Twenty-five years ago we dedicated our Society to the Mother of Christ, under the title, "Cause of Our Joy".

We chose this special title of Our Lady because it so perfectly fits the spirit and needs of our medical mission vocation. Joy is indeed an integral part of our lives and to obtain it, we turn to Our Lady—the source of the source of Joy. Truly, she is the Cause of Our Joy because by accepting the Motherhood of God, she brought true Joy into the world—Jesus Christ the Redeemer of Mankind. As Mary first formed Joy Incarnate in her virginal womb and gave Him to us, so we look to her to form Christ's Joy within us, that we may give Him to others.

There are so many reasons for a Medical Mission Sisters' joy! We are spreading the most joyful news the world has ever heard—that God loves all men and has redeemed us by His Son. We find joy in carrying light into Pagan darkness; joy in being the instruments of Grace, working together and spending ourselves for the extension of Christ's Kingdom; joy simply in making others happy! We have joy too, in the love of Christ Who relives His Life in us that the sick whom we heal may see how He loves them and come to love Him themselves.

Through all these past years Mary, the Cause of Our Joy, has been our model and Protectress. Any success that we have had or any good that we have done we attribute and owe to her. Now, on our 25th anniversary we joyfully dedicate this issue of our magazine to her.

Our beloved Mother, Cause of Our Joy, bless us today and always. Amen.

S.M.T.
A coincidence—yes—a very Providential one. Just as we celebrate the 25th Anniversary of the foundation of our Society on September 30th, thirty million or more members of the Apostleship of Prayer begin to lift their hands and hearts to God on behalf of THE CARE OF THE SICK IN THE MISSIONS. It is the Holy Father’s mission intention for the month of the Holy Rosary.

It is a vast subject to pray for. We can no longer plead ignorance, or excuse indifference and apathy to the inhuman and sub-human existence, unrelieved suffering and preventable curtailment of life of a large percentage of our fellow human beings by saying that one-half of the world does not know how the other half lives. There are not many unexplored corners of our globe left. During these last decades, there has been an unprecedented mingling of peoples and races, giving even remote jungle dwellers a chance to see many new things under the sun. The inevitable result, of course, is that what appears good and useful or seems to make life easier and happier becomes an object of desire.

As things stand now, there are insistent demands among all peoples for at least a minimum of well-being. Foremost among these is health as evidenced by the establishment of a World Health Organization. Compared with the western hemisphere, the health conditions in the East and in Africa are at a shockingly low level. The average expectancy of life is only half or less than half that of the West; the masses are so poor that they hardly know what it is to have enough to eat; they are ignorant, which makes them helpless, and as yet they have little or no access to the advances of science.

America and Europe are covered with a dense network of medical institutions and new ones costing millions of dollars arise every year. There is a tremendous corps of highly-trained personnel so that there is at least one doctor for every 1000 people, one nurse for every 500, one hospital bed for every 100 of the population. How different in Asia. Take India with a much higher incidence of disease. There is one doctor for every 10,000 inhabitants, one trained nurse for every 50,000 and one hospital bed for every 5000. In many parts of Africa, there is neither doctor nor dispensary for miles around. A major accident means death or life-long crippling. An African chief begging for a Sister doctor.

...Pray ye

MOTHER ANNA DENGEL, M.D.
told me that an obstetrical complication is fatal to the mother or child, or both.

Recent historic events have precipitated everywhere the interest of governments in the social problems of the people. Especially in the newly set up nations, health figures high, if not on the top of the list. It is considered a national asset, hence the concern of the governments. Concern for the preservation of life, of course, is as old as the human race. It has been written in the consciences of men before it was even written on tablets of stone. And in the fulness of time, God sent His Son. Whose compassion for all manner of disease softened the coldness and callousness towards the afflicted prevalent in the pagan world. Moreover, having taken on human flesh, He allowed it to experience every kind of pain so that He could truly claim sympathy and help and say to future generations: “What you did to the least of these, you did it unto Me.” This invitation to personal service of Christ, this assurance that He would accept as done to Him what would be done to the simplest and poorest, was the generator of that love and heroism which prompted legion after legion of men and women through the cen-
-quarters to care for the sick of every kind.

