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Along Highway and Byway

Catholic Physicians' Guild

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THE LINACRE QUARTERLY

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NO. 2

ALONG HIGHWAY AND BYWAY

WE RISE TO BOW

THE heartening reaction to our December issue with its announcement of the third birthday of our QUARTERLY left us humble, encouraged and determined. Like a refreshing zephyr from the middle west to cool our fevered editorial brows, there came the following note from the Very Reverend Monsignor M. J. Gruenewald, Chancellor of the diocese of Belleville, Illinois, and Moderator of the energetic Belleville Guild: "Although THE LINACRE for December arrived only a few days ago, I believe the delay is compensated by the excellent matter in this issue. Congratulations! I believe your stand on the 'Safe Period' is the only safe one from the standpoint of the Church. The report on the *Latz Foundation* is splendid. Would like to see further reports on Guild activities in future issues. To help THE LINACRE—that truly 'winsome' little infant—on to its feet, check for \$5.00 is enclosed for my subscription. The Guild now gives promise to become a real means of promoting Catholic Action among our Catholic physicians."

Even the University of the State of New York has taken notice of THE LINACRE. We were delighted to receive the following from William Paul Brown, M.D., of the State Education Department, Albany, N. Y.: "You are to be complimented upon the present status of your magazine, and I wish it wide increase in its influence. We hear of an unexplainable tendency to drop Catholic activities after our young men have graduated from Catholic colleges. Our Catholic medical students find their studies divorced completely from their religion during the years of study in secular medical schools."

A CHALLENGE TO THE GUILDS

Dr. William Brown wrote in a recent issue of the *Catholic Family Magazine* on "Health Action by the Church." In the letter to us already quoted Dr. Brown says: "One of the main activities to which the Guilds may devote themselves could be the 'improvement of the quality of school health service in the Catholic schools and institutions.' The Church can well benefit through improved health of its members. Average length of life for the nation has increased from 42 years in 1895 to the present average of fifty-seven years. This can have an added ten years to the average, if the public would but use present medical knowledge earlier. Illness usually handicaps the family, curtailing also their contributions to the missions and also to their own parish expenses.

"Schools now have no medical attention, or a meager superficial attention. Discovery of early disease and of tendencies toward disease is highly worth while, yet many physicians overlook many points of impending ailments. Rickets, lessened growth, diphtheria, mental retardation, tuberculosis, mental abnormalities, goiter, etc., are now receiving little attention in the schools. Once-a-year study of symptoms and physical condition of each child in our schools could well be the aim. This should plan to be at least a ten-minute study of each child, with adequate report of the family physician or to the parent for those defective."

ONE GUILD ACCEPTS THE CHALLENGE

The Very Reverend Monsignor M. J. Gruenewald writing to Dr. Brown on the receipt of his article said: "The reprint of the article which you enclosed, 'Health Action by the Church,' has been read by His Excellency, Bishop Althoff of Belleville and by our Diocesan Superintendent of Schools, Mgr. Fallon, both of whom join me in their expressions of approval. We shall in co-operation with our Diocesan Superintendent of Schools, take up the question of making one of the aims of the new Guild the improvement of school health service in the Catholic schools and institutions. I am writing to you to request you to send me fifty copies of the reprint of the article for use February 21st. Thanking you, my dear doctor, for the Catholic Action which is breathed in your letter and in the article, I am with kind personal regards." To which Dr. Brown answered: "It is certainly heartening to have team-work and praise for my small efforts. I remember that in the state of Pennsylvania the 400,000 parochial school pupils had some type of medical examination and re-check for 225,000 of them; the rest had *nothing*. Such condition represents 1929, and probably today. Concrete efforts of this type, scheduled and divided among the members of the Guilds, would be

an additional reason for confraternity and a definite accomplishment. Physicians, however, often have so little experience with practical preventive medicine that they approach the apparently-well children too nonchalantly, when for each 100 pupils there are from 100 to 150 abnormalities for notification and for nursing follow-up to make sure the family envisions the need for care."

INTERNATIONAL CONVENTION OF CATHOLIC PHYSICIANS

The Belgian Medical Society of St. Luke is organizing an International Convention of Catholic physicians to take place this summer, 30th of May to 2nd of June, in connection with the Brussels Exposition. The aim of the Convention is to promote and coordinate the international movement of Medical Catholic Action. In July, 1934, various national organizations of Catholic physicians, gathered in Paris, gave enthusiastic support to this idea of an international convention of Catholic physicians. The following is the program for the Convention:

BRUSSELS—1935

Wednesday 29 May

7:00 a.m. Reception of the foreign convention members and families.

