THE MEDICAL MISSIONARY

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Mother Anna Dengel and the Sisters, novices and postulants of the Syro-Malabar Province of the Medical Mission Sisters, welcome His Eminence Cardinal Tisserant, Secretary of the Sacred Congregation of the Oriental Church, to their novitiate in Kottayam, S. India.

MEDICAL MISSION SISTERS OF THE SYRO-MALABAR RITE

Permission has been granted for the Medical Mission Sisters of the Syro-Malabar rite to be affiliated with the Medical Mission Sisters of Philadelphia, at the same time preserving their own rite. Previously known as the Medical Mission Sisters of the Immaculate Heart of Mary, Queen of the Missions, the community which now numbers almost 50 Sisters and postulants will constitute the Syro-Malabar Province. From the beginning the Sisters have received their training from the Medical Mission Sisters of Philadelphia.

The youngest postulant garlands His Eminence Cardinal Tisserant. Bishop Kavukatt, Changanacherry (left).
IT HAPPENS much too often that Catholics not familiar with the various rites are apt to suppose that Latin is the only liturgical language and erroneously think that Catholicism is found only in Latinism. We should realize that in the Catholic Church, Latin is not the only liturgical language, but that in fact, there are 12 different languages in which Mass is said every day of the year—Latin, Greek, Church-Slavonic, Syriac, Armenian, Georgian, Arabic, Romanian, Hungarian, and Geez or old Ethiopian—and that these languages are guarded by the Catholic Church with special care, laws and regulations. Though the language for Mass is not Latin, and the members do not genuflect, they are true Catholics. There are within the United States and Canada over a million Catholics who belong to the Eastern rites. For them the Holy Father established three dioceses and has provided them with Bishops of their own rite. Thus all Catholics throughout the world, though members of various races and nationalities, share the same faith, are imbued with the same hope, use the same Sacraments, and with hearts aflame with the same love, are all united under the leadership of Peter’s successor, our Universal Pastor, the Pope.

"The Catholic Church does not possess one rite only, but embraces all the ancient rites of Christendom: Her unity consists not in the mechanical uniformity of all Her parts, but on the contrary, in a variety which is vivified by one principle, the Catholic faith." LEO XIII

Excerpts from radio addresses of the Auxiliary Bishop of the Ukrainian Catholic Diocese of the U. S., The Most Rev. Ambrose Senyshyn, O.S.B.M.
His Eminence,  
Cardinal Tisserant in Malabar  

Mother Anna Dengel, M. D.

It is quite a while since I have been able to write as I have been moving from place to place rather rapidly. After my stay of almost a month in Delhi, I flew to Bombay. Our new little hospital there is not far from the airport.

After three days in Bombay I went to Poona. The novitiate house is filled to the brim, literally. What to do next is the problem.

I could not stay very long in Poona because I was asked to be present at the blessings of the village hospital in Thiruthipuram in Malabar by Cardinal Tisserant on November 14. Sr. M. Xavier, Sr. M. Francis (Malabar Sisters) and I flew from Bombay to Cochin in about four hours. By train it takes two half days and a night. We stayed with the Apostolic Carmel Sisters at St. Theresa’s College. We had missed the official reception of the Cardinal two or three days previously. It must have been a pageant of oriental splendor — three elephants bedecked with gold and all kinds of decorations and several of the umbrellas used for state occasions, and of course, thousands and thousands of people.

The next day at 8:00 a.m. sharp we were to be at the Archbishop’s house to go with the party to Thuruthipuram where the Archbishop was to bless the “Archbishop Attipetty Memorial Hospital” to be staffed by our Sisters. His Eminence and his Secretary, Monsignor Terzario, and the Archbishop went in a decorated launch with an escort of five boats who surrounded and followed the launch. All were festively decorated with paper streamers, white and yellow, and some in other colors, together with big bunches of coconuts and whole bunches of bananas and the Papal flag and the Indian flag.
Whenever we passed a village, the shore was lined with hundreds of men, women and children, kneeling down for the Cardinal's blessing. It really was a touching as well as a uniquely beautiful scene—the expanse of the calm backwaters on which these fairy-like boats glided, the shores lined by palms and nothing but palms, some of them bending deep towards the water, and this green enlivened every now and then by the colorful dress of the women who were especially conspicuous.

Finally we landed in Thuruthiparam. His Eminence was taken on a newly-constructed road called "Cardinal Tisserant Road" which was canopied over all the way by white paper decorations—perhaps one-quarter mile long. The crowds were tremendous. His Eminence went straight to the hospital and we as the special guests were to be there for the blessing. About five priests with whom we had traveled on the boat made a cordon to press us on and to protect us. We got to the hospital just as the Cardinal began to recite the prayers in the hall. His Eminence then went from room to room very systematically and thoroughly, to bless everywhere. Then he stood on the balcony and gave his blessing to a crowd of several thousand. The Cardinal left at 2 p.m. to travel partly by boat and partly by car to Allepey where he had another function at 5 p.m.

Wherever the Cardinal went there were elaborate decorations and programs.

