Young Doctors! The Smaller Communities Need You!

James E. Bowes
tainment value is not justification for the use of hypnosis, any more than it would be for drunkenness or any other temporary deprivation of the use of reason. For this reason and because of the dangers involved we agree with the condemnation in the American Medical Association’s report that “the use of hypnosis for entertainment purposes is vigorously condemned.” Our judgment is that it is objectively sinful to use hypnosis just for purposes of entertainment. The matter itself is serious, although it does admit of parvity of matter. In an individual case, therefore, the sin could be venial.

3) The consent of the patient must be procured, because no one has the right to deprive another against his wishes of the full use of his faculties. It is not necessary, however, always to obtain the explicit consent of the patient.

4) “‘There should be no unjustifiable risk of harm for the patient.”15 This requirement is always necessary for the lawful use of drugs, surgery, or other medical procedure.

And finally, “professional secrecy must be rigidly observed concerning the information obtained in the course of the treatment under hypnosis.”

Our final capsule medical professional judgment therefore is: Whenever hypnosis is medically indicated, it is morally unobjectionable that it be employed by a reasonably trained professional.16

Requirements 3) and 5) are taken from Father Gerald Kelly’s book, Medical Problems, quoted above, Chapter 31. “Narcosis and Hypnosis,” pp. 284, 285.

This conclusion and these five requirements, in our opinion, are in accord with the Ethical and Religious Directives for Catholic Hospitals. The Catholic Hospital Association of the United States and Canada, Second Edition, 1955, and in particular with No. 45 which reads as follows: “The use of narcosis or hypnosis for the cure of mental illness is permissible, provided the consent of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient’s right to secrecy is duly safeguarded.”

Young Doctors! You!

James E. Bowes, M.D.

The Editor’s Comment: The Catholic Hospital Association receives many requests for help to augment the staffs of member hospitals. Into this vital need on the part of Dr. James E. Bowes, a young Catholic obstetrician-gynecologist engaged in practice in Salt Lake City, Utah, resulted in a most extensive survey of the field. This Linacre Quarterly publishes here the results of Dr. Bowes’ efforts to conduct the study after contacting the 850 Catholic hospitals in the United States. Needs are grouped according to general practice and the specialties.

In the April 1957 issue of Medical Economics an article appeared, entitled “How I Found the Ideal Place to Practice” (pp. 158-165, 323-326). It was an account of Dr. Bowes’ search for the best possible location for his needs. The study brought to light the fact that every year an estimated 17,000 doctors change locations (cf. Medical Economics, November, 1953). In appraising cities and climates and population to help make the decision which was vital not only to himself but also to his growing family, Dr. Bowes finally chose Salt Lake City as ideal for his purposes. It is his hope that his thorough consideration of many areas before finally deciding, may, with the publishing of the survey results, be incentive for other physicians to do likewise and give thought to areas that would welcome energetic Catholic doctors to practice medicine.

The Catholic Hospital Association expresses deep gratitude to Dr. Bowes for the many hours he must have taken from his work for the project. Hopeful, too, that among our physician readers there may be some who would be interested in establishing practice and assisting on the staffs of Catholic hospitals in the locations listed, we urge further inquiries. Kindly address:

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Names of the hospitals and other details will be furnished.

Each year more than 6,000 young men and women graduate from medical schools and as many finish residency programs. Both groups have important decisions to make: Shall I become a general practitioner or shall I specialize? Where should I locate?

Recently a survey was conducted of the physician needs in the 850 Catholic hospitals throughout America. Only towns of less than one million population were considered. Some 493 hospitals, representing 466 communities, returned the questionnaire. We have gathered the following information from them to pass on to those doctors who will either establish an office or who desire to relocate.

The chief aim of the inquiry was to discover the greatest needs of the hospitals had in the various specialties. The hospital administrators were also asked the number of specialists already on their staffs and what proportion were Catholic. The responses were enlightening.

There were 66 communities needing obstetricians-gynecologists: 60 require surgeons: 57 psychiatrists; 47 internists: 44 pediatricians: 30 generalists: 27 urolo-
Choosing a location for individual requirements precludes following a set pattern. But the doctor's primary objective should be to the city where he and his family want to live for the rest of their lives. It should offer urban, cultural and recreational advantages. Look into them all at first order.

The young specialist just out of residency need not fear the thought of opening an office. He should not despair at the idea of moving away from the crowded population area. Any young medical graduate who seeks general practice will find an open field and a fast-growing business. The Catholic Irish, considering a specialty might refer to the following lists to guide him in his choice. Two of the three greatest specialty needs touch the medico-moral field. Psychiatry and obstetrics-gynecology are excellent fields for young Catholic doctors who have the courage to use their medical talents in Catholic Action.

