the study of the Scriptures, place himself under the protecting shield of God.”—Ibid., p. 136.

Individual Health Education

The doctor has a one-person audience that is very attentive. The personal welfare of the patient is involved, so he not only listens but usually takes the advice given. If you count each of these personal interviews, in a few years it runs into thousands. Think of speaking before an audience of interested listeners—fifteen or twenty thousand of them! We do it, but over a period of years. Not one of them ever goes to sleep while we are talking. Moreover, we have a personal record of each of them, and know many intimate and confidential facts about them. I like to use a small part of the record for a note about their response to spiritual comments or literature taken by them.

Much of the suffering, and even serious illnesses, for which we are consulted have had as their starting point some violation (perhaps unintentional or ignorant) of God’s moral or health laws. Mental stress and strain, social, financial, and marital troubles are frequent, but often too time consuming to be solved satisfactorily in the doctor’s office. We have as our local pastor a young man who is unusually energetic, sympathetic, tactful, and willing to help in any of our problem cases. The most recent was a serious and complicated situation in a family where there were several small children. The crisis arose suddenly and without warning when the husband left home and began to arrange for a divorce. He had been drinking enough to threaten his high-salaried job, and was attending night clubs regularly with another woman. Now the drinking has stopped, the couple are happily reunited, with daily Bible study in the home, and the children are attending Sabbath school. The prospects are good for seven future new members of our church. Doctors and ministers must cooperate for successful evangelism.
We are told that it is only through our mental faculties that God can communicate spiritual blessings to the soul. Moreover, we cannot have a clear mind when the body is diseased or burdened by faulty health habits.

When it comes to correcting bad health habits, the doctor's influence counts more than anything else. A "health reformer" attitude or even the suspicion of religious bias nullifies almost any good we can do. Creating a desire on the part of the patient to give up something he cherishes and enjoys, and to develop will power enough to do it, is certainly a miracle of God. But it works through the channel of a doctor in whom the patient has enough confidence to believe that what he says is scientific truth. He does not believe that anyone else knows what he should do, or that what he reads applies to him. But the doctor knows his case, and if the patient actually believes the warning of the doctor, he will follow it. During some weeks I have a patient almost every day who gives up cigarettes entirely, even after having the habit for many years.

It is my conviction that other health reform principles can and need to be given in a way that is attractive and inviting, even to non-Adventists, and without as much prejudice as we sometimes might find in our own churches. Most patients are interested in nutrition, if there is a possibility of better health or relief from some of their troubles, especially if a good scientific reason can be given. Many will even accept quite a drastic "ten-day trial" that will, with the Lord's blessing, achieve the same results as it did in Daniel's day. I have seen some miraculous results, especially in young children, on this plan. Great advances have been made recently in the field of nutrition. Facts given by the latest scientific research are in complete harmony with those fundamental principles of diet and health given us seventy-five years ago through the Spirit of prophecy. These truths are quite contrary to many current popular opinions, especially if a high-protein program and the much-advertised value of between-meal snacks and sugar as a source of energy. Even the influence of the lucrative advertising of cigarettes is now beginning to fall before scientific research.

"Applied Influence"

I had an interesting experience in witnessing for our health program when I became a member of a national organization of physicians and dentists interested in nutrition (the American Academy of Applied Nutrition). At first I did not attend the dinners, but later, when I did, I ordered a vegetarian plate. That single order evidently was very conspicuous, but the silence suggested sympathy. Later, as I became better acquainted, comments were more free but colleagues seemed somewhat puzzled, so I had to explain. Fads and religious views carry little weight with scientific men, but interesting research reports attract their attention and "make friends and influence people." It was a privilege for me to sit at the speakers' table all last year, and to come in personal contact with some nationally known men and hear their favorable comments upon my meatless diet from a nutritionist's viewpoint.

I might mention briefly a few more instances of applied influence. It gives me considerable pleasure each Sabbath to see an active little Englishwoman, formerly one of my most prejudiced patients, sitting there in church. Although not yet a member, she now admits she is "one of us." She attends all the meetings faithfully, and leads out in the W.C.T.U. work in the community. Her husband was the Baptist minister here for eighteen years. He became very much prejudiced at first when some of his members joined our church. Later he was forced to retire because of illness, and came in contact with our medical work more directly. He attended church with me regularly until his death, but his wife would never go. Shortly after his death she requested us to take her to church, and she has been coming ever since.

The next two succeeding Baptist pastors and their families are patients, and have been exposed to the same physical and spiritual influence. The end results are not yet visible.

Suggestions for Medical Evangelism

Before the opening meeting of our recent evangelistic effort, three of my Adventist colleagues and I sent out personal invitations to several hundred of our patients. The first night the place was packed and many have continued to attend. Those thrilling words, "Thank you for inviting me here tonight," were repeated many times.

Through the influence in the community of one of the Seventh-day Adventist doctors, our new church group (organized as a church on December 5, 1953) has been able to meet in the newest and finest church building in this community (Methodist), and the pastor and his congregation seem to think it is a real privilege to let us meet there until we can build a new church of our own.

A short dedicatory service in 1942 by our local pastors and some leading conference brethren, setting the new office apart for medical
missionary work, I believe has been a definite help and constant reminder of the Lord's presence and guidance many times in emergencies as well as in the rush and routine of everyday practice.