We had the privilege of his visit four times, connected with our work. The first was the blessing of our village hospital in Thuruthiparam; the second, the dispensary and maternity ward in Changancherry on November 24th. The buildings are not quite completed yet and are the first section of a real hospital to be built. It is sit-
uated in a ten acre plot of land donated by the Carmelite monastery close by. It commands a magnificent view over rice fields and palm groves—with mountains on the distant horizons. His Eminence Cardinal Tisserant stood on the back porch for a while and just looked and looked. The crowds were tremendous. The Bishop had not planned to have the blessing of this embryo hospital on the crowded program of His Eminence but we heard that the people insisted—so it had to be.

Then the next visit of His Eminence was to our novitiate in Kottayam on November 25th. He arrived about 3:30 p.m. accompanied by Bishop Kavukkatt of Changanacherry and Msgr. Terzariol. One of the postulants garlanded him.

His Eminence spoke to the Sisters and told them of the beauty and value of the care of the sick, that a better living standard was to be arrived at for the poor: and he stressed specially his pleasure at the affiliation of the Malabar Medical Mission Sisters with our Society. He allowed every Sister to come up and kiss his ring. His visit will indeed be a most memorable event for the Malabar community—especially as it strengthened in the minds of the Sisters and the priests and the laity his wholehearted approval of our type of work and the affiliation with our Society. The ten Sisters who were to make their perpetual vows on November 28th were in retreat—but we felt that the participation in the reception of His Eminence would be no interruption, on the contrary, a spiritual tonic which it was indeed. To see His Eminence seventy years old, blessing, encouraging, stimulating so many good efforts, following a most strenuous program so energetically and willingly day in, day out, from early till late, was indeed, more than sermons, at least to me.

The Sisters retreat was preached by Bishop Ambrose, the Latin Bishop of Kottayam, He is Spanish and a most kind and spiritual man.

November 28th was the great day of the first perpetual profession of the Malabar Sisters. At 7 a.m. His Eminence, Bishop Kavukkatt, came and officiated, assisted by several priests. At Holy Communion ten Sisters made their perpetual formula of our constitutions. They received the crucifixes after Mass. It was a most happy event. Many relatives came to share the joy. I met them all but had to speak mainly by interpretation or gesticulation. In the afternoon the Sisters had to return to Bharananganam, as the hospital there was full. Second-year novices had helped out during the retreat.

Now the fourth and last visit of His Eminence in Bharananganam—the Hospital of the Immaculate Heart of Mary on December 2nd, to bless the new operating theatre and one ward and one private room. The operating theatre was built by three brothers, the sons of Thommen (THOMMEN Joseph) who had been a great friend and benefactor of the hospital from the start and who had given the chapel of the Sisters’ convent. It is a little
church, in fact. Well, these young men did everything. They had the decorations put up, they provided the garlands and a silver Holy Water sprinkler in which the picture of the theatre was inlaid in ivory, as a present to the Cardinal. There was a speech by the brother priest of Sr. M. Thomas, giving a short history of the hospital and stressing the affiliation. In answer, His Eminence also emphasized the value of the affiliation and spoke of having met us five times already (the first in Delhi) and that this would probably be the last time! I was almost embarrassed because I knew I had to appear before him once more later at a tea party where I had to give a little speech.

Before His Eminence left the hospital grounds he was nearly deafened with the noise of fire crackers. The crowds were immense and we had many distinguished guests, His Eminence; the Bishop of Palai, Right Reverend Sebastian Viyalil; two Bishops from Kottayam; the Chief Minister (a Catholic) and the Home Minister (a Christian) of Travancore-Cochin State; the Chief Justice (a Catholic); a number of doctors; relatives of our Sisters, and many many others. His Eminence's picture was taken with the Thommen family. At the tea party held in the big school, about 9,000 invited guests participated. His Eminence spoke again in answer to a speech of Mr. Matthews, our next-door neighbor and friend in Kottayam. He is the President of the Catholic Action Committee.

After the tea we went to the grave of Sr. M. Alphonsa, a Poor Clare Nun who died in 1946. The tribunal for the investigation of her cause was inaugurated that day. It was one of the hundreds of functions at which His Eminence, Cardinal Tisserant was asked to officiate. They included the consecration of a bishop, ordaining priests, blessing churches, schools, colleges, hospitals and above all, thousands of people. I must say it was a most impressive sight to see the people honor a Prince of the Church and, on the other hand, a Prince of the Church moving about the crowds with such dignity and benignity.

On December 3rd we had early Mass after which I left post haste. Sr. M. Xavier and Sr. M. Francis came with me to Ernakulam as they returned to Poona by train. I left by plane for Bangalore, the Archbishop invited me specially, and had arranged for my brother to meet me there. I stayed in St. Martha's Hospital one day (which I saw from top to bottom) and left on the 5th for Dacca. It took from 7 a.m. to 3:30 p.m. to fly to Calcutta, and one hour to Dacca. Sr. M. Benedict and Sr. M. Michaela met me in their truck which Sr. Benedict drives. The Sisters live in a row of little rooms which were on the plot of land of the new hospital. Their chapel is very small and very simple but beautiful. Everything is made of teakwood. The hospital building has advanced a great deal. It promises to be a nice practical building—only a portion is to be built now. Reverend Father Weber is helping in the supervision. The land is about eight acres and is in a good location. Today, we had the first Benedict iou in she chapel. This P. M. there will be Pontifical Mass and the official opening of the Marian Year at the Cathedral. I am staying for that and tomorrow I hope to be off for Mymensingh, Mandir and Rawalpindi.
FATHER, I want to be a Medical Missionary . . .” said Rose, leaving her companions.