This service of the sick has been so intimately and necessarily woven into Christian civilization, that even today in a secularized society it continues at least as a humanizing power even if it has lost much of its spiritual force. It is precisely this humanizing factor that the non-Christian world is looking at and looking for today without realizing probably that, where it exists, it rests on the moral and spiritual foundation of a Christian civilization. A high Asiatic official, when asking us recently to establish a hospital, said to me: "What we really want you for is to set standards." What he meant no doubt was unselfish, honest, capable service of the sick. Only a combination of moral and technical qualifications could answer the requirements.

To bring physical help and technical progress not integrated with the laws of God would be no true service to man. Herein lies our responsibility as Christians to take the initiative, to make great sacrifices, to put all our spiritual, moral, intellectual and physical forces to work to bring about a more equal and more just distribution of material and physical goods, to create standards of life in every part of the world more worthy of the dignity of human beings so as to sincerely and honestly help to lay the necessary basis—remote though it be—for moral and spiritual unification of the human race which after all is the real goal to aim at. That all may be one.

May the prayers of the coming month for the care of the sick in the missions open our minds to our responsibilities at a time of revolutionary social changes of whole non-Christian continents and give us courage and grace to dare and do as did Christians before us in times of crisis.

May these prayers open our hearts to true compassion for the "Passion" of helpless and hopeless suffering endured by so many millions of our fellow human beings, loved and redeemed by Christ as we are.

May these prayers move those blessed with faith and health to share these gifts through their prayers and alms, making them realize that it is more blessed to give than to receive.

May these prayers be a fructifying dew on the ideals and generosity of the youth of our day to make them eager to spend themselves and be spent in the care of the sick in the missions, personifying the Divine Physician, going about doing good, crossing ever new frontiers making Christ known and loved.

May these prayers finally, like the prayers of Amalech for Moses, uphold the busy and often tired arms of doctors and nurses, brothers, sisters and lay missionaries, who stand valiantly in some mission hospital in a crowded city or in an isolated dispensary in a strip of cleared brush or who trek from village to village. Thousands are at these posts, but alas, they are not a handful for the need. May they grow and may their work be blessed so that their care for the sick in the missions be for the glory of God, their sanctification and the benefit of those under their care.

Mother Anna Dengel, M. D.
Reverend Mother Superior:

It was with pleasure that I learned, from your letter of August 18th, that the Medical Sisters will celebrate the twenty-fifth anniversary of their foundation on September 30th.

For you that day should be one of holy joy as you look back over the years and note the consoling development of your society and the rich fruits that it has produced. The blessings of those in the various territories of the missions who have been helped and the approval of the Most Reverend Ordinaries of the missions clearly show that your work met a very real need and that it is at the same time a very efficacious means for the carrying out of apostolic work.

The Sacred Congregation of Propaganda most willingly associates itself with you and your Sisters as you raise your voices in hymns of thanksgiving to Our Blessed Lord and His Blessed Mother for the many graces received during these twenty-five years and it expresses the wish that your society will continue to add to its institutes of charity and that it will be fortified by many new vocations, always keeping the same spirit of ardent charity that is its characteristic.

It is a pleasure to assure you, Reverend Mother, that I bless you and your Sisters most heartily asking God to enrich you with His gifts.

Most sincerely yours in Christ,

Vatican City, September 11, 1950

Reverend Mother Anna Dengel
Medical Mission Sisters
6400 Pine Road
Fox Chase, Philadelphia 11, Pa.
U.S.A.
At the Opening of the New Holy Family Hospital Rawalpindi:

† Rt. Rev. Nicholas Hettinga
Bishop of Rawalpindi

It was with the greatest pleasure that I heard that the Holy Father had made “the Care of the Sick in the Missions” the intention for October.

The honor of being the first of the Missions to undertake this noble work, in experimental form, fell to this diocese.

The first mission-doctor (Mother Anna Dengel, M. D.) looked like a grain of sand on the sea-shore, as she began her work in this huge country, where millions of women and children had, perforce to go without medical aid. Very soon the light experimental bungalow was found to be altogether too small, and the first mission hospital Holy Family Hospital, had to be built for the women of the mission-land. The demand for admission was so great, however, that it was soon apparent that a really large hospital was a necessity.

This great ambition was realized on March 25th, 1950 when a 350-bed hospital, built with the financial help of Muslims, Hindus, Americans and a Muslim government, was opened in Rawalpindi in the presence of four Mission-bishops and one Mission-Archbishop.

So dire is the need for medical aid...
in India and Pakistan, that I would not dare to restrict myself to one Diocese alone, for I have not yet met a missionary bishop who does not clamor for a mission-hospital. Hence the great joy I experience that the Holy Father has chosen this intention for October.

