THE MEDICAL MISSION SISTERS

Who they are:
The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities
Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions
Africa, India, Indonesia, Pakistan, South America, Southern United States.

Houses of the Society
Motherhouse and Novitiate—8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

“I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $................ for its general purposes.”

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.
I WILL REPAY THEE


The real poor of the world have seen precious little of our super-abundance, save as by-products of our own defense programme in their lands.

A member of our Supreme Court has clearly seen this weakness in our policy, and has asked us to use the best means of conquering Communism, as he sees it from his worldwide travels, and that is by sharing, without ulterior motives, our goods with God’s poor and sick and needy in the world over. To do this, of course, is simply to do what Christ prescribed 2000 years ago. But to do this becomes not only a Christian duty done in His name and receiving an infinite reward. To do this today, is to do the greatest thing possible toward defeating Communism.

By nobody is this being done so well as by the medical missionary and by those who contribute to make possible the world-wide mission of the medical missionary. The outcaste in Europe, Iran, China, India may not know what dialectic materialism is all about, but he does understand a decent meal amid starvation; he knows what it means for his newborn baby to be rescued from infection and a high death-rate; he knows who it is who saves him from a ravaging plague. Those Americans who contribute to the medical missionary and who, in turn, can insure America that the poor and sick who are helped by the Christ-like medical missionary will never listen to the Stalin siren song.

All of our statesmen today, Democrat and Republican, agree that “peace is indivisible.” What they mean is, that we will have peace at home here only so long as there is peace abroad. And the soldier who does most in this regard is not the American GI, but the American soldier of Christ. Our might necessarily makes military centers out of their cities, and often makes rubble of their homes. But our generosity, our prayer and the zeal of our Missionaries bring health and peace to body and soul. The works of our
Medical Missionaries talk so eloquently that the false doctrine of Communism will never get a foothold. The poor outcaste helped by the Missionaries says to the Communist: "I can’t hear what you are saying from the activity of what THEY are doing."

Precisely here is where YOU come in. You have given of your hard-earned money to the Medical Mission Sisters. "So long as you did it to one of these, My least brethren, you did it to Me." "I will repay you." Your motive has been the best possible—loving your neighbor of a different color and tongue for love of Him. But, in addition, you have done the most patriotic act of the past year. By higher taxes, you have helped arm the GI; but by higher self-denial and generosity you have armed the Medical Mission Sisters to go out to the four corners of the world and win bodies and souls even more permanently than the GI ever can do, to Christ and to Democracy.

Communism is breathing down the neck of India—you have sent Mother Dengel to India, where she has established a garrison of Medical Mission Sisters in a new novitiate near Bombay. Your government has acquired air strips in Africa—but this past year the Medical Missionaries have set up, thanks to you, medical strips to save the African physically and spiritually. The Communists are rushing pell-mell through the southwest Pacific; but you have enabled Medical Missionaries to put up a bulwark of Christian Charity in Indonesia. You have been heavily taxed by our government for new Army bases in this country for our new GI's; but you have gone further and enabled the Medical Mission Sisters to open a new house near San Francisco for more recruits for their Society. Your actions have not only been patriotic and American, but Christ-like—for the peaceful conquest of the world.

"Care for him until I return, and I will repay you." were the words of the Good Samaritan. You who have so generously helped in the past year have certainly done that. You have enabled the Sisters to find the poor, the suffering, those robbed and disenfranchised by economic systems and conditions the world over. They have found them and have healed their wounds. They have done it because you have enabled them to do so by your generosity. And He "will repay you." Christ does not break promises. It was the God-Man who promised, "I will repay thee."

Father Patrick Duffy, of the Holy Cross Congregation, was a Navy chaplain during the war, serving in the South Pacific theater. A frequent contributor to Catholic magazines, Father Duffy wrote this article during a recent visit with his brother, Father Thomas Duffy, C.S.C., our chaplain here at the Motherhouse.

