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Maurice Raynaud: 1834 - 1881: A Commemorative Tribute

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Maurice Raynaud: 1834-1881

A COMMEMORATIVE TRIBUTE

As Christian physicians, we sometimes think that this is the "worst of times" with the humanistic, secularistic values which seem to permeate our society. And yet, we know that we are "the salt of the earth" and must continue to help "leaven" the society in which we find ourselves, much like Maurice Raynaud who is the subject of part of this issue of *Linacre Quarterly*.

As medical students, we first learned about Raynaud's Syndrome or Raynaud's Disease in physical diagnosis and later in clinical years. Very few of us know about the man who brought this clinical entity to the

attention of the medical world. His story is a fascinating one, as our guest editor, Dr. William L. Cooke of Modesto, California, has presented it in the following pages.

Dr. Cooke is an internist and obviously a man of great diligence and varied interests. It is always a great joy for us who are physicians to find colleagues who share an interest in medical history, philosophy and the Christian perspective on life in general and medicine in particular. Dr. Cooke is such a man. We are pleased to bring our readers the results of his research on Maurice Raynaud, an outstanding Catholic physician, the 100th anniversary of whose death occurs this year.

Dr. Cooke was graduated cum laude from the University of Notre Dame in 1957 and from the Southwestern Medical School in Dallas in 1961. He interned at the Santa Clara Valley Medical Center in San Jose, served as a medical officer in the U.S. Navy from 1962-65 and served a residency in internal medicine at the Dallas Veterans' Admin-



Dr. William L. Cooke, M.D.

istration Hospital from 1965-68. Since that time, he has practiced internal medicine in Modesto, California and for the past 12 years, has served as director of Medical Education at Doctors' Hospital there. He has published a number of articles dealing with the clinical aspects of selected hematological problems and with the relationships between the medical world and Christian culture,

Dr. Cooke points out that the *Linacre* presentation is the first recognition of Raynaud's work within the Catholic community.

In this day and age, it is most important for the community and especially physicians, to review the lives of those who epitomize the qualities and values which we Christians espouse. Maurice Raynaud, physician, was that type of person. It is encouraging and refreshing for us to see this renewed emphasis on the part of medical schools to attract individuals who are broad-based in the liberal arts which evoke the most creative and humanistic parts of a person's nature. It is these qualities which make for the good physician, an individual who will care for his patients and have the personality to be not only their physician, but also their friend and confidant — in short, be Christ to his patients. The physician who is learned and skilled in his profession and who is also a deeply compassionate man and goes that "extra mile" with his suffering patients, is someone we would all like to emulate and would hope all physicians are. It is this type of person who should be admitted to medical school and trained to be a physician.

Let us hope persons of this calibre will swell our ranks and go on to perform admirably through the legacy bequeathed to them a century ago by Maurice Raynaud, a dedicated Catholic physician and a man of international medical distinction.

— John P. Mullooly, M.D.