Who is Rose? Where did this conversation take place? Rose is a Malabar girl, from that delightful corner of the world known as Travancore, or the Malabar Coast. The conversation was probably in Malayalam, her native tongue, but it might have been in English, as she was graduating from an English high school and all her education had been conducted in that language.

Rather puzzling so far, isn’t it?—especially that opening sentence. “I want to be a Medical Missionary.” Let us see if we can explain it. We must go back about nineteen hundred years, when a man named Thomas came to the Malabar Coast. He had been a personal Friend and disciple of a Man named Jesus, Who was God Incarnate and Who died to save all men. Thomas had been sent to this part of the world to carry the Good News of our salvation and had made many converts before he was martyred.

The interesting historical fact is that the St. Thomas Christians have kept the Faith down to the present day and are among the most fervent Catholics in the world. 1,800,000 of them live along the Malabar Coast, and Rose is one of them. They must not be confused with the converts made by St. Francis Xavier many centuries later.

Among four hundred million Indians, what are a few hundred thousand fervent Catholics! In the whole of India there are only about five million Christians, many of them Protestants.

As early as 1937 an Indian priest had written to Mother Denzel: “Medical work is an essential factor for successful mission endeavor all over the world. I am sorry this important phase is overlooked in the Catholic missions of South India. The death rate is alarming, especially among women and children. Child welfare work is still unknown here. There are many good vocations—but the difficulty is to get them trained (medically).” There were no Catholic hospitals, no hospital Sisters, no place where a girl could obtain a Catholic Nursing Education.

It was not until much later that Rose discovered just what Father had meant with the objections he
made. "You know, Rose, it will mean going away from home.

"Traveling inter-class from Malabar to Rawalpindi will mean sitting up for four or five days.

"A hard climate, strange food, menial work." Father said.

The Malabar Coast rivals Southern California — never too hot, never too cold, with always a nice breeze and sea bathing, coconut groves, no winter—only a little too much rain during the monsoon. In Rawalpindi, on the other hand, up near Afghanistan and Kashmir, one roasts in the summer at 110 degrees, enduring the dust storms, and freezes in winter.

After all the arrangements had been made, in May 1940 Rose and her four companions, the first group of prospective Syro-Malabar Medical Missionaries, set out for the long trip to Rawalpindi to enter the Holy Family Hospital School of Nursing. An American girl can hardly imagine what this meant to sheltered Indian girls.

The Travancore Catholic is at the top of the social ladder in her native State. Not even the highest caste Brahman is above her. For an educated Catholic girl to go in training in an American hospital in the Northern Punjab, Moslem territory, was just about as adventurous and probably required more courage than for an American girl to go to India or China.

"Strange food!" Yes, that was the hardest part of their life in Pindi at first. The watery curry with the vegetables in it, instead of the rich meats and spices they had enjoyed—all this was insipid compared to what had been served at home.

They had to learn a strange language. These girls knew English of course, but then the American Sisters talked so fast and so differently, Rose once said to one of them, "Sister, we know English very well, but we cannot understand you!" But the Malabar girls are quick to learn, and soon they no longer had any difficulty in understanding "American." Hindu, Urdu and Punjabi, the other languages used, are just as different from Malayalam as French is from English, yet they managed to pick them up without any lessons, and conversed fluently with the Indians in their own tongue.

"Different ideas, different customs . . ." Imagine putting on stockings for the first time! But they were glad to wear them during the cold months, especially on night duty.

The Malabar young women persevered, they were imperturbable —no matter how strange everything seemed. Adaptability seemed to be second nature to them.

By the Spring of 1943, the first group had completed their nursing course and passed their examinations. All were ready to begin their novitiate in Malabar.

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Sept. 8, 1944 — First group changed their Indian saris for the habit of the Medical Mission Sisters, placing themselves under Mary’s protection.

Their first novice mistress (right) was Sr. M. Pauline, S. C. M. M. (Hartford, Conn.). The novitiate had the usual schedule of spiritual exercises, classes and domestic duties, but India lent its own flavor to all these. Hosts for Mass were made by hand, from the grinding of the wheat to the baking of the wafers, a five hour process.

Cocoanuts and jackfruit, bananas and cashews had to be gathered and prepared.
Sept. 8, 1946 — The great day arrived at last. Sisters M. John, R. N., Veronica, R. N., Magdalen, R. N. and Salome, R. N. who had chosen their names for the Faithful at the foot of the Cross, made their religious vows.

Dedicated to the care of the sick, the Sisters prepared themselves for their future Medical work.

The years of preparation climaxed in the opening of the Immaculate Heart of Mary Hospital at Bharananganam on March 19, 1948. At this time, the Pope gave His Apostolic Blessing, "praying that Almighty God may prosper this beneficent work for the sick."
CIRCUS EVERY DAY

Sr. Marie Pierre, R. R. L.

BACK HOME in the States, the circus comes once a year. But here at Holy Family Hospital, we have a circus every day and usually, it's a three-ring one! Any morning, strolling down the halls of the hospital, one can see sights to rival any circus sideshow — sights to make one laugh, sights to make one weep, sights to make one open one's eyes in amazement and sights to make one raise one's heart in prayer.

