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PIUS XII: THE POPE OF MEDICINE

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Pius XII—the Pope of Peace, the Pope of the People, the Modern Pope, the Pope of International Diplomacy—could multiply well merited titles almost endlessly. To us Catholic doctors, however, and indeed to all doctors, he is the Pope of Medicine. No Pope in history has spoken so often and with such understanding eloquence on matters medical. On more than thirty occasions in the past decade, he counseled physicians directly on their rights and duties to themselves, to their patients and to the community at large.

His frequent counsels and directives gave abundant evidence of the universality of his interest as Vicar of Christ on earth and his particular concern for the guardians of God's sick and ailing creatures.

In his pronouncements, he typified the attributes of a true physician: knowledge, sympathy and understanding, and the faculty to teach, counsel and direct. Excepting Sir William Osler, the medical profession has been at a loss for more than a century for such a forefather. In the void, medicine has strayed and abandoned alien rights that reached colossal catastrophe in the mass experiments of the Third Reich. Pius XII spoke forthrightly as the "interpreter of the moral conscience of the research worker" and the director of the physician, "whose duty is to heal and aid—not to harm or kill!"

The vast knowledge of His Holiness was demonstrated every time he talked to doctors and others directly or indirectly connected with medical science. Of his address to a special meeting of cardiologists, the eminent Doctor Paul Dudley White said: "One of the best papers on coronary heart disease I have ever heard." He proved his knowledge of highly technological problems when speaking to a group of radiotherapists, he referred to the timely question of the heat to be eliminated in the generators of the x-ray, the "revolving anode of the tube" and varying vulnerability of tissues to the "formament of infinitely small particles of electromagnetic velocity."

Even fellow physicians do not commonly share with the ophthalmologists the knowledge of the central transport operation that Pius XII described so accurately. So accurately, in fact, that the wordable comprehension given in common usage and in so doing, guidance to personnel of eye banks in the proper respect for the dead and the positive right to obtain material for transplant.

In greeting the anesthetists, he outlined their history from the unheralded nitrous oxide experiment of Horace Wells in 1845 through today's modern hypnotic anesthetic for cardiac surgery. He gave specific directions on the rights of a patient to be relieved of pain, and said: "It is the true physician of the religious motives, but never for the sake of suffering itself, and he emphasized the rights of the dying to narcotics (abolition of suffering through ethical use of drugs).

Again, in his addresses on cancer and polio, and on A.B.C. warfare, the knowledge of an expert in each field speaks through. One might well conclude that such comprehension contained in the person of one human being could only be a gift of the Holy Ghost.

Turning now to the second facet of a medical personality, as exemplified by His Holiness, is sympathy and understanding. His Holiness repeatedly referred to the sick, the suffering, and the dying. During the Marian Year, the Pope gave a special radio talk to the sick of the Diocese of Rome in which He said: "We long to pass in the midst of you, the sick, the dying, but we are unable to house a soul and never for the sake of suffering itself, and he emphasized the rights of the dying to narcotics (abolition of suffering through ethical use of drugs).

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but you do have a particular way of assuring your professional problems
as you do — in trying to labor such in-honorable riches of faith and living nature — discloses even a bit more of the treasures placed by the Creator in His handwork.

Such is the inspiring legacy of Pope Pius XII. In an era when scientific tendencies reduced men to the servitude of the State, he reaffirmed the dignity of man; when pragmatism dictated subjective morality, he restated the objectivity of morality in its source, the Divine Creator; when eugenic theories advanced excuses to satisfy man's selfishness, he delineated the error proposed to abort the Divine plan; when doctors in the newer discipline of psychiatry invaded the secrecy of the human heart and mind, he pronounced the intrusion into the sacred precincts of the confessional. No previous pontiff, no doctor in this century, has advanced such clear directives to the profession. Pius XII merits well the title "Pope of Medicine."

**Pope Pius XII: Medical Allocations**

**IVth International Congress of Doctors**
September 29, 1949—AAS—p. 557-561

**Comment on Artificial Insemination**

**Italian Union of Midwives**
September 29, 1951—AAS—p. 835-854

**Comment on a) Abortion**

b) Birth prevention

**Sterilization**

**Contraception**

**Council of the Sodality "Family First"**
November 26, 1951—AAS—p. 851-860

**Comment on a) Abortion**

b) Attempt to save life of both mother and child

**Vth International Congress of Psychological Therapy**
April 13, 1953—AAS—p. 278-286

**Vth International Congress of Medical Radiology**
September 13, 1953—AAS—p. 665-671

**Ist Latin Congress of Ophthalmology**
June 12, 1953—AAS—p. 416-422

**NOVEMBER, 1958**
THE PROBLEM OF HEMOLYTIC DISEASE OF THE NEWBORN AND ITS MANAGEMENT IN A GENERAL HOSPITAL

Martin O. Sacks, M.D., Attending Physician
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EDITOR'S NOTE: Since the LINACRE QUARTERLY professes to be a journal of the philosophy and ethics of medical practice, it is not our policy to publish articles whose content is exclusively medical. To do so, we feel, would be to compete needlessly and ineffectually in an area already adequately covered by the scores of excellent medical journals available to every doctor. The distinctive service which we hope to provide for our readers lies, rather, in the sphere of medico-morality.

Dr. Sacks' article, because of its immediate and obvious implications, qualifies in an eminent degree for this latter category. The first duty of every physician is to provide his patients with optimum medical care. Specifically in the field of hemolytic disease of the newborn, where infant life and health hang so precariously in the balance, techniques which substantially improve the likelihood of a live and healthy baby are as morally imperative as they are medically superior.

As explained in the final section of this article, The Catholic Hospital Association has already undertaken a unique project in the form of a cooperative immunoserological laboratory program. To the extent that the interest and cooperation of hospital staff members may be necessary in implement this program, it is to be hoped that our doctors will not be found wanting.

In any hospital where an obstetrical population exists, the problem of hemolytic disease of the newborn is present. This is especially true where a significant percentage of this population consists of multiparous women. The following data from this hospital help to emphasize the importance of this problem. The figures are approximate to the nearest round number.

In a two year period, slightly more than 10,000 infants were delivered. Of these, 13% had Rh0 negative mothers. The 1,300 mothers in this group had 900 Rh0 positive children: 100 of these children had hemolytic disease of the newborn as evinced by a positive Coombs test. About half of these affected children required replacement transfusion. In other words, a case of hemolytic disease of the newborn may be expected about one in every 200 deliveries, and half of these will require replacement transfusion.

1 In this summary discussion of hemolytic disease of the newborn, it has been necessary to leave out much significant detailed information which belongs more properly in a textbook. For the salient information to help put in practice the discussion enclosed herein, the author recommends the following excellent reference books:
