November 1960


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Recommended Citation

Available at: https://epublications.marquette.edu/lnq/vol27/iss4/5
The following is a brief resume of some of the many papers presented at this Congress which we had the privilege of attending as delegates of the National Federation of Catholic Physicians' Guilds. Drs. John Maccigrosso, Arthur Buscenni, and J. Schreiner also attended as delegates. There were some twelve physicians registered from the United States. Professor Dr. Leo Norpoth of Essen is president of the Catholic Medical Association of Germany, the host group. Professor Dr. Luigi Gedda of Rome is president of the International Federation of Catholic Physicians.

It was voted to hold the X International Congress of Catholic Physicians in London during August, 1962. Professor Dr. O'Sullivan has promised an excellent program and social events in true British tradition.

Make your plans now to attend this meeting.

*Joe E. Holoubek, M.D.
Alice Baker Holoubek, D.

There were many papers, all read in the language of the speaker and simultaneously translated into English, German, French, Italian, and Spanish. The theme of the meeting was "Physicians and the Age of Technology." Her follow brief statements.

**Professor Neundorfer of Frankfurt**

*The Physician and Modern Society*

Professor Neundorfer discussed the changing position of the physician in the modern society of Germany. Even though there are more doctors, the demand for health care under the Social Security system is much greater and the doctors are extremely overworked. The physician works for the public service system and there is no traditional doctor-patient relationship. The German practitioner is not only a physician who has to treat his patients, but he is burdened with many administrative duties; he must decide whether or not a patient can be employed, how much disability he has, and how much compensation he will receive. He is bound by many regulations which limit his field of action. He must see many patients in one day.

Professor Neundorfer intentionally left most of the questions unanswered. He stated that Catholic physicians must work out these problems for themselves, applying the principles of Christ.

Dr. Mariano Alimurung of Manila, discussing the above paper, stated that physicians must extend their activity into the political field in order to safeguard the professional practice of medicine. It was suggested that physicians take an active part in politics and serve as representatives in the National Assemblies in order to prevent legislation for immoral practices in medicine.

He further stated that there is no problem of over-population, but rather one of over-concentration. A logical and practical solution to the so-called over-population problem would be better population distribution.

**Professor Mainx of Vienna**

Questions of Heredity in the Technical Age

Professor Mainx discussed the problem of radiation in the development of embryo and mentioned that mutations can be produced by small doses. He stated that a physician is obliged to decide what x-ray examinations are necessary during the reproductive age. He also recommended protecting the gonads when large doses are used.

Linacre Quarterly

Dr. John Cavanagh of Washington, D.C.

**HYPNOSIS**

Dr. Cavanagh discussed the widespread use of hypnosis in the United States at this time and cautioned against the indiscriminate use of it by the untrained physician. Dr. Cavanagh described the various technics. He cautioned that full explanation be given to the subject. The results depend upon: 1. the willingness of the subject; 2. the skill of the operator; 3. the method of induction; 4. the previous experience of the subject.

He feels that it is a therapeutic instrument, but if not used correctly, there are physiological, psychological, psychiatric and moral dangers. Hypnosis should be employed by a stable, skilled individual who is competent to determine whether borderline mental illness exists in his patient. Since the removal of certain symptoms may precipitate severe psychiatric illness, it should be used in these cases only after a careful study of the personality structure. The limited use of hypnosis for dental anesthesia is usually without danger.

Dr. Cavanagh concluded with a quotation from the Holy Office, stating that "the use of hypnosis in medicine is not morally forbidden if it does not tend to an illicit or evil end."

Dr. Philip C. Rond, Columbus, Ohio

**Ethical Aspects of Intensive Psychotherapy**

Dr. Rond stated that intensive psychotherapy has been considered a morally reprehensible procedure in the past by those who were un-
familiar with its true value. He stated that it is as important a tool to the trained psychiatrist as a scalpel is to the surgeon and that the results are comparable. The personal psychology of the psychotherapist can color his treatment and must be considered.

The practicing physician, the priest and others owe it to those in their care to determine the ethical fitness of the psychotherapist in the community and use his services for their benefit, spiritually and physically.

