The Catholic physician and other physicians guided by the natural moral law have made and can make a real contribution to the art and science of Obstetrics.

Good obstetrical practice is in agreement with and not in opposition to the moral law.

BIBLIOGRAPHY


The Doctor and the Redemption

VERY REVEREND MONSIGNOR ROY RHIHM

LAST September, for the first time in my 19 years as a priest, I had the privilege of addressing an audience made up exclusively of priests. The occasion was their annual clergy retreat, and I talked to them frequently for three full days. Never before, in all the hundreds of times I have been called upon to face an audience, was I aware of such an immediate and vivid sense of rapport. I was among my own. I was talking to men who shared with me the same ideals and the same problems and the same frustrations. I was talking to men who had dedicated their lives to the same work as I. It was not only a new, but a grand and rewarding experience.

At this time I am strongly reminded of that experience last fall. Like that, this is for me a new experience, as this is the first time I have ever been called upon to address an audience made up exclusively of physicians. But that is not the point. The point is I am now extremely conscious of the same sense and feeling of rapport. In a very real sense I am among my own. You, doctors, and I share the same work, the same calling. Both you and I are engaged in a work of redemption — in fact, we are engaged in the same work of redemption. Specifically, we are both committed to the sublime vocation of redeeming fallen man—kind from the ravages of Original Sin.

It may come as a mild shock to you to hear that you are partners with us priests in the struggle to redeem man from Original Sin, but I am here to discover unto you that that is precisely what you are. You are not merely physicians — you are Catholic physicians. As such, you subscribe as wholeheartedly as I to the Catholic doctrine of Original Sin. You agree as wholeheartedly as I with what St. Paul wrote in the New Testament: “Through one man (Adam) sin entered into the world, and through sin death” (Romans V., 12). Both sin and death came into the world through Original Sin. Mind you, not just sin — but death and sickness too. The one is as much an effect of Original Sin as the other. Had Adam not sinned, there would today be no sin in the world — and I would have no work to do. Had Adam not sinned, there would today be no sickness or death in the world — and there would be nothing for you to do! Both you and I — and you no less than I — are what we are because somehow we sense the urgency of repairing the damage caused by Original Sin. You have committed your life to the ennobling redemptive mission of struggling against disease and sickness and death. I have committed my life to the ennobling redemptive mission of bat-
thing that supernatural disease, sickness and death which is sin. What you oppose no less than what I must defeat, is the direct effect of Original Sin.

True, what concerns you has to do with man's body; what concerns me has to do with man's soul. But this dichotomy between man's body and man's soul exists only in man's mind: it does not exist in a man. Man is one: body and soul. He is never in one respect just a body or in another just a soul. He is not even a component of the two. He is one: body and soul. You may separate the two in thinking about him, but you cannot separate the two in treating him. And so, because we deal with men, you doctors and we priests are partners in our respective vocations which are really only one vocation: the redemption of man from Original Sin. It is the whole man who must be saved. Yours too is a priestly work!

Because your vocation as physicians and my vocation as priest are so intimately and so profoundly linked, we can learn from one another. Certain common insights, apparent to one, can be passed on to the other. Let me share some of these insights with you.

1) Some of our 'occupational hazards' are much the same. The priest must reach out his hand to help those in sin without allowing himself to be contaminated by it. Unless he can he is useless — for "if the salt loses its strength, what shall it be salted with?" (Matthew V, 13). The physician must come into daily contact with contagion and disease. But he must reach out his healing hand without allowing himself to be contaminated. Unless he can, he is useless.

Because you and I strive to help people we are exposed to a common danger. People can become ungrateful. This too, I suppose, is due to Original Sin. Both you and I must be on guard to let people's ingratitude disgrace us in our work. But there is another common danger here, more subtle than ingratitude. It is personality. Some people can be so ungrateful. We are astounded at the lengths to which they will go to show it. They will heap favors and privileges upon us. Both you and I must beware of this. There is only one short step from receiving favors to expecting favors. He is a great man who can consistently accept privileges without eventually demanding them.

2) For both you and me, progress is the great concern. New progress is the child of hope. And it is significant how we part company. You are a progress.$\) Within your own lifetime it has been phenomenally. Antibiotics, 'wonder' drugs, polio vaccines, the life-expectancy steadily lengthening, stupendous new techniques in surgery, the break-through in cancer perhaps near? We priests know little of the same heady vision of progress and success. True, there are more Communions and more converts — but then we read the Kinsey report and we wonder who's kidding whom? Let's face it, sin is here to stay, and we need look no farther than ourselves to confirm this. But progress is the child of hope. And here again we part forces. You are destined to defeat. You may win a battle here and there, but you always lose the war. Every patient you treat, regardless of how marvellously and how often he recovers, dies. And about that you can do nothing. With us it is different. We go about our work with a deep and abiding sense of final victory. We do seem somehow to lose most of the battles, but we are confident of winning the war! You find the strength to go on, despite the inevitability of final defeat, because of your hope of interventive victory. We find the strength to go on, despite our discouragement at interventive defeat, because of our hope of final victory. Discouragement is the ineluctable lot of both of us. But your strength is our weakness, as your weakness is our strength. We need one another in the good fight!