Thursday 30 May Ascension

8:00 a.m. Holy Mass at the Collegiate Church of St. Michael and Gudula, with an address by the Rev. Father Verdun, S.J., doctor in medicine.

9:45 a.m. General meeting at the "Palais des Academies." Idem.

2:00 p.m. Idem.

4:30 p.m. Trip in autocar to Tervueren and Waterloo.

7:40 p.m. Banquet.

Friday 31 May

10:00 a.m. Meeting of the "Medical Aid to the Missions" in the Feast Hall of the Brussels Exhibition.

12:00 a.m. Lunch in the pavilion of the "Vie Catholique." Visit of the Exhibition.

7:00 p.m. Folkloric dinner at the "Vieux Bruxelles."

Saturday 1 June

8:45 a.m. Trip in autocar to Louvain. Visit of the Medical Institutes of the Catholic University and of the city. After lunch, trip to the "Ardennes," by Tirlemont, Huy, Durbuy, Marche and Rochefort. Dinner and rooms at the "Chateau d'Ardenne."

Sunday 2 June

8:00 a.m. Holy Mass at the Church of Foy-Notre-Dame. Breakfast and promenade in the beautiful park of the Chateau.

11:00 a.m. Closing assembly of the Congress. After lunch, departure for Brussels in autocar by Dinant, the Meuse valley, Namur (visit of the Castle).

Information may be obtained from the offices of the General Secretary of the St. Luke's Society, 14 rue Blanche, Brussels. The cost of attendance at the Convention, including all expenses: autocar, lodging, meals, tips, etc., amounts to 148 belgas (740 francs)—80 francs for those who want a single room. Drinks are not included in this price, except for those served at the banquet on the 30th of May. All rooms with bath.

The Committee has requested the "Viator Agency" to prepare an

automobile excursion for the foreign doctors who wish to prolong their journey in Belgium. Here follows the program:

Monday 3 June

8:00 a.m. Ghent, Bruges (lunch), the Seaside, La Zoute, Knocke, Blankenberghe, Wunduyne and Ostend. Dinner and rooms.

Tuesday 4 June

9:00 a.m. Antwerp (lunch). After lunch, visit of Antwerp. Return to Brussels by Malines.

THE MYTH OF EUGENIC STERILIZATION

The *New York State Journal of Medicine*, February 15, 1935, carries an article on "Sterilization as a Eugenic Method": "In the course of a series of lectures delivered in Bremen on 'The Prevention of Useless Lives' and reported by the Berlin correspondent of the *Journal of the American Medical Association*, one by F. K. Walter is of particularly timely interest. Walter points out some of the difficulties inherent in applying the Mendelian laws to human breeding. Coming, as this lecture does, from a country where opinion on these topics is exceedingly biased, one may repeat what Johnson said of the dog that walked on its hind legs. The wonder lies not that he does it well, because he doesn't, but that he attempts it at all. The problem is really vastly more complex than would appear from the reported account of Walter's lecture.

"Recent research in England shows that all forms of mental deficiency are recessive to normal intelligence (in other words they appear in offspring of normal parents). In 93 subnormal families, 103 mentally deficient parents produced 338 offspring, of whom 110 were mentally deficient. In the normal families, 626 normal parents produced 1,032 offspring, of whom 86 were mentally deficient. If the German law had been applied and all mental defectives sterilized, 110 mentally deficient persons would have been spared the community of 1,370 persons. Eighty-six mentally defective persons, the offspring of normal parents, would, however, continue to grace the populace. The birth of 228 normal persons would have been prevented; of whom 78 were distinctly supernormal, and some of whom reached definitely into the borders of authentic genius.

"All criteria for sterilization seems to fall down on rigid inspection. Some of those proposed by the present German law do not become apparent till an age is reached when people have long married and had their families. Even if we take the one which often becomes apparent in childhood, epilepsy, we must admit that half the cases are not truly hereditary. Those cases which are definitely hereditary can in no manner be prevented, because epilepsy is recessive and, as time goes on, the rate at which it disappears becomes slower and slower because the laws of chance operate to lessen the possibility of the meeting of the genes.

"In a community without selective mating in which 1 per cent of the population was affected with a simple recessive degenerative condition such as epilepsy, and provided all these individuals were sterilized, it would require four generations to reduce the incidence to 0.5 per cent; seven generations to 0.25 per cent. If the disease occurred with a frequency of 1 pro mil, it would take 13 generations to reduce the incidence to half of the original value. Hence were measures similar in nature to those proposed by the present German government put in force by Charlemagne, the chances of the birth of the 'mental defective' epileptic Napoleon would scarcely have been halved."

HALDANE AND EUGENICS

J. B. S. Haldane, son of the distinguished scientist, John Scott Haldane, and professor of Genetics, recently broadcast over WJZ a lecture on the subject: "Is Eugenics a Fraud?" Speaking of certain diseases he said: "If we could stop first cousins from marrying we could wipe out about one-third of the cases of these diseases. Now there is only one great organization that discourages cousin marriages, and that is the Catholic Church. Catholic cousins * * * are not allowed to marry without a dispensation from the Pope. From the eugenic point of view this just about reconciles me to the Catholic opposition to sterilization." Again Haldane says: "Most of the eugenic legislation in this country has been directed to stamping out mental defect, not physical defect. Now the brain can develop wrongly for a great many different reasons, so mental defect is inherited in many different ways. Besides this, it may be due to injury or disease. So a law to sterilize all mental defectives would certainly not abolish all mental defect in one generation, nor in a hundred generations. * * * There are two other reasons against the policy of sterilizing as many mental defectives as possible, which has been adopted in some states of the Union. The first is the difficulty of judging who is defective. You can easily tell whether a child is blind or has no fingers. You can't be so sure about the mind as the body. If a child doesn't learn to speak till ten years old most people would class him as an idiot or imbecile. Well, I know a boy who didn't learn to speak till ten. Then an aunt spent a year overcoming his resistances, and he is now one of the world's ablest scientists. But if his family had been poor he would very likely have been judged an imbecile, and perhaps a case for sterilization. The second reason is more important. Do you honestly believe that a mentally defective in a rich family is as likely to be chosen for sterilization as one in a poor family? If you do I could give you examples from several countries to prove you wrong. In a rich family such a child is kept at home and said to be

a little backward or queer. In a poor family it is put in an institution. So unless you are going to comb out the whole population for defectives, any sterilization law is likely to run counter to the great principle of equality, in respect of which this country sets a very good example to most others." Finally Haldane closes with this thought-provoking sentence: "And never forget that it is as important to be born into a society where liberty and justice prevail as to be born with a sound heredity."

STATE LAWS AND STERILIZATION

There are 27 states which have sterilization laws and in many of the remaining states, sterilization bills have been introduced in their present legislative sessions. Among these are New York, New Jersey, Maryland and Georgia. The Editor is told that, in the latter state, amazement was expressed that there was any case against sterilization. A splendid technique for the defeating of these bills, which are really bills for permanent contraception, is, through Catholic Action, to have an amendment proposed to such bills as soon as they appear exempting Catholics from the application of the law on the ground that such laws are an attack on the religious rights of Catholics. Such technique will have a two-fold effect: first of all it puts the proponents of the bill in the invidious position of making an attack on the religious rights of others. Secondly, since it would seem that some of these bills are aimed at the Catholic immigrant classes, the acceptance of such an amendment would immediately lead to the death of the bill. The proponents of the bill would probably not want to have it passed if Catholics were exempted.

THE BIRTH CONTROL MOVEMENT IMPLIES BAD EUGENICS, WORSE ECONOMICS AND PERNICIOUS CLASS AGITATION

The dinner at Washington, D. C., on February 12th in commemoration of the 21st anniversary of the Birth Control Movement in the United States was not the happy affair that was planned. A few days before, the Judiciary Committee of the House voted down the Birth Control Bill. There was gloom enough in that for the dinner. Shortly after the Washington affair the Judiciary Committee of the Senate also voted down the Birth Control Bill. Perhaps the members of both of these Committees have been informed of the researches of the German savant, K. E. Fecht, a report of whose conclusions with regard to the dangers of chemical contraceptives appeared in the *Journal of the American Medical Association* for January 19, 1935. That contraception is disgenic, namely, bad eugenics, is shown from another conclusion of his that though the spermatozoa may be damaged by chemical contraceptives they may still be able to fertilize