A careful record for missionary giving of all Sabbath money collected (deducting actual cost of such service) from necessary Sabbath emergencies would, I believe, prove a great blessing—an experiment in faithful stewardship and some protection against that ever-present sin of covetousness and selfishness.

We have plenty of attractive, up-to-date Seventh-day Adventist literature in our reception room, and no other. Patients can get all other kinds of reading matter elsewhere, but not this kind. A sign offers them any literature they are interested in. There is also a rack of large books lent by the conference, with information as to how to purchase any of them. These are serviced and replaced from time to time by the conference. The receptionist has opportunity to note any interested readers.

Even though it would be a privilege and a pleasure to give Bible studies personally in the homes, I do not believe many busy practitioners could take out several nights a week regularly for this work. However, other members of the doctor's family or his office staff can carry the message in an effective and attractive way by means of audio-visual machines. A series of Bible studies, well illustrated, with a wonderful presentation by Elmer Walde and songs by Ben Glanzer, is supplied by Visualades, P.O. Box 488, La Mesa, California.

We have had some well attended meetings in our home. A neat formal printed invitation to attend the meeting gave added dignity and created a desire to attend. A short health talk, nurse's demonstration, or health film preceding the Bible study attracted many who would not have come otherwise. A number of my good Catholic patients who would never go to another church or to an evangelistic meeting came to our home.

We get real enjoyment and happiness from this work and thank God for the privilege of making small investments of eternal value in the bank of heaven. We pray that our lives may be consistent with this great message and that we may find more and better ways of serving Him.

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Our Hospitals Cooperate With Our Evangelists

N. A. BUXTON, M.D.
Ranchi Mission Hospital, India

The most enjoyable part of our hospital work is cooperating with our evangelists. It is so supremely worth while. It is the means of growing in the knowledge of our Lord and Saviour Jesus Christ.

I was working in the Rangoon Mission Hospital when one of our workers came to take our morning worship period one day. The power of the Holy Spirit was upon him. He must have prayed over his talk that morning. His life shows that he is being used by the Holy Spirit. He and his family, having offered themselves as living sacrifices to the Lord, are now posted far away from other Europeans in a distant part of northern Burma.

He spoke on the healing of the lame man by Peter and John at the Beautiful Gate of the Temple. He asked us, "What did Peter and John give the man?" and was not satisfied until he had obtained the answer, "They gave him Jesus Christ." He showed how in our medical work we must always do to our patients just what Peter and John did to the lame beggar. We must first receive the Lord Jesus Christ ourselves, so that we have Him, and then we must give Him to others. He reminded us of our hospital patients that day, who were needing to be given the Lord Jesus Christ. He is soon to return to this earth, and some might perish if we failed them.

After the worship hour, it was customary for the doctor to go the round of the hospital. I vividly remember hesitating before entering the first room. A Burmese nurse was accompanying me. I said, "Nurse, what are we to do? How are we to act as we go to these patients?" Her perfect reply was, "We must give them Jesus!"

I had never had such a round as we had that day. I think we spoke to every patient, about thirty of them, endeavoring to give them Jesus. All my subsequent hospital rounds have been measured by that particular one. I remember seeing one patient lose his tense, anxious expression and sink back on his pillow relaxed and peaceful. There was healing power on that round.
Another time our chapel speaker spoke on the apostle Paul and how he kept on preaching the gospel "with all the power in his body." That phrase has been another perpetual inspiration in my medical work since then. Many times I have tried to excuse myself from speaking to a patient about his soul's welfare by thinking, "I am too busy," or, "There's a limit somewhere," but on remembering "all the power in his body" I have called on my reserves, spoken the word, and felt glad to have done it.

In Ranchi Mission Hospital we found that the ordained evangelist was being pressed down with the arduous duties of business manager, registrar, and accountant. Now we have released him to do full-time gospel work. Please, brethren, follow suit in all other places where gospel workers are being kept from their evangelistic work.

Other Workers Follow the Lead

Drawing from the experience of the four mission hospitals where I have worked (Nuzvid, Surat, Rangoon, and Ranchi), I can say how enthusiastically the hospital workers follow any lead given in evangelistic work. Signs of the Times mailing, Sabbath afternoon missionary bands, branch Sabbath schools, going round the wards to sing and pray on Friday evenings after the vespers service, inviting their friends and relatives to attend all our services, and taking the projector and slides round the wards on Sunday evenings—these and other activities never fail to attract even the busiest hospital workers. Best of all, there is the quiet word spoken while giving a treatment, or while comforting a relative, to point the hearer to the Great Physician. Many of our hospital workers are faithfully on the lookout for opportunities for this kind of personal evangelistic work.

A hospital is a great place for giving out literature. All the literate clinic patients can take something away if we have a large enough variety of vernacular tracts and papers. Patients who start reading during their stay in hospital can be helped and have their questions answered, and can continue reading when they go home. Many Voice of Prophecy cards are given out and enrollments secured.

Finally, we see how well Surat Mission Hospital is leading out in another kind of cooperation, in giving a course of medical instruction to ten evangelistic workers for six weeks this year. More of this should be done. All our evangelists should be well-informed health reformers and visitors to the sick. This we know they will become as the work goes forward to its final conclusion!

The Physician's Personal Spiritual Ministry

PHILIP S. NELSON, M.D.
Seattle, Washington

PERSONAL work is the greatest single responsibility of every Christian. It is a sense of this responsibility that colors our contact with those we meet on our daily rounds. The personal work we do will be directly proportional to our alertness, and our alertness directly proportional to our sense of this responsibility. We are told that we are responsible for every contact, whether it be for a long or a short period of time. Jesus told us the same when He sent us to preach the gospel to "every creature."