I wish my pen were powerful enough to let the whole world really know what a mission-hospital means in a mission-country. When certain countries nationalized their medical services, they practically did away with all charity. When I heard of this nationalization scheme, I went to my mission hospital to tell them that opportunities for the practice of medical charity would never be lacking in this country. I sincerely hope and pray that many doctors and nurses, anxious to pursue their noble professions in the cause of charity, will come to this country where the need is so great. Very often indeed, be it in town or village, when all hope for the sick person is abandoned, he or she is at last moved to a mission hospital. There she is received with a smile and very often she, the “hopeless” case returns home! Cured!

She returns home full of enthusiasm for the hospital and never tires of telling her neighbors of the wonderful Sisters she has met there. If only you could hear her, a non-Christian, — what reverence there is in her voice as she mentions those...
good Sisters! I know from experience that these non-christians attach "special powers" to the hands of doctors and sisters; they admit that that power comes from God Himself; indeed they have described those hands to me as being "divine", for they always seem to do just the right thing. The Gospels tell us "Christ went about healing." Christ still goes around healing the sick in mission countries.

The 15th of August, 1947 brought Independence to India and Pakistan, and many a Hindu or Muslim would insinuate that the missionary ought to leave for home with his fellow-countrymen. But, when the missionary mentioned the hospital... What a change came over him! "Please, you must not go. We want these Sisters to stay!!!"

Non-christians subscribed thousands of Rupees to have the hospital built. Why? You know the answer. It is gratitude. They want Christ to go about healing the sick. That is why every missionary-bishop wants a hospital. Charity has broken the barriers between East and West; and the Holy Father realized that when

"Let flesh and heart and lips and mind
Sound forth our witness to mankind:
And love light up our mortal frame.
Till others catch the living flame."

—Roman Breviary

He made this mission intention for October. Gratitude is a marvelous gift—it is preparatory to the hearing of the voice of God in the soul. It was gratitude that gave us the Magnificat. I, as a Missionary bishop would like to sing a Magnificat for all God’s graces that the care of the sick has brought on my diocese. Our saint put the vocation of the Medical Missionary into these words: “The Hands are made for work and the heart for God.”

May God inspire many souls to be generous enough to devote their hands to the care of the sick in the missions and their hearts to God.

THE MEDICAL MISSION VOCATION

Today when professional life offers many women an opportunity for that complete dedication which is the only satisfactory answer to genuinely noble souls, many modern women fail to see that professional dedication becomes purified and exalted in the religious life. There is nothing in the essence of a religious dedication to prevent professional development in its finest sense. Rather, religious life, properly organized, brings professional service to its fullest flower.

The Medical Mission Sisters have achieved a successful liaison between professional and religious life and thereby have met one of the greatest challenges of modern life for women.

ARCHBISHOP CUSHING OF BOSTON
Mother Dengel will not take it amiss, I trust, if I remind her of a little scene which took place at Mandra in 1946. It was her first visit to that lovely spot in the country side. Mother Dengel had been invited by the Reverend E. de Meulder, S.J. and myself to start a hospital at Mandra, and we were standing on the plot where the foundations had been laid for the future building.

I shall never forget that little scene. I saw Mother Dengel looking round at the undulating plain that stretched before us with its clusters of trees here and there... but with no houses... just 4 huts...to be seen. She seemed to be dreaming. Suddenly, "But, my Lord," she said, "Where will the patients come from?"

Father de Meulder and myself replied: "Mother, they will come, and by the hundreds."

Mother Dengel took us at our word and, then and there, decided to send Sisters to start a Holy Family Hospital at Mandra. This was a bold and generous gesture. The project was, indeed, a venture in the full sense of the word. To start a big hospital in a rural area, 17 miles away from the nearest town! in a region, apparently sparsely inhabited! among poor illiterate peasants who are not hospital-minded and prefer to die in their miserable huts than go to die in a town hospital!...

It was a venture—You decided to risk this venture, A.M.D.G. (for the Greater Glory of God.)

On the 19th of March 1947, your Sisters arrived. And from the very start, as if by magic, patients began to pour in from nowhere and everywhere out of those hidden hamlets of the neighborhood, then from other hamlets miles away, then from anywhere in that immense region, so far deprived of all medical help. Since then all the 80 beds in the hospital have always been occupied; nay, many a time, additional accommodation had to be provided, and this goes on day after day. The hospital is far too small.