the ovum and eventually lead to the development of defective offspring. It has been quite plain for some time that the birth control movement in this country, taking advantage of whatever may seem to help its cause at a given moment, has become an economic movement which is founded on exceedingly bad eugenics. One of the speakers at the banquet above referred to, laying special stress on the part population is playing in the unemployment problem, is reported to have said that, "We have our choice of scrapping machinery and all future invention of production or slowing down the birth rate." So it has become a choice between babies and machines with the machines rated higher than the babies! Of course all this does not make economic sense. For if we slow down population we must in any case scrap machinery. That the birth control movement is a pernicious class movement against what some call the *lower classes* in the population, but others more rightly call the victims of an immoral social system, is shown by the fact that birth control propaganda in recent months has been fixing its attention on the fact that pregnancies are more frequent in families on community relief than in the families of the employed. We cannot insist too much that unemployment does not argue incompetency on the part of the unemployed, but often immorality on the part of our present economic and social order. President Roosevelt in his book, *Looking Forward*, called attention to this when he said: "Fewer than three dozen private banking houses and stock-selling adjuncts in the commercial banks, have directed the flow of capital within the country and outside it. Economic power is concentrated in a few hands. A great part of our working population has no chance of earning a living except by the grace of this concentrated economic machinery. Millions of Americans are out of work, throwing upon the already overburdened government the necessity of relief. * * * I believe that our industrial and economic system is made for individual men and women, and not individual men and women for the benefit of the system. * * * We must get back to first principles; we must make American individualism what it was intended to be—equality of opportunity for all, the right of exploitation for none."

MEDICAL SCIENCE AND FAITH

In a letter to the *Fortnightly Review*, January, 1935, Dr. James J. Walsh, M.D., Ph.D., of the Manhattan Guild, says: "There is an old proverb, the origin of which I believe has never been traced, that where there are three physicians, there are two atheists. I once wrote a volume, 'Makers of Modern Medicine,' to show that the really great thinkers in medicine were deep believers and that the founders of medical science were all of them religious minded. Men of small minds

who get a great deal of science, or sometimes supposed science into them, often have no room for faith in conjunction with the science. It is these men who are the disbelievers in religion. They blame it on their science, but the real reason is the size of their minds.

"I suppose that practically everyone with a right to an opinion in this matter would agree that the most distinguished member of the medical profession in this country today is Dr. William J. Mayo of Rochester, Minn. He has recently put himself on record with regard to this question of medical science and faith. He said, as reported in the *New York State Journal of Medicine*, November 1, 1934: 'There is a tendency of the time for a group of intellectuals, that is, persons who have been educated beyond their intelligence, to underrate the value of religion as the universal comforter in times of physical or spiritual stress, but to the mass of the people religion has the same potency that it has had for two thousand years. The sick man needs faith, faith in his physician, but there comes a time when faith in a higher power is necessary to maintain his morale and sustain his emotion. I do not know how the doctor can strengthen that faith, unless he himself knows and practices the values of religion, not necessarily the creeds and dogmas of any particular church.' It is easy to understand that last sentence when it is realized that there are altogether some five hundred sects in this country, separated from one another by divisive dogmatic creeds, each of them the invention of some man during the past three or four hundred years whose name, as a rule, has become attached to them."

SOCIALIZATION OF MEDICINE

By REVEREND WALTER G. SUMMERS, S.J.

The writer of this keen analysis of causes and conditions tending towards the socialization of medicine was formerly Regent of the Georgetown University Medical School and is at present Head of the Department of Psychology, Graduate School, Fordham University. The present paper was delivered at meetings of the Manhattan and Bronx Guilds and is printed as the result of many requests.—EDITOR.

THE efforts of organized medicine to care for the indigent sick form one of the most stimulating and at the same time one of the saddest chapters in the annals of medicine. The original purpose of the Hotel Dieu was to provide medical service for those unable to finance private medical treatment. This tradition of service has been carried to our present generation by the example of all great hospitals and has been manifested in the devotion to the sick outside of hospitals by doctors throughout the world. Due to the effects of our economic situation, the attention of the public and of the medical profession has been focused on the practice of medicine especially as it applies to people in the indigent and middle classes.

Changes in industrial conditions have produced a large body of unemployed whose poverty is created by the inability of society under