Though it is very important to have a good reputation in the community, to be thought of as a Christian by all who know us, this is not the end of our work. To stop here is to leave people susceptible to the call of Christ without giving them the invitation. To many, the problem of bringing the conversation around to specific truths and leading them on to know the Lord is an obstacle that often stands in the way of specific teaching.

The physician who is seeing patients as fast as he can and knowing he is behind on his schedule has little time to visit. However, taking a few moments to encourage some soul is really the main reason he has for practicing medicine. With new patients, a warm greeting and a demonstration of personal interest may be all that is done till confidence is established. Months may pass in building up this confidence, but it is not time wasted unless, when the opportunity comes to witness for Christ in a specific way, it is allowed to slip by unimproved.

Patients often express their appreciation for improvement they have felt under treatment. My response is, “Thank the good Lord for that.” More often than not they say, “I do thank Him.” By this method you know you are dealing with one who prays. Subsequent conversa-
tions can be built around events occurring or conditions existing in the world. Only an introduction need be made, and then, if interest warrants, literature for further perusal may be offered.

We make it a habit to keep the Signs of the Times and Voice of Prophecy literature in the examining rooms as well as in the waiting room. When the doctor arrives, the patient often expresses an interest in what he is reading, and a suitable follow-up is begun. We often give a subscription to the Signs or provide other literature, or call his attention to the log of the Voice of Prophecy and the lessons available.

Occasionally patients give evidence of being real students. They may be ministers, teachers, businessmen, or retired men or women who surprise one with the knowledge they possess. We strike up a conversation concerning a book we are reading and enlist their interest in this. Recently we have been using Truth Triumphant. Where interest is manifest, we have been giving a copy. At present we have three actively studying the truth after such an introduction.

Another plan we have used is to put paper-bound booklets in our racks, with a note typed on a piece of paper inside the cover saying, "You are welcome to take this book home with you." Dozens of them are taken.

Ministry in the Face of Death

Sometimes a person will have a suspicion after surgery that he has cancer, and will come up with the straightforward question, "Do I have cancer?" If he puts it that way, he is the type who is not afraid to know and demands a forthright answer. "Yes, you do, but we did our best to remove it all"; or "Yes, but we will give X-ray treatments." Such an answer softens the shock of knowing what the trouble is and leaves a hope that it may be cured. At this time a simple statement of your faith, which you speak of as being equally his, is in order. With a firm grasp of the hand and an earnest expression on your face, you look him in the eye and say, "You know we belong to the good Lord, and He will take care of us."

At the deathbed the physician may stand as the last messenger of mercy to a fading life. I usually ask the family whether they have talked to the patient about his soul and the other side of death. Usually they say no, and protest that they do not know how. At this I may ask, "Would you mind if I spoke to him about it?" An affirmative answer is spontaneous and unanimous. It is best to go back and do it at that visit. I postponed it once and the next visit was too late. It is, however, very important to study the patient and the family in order to choose the right moment. To speak prematurely would be too startling, and to speak too late, disastrous.

Most of the time the patient accepts or at least expresses a belief in Christ. Rarely does he refuse to hear. I remember one man sitting up in a chair, breathing with great difficulty. I had spoken to the daughters about the welfare of his soul. They gladly accepted my offer to speak to him, and followed me back to the room. I asked him, "Do you know how you may be saved in the kingdom of heaven?"

He leaned forward with an earnestness that was almost startling, and asked, "How are you saved?" I replied, "Accept Christ as your Saviour." He leaned farther toward me and with hasty words, as though reaching for a life line, said, "I accept Him, I accept Him right now!"

I knelt at his side and prayed. Then he prayed, and what a prayer! It was as a call for help from a man alone and adrift at sea. His words were not the ones commonly heard from the lips of those accustomed to praying. They were neither well chosen nor well expressed, but eloquent in their portrayal of a lost soul who realized he was having his last chance. But he found his Lord, and his countenance showed it. His few remaining days were spent in learning about Him, confessing his sins, and pleading with his grown children to do likewise. His stalwart son told me after the death of his father that he had said, "Son, don't wait till you are seventy years old before you give your heart to God." Tear-filled eyes bespoke the impression made on his young heart.

Sometimes one will be confronted with the sudden inquiry, "Doctor, am I going to die?"
To this I look him in the eye and answer, "Yes, John, but you know that you may live again in heaven." By showing real faith and enthusiasm, you divert his attention from the certainty of death and point him to the equal certainty of life eternal. You may continue: "One of these days you and I will walk down the streets of gold together. Imagine it—no stiff joints, no pain, no shortness of breath; but with the spring of eternal youth we may live forever in the home Jesus said He has gone to prepare for us."

I remember the first one who put the question to me. It was in my internship year at the county hospital. This man had a Ewing's tumor of the bone. Every joint was stiff except his right wrist. He also had pompholyx of the feet, which causes severe itching. His pain was severe. After a conversation similar to the one I have just related, he said, "Would you talk to me more about this?" Whenever I could I slipped into his private room and talked with him of the love of God, of salvation through faith in Him, and of His soon coming. We prayed together every day. He told me just before he died that he had had more joy during the last thirty days than in all his past life. Imagine it—unable to move a joint, severe pain, intractable itching, face to face with death; yet, with Christ enthroned, the happiest he had been in all his life! Such is the power of the gospel. This is the power of Christ, who stands beside the Christian physician. May we never lose an opportunity to lead men to Him.

The Christian Physician

C. J. MARTINSON, M.D.
Wayzata, Minnesota

A ONE TIME I secretly wished that the name of the College of Medical Evangelists were something else. Now I am happy that our medical school bears that name, for it is a challenge to every graduate to live up to the name of his alma mater in his daily practice. The purpose of the College of Medical Evangelists is to train Christian physicians.

One hundred years ago, when Seventh-day Adventists began to teach the principles of health reform, we were far in advance of the accepted medical practice of that day. Today, medical schools are teaching many of those very principles. God has guided our medical school, and today we are recognized and honored by the medical profession for the excellent doctors who are trained by the College of Medical Evangelists.

I believe this honor has come to us because we have emphasized the Christian phase of our medical practice. It is just as important that we recognize the cause of disease as to know its cure.

Sickness, suffering, and death are the work of an antagonistic power. Satan is the destroyer. God is the restorer. As physicians, we cannot heal the sick. This thought was well expressed by the famous French surgeon, Ambroise Paré, who said, "We dress the wound, God heals it." This motto is on the mantelpiece in the Harvard Medical Club.

In the May, 1898, issue of the Gospel of Health, Dr. J. H. Kellogg said: "Health reform shows the relation between the transgression [of physical laws] and the penalty, between wrong habits and disease. It points out the causes of disease and premature death, and teaches how to avoid them and so preserve health and prolong life." Summing up, Dr. Kellogg said, "The object of health reform, then, is really twofold. (1) the preservation of health and the prevention of disease; (2) the restoration of health, or the treatment of disease."

It is the work of the Christian physician to show his patient that disease is the result of the transgression of the law of God, that healing comes from obedience to the law of God, and that Jesus is the Great Physician, who alone can heal him of all his diseases. By his inspiring of trust in Jesus, the fears and perplexities of life will vanish, for often men and women imagine and fear they have a disease that they do not have. Jesus said, "Take therefore no [anxious] thought for the morrow. . . . Sufficient unto the day is the evil thereof." This is the best remedy for worry. The wise man said, "A merry heart doeth good like a medicine."

I am convinced that many patients come to a Christian physician hoping to receive help not only physically but spiritually. Often, as I probe a little deeper into the complaints of a patient, I find the difficulty is not physical illness, but a problem about which he should have consulted his pastor. Many times he feels
more free to discuss his problem with a doctor
than with a minister. It is here that the physi-
cian and the minister can find a common
ground on which to work together, to help a
struggling soul find that peace and confidence
given only by faith in a merciful Saviour.

Some years ago I was called late one night
to see a poor old lady who was dying of an
inoperable cancer. Her pastor was at the bed-
side when I arrived, and I listened to him pray
for the dear soul. After the minister had gone,
she looked up into my face and said, "Doctor,
I realize there is nothing you can do to help
me, but I want you to pray for me like you did
for Mrs. Nelson." It touched my heart that the
simple little prayer, which I had offered more
than a year before and ten miles away, had
reverberated in the heart of this poor dying
woman.

It was said that Dr. David Paulson would be
on his knees praying while his wife, Dr. Mary,
was putting on fomentations in the next room.
I know he was a man of prayer, because I have
many times heard him pray for the sick.

Recently a patient came with a complaint of
intense itching. He was deeply jaundiced. It
had come on painlessly and slowly. He con-
sented to have surgery, and as they left my office
the wife said, "I know you are a Christian doc-
tor. Will you pray for my husband?" We had
sent the Signs of the Times to these fine Chris-
tian people for a number of years; now they
were in need of help, and it was my privilege
to point them to the Great Physician. The pa-
tient made a wonderful recovery from the opera-
tion. I was happy to remind them that God
had been good to them and answered our
prayers. Prayer has been called "the key in
the hand of faith to unlock heaven's store-
house." As physicians we need to make use of
this power. It will aid us in our diagnosis and
treatment. It will bring the Holy Spirit into
our hearts and enable us to give comfort and
hope to the sick, who are often discouraged
and distressed.

Some years ago I told a mother that the
growth on her face looked as though it might
be malignant. She refused to have it removed.
The son took her to a divine healer. As time
went on the tumor grew until there was a large
cancer on the side of her face. A few weeks
before the mother passed away, the son came
one Friday evening to bear a testimony of heal-
ing. He declared that his mother was being
healed. He firmly believed that she was healed,
yet she died. What was wrong? A few cubic
centimeters of procaine and the excision of the
growth in the early stages would no doubt have
saved this woman from the deadly cancer.

What a mystery! God works to heal, but He
depends upon the human agent to cooperate in
this work for the healing of the body as well
as the soul. It is a glorious task set before us
as physicians. How we need to study His Word
and pray for the guidance of the Holy Spirit
that we may rightly aid those who seek our
help! We need daily to recognize Him as "the
Lord that healeth thee."

