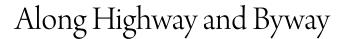
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THE LINACRE QUARTERLY

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ALONG HIGHWAY AND BYWAY

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With this issue we complete the fourth volume of the LINACRE. The Editorial and Business Staff which has thus far carried on the work of this Quarterly is resigning its task into other hands. The LINACRE has not grown bigger; it may have grown better. We were born and remain a depression baby. In the meantime there has trickled through to our editorial ears the voices of whispered criticism. Some have told others that the ethical doctrine set forth in these pages of the LINACRE has been too severe; that other Catholic Ethicists are more liberal in their doctrines, and that Catholic Hospitals in some cases actually allow or connive at the practical application of more liberal ethical view-points. Besides this, it has been whispered that too much space has been allotted to the questions of birth control and sterilization.

In regard to the former allegation, we challenge any critic to show evidentially any ethical doctrine which in the LINACRE has been interpreted more severely than by the leading Catholic Ethicists and Moralists. The Editorial mind has always tended to the more liberal viewpoint whenever that was soundly possible. As to the latter criticism, we merely call attention to a factual analysis of the Third Volume of the LINACRE, containing seventy-two pages inclusive of cover and advertising. Guild Notes and Reviews, 10 pages; Feature Articles, 22 pages; Covers and Advertising, 14 pages; Along Highway and Byway,

[54]

exclusive of Birth Control and Sterilization, 16 pages; Birth Control and Sterilization, 10 pages. In other words only 7.2% of one volume of the LINACRE occupied itself with two of the most important problems facing the Church and the Catholic Medical Profession today.

At the next meeting of the Federation, a new staff will be appointed for the editorial and business direction of the LINACRE. To our successors, we gladly turn over the burden we have carried for four long years, with a whispered prayer that under their capable guidance the LINACRE may assume that form and importance which will make it rank with the best magazines edited by our Catholic medical brethren abroad.

THE SECOND INTERNATIONAL CONGRESS OF CATHOLIC PHYSICIANS

Vienna in Austria, during the Pentecostal Season, welcomed Catholic physicians from more than a dozen countries to an International Convention. Dr. Hofer, President of the Austrian Guild and of the Second Congress, greeted the delegates on May 28.

The well known Franciscan, President of the University of Milan, Dr. Agostino Gemelli, O.F.M., opened the Congress on May 29th, conveying the warm approval of the Holy Father on the convention program. The first session dealt with sterilization.

His Eminence, Cardinal Innitzer, was present at the second session which dealt with the supervision of the health of missionaries and with medical missions. According to the *Catholic Medical Guardian*, our British contemporary: "It is difficult not to be envious of the careful work that our European neighbors are doing to supervise the health of the missionaries they send out, examining them with great thoroughness at intervals from the novitiate onwards." In the July-August issue of the *Bulletin de Société*

Côme et Saint Damien, there is printed a paper of Dr. O. Pasteau, entitled Medical Examination of Missionaries in Its Practical Realisations.

INTERNATIONAL CONGRESS OF CATHOLIC PHYSICIANS AT ROME, EASTER, 1937

The third session of the Second Congress was to have discussed the question of a Catholic Medical International Secretariat. On the afternoon of May 29 Professor Hofer read his report on this question. There was some discussion and certain difficulties presented themselves. At this juncture Dr. Pasteau made known the desire of His Holiness, Pius XI, of having a Congress of the Catholic Physicians of the World at Rome during the Eastertide of 1937. Each country according to

the wish of the Holy Father would present at the convention an account of the activities of its own groups. After an examination of the achievements of Catholic Medical Action up to that time, measures would be adopted directive of each group. The Second International Congress of Catholic Physicians welcomed the suggestions of the Holy Father and assigned Rome as the place of meeting for the Third Congress. Dr. Pasteau was commissioned to continue the services of the International Secretariat now under his direction until a decision should be reached at Rome.

AMERICAN GUILDS AND THE ROME CONGRESS

At this Third International Congress of Catholic Physicians to be held at Rome during Easter Week 1937 because of the express wish of the Holy Father, the American Guilds ought to be represented. Undoubtedly there will be difficulties to be met and overcome. But immediate steps should be taken to see that both the Federation as such and the individual Guilds be represented at this really momentous meeting. Christ through His Vicar is calling on Catholic Physicians as never before to unite professionally in a unit of Catholic Action. It is just one more sign of a tightening of the spiritual bonds which unite Catholics in the Universal Church as well as a tightening of the scientific, social and cultural bonds. It would seem as if the Church were preparing Herself to meet one of the greatest battles of Her career. Increasing signs of the conflict are all around us. Anti-Christ was never so bitter and unrelenting. The Mystical Christ is preparing the antidote.