We also wish at this point to pay the highest tribute of praise to the care taken of the sick, the infant and afflicted of every kind, We mean hospitals, leperaria, dispensaries and homes for the aged and for maternity cases, and orphans. These are to Our eyes the fairest flowers of missionary endeavor, they give us as it were a vision of the Divine Redeemer Himself, who "went about doing good, and healing all that were oppressed."

Such outstanding works of charity are undoubtedly of the highest efficacy in preparing the souls of non-Christians and in drawing them to the Faith and to the practice of Christianity; besides, Our Lord said to His Apostles, "Into what city soever you enter, and they receive you . . . heal the sick that are therein, and say to them: the Kingdom of God is come nigh unto you."

—Pius XII
1951 Mission Envelope

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September-October, 1951
"Good heavens, what is that smell?" This remark greeted me one Saturday morning in the dispensary of Holy Family Hospital, Rawalpindi. The usual crowds of impatient, ailing women, fretting babies and noisy children were milling about in the waiting room.

The odor was unmistakably that of dead human flesh. "Moist gangrene" is the medical term we use for such a condition. Tracking down the source was not difficult. There, in the corner, on a small string bed, lay a village boy of about six years. His left arm was wrapped with filthy, malodorous, fly-covered rags.

I pulled the rags aside and a horrible sight met my eyes. The left arm from fingertips to a little above the elbow was a mass of swollen, decaying flesh. Nature had already amputated the fleshy parts of the limb and caused a shrinkage of the upper healthy part from the mortified area, so that between the two, a piece of white bone two inches long was seen bridging the gap. Only the bone would have to be sawn off to complete the amputation.

The story of all that had happened could not be obtained from the child's mother, a thoroughly frightened woman who dissolved into tears when questioned. Apparently she had never been near a hospital nor seen white faces before. The father told the sad story.

Last year, when mulberries were in season, Bashir had fallen out of a mulberry tree and broken the two bones of his left forearm. No proper medical attention was available in their distant village at that time so the arm was not set. Bashir was young and healthy, consequently, the ends of the bone soon knit together with facility and speed, but alas, with deformity. The child could do everything with his arm but it bothered his parents. The deformity was an eyesore to them.

When an itinerant quack visited the village, he boasted that he could re-break and reset Bashir's arm perfectly. The parents were gullible enough to believe him and incidently pay him a fat fee. The amount of pain the lad underwent during the cruel manipulation can well be imagined. His
arm was tightly splinted with bamboo sticks. Swelling developed, but the sticks were not relaidjusted. So the entire blood supply to the arm was cut off. The result was inevitable ... gangrene.

There was nothing we could do for Bashir except amputate, but the parents would not give permission. No, they were confident that the arm could be restored with the proper medicine. Patient explanations that such medicine did not exist and that waiting any longer was futile were useless. I kept insisting that an operation was the only treatment. Bashir's parents decided that they would take him to someone who would restore life to the dead limb. They didn't realize it, but they were asking for a miracle.

Two villagers who were deputed for the job, came to carry the patient away. But before picking up the bed, the men pulled the hanging ends of their turbans tightly over their noses. The stench was even too much for these strong, rough villagers.

What became of little Bashir? As yet, we haven't heard. I venture to guess that his parents will eventually submit to having the limb cut off. It won't even surprise me if the trio returns to Holy Family Hospital.

Medical advantages for the poor of Pakistan are few but, even where scientific help is available, often these village people need to be educated to accept it. Bashir's case is a good illustration of the complicating role that ignorance plays in medical practice in the missions. But the charity of Christ is patient. We will be here when Bashir returns.

**PINDI PANCAKES**

_Sr. M. John, M.T._

The Chappatti plays the same important role in the diet of a Pakistani native as bread does in the American diet. In a good many instances among the very poor, it comprises the entire diet, morning, noon, and evening. On very special occasions, the Chappatties may be accompanied by a meat or vegetable curry.