It had been a venture. Christian
Charity made of the venture a success, A.M.D.G.

It had to be so. The Holy Family Hospital at Mandar answered a great need of the country side. Rural medical care is one of the greatest needs of India. When a lone Missionary-priest goes around villages he soon realizes the need of such an Institution. In almost every village he comes across a number of people undermined by malaria, or tuberculosis or suffering from pneumonia, or typhoid fever, or hookworm or kala Azar, or eye sores or malignant wounds etc. In one year the missionary will have seen victims of practically the whole range of tropical diseases in some village or other.

Then there are the mothers in trouble. Oh! the pity of it! How many young mothers lose their lives, merely for want of enlightened care! And how many infants perish who could have been saved!

The lone Missionary-priest does what he can. He dispenses medicines, applies disinfectants, gives advice etc. but he lacks expert knowledge and skill; he has no instruments. How can he diagnose difficult cases? How can he help mothers in trouble? How
can he set broken legs or arms? How can he look after persons badly mauled by a bear—and these are not uncommon cases? He tries to induce the people to go to a town hospital. But few, very few will follow his advice. “To go to the town hospital is to go to one’s death” is the current opinion. Oh! the pity of it all! The missionary is alone for an immense region and has his other duties to perform. He feels helpless: everyone in the house or in the village is helpless; and who will tell the tale of the sufferings gone through by the sick persons?

The solution to this problem lies, not in Christian charity alone; not in efficiency and skill alone; not in the multiplication of hospitals alone; but in the combination of all these together. Christian Charity must give the impetus but it must possess skill, expert knowledge and efficiency. There must be hospitals, and these must be well equipped and by devoted and efficient doctors and nurses from abroad and from India; there must also be a number of devoted, trained and efficient nurses and midwives in a well planned network of village centers under the control and supervision of the hospital staff.

You will remember this was the dream I exposed to you when the question of the hospital at Mandar was mooted.

It is still a dream, but a dream that is becoming a reality. The hospital is there; Christian charity is there in the persons of your Sisters and Indian lay staff; efficiency is there, as the whole country can well testify.

The training school for Indian nurses at Mandar is becoming a reality. Deo Gratias!

But more Sisters from Abroad—Sister doctors and Sister nurses are urgently needed even in Mandar, not to speak of the several new hospitals that would be needed in this corner of India alone.

In my breviary I keep as a book-mark a small picture of Our Lady “Mater Christi”, with this beautiful prayer for Medical Missionary Vocations, printed on the reverse. I cannot end in a more fitting manner than by quoting it:—

“Mother of Christ, we earnestly beseech thee to intercede with thy Divine Son for an increase of devoted servants, who, renouncing the world to embrace a life of poverty, chastity and obedience, will spend themselves in the service of the sick and suffering as Medical Missionaries, unto the greater glory of God, their own sanctification and the salvation of souls in pagan countries.” Amen.

May this prayer be heard!
PRAY YE for these at PATNA

† Rt. Rev. Augustine Wildermuth, S.J.
Bishop of Patna

My sincerest congratulations and good wishes to you and all the Sisters on the occasion of the silver jubilee of your Society. That little band that gathered on the 30th of September 1925 was full of great plans for bringing the charity of Christ to India, and later to other countries of the world. Looking back on it today, we see how wonderfully God has blessed those plans, and enabled you to extend your work to so many places.

Such active charity towards the sick is characteristic of the work of Christ and His Church. The New Testament is full of the examples of Christ's charity to the blind, the lame, the deaf, and those who suffered from all manner of infirmities. Such charity marked the work of St. Peter and St. John, as the Acts of the Apostles mention so frequently. The inspiring lives of Camillus de Lellis and many other Saints bear...
testimony to the abiding spirit of this charity of Christ, which is shown today in so many hospitals, where the same love brings many a blessing to the sick.

Some people are so accustomed to the modern hospital with all its wonderful facilities, that they take it for granted, and forget that not all countries are so blessed. You and the Sisters knew there was a real need, and in the spirit of Christ, you were ready to devote your lives to the care of the sick in foreign lands.

India and Pakistan have both benefited by the devoted work of the Sisters. How much they needed such help is clear when we consider that the population of these two countries is more than twice the population of the United States, yet they have only a fraction of the number of Doctors and Nurses that they have in America. It is true the climate is more difficult, and there are many tropical diseases, but that is only part of the cause why the life expectancy in these countries is given as less than thirty, as compared with more than sixty years in the United States.