Take this morning, for instance. I started down the hall after breakfast and ran into five or six oncoming pedestrians, each one intent on his own business. Iqbul, our lab boy, was reporting for duty, wheeling his bicycle down the corridor. It isn't safe to leave it outside, so what else to do but cycle it into the lab? Thank God, the hallway is wide enough to accommodate a bicycle or two without having a major traffic jam.

Two or three others of the group walking towards me, all men, in their baggy, ankle-length trousers, loose shirts and impressive-looking turbans, had their hands filled with pots and thermoses. No one had to ask what their mission was — breakfast for someone of our patients. It is the custom here, for some member of the family to bring them their meals three times a day. One soon comes to accept as quite normal the pots and pans, the little stoves in the rooms to heat the food, the general look of "light-housekeeping" on every side. This also helps to explain why patients insist on having a relative with them in their rooms — someone has to tend the fire and keep things in order!

The next person coming to meet me was an old granny who was rubbing her weary eyes with one hand and with the other, supporting her little granddaughter strad-

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dled on her hip. The child has been a patient in the hospital for over two weeks and old granny has been at her beck and call twenty-four hours of every day. Fatma is dying of abdominal T.B., the scourge of this country, and one can only smile and try to bring a little light into the life of this saddened pair. Neither of them realize that very soon Fatma's lot will be a blissfully happy one, among the Blessed in heaven. At the same time, one's own heart is saddened to see evidence on every side of this dread tuberculosis. Roughly speaking, about 50% of all our out-patients are suffering from some of its effects—T.B. of the bone, of the lymph glands, of the lungs, T.B. meningitis. It runs rampant among the poor and these people are poor.

No sooner had I passed this “flank formation” in the hall, than I spotted something that made me pause and just look. An old wizened Mohammedan looking very patriarchal in his long, white beard and flowing garb and fez was standing before a large wall plaque of the Crucifixion studying intently. I didn’t notice for a minute or two that he was fingering his own prayerbeads and that his lips were moving up and down, almost as if he were telling Christ on the Cross the whole story. Absorbed in his thoughts and prayers he did not notice my watching him. But for that matter, even if he had been conscious of my presence, it would not have disturbed him in the least. Truly, when these Mohammedans pray, they pray with an intentness and absorption that puts most of us to shame. It may be in the crowded bazaar, or in a ward full of milling relatives, or out in the open fields, just any place they happen to be—when it’s prayertime, out comes the little prayer rug and in a minute they are in a world of spirit.

Just then, a young student nurse pushing her medicine cart before her whisked past with a bright “Salaam, Sister-ji,” and I was back once again to Hall II and its sights which seem to come in endless variety. Perhaps, we cannot advertise as the “greatest show on earth”, but we can insure “your money’s worth” to anyone who wants to come and see—all this and a hospital too!

† Be mindful, O Lord, of thy servant who has gone before us with the sign of Faith and sleeps the sleep of peace.

After a brief illness, Sister Miriam Akerboom, S.C.M.M. died on Jan. 2, 1954. Sister was the first postulant to enter the Dutch Province of our Society in 1939, where she served as Council Member for a number of years. In October, 1951 Sister came to the Motherhouse where she was stationed until her death. Sister Miriam was the fourth Sister to die in the 25 years of our Society.
WHEN WE come across the term "International Communications," we are inclined to think of such technical devices as short-wave broadcasting, which enables us to penetrate to the far corners of the earth, hopping across national boundaries and other obstacles in our worldwide campaign for freedom of information. Or, perhaps, we may think of Facsimile, which gave us the pictorial coverage we had in the United State of the coronation of Queen Elizabeth. Seldom do we think of the missionary as an important factor in international communication. Yet he is.

The great machinery of communication, the newspapers, magazines, radio, and the movies, to name some, play important roles, it is true, but they do a remarkably poor job in conveying the true cultural values of one society to others. There is as yet no completely effective substitute for face-to-face discourse in communication. It is here that the missionary has the tremendous opportunity to build good-will and understanding among other peoples. He is in intimate contact with them: he knows their ways and their problems.

A basic need today is to communicate the way of life of different peoples to one another. Three objectives are to be sought: 1) An appreciation of the common human qualities underlying cultural differences. 2) Understanding of the central values of other cultures. 3.) Realization that the different value systems of the world's peoples are each compatible with universal human qualities, even when not compatible with each other.

Achievement of these objectives would not insure world peace. It would bring appreciation of the fact that different cultures have a common basis in human nature. This would give peoples more tolerance for one another. Today little of the steadily increasing stream of information that passes from culture to culture, from country to country, leads to an appreciation of our common human nature. Hollywood's westerns and crime films do not give the European or the Asian a true picture of American life. We, in turn, boasting that we are the best informed people in the world, are astonishingly ignorant of a world that no longer permits of isolation.

Linguistically Americans are said to be the most backward na-

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Sr. M. DeLellis (Wheeling, W. Va.), Sister's assistant, operates the electric cutter. With a Verticle and a job press the Sisters print the posters, pamphlets, and leaflets used to make the work and the needs known.

Language is a great barrier to effective communication. But an even greater obstacle is our disregard of the basic outlooks and interests of foreign audiences to which we address ourselves. We must take into account, as one writer said, "the hopes, demands and expectations" of these people. We must back our words with deeds showing to suffering humanity that we, too, are human. The missionary, by his self-sacrificing work is an exponent of this philosophy. Throughout the mission world, thousands of missionaries are "witnesses" to the charity of Christ who died that "all might be one."

During Catholic Press Month, when we think of International Communications and the missionary, we see a double picture. We see the missionary explaining our American customs and ways to the peoples of other lands. And we see the missionary explaining the customs and ways of other peoples to us. He has the practical and factual experience in the field to do this. He has the stories to tell and should be helped to tell them most effectively and be given the opportunity to do so, so we can think with others and they can think with us, as we reach for universal Brotherhood.

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.
At present my energy is divided between the men's ward, the well-baby nursery, and the central supply room, as you see, it doesn’t lack variety.

I have an interesting view of the buying and selling activities in the bazaar from the hospital windows. The bazaar is like our shopping center, though a real contrast to the American super-markets. It consists of small shops, each a room overlooking the street. I see little groups buying their meals from the shopkeeper squatting before a kettle. In the morning they come for “kachari” made from flour and spice fried in oil. They take it away in dried Salwood leaves fastened together with sticks to make a cone-shaped container. Later they come for rice, dhal (a vegetable sauce), lakari (a vegetable curry), or chappatis. The sweet shop is well patronized by the bees swarming about to sample the displays lying in tins on the floor. They have a special liking for the “orange-jalebi” which are shaped like pretzels. They are made from a pastry, fried in deep fat and then immersed into syrup. In the jewelry shop the owner squats before an anvil working with a chisel and small hammer upon metal deftly held in place by his toes. Each shop is a human interest story in itself.

The language or rather languages are a real challenge. Some funny things happen during the learning stages. One of the Sisters starting an intravenous got a bit agitated when the patient refused to obey her admonition to “make a fist.” However, when she straightened up after the procedure, she found the patient with his mouth wide open in obedience to her mispronounced command.

—Sr. M. Bertrand, R.N.

We have bought some army disposal sweaters for 50c each and are busy mending them. They are khaki colored and of good wool, and after darning they are not too bad—the poor are glad to get them. We are going to have them dyed dark blue or green for we do not like to give them out when they are so obviously army disposal and all full of darns. The poor have feelings, too.

We just received a large consignment of dried milk through N.C.W.C. Sr. Bernadette is in seventh heaven (and who wouldn’t be?) giving out milk to the poor in the mornings. We received 115 drums. Packed as it is in plastic bags and then in strong cardboard, it will remain a powder and not go solid. All the people and staff remarked about the packing. America is really wonderful. We shall
have enough to give to the poor for months. We give it out in liquid form to avoid any misuse. You should see some of the containers. One little boy brought a little tin pail such as children at home use in the sand pile. One beggar, blind, comes every day to drink a warm cup of milk before he starts wandering the streets begging for his daily bread. Honestly, it does something for one, to have all this to give to the REALLY needy. I suppose the people responsible for this wonderful gift will never really know how much misery this milk is alleviating. God knows and will bless America.

— Sr. M. Dolores, B.S.N.

DELHI

Just a few lines about Delhi. I arrived Friday evening, Oct. 23rd at Palam Airport. Customs was pleasant and all went well. As the Sisters did not know the date of my expected arrival, I had to seek them out! Was not successful, so called Presentation Convent and they took me in for the night. Next A.M. who should come up to me in church but a Patna Jesuit! Told me he was Father Gibbons and was to meet the Sisters that A.M. in New Delhi. So... off we went and found the Sisters just driving up to the Jesus and Mary Convent in their little Ford! The funny part of it was, just before they arrived, a telephone call came asking for one of the Medical Mission Sisters. I answered it, and someone with an American accent said, “Welcome from America!” Turned out to be a Mrs. Wheeler from Indianapolis, who is on the way to the jungle with her husband to do big hunting. The British guide who is to direct the hunt is Col. Powell, a gentleman from Mussoorie, well-known to Mother Dengel!

As you know, there are four of us living here at the hospital, Sisters John, Richard, Joanna and myself. Three rooms have been finished off and this makes a dandy little apartment. We have running water when it runs (has been stopped up with sand this week), but no electricity, so you’d all enjoy seeing us run around with little hurricane lanterns and Petro-max lamps at night. Much of the furniture we have is a gift from the St. Louis Jesuits, a tremendous
help! Sr. Mary John provides wonderful meals on a little kerosene stove. Don't know what we'd do without it. We attend Mass in the little village church of Masihgarh—about an eight minute walk from here. Our place is on the left side of the church and the German Brothers who run the village farm are on the opposite side. We kneel right at the altar rail, because of course there are no benches in most Indian churches. But the Brothers have provided us with lovely bamboo chairs to sit on. Mass doesn't seem to be at any set time—sort of goes with the sun, so every day it's later. Today, Sunday, we sat down to breakfast at 9:45 A.M. You must keep in mind however, that the sermon lasts never less than 35 minutes.

