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Newer Aspects of Medicine in the Mission Field

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Adv ertis,ng is a necessity of bi� ,iness in our modern eco ;>omy. Each large producer spends millions ly on television, radio, magazine or newspaper commercials. These media are controlled by a code of decency. This eliminates their availability to manufacturers of contraceptive devices. The latter, by statute, are big business. A good sales engineer must find other avenues of promotion for these products. In his eagerness he might proselytize physicians who evolve their own moral code, social workers who act on pragmatic norms, or clergymen whose opinions can be colored by their financial need.

An example of such promotion could be a brochure entitled "Simple Methods of Contraception." This was distributed by mail to doctors in the recent past. It was an alleged report of a scientific symposium. Its sales promotion value was enhanced by the doctors on the panel when they expressed scientific objections to the newer methods of birth control. It might have been coincidence that distribution of this booklet was followed shortly by a sample of a contraceptive device. Many physicians, who received both, were disturbed justifiably.

Now, commercialism will brook no obstruction by a debate on moral values. However, for our members who are interested in the latter, the following references are important:


And finally, advertising knows no monopoly. The Roll Call carried at the end of each issue of THE LINACRE QUARTERLY is promotion by the National Federation of Catholic Physicians' Guilds. In it the Federation lists, coast to coast, the leaders of guilds of physicians who embrace the same credo. In this, they accept the direction of qualified specialists in morality. With this direction and in the words of Pius XII, they can devote their energies "to cure and to aid—not to harm or kill."

WILLIAM J. EGAN, M.D.

LINACRE QUARTERLY

Newer Aspects of Medicine in the Mission Field

BROTHER GEORGE H. GESMER, F.M.S.I., M.D.

THE HEADLINES and broadcasts of our time are fraught with the unrest of the world. The news from mission areas is often conflicting and contradictory. There could be strong temptation to mentally and spiritually turn our backs on it all. Slogans such as "wait till the dust settles" or "operation rathole" to describe American foreign aid have been somewhat popular. The timid Catholic may be tempted to wonder whether missionary activity in some places is worthwhile or last-

There are some facts, however, that are not denied by anyone, the ancient static civilizations of the mission world are breaking up and new ways of life are in the making. The mission peoples are dissatisfied with a way of life that offers desperate poverty and semi-starvation to so many.

The missionary duty of the Church and, indeed, a great deal of her future prospects are inescapably bound to this ferment and struggle. The value of presenting the Church in her charitable and educational work as a living, effective reality, cooperating with the best interests and ideals of the new nations was never greater. It may be that the importance of this is seen more easily by an observant Asiatic or African Catholic, living close to the revolutionary changes in the non-Christian world.

Indonesia's senior native Bishop, His Excellency Albertus Soegiaprana, S.J., Vicar Apostolic of Semarang, in a recent interview used the strongest terms in warning that unless the Universal Church takes a lead in the development of the peoples of Africa and Asia she faces the prospect of losing them the same way she lost the European working class in the last century. He said, "Think about what happened with the vast labor forces of Europe in the last century. Most of them are lost for the Church. Why? Because the Church abstained for a long time from taking their problems seriously. This must be a warning for us."

Physicians who have served in the armed forces in Korea or other parts of the Far East will have some knowledge of the general health conditions, but to others some of the following estimates may be startling.

The World Health Organization's recent estimate for the world is one hundred and fifty million cases of malaria, the greatest single cause of invalidism or chronic illness. The weakness
caused by its recurrent attacks, according to United Nations economists, is a cause of immense monetary loss. Five million people suffer from malaria in India alone, and the amount of work-time lost is estimated at $30,000,000 a year. In Mexico the loss is calculated at $18,000,000.

In India, five hundred thousand people die each year from tuberculosis; one-half of their children do not reach the age of ten years. Two hundred thousand Indians die of cholera (Bouffard's Perspective Sur Le Monde, 1957 edition.)

One-third of the 1,500,000 cases of leprosy in the world are in Africa. A complete medical survey of a small African village, made by two British doctors in 1949, showed that 95% of the people had suffered from malaria; 77% had yaws; almost 100% were infected by one or another of the worm diseases. The incidence of schistosomiasis (bilharzia), 9% in this village, was lower than average. Some 33% of the children under five years, and 15% of all others, suffered from malnutrition. The World Health figures for many other diseases, such as blindness causing trachoma, are equally large.

The reader may wonder how the Church can meet this great challenge and opportunity, and how this concerns Catholic physicians in the United States. High among the good works that show Christian charity in action to the non-Christian world are the medical missions. The Protestants, in particular, have long made effective use of this apostolate. Physicians who serve as visiting men or who are on the staffs of the larger general or city hospitals know that it is not rare to meet young residents and sometimes husband and wife teams preparing to dedicate their lives, or a considerable part, to the Protestant medical missions.

In 1936, the Sacred Congregation of Propaganda Fide issued a formal decree urging special attention in the missions and urging that "Sisters should obtain certificates as doctors and nurses." This decree reversed the mission field's longstanding policy in the Church that the practice of medicine should be the vocation of laymen instead of religious.

In accordance with this directive, there are now several excellent Institutes for women dedicated specifically to medical missionary work. These include in their membership doctors, nurses, and technicians of all kinds in this particular apostolic endeavor at any rate, the women lead the men. The first male religious Institute dedicated specifically to the medical missions was established at Framingham, Massachusetts, in 1952 by Reverend Edward F. Garesche, S.J., with authority from His Excellency, Richard J. Cushing, Archbishop of Boston. In 1955, it was recognized as an Institute of Diocesan Right under the title of "The Sons of Mary, Health of the Sick.”

One of the primary purposes of the Community is to form centers in the mission areas for the training of lay workers who will function as nurse catechists. These people will receive special training to go out into underdeveloped areas in organized groups to help the sick poor, regardless of race, creed, or color. These lay workers will be under the leadership of a native head nurse or doctor and supervised by the members of this American community.

The great advantage of using native personnel who will agree to this plan on salary for a time following their training is that it will multiply workers. One cannot foresee that there will ever be enough trained persons from America or Europe to do the necessary work by themselves. Much of this work will be in the nature of preventive medicine, public health and health education.

The new community is definitely designed to create a group of organized lay apostles in the missions, to labor with the missionaries in their medical and catechetical efforts. It is evident that special training is needed for the Sons of Mary, Health of the Sick, themselves, in order to accomplish this highly specialized apostolate.

It is necessary, therefore, to either recruit members who have received the required training in medicine, nursing, and technical work, or to train members after they have joined.

In advancing this work, it is planned to recruit lay volunteers or auxiliaries, that is, a group of qualified lay people, who, while not becoming religious, would give a certain amount of time to practicing or teaching medicine, nursing, or the auxiliary specialties. In laying the foundation, it is also hoped to make use of the training facilities of some of the excellent Catholic hospitals already established in the missions.

The combination of established hospitals and lay volunteers added to the professionally trained members of the Society will greatly speed the establishment of mission foundations. Anyone wishing to offer help or obtain information about this project, may write to the:

**Sons of Mary, Health of the Sick**
Sylva Maria
Framingham, Massachusetts