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Members of the Guilds should welcome this opportunity; as Catholics, to cast themselves at the feet of the Vicar of Christ and the Successor of Saint Peter; as physicians, to catch the inspiration of Catholic Medical Action by contact with their brethren from every quarter of the globe.

CONCLUSIONS OF THE SECOND INTERNATIONAL CONVENTION OF CATHOLIC PHYSICIANS

Eugenics and Sterilization

Biological and medical research, free from all prejudice, gives results which agree perfectly with the exigencies of Christian morality.

(1) Medicine must reject sterilization as a means of combating hereditary defects.

Reasons: (a) Sterilization is not a *proper* means of preventing hereditary diseases. Our biological knowledge of hereditary transmission and of its influence is in our day too restricted to be able to give a prognostication of heredity which is at all certain. The discoveries of actual genetics show forth the importance which one ought apparently to attach to certain factors in the development of gametes, for example, environment. (Gemelli, Italy; Niedermeyer, Austria; Puigros, Spain.) Statistics on heredity prove, besides, that selection of sick individuals is practically impossible, and that their percentage in a population which is left to nature automatically arranges itself. There only where man creates abnormal conditions (birth limitation, war) are made clear, variations which change the percentage of hereditary diseases. (Niedermeyer, Austria; Arrupe, Spain.)

Sterilization could not prevent that, because it would reach only those who are manifestly diseased, whereas the latently diseased, i. e., the healthy carriers of diseased hereditary germs, remain unknown. (Niedermeyer, Gemelli.) Following the progress made by the biology of heredity, we may expect to see differences with the doctrine of the Church disappear. (Puigros.)

(b) Sterilization involves serious dangers from a medical, psychological, social and national point of view:

For the *individual*; the sequel of operations, deaths shortly or long after the operation, psychoses, suicide, depression through a feeling of inferiority, increased morbidity, and so on. (Rapp, Carp, Holland; Niedermeyer: Discussion; Clement, Switzerland.)

For *society*; spread of sexual maladies through the more lewd sterilized persons, suppression of the possibly good element, formation of a middle-class intellectually insignificant, weakening of social and charitable feelings toward the weak and the abandoned, etc. (Niedermeyer, Carp, Gemelli.)

For the *nation*; depopulation through the extermination of possibly healthy children. (Gemelli, Niedermeyer.)

(2) Birth limitation, advocated by public health administrations leads directly to abortion, regulated or recognized by the state, to legal sterilization and to euthanasia.

Medicine should refuse to allow itself to become the official executioner of the individual and of the race.

(3) Similarly castration, according to the actual findings of medical and medico-legal experiences, should be rejected as a eugenic or simply repressive measure. Historical researches have proven peremptorily that no document exists which might prove the reproach that the Church ever sanctioned castration of choir-boys. (Arrupe, Spain.)

(4) Eugenic measures as such must be of a positive nature. In this domain, it is the duty of Catholic Action not only to observe in a passive way, but to intervene actively, through

(A) The formation and the support of consultation bureaus for the betrothed, for married people, and for mothers. These bureaus should seek contact with organs of public health and of prophylaxy established by the state or the community.

(B) The institution and support of complementary medical studies in the domain of social and eugenic hygiene.

(C) The spread of biological and eugenic knowledge and of social hygiene among the clergy; the extension of the study of pastoral medicine.

(D) The support of the efforts made by the state or the community with regard to segregation and isolation, of social institutions, of the fight against social diseases (toxicomania, alcoholism, venereal diseases, etc.

(5) It is proposed:

(a) To organize among all the associations of Catholic physicians international collaboration on questions of eugenics, of research on heredity and especially on sterilization.

Manner and means:

To present to all associations, programs and special problems to be studied and solved; for example, on the conditions now demanded for sterilization and on the real state of supposedly increasing degeneration, on the positive or negative value of abnormal factors, on questions of heredity, on the results obtained up to this date by the practice of sterilization.

To present centralization and exchange of results and important scientific publications.

Formation of a central publication and of study committees, composed of physicians and theologians. (Manser, Switzerland.)

(b) To edit reports, brief synopses, on all the problems dealing with sterilization; to place them, with all the other works of Catholic physicians, at the feet of the Holy Father, as a foundation for a medical library in the Vatican.

