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Letter from New Zealand

H. P. Dunn

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Letter From New Zealand . . .

The past year has been marked by a spectacular recovery in the economic situation, assisted partly by devaluation to parity with Sterling and partly by the rise in the price of wool. Exports have increased by 50% in one year, the Stock Exchange index has risen by 60%, and the foreign trade balance has changed from a deficit to a remarkable credit. In spite of heavy taxation an air of prosperity pervades society. Yesterday, on Anniversary Day, 1100 yachts were racing on Auckland Harbour, ranging from 60 ft. keelers to 7 ft. one-boy types, not forgetting the writer's 17 ft. trailer-sailer.

Just after the publication of the encyclical *Humanae Vitae* a general meeting of Catholic doctors was held at the geothermal resort, Wairakei, with an attendance of about 100 doctors, nurses, nuns, priests and bishops. The guest speaker was Dr. J.J. Billings of Melbourne, author of "The Ovulation Method". Billings claims that if ovulation is timed precisely by the basal body temperature combined with observation of ovulation mucus and/or pain, and if intercourse is limited to post-ovulatory days, the failure rate of this physiological method of family limitation can be reduced to 1 per 100 woman-years, which equals the efficacy of the pill.

The discussions on problems of family life were lively and encouraging, but, as in so many countries round the world, there was a vigorous minority who were unwilling to accept the Pope's authority or his conclusions. This is the price to be paid for liberty.

For his own part, this writer found the encyclical like a light shining in the darkness, dispersing doubts and uncertainties, and recalling doctors and patients to God's plan in marriage and reproduction.

In November your correspondent attended the 4th Asian Congress of Obstetrics and Gynaecology in Singapore, with a detour to Manila, Tokyo, Hong Kong, and Bangkok. The Span he was graciously entertained by the Catholic Medical Association and had a discussion on family limitation. In a country where Catholics number less than 1% of the population he was struck by the quality of the doctors and by their fraternal similarity to Catholic colleagues in other countries. In Singapore he presented a paper to the Congress on the rhythm. Of 124 papers read at the meeting 80 were on birth control, and only one was on rhythm. On the official level, where contraception and abortion have become matters of government policy, his paper was obviously unpopular, but on the personal level it was encouraging to find so many to whom the method appeals, whatever their ethnic background.

In the *New Zealand Medical Journal* (1968), 68, 253-258, he published an article on "Therapeutic Abortion in New Zealand". This presented the purely medical case against abortion, supported by 60 references from recent literature. It was not received with any enthusiasm by senior members of the profession, but the younger specialists

have a much more healthy and conservative outlook on this modern manifestation of disordered sexuality.

The same material he adapted for lay readers in an Australian Catholic Truth Society pamphlet (No. 1534) entitled "What's Wrong With Abortion?" This has proved unexpectedly popular, with large sales in Australia and New Zealand. In each country it

is being used as the basis for approaches to members of parliament, to prevent abortion legislation from getting onto the statute books. In simplified terms the policy behind the approach to individual parliamentarians is that well-tried American motto "Give 'em hell!"

H.P. Dunn, FRCS, FRCOG, FRACS
122 Remuera Rd.,
Auckland, New Zealand

Letter From Taiwan . . .

Dear Dr. Egan,

I am sending a short report about the official opening of Tien Medical Center and a brief resume of the first six months of its operating, beginning with March the 19th, 1968. I also have included some historical notes on the development of this hospital and at the end a plan for the future.

We are particularly interested in an appeal to the members of the Catholic Physicians' Guilds for medical personnel who would be willing to give us some months or years of their service, particularly in the fields of pediatrics and pathology. Secondly, we are in dire need of financial help due to a large debt of nearly \$200,000 U.S. dollars which still remains to be paid on the building and equipment.

May I ask also for more information on suicide prevention centers such as the one described briefly in the letter from Korea, Page 284, in your August 1967 issue.

Thank you for your kindness.

Sincerely yours,

Rev. Bartley F. Schmitz, SVD
Administrator

REPORT

PLANNING: Was begun in 1960 at the insistence of Thomas Cardinal Tien, and carried out by his secretary, Fr. Bartley F. Schmitz, SVD, and Sr. M. Rigoberta, SDS, who directed the work of three Chinese and two German architects.

FINANCING: German foreign aid, channelled through ZENTRALSTELLE FUR ENTWICKLUNGSHILFE and MISEREOR, organizations of the Catholic Bishops of Germany, accounted for 1/4 of the original budget (2/3 of the final cost.) The rest came from private sources in Taiwan, Europe and the Americas. Total cost about N.T. \$56,000,000! (N.T. 40 = 1 U.S. \$)

PURPOSE: To provide medical care at low cost for the lower classes and the poor. We do not have facilities to care for TB, terminal cases and of course, contagious diseases. In short, a general hospital for the poor, specializing in Pediatrics.

STATISTICS: Doctors in residence - 7, Attending doctors - 25, Consultants - 50, Nurses - 29, Aides - 12, Office and other workers - 66, Technicians - 7, Sisters - 12, Priests - 2, Total: 206.

Beds: 167, divided equally into three classes.

Departments: Surgical, Medical, Maternity, Outpatient Pediatrics and Emergency, Outpatient: ENT, Ophthalmology, Cardiology, Orthopedics, OB-Gyn and Dentistry. Services: Laboratory, X-ray, Physiotherapy.

HISTORY: Groundbreaking March 14, 1965. Construction began Dec. 1965, completed early 1967. Cornerstone laying June 9, 1966. Opening for service to patients March 19, 1968.

In the past six months, (to the end of September) there were 472 inpatients, 7,367 outpatients, 114 operations (no infections), 66 births and 18 deaths.