"A Simple Religion"

One patient, in thanking us for These Times,
paid a wonderful tribute to our faith. She said,
"I have often wondered what your religion is
like. Since reading the magazine you sent us,
I find it is a very simple religion." I liked that
expression, "a simple religion," one that any-
one can understand. Jesus taught no compli-
cated system of theology. He revealed to men
the love of God so that even the humblest could
understand. He declared Himself to be "the
way, the truth, and the life."
There is another question that often troubles the sick. "Where do we go from here?" This question was asked by a wealthy banker who knew he was facing death. I explained to him the nature of man, of death and the resurrection. One day he said, "How can the Lord give me eternal life when I have neglected to serve Him all these years?" I replied, "When God reckons His people He will count that this man was born in Jerusalem and this man was born in Nineveh. God holds us responsible for the light and opportunities we have had in this life." Then the final question came the night he died: "Doctor, will I meet you over there?" "Yes, John, we will meet over there."

Nothing had been said about keeping the Sabbath and other doctrines. I believe he had made his peace with his Maker and that he will come forth in the first resurrection. He had learned to believe on Christ and to love Him, and he was ready to walk with Him. How much better it would have been to have known his Saviour earlier in life and to have loved and walked with Him and then have been privileged to win others to Christ! "What a mystery! The soul and eternity of one man depends upon the voice of another!" May we as Christian physicians be that voice.

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AM a doctor's wife. The other day my husband handed me a letter to read. It was from THE MINISTRY, asking physicians to write out some of their methods used in spiritual work with their patients, for publication in a special issue of the journal. I read the letter carefully, and later asked my husband if there were any particular experiences he intended to write up. He thought for a moment, and then remarked—I thought a bit sadly—"I just can't think of anything to tell."

Nothing to tell! And there rushed through my mind a picture—long streams of people, men, women, and children, hundreds and hundreds of them, who had sought his help during his decades of service. I thought of the burden he had borne on his heart for them, and the countless prayers he had offered in their behalf. I thought how I had heard him daily at the family altar, pleading with God for his patients, sometimes mentioning them by name, one by one. I did not know who they were, but he knew and God knew. I thought of the innumerable times I had seen him on his knees beside his bed, wrestling in prayer with God that He would bring healing to some poor, struggling patient who lay at the point of death. And I thought of the many times I had seen him return home at the close of the day, radiant with courage and joy because God had heard and answered.

And I thought of other things—so many patients who had written telling how much they had been helped, not only physically but spiritually as well. I thought of one letter in particular that I had treasured through the years. It had come from a noted physician who had been under his care. I doubt that my husband is even aware that I kept the letter. I am sure he has long ago forgotten it. But here is one paragraph:

"I have enjoyed the book [Christ's Object Lessons] you left with me, and must say that so much of it reminds me of the good life you lead. Whether you realize it or not, you have been a wonderful influence in my life. You never talk your religion, you never tell it to the world but you live it in your work and everything you undertake. It must be a joy to live as you do, leaving all to the Master, who knows best in all things. You always seem radiant and joyous, and you seem to have something others do not possess. How I wish I could have the faith and comfort that is yours! I have tried hard, but it seems that it is not so intended for me. While I want to live right, I am afraid I follow the Christ afar off. I think I am so busy I don't have time to study His Word, and do not use the means of grace as I should. These things begin to come to a man when he gets older and friends and worldly things seem to be fleeting. I feel that I have neglected my soul's salvation more than anything else. Lying on this bed today, I have been thinking of these things, and it is not the first time. Many times I have felt like going to see you and having a good spiritual talk with you in whom I have all confidence from a religious standpoint as well as many others. I hope you will offer up a little prayer for me to be a more useful man for good when I get back to the office again."

So today I wish to salute the scores of doctors who quietly and unselfishly live the Christ life before their patients. It seems that to some is committed the work of softening and mellowing hearts, and sowing seed. To others is committed the task of cultivating the crop and reaping the harvest. It is a wonderful plan—each man in his place—all working together to gather souls for the kingdom.
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WE HAVE been engaged in a unique type of Bible work. It has included welfare, rehabilitation, social, and counseling work. It has been a means of breaking down prejudice and building up good will in public relations. It has been the means of meeting and working with people of wealth and influence seldom reached. The Holy Spirit is working on hearts today in a marked way. There is placed in the heart a longing that material things cannot satisfy. Pointing them to Jesus, and a study of God's Word, with prayer, bring about a peace and a satisfaction that quiet the restless, anxious souls.

We have been thankful for the privilege of being associated with the Blalock Foundation and the Upper Columbia Conference in such a program. The foundation is composed of missionary-minded physicians and dentists of the Walla Walla Valley with a vision and a plan of how "the right arm" of this message, rightly organized and developed, can speed up the finishing of our work. [Mona Nyberg is now carrying on a similar work in the Oregon Conference, and Mrs. Cleve Hixson has taken her place in working with the Blalock Foundation. Articles on the work of this foundation will appear in an early issue of The Ministry. —Editors.]

There is a definite trend toward correlating religion and the practice of medicine. The medical world of today is recognizing and placing emphasis on the same principles given to us, as a people, by the pen of inspiration. Our complicated living causes many mental and emotional conflicts. These conflicts often prove disastrous to the life and the home. Only through an acceptance of Christ and His way of life can these tragedies be averted. The work we have been doing is in harmony with the explicit instruction given to us in the Spirit of prophecy for this time.

"The world's need today cannot be met fully by the ministry of God's servants who have been called to preach the everlasting gospel to every creature. . . . The Lord has ordained that with those who preach the word shall be associated His medical missionary workers."—Counsels to Parents, Teachers, and Students, p. 468.