Since her menu varies so little, the Pakistani housewife can devote much of her attention to the baking of Chappatties. The Bibi (wife) may buy "atta" (wheat grain) for her bread already prepared, or she may purchase the grain and refine it herself. The latter is the safer method since there are no "Pure Food and Drug Laws" in Pakistan and the practice of adulterating the "atta" with ground barley, oats or finely-ground stone and sand is common. The "goodness" and lightness of the Chappatties depend very much on the purity of the wheat, and every woman takes pride in serving "halki-halki" (very light) Chappatties.

After Bibi purchases the wheat grain, she patiently cleans it with a hand implement that resembles a large bamboo scoop. The scoop is filled with grain and flicked up and down with a movement of the wrist. Continued rhythmic movements toss the wheat up into the air and off the scoop onto a clean surface. The debris is left behind in the scoop.

As it is impossible to remove all the little pieces of mud by this method, the remainder are tediously picked out by one of the little girls of the family. The cleaned and picked wheat is then taken to the village mill, where it is ground. The ground wheat or "atta" is next mixed with water to the consistency of a very wet, stiff paste. This paste is placed in a shallow pan called a "parat". It is then kneaded vigorously with wet fingers.
to prevent the dough from sticking to one's hands. The kneading is done for half an hour or more, since the amount of air worked into the dough is very important in making a "light" Chappatti. Incidentally, all these operations are carried out on the floor, with Bibi squatting comfortably.

After kneading, the dough is covered with any available cloth—clean or otherwise—and set aside. If it is the winter season, Bibi will place it in the sun; if summer, she will find a warm corner for her dough. About two hours later, little balls, a bit bigger than golf balls, are made from the dough. This time "atta" is used to keep the dough from sticking to the hands. A fire is then lit in the "chula" (stove), which is just a little ridge of dried mud about four or six inches high. It is usually in the middle or corner of Bibi's one-room hut. The chula is in the shape of a horseshoe, just big enough to support the family "tolwa". A "tolwa" is a piece of wrought iron, hammered to resemble a shield. This Pakistani skillet is about the size of a large dinner plate. It is placed, with the rounded side up, upon the chula. Meanwhile, Bibi flattens her balls of dough and gently throws one of the cakes from one hand to the other with her usual marked rhythm until the desired thickness is achieved. Baking is the final step.

The finished Chappatti is a delicate brown, almost perfectly round. It is the size of a large American pancake. The bubbles on the surface of the Chappatti flatten out a few minutes after it has been taken from the fire. Since no leavening agent is used, these bubbles are the result of air introduced by the kneading and patting processes. Such bubbles make the Chappatti "halki-halki".

The Pakistani housewife may never be noted for her six-course menus, but one taste of a Chappatti would convince you that she deserves the title of "good cook".
Our Lady was a problem. The big niche above the dispensary entrance to our new Holy Family Hospital (Rawalpindi) was waiting for her. We couldn’t find a proper life-size figure of Mary anywhere. It’s expensive and difficult to import large statues from Europe or America, and where could you find one in Pakistan?

There was an old Pathan (member of the Pathans, a warrior tribe) among the men who had worked on the new hospital building. He had the reputation of being quite adept in the art of sculpturing. Sister Alma Julia asked him to fashion a sample after a beautiful, old German statue.

The day I went to the Pathan’s “studio” I found the old sculptor sitting in the corner with his few primitive tools around him. Beside him, was the graceful statue of Our Lady that he had made. I could not help but admire this simple uneducated man who could neither read nor write—who had no chance to travel in Europe to see the great Michelangelo’s “Pietà” or statue of Moses. Using only his God-given talents, he had reproduced the German statue to an almost perfect replica.

He told me he loved to make statues, but that this was the first time he had ever fashioned “Mariam’s.” “Yes,” I told him, “we want to place her on top of our hospital because without her we can’t go on working in your country.” He did not quite understand why we love her so much; yet he agreed that she is a very nice lady, and again he said he was very happy that he had the job of making her statue.