When the Sisters opened their first hospital in Rawalpindi in 1927, no one suspected that in less than twenty-five years, it would develop into one of the best known hospitals in the Punjab. The hospital in Patna, though under difficulties of temporary buildings, is known far outside the city of Patna, for the Sisters have added to their splendid work the training of Indian girls as nurses, filled with that same spirit of devotedness to the care of the sick.

It is a happy coincidence that as you celebrate the completion of twenty-five years with plans for further development, that the Holy Father should suggest as the missionary intention for the members of the League of the Sacred Heart during October, the care of the sick in the missions. His Holiness knows the need of more hospitals, and the need of more vocations both of doctors and nurses to carry on this work. We in Patna are most grateful for the wonderful work of the Sisters, who are able to help so many thousands each year, but we too are aware that in a diocese with a population of thirty million, that we need greater facilities to help the many sick. The list is a long one, including the lepers, the T.B. patients, the malarial victims, to mention only a few.

We will be united with you in a great prayer of thanksgiving on the 30th of September, for the many blessings of the past quarter of a century, but we look to the future, and will be praying for an abundance of vocations for your Society in order to carry this charity of Christ to the nations of the world. These will be the intentions of our Pontifical Mass on the 30th of September.

All good wishes and blessings on all of you and your work.
Pray Ye for these in

MYMENSINGH

† Most Rev. Lawrence C. Graner,
C.S.C.
Archbishop of Dacca

It is a source of great joy to all of us to learn that the Holy Father has made the care of the sick in the Missions the October Intention of the Apostleship of Prayer. Coming as it does, on the 25th Anniversary of the founding of the Society of Catholic Medical Missionaries, the Medical Mission Sisters will gather much encouragement and fruit from these prayers.

Having seen in my Diocese of Dacca in Pakistan the wonderful work of these Sisters, and being fully acquainted with the great field for the Medical Apostolate, I can hope and pray that the Medical Mission Sisters, as well as all the others who devote their lives to this Apostolate will continue to receive vocations in abundance and the means needed to carry on the work. These are essential.

It is encouraging for me to know that the Society will be able to open another hospital in Dacca, St. Michael’s Hospital in Mymensingh of the Dacca Diocese, has already shown itself a haven of comfort for the poor people of that section of the country.

Kindly accept my congratulations for the wonderful work done in the past quarter of a century with the hope and prayer that God’s blessings may be always with the Medical Mission Sisters in the future.

A Young Bengali patient is assisted by Sister M. Benedict, M.D., in charge of St. Michael’s Hospital, Mymensingh

I pay a tribute to the selflessness and detachment of Christian missionaries, of the Catholic missionaries in particular, who appear not to have been appendages of the ruling power with anything like vested interest in its survival. Pandit Jawaharlal Nehru
Pray Ye..... for KARACHI

† Most Rev. Alcuin Van Miltenburg
Archbishop of Karachi

It is not difficult for any Missionary to write on this subject and give his personal opinion about the need and value of medical care for missionary work, that is, the real Apostolic Work.

The Holy Father’s paternal solicitude is particularly directed towards the poor and the needy and the suffering. Just think of the tremendous work done by the Pontifical Charities throughout the world. Hence it is not surprising that He has set aside October to pray for the special intention of the “Care of the Sick in the Missions.”

This title alone sounds doubly noble and it would stir every heart, that burns with real charity, to a greater attention and effort for such a noble, Apostolic and merciful work as to take care of suffering fellowmen in the missions, in order to heal or cure their bodies, alleviate their pains, but above all to bring happiness to their souls.

NEED. It is a well known fact that the Medical service in Mission fields is entirely inadequate to existing needs. The Missions are usually un-
developed countries, where even the civil governments have not been able to put up sufficient hospitals and medical centers. How much more difficult then it is for the Missionaries, who have not large government funds at their disposal, to provide medical care.

