

The Linacre Quarterly

Volume 17 | Number 4

Article 2

11-1-1950

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Recommended Citation

Kelly, Gerald (1950) "Medico-Moral Notes," *The Linacre Quarterly*. Vol. 17: No. 4, Article 2.
Available at: <https://epublications.marquette.edu/lnq/vol17/iss4/2>

Medico-Moral Notes

Gerald Kelly, S.J.

THESE NOTES will mainly consist of a survey of some rather recent medico-moral articles that should be of interest to physicians. To facilitate reading I shall divide them into three sections: I. Survey on Euthanasia; II. Survey of Other Topics; and III. Some Problems for Discussion.

I. Survey on Euthanasia

During the past year many excellent articles and statements on the morality of euthanasia have been published. The main reason for this, no doubt, was the publicity that necessarily attended the Sander case.

Medical Societies

The most wholesome aspect of the literature condemning euthanasia is the fact that much of it emanated from physicians themselves and from the secular press; the defense of good morals was not left entirely to priests. During the year I noted many statements made by various medical groups, though I did not preserve a record of these. However, I do have in my notes a reference to a resolution adopted by the Medical Society of the State of New York to the effect that the society "go on record as being unalterably opposed to euthanasia and to any legislation that will legalize euthanasia." This society is composed of 23,000 doctors. The resolution was adopted unanimously by the 149 members of the house of delegates. Also, I have an Associated Press clipping saying that the World Medical Association, representing 41 national associations, voted to condemn euthanasia under any circumstances. Physicians themselves could no doubt multiply such statements, for there have been many during the past year.

Individual Physicians

Individual physicians have also spoken strongly against mercy killing. At Montreal, in an address before the Kiwanis Club, Dr. I. M. Rabinowitch, an internationally known Jewish medical

authority and research director at Montreal General Hospital, unequivocally condemned euthanasia on both religious and medical grounds. He pointed out that it is against both Jewish and Catholic doctrine. He insisted that "God is the Supreme Master of life and death and no human being is allowed to usurp His domination."

In Edinburgh, Dr. Alexander J. P. Graham delivered an address on euthanasia that shows a profound understanding of the practical, moral, and professional issues involved, and that gives a clear presentation of the moral principles pertaining not only to mercy killing, but also to the giving of drugs to relieve pain, even at the risk of unintentionally hastening death.

Dr. Graham gives the following outline of the types of cases for which euthanasia is apt to be recommended:

"(1) A patient with carcinoma of the tongue involving the mandible and the fauces, had reached the stage of continuous pain, with inability to either swallow or articulate. Saliva mixed with blood and food debris dribbled continuously from his lips, whilst the foetor made attendance on him an unpleasant duty for relatives and nursing staff alike.

"(2) A man with multiple bone metastases from a hypernephroma required constant narcosis.

"(3) A soldier received a gun-shot wound of his spine leaving him with residual paralysis or lower limbs, incontinence of urine and faeces and severe root pain. His psychology was such that little response was forthcoming to efforts to interest him in rehabilitation or his future.

"(4) A man with coronary sclerosis reached a state of invalidism due to frequent attacks of pain at rest or on effort.

"The factors common to these cases were that they would die sooner or later in the not too distant future. Meanwhile they were experiencing severe pain and suffering, neither of which has any value in the eyes of the materialist. Though these are the types of cases for which euthanasia is usually suggested, some people advocate its use for cases similar to the following:

"(5) Cases of senility who prove a financial or physical burden either on their children at home, or on the nursing staff or bed-situation in institutions for the aged and chronic sick.

"(6) Infants and children with spina bifida beyond surgical aid, morons and aments.

"It is not a far cry from assisting the demise of the first group to killing off the second, with consent, after persuasion, or without either. No great stretch of the imagination is required to visualize the possibility or the means."