With that, the conversation changed as he began to tell me of his own family troubles. His only son has tubercular glands, and the boy was getting weaker day by day. “I will give you some medicine for him,” I said, “and in the meantime when you work on Our Lady’s statue, ask her to cure your only son.” It was obvious that he doubted a little, but he smiled and said, “You know, Sister, that my eyes are very bad. Do you think that “the big Lady” would cure me, too?” He went on to add, “I am a Mohammedan and a very sinful man, and she is so noble and rich and above us all.”

Though I assured him that she could cure him, I did not have time to convince the old sculptor about the powers of Mary. The time will come when she will be well-known and loved all over the world, especially here in Pakistan. Just now Our Lady has but to fulfill a silent mission with her Divine Son—standing above the front of our hospital, smiling down upon our burkha ladies.
CALIFORNIA
here we come!

We have a new home in the West for our growing family!
Through the kindness and generosity of Mrs. Paul Fretz of San Francisco, her beautiful estate, Marymeade, located at 4374 Grant Road in Mountain View, California has become a Postulate.

His Excellency, the Most Reverend John Joseph Mitty, Archbishop of San Francisco will preside at its blessing and formal opening on September 15.

Sister Agnes Marie, R.N., one of the first four members of the community will be the superior at the new house. A veteran missionary, Sister is best known for her work as Novice Mistress, a post she held for more than fifteen years. Sister Agnes Marie will be assisted by five other Sisters. Two among their number, Sister M. Bernarda and Sister M. Jerome are Californians.
33 LABORERS... for the
For the Harvest...

33 Sisters to the medical mission fields in India, Pakistan, Africa, Indonesia, South America, Southern and Southwestern United States.

33 departures in 1951... each one a joyful event because "it is a privilege and a grace to be sent to bring relief to the suffering and to work for the extension of God's Kingdom."

33 go with gratitude to God in their hearts for all those who have helped prepare and speed them on their way.
TWO MORE MILES

Preparation for a bus trip from Holy Family Hospital in Rawalpindi up the mountains to the cool climate of Murree includes an extra special Act of Contrition and one of Holy Abandonment. That bus ride is enough to add ten years to anyone’s age! It is a gradual, ascending climb of 7,000 feet up over narrow, winding, precipitous roads without walls, railings, or ANYTHING that might possibly offer the slightest resistance to a jalopy of a bus taking a nose-dive to the valley below.

All the luggage, and that includes absolutely everything and anything, is thrown on top of the Model “T” prior to the “takeoff!” Unloading all this at one’s destination is quite a “tamasha” (an event). Fortunately, Pindi wasn’t sending TOO much to Murree at this time; that is, nothing more than could be conveniently stuffed into a foot locker, two suitcases, a huge duffle bag and the inevitable odds and ends.

“Don’t take more than two coolies’ worth of luggage,” were someone’s parting words. Somehow or other, after the two coolies had everything in perfect equilibrium on their heads, a third fellow insisted that since he saw me first, he had first claim to the odds and ends. A tug of war ensued, during which it was impossible either to get a word in edgewise or reclaim any of the blessed baggage. Finally, from out of nowhere, someone managed to outshout the trio and settled the whole matter. The long march to our place in the hills began.

Sleeping every morning until 6:30 instead of the usual 5:00—and not having to ring the rising bell—was glorious! Every morning after breakfast, several of us took off for a good two-hour game of tennis on the Jesus and Mary School tennis court up the hill.

We had been leading a rather lazy life until someone suggested a hike to Ghoradhaka, which is a little village 9,000 feet up and a good 19 or 20 miles from our house in Murree. The repeated descriptions of the Ghoradhaka pines, and the view of the rest of the world from there was something to be investigated.

An old abandoned house belonging to the Pindi
Diocese was to afford lodging for the night, and since we were assured of Holy Mass the next morning, there seemed no reason for not venturing forth. Sr. Constance and Sr. Francis offered to keep the home fires burning in Murree. Sr. Immaculata and a little Christ the King Sister took the bedding and food via the bus. Three others set out on loan—with knapsacks stuffed with cheese sandwiches and raincoats, canwras and field glasses—strutting along as if they were worlds to conquer—"first fervor" we called it later.