On week days Sisters Joanna and Richard leave immediately after breakfast for the city (7 miles). It takes a good half hour to reach their office. There, most of the Public Relations business is carried on. They have had all sorts of projects, such as dances, parties, fetes, etc. They also distribute elephants, and a Junior Auxiliary takes care of getting these into shops and schools, etc., and seeing that they are emptied. Delhi is really very Westernized and the traffic is practically all of the motor variety. At this time, the Sisters are also contacting the big firms, trying to get Memorial Beds, etc. Sr. John and I are still getting organized and when not engaged in de-plugging pipes, we decipher plans. The correspondence too is simply amazing—25 to 30 applications a week, ranging from sweeper to doctor. One sample is: "Madam. Being given to understand that some posts of sweepers have fallen vacant under your kind control, I most respectfully offer myself for one of the posts.

I am a young man with strong and sound physique with attractive habits. In case I am lucky to be selected, I can assure you that I will prove to be an asset to the institution."

Last week presented a historical occasion in the visit of Vice-President Nixon to the city of New Delhi. We attended the reception for Americans at which he gave a very nice talk. He and his wife shook hands with all present, and from all accounts it sounded as though he was very well received here.

Sr. M. Clare, R.N.

**MALABAR**

A little house situated on the side of the main road that connects Palai and Petta was turned into a hospital on a beautiful day, March 19th, 1948. A temporary operating and delivery room was added to it. The small hospital was named after Our Lady—the Immaculate Heart of Mary Hospital.

Even though very small, every corner of it was utilized. When all the beds were full, mats were spread on the floor to accommodate more patients; and still, many had to be turned away for lack of space. It has so many ups and downs and the roof is very low. After a surgery or a delivery case, to put the patient back to bed, we have to climb up and down four steps, at times, carrying the patient in our arms.

But things have changed a bit since 1952. Now a new ward with sixteen beds welcomes the maternity cases. The people on the whole used to be afraid of hospitals. To take a patient to the hospital meant death for them. Only hopeless patients and complicated maternity cases used to be carried to the hospital. Now everything is differ-

*January-February, 1955*
The maternity cases even attend the clinics regularly for antenatal care, and if they are from a very distant place they stay in the hospital even long before their time. The men tease them saying that the women have such a comfortable time at the hospital that no woman wants to stay at home.

It is a custom here that a woman goes to her parents' house for her first delivery. Usually she goes when she is five or seven months pregnant and returns to her husband's house when the baby is four or six months old. The first baby's Baptism is celebrated on a grand scale. The father's people take the baby to the church, and after the Baptism there is a big dinner in the mother's house. So very often we also get a share of the Baptism.

We have more Catholic patients than Hindus because we are in a Catholic center. There are also a few Moslem patients. The Hindus are very religious. To listen to their prayers at a death bed is really touching. They pray continuously and loudly, calling the names of gods and commending the dying soul to their care.

We have the consolation that so far no Catholic patient has died without the last Sacraments. Some of them who were out of the Church for years were admitted here, very sick, and died after getting the last Sacraments.

If a very poor patient dies, who has nobody to claim his body, we inform the parish priest. He sends his coolies with a coffin and they take it to the cemetery. For the ordinary people, a priest always comes to take the dead body; and the sons of the nearest relations carry the coffin.

——Sr. M. Ann, (Malabar)

MARACAIBO

A few weeks ago eight of us took a most interesting trip across Lake Maracaibo, to Isla Providencia. As we approached from Maracaibo, it appeared to be a thicket of low-growing bushes and tall cacti rising out of the lake, but as we rounded the shore to the other side, it took on a completely new perspective, to all appearances a thriving Venezuelan village. As we docked we were met by the Health Inspector and the Patrolman, who asked for our permit from the Health Department to visit the island. For Isla Providencia is a Refuge for those stricken with Hansen's Disease, one of the three leprosariums maintained by the Venezuelan government.

As soon as we had landed the Inspector sent word to Padre Simon that we were there, and soon Father and one of the two resident doctors arrived. They took us around the island to visit the patients and see the wards and
little homes. The wards consist of large rooms with about 12 beds in them, kept quite clean, considering that there is no outside plumbing. There were not many confined to bed, only the most serious cases, and those who could not walk. However, you didn't have to look for the disease in those we met outside. Between the men's and women's wards there is a sort of plaza or patio, where some of the patients are allowed to run their little business, selling little odds and ends, a barber shop, a tailor shop, etc. Besides the hospital wards, there were wards where others may live — a sort of courtyard, with tiny rooms opening out on it, where they live two in a room. Some of these patients showed us their treasures — pictures of their families, and sewing or embroidery they had done. One would hardly believe that such dainty work was done with hands that were almost stumps. I saw one woman embroidering with only a thumb left on her hand.

In one of the wards, Father introduced us to the only little girl there. She proudly showed us her First Communion certificate, and a snapshot Father had taken of her in her white dress, and had enlarged for her to send home to her parents. She and her little brother are there alone, as they are the only members of their family that have the disease. Padre Simon looks after them.

In our travels, Father also took us to see his little church, very simple and poor, but very rich in the consolation it must give to many to have the Blessed Sacrament there. We also took with us a box of string rosaries, dyed bright colors, for most of the patients can say the rosary when they can't read out of a prayer-book. Father was so pleased with them, as rosaries here are so expensive. Although there is much room for improvement from a medical point of view, such as better housing, nursing care (there is one practical nurse, with a few aides and orderlies, themselves patients—no graduates) and occupational therapy, what impressed me most was Padre Simon himself . . .

