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MARRIAGE AND OVERPOPULATION

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ONE can only hope that in the midst of contemporary anxieties, emotions and enthusiasms which the phrase "population explosion" provokes in laity, demographers, political scientists, sociologists, and liberal and orthodox clergymen alike, we do not lose our wits or our search for wisdom in facing up to the problems "population explosion" poses.

I would suggest the following considerations as an antidote to the contemporary furor.

1. The phrase "population explosion" is poetic, not scientific. It is qualitative, not quantitative. Its lack of precision permits it to be used indiscriminately and applied to all countries experiencing a population increase. To apply it equally to the United States and India, to industrial and non-industrial countries, to the overdeveloped and underdeveloped, to the stabilized and non-stabilized, to the West and to the East, is bad poetry and worse science. It can only mislead the reader and hearer and is propaganda in the worst sense of the word because it brainwashes away necessary distinctions.

2. The most advanced country, the social model toward which most democracies are gravitating, is the sickest, taking its society as a whole. Despite excellent housing, advanced social security planning, and high economic status, its rates for suicide, illegitimate births, divorce, mental illness approach the highest in the world. Also, its birthrate is below replacement requirements, and its population is disproportionately aged.

3. Those who can be afford to have children, to nurture, nourish and educate them according to modern standards, continue to have the least, while the economically deprived have the most. The fact must be faced as to why the higher economic group is most receptive personally to this theme, "population explosion." One should be curious about the complex motivation that makes this group passionately organize to impose their norms on those less favored materially.

4. We live in a period of world crisis with the outcome of civilization as we know it at stake. We are bearers of the western civilization with its tradition of freedom, democracy, and Judeo-Christianity. We believe these values to have universal application to mankind. We have been blessed with riches. If our vocation is to share this tradition with the rest of the world through the exchange of students, scientists, and teachers, through the Peace Corps, through religious missions, do we not have a special obligation to maintain our numbers proportionately, so as to maintain these traditions in a hostile world through the production of our greatest wealth and through the export of our most spiritual resources?

5. This is the golden age of science. In the physical order we have cracked one of nature's deepest secrets, the atom. Our optimism places no limits on science. Two of the leading nations of the world have committed themselves to the inhabitation of the moon, the epitome of an environment most adverse to man. Yet when it comes to food supply and human resourcefulness on the earth, in this transitional period of rapidly expanding populations, we perversely become pessimistic. We seem to forget that one of our major health problems is overweight with its predispositions to many lethal diseases and that one of our major economic problems is food surpluses.

Starvation in many countries has always been with us independent of numbers. Population reduction per se cannot solve this problem. Countries that are now facing starvation with a larger population faced starvation with a smaller population. If we exported food technology and surpluses with the energy with which we have exported public health and drugs we would make a direct contribution to the immediate problem of starvation. This, in contrast to the reduction of population through birth reduction, would be doing something for the living, and set the pattern for the future.

6. We must also consider value judgments. We are prone in this country - given any problem even remotely related to population - to think the solution lies in limiting people. If we were faced with both an automobile explosion and a population explosion there is evidence to suggest that many would advocate reducing the numbers of people rather than the numbers of automobiles. This despite the fact that health authorities are concentrating their efforts against physical unfitness and the related condition of endemic coronary disease by promoting walking. Perhaps we need an agency to promote people to offset advertising agencies which promote inanimate things.

7. In the United States the rate of mental illness is frighteningly high. It has been estimated that one out of ten born in the United States will enter a mental institution sometime during the course of his lifetime, and that an even higher number need medical attention for non-institutional psychiatric illnesses. Most well-developed countries have similar incidences. There is practically universal agreement that emotional illness has its causative roots in family life. Further, it is obvious that there are intrinsic biologic norms for family living, and optimum norms for family size. And, although we do not yet have the complete story, what knowledge we do have indicates that the key to the former lies in the latter.

Demographers study the vital statistics of people; they add and subtract and multiply numbers. They are in the vanguard of those who believe that the solution of the population explosion is simply
a numbers game. Until the sciences of psychology, sociology, theology and others give us a more definitive picture of the normal family for optimal rearing of children as mature human beings it seems we should be wary of simply arithmetical solutions.

8. Finally, and this is a note that applies to the moral order, it seems superficial to think that the issue between liberal and orthodox moralists is only a matter of means: artificial birth control (contraception) vs. periodic abstinence (rhythm). Surely the whole question of ends and purposes, motivation and intention, and values, is involved in the determination of the circumstances, which make it wise or unwise to effect birth reduction in individual families or groups of families. The history of mankind records how frequently we suffer when we pit our dated knowledge and thinking against nature's tried and tested wisdom or against God's providential order. When we have deviated from nature's norms, we have experienced nature's capacity to strike back. It is, therefore, most incumbent upon us first to obtain and utilize adequate knowledge of nature, including man's nature, as a prelude to a wise approach to population in those areas where population explosion is actually occurring.

The foregoing is an abstract of a public talk given by Dr. Ratner under auspices of the Newman Club, University of Missouri, last December. He is the full-time director of the Oak Park, Illinois, Department of Public Health. Since 1947, Dr. Ratner has served in the Department of Public Health and Preventive Medicine of Loyola University School of Medicine and now holds the rank of associate clinical professor. He is on the faculty of the St. Alphonsus Liguori and the National Schools of the Dominican House of Studies, River Forest, Illinois. Dr. Ratner is a well-known lecturer in biology, medicine and marriage; he is a medical adviser to the Cuna Conference of the Archdiocese of Chicago.

A single free copy of an informal critique on modern medicine by Herriett Ratner, M.D., as interviewed by Donald MacDonald for the American Character Series of the Center for the Study of Democratic Institutions, Fund for the Republic, may be obtained by directing a request for The Interview on Medicine to the Center for the Study of Democratic Institutions, Box 4068, Santa Barbara, California.

WHO SHOULD GET SURGICAL PRIVILEGES IN HOSPITALS?
C. Rollins Hanlon, M.D.

This important and difficult question is answered in widely different ways by various segments of the medical profession. For example, the American Academy of General Practice holds that the family doctor should be entitled to surgical privileges, while the American College of Surgeons maintains that the practice of surgery in hospitals should be limited to qualified surgeons. What is the background of these conflicting views? The controversial issues may be indicated by four propositions. There are a number of important side issues, but let us examine these four propositions:

1. Surgical problems can be divided into "major," "minor," and "intermediate."

This appears at first to be a reasonable statement of fact, supported by logic as well as by long tradition. Excision of moles or warts is performed by many physicians who would not dream of attempting a gastrectomy; they act on the obvious presumption that gastrectomy is a larger and more difficult operation than removal of a mole, and associated with a greater morbidity and mortality. Equally true, but much less evident is the possibility of fatal complications from an inadequately treated mole that turns out to be a malign

nant melanoma. Such an instance illustrates forcibly the danger and artificiality of dividing surgery into "major" and "minor." We still have textbooks of "minor surgery," but the authors generally stress in the preface the virtual impossibility of establishing a division from "major" surgery.

With this in mind, it is apparent that "intermediate" surgical operations defy analysis; indeed, the whole idea of such categories is based on the false premise that the only significant factor in the surgical experience is the operation itself. This is not to deny the importance of the operative procedure; if done badly, the patient may die despite masterful pre-