The need is great indeed. I am not an expert or a professional, to give the reader the latest statistics. But if I say that until recently there were only two Catholic Hospitals worthy of the name hospital in Pakistan; and as for my own diocese, which comprises 180,000 square miles, there is no good-sized Catholic Hospital yet, although there is one in the making. Compare these conditions with those in the U.S.A. or any country in Western Europe. How easy it is for people there to get medical care and be admitted into a hospital. The doctor and the nurse have a great influence on the patients, particularly if they are kind to them and treat them gently. The doctor and the nurse who possess a real charitable spirit, will also be interested in the spiritual condition of their patients and tactfully find out their needs. Invariably they will be able to assist them either directly or otherwise, to heal their souls, to bring peace and happiness to their mind and heart.

The care of the sick in the missions provides a very large field of charitable and apostolic work. Hence our attention is drawn to it, in a special manner during this month, to make us either take part in it ourselves directly, or make us support any scheme, by prayer and otherwise, that will be proposed to us. But this is sure: Each one can help and can do something.

SILVER JUBILEE

This is a silver joy for us,
A day whose hostre mirrors all the gold
Of a flaming midnight Sun.
Until a greater jubilee shall make them one.

We lift our eyes from human pain
To Love that is its own,
And are blessed with a blink of Sabbath.

We taste a sip of Sabbath
In our thirst that is His for souls in us,
And find one crystal’s sweetness
That must yield to greater need
Tomorrow,
And to the peace this need can be.

This score-and-five of years will be
Our bells of jubilee.
Whose silver He has purged from the earth
Of our clay,
And purified in fires of His love.

September-October, 1950

And we have reached to place them high
In a tower of prayer for home,
That keeps from tarnishing and rusting
And an unchangeable tone.

That rockets’ skyward undeterred.
Whose spired head no cloud may bend.
That pierces them to help it.
That glows above their crumbled, setting softness.

Beneath the sun like radiant virgin snow.

And we can call this upright triumph ours.
For we are within.

Lady, touch the chippers of our hearts.
And let them beat hard in joy and harmony.
Against these years.
Whose faces may ring, sing upward to the Sun.
Our Jubilee.

St. M. Aloysius
PRAY YE for these in . . . . AFRICA

The infant mortality in Africa is the highest in the world—in some places, 50 to 80%. The Sisters’ dispensary in the center of the Gold Coast, in the village of Berekum (located in the “Bush”) is the only medical center for miles around.

Native medicine is in the hands of witch doctors. These cure their patients by spells, incantations and fetishes. Medical Missions in Africa reach the heart of the people.
African Lepers!

One Million lepers in Africa! The Medical Mission Sisters have been requested to take care of lepers in the Ashanti district who so far have had only the barest custodial care. For the first time in 6,000 years there is hope for lepers with the discovery of the new sulphone drugs. Professionally trained doctors and nurses are becoming a necessity for this work among lepers.
Pray Ye for
INDONESIA

† Rt. Rev. Nicholas Schneiders
Vicar Apostolic of Makassar

With all my heart, I feel urged to thank the Medical Mission Sisters in this Vicariate and the whole Society, for the splendid work that is being done by the Sisters here in the way of obstetrical and maternity welfare work. They thereby give great support to the mission work of the whole Vicariate Apostolic of Makassar.

I am rejoiced that the Sisters have so soon mastered the Indonesian language, by which the so much wished-for contact with the Indonesian world is obtained.

The Catholic mission is appreciated by the Indonesian Government and by the population particularly for its social and cultural work. By the training of midwives and the maternity welfare work the Society greatly contributes to uphold and strengthen this good will, so that I consider the work of the Sisters an important part of the mission work here.

I pray to God that He may give His abundant blessing to your Society and to your work here in East-Indonesia.

SOLO

The clinic opened in Surakarta, (Solo) Java in 1949 enjoys the distinction of being the first mission of the Society under the jurisdiction of a native Vicar. Vicar Apostolic, Bishop Soegijapranata, S. J. of Semerang.
On August 3, 1936, His Eminence, Cardinal Dougherty, in a letter addressed to Mother Dengel said:

"One of the pleasures of my life has been the issuance of the Papal letter regarding maternity and child work by Religious women. I am sure that it must have made all of you happy. It is manifestly the finger of God which brought about the result."

The following is a brief explanation of these few weighty words:

His Eminence, having been a mission bishop, knew that Religious were not allowed to study medicine or do obstetrical work without special permission.

For over thirty years, the need of providing medical care to the sick in the missions by Sisters who are doctors and nurses had been urged by mission bishops and by such Medical Mission pioneers as Dr. Agnes McLaren and Dr. Lamont, both converts.