Dr. C. J. Kurth of Wichita, Kansas

PSYCHIATRIC AND PSYCHOLOGICAL SELECTION OF CANDIDATES FOR THE FEMALE RELIGIOUS ORDER

Dr. Kurth discussed the fact that it takes a stable character and personality to become a priest or religious. He said that rejection of a potential vocation is a serious decision, but on the other hand, to permit students to enter a convent or seminary who are mentally unfit is tragic. A careful selection of candidates for such a life would result in a marked decrease in mental illness in religious vocations. He believes that with suitable screening and testing, the pre-psychotic and psychotic could be eliminated.

Dr. Kurth is of the belief that the childhood environment is more important than the family tree.

He listed ten points that should be considered in selecting or rejecting a candidate for psychiatric reasons. He stated that Catholic physicians and psychiatrists should create a positive program that could be used by religious superiors as a guide for the selection of candidates. Ten years ago at the St. Joseph Convent in Wichita such a program was inaugurated with the collaboration of the family physician, a psychologist, a psychiatrist, and the superior of the community. The results have been very satisfactory and weil described. Dr. Kurth advocates such programs elsewhere.

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in Asia. There is a particular lack of Catholic physicians, medical books, and other literature. He stressed the need of help from Catholic physicians who live in more fortunate areas.

Dr. Decker of Southern Rhodesia

THE WORK OF MISSIONARY DOCTORS IN SOUTHERN RHODESIA

Dr. Decker discussed the work that she and several missionary doctors from Germany are doing. It was interesting to note that although there are several American non-Catholic medical missions in the area, there are no American Catholic medical men or women there.

Dr. Alice Baker Holoubek, Shreveport, La.

HEALTH CARE OF THE CLERGY AND RELIGIOUS

Dr. Alice described the health care program being sponsored by The Catholic Hospital Association of the United States and Canada and the National Federation of Catholic Physicians' Guilds. The Health Record form was distributed. The paper was well received by the audience.

Dr. Joe Holoubek, Shreveport, La.

ACTIVITIES OF THE NATIONAL FEDERATION OF CATHOLIC PHYSICIANS' GUILD

This report was published in The Linacre Quarterly, August, 1960. The activities of our Guilds will be a stimulus to those in other countries. Dr. Alving discussed this paper and stated that he was first introduced to the work of the National Federation during his three years in Boston where he was inspired by the retreats of that Guild. He has since formed a Guild in the Philippines and was chairman of the First Asian Congress of Catholic Physicians.

MORTALITY AND MORBIDITY STUDIES OF RELIGIOUS

(A Contribution to National Public Health)

By

Con J. Fechel, Ph.D.

Associate Professor of Economics

University of Dayton

THE RESULTS of the recent study covering a half-century of the health and longevity of nuns should have valuable implications in a nationwide effort to formulate a future health program for religious men and women, in the United States. This study supplemented with further research in the field of morbidity (disability) of both groups will produce statistics on disease, injury and impairment which now have a direct bearing on the well-being of every community measuring its usefulness to God and Country. Studies of this kind can contribute a wealth of knowledge to public health administrators, giving them an accurate appraisal of the extent and character of certain diseases, their distribution, severity trends and influence on eventual death. The value of this information to be gained for the nation as a whole is difficult to estimate. The poten­

tials will be in direct proportion to what can be accomplished in future studies of mortality and morbidity of religious. The administration of any extensive public health service maintained by small or large communities to prevent the spread of disease and to raise the general health level is based upon a detailed body of mortality and morbidity data. With information of this kind on hand a community is in position to evaluate its health needs and to plan specific future health programs accordingly.

MORTALITY

The basic data from which much of our knowledge concerning the health of the population in the past arose from the entries of causes of death or mortality statistics. But mortality data alone fails to provide a complete health picture of a community or of the nation since there are many disabilities that do not terminate in death but do present important health problems. A comprehensive system of morbidity reporting comparable to that of mortality will answer many questions that are now unanswered with respect to certain causes of death.

Little or no definite information in respect to death rates of religious had been available before 1900. Vital statistical studies reflecting mortality of religious orders, nuns and monks, had been made in Europe in the 18th and 19th centuries, by the Frenchman,