February 1965

MDA Reports from the Field ...

Catholic Physicians' Guilds
to say I was most pleased that the Mission Doctors Association of Los Angeles had linked their efforts with Monsignor Brouwer's Lay Missions Helper program. A strong supporting organization such as the Mission Doctors might well have solved most of Dr. Grobe's problems.

CATHOLIC INTER-AMERICAN COOPERATION PROGRAM...

The National Federation was represented at the second annual Conference of the C.I.C.O.P. (Catholic Inter-American Cooperation Program) held in Detroit Committee under the able chairmanship of Joseph E. Grady, M.D., personnel and aid to the medical missions, especially in Guatemala. Reverend Louis M. Colonnese, organizing secretary of C.I.C.O.P., was most helpful and gracious in arranging a session that enabled our American Latin American Bishops our common purpose of medical aid to Latin America. Interested doctors should contact:

Reverend Louis M. Colonnese
CICOP
1300 South Wabash Ave.
Chicago, Illinois 60605

Joseph E. Grady, M.D.
29092 Maroon Road
Detroit 60, Michigan

MEDICAL 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, anti-biotics, bath ointments, lab chemicals, x-ray film, serum, 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 5000 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 hemias, 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 greatest 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, several rheumatic fevers, pulmonary edema, 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
24

Doctors Association. Our sincerest

Regards to all our friends of Mission

9 p.m. when the generator goes off.

I have done my best, but I’m racing against
delay in teaching medical procedures

and peoples is difficult.

Teaching English and most have fourth,
fifth, sixth, seventh and eighth grade

educations. There is a constant turnover

in 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 re-

mote location and its isolation would

be the acme of boredom—we love it.

Growth in the spiritual life is our pri-

mary 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 from.

Very sincerely yours,

Jim Fitzgibbons, M.D.

Namiti Mission

P.O. Box 37

Namiti, Malawi

Central Africa

Dear Charley:

Everyone here has made us feel

most welcome and needed, and the

doctor is indeed kind of all he sur-

veys—which is quite steady stuff and

Jane has instructions to keep him

needle handle to pick the baldos

whenever necessary. The house is far

for us—all our books and tape rec-

order, movie projector and camera

we are a far cry from the “needed

staff nor wallet” art as such your

doubtful as to any medical spinal

effect on the African—as in many

there is a much greater gulf between

them and ourselves than between

average American and Nelson Rork-

eller. The food has been simple but
good and plentiful. We have two

girls to help us (I always told Jane

one day things would get bear).

The children are really enthusiastic

about Rhodesia and run around the

woods all day long—haven’t missed

their playmates at all. The corpora-
tence 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. Out

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 prob-

lem, but we would rather keep every-

one here.

Was glad I spent the evening with

the Burns—they seemed well settled

and glad they had spent three years

here, although Tom told me he wasn’t

at all 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 stand-

ard 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 in-

valuable in getting us oriented and

setting us over the shoals of personal

miseries 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 ac-

quainted with the diocese than any-

one here—Bill should be invaluable to

us in many ways, and I have urged

him to help the MDA if you should

do desire, Joe and Madeline are also

not enjoyable, but Joe as you proba-

bly know is a busy enough.

The days have been full here but I

am not nearly overwhelmed. The sur-

gical load has been light thus far—

takes a new angage 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 lifted 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

—one more the real bush—but don’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 morning and afternoon—much

effort but little progress. Yours in

Christ

James Carey, M.D.

P. BAG 52

Gwelo, S. Rhodesia

February, 1965

Linacre Quarterly

25