OBSTETRICS — GYNECOLOGY

Alabama, Mobile
Arkansas, Morrilton
California, Bakersfield
Colorado, Durango
Illinois, Chicago
Indiana, Gary
Iowa, Burlington
Montana, Billings
Missouri, Jefferson City
New Hampshire, Manchester
New Jersey, Newark
New York, New York
Ohio, Canton
Oklahoma, Oklahoma City
Oregon, Portland
Pennsylvania, Johnstown
South Dakota, Aberdeen
Tennessee, Nashville
Texas, San Antonio
Virginia, Norfolk
Washington, Seattle
Wisconsin, Milwaukee

OBSTETRICS

California, Inglewood
Colorado, Pueblo
Florida, Pensacola
Idaho, Cottonwood
Indiana, Evansville
Iowa, Carroll
Kansas, Lawrence
Louisiana, New Orleans
Michigan, Grand Rapids
Mississippi, Vicksburg
Missouri, Columbia
Montana, Anaconda
Nebraska, Lincoln
New York, New York
Ohio, Columbus
Oklahoma, Oklahoma City
Oregon, Portland
Pennsylvania, Scranton
Rhode Island, Providence
South Carolina, Charleston
South Dakota, Sioux Falls
Tennessee, Nashville
Texas, Houston
Utah, Salt Lake City
Washington, Tacoma
Wisconsin, Milwaukee

GYNECOLOGY

Alabama, Mobile
Arkansas, Little Rock
California, Berkeley
Colorado, Denver
Georgia, Athens
Illinois, Chicago
Indiana, Indianapolis
Iowa, Des Moines
Kansas, Kansas City
Kentucky, Louisville
Louisiana, New Orleans
Michigan, Ann Arbor
Minnesota, Minneapolis
Missouri, Kansas City
Montana, Great Falls
Nebraska, Omaha
New Hampshire, Manchester
New Jersey, Newark
New York, New York
Ohio, Cleveland
Oklahoma, Oklahoma City
Oregon, Portland
Pennsylvania, Philadelphia
Rhode Island, Providence
South Carolina, Charleston
South Dakota, Sioux Falls
Tennessee, Nashville
Texas, Houston
Utah, Salt Lake City
Washington, Seattle
Wisconsin, Milwaukee

SURGERY

Alabama, Mobile
Arkansas, Little Rock
California, San Francisco
Colorado, Denver
Florida, Miami
Georgia, Atlanta
Illinois, Chicago
Indiana, Indianapolis
Iowa, Des Moines
Kansas, Kansas City
Kentucky, Louisville
Louisiana, New Orleans
Michigan, Detroit
Minnesota, Minneapolis
Missouri, Kansas City
Montana, Great Falls
Nebraska, Omaha
New Hampshire, Manchester
New Jersey, Newark
New York, New York
Ohio, Cleveland
Oklahoma, Oklahoma City
Oregon, Portland
Pennsylvania, Philadelphia
Rhode Island, Providence
South Carolina, Charleston
South Dakota, Sioux Falls
Tennessee, Nashville
Texas, Houston
Utah, Salt Lake City
Washington, Seattle
Wisconsin, Milwaukee

LINACRE QUARTERLY

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I suppose that if we were asked for the dominant characteristic of our age, we would say that we are living in an age of change. Comparing our era with what many Catholics like to call the Golden Age of the 14th century, we find that whereas St. Thomas had essentially the same picture of the physical world as Aristotle had seventeen hundred years before him, most of us have had to absorb radical changes of outlook within our own lifetime. Perhaps even the majority of us can remember when relativity was a brand new concept and quantum mechanics had not been developed. Or to take your own field of medicine, I for one can remember when sulfa first appeared and I can remember the hopeless feeling we had when a cousin of mine was down with tuberculosis before the discovery of any of today's wonder drugs. No doubt many of you have had to do much more than the generation before you to catch up on medical developments since you received your degree and hung up your shingle.

Our world has changed and is changing with almost startling rapidity. Who can say what tomorrow's discoveries will be? Just last week we had a new breakthrough in the use of computers. A new mechanical brain has been developed to handle the programming of data which up to now has been the big bottleneck in using computers. For instance, last year a man from Burroughs told me that the big computer, which is their answer to Univac, was all set to handle a complicated problem involved in wing design but no one was able to program the data for the machine. The new brain developed at MIT will be able to do this for us. It will open new vistas for automation. Who is to say that we will not have similar advances in other fields?

In the face of this swiftly changing outlook of our world it would be easy for man to become light-headed. What are we to think as we see the world being remade around us? Man is more and more becoming the master of nature and might be tempted to set himself up as the ruler of the universe. He might want to declare that the world is made for him and he is its center. This is a possibility and some people have succumbed to the temptation to make the universe anthropocentric.

But in our age no honest thinker can hold this position very long. For while man is learning more and more about nature and finding new ways to master it, his horizons have been rapidly widening. The little universe of Aris-