The natural patient-doctor relationship of confidence and respect lays a perfect foundation for the teachings and help of a Bible instructor-case worker. The souls thus reached are really ready for the message. They are in need to begin with, and are ready to accept a solution to that need. We have found, without exception, that each patient is pleased because his doctor has taken an interest in his spiritual welfare. Regardless of the type of life the patient may lead, he appreciates the clean, prayerful life of his Christian doctor. Because the doctor has prepared his patient for our visit, we have always been warmly welcomed, as a friend and counselor, upon the very first visit. We have encountered very few prejudiced patients. Their confidence in us, as medical workers coming from their doctor's office, is already established. It is natural for the patients to ask us questions concerning their doctor's religious beliefs. Through consultation with the doctor and the pastor, we can immediately begin a constructive program to help them toward physical, mental, and spiritual health. This program includes a consistent and organized plan for Bible study, which leads to an acceptance of Christ and to baptism.

In evangelistic Bible work a crucial time comes in the visiting program—a time when the Bible instructor must get very close to the reader, must go through the pangs of the "new birth" with the reader. This time of conflict when decisions must be made is all-important. In medical missionary work the Bible instructor-case worker from her first visit to her last must stay close to her patient. She
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is continually bringing her patient through just such conflicts and to just such important decisions at each visit. Reformation of character is constantly taking place as the truths are studied and accepted. The patient is prepared by the doctor for the first visit of the Bible instructor-case worker. At her first visit she finds the patient at the same place in developed interest and receptiveness the evangelistic Bible instructor finds her reader after weeks of visiting and of attendance at meetings.

"Many can be reached only through acts of disinterested kindness. Their physical wants must first be relieved. As they see evidence of our unselfish love, it will be easier for them to believe in the love of Christ."—Testimonies, vol. 6, p. 84.

Varied Case Histories

This has been proved in many of our case histories. A Thanksgiving basket was sent to a shelter (it could scarcely be called a home) in an alley. Help from the Dorcas followed, then friendly calls, counsel, and studies. Later a neat home was found, work was made possible, and lifelong habits were broken. The transformation that gradually took place was nothing short of a miracle. The members of this home are now baptized believers and are doing missionary work among their neighbors.

A widow with four children was provided with food, and a comfortable little home was located for her. Her children are now in church school and the academy. The entire family attend Sabbath school and church services as well as prayer meeting. They plan to be baptized soon.

When a case is assigned to us, with the Lord's help we try to take care of the problem or need presented. It has meant: sliding down a snowy hillside with a full-sized innerspring mattress between us; dragging a sack of coal down a dark alley on a cold night; being called in the middle of the night to a neighboring hospital to accept, as a gift, a newborn baby; and being sent to a strange home at three o'clock in the morning to take an elderly woman to an eastbound train after her estranged husband threatened her life. This woman inquired where our church was in Boston, so that she might attend. Every day brings new cases with new challenges.

The Bible instructor-case worker's activities, in order to get the best results, should be closely coordinated with those of the attending doctor and pastor. The first step is counseling and reviewing the case history with the doctor. Then the patient is visited and reports are
given to the doctor and the pastor, as each individual case indicates. Some cases respond and terminate quickly, whereas others require patience and close supervision for a long period of time. A keen sense of perception is needed. One must feel his way along with much prayer and personal consecration. Only as one senses his own helplessness and utter dependence upon a higher power can he be guided aright in this delicate work. By staying close to the Master, one is conscious of the Holy Spirit's power.

Never was Jesus too weary to listen to the problems of the people. After relieving their physical pain and mental anxiety He forgave their sins and bade them follow Him. He always gave those who came to Him hope and courage—a positive assurance that there was a way out of their troubles no matter how difficult they seemed. While He never attempted to be an arbitrator or divider, yet He relieved their suffering and anxiety so that they could have clear minds to grasp the good tidings of the gospel. Our Saviour poured out His heart of love on Calvary—how can we do less for our fellow men?

Sanitarium and Hospital Evangelism

MARY E. NEUFELD
Bible Instructor, Portland (Oregon) Sanitarium and Hospital

Sanitarium and hospital evangelism is broad, far reaching, and filled with opportunities. In this field of evangelism there is no question as to whether the person who has to have hospital care is rich, poor, influential, or of ill repute. Sickness strikes any class. We rub shoulders, as it were, with the vast throng of humanity, including the various types of personality—stable and alert minds, confused minds, sick bodies, and the host of problems involved. It becomes keenly and increasingly evident that the people come to us for a definite purpose; and each person is a potential subject for the great eternity.

That the medical work is the "right arm of the message" is strikingly brought to our attention. Prejudice is broken down and people are made aware of the fact that Seventh-day Adventists are leading in the great program of giving a worldwide message. There are numerous ways to make lasting friends and prospective Christians. Since we admit on the average one thousand patients a month, we have a wide personal contact, made at a time when people are strangely in need of security that many do not possess. Here are a few suggestions as to the opportunities that are available in this type of evangelism.

Influence of Christian Workers

The praying Christian doctor gives great confidence and assurance to the patient. When the patient hears and sees that his physician is taking an active part in church work and shows a real interest in his welfare, it is bound to make a deep impression. Just the other day in a six-bed ward a woman overheard one of our leading surgeons convince a patient that she did not need to undergo an operation. This woman was greatly encouraged by seeing that the doctor was not in this work for any mercenary purpose, and this incident will have a far-reaching effect.

Furthermore, the patient appreciates the cheerfulness, patience, and willing service of the Christian nurse. Her prayers are of untold value. Many a time do I hear the people say that there is something these nurses have that is different.

