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Catholics are a little slow in getting started . . .

THOMAS O'LEARY, M.D.

[EDITOR'S NOTE: Doctor Thomas O'Leary recently completed a two year tour of service at a Catholic mission hospital in Nigeria. Doctor O'Leary was introduced to the hospital through the Placement Service of the Catholic Medical Mission Board, located in New York City. While serving in Nigeria, Doctor and Mrs. O'Leary were blessed with their fifth child.

Upon his return, CMMB requested Doctor O'Leary to present a candid report of his work in Nigeria. His report follows.]

We are finally getting our family settled after our tour in Nigeria. It's nice to be home with our relatives and friends and of course to have the many conveniences of living in the U.S.A., although we are already becoming lonesome for the wonderful people and way of life we experienced on our mission tour. Two years were really very brief when compared to the service of priests, nuns, brothers and, of course, the non-Catholic missionaries who spend an entire lifetime in the foreign missions. We Catholics are a little slow in getting started. However, the lay mission movement is catching on and I'm certain that some day it will be commonplace for single and married people to volunteer for short periods of work either in missions at home or abroad.

The two years spent in Africa have really opened our eyes to the spiritual and material needs of others and we hope and pray that this relatively short experience will be only the beginning for us. Although our large family may have slowed us down somewhat, as far as overseas work is concerned, I'm certain that we will find ample opportunity here at home in furthering our work with the underprivileged in various local community projects, in the St. Vincent DePaul and other similar organizations. Two years on the mission has been a great start and we feel that our outlook on life, in terms of what we expect to accomplish in a material way, has changed considerably. It's actually hard now to avoid being very, very much aware of those less fortunate than we in our own small circle of friends and acquaintances. With this awareness, we hope we will have a continued desire to assist these people in any possible way.

Professionally speaking, the mission offered a real challenge. I saw and treated many diseases that were only mentioned in passing while in school. On the other hand, the vast majority of patients had illnesses similar to those seen in the U.S.A. such as the most severe hypertension and hypertensive cardiovascular disease. We treated many patients with cirrhosis secondary to vitamin deficiency states, post hepatitis, worm infestation and believe it or not, our

old frienc aennëc cirrhosis from native wi excess. Hepatoma and amebic li abscess were frequently seen. Man natives had what clinically appeared to be peptic ulcer disease. Diabetes and various types of renal disease were quite common. The most frequently seen medical problems, however, were malaria and worms of all varieties. Filariasis was common and a few cases of leprosy were seen. One of the most serious problems in the pediatric age group is measles. Due to the poor nutritional state of the children all of the more serious side effects are seen and give rise to a considerably high mortality rate.

Obstetrics takes a good deal of the missionaries' time. Although the Sisters in our hospital trained native midwives who took care of all normal deliveries, there was much to be done in this area. Most native women delivered at home with a native midwife and the majority of our hospital patients had complications of some kind. Abdominal presentations of all kinds were seen and a considerable number of cesareans were done each month. It was not uncommon to have a patient at home with a ruptured uterus, secondary to dystocia and excessively prolonged labor. There is considerable gyn-surgery for a person trained in this area. The most common surgical procedure was for inguinal hernia, although the physician who did the general surgery in our hospital performed many other abdominal and orthopedic operations.

The most discouraging problem is the lack of laboratory facilities and the inability to carry out the necessary diag procedures. Lab technicians be a great help on the mission only for their ability to direc ssist the physicians but also to labs and train the natives in t ld. Hospitals in our part of Af are now obtaining X-ray equip t so that X-ray technicians are needed at some hospitals.

In our the closest dentist was 90 mil away. Although the Sisters were short of M.D.'s, a dentist wou have been received with even g ter appreciation. At least two of mission hospitals in Eastern Nig were ready or in the process getting ready with the necessar quipment to request a profession entist.

Most of mission hospitals would find i ry difficult to function without assistance of graduate nurses. *nurse in our mission area would almost equivalent to an intern her t home.* In our hospital of 180 beds, we had three registered n es: one from the U.S.A., one om Canada and a third from Ir nd. These girls take turns being o call and are the first ones to eval ate the condition of incoming pati nts. Since the doctors are so busy the nurses are frequently asked to institute the initial treatment in such cases as pneumonia, renal infections, malaria, and worm infestations. In the maternity section they assist the midwives in normal deliveries. They perform minor operations such as doing a cutdown to start difficult I.V.'s and at times suture lacerations. We would have found it impossible to function in our particular hospital without these trained nurses from Europe and America.

