May 1960

Thomas Linacre: Royal Physician

Catholic Physicians' Guilds

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol27/iss2/5
Table 1 illustrates the annual statistics for the industrial medical program previously outlined. (Statistics are for 1957.)

Table 1.

<table>
<thead>
<tr>
<th>HOSPITAL STAFF OPERATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits to All Hospitals</td>
<td>38,456</td>
</tr>
<tr>
<td>Total Accidents (At home, On highway, At work)</td>
<td>2,172</td>
</tr>
<tr>
<td>Total Accident Retreatments</td>
<td>9,824</td>
</tr>
<tr>
<td>Total Medical Cases</td>
<td>14,706</td>
</tr>
<tr>
<td>Total Medical Retreatments</td>
<td>5,724</td>
</tr>
<tr>
<td>Medical Examinations (Pre-employment and routine)</td>
<td>5,000</td>
</tr>
<tr>
<td>Total Number of X-rays Taken</td>
<td>3,274</td>
</tr>
<tr>
<td>Total Number of Laboratory Procedures</td>
<td>4,713</td>
</tr>
<tr>
<td>Total Number of Industrial Hygiene Surveys</td>
<td>117</td>
</tr>
</tbody>
</table>

*The word Hospital as used frequently in industry, is not analogous to the community hospital but is rather like a clinic.

Bibliography


Thomas Linacre: Royal Physician

The Linacre QUARTERLY gains new meaning with each issue’s publication. The journal’s name is often the topic of questions, and periodically we include a vignette of the English physician and priest for whom the early members of our Physicians’ Guilds had great admiration and respect, choosing Thomas Linacre as patron for this work. Perusing early issues of the magazine, we found that the very first number, in December 1932, gives information that fills our need adequately, so we borrow from the past in republishing the material as a reminder of the subject.

The selection of this term The Linacre QUARTERLY for our journal deserves some explanation to those who are not students of historic medicine. Thomas Linacre founded the Royal College of Physicians and through it regulated the practice of medicine. This occurred early in the 16th century. At the time there had been a great increase of irregular practitioners and of violation of ethics among them. The constitution of the College, drawn up by Linacre, is, in force, a standing monument to his far-seeing judgment. It represents the principles that constitute the working basis of our movement for the organization of Catholic Physicians’ Guilds.

He himself made a large fortune in the practice of medicine and was Royal Physician to Henry VIII in his younger days; he was an intimate friend of Sir Thomas More and Erasmus. He gave his fortune to the foundation of Chairs in Greek medicine at both Oxford and Cambridge. Greatly respected by his contemporaries, his English biographer says of him that he seems to have had no enemies, and he was greatly admired by Sir William Osler and S. Weir Mitchell of our day. Not only England, but the intellectual world owes a debt to his activities because he undoubtedly was the most learned physician of his time. After taking the degree of Doctor of Medicine at the University of Padua he graduated an M.D. at Oxford.

His enlightened mind viewed with distress the practice of medicine in his day. By no legal restraint was its exercise restricted to competent practitioners. This he endeavored to correct by the establishment of the College of Physicians. With the assistance of Cardinal Woolsey, he procured from Henry the Eighth and the Parliament the authority, but he had to use his own funds for the establishment of the college. His was the first effort to confine medicine to those who were qualified to practice it. The words of the Charter of the College ran thus: Before this period, a great multitude of ignorant persons, of whom the greater part had no insight into physic, nor in any other kind of learning; some could not even read the letters on the book; so far forth, that common artificers, as smiths, weavers, and women, boldly and accustomedly took upon them great cures to the high displeasure of God, great infamy to the faculty, and the grievous hurt, damage and destruction of many of the King’s liege people.

Prior to the establishment of the College of Physicians, the

LINACRE QUARTERLY

MAY, 1960
power of the authority to practice was vested in the Bishop of Lon-
don, or the Dean of St. Paul’s, for
the London district, and by the re-
tection of the bishops of the other
dioceses.

When he was about sixty years
of age, Thomas Linacre became a
priest, devoting the rest of his life
to the care of souls as well as
bodies. He obtained the rectory
of Mersham in 1509, later the
priest, devoting the rest of his life
the Church until his decease in
October, 1524. He was honored
with entombment in the Cathedral
of St. Paul, where in 1557 a hand­
some monument was erected to his
memory. Fuller says of him: “It is
questionable whether he was a
better Latinist or Grecian, a better
grammarian or physician; a better
scholar or man, but he was
undoubtedly the most accomplished
scholar of the age.” History re­
cords Thomas Linacre as the most
learned, erudite and perfect type of
Catholic physician of all times, a
credit to scholarship, a credit to
medicine, a credit to the Church
and its priesthood.

