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Sisters in the Missions

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The need for woman doctors in India led to the founding of the Medical Mission Sisters in 1925. The Society has grown from four to more than seven hundred members and has hospitals in thirteen countries of Asia, Africa and South America. It would take more than thirty years, at the rate of one new hospital a month, to fulfill all the requests made by mission Bishops, according to Mother Anna Dengel, M.D., foundress and Superior General of the Medical Mission Sisters.

Rawalpindi, now the capital of Pakistan, was the scene of the Sisters' first work. They found that the scope for medical work among the women, whose customs prevented treatment by male doctors, was vast. Gradually they established a full-scale hospital with a school of nursing and midwifery. Holy Family Hospital in Rawalpindi has 200 beds and is well known in the region, especially for obstetrics and gynecology. It is not unusual for patients to be brought from villages several hundred miles away. Each year more and more women attend the ante-natal clinic and come to the hospital for delivery. Forty years ago, when the Sisters started their work in Rawalpindi, women considered a hospital delivery a last resort in case of emergency, and a normal case was a rarity. In contrast, 80% of the deliveries in 1965 were normal.

For the first twenty years, the

medical Mission Sisters concentrated on India and Pakistan. In 1948 they opened their first hospital in Africa in Berekum, Ghana (then the Gold Coast). The Berekum hospital now has a well-established school of nursing and has been asked by the Ghanaian government to train all the midwives in the Brong-Ahafo region. Besides operating two hospitals in Ghana, the Sisters staff a Government-owned leprosarium. The leprosarium's outpatient service includes finding and treating patients in their village. The Medical Mission Sisters' work in Africa has extended to Malawi, the Orange Free State, Kenya, Uganda and the Congo.

On another continent, the Sisters staff three hospitals in Venezuela. To help meet the need for qualified nurses, they started a school of nursing in their Maracaibo hospital. Last year, when the University of Zulia in Maracaibo opened a school of nursing, they asked the Medical Mission Sisters to take charge of it. The university course is a milestone, since nursing has not previously been considered by Venezuelans to demand a high level of education.

Other countries where Medical Mission Sisters work are Jordan, Indonesia, the Philippines and South Viet Nam. Since the Sisters opened their hospital in Qui Nhon, South Viet Nam, in 1961, they have seen it change from a fishing village to a military port. Many of

their patients are refugees. One of the Sisters wrote recently that with the perpetual noise of bombs, planes and trucks, it is a real challenge to hear a fetal heart.

Medical Mission Sisters are educated as doctors, nurses, nurse-midwives, pharmacists, technicians, therapists, as well as in a variety of non-medical professions needed for hospital and administrative work. They study on both Catholic and secular campuses, mostly in Philadelphia, Washington, Atlanta, St. Louis and San Francisco, where their houses are located. Some already have their professional education when they enter the Society.

About fifty of the Sisters are doctors. During the past year, two returned to the United States to take Board examinations after several years in India and Pakistan — Sr. M. Frederic Niedfield passed the American Board of Surgery examinations and Sr. Miriam Paul Klaus those of the American Board of Obstetrics and Gynecology. Several others are already Board diplomates, and some are now in residency programs. As the medical standards of developing countries rise, full professional qualification is becoming necessary.

The Medical Mission Sisters aim

toward providing a complete range of health services in their hospitals and to educate the local people in these services. Teaching, formal or informal, is always going on, and is a lasting contribution to the countries where medical development is slow because of an acute shortage of trained personnel.

Future development of the Society will take it into closer and closer cooperation with governments of these developing countries. Sister Miriam Hoover, American Provincial, wrote in the July-August, 1966, issue of *The Medical Missionary*, "In certain areas, such as South America, the government-supported health programs in each country are slowly trying to provide care for the entire population. As these plans develop, the possibility of private hospitals becomes more remote. This type of development brings unprecedented opportunities to medical missionaries for working along with and incorporating themselves into these vast new programs. When standards are being set and goals defined, the Christian influence must not be missing."

[SISTER BERNADETTE MARIE, the author, wrote this from the provincial headquarters of the Medical Mission Sisters in Philadelphia.]