Then, too, the gospel songs and hymns sung over the public-address system cheer many a despondent one and awaken the mind to something beyond this life of suffering.

In some cases the patient may feel reluctant to ask certain questions about our work or beliefs from those attending him, but he will ask the faithful Christian women who clean the rooms. This establishes a wholesome contact that is also valuable.

The morning broadcasts from our own studio KWJJ at the nurses' home, by the chaplain, R. J. Thomas, and his associates, are another great blessing to the patients. Moreover, the prayers, personal contacts, and the many hours spent by our chaplain in solving individual problems are of untold value, and many a person is being helped to face life again with a purpose.

Then there are the contacts with the business office, the instruction from the dietitian, and the access to literature in the lobby, which all have their place in evangelism in the hospital.
Furthermore, we have organized on the hospital grounds a new church that will be of inestimable blessing. Invitations go out each week to the patients, and those who are able may attend services or come and worship with us after they are well.

To my mind a close relationship between the doctors and nurses and the religious workers is one of the chief factors in winning these people to Christ. The more these two avenues may be combined, the more can be accomplished. Because the patient has confidence in his doctor, he can do what no Bible instructor can do alone.

Informal Contacts Effective

My own contacts are very informal. The chief purpose is to serve the patient in his individual and peculiar need. He must know that we seek his welfare and are going to help him where we can. One of my contacts is with the Signs of the Times, Life and Health, or These Times. We have a large number of people who have become acquainted with our literature, either from former visits, doctors' offices, or subscriptions received. I find it helpful to refer to interesting or outstanding articles, and often that opens up a fine discussion or may be a lead to the patient's interests. There are a large number who enjoy the magazines, and to those who appreciate the Signs we send a yearly subscription.

Then, too, it is encouraging to the patient who is to have surgery to pray with him and make him realize that he can rest his case completely with the Great Physician. In hospital evangelism one must ever guard against any religious argument. That has no place in this work. Neither does an aggressive approach with our doctrines bring the desired results.

Follow-Up Work

There are many opportunities for follow-up work. Probably a few experiences will illustrate this best.

We had a patient here for about fifteen weeks—a fine Methodist woman. She knew little about Seventh-day Adventists, but she was greatly impressed with the care the nurses gave, their cheerfulness and prayers; and she realized there was something that she wanted. I visited her quite regularly. When I found she was interested in the Bible, I suggested Bible studies in her home, to which she readily agreed. These organized her whole line of thought and she was happy to understand things she had often wondered about and misunderstood. Her first lesson on the Sabbath was a real eye opener to her, and she grasped it as readily as the other truths. But she had a real struggle about it. However, the truths were too clear to avoid, and after a few studies she told me she was keeping the Sabbath. Then after some more studies she inquired about our church, and I took her there. A little later she asked to see the pastor and told him she wanted to join the church. By that time she was fully informed, since she was a diligent student of the Bible. She then enrolled her mother in Bois D'Arc, Missouri, in the Bible correspond-
ence course, and she is now also rejoicing in the truth. After that she persuaded her sister in the same State to take the course, and she is much interested. We hope her family will soon be members of the remnant church.

Another case was that of a surgical patient. When I brought the Signs to this woman, she was already familiar with it and wanted to know more about the Sabbath. Her parents had accepted the truth after her marriage and had sent her the Signs, but she did not quite understand the truth. I studied with her and her husband a few weeks, but her husband felt he was being pushed into something he was not ready for. It caused a great deal of trouble in the home, and finally the woman telephoned me that she felt they would have to discontinue the studies. I asked for permission to visit with them and explain our objective, and after this she was very happy that he was going to let her continue to study. After a few weeks of studies she started to attend church, and it was not long before she told the receptionist that she wanted to join the church. She is now a baptized member and we hope that her husband will someday join her.

A couple were brought in from an automobile accident, both injured. The woman had formerly been a Seventh-day Adventist but had become greatly discouraged because of home problems. She felt this accident was a call for her to come back to God. I went to her home to study the Bible, as her daughter-in-law was also interested. The woman is ready now for rebaptism, but her husband wants her to wait a few weeks for him to join too. The daughter-in-law is also a prospect.

Another experience is that of a telephone operator in the veterans' hospital. She came home from her work one day with a heart attack. Because of some complications she was finally sent to our sanitarium. She was greatly impressed by the care she received and the prayers of the Christian nurses; she felt so close to God. But she was not a churchgoer. I visited her after she returned home and asked her if she would like to study the Bible. We are nearly through the course and she has greatly enjoyed it. We hope she will be baptized in a few weeks. Her daughter is also interested in the Bible, and she is trying to teach her what she can.

Then, too, we had a man in who had found the true Sabbath through reading the Signs of the Times. When he came to the hospital he began to question the nurse about our beliefs, and we helped him in his problems and gave him further literature. However, his wife is
bitterly opposed and it seems we have not been able to do much for him. He says that he is a Seventh-day Adventist at heart, and we are praying for both of them. I am able to visit the home and we hope that soon both will rejoice in this truth. She would make a strong member.

A woman from Memphis, Tennessee, who has her mother in the hospital, has been very much interested in our beliefs. She asked me about our teaching on diet. In fact, many people want to know our belief in this respect. She also wanted to know the truth about death and hell, and as soon as I gave her texts she was pleased, as it seemed to be just what she was thinking, but her church's teaching had been so different. I gave her further literature and a set of correspondence lessons. She is much interested in prison and welfare work, and would make a fine Bible instructor.