The name for our journal was
suggested by Dr. James J. Walsh
and after consideration by the offi­
cers of the Federation it was
agreed to publish this journal as
“The Linacre Quarterly.” The
proper pronunciation of the name
is as if it were spelled “Linn­
ker,” with the accent on the first
syllable.

Visit...

THE NATIONAL FEDERATION BOOTH — B-11
A.M.A. CONVENTION — EXHIBITION HALL
JUNE 13-17, 1960
MIAMI BEACH, FLORIDA

LINACRE QUARTERLY

Current Literature: Titles and Abstracts

Abstracts appearing in this column are thought to be of particular
interest for Catholic physicians by virtue of their moral, religious or
philosophic implications. The medical literature is the most fruitful
source for consideration but other works were studied too. When abstracts
appear, they are intended to reflect the content of the original article.
Parenthetical editorial comment may follow the abstract if considered
desirable. Contributions from readers are invited.

Holoubek, J. E., Langford, R. B., Landry,
L. V., and Broyles, J. O.: Coronary
occlusion followed by pregnancy; a re­
view of the literature and report of
two cases, J. Louisiana State Med. Soc.,

Coronary occlusion occurring before or
during pregnancy is extremely rare, a
review of the literature yielding only 22
instances of proven gestational coronary
oclusion and nine cases of pregnancy
subsequent to coronary occlusion. Of the
22 patients whose infarction was sus­
tained during pregnancy, seven died be­
fore or at delivery. All nine patients
who became pregnant after coronary oc­
cclusion survived the pregnancy; there
were four normal deliveries, two spon­
taneous abortions, two induced abortions,
and one term cesarean section. The
writers contribute two additional cases to
the latter group, pregnancy being well­
tolerated in each instance. They indicate
that coronary occlusion occurring during
pregnancy is most hazardous when ac­
companied by severe hypertension and
that it takes place in the eighth month. If
the patient can survive the acute in­
farction, the prognosis for normal term
delivery is excellent. In women becom­
ing pregnant after recovery from cor­
corary occlusion, the prognosis for normal
pregnancy and delivery is similarly good.
Cesarean section for such women should be
performed for obstetric indication only.

Moynard, E. P., Jr. and Grover, V.: The
effect of childbirth on the course of
rheumatic heart disease, a 25-year
study, Am. Int. Med., 52:163-171,

A series of 455 women with rheumatic
heart disease in the childbearing age

group was studied and a 25-year follow­
ap presented. There was no evidence
that pregnancy exerts a long-term detri­
tential effect in the group as a whole.
Nevertheless the incidence of cardiac

failure and death was considerably higher
during an individual year containing a
pregnancy than in another comparable
year in the same patient’s life. “In some
cases, fortunately now very rare, thera­
petic abortion may still be indicated.”

R.J.C.

Slatis, H. M., Rein, R. H., and Hoene,
R. E.: Consanguineous marriages in the
Chicago region, American Journal of
Human Genetics, 10:446-464, Decem­
ber, 1958.

With the help of the records of the Archdiocese of Chicago on dispensations
from the impediment of consanguinity to
marriage ( impedimentum consanguinitatis
in gradu secundo), a study was made of
109 consanguineous marriages contracted
since 1920 in the Chicago area. Of these
marriages, 106 were between first cousins,
one between double first cousins, and one
uncle-niece and one aunt-nephew mar­
riage. By arranging interviews with rela­
tives of the consanguineous couple ( pref­
ervably a sister of the wife), 83 control
families were obtained. For additional
items of information, 133 control fami­
lies were also obtained from county
records data.

The consanguineous marriages give
some evidence for a greater frequency
of sterility and of childhood death and
abnormality. The loss of children through
stillbirth and miscarriage was not sig­
nificantly higher, and there is no evi­
dence that rare recessive lethal genes
cause the loss of newly fertilized zygotes.
The rate of death among consanguineous
children is three times that of the con­
trols, and their rate of abnormality is also
greatly increased.”

R.J.W.

[ICF also: Motulsky, A. G. and Gard­
ler, S. M.: Consanguinity and marriage
The Practitioner, 183:170-177, August,
1959. Among the conclusions: “Consan­
guinity other than first-cousin marriages
is of little practical importance.”]