Dr. Graham's address appeared in *The Catholic Medical Quarterly* for July, 1950, (pp. 111-17). I have quoted him at length because his is an exceptionally good outline of the cases usually recommended for euthanasia. Having given this outline, he then offers a splendid presentation of the moral and professional issues. In the latter section he discusses the means now at hand for relieving pain. In this connection, he refers to an address given at Edinburgh by Dr. J. C. White, of Boston, who said on that occasion, "So far as pain is concerned we can take care of it neurosurgically. . . ." Dr. Graham remarks that the experience of others is similar to that of Dr. White; and then he adds:

"The potent weapons of sympathectomy and alcohol-block of the sympathetic chains or posterior nerve roots, of neurectomy and of cordotomy at various levels, and possibly, on occasion, of leucotomy, lie in the hands of those qualified to use them. Those of us whose skill may lie in other fields of medicine or surgery should at least not be ignorant of their possibilities. From the purely medical point of view shortening or taking the life of a patient for the relief of pain is unnecessary. Moreover, it is a confession of professional failure or ignorance."

He then goes on to a discussion of the use of drugs to relieve pain. And he concludes with an appeal to Catholic doctors, who are fortunate enough to have sound principles to guide them, to enlighten others by their words and example.

1950 saw the beginning of a new magazine entitled *Pastoral Psychology*, the purpose of which seems to be to promote mutual co-operative understanding between Protestant ministers and psychiatrists. In one of the early issues of this magazine there was an article defending euthanasia. The September number printed a rebuttal article by Dr. John F. Conlin, Director of Medical Information and Education, Massachusetts Medical Society.

In his condemnation of euthanasia, Dr. Conlin makes use of arguments from ethics, divine revelation and American law; he

asserts its futility and harmfulness from a professional point of view; and he shows considerable skill in handling some of the fallacies that are occasionally introduced by proponents of euthanasia.

For instance, there is the objection that if it is wrong to shorten life then it must be wrong to lengthen it. Dr. Conlin points to the example of Christ as adequate justification, if justification be needed, for the physician's efforts to save life. Then there is the argument that, since some physicians practice euthanasia in secret it would be better to bring it out into the open by legalizing it. To this Dr. Conlin replies that an intrinsically immoral act is not changed by legalizing it. Still another of the fallacies is that if we have no right to end life then we have no right to start it. Here again, says Dr. Conlin, if justification be needed it can be found in the directive given our first parents to increase and multiply. Throughout his article he insists that the same God who gave this directive also ordered categorically: "The innocent and just person thou shalt not put to death."

Like Dr. Graham, Dr. Conlin, whose practice in recent years has been confined to service on the staff of a hospital devoted to the care of terminal diseases, mostly cancer, calls attention to the diverse methods of treating pain and of helping the sick to lead useful lives almost to the time of their death. He stresses the benefits obtained through hormone treatments, psychotherapy, occupational therapy, and neurosurgery. Toward the end of the article, he writes:

"The infallibility of physicians is not such as to warrant bestowing upon them the right of life and death. The idea of an incurable disease is intolerable to any physician worthy of the name."

And in the last paragraph he says:

"It becomes increasingly incumbent upon physicians to espouse unpopular causes. This is not for them a new role. Drastic remedies, radical surgery, amputations must often be prescribed 'for the good of the patient.' The good physician opposes euthanasia 'for the good of the public.' Morality is often unpleasant for us creatures. It is often unpopular. God's laws are clear and unequivocal. They must be obeyed. It's as simple as that!"

(I think I should add here that in the June number of *Pastoral Psychology* there were three letters objecting to the article that

had favored euthanasia. One of these letters was by a physician; the other two were from Protestant ministers. This too is encouraging, because ministers are so frequently quoted in favor of euthanasia.)

Secular Press

At the beginning of these notes I mentioned that the reaction to the Sander case brought condemnations of euthanasia even from the secular press. By this I did not mean that all the statements of the secular press opposed euthanasia; my acquaintance with the press is entirely too limited for such an assertion. But I did notice many soundly moral statements; and I have preserved one editorial that struck me as outstanding. The *Boston Traveler* for January 9, 1950, besides printing a long discussion of the morality of euthanasia by John C. Ford, S.J. (which I shall mention later), also published an editorial that I had planned on reproducing here in its entirety. But such complete quotation is hardly necessary, because the editorial is reprinted in *The Catholic Mind* for March, 1950, pp. 178-79.

The editorial insists on the essential distinction between man and animal as something basic to the legal and religious traditions of Western civilization. It puts primary emphasis on the ethical principle that no man has a right to kill the innocent, an argument which is put very neatly in "the American way" when we say that all men are created equal. As secondary, and merely practical arguments, it condemns euthanasia on these two counts: the constant progress of medicine, and the impossibility of controlling mercy killing once it should be sanctioned by law.