Father is an Augustinian Recollect from Spain. Twenty-seven years ago his Superior asked for a volunteer to work here with the patients, and he has been on the island ever since, except for the short visits he pays to the other Augustinian Recollects in Maracaibo on big feasts. One would think that such surroundings would be depressing. But on the contrary, as we walked through the village with Father, although his shoulders were slightly bent, his white cowl covering his grey head from the sun, his whole figure seemed to radiate joy and a happy simplicity.

—Sr. M. Juanita, S.C.M.M.
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THE NEWLY arrived Sisters were disappointed. Here they were, five months in Africa and had not seen a single snake. They did not go as far as to question the Twi Talk's snake stories. No doubt the founding fathers of Holy Family Hospital had encountered interesting reptiles. But the species must be extinct. Not one, single snake in five months!

The first break in the cloud of disbelief came when one of the workers obligingly stepped squarely on a big fat puff adder which was sound asleep in the tall grass. The viper, by nature a bit sluggish, had just finished a big meal (one of our young chickens) and was quite unable to move quickly.

Although the beast was only about five feet long, it was thick around as a man’s leg: a gorgeous green and tan velvet with striking wedgelike markings on the back. Just the the thing to send back to the Motherhouse!

The men “chopped” the snake. We got the skin. But keeping the elegant thing was a bit of a problem: as the cats wanted to eat it we could not leave it out in the open. For a while we kept it in a supply cupboard. But that was a mistake. Every time someone opened the door, the contents screamed “snake”! The odor seemed to become richer with age.

The day after the incident, the man who stepped on the snake was absent from work. His excuse: he “felt weak.”

From then on we had enough snakes to satisfy the wildest and fondest dreams of any mission magazine editor. In fact, they kept popping up in such profusion that only those over four feet netted any interest. The workers clearing the bush for further building killed an average of two a day.

Further snake incidents, coming in Ascension week, had almost a liturgical note.

Sr. M. Raphael met this particular beauty on the verandah: it was 3 P.M. Not the time, nor the place for a snake to be. It is hard to say which one was the more surprised. The snake was the first to recover, say “Oops, I didn’t mean to go this way...” and turn tail.

Our yard-long window poles.
which have killed many a mouse and invading scorpion, were the most logical weapons to get for our uninvited guest, Sr. M. Edmund and Sr. Peter Claver joined the chase. The snake went into the sacristy, under the press, behind a trunk and out into the chapel where it was finally cornered and dispatched. Sr. M. Raphael getting in the finishing touch. The snake put up a good fight but he did not have a chance with three Medical Missionaries whaling at him. Lenth of snake: 28". Lenth of life: very short.

The chapel scene with all its excitement really had no connection with the antiphon of the week about "God going up in a shout of joy..." or the Gospel text of the day: "They shall take up snakes and they shall not hurt them."

Recently the Sister on night duty had an encounter. About midnight a long thin snake slid into the baby room through a partly-opened door. Sister noticed it just as she was putting a newborn baby into the cot. She hastily gave the infant to a student nurse and told her to remain with the babies while she went for help, and a stout stick. When she returned the snake had disappeared into the next room. In Sister went after him, with only the light of the kerosene lantern to aid her. Sr. M. Vincent finally found him under a table. Then began the game of tag with Sister whacking at him under the tables, and behind boxes. Finally the snake raced back into the baby room, did a few turns around the cribs, then JUMPED onto a shelf, about 24" from the floor!

There he took coiled refuge in the corner, behind the thermometer tray, eyes bright, fangs striking.

By this time some of the patients' relative-attendants had joined the chase. The kill was accompanied by finesse. Before bashing in the snake's head, Kwame adroitly (and thoughtfully) pushed the thermometer tray aside, out of harm's way. Had he not done so, the breakage would have made a drain on our precious hospital supplies.

Next morning we all shared Sister's surprise and concern that the snake had hopped up onto the verandah, in an area which was cleared and presumably "snake-free." We also shared Sister's uneasiness at the snake's ability to jump. Later, one Sister was seen measuring the height of our sleeping room windows. Height: 24".

Sister Peter Claver has been waging a cold war with the snakes, with almost 100% defeat on her side. Egg-eating snakes have killed more than a dozen hens within the last few weeks. Some chickens were bitten while hunting insects in the surrounding bush... some, when the snake burrowed under the hen-run door, etc.

Last Saturday Sister sorrowfully dragged in a five-footer the men had killed near the chicken house. The previous night it had gotten in and in one fell swoop had bitten ten setting hens, eaten seven eggs and two baby chicks. A tell-tale bulge in his middle marked the last resting place of the chicks. Eight of the hens died later that same day.

So... when Sister heard a commotion in the hen house early one evening, she went forth with vengeance in her heart and a bread paddle in her hand. She got one of the student nurses to hold the kerosene lantern for her.

The big black egg snake was curled up in one of the nests, in the corner of the little low chicken
This issue gives various sustains, some of which cut off the snake's tail, but he was much too big to be killed by such a light instrument (the paddle, not Sr. Peter Claver).