A few days ago we had a Christian Science member in the hospital. She was so impressed with the care here, the religious atmosphere, and the interest everyone took in her, that she has been inquiring about our beliefs and wants literature. She told us she would help us financially as soon as possible. She is in real-estate business.

A man who works for one of the leading newspapers in the city and his wife have both been patients and are deeply impressed and interested. They took their friends to see the Stone Tower Center after it was built, and I always receive a very fine welcome to their home. The woman is keenly interested in prophecies, and I hope sometime to be able to study with them.

Then there is a woman whose background was Catholic, but she has dabbled in Christian Science. She has been very much confused in her thinking, but seems to be looking for something. I am studying with her now, but the first few studies made her very nervous. She is now beginning to see more light in the realities of the Bible and is looking forward to each study.

Another man is reading Ministry of Healing and mentioned to me several times that he never knew his Saviour as he does since reading about Him in the book. He is a cardiac case, and we hope this experience will help him to accept his Lord.

These few experiences give just a little glimpse into the untold possibilities and opportunities in sanitarium and hospital evangelism. The field is rich and ripe, and there are a wealth of souls in it to be prepared for God's eternal kingdom.

**Doctors Associated With Evangelists**

(Continued from page 52)

When he learns to find himself at home in our church fellowship, he will need more health instruction. We would hold our converts better if our follow-up methods were based on some such plan. Logically there are three stages of instruction: (1) the early feature lectures, (2) the clinical counseling and instruction in nutrition, and (3) the study of health reform in the Spirit of prophecy. Integrating health instruction with our doctrines in a progressive way would do much toward establishing the new believers in our message.

L. C. K.

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THE COUNSEL IS STILL GOOD

For years now the economic situation in the United States and elsewhere has been such that it has been next to impossible for great estates to be maintained. We have seen mansions on such estates crumbling into ruins — disheveled reminders of another day. Some are being demolished, others can frequently be purchased at a small fraction of their original cost and maintained on a nonprofit, self-supporting basis, free from heavy taxing. To avoid inheritance taxes these properties are sometimes almost given away.

We have been instructed as a people “not to establish a few mammoth institutions; for thus it would be impossible to give the patients the messages that will bring health to the soul. Small sanitariums are to be established in many places.” — Medical Ministry, p. 327. (Italics supplied.)

“The light given me is that buildings suitable for our work will be offered to us at a price far below their cost, making it possible for us to secure them. This has been the case in our experience in establishing sanitarium work in Southern California, and it will be the case in other countries. Advantage should be taken of these opportunities to establish and extend gospel medical missionary work; for time is short, and we must sow the seeds of health reform principles.” — Ibid., p. 324.

How wonderful are the counsels of the Lord regarding the future! These counsels apply today, and we believe that in the days ahead we shall see many more such “small” institutions come into being “in many places.” — B. C.

DOCTOR’S OFFICE

For many years I have made it a practice to keep only our own S.D.A. health and evangelical literature on our waiting-room tables. No other regular periodical is placed on the table. Occasionally a few selected non-S.D.A. pamphlets are used.

We want our patients to read and carry away this literature. To facilitate this idea we paste on the books and magazines a neat sticker that states: “To Our Patients — This piece of literature is made available for your benefit and enjoyment and may be taken home if you wish to keep it. Lloyd Rosenvold, M.D.”

We feel that this method is an improvement over the usual tract-rack sign, “Free — take one.”

In addition, when the nurse notices that someone is particularly interested in a certain book she suggests that the patient may take it home. For children we use Uncle Arthur’s Bedtime Stories as a reward for good behavior.

We have had many favorable comments from the practice of keeping our colorful and helpful literature before the public. One thing is important — it must be kept fresh and up to date. Nothing looks worse in a professional office than outdated, dirty, dog-eared magazines, yet how many doctors’ offices have them!

For years we have also endeavored to send each new patient a Voice of Prophecy radio log and a Bible correspondence school application. Just how much good this has done we have no way of knowing, but we have been told to scatter our literature “like the leaves of autumn.”

Recently I treated a discouraged businessman patient to whom I spoke about Jesus. He told me rather brusquely that he was not a Christian and that his wife took care of all such things in their home. I felt rather deflated and thought that maybe I had made a terrible mistake. However, at the next visit the patient thanked me sincerely for “the words” I had spoken to him at the previous visit.

So we must “sow beside all waters.” In the words of Paul, “I have planted, Apollos watered; but God gave the increase” (1 Cor. 3:6).

Lloyd Rosenvold, M.D., Montrose, Colorado.

DOCTORS ASSOCIATED

For the public presentation of our message we need the cooperation of our evangelists and doctors. Evangelists must believe in our health work, and doctors must know how to fit into evangelism. When the right combinations are found, our evangelistic program has a new attraction for the public.

Step by step our health teaching must produce reforms. This requires evangelistic methods and guided personal work. Practical help should also be given a clinical setting. People who smoke and drink, or have other vices to overcome, need professional counsel, and some also need medical help. If personal workers in the campaign could at the proper time call on the help of our medical men, evangelism would see far greater results.

Sanctification is the process of a lifetime. There must be progress each step of the way. When the new believer in Christ becomes a victor over his evil nature, he still needs Christ’s keeping power.

(Continued on page 59)