We were frequently very busy at night and it was impossible for the doctors to see every patient immediately on arrival in the hospital. The nurses became expert at recognizing the symptoms of such common diseases as human tetanus and would take care of the patient until he could be seen by the doctor. Each nurse in our hospital was in charge of a large ward of patients and would make rounds daily. When the doctor arrived, she would show him only the patients that it was necessary for him to see, other minor problems having already been taken care of on her own rounds. They would also assist at times in the Out Patient Department seeing and giving treatment to some of the patients and referring the others to the doctor. We had a nursing school of some 60-80 native students and the graduate nurses assisted the Sisters with classes and instruction on the wards.

Our three registered nurses really had their hands full. Among the three of them, we had supervisors for the male and female medical and surgical wards, an X-ray technician and an anesthetist. In looking back over our two years, I feel things would have been a thousand times more difficult without our American and European trained nurses.

We were very happy with CMMB's policy of putting us in direct contact with the mission hospital prior to our departure and found that this helped prepare us a great deal for our assignment. When possible, CMMB should continue its plan of allowing the prospective volunteer to contact other lay people either in the area or who have served a tour and have returned home. With the proper information from the mission and possibly other people who have returned from mission assignments, I do not feel any particular type of orientation is needed. With the proper local information the person interested would be able to decide whether or not he would be willing to take on the assignment. I don't believe a long orientation is necessary or even practical for professional people who have already spent many years preparing for their vocation.

Most families will find two years at a mission a strenuous project in itself and I feel would object to a long pre-mission orientation. The proper information from the mission itself will aid the volunteer in his own personal orientation from a professional and domestic standpoint. My wife and I did try to have a spiritual orientation prior to leaving. During a five or six month period prior to leaving, we met with a priest once every week or so and had very informal discussions on various religious topics. We discussed the sacraments, the Commandments, etc., not with the purpose of teaching these subjects while on the mission, but more for our own personal development. We feel this did help orientate our thinking to the mission and helped us realize the real purpose behind our decision to accept a mission assignment in the first place. We feel it would be difficult for a

"family" [illegible] the mission without this unde[illegible]ng spiritual motivating force. A [illegible]fessional man may well go with strictly humanitarian motives but the wife and children need more than this to keep going. They need to have a solid spiritual foundation so that they can more easily endure the many domestic inconveniences encountered on the mission. This spiritual preparation may be more for some than for others, depending on personal background but it can be done on a personal basis with local assistance and need not entail any special classes, etc. To be really effective on the mission a family needs this spiritual outlook. The thrill and novelty soon wear off and then you are left with the day by day grind of living and working with many inconveniences and difficulties. A good healthy spiritual outlook will help surmount many otherwise difficult situations and problems.

Contrary to common opinion, families do well on the missions. One of the [illegible]gest problems with work overse[illegible] the outlying areas is the lack [illegible]tertainment. Large families ne[illegible]d time to be homesick or lon[illegible] and have a much easier time [illegible]his regard than the single pers[illegible]n our particular area where poly[illegible] was so common, a large Cath[illegible]amily in action was an educati[illegible]or the local natives.

The wo[illegible] is changing, as we know, and [illegible]n in Africa we felt perfectly saf[illegible]nd with the help of the Sisters [illegible] able to live quite comfortably. [illegible] you eliminate families from [illegible] mission, you will eliminate a [illegible] many professional people. Du[illegible] the great number of years ne[illegible] to complete their studies, man[illegible]hysicians and dentists are ma[illegible] and have children before they [illegible] ever consider the missions as [illegible]ible lay volunteers.

Please feel [illegible] to have prospective volunteers w[illegible] to us for more details and, of [illegible]rse, encouragement in their dec[illegible]n to give of their time to the m[illegible]sions.

ANNUAL MEMORIAL MASS — 8:00 a.m. — JUNE 29

Celebrant: Most Reverend John P. Cody, D.D., Ph.D., J.C.D.

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