This congress takes official cognizance of the fact that Science confirms all the requirements of the Encyclical "Casti Connubii"; it believes that it is advisable to push and to expand scientific research in the domain of hereditary biology and eugenics. It calls upon Catholic physicians of all national societies to take part in these inquiries and to assist in propagating in a Christian sense positive eugenic tendencies.

Article 5 (a) and (b) were submitted to a separate vote and adopted unanimously.

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MEDICINE IN THE MISSIONS

(1) The reports of various countries, which treated of the medicohygienic formation of missionaries, of their medical preparation and supervision, of the sending of physicians to the missions, of their activities and the activities of feminine medical groups in the missions, were listened to with interest.

(2) The missions suffer from a lack of physicians, especially of women physicians.

(a) In various quarters, attention is called to the necessity of establishing in colonial countries Catholic Universities or medical colleges especially for Hindu women and for the members of feminine congregations, to whom Propaganda recommends the study of medicine.

(b) The sending of physicians to the missions is rendered more difficult and their studies are lengthened due to the fact that each colonial power recognizes only diplomas obtained in its own country. The movement of physicians toward the missions would be facilitated if we could obtain from the colonial powers approbation for specifically missionary medical activity of diplomas offered by members of countries which have no colonies such as Germany, Switzerland, and Austria.

(3) This question of missionary medicine and similar questions can be studied thoroughly only by some international organization. It is therefore proposed that an international association should be formed which should group together all the Catholic undertakings for medical assistance to the mission. The committees of this association should resolve the problems eventually in collaboration with similar Protestant organizations. In order to insure this collaboration it might be advisable to launch an International Review. Finally, recommendation is made to associations for medical aid to the missions to become affiliated with the Catholic medical guilds.

THE FEDERATION AND MISSIONARIES

Members of the Manhattan, Bronx and Brooklyn Guilds cooperated last Summer with the Rev. Edward Garesche, S.J., Director of Catholic Medical Missions, in presenting a first-aid course for missionaries. The lectures were given during the month of July and were attended by 15 Missionaries, Priests, Brothers and Nuns from various Mission Fields. Lectures were given on surgery, materia medica, diseases of the skin, and on the care of ear, nose, throat and eye. Plans are under way to set up a staff of instructors for the various branches of medicine. Lectures will be given and clinics held during the month of July of each year. Among the doctors who assisted in this activity were Dr. Thomas Carey, Dr. Timothy Reardon, Dr. John McGrath, Dr. Nunzio Rini, Dr. Francis Murphy, Dr. Henry Barrow, and Dr. Strahl of the Catholic Dentists Guild.

A NEW GUILD IN PORTUGAL

We have on our editorial desk a copy of the first number of the Accao Medica, the organ of the Association of Portuguese Catholic Physicians. Dr. José de Paivo Boléo, the Secretary of the Guild, writes to the editor of the LINACRE as follows: "For some time back we planned as one of our activities, the publication of a review which would serve both as a stimulation and a bond of connection for Portuguese Catholic Physicians, while it would be a means for the diffusion of Christian morality in its relation to medicine. The opportunity to put our plan in execution has at last arrived. We desire also that our Review should be of assistance in establishing closer relations with our colleagues of other nations. It will be a great joy to receive your own publication THE LINACRE QUARTERLY."

WHY A NEUROSIS?

By JAMES F. McDONALD, M.D.

(Concluded from the June Issue)

THE fundamental psychological mechanism responsible for the socalled conversion of the state of chronic strain to one of neurosis shall not be discussed here. It is looked upon differently by the schools of thought which hold different views of the structure and function of the mind and the body and the relations between them. But a verifiable fact and its explanation are two different things, as the history of common experience, science and philosophy amply illustrate. The point here emphasized as a clinical fact, is easily verified by the physician through careful investigation, viz., that most cases of neurosis are precipitated by a previous prolonged course of unresolved personality strain or suffering.

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The question is not considered here as to whether emotion is a separate, basic mental faculty. Indeed the fundamental defect in the neurosis proceeds, the writer believes, primarily from the misuse and misdirection of both intellect and will. This is suggested strongly by the fact that a lasting cure requires a training of the patient in the use of his intellect to make a sensible evaluation of his difficulties and a sensible, right use of his will in dealing with the factors, subjective and objective, causing the sustained inner strain responsible for the neurosis. In this view the chronic emotion and resultant strain both proceed from a wrong use of the intellect and will.

Whether and to what extent the chronic inner tension may cause finer structural changes in the nervous system is a question not easily determinable by our present scientific techniques. The writer feels