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 that 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 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 potentials of individuals and groups."

Medical education and medical practice face the danger of becoming a technical pursuit. Medical schools need universities and their facilities to avoid this danger. We cannot content ourselves with releasing the task of making scholars of students to the undergraduate year. Such an undertaking solves a life-long individual pursuit. To hope to succeed, we need facillities 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), 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 the wealth of the Empire.

By being the first to get medicine on to a scientific footing, these clever Greeks placed the whole medical fraternity 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 interest 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 no more 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
island in the River, the richest city in the world did nothing.

The Church, on the other hand, and from the very first, made it plain that the ailing, and especially the ailing poor, were going to be cared for and treated as a matter of obligation, an obligation as binding on the faithful as the obligation of serving God.

For well over two hundred years, there was not a great deal that the ecclesiastical authorities could do. Anything in the nature of an institutional health service was out of the question, at a time when Christians were debarred from building even places of worship. Yet, even in Apostolic times, the welfare of the sick had become an integral part of the Church’s ministrations, backed up by formal directives and exhortations. At the “assemblies,” collections were regularly made for this purpose, and it was the special duty of the deacons and deaconesses to attend to the sick in their own houses and not only the deacons and deaconesses either, for we learn from Justin Martyr that all the faithful, particularly the women who had most leisure, considered it incumbent on them to take an active part in the Church’s ministrations, backed up by formal directives and exhortations. At the “assemblies,” collections were regularly made for this purpose, and it was the special duty of the deacons and deaconesses to attend to the sick in their own houses; and not only the deacons and deaconesses either, for we learn from Justin Martyr that all the faithful, particularly the women who had most leisure, considered it incumbent on them to take an active part in this work, without being deterred by any fear of infection: a Woman’s Voluntary Service.

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The therapeutic value of the Sacrament of Repentance became apparent for the same reason. The absolution of the priest, deputizing for Him who came to take away the sins of the world, disposed of the current belief that “not even the gods can undo the past”: Nemesis was one too many for them. Repentant sinners were reconciled to themselves—a very important point. The

Jesus, all because his skill was threatening to depopulate Hades—professional misconduct with a vengeance.

But it was not only the possessed who stood to gain by this discipline. Thanks to this bold and forthright assault on the evil spirit who was usurping the throne of the Holy Spirit, the Church was really excoriating the human mind beclouded by a tormenting superstition that had actually hindered the development of the healing art, notably vis-à-vis the leper, the insane, and the dead-and-dumb. The one and only true God is no more responsible for our diseases, physical and mental, than for our wrong-doings: this was the consistent teaching of the Church. Sickness and sin are fruits of the same evil tree, with the enemy devouring the alms of the faithful, like Asclepius himself who was murdered by Linacre Quarterly

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the wonders of the contemporary world, surpassing the hanging gardens of Babylon and the pyramids of Egypt.

There was an isolated building for lepers and an accident ward, a section reserved for the maimed and the crippled, and an ambulance service—all this over and above provision made for the common diseases and infirmities. It was served by a staff of professional nurses and doctors, assisted by semi-trained attendants of both sexes. There was, besides, a team of research workers housed in the equivalent of a laboratory or medical school.

Within the compass of this short article, it is not possible to do more than indicate some of the other facilities initiated by the Church soon after she was given her freedom; convalescent homes, provided in the houses of the worthy, for recovering or recovered patients; the provision of blind guides, and a beginning made at the difficult task of educating those afflicted in this way; asylums for the deaf and dumb, formerly regarded as hopeless; and the appearance of a written alphabet enabling them to "talk"; and finally, the "morophor" or nursing homes for the mentally afflicted.

In due course came the great break-away. The Church hitherto based on the city, broke out and, using her monks as carrier-pigeons, proceeded to spread the Gospel message over the European countryside. For the next five centuries northern Christianity was based on the monasteries. And so was the healing-art to whose history a new and fascinating chapter was now added, a chapter entitled Medicine in the Cloister.

One third of all the marriages in affluent St. Louis County end in divorce. The statistics for Catholic marriages are not that bleak. However, little time in practice is needed to observe that widely disseminated false concepts and attitudes are having an effect upon Catholic marriages. Certainly our area is not unique. Workers in this field have found better adjustment and more wholesome attitudes toward marriage in a group of mothers than in their eighteen to twenty year old daughters. It is apparent we have continued to lose ground in the last two decades.

We all have an affinity for stock answers to complex problems. It is probably not an oversimplification, however, to say that two factors comprise a major portion of the problem. One is emotional immaturity of one or both partners and the other a loss of definition as to the true feminine role. Maturation is not fostered by the widespread permissiveness, presently in vogue, or by outright neglect. Too often in the home, no guidelines are drawn within which one may, with confidence, know that his or her actions are appropriate and will lead to future fulfillment and happiness. Too often, the developing child has in the home no adequate models to imitate in his or her striving for maturity. It is little wonder that, in the demanding vocation of marriage, far from attaining their potentialities, these unprepared novices stumble into problems. Lacking remedial measures, their children, under such circumstances, are likely to come out worse than the parents.

At what point in this vicious cycle should training for marriage begin and how extensive should it be? The doctor's consultation room conferences on "pre-marital advice," while rewarding to both the couple and the doctor, are like "cramming" for an examination. The pre-Cana conferences, perhaps even more valuable, deserve the same indictment to a lesser degree.

Especially in the female, the training for marriage begins at birth. Training and development in the