This egg snake, seeing itself cornered, leaped out, sailing past Sr. Peter Claver over her shoulder (she swears to this). Even with Sister crouched a bit while wielding her shovel, this was a good jump. At this point the student nurse lost heart and fled, taking the lantern with her.

This left the setting of—Sr. Peter Claver in the pitch dark, in one small room. And one big snake somewhere at large either in the henhouse or outside in the wire enclosure, which was too much for even the stoutest heart. Sister went for more reliable assistance, and another light. She found neither. She had to go to bed wondering how far the snake could travel, injured as he was. Next morning the laborers found him in the nearby bush, battle-bruised and tail-less. They finished him off and Sr. Peter Claver got the comfort of his skin.

**BOOK REVIEW**


It is always a pleasure to approach one of the Marygrove commencement studies. *Windows on the Infinite* is the thirteenth of these annuals which usually treat of some aspect of the Church and the civilization she created and sustains. This issue gives various studies of the Papacy and Education, Art, and Science, and takes its theme from the admirable words of Pope Pius XI:

“The function of all art lies in fact in breaking through the narrow and tortuous enclosure of the finite, in which man is immersed while living here below, and in providing a window on the infinite for his hungry soul.”

Two sections of the book which are particularly useful are those on the Papacy and Science and the Papacy and the Renaissance. As usual, the bibliography is full and excellent.

—Sr. M. Julia, M.A.

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**R. I. P.**

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*January-February, 1953*
THE SPIRIT THAT BITES

Many Indonesians are animists at heart. They have accepted certain aspects of Islam and Hinduism, but the spirit world still claims the worship, respect and fear of the greater number.

Spirits dwell in the objects of the physical world as well as in persons, both living and dead. Even diseases are their work.

One gets dysentery by having a passing spirit blow on him. The cure is to blow away the spirit by magic. Spirits dwell in the great creepers of the jungle. One gets goiter if one drinks from a stream that is bridged by them. Fever is an attack by someone who died a violent death, perhaps a woman in childbirth. Cholera originates from battles between warring spirits. To get rid of their violence, offerings are made to all the spirits without distinction.

Indonesians have begun to transfer some of this respect for the spirits to the injection needle. One dramatic illustration of modern medicine was the WHO anti-yaws campaign which brought this disease under control.

MARIANUM VACCINE

The International Congress on Leprosy held recently in Madrid, Spain recommended the extension of the practice of vaccinating against leprosy. These vaccinations are made with B.C.G. (anti-tuberculosis vaccine) and with the new vaccine made from Mycobacterium Marianum.

The bacillus used in vaccine Marianum was isolated by Sister Marie Suzanne of the Marist Sisters. It was first taken from a missionary patient at the leprosarium sponsored by the Propagation of the Faith in Lyons, France.

This vaccine has produced Mitsuda positive reactions in 100% of the cases of healthy children. Among leprosy patients the change from Mitsuda negative to positive was verified in 83% of the cases. It is hoped that this new mode of prophylaxis with regard to leprosy will be confirmed within a few years.

(International Fides Serv.)

BI-RACIAL

For two years, St. Vincent Maternity Hospital in Kansas City, Missouri has been using a non-segregation policy. Following the inspiration of Bishop Edwin O’Hara, both the staff and the patients are bi-racial.

Hospital Progress, 11-53
WHICH HOSPITAL NEEDS YOUR HELP?

**Dacca, Pakistan**

Whether a cathedral or a tiny mission chapel, albs, surplices, candlesticks, etc. are still necessary.

Sr. M. Benedict, M. D. (Phila., Pa.) needs:
- 6 brass candlesticks $25. a pair
- albs $16. each
- surplices $15. each

**Karachi, Pakistan**

The Moslem custom of "purdah" makes private cubicles essential for the maternity patients. At present the wooden poles are always falling down.

Sr. M. Martin, R. N. (Carroll, Iowa) is hoping for Judd Cubicle rods with curtains — $535 plus $200 shipping costs.

**Bombay, India**

Our new hospital in Bombay has only 18 bassinettes, but the nursery has room for 10 more.

Who will answer the S. O. S. from Sr. M. Alma, M. D. (Canton, Ohio) for the $30. needed for each bassinette?

Sr. Alma also needs a microscope with a mechanical stage — $200.

**Patna, India**

An appeal for nurses is being heard throughout India today, where there is only one nurse for every 43,000.

Sr. M. Cyril, B. S. N. (Cleveland, Ohio) could better respond to this plea if she had classrooms and equipment to accept and train the many young girls who apply for admission. One dollar from each reader would help Sister buy much needed teaching equipment and raise India's hopes for the future.

**Rawalpindi, Pakistan**

Sr. M. Dolores, B. S. N. (St. Louis, Mo.) hasn't taken to playing with dolls, but needs two life-sized dolls known as "Mrs. Chase" and "Baby Chase" to demonstrate nursing care to 90 students.

Besides the $100 needed for the "Chase Family", she needs 500 new or old blankets for the poor.

DEAR SISTERS:

Here is $ ... for your mission hospitals.

For ( ) Sr. M. Benedict ( ) Sr. M. Cyril
( ) Sr. M. Martin ( ) Sr. M. Dolores
( ) Sr. M. Alma

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