3. For both of us, attitudes are of primary importance. To be any good at all we have to be tenacious, never-say-die fighters. How difficult it is to fight what you do not hate. Imagine a priest not hating sin. He wouldn't be any good because he couldn't battle it. You remember the story about the notoriously laconic President Coolidge: returning one Sunday morning from church, Mrs. Coolidge asked him what the minister's sermon was about. "Sin," was his total reply. "Well, what did he have to say about it?" she asked. "He was against it." If the priest is to fight sin he must be against it. You are committed to a struggle too: the war against sickness and disease. What is your attitude toward sickness and disease? Do you hate it? Hate it with a passion? Do you really want to stamp it out? If you do not, you may be a nice fellow but you are a sorry doctor. To be a good doctor, dedicated to conquering sickness and disease, you can have no tolerance for them as such. You have to hate them or you will make a poor adversary. Why do I mention this? Because it is particularly apropos of Catholic physicians. There is a kind of phony "Christianity" prevailing today which would have you believe that sickness is a blessing, that it is a good thing in itself. Don't you harbor such nonsense; for if you do you will not only be a sorry doctor, you will also be a sorry Catholic. "Through one man (Adam) sin entered into the world, and through sin, death." Sickness and death are not a blessing, they are a curse. They are not the work of God, they are the work of Satan. They are the penalty of sin. They are punishment — and only a perverted punishment. Look at the life of Jesus. He was not sick a single day of his life. He hated sickness and disease and infirmity and death — and most of his miracles bear witness to that! True. He chose to die. But He chose death not as something good in itself. He made it quite clear that He chose it only as the atoning price to be paid for sin. Of course, the patient acceptance of sickness and even of death in a spirit of atonement for sin is a
we must not confuse the acceptance of sickness and death with sickness and death itself. The one is a great grace: the other is a curse and a penalty to be hated and feared and resisted. As a Catholic doctor you must hate sickness and death in itself. Only or your patient to fall into the trap of regarding sickness and death as something good in itself.

The axiom is equally valid for both of us, except that in your case it might be paraphrased: "hate the sickness but love the sinner." How easy it is to transfer your opposition to something into opposition to someone. It is as easy for you as it is for me. How the priest in his work must guard against this. He must hate the sin, but God help him if ever he hate the sinner too! The priest must hate stealing but he must love the thief; he must be opposed to lying but not to the liar; he must despise adultery but he may not despise the adulterer. If ever — by thoughtless action, heedless remark, careless jest or slightest innuendo — he should intimate that he not only hates the sin but also the sinner, the door shall have been slammed shut forever on the poor sinner who detects this. The usefulness of such a priest is finished. So too the physician must hate the sickness but not the sick person. He must ever be on guard against transposing opposition to the one into opposition to the other. If ever, by word or action or attitude, he should intimate that he does hate the sick person, usefulness is at an end. He has failed.

5) Finally, a word about something else that you physicians and we priests should have in a deep sense of dedication to our vocation. Only if we are so dedicated can we fulfill it. If he be true (and it is) that we are useless if we are not "all priest," it is equally true that you fail if you are not "all doctor." People have a way of knowing — people who depend on us. We priests have a certain advantage here: by Canon Law the Church protects us against non-priestly, outside interests and vocations. (It doesn't always work, but the protection is there in Canon Law: clerics are forbidden to engage in private business enterprises.) What a pathetic and tragic figure that priest of God who is first something else and only secondly a priest. The same is true of you — except that you have not only less protection against outside interests but also more opportunity for them. So be it; all the greater the challenge. If you would be true to your calling, you must let your medicine be your life. Of this be sure: when the art of healing is no longer your first concern, you have had it. You may be a smart business man but as a physician you are a fraud and a phony. You should have the good grace to retire from the noble profession you have deserted.

As Stars For All Eternity

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IT WAS the end of a century — 1896 — when Maria Montessori received the coveted degree in medicine. Not only was she honored to have attained this high goal, but also because she was the first woman in Italy to have achieved a medical degree. Such attainments brought her eminence and fame but today she is best remembered as an educator, a reformer, a philosopher who put her theory into practical experience by the founding of a new system of education.

Of a family, noted on both maternal and paternal sides for contributions to philosophy, military science, and religion, Maria Montessori was born on August 31, 1870 — the year that Italy first became a united nation. Her childhood was a happy one, yet early in her life she exhibited interests uncommon to girls her age. Scholastically her grades were not spectacularly different from those of the other scholars attending the state day-school in Ancona. Realizing that a large metropolis would offer educational advantages, the Montessori family moved to Rome. Maria, because of an aptitude in mathematics decided first upon a career in engineering, changed to a major in biology, and finally concentrated on the field of medicine. Thus, she became in 1896 the first woman to receive a medical degree in Italy.

Fully a decade was to pass before Dr. Montessori was to arrive at her true vocation. During these years crowded with activities involving research in psychiatric work, lecturing on the continent, championing the cause of women's rights, and the elimination of child labor, Maria Montessori influenced by the humanitarianism of Dr. Jean Itard and Dr. Edouard Seguin, medical men devoted to the education of the mentally and physically defective, was conscious of the lack of care — socially, morally, and intellectually — given to the feeble-minded child in Italy.

In 1899 she delivered an address on Moral Education which aroused the interest of the Minister of Education, Dr. Guido Bacelli, who asked Dr. Montessori to deliver a series of lectures on the training of the feeble-minded. This was the foundation stone of what was to become for Dr. Montessori a science, valid and reliable, centering attention on those children who deviated from the average even into the strata of idiocy and imbecility. Thus came into existence a state orthophrenic school wherein