whose duty as Christian educators certainly includes not only the imparting of knowledge, but the interest in the soul of the student as well as the mind, then he has a good chance to become a true Christian physician and thereby attain his place as an outstanding leader of society and a needed leaven in medical thinking.

There is yet another aspect in which Catholic medical education has a duty, in its service to the community in general as well as specifically to the Catholic community. There are few other facilities, and none so well suited, to which the Church may go for help and leadership in medical-moral problems. The Church must have a place to conduct the research and clinical experiments which will establish a Catholic moral position to oppose illicit procedures that may be curative or proposed. As for instance, a mother of children of multiple cesarian sections may have asked that one or numerous cesarian sections not be sterilization. Specifically, Catholic research and activities must have a center in our Catholic medical schools. The recent Penn have asked Catholic physicians and Catholic scientists to discover more about the reproductive process. They have given us an order to work on this and certainly Catholic medical schools should take the lead in this type of endeavor.

I hope that we have presented some definite ideas. If what the Catholic university must do, and I believe has done in the past, to produce graduates who will leave society and maintain Catholic principles as a prominent force in society.

The Challenge To Catholic Medical Education

EDWARD T. AUER, M.D.

When I asked myself why I am interested in Catholic medical education and why I am here at St. Louis University, I found myself going back ten years to a time when I attended a meeting in St. Louis. The occasion was the Annual Meeting of the American Psychiatric Association. Dr. Kenneth Appel, who at that time was President of the American Psychiatric Association, Dr. Kenneth Appel, who in the years between 1947 and 1962 had been my mentor, was at that time President of the American Psychiatric Association. He presented his Presidential Address here in St. Louis. It was a scholarly appraisal of the challenge of psychiatry today. He reflected on the growth of psychiatry through the era of mysticism, the era of deterministic Freudian analysis, to a predicted era of increased awareness of the individual as a unique being who "tries to develop his constructive social capacities, believes in education for citizenship, the devotion of one's energies, intelligence and skill, not only to work and labor and the enjoyment of its fruits, but also to constructive and satisfying social relationships in the family, in the community, in the nation, and in the world."

He challenged those assembled with these questions:

Does the visualization of the spin of electrons in the diagram, or the tick of the Geiger counter registering electromagnetic pulses of energy, have more validity or reality than the aesthetic experience of listening to Bach's Jesu, Joy of Man's Desire, the delight of a beautiful sunset seen with a friend, the reading of Socrates search for truth and the courageous facing of death, the life of St. Francis, or the mother devoting herself to her sick child?

If we analyze the brain into chemical constituents and energy transformations, does this mean that thought, feeling, aspiration, loyalty, devotion and love are not real?

They are real aspects of experience though they cannot be weighed or measured. How much does loyalty weigh—or reliability? What is the thermodynamic equivalent of sticking to a necessary job? What are the radioactive equivalents of reliability, responsibility, devotion to the well-being of society?—Not that physical measurements are not of value. They contribute to the increase of material things and the well-being of people. They also advance the possibilities of death as was shown at Hiroshima. The knowledge of science and technology can be self-defeating and can destroy itself.

The uses of knowledge and the possibilities of individuals and groups are the important problems of today.

His challenge of ten years ago—at that time a visionary challenge—becomes more a reality each day.

Where can efforts best be directed to meet this challenge? I believe that the responsibility falls to a great
extent on our universities... and especially upon a great Catholic university.

Universities are the second oldest institutions in our society. In this respect, they are second only to our cathedrals and religious bodies. They are institutions, not where truth is taught, but where truth is pursued and where truths of today might become the trivial thoughts of tomorrow.

But universities and medical schools stand in peril. There is need for them to examine and define their values and to take a stand for which they believe. "Objectivity" and "scientism" standing alone are not free from values—we must examine them and choose, I believe, between the values of materialism or the values of our religious tradition. We do not have to be content with either, for one cannot survive without the other nor can one or the other survive without the constant stimulation of examination and challenge. There exists, however, the danger that, with the best intentions, we shall become bound by our scientific methodology and lose sight of our ultimate objectives and goals... which for me, a psychiatrist, consist in the learning and application of those truths which should ultimately decrease man's inhumanity to his fellow man. The problems today are, indeed, the "uses of knowledge and the poten-
tialities of individuals and groups."

Medical education and medical practice face the danger of becoming a technical pursuit. Medical schools need universities and their faculties to avoid this danger. We cannot content ourselves with relegating the task of making scholars of students to the undergraduate year. Such an undertaking involves a lifelong individual pursuit. To hope to succeed, we need facilities to recognize, and by their work indicate a conviction to such a pursuit. We have for years given up service to the need for the physician to have a broader base in the arts and humanities and to participate with interest and concern in the life of his community. But our students, as our children, do as we do and not as we say. We cannot expect them to develop a broader view of life while peering through an electron microscope.

In summary, I believe that the objectives of a Catholic medical education are to pursue excellence in science in an atmosphere where such excellence is seen in its true perspective, through the eyes of scholars who do not lose sight of the individual or society and who are willing to examine and not ignore a set of values for living which they are willing to proclaim and to try and understand.

In this way, we come closer to that goal in which we and our students, develop constructive social capacities, develop ourselves as citizens, and devote our energies, intelligence and skill not only to work and labor and the enjoyment of its fruits, but also to constructive and satisfying social relationships in the family, in the community, in the nation, and in the world.

Linacre Quarterly

Health Services in the Early Church

Reverend Aloysius Roche

Knowing what medicine owes to the enterprise of the ancient Greeks, it is rather surprising to find Christian apologists, even in the fourth century, claiming that the Church was doing far more for sick people than had been attempted or even thought of in classical times. Yet this claim has never been challenged. At the time it was made it was not challenged even by those who were most disposed to resent it. Writing in the middle of the same century, the Emperor Julian (the Apostate), a pronounced adversary of the new religion and, therefore, a reluctant witness, was forced to cry shame on his fellow-pagans for allowing the impious Galileans, with their meagre resources, to throw into the shade those who could draw on their meagre resources, to throw into the shade those who could draw on the wealth of the Empire.

By being the first to get medicine to the sick, these clever Greeks placed the whole medical profession in their debt. Yet, owing perhaps to their preoccupation with the abstract, their researches had tended to remain on an academic level, with less and less attention paid to their exploitation in the interests of the community as a whole. Their health services, having got off to a very promising start, failed to keep pace with the march of Graeco-Roman civilisation. We hear of institutions for the blind, for the dying and for maternity cases at the Epidaurus, but what evidence is there that there were many, or even any, general hospitals in the modern sense?

The Romans were an essentially practical people with harder heads. But they came late into the field and were more borrowers than anything else. At any rate, they never really got down to the job of providing for their sick people. The rich could afford to have the best that was going; for example, a medical man was in full-time attendance on the Emperor Julian himself, no doubt to keep him in trim for badgering the Christians. Paid practitioners marched with the legions and saw to the health of the gladiators and the slaves. But, in these cases, the motive was purely utilitarian, no different from the motive that led them to provide clinics and veterinary surgeons for the horses wounded in battle and the cattle falling ill in the fields. Apart from setting up a free dispensary in one of the streets of Rome and a small hostel on an