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African Mission Aid

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 Puegnot 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 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 dead, if that were to happen, in the Sisters hospital. No persuasion would help and she was removed to the 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, 7 died. I promptly referred to the modern textbook on African diseases and the author recommended 60,000 units of Toxin Anti-Toxin every four hours 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 accord 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 accommodate 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 ever saw 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.

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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, nurses, doctors and other paramedical personnel have been trained in good, solid, scientific Western medicine. Also, a Hope team was left to carry on what he had begun. I am sure the entire country will be truly enriched through this tremendous project.

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INTERNATIONAL CONGRESS
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CATHOLIC DOCTOR
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Principal Theme
THE DOCTOR and the POPULATION PROBLEM
Secondary Themes
Fertility and Sterility * Population Control
Genetics * Social Medicine
Food and Nutrition
Socio-Economic Factors
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Faculty of Medicine and Surgery
University of Santo Tomas
Manila, Philippines

Medicine in Malaya

Dear Dr. Griffin:

Thanks so much for your letter (October 11, 1965). I wish that I could answer you as soon as possible, even though my English is somewhat forgotten, since these last few years in France I do not have chance to practice it.

I am always very grateful to my colleagues of the Federation of Catholic Physicians' Guilds and all those who helped me when I was doing my medical training in U.S.A. from 1954 to 1956, especially the doctors in St. Elizabeth Hospital, Brighton (Mass.).

Since I left the U.S.A. I went to mission lands; my experiences are rather poor, but fairly interesting from the medical point of view. Most of the diseases I saw are quite rarely seen in the U.S.A. I spent about 2 years in Macao and about 3 years in Malaya. I was so enjoyed to work among the sick ones in Kuala Lumpur and Singapore; it was really a wonderful vineyard where the missionary doctor can do a great good.

Malaya is a lovely country, with wide-spread green fields (tall tropical trees and all kinds of fruit trees) and so many beautiful small towns and villages. In nearby Kuala Lumpur (it is the capital of Malaya) where I had been, the town is quite newly built (about 9 or 10 years). It is beautiful to see all the new little houses with different colored tops shining under the early rising sun. The peoples in Malaya are very much mixed: Malaysians, Chinese, Indians, Eurasians, Australians, Europeans, also Americans and others. The common language is Malay. The patients like the doctor to speak his or her language, so I had to go evening school twice a week to learn Malay for my Malayan patients. All day I had to speak English or Chinese or Malay with my different patients. That's really amusing!

Near Kuala Lumpur we started with an out-patient clinic, then added a hospital with maternity care. I took charge to see all the sick children. Every day there were about 40 to 60 sick children who came to our out-patient clinic (not counting those for dressings, injections, B.C.G., or triple antigen vaccinations, and so forth). As mentioned before, most of the diseases are different from those I saw in the U.S.A.; perhaps it will be interesting to tell my colleagues some of them.

ANEMIA — is a frequent disease. Sometimes the child is as pale as a paper; the R.B.C. and HB drop down to the lowest level. These children suffer from malnutrition or iron deficiency and worms. Some suffer from thalassemia and megaloblastic anemias.

WORMS — is a common disease among the children. Very often a child would be brought for cough, fever, diarrhea, or anorexia and we found the eggs of worms by stool examination. The worst one is ankylostomiasis; (old) children will