The Mystery of Suffering

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Recommended Citation

The main theme of the paper is that uteri containing four or more cesarean scars are less likely to rupture in subsequent pregnancies than we have hitherto supposed. This thesis is convincingly supported by the following simple fact: Rupture through one of the old scars occurred in only two of these 130 cases or in only 1.5 per cent. To set a precise figure for the incidence of rupture in uteri which have been subjected to only one or two previous sections would be hazardous, but on the basis of recent reports the figure is probably not less than 1.0 per cent. In other words, not appreciably lower than the authors' figure for these uteri containing four to ten scars. This is a new and important fact to have established - a fact, it may be pointed out, which pretty well annihilates any real obstetrical basis for routine sterilization after the third section. Those of us who have followed this widespread policy may not like this revelation, but the important thing is to know the truth.

Father Kelly, a member of the Franciscan Province of the Holy Name, has been a priest since 1937 and is professor of English at St. Bonaventure University, St. Bonaventure, New York. As guest speaker at the "White Mass" to honor St. Luke on October 18, Father Kelly gave this sermon to the medical staff at St. Francis Hospital, Olean, New York. We wish to share the message with all of our readers. St. Francis is one of the many hospitals cooperating with the Federation in sponsoring the "White Mass" in their chapels on St. Luke's Day.

Among many differences between modern times and days gone by is the change in attitude towards mystery. Mystery used to be something actually not understood, but essentially understandable; something which did make sense on one level of intelligence, even though a lower level could not see how. Things that impressed the physician as obstructionistic to medicine an ethical principle which leads to a like conclusion?

There is, I can assure you, nothing incompatible between what is best in medical science and what is sound moral teaching. There should be no hostility between the physician as such and the moral theologian as such. Even if we understand religion in the restricted sense in which I have taken it, viz., as the virtue which inclines human nature to grant God the reverence and honor which is due Him, religion's relationship to good medicine is one of complete amicability. For religion does no more than ask of the physician in God's name what his profession expects of him in the name of true progressive science.

It does not make sense, so he pays no attention to it, unless inconvenient, then he goes to work to stamp it out, to eliminate it.

And that is what you find him doing to suffering, where suffering stands for all pain — physical and spiritual — loneliness, sorrow, poverty, "the heart-ache and the thought of natural shocks that flesh is heir to." Moderns tend to think of suffering like that rather as an evil than as a mystery; and in that regard they differ radically from their ancestors.

When you look back over the history of our culture and examine the Classic thought and the Christian faith which figure so prominently in it, you discover a common recognition of suffering as a mystery, something which made sense even though the sufferer could not see as much. The literature of Greece is her monument.
and memorial, and supreme among its works are the great tragedies. Nowhere else have human pain, anguish, bodily ills and the spiritual sorrows been more compellingly described and dramatized. And what makes these tragic masterpieces unforgettable is their insistence that man cannot abolish or eliminate suffering; he can face and bear up under suffering, as a mystery somehow implicated with the will of his gods.

What the Greek mind groped for in these tragedies, the Christian discovered in the Gospel. The “good news” of Christianity, in fact, centered upon the mystery of suffering, incarnate in the person of Jesus Christ. Who, precisely because “he has been tried by suffering...has power to help us (Hebrews 2:18)” The Christian was united with this suffering Saviour, and became one with his brothers in a Mystical Body whose Head is the Crucified Christ. This incorporation helped the Christian to accept the mystery of suffering and to be saved through it. First, it was through suffering he had his chance to show his love for Christ; the sufferer — the poor, the needy, the sick and the sorrowful — was Christ and when a Christian befriended and consoled “even the least of these” he did it to Christ. Then, the very act of Christian faith and love, too, made you the better for it; in order to see Christ in others, you had to be Christ yourself, you had to realize the whole of Jesus Christ “who dispossessed himself, and took the nature of slave...lowered his own dignity, accepted an obedience which brought him to suffer death on the cross (Phil. 2:7-8).” What Christianity did was to validate the surmise of the Greek that there was something religious about suffering. Christianity announced, in fact, that through suffering with Christ each individual could play a part in the great drama of salvation from sin. But, of course, that Christian concept, which brought the Greek attitude to fulfillment, cannot be popular today, would not be acceptable to a world that has denied sin and all but despair of salvation.

It is most fitting, however, that I commend this Christian attitude to members of your profession on the feast of Saint Luke, “the beloved physician (Col. 4:14),” as Saint Paul called him. He so symbolizes it that his life becomes practically a text for three points.

First, the Catholic doctor thinks of suffering, fundamentally, and essentially, as one of the effects of sin. I do not mean that in any shortsighted way, as though suffering were the immediate result of sin as indigestion is the consequence of gluttony; or as though suffering were the penalty for one’s personal sin as gout torments the aging bon vivant. No, I mean that suffering is a result of sin in this deeper sense; it is an abiding concomitant of the human condition. the penalty for being human and, so, lasting as long as man is man. It is the perpetuation of the passion of Christ, enduring among the members of His Mystical Body, holding its sway until the redemption of the race is consummated.

