St. James Hospital, Chicago Heights; St. Francis Hospital, Cook County Hospital, Chicago, all in Illinois. He is also Clinical Instructor, Loyola University, Stritch School of Medicine, Chicago.

Mother Mary Michael, C.R.S.M., long associated with the administration of hospitals, is Director of those for her community, the Sisters of Mercy, in Philadelphia.

Sister Anthony Marie, S.C., a member of the Executive Board of the Catholic Hospital Association, is Administrator of St. Vincent's Hospital and Medical Center of New York. Her interest in medical education and research has been a motivating influence in the work developing within that institution.

E. Jean Cowsert, M.D. is interested in the health care of religious. She serves as secretary of the Mobile Society of Internal Medicine and as secretary of the medical staff, Providence Hospital, Mobile, Alabama. The paper included in this issue was part of the Symposium on Religious conducted during the Conference on Medical Education and Research.

Donald R. Korst, M.D., F.A.C.P. is associated with the Department of Hematology and Chemotherapy, St. Joseph Mercy Hospital, Ann Arbor, Michigan.

Reverend Dr. Paul B. McCleave is working with the American Medical Association as Director of the Department of Medicine and Religion. His efforts are presently directed to preparation of the program to be presented at the AMA convention in New York on Sunday, June 20.

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ADVICE TO AUTHORS

Articles on topics of potential interest to the Catholic physician and a physician and as a physician are earnestly solicited. A goodly portion of The Linacre Quarterly readers are not members of the medical profession but are engaged in allied health fields, teach moral theology, or serve in hospitals, and material for their benefit would also be welcome. The subject matter may be predominantly philosophical, religious, or medico-moral in nature. Material should be typesetted, double-spaced, with good margins and on one side of the paper only. Manuscripts (original and one copy) should be submitted to the Editorial Office of The Linacre Quarterly, 1438 South Grand Blvd., St. Louis, Missouri, 63104. One additional copy should be retained by the author. Full editorial privileges are reserved. References if used should appear at the end of the article and should conform to the usage of the Index Medicus. (This format is that employed in the Abstract Section of the Index Medicus.) A brief but pertinent curriculum vitae of the author(s) should accompany the manuscript. The Thomas Linacre Award is made annually to the author(s) of the original article judged to be the best to appear in The Linacre Quarterly during each calendar year.

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A SUGGESTED PLAN

FOR A DIOCESAN CONFERENCE ON MEDICAL EDUCATION AND RESEARCH IN CATHOLIC HOSPITALS

It is suggested that a conference be the vehicle for inaugurating diocesan attention to Medical Education and Research in our community hospitals within each diocese. A one-day conference would serve as a good means of giving thorough attention to the examination of the current status of Catholic hospitals, as well as improving the continued educational program in Catholic hospitals of your diocese.

1. Recruiting an Organizing Committee

This committee should be made up of a thorough cross section of the Catholic medical community concerned with this problem. It is suggested that the committee might include the following:

Honorary Chairman — The Most Reverend Bishop.
Chairman — A leading Catholic physician who has an academic background and is aware of the objectives of Catholic hospitals.
Committee Secretary — The Diocesan Director of Catholic hospitals.
Committee Membership — Chairman of each local Catholic Physicians' Guild in diocese.

Administrator of each Catholic hospital.
Chairman of the Advisory Board of each Catholic hospital.
Diocesan Director of Education.

2. Scene of Institute

The use of a college or senior high school facility is recommended. This would provide a large auditorium or hall where a keynote meeting could be held and would also provide additional rooms, if sectional meetings would be considered. If this is not possible, the local hotel would make their facilities available in return for scheduling any luncheons, dinners, etc.

3. Time of Meeting

It is desirable that this conference take place soon after the Meeting in New Orleans, Louisiana. An invitation list is recommended for a satisfactory diocesan conference. Consideration should be given to inviting the following:

The governing bodies of Catholic hospitals.
The members of Lay Advisory Boards of Catholic hospitals.
All Catholic physicians of the diocese.
The officers of the medical staff of each Catholic hospital.

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Heads of all departments of each Catholic hospital.
Members of the joint conference committee of each Catholic hospital.

4. Programming

Speakers should be carefully chosen and should be the best qualified, whether they are Catholic or non-Catholic.

Morning Session
8:00 a.m. Mass (alternate time).
9:30 a.m. Keynote Address.
10:00 a.m. First Conference.
10:45 a.m. Intermission.
11:00 a.m. Second Conference.
11:30 a.m. Third Conference or Panel Discussion.
12:00 noon - 12:30 p.m. Lunch (Bishop).

Afternoon Session
2:00 p.m. Fourth Conference or Round Table Discussion with an appointed leader for 10-15 people.
3:15 p.m. Intermission.
3:30 p.m. Final Conference.
4:45 p.m. Adjournment.
5:00 p.m. Mass (alternate time).

Letter from New Zealand...

In spite of its small population (2½ millions), New Zealand receives a disproportionate amount of interest and goodwill throughout the world. The outstanding medical event of the past year was the introduction of intrauterine foetal transfusion by Dr. A. W. Liley. By transfusing blood into the baby’s peritoneal cavity at about 34 weeks maturity he has been able on several occasions to salvage one otherwise doomed by severe Rh immunisation.

The Catholic medical status is improving rapidly. A doctor at the end of his professional life can remember being the only Catholic serving, say, half a million people. Now there would be at least 50 such doctors in a similar community. They are united in the Guild of St. Luke, which is affiliated with the English Guild. There are about four meetings yearly in the main centres, a retreat, and social events. Following the ecumenical spirit of the good Pope John, there are now joint meetings with doctors and clergy of other religions, and from this has arisen a warm feeling of fellowship and mutual respect.

In the recent past the main concern of the Catholic body has been for defence and consolidation, but now it seems likely to develop and flower once again. The incidence of Catholicism in the general population is about 14%, but in the younger age groups it may be as high as 20%. After 90 years of secular education the milieu is largely de-Christianized, and in the medical field the main problems are those of contraception, therapeutic abortion, and sterilization. The outlook is, however, much more healthy in these respects than it was a generation ago.

The basic task for the Catholic profession is not merely to act as a brake on these errors but also to present positive ideals of the beauty and richness of Christian marriage and the intellectual life. There is a great need for Catholics to take on positions of leadership in all aspects of community life.

With its absence of illiteracy and poverty, and its uniform middle class structure (some would say mediocrity), New Zealand forms a convenient social laboratory in which many innovations have been readily introduced in the past. Physicians will be interested in the national health service which has been working for about 25 years. Unlike the British scheme it favours general practitioners rather than specialists, many of whom, especially in internal medicine, find it difficult to make a living. One lesson which can be learned from our experience is that the profession ought to take the initiative itself in introducing some comprehensive form of health insurance, rather than to leave it to the...