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## MDA Reports from the Field ...

Catholic Physicians' Guilds

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## MDA Reports from the Field . . .

Dear Dick:

Received your missive today. Sorry I haven't been more punctual with my writing. In my letter addressed to Dr. Charles Westerbeck last month, I said I would try to get out a letter a month.

With a secretary for a wife, it seems a shame we do not have a typewriter available. We have been keeping our eyes open for a reasonable second-hand one, but so far no luck. I will try to write legibly.

Well, Msgr. Laubacher was here last week. He had a chance to see the hospital, meet the sisters and fathers and talk with us. I explained the situation here to him, viz., that we are a poor mission with very little income from the people and that we rely almost entirely on what we receive from the sisters in Luxembourg, Mission Doctors Association, and the N.Y. Medical Mission Board.

The sisters and I alternate sending and paying for supplies we need from the medical supply house in Blantyre. I find if we budget carefully here at home, I can save enough to purchase such things as intravenous fluids, antibiotics, burn ointments, lab chemicals, x-ray film, serums, etc. I bought a grafting knife and extra blades in Salisbury.

We are very busy at the hospital. We are averaging about 150 in-patients now and handling about 6000 a month in our out-patient clinic. Deliveries run between 100 and 120 a month. We are understaffed, with one sister covering men's, women's and children's wards 24 hours a day, one sister and two midwives covering maternity, and one sister with four African helpers (girls with eighth grade

education and no medical background). One sister works the lab and x-ray with two African helpers and the remaining sister works with me. I spend my time doing a little of everything. I'm doing more and more surgery, usually only necessary things because it takes too much of my time: hysterectomy, C-section, strangulated or incarcerated hernias, skin grafting for burn cases, osteotomies for osteomyelitis, excision of tumors, biopsies, amputations, etc. I will continue to do more and more with time.

I cannot refer many surgical cases to Dr. Sorensen because communications are bad, especially at night, and transportation will be bad with the onset of the rainy season; many of the patients cannot be transported.

I have excellent texts; I work slowly and my results seem to be excellent. One sister is a very good anesthesiologist and another has considerable operating room experience. I often work by flashlight or just by daylight. I do a great deal with regional blocks, amputations, etc.

Medicine (i.e. medical cases) takes up the greater part of my time. I think we have a little of everything here and some things I can't find in the books; tetanus (two this week), peritonitis (two at present), the whole gamut of tropical entities, TB, just had an outbreak of smallpox two days ago, tremendous abscesses; at present have three cases of meningitis, pneumonias literally by the dozens, several lung abscesses, several rheumatic fevers, pulmonary edemas, etc.

We all work hard, but when tremendous need is appreciated, it seems we do all too little! These poor souls really need help; our bad patients usually come in from as far as fifty

miles away by ox cart ("Namtete ambulance service").

God is good; He has given these people tremendous stamina and recuperative powers in spite of their malnutrition and anemia, parasites, etc. A unit of blood to a dying person here is to give him back his life. We lose very few, thank God.

The language barrier between the sisters and myself has been a bit of a problem. Dolores is teaching them English five days a week. We do not use hospital charts because they cannot read English; everything is by word of mouth. We have started using temperature charts now.

Our type of medicine here is probably a little crude by U. S. standards, but it's effective. The African girl helpers at the hospital speak very little English and most have fourth, fifth, sixth, seventh and eighth grade educations. There is a constant turnover so that teaching them medical procedures and principles is difficult.

Dolores is happy, and the baby is getting big and healthy. Dolores is busy teaching, raising chickens and a garden and, of course, running the household. To many I suppose our remote location and its isolation would be the acme of boredom—we love it. Growth in the spiritual life is our primary concern. Here we find much time for God in everything we do; we really need Him here. Away from the distractions of modern day life in the civilized world, the really important things in life come into sharp focus and govern our entire lives. I thank God every day for our missionary vocation.

Well, I hope you can read this. I've done my best, but I'm racing against 9 p.m. when the generator goes off. Regards to all our friends of Mission Doctors Association. Our sincerest

thanks for all that has been done by you and everyone for us.

Very sincerely yours,  
Jim Fitzgerald, M.D.

Namtete Mission  
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Dear Charley:

Everyone here has made us feel most welcome and needed, and the doctor is indeed kind of all he surveys—which is quite handy stuff and Jane has instructions to keep her needle handle to pick the balloon whenever necessary. The house is fine for us—all our boxes and crates except one parcel arrived—again, would advise everyone to ship as much as possible by the *big mates*, as smaller parcels are more likely to get lost. With all our books, radio, tape recorder, movie projector and cameras we are a far cry from the "neither staff nor wallet" and as such quite doubtful as to any beneficial spiritual effect on the Africans—as in reality there is a much greater gulf between them and ourselves than between the average American and Nelson Rockefeller. The food has been simple but good and plentiful. We have two girls to help us (I always told Jane some day things would get better). The children are really enthusiastic about Rhodesia and run around the woods all day long—haven't missed their playmates at all. The correspondence school term starts in January, which will keep Jane busy, and will be complicated by the expected arrival of Jimmy's little brother in February. One of the priests is giving Anne and Barbie religious instructions once a week. There is a boarding school run by the Dominican sisters in Gwelo

should the schooling become a problem, but we would rather keep everyone here.

Was glad I spent the evening with the Bains—they seemed well settled and glad they had spent three years here, although Tom told me he wasn't cut out for a lifetime in the missions. It is quite obvious from working after him that he spent a great deal of time and effort to keep first class standards and to keep the nursing staff aware of same—made for a smooth transition for me, and am sure you will all thank him again for me. Their children were very normal and were already engrossed in TV!

Bill and Rose Curry have been invaluable in getting us oriented and steering us over the shoals of personal relations which can exist on a mission. They have done a real job for the Bishop in organizing the finances here and buying for the construction of the general hospital here and at Zaca. In addition to being great people they are quite perceptive and better acquainted with the diocese than anyone here—Bill should be invaluable to you in many ways, and I have urged him to help the MDA if you should so desire. Joe and Madeline are also most enjoyable, but Joe as you probably know is not busy enough.

The days have been full here but I am not nearly overwhelmed. The surgical load has been light thus far—takes a new *nganga* a while to attract a following—only two or three cases a week, five of which have been C-sections. Am pleased with the number

of interesting cases we have had both at the san and the general hospital. The distance from the African reserve spares us the acute febrile things and small trauma and most new cases have been sifted by a clinic and referred. With the lab and x-ray we are able to practice a good (we hope) brand of medicine. I have been going out to one of the out-mission clinics which Tom had been attending every other week—more the real bush—but won't have too much time for that. With the basic organization of the hospitals already taken care of, it would seem that the next step would be to move into some small educational endeavors involving the sisters here, the African sisters and nurses, and also the patients here. We have a loudspeaker at the san and will write you later on that and also with regard to future plans for our nurses here. Have not been down to Zaca as yet but will do so next week. Would like to get up to see Herb, but may wait until December.

Received a letter from Dr. Lescoe regarding a newsletter. Would you like one sent from here, or something you can mail from LA? Regards and our thanks to all the MDA board—this is intended for them also. Will send a more business-like letter to you all soon. Am studying Shona for an hour every morn and afternoon—much effort but little progress. Yours in Christ

James Carey, M.D.

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Gwelo, S. Rhodesia