Discordant Note

Thus far I have surveyed excellent and morally sound discussions of euthanasia by physicians. I wish I could stop there. Yet, I must call attention to one decidedly discordant note. In *GP*, the new magazine for the general practitioner, for September, 1950, pp. 81-83, there is an article entitled "Ethics in Medicine," by Walter C. Alvarez, M.D., Editor of the magazine. Ostensibly this article is a book review; but in the course of it, it becomes clear that Dr. Alvarez's primary purpose is to build a strong case for euthanasia. He has most of the time-worn arguments of the mercy

killers: the mercy we show to the sick horse; the fact that St. Thomas More had the Utopians committing euthanasia; the pitiable condition of certain patients and of idiots. I shall say something about St. Thomas More later; the other arguments have already been covered very well by my preceding citations from physicians. One thing is clear: Dr. Alvarez is out of step with the most representative members of his profession. It is regrettable that he has a position of influence on a magazine that ought to have a large following.

Priests

At about the time the Sander case was breaking into print, Robert F. Drinan, S.J., published an article entitled "Euthanasia: An Emergent Danger" in the *Homiletic and Pastoral Review*, for December, 1949. Father Drinan sketched the history of the euthanasia movement and its progress in America, and stressed especially that in arguing against the movement we should remember that its promoters no longer believe that physical suffering is according to the will of God, to be accepted with resignation. He suggests, therefore, that the main argument against these people is historical: namely, to show them that what they recommend is a return to barbarism, and that, in fact, even among barbarous people it was never institutionalized.

Incidentally, Father Drinan is one of several priest-writers who give explicit consideration to the statement that St. Thomas More had his Utopians committing euthanasia. He admits that the passage is in *Utopia*; but he rightly says that no one may legitimately argue from this that it was also More's opinion. *Utopia* is a fantasy. Moreover—and this is important—even if it were true that More had approved of euthanasia, it is clear that in this he would not be expressing a Catholic opinion, and his canonization would have been in spite of it and not because of it.

I mentioned previously that the *Boston Traveler* published a discussion of the morality of euthanasia by John C. Ford, S.J. Father Ford's article is now available in pamphlet form under the title *Mercy Murder*. It can be obtained from the America Press, 70 East 45th St., New York 17, N. Y. The pamphlet contains a splendid presentation of the philosophical, theological, and practical objections to euthanasia. Incidentally, it offers the best answer

I have seen to the euthanasians' claim to have St. Thomas More on their side. As Father Ford points out, More's Utopians not only permit mercy-suicide and mercy-murder; they also permit divorce and they condemn bodily austerities. Yet More wore a hairshirt and practiced other bodily mortifications, and he went to his death rather than approve the divorce of Henry VIII. It seems obvious that *Utopia* does not express his own philosophy of life.

A few years ago Father Joseph V. Sullivan, of the Diocese of Kansas City, Missouri, prepared his doctorate dissertation on the morality of euthanasia. The Newman Press (Westminster, Md.) has recently published the essentials of Father Sullivan's dissertation in a booklet entitled *The Morality of Mercy Killing*. The booklet presents a good statement of the arguments against euthanasia, and it is particularly valuable for its informative historical material.

Hospital Progress for March and April, 1950, contained two articles on euthanasia by the present writer. There is nothing particularly new in these articles; but they do contain, in brief scope, a complete statement of the Catholic teaching on mercy killing, and a number of references that may be useful to physicians.

II. Survey of Other Topics.

Narcoanalysis

In our American publications euthanasia was easily the most frequently discussed medico-moral topic. But if I may judge from the new French periodicals I receive, I should say that narcoanalysis had first place in France. *Cahiers Laënnec*, a quarterly journal of Catholic physicians, devoted two whole issues, containing seven articles, to this topic. And one of the French diocesan reviews recently published a digest of these seven articles plus 12 others that were published in France and Belgium during the space of two years. It is not my purpose to refer to all these articles, but it will be useful to present here some of the conclusions that are recorded at the end of the diocesan review's survey.

There is general agreement among the authors that, granted the proper safeguards, the use of sodium pentothal and similar drugs is morally permissible as a therapeutic measure in medical practice. In other words, they would agree with the following

statement in the code sponsored by our own Catholic Hospital Association:

"*Narcotherapy*: The use