Two hours later found us in Kuldana, the first village on the way up. An old woman stepped up to ask us where we were going. When Sr. Clare told her, she looked rather surprised and dubiously asked "Aj? (Today?)" Why, of course, today," Sister answered, as if Ghoradhaka were just around the corner. When we left her, she was still wearing a rather odd expression. If only she had warned us!

Since it was impossible to bring along any drinking water, the only other alternative was to buy some fruit. The Kuldana bazaar had nothing but cucumbers. With a huge cucumber added to the collection, we plunged on until a nice shady tree further up beckoned and we settled beneath it for rosary, noon prayers, five cheese sandwiches and one-third cucumber apiece. From then on it was a constant climb for 2,000 feet and somehow the mere transferring of the sandwiches to the "inner man" didn't seem to lighten the burden any—in fact, it made it worse. One of the weaker members of our group reasoned that since it would probably take a good hour for such a conglomeration to be converted to any kind of usable energy, why not just sit down and wait. It was a case of mind over matter: so we went.

Two, three, four, five o'clock found us still puffing. Up and up we went, passing through village after village. I kept gasping the one Urdu sentence I had learned by heart. "Ghoradhaka, tak kitna miles hai?" (How many miles to Ghoradhaka?) By this time, we were actually walking through clouds and the sight below was beautiful. It was really something to behold, but so were the blisters.

In answer to the sixty-four dollar question, someone said that it was only a matter of two more miles. After walking since 10 A.M., what were two more miles?

Two miles later, someone raised the question again, only to get the answer "two miles more to go". Well, this was too much—we must have been tired, because we roared laughing. After that, no matter how long or far we walked, if anyone was foolish enough to inquire the distance to our little village, she got the same foolish answer—two more miles!

Finally, at 6:30, with every muscle and bone just screaming, Ghoradhaka came into view. Instead of finding those abandoned buildings, we found ourselves right in the middle of a boys' military school. The young gentlemen were doing all kinds of gymnastics—wrestling, boxing, high-jumping, etc.—clad in shorts and shirts. Suddenly, for no good reason, a bell rang and these "demons" converged on us like a bolt out of the blue. Needless to say, we would have been lost in the shuffle, had Sr. Clare not asked for the Catholic Church. "It's right down there," one youngster replied, taking us to the end of the post and pointing to three buildings about 200 feet below. "Just go straight."

You just can't imagine how we ached, and now we had to play monkey and maneuver our way 200 feet down! There wasn't as much as a donkey path, and he had the nerve to say "go straight." Just try going straight on a wet, muddy, slippery mountainside sometime, with a knap—

(Continued on inside back cover)
Army Invades New H.F.H.

There was great excitement in our new hospital on May 10th. The Seventh Division of the Pakistan Army, which is stationed in Rawalpindi, arranged a tea party. These "doings" were brought about by the fact that the Seventh Division, in gratitude to the people of Pindi, were donating three rooms to the new hospital. All the money was collected from this particular unit and they were very proud of it.

We did not know that it was to be such a big affair until we received the printed invitation from the General. Sister M. Jude and Staff were invited to Holy Family Hospital on May 10. It was rather interesting to be invited to your own hospital for a tea party and a show.

Two days before the event, soldiers were marching up and down our corridors. Now and then, they fell down because the shiny, slippery floor was too much for their heavy boots. They put up tents for cooking on the roof. Every one was mobilized to work for the "big day." Three hundred guests were invited and a band for a concert. Radio stations and newsmen were notified and loud speakers were put up. Furniture and chairs arrived via military lorries (trucks). All over Murree Road, it was written in Urdu script that Major General Hai-Ud-Din would be going to Holy Family Hospital on May 10th, and that the donation of rooms would be celebrated. It was almost as big a day as our first opening ceremony.

On Thursday all the flags were put out, the big green and white Pakistani one was flying on the top of the hospital. The military cooks started their work and 28 different kinds of Pakistani cookies were ready by 2 p.m. for the tea party. The soldiers seemed to be very happy about the affair. It must have required sacrifice for some to give a donation to us when they have so little money themselves. God will bless their efforts.