Secondly, and as a kind of corollary of the first position, the Catholic doctor adopts a practical attitude towards suffering. He does not undertake the task of scientifically eliminating it, but of sympathetically alleviating it. And he accomplishes this purpose by doing all he can to bring it within the power of humans to bear — for there is a point beyond which no human can go, a point where even Jesus prays, “If it be possible let this chalice pass from me. (Lk. 22:42).” More importantly, however, he fulfills this purpose by helping his patients bear that share of suffering every human must bear; by doing everything in his power to help them say with Christ: “Not my will, but thy will shall be done. (Lk. 22:42).”

This means, of course, that his contribution is as much what he does for his patient’s spirit as what he does for his body. The patient never becomes merely a problem; he is always and first of all a person. While the good doctor will neglect nothing that will make his examination professionally thorough, his diagnosis scientifically exact, his prescription adequate beyond question, he will, and more importantly, be patient and understanding, genial and tender, kind and sympathetic. He will heed the words spoken at the dedication of one of Italy’s most modern psychiatric hospitals by the man who inspired its foundation, Padre Pio: “You have the mission of curing sickness, but if you do not bring love to the sickbed, I do not think that medicine will do much good.” In the richest sense of the words, he will depend for his best results on a “bedside manner” that, whether his patients know it or not, will resemble that of Christ who had “compassion on the multitude” of sufferers in His day.

Which brings me to the third point: the Catholic doctor has a spiritual insight into suffering which is his most powerful support. We know, especially from the experiences recorded in treatment of psychiatric cases, how therapeutically valuable is the bearing and the conduct of the psychiatrist himself. So it is with any doctor to a certain extent: his most beneficial effect upon his patients is a spiritual thing, deeper than the effect produced by his pills and prescriptions: it is a tranquilizing, soothing, stabilizing effect upon those he treats. It is a radiation of his own spiritual adjustment to the mystery of suffering. If he himself is interiorly tense, edgy, baffled, perhaps frustrated, because he is dedicated only to the elimination
of pain and suffering, his patients will subtly be infected by his attitude. If he is calm, tranquil, strongly confident in the help of Christ to alleviate pain and to make it bearable for spiritual motives, his patients will reflect his attitude — the multitude will be eager to come to him, because, like Christ, "power will go out from him" to heal them (Lk. 6:19).

That is why a doctor, like a priest, and in imitation of St. Luke who was both, must accept the mystery of suffering. Surely he must work, conscientiously and effectively, to lessen the suffering of the world — even though the minimum which must remain will always have staggering and shocking proportion. That minimum he must accept and really want because he sees it as the chance God gives to every man to take up the cross and follow in the footsteps of Jesus. That minimum he must accept and treasure gratefully because he knows it is the surest way he has of helping Christ in "the least of these" suffering brethren. That minimum he must accept and love because it offers him the richest opportunity to be Christ by saying to sufferers — the sick, the needy, the sad, the dispirited and baffled, the lonely and the weak, the words of his Master: "Come to me, all you that labor and are burdened: I will give you rest (Mt. 11:28)". through Jesus Christ, Our Lord. Amen.

Executive Board
Federation of Catholic Physicians' Guilds
Winter Meeting — 1956

The winter meeting of the Executive Board of The Federation of Catholic Physicians' Guilds was held in Cleveland, Ohio, December 8 and 9, 1956, at Hotel Statler. The following were present:

M. F. Yeip, M.D. — President
W. J. Egan, M.D. — First Vice-President, also Boston Guild
E. J. Murphy, M.D. — Third Vice-President, also Bronx Guild
Rt. Rev. Msgr. D. A. McGowan — Moderator
Rev. Henry M. Gallagher — Moderator, Canton Guild
Msgr. F. W. Carney — Moderator, Cleveland Guild
R. M. Eiben, M.D. — Cleveland Guild
G. P. G. Griffin, M.D. — Brooklyn Guild
D. J. Hughson, M.D. — Milwaukee Guild
R. P. Carney, M.D. — Davenport Guild
D. A. Mulvihill, M.D. — New York Guild
J. F. O'Neill, M.D. — Philadelphia Guild
C. F. Berg, M.D. — Pittsburgh Guild
J. C. Muccigrosso, M.D. — Westchester Guild
M. R. Kneifl — Executive Secretary
Jean Read — Assistant Secretary

The meeting was called to order at 9:30 a.m.

After roll call, the President requested vote on the minutes of the Executive Board Meeting, June 13, 1956, in Chicago, Illinois, as read by the Executive Secretary. Approved as mailed.

FEBRUARY, 1957

PRESIDENT'S REPORT

The President reported on the Federation booth at the A.M.A. convention held in Chicago during June 1956. This was an extremely successful "first" in the history of the Federation. Some 425 inquiry cards were signed, requesting information concerning the Catholic viewpoint on many moral issues in medical practice. All were acknowledged and processed to the limit of our ability. The display (which was highly impressive and in keeping with the dignity of our organization) was forwarded to St. Louis for storage and will be used again at the Convention in New York City, June 3-7, 1957. Officials of the American Hospital Association evidenced interest and extended an invitation to participate in the exhibits of their convention in September 1957.

The President further reported that Rt. Rev. Msgr. D. A. McGowan, moderator of the Federation, and Dr. John G. Muccigrosso, of the Westchester Guild, officially represented the Federation at the International Congress of Catholic Doctors at the Hague in September 1956.

The Dean of the Medical School and Professor of Pathology in Bombay, India visited the President during the year, advising that