

February 1966

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Recommended Citation

Price, George F. (1966) "African Mission Aid," *The Linacre Quarterly*: Vol. 33 : No. 1 , Article 19.
Available at: <http://epublications.marquette.edu/lnq/vol33/iss1/19>

African Mission Aids

GEORGE F. PRICE, M.D.

It has been my privilege to observe the practice of medicine in Africa on two occasions. In October 1964 my stay was at a little mission hospital of 140 beds operated by the Daughters of Wisdom. For six months previously there were no physicians to help the Sisters. Fortunately, the 600 bed Queen Elizabeth Hospital was only ten miles away and they were busy ferrying the critical cases in the Peugeot station wagon to that hospital. Malnutrition, malaria, intestinal parasites, and T.B.C. are the four most common diseases prevalent, and the Sisters were able to handle them, having had repeated experience in the past. Trauma and obstetrical complications are usually taken to the Queen Elizabeth Hospital.

I remember one case particularly well. The patient was playing soccer and, instead of kicking the ball, his foot hit the ground, snapping both bones of the right lower leg in half. X-rays indicated that expert orthopedic supervision was needed and he was taken to the neighboring hospital.

We relate a sad case: A young girl had an intestinal obstruction due to intestinal parasites; the reverse peristalsis was visible through

Dr. Price, a member of the Brooklyn Catholic Physicians' Guild, has been associated with many projects of the N.F.C.P.G. His mission service is a notable example. As *LQ* goes to press, Dr. Price is on another S.S. Hope mission.

the abdomen. All accompanied by fecal vomiting. The parents would not allow her to be taken to Queen Elizabeth Hospital for surgery and wanted her to die, if that were to happen, in the Sisters hospital. No persuasion would help and she was removed to her home, presumably to die.

One morning a Sister reported to me that a case of Tetanus had been admitted. In almost forty years of practice I had never seen a case of Tetanus, much less treated one. Sister had knowledge of 14 cases; 7 lived and 7 died. I promptly referred to a modern text book on African diseases and the author recommended 100,000 units Toxin Anti-Toxin intravenously on the first day and then reduced to 40,000 units daily. With muscular relaxants, warm baths, and good care, she was able to leave the hospital of her own volition four weeks later. About seven months after I had left, Sister wrote me to ask if I remembered the Tetanus case (of course I did — I'll never forget it). The letter continued to say that the patient came back to the hospital with a present for the doctor who saved her life — seven chicken eggs! St. Joseph's Hospital was well equipped with an efficient laboratory, an X-ray unit, an operating theatre, a very modern up-to-date obstetrical service and a Sister-Midwife took care of all normal deliveries. The first orphanage in Nyasaland (now Malawi) to ac-

commodate 25 children was being built when we were leaving. The Sisters give wonderful service, all through the charity of their friends.

From December 15, 1964 to February 15, 1965 I had a similar experience, only on a much larger scale. I was fortunate to be a member of the professional staff of the second rotation on the S.S. Hope, docked at Conakry, the capital of Guinea, West Africa. The ship is a floating hospital, a veteran of World War II, and the Korean conflict. It has 240 beds, 3 fully equipped operating rooms, and wards for medicine, surgery, pediatrics and intensive care. Everything from minor surgery to closed heart operations can be done. All specialties including the sub-specialties are represented. In my own field — dermatology — I saw everything I see at home, only much worse in degree and extent. For example, I would see an adolescent, 10, 12 or 14 years old, just covered with a fungous infection, which had never been treated.

There was only one ophthalmologist in the entire country. The natives speak French or one of the three dialects. Most of the doctors do not speak French, or very little, so we had to depend on some of our nurses, technicians, secretaries, interpreters, or members of the United States Peace Corps, all of whom did splendidly, speaking French like the natives and they were a welcome bridge between Hope doctors and the native Guinean.

One day, toward the end of my tour, the father of a little patient

engaged in quite a lengthy conversation with a Peace Corps interpreter. At its conclusion, the interpreter said the father wanted me to know how much he appreciated what I had done for his child and also what my country had done for his. The father was the Secretary of the President's Cabinet.

On one of the medical wards, an elderly patient was exfoliating his entire epidermis. We ordered a daily intravenous of 5% glucose and wanted to put some hydrocortisone in the solution, but there wasn't a tablet, an ampule, or a powder of hydrocortisone in the entire hospital. We just did the best we could.

Two nights before we left, I was standing at the head of the gang plank talking to one of the surgeons in the third rotation when a taxi pulled up and a man emerged, carrying a nine-year old boy who had just been struck by an automobile. Half of his scalp was avulsed, lying down over his face and ear; both bones of his right forearm were completely fractured and there were numerous lacerations and abrasions. The blood pressure was 40/0. Taken to the emergency room, oxygen was administered by the chief anesthetist, a temporary splint was put on the right forearm, a cut-down was done in the ankle area and plasma started. Because of the low blood pressure a technician could not get into an arm vein so a doctor aspirated the right femoral vein, drawing enough blood for typing, matching, and cross matching. At the same time, an operating room was being readied.

An uncle of the boy told me, while the Hope doctors were working on the patient, that he had been taken to one of the City hospitals, but he was turned away because the electric generator was not functioning and there was no power that night.

As a result of our ten-month stay on the good ship Hope, more than

600 technicians, doctors and personnel have solid, scientific. Also, a Hope on what has the entire enriched the project.

nurses, dentists, or paramedical personnel trained in good Western medicine. I am sure that the project will be truly successful through this tremendous

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