Therefore, in 1929 in behalf of our Society His Eminence petitioned Pius XI for the following permission: That missionary Sisters engaged in medical and obstetrical work be permitted to make public vows.

In the memorandum presented, His Eminence stressed the dependence of Mohammedan women and others on the ministrations of women, the great maternal and infant mortality for lack of medical aid, the activities of Protestants who had no restrictions, the advantages of religious life and status in the Church of Sisterhoods devoted to this work of charity in the missions.

The Holy Father looked on this work benevolently, but no change was granted then.
In 1935, when the question was studied by a committee in Rome, His Eminence presented a second memorandum to His Eminence, Cardinal van Rossum, then Prefect of the Sacred Congregation De Propaganda Fide, asking that Sisters be allowed to help women and children in all their medical needs, including obstetrics. This was again brought to the personal attention of the late Holy Father who, on this occasion, deigned to grant the permission which was an innovation and opened up wide fields of charity in all parts of the world for Religious women. The permission was promulgated on the feast of Our Lady of Lourdes in 1936, in an Instruction issued by the Sacred Congregation De Propaganda Fide.

Those who made First Vows, August 15th

Sister M. Felicitas Aranda, Manila, P. 1.
Sister M. Joanna Billette, Montreal, Canada
Sister M. Bernarda Bilborough, Escondido, Calif.
Sister M. Julia Burkart, New Orleans, La.
Sister M. Joseph Eiden, Baltimore, Md.
Sister M. Pia Ferreira, Belo Horizonte, Brazil
Sister Miriam Hoover, Louisville, Ohio
Sister Maria Praxedes Mota, Belo Horizonte, Brazil
Sister M. Emmanuel Murray, Philadelphia, Pa.
Sister M. Dominie Nov, Alberta, Canada
Sister M. Victoria Pritchard, Petropolis, Brazil
Sister M. Euphrasia Slower, Portland, Maine

Those who received the habit

Sister M. Alexis Brullman, Long Island City, N.Y.
Sister M. Cordelia Byers, Pittsburgh, Pa.
Sister M. Lucille Chapaty, San Antonio, Texas
Sister M. Philomena Cupen, Trinidad, B.W.I.
Sister M. Anita Fritsch, Detroit, Mich.
Sister M. Sebastian Gaudreau, Attleboro, Mass.
Sister M. Benet Gilland, Mexico City, Mexico
Sister Peter Claver Greic, Philadelphia, Pa.
Sister M. Isabel Hinings, Wakefield, England
Sister M. Florence Pierson, St. Louis, Mo.
Sister M. Gertrude Provost, Mason, Wis.
Sister M. Campion Reynolds, Twickenham, England
Sister M. Ellen Robeck, Albertville, Minn.
Sister M. Evelyn Schild, Kansas City, Mo.
Sister M. Justin Steffan, Detroit, Mich.
Sister M. Edmund Warren, Stockton-on-Tees, England

Final Vows

Sister M. Patrick Shean, Bronx, N. Y.

Those who renewed their vows

Sister M. Timothy Auman, Milwaukee, Wis.
AMONG THE NEGROES IN THE UNITED STATES

Average life expectancy of the Negro—12 years lower than that of the White.

Maternal mortality—78 per 10,000 among Negroes
32 per 10,000 among Whites.

For the most part poor Negroes find it difficult to obtain good medical care. In many areas there is no hospital service of any kind for them.

Barely two per cent of the 13,000,000 Negroes in the United States are Catholics. Through the medical apostolate we are able to present to these potential members of Christ's Mystical Body, Christianity in one of its most beautiful aspects.

In the last five years over 38,000 out-patients and over 1,000 in-patients were cared for by the Sisters at the Catholic Colored Clinic in Atlanta, Georgia.

Pray Ye For These....

GEORGIA
The infant mortality in New Mexico is the highest in the United States. Among the poor Spanish-American families of Santa Fe, birth-control propaganda is an ever possible danger to faith and morals. In such a situation, deeds speak louder than words. The Catholic Maternity Institute and school for nurse-midwives is the only Catholic school of this kind in the United States. Since its beginning over 1500 babies have been delivered by the Sisters in the poor adobe homes.

PRAY YE for these in . . . . . SANTA FE

Kindly send THE MEDICAL MISSIONARY to:

Name
Address
City Zone State

MEDICAL MISSION SISTERS
8400 Pine Road, Fox Chase, Phila. 11, Pa.
$1 for 1 year — $5 for 6 years

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