Bishop Hettinga came in with the General and after hand shakes all around, we went up to the wards on the second floor. The insignia of the Army unit was placed inside the room on the walls. The insignia is rather pretty . . . a golden arrow pointing toward heaven placed on a black field. The marble plaque was put up at one end of the hospital corridor with the inscriptions:

Do good to others as God has done good to thee. (from the Koran.) Rooms 238, 239, 240 donated by Major General Hai-Ud-Din, Officers and other ranks of the Seventh Division, Pakistan Army . . . for the families of Servicemen, ex-Servicemen and other deserving people.

When one sees the inscription and reads the quotation from the Koran, you know that the people wish to do good even though they do not fully understand Christian Charity. Our hospital must show them that.
The bugles in the hospital blared forth, which was a little ironic in regard to what was mentioned in the speeches about the peace and quiet of a hospital. Ceremonies over, the gala tea party began.

It would be good to have a few more of such days. Then we could finish the wing which contains the operating room or finish more private rooms, or install an isolation unit for tuberculosis patients. Maybe the people will take to their hearts the words of the Koran, printed on the plaque and help us to complete our hospital so that we can show them Christ—true Charity.

—Sister M. Bernadette

Never A Dull Moment

We've been so busy lately . . . the census was up to 147 patients for a while. The surgical floor is filled. The babies in the small nursery are fine, but the sick children in the ward . . . as Sister M. Therese says, "They're a sight." The cause is mostly malnutrition or simply dehydration from dysentery or digestive upsets. There is variety on the medical floor with typhoid cases, two patients with myelogenous leukemia, strokes, cardiacs and cancer cases not requiring surgery. The men's ward is about three-quarters full. Patrick, one of its younger members had a kidney stone removed yesterday. Today, his father is running around the hospital showing everyone the "trophy".

The bulk of our dispensary patients arrive out here at the new hospital on the seven, eight and nine o'clock buses. Only a few come on the 11 o'clock bus so we are usually able to finish in time to be with the rest of the community at lunch.

You should see Sister M. Kathleen on night duty. She has her hands full. The other night, there were seven admissions after 7 p.m. This meant she had to call the doctor to come and see them, assist at their physicals, etc. One was an obstetrical case, another was an unconscious child having convulsions. Imagine trying to watch one on the first floor and one on the second at the same time keeping an eye on the post-operative patients as well as a "general" eye on the rest of the hospital. Even the students complain that the night is too short for the work.

—Sr. M Renee, B.S. Pharm.
Need For Sisters
In Foreign Missions

In his recent encyclical, "Heralds of the Gospel," Our Holy Father commends the progress made by missionaries but he asks us to remember "that our brethren 'who sit in darkness and shadow' form an immense multitude that can be reckoned at about 1,000,000,000." The Pope wishes us to bear in mind the fact that the work of the missions still demands enormous effort and innumerable laborers.

Today, there are 68,330 Sisters, native and foreign, working together in foreign mission fields. Their total is more than twice the number of missionary Priests. Of these 68,330 Sisters, only 1,101 are Americans.

The importance of the work accomplished by these Sisters and their part in the mission program of the Church has been extolled by Bishops and especially by the missionary Priests for whom they are the auxiliaries, the co-workers, the strong support.

If only there were more Sisters . . . Superiors of missionary Sisterhoods would like nothing better than to be able to answer all the requests they receive. In some cases if they had just one more Sister, a new school could be opened, a dispensary started or an orphanage enlarged. That "if" is a big one.

Spanish Surgeon to do Mission Work in Peru

Vitoria, Spain . . . Word has been received from Lima, Peru about the safe arrival there of Doctor and Mrs. Gonzales del Rio-Gil and their four children. The family will work as medical missionaries in Bellavista (Jaen) in the Prefecture Apostolic of St. Francis Xavier of Maranion which is under the care of the Jesuit Fathers. Doctor Gonzales del Rio-Gil is a surgeon and his wife is a nurse. They are members of the lay missionary Asociacion Misionera Seglar de Espana. They have brought with them the necessary equipment to set up a clinic in the mission.

This new arrival on the mission field brings the number of lay missionaries of the Asociacion Misionera Seglar de Espana who are actually on the missions up to twelve: a chemist in Madras, India; five, men and women, nurse instructors in the Vicariate of Los Rios, Ecuador; a nurse and a nurse instructor in the Vicariate of San Gabriel Maranon, Peru; two Polish nurses in Caroni, Venezuela and Doctor and Mrs. Gonzales del Rio-Gil.

—International Fides Service

Mission Intentions

SEPTEMBER: Christian Social Education in the Missions
OCTOBER: The Church in Oceania

MAY THEY REST IN PEACE

Sr. M. David, C.S.C., South Bend, Ind.
Sr. M. de Chantal Magnier, Hartford, Conn.
Sr. Mary Delphina Cosgrove, S.S.J., Baden, Pa.
Sr. Mary Raphael of Our Lady of Mercy, P.C., Evansville, Ind.
Sr. Mary Veronica of Jesus Crucified, P.C., Evansville, Ind.
Mr. E. F. Armstrong, Philadelphia, Pa.
Mr. Andrew Beck, Brooklyn, N. Y.
(Father of Sr. M. Bonaventura, S.C.M.M.)
Mrs. Martin Caine, Oregon, Wis.
(Mother of Sr. M. Jude, S.C.M.M.)
Mr. George Englehardt, Brooklyn, N. Y.
Mr. Maurice Fitzgerald, Queens, N. Y.
Mr. J. Keheier, Lockport, N. Y.
Mr. Wm. McLaughlin, Brooklyn, N. Y.
Mr. E. Wieman, St. Albans, N. Y.
Profession and Reception

Profession and Reception ceremonies were held in our newly dedicated chapel on the feast of the Assumption of the Blessed Virgin Mary, August 15. The thirteen Sisters pictured above made their first vows as Medical Mission Sisters. Twelve Postulants were invested in the habit of the Society.

FINAL VOWS
Sister M. Daniel Zosso, Chillicothe, Mo.

THOSE WHO RENEWED THEIR VOWS
Sister M. Christine Johnson, Louisville, Ky.
Sister M. Virginia Sayers, Toledo, Ohio
Sister M. Gregory Gates, Hamburg, N. Y.
Sister M. Dorothy Canary, Roanoke, Va.
Sister M. Raymond Baker, Brooklyn, N. Y.
(Renewed vows in Osterley, England)
Sister M. Roberta Euper, Fort Smith, Ark.
(Renewed vows in Santa Fe, N. M.)
Sister M. Samuel Freeman, Willows, Calif.
(Renewed vows in Maracaibo, Venezuela)

THOSE WHO RECEIVED THE HABIT
Sister M. Norine Smith, McSherrystown, Pa
Sister M. Fidelis Condon, Des Moines, la
Sister M. Paulette Elking, Dayton, Ohio
Sister M. Kateri Murphy, Watsonville, Calif
Sister M. Jonathon Perry, Vancouver, B.C., Canada
Sister M. Cabrini Pascullis, Watervliet, N. Y
Sister M. Charlotte Gusmann, Scarsdale, N. Y
Sister M. Nathaniel Reilly, Augusta, Maine
Sister M. Susanne Ouy, Nesquehoning, Pa
Sister M. Baptiste Girard, Windsor, Ontario, Canada
Sister M. Jutta Hadamek, Landau, Pfalz, Germany
Sister M. Pius McDermott, Farley, la

THOSE WHO MADE THEIR FIRST VOWS
Sister M. Matthew Laliberte, Worcester, Mass
Sister M. Nivard Pritchard, South Ozone, N. Y
Sister M. Regis Poleino, Philadelphia, Pa
Sister M. Senan McMahon, County Clare, Ireland
Sister M. Columba O'Hare, Lanarkshire, Scotland
Sister M. Josephine Kearney, Limerick, Ireland
Sister M. Brigetta Leier, Salvador, Canada
Sister M. Janet Gottschalk, Chicago, Ill
Sister M. Claude Voss, Racine, Wis
Sister M. Anton Preibis, Chicago, Ill
Sister M. Jacinta Arceneaux, Lafayette, La
Sister M. Jerome Tavenner, Lynwood, Calif
Sister M. Joan Schmdts, Philadelphia, Pa

September-October, 1951
We have been chuckling over chickens here in Berekum. Our bid-dys are "rare" birds. One is a determined young hen who insists on laying her eggs in the dispensary. And no other place but the delivery room will do!

She slips in the back door and makes a general nuisance of herself with cackling and wing-fluttering. She resents anyone being in the room as she hops around from table to shelf and back again before settling down. One day, said hen got into the thermometer tray, another day it was the baby’s bath basin.

Eggs have been left on baby blankets and hypo trays but our little hen generally prefers the wastebasket. On occasion she will scratch open a few sterile packs in order to make herself a comfortable nest.

This all sounds as though we countenanced such proceedings. Actually Sister M. Camillus did her best in what was a very trying situation. Sister would put the hen out bodily, but she would slip in again with the patients, the next time the door opened. Usually more harm was done in trying to catch biddy as she hovered over instrument trays and solution jars, than if she were left alone. It became routine for Sister to bring a fresh egg over to the house every day when the dispensary closed.

We did try putting the hen in solitary confinement. She was boxed up in the chicken house, but that very night two of our other hens were killed by a snake. It was then that we realized the reason for their erratic laying habits. After the killing the little hen was set free, but she deserted the dispensary, and we had no idea where she was leaving her eggs. We soon discovered them in a newspaper nest in our community room.

Another member of our chicken "family" took a fancy to number five room. This is a little cement room which stands like a "P.S." behind the dispensary. It is just big enough for the stoves and autoclave and has served us admirably as a sterilizing room. This particular hen decided that no other place on the compound suited her as well as this room. She settled down in the corner behind the primus stove and did not seem to mind the heat or continued disturbances during the day. The concrete floor did not deter her egg laying one bit.

You can understand why this season has been a continuous egg hunt. We have found eggs behind the kitchen door, in the store room and under the grate of the incinerator.

All this sounds like nonsense. It is written to give a true picture of side-lights in missionary life . . . which often take up a lot of time . . . A wandering photographer, bent on getting pictures of ministering Medical Missionaries, might come back with pictures of Sister M. Camillus chas-
ing hens with a palm-branch broom, Sister Margaret Mary closing the shutters of the store room after evicting hens, Sister M. Raphael down on all fours hunting eggs under the bookcase, or Sister M. Paula listening to the complaints of the laborer who has been told to burn the refuse but to remember that “the chicken is underneath.”

Two More Miles - - -
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sack and a few other things thrown over your shoulder! The inevitable happened—it reminded me of a slide into home plate.

Sr. Immaculata and Sr. Margaret were waiting with rice and curry when we landed. They said something about being very “brave”, but at the time it impressed me as being the wrong adjective. Sr. Clare kept mumbling something about “feeling fine, just fine, only don’t ask me to move.” Not long afterwards, Compline was said by candle light, and five weary bodies “hit the board”—a couple of schoolhouse benches doing the honors. It was back to Murree, via bus, next morning after Mass—having proven to ourselves that Ghoradhaka really was worth it.

Bishop Hettinga met us the next day, and insisted on a play-by-play account, after which he offered his profound congratulations. “It was nothing, Your Excellency, nothing a’lall, a’lall.”

—Sister M. Therese

Patna

needs a microscope for use in teaching native technicians.

Pindi

needs $10,000 to complete and furnish an isolation unit for tuberculosis patients.

Philadelphia

needs a Speed Graphic camera and a photographic enlarger for the magazine department.

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OPEN HOUSE

on our 25th Birthday, Sunday, September 30. Come and see the building
that YOUR generosity has made possible. Our new Chapel is a "reality!" We would like to thank You for it . . . in person.