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Richard Stoughton

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Shortly before receiving confirmation of his request for a second mission tour in Silveria Mission, Fort Victoria, Rhodesia, Central Africa, Dr. Richard Stoughton recorded a tape for members of the Mission Doctors' Association (his sponsoring group) in which he

thanked them for continued support, told of his work and gave some of the rationale for his requesting the second, three-year tour of duty.

The article which follows consists of excerpts from the transcript of Dr. Stoughton's January, 1972, tape to the MDA.

Mission Doctors' Association in Rhodesia

Richard Stoughton, M.D.



With Dr. Stoughton at his mission assignment are his wife, Loretta, and their six children, the youngest of whom was born in Rhodesia in July, 1971.

After completion of their first duty tour in 1973, the Stoughton family will return to the United States for a two or three month leave period after which they will return to Rhodesia for an additional three years.

First of all, we want to say thanks to all the people who sent us some very nice Christmas checks. . . . The money has come in handy to be able to buy some very much needed medical equipment for the hospital here. I've already bought an adult bronchoscope, a pediatric bronchoscope and an esophagoscope and will also be able to get a new portable fracture table which fits right on top of a standard operating table so that we at least have some facility to do fracture work.

It is always a great joy to us to know that when we do send out an appeal of this sort for specific items, people back home support it and that they really did mean it when they said, "Just let us know if there is anything you need." . . .

I think that both Loretta and I have made up our minds that three years isn't long enough and the question we have to ask ourselves is just how we want to arrange staying longer. . . . I do think that there is a distinct advantage to a

second tour because, as you are well aware, the efficiency of a second tour would be considerably greater.

Many of the plans and projects we have planned for the next year or so will only bear fruit in a year or two. If the same person doesn't carry through, some of the plans could fall through. . . .

An interesting statistic from last year, in going over our records: we find that this past year (1971), we had 460 deliveries. This compared with only 320 one year ago, which means a 44% increase. If our maternity cases continue to increase at this rate, we can expect somewhere between 700-1,000 deliveries within a three year period. If we are doing that many deliveries, we absolutely need new maternity facilities very soon.

The hospital practice here at Silveira certainly continues to be stimulating and exciting; something different comes along every day. Just this past weekend, I ad-

mitted five people from one family. Two young boys had quite obvious typhoid; two others that I thought had typhoid ended up having malaria.

Then an uncle came in with rather typical symptoms of typhoid — wasn't really acutely ill when I saw him — however, 24 hours later there was not much question but that he had perforated. X-ray indeed showed air under both diaphragms and he had an acute abdomen. We took him to the operating room, and he had a two or three millimeter, very sharply demarcated perforation of the first portion of his ileum. He is a young healthy man so fortunately is doing very well, post-operatively.

Another woman came in at the same time with symptoms of acute severe amoebic dysentery and also of typhoid — the combination of the two put her in quite profound shock. She went into acute renal failure which fortunately had responded. She had acute mental changes from the typhoid, but again she seems to be coming



around quite well. Her mental changes are clearing and the bloody diarrhea seems to be slowing down somewhat and her kidneys are beginning to function again.

Have had any number of fractures — supracondylar fractures seem to come in nearly once a week. In fact, we are beginning to call it the “Saturday night fracture” because it seems as though they almost always come in late Saturday afternoon and we fix them on Saturday night. I had four kids up in traction for femur fractures just a few weeks ago, which meant a considerable amount of work for Brother Seraphim hustling around to get some new overhead apparatus for me.

Besides the work here at the hospital, I am continuing to cover five clinics. I still go to four in the airplane. On Wednesday morning, I go to Matibi where I stay un-

til after lunch. Then to Berejena, staying there overnight and from there to St. Peter’s.

On Thursday, I’m at St. Peter’s and then back here to Silveira Thursday afternoon. Friday morning, it’s off to Mucara and back again to Silveira Friday afternoon.

Brother John flies the airplane down and stays here usually for the two days and is then back at Driefontein Friday afternoon.

I have just started going to Gokomere. The sister there seems a little anxious about having me come. She is just a little nervous about having someone overlook what she is doing, but she is really willing to change things that I think are necessary and to try to learn anything new or different that she should be doing. They have a very nice clinic there and it is well run, but there is certainly no reason why there cannot be the supervision. I was also going to



Bondolfi, but that clinic seems to be closing down now because we weren't able to get any government support for it at all.

This year, we hope to increase the amount of public health work that we are doing in Silveira. We have quite an opportunity in trying to increase the number of baby clinics. Actually, we are hoping to try our "under 5's" clinic at the surrounding schools.

Until one year ago, the mission was in charge of 39 schools in the Bikita district and we still have considerable influence in all of these schools. What I hope to do is have four teams which will consist of a SRN (we now have five SRN's — four Europeans and Sister Leatia, an African SRN who joined our staff this year), plus one staff nurse and the student nurses. They will go out twice a month and each time they will go to at least two schools. This means that by the end

of the year we would hope that we would be going to 18 schools.

Possibly, if it seems to be working well, we may be able to find some support from the government to pay part of the cost and then we'll be able to increase it more. Certainly the longer I'm here, the more it becomes apparent that if we are going to really have an impact on the medical care in an area like this, we are going to have to be involved in public health.

It is just downright ridiculous to be spending all the money that we do, for example, treating measles cases. Last year we had 135 admissions of measles. Of those 135, 15 died, which is a tremendous mortality, besides the fact that the cost factor of taking care of the kids with the measles (trachitis, diarrhea, malnutrition, etc.) is a considerable amount.

Measles vaccine is now down to approximately eight cents a dose,



since we are only giving one-fifth dose. Certainly it makes sense giving the vaccine rather than spend the amount of money we now spend on hospitalization.

In any event, this is a new project for us that is going to take a lot of pushing and a lot of effort and probably a lot of frustrations before it gets going properly, but I hope that by the end of the year, I'll be able to report that we have at least 16 of these clinics running smoothly. . . .

I want to again express our gratitude to all members of MDA for all that you have done for us — the support that we get. I often think that you people back there are making all of the effort, have all the headaches of recruiting and trying to raise money and trying to get us support for this organization, and it is those of us here who have the advantage of coming to the mission — that we are having all the fun out of it!!

Dr. Stoughton is a graduate of Creighton University School of Medicine and took his residence in General Practice at Community Hospital of Sonoma County, Santa Rosa, California after serving in the United States Navy from 1962-67. Prior to going to Rhodesia in 1970, he was in private General Practice and a staff member of Imperial Hospital.

Dr. Stoughton is also a licensed pilot.

M. D. A.—What Is It?

Tom Dooley often called upon people to help those whom he said "ain't got it so good." He spoke of the claims that the sick have upon us, the well; the hungry upon the well-fed; the poor upon the rich; the suffering on those without pain. Our church is a mission church, and as doctors, we can find no greater challenge nor greater ideal than the medical care of those untold millions of diseased, emaciated, mentally and physically ill peoples of the earth.

Two-thirds of the world goes to bed hungry each night. That same two-thirds also goes to bed sick in body and sick in spirit. Can we ignore those sufferings of mankind simply because an ocean separates us? Are not their cries of pain and anguish as personal and impelling as those of our own loved ones?

I have been to the mission fields for only short terms. However, I remember vividly the feeling I had in a very small Guatemalan village where the mud and the smell were unbearable. As I looked at the people who were living like the dogs that roamed the rutty streets of the town, I asked myself, "Where is the God of these people?" You cannot experience abject poverty and the pitifulness of the hopelessly sick simply by hearing or reading about it. That feeling, which at times approaches despair, is fortunately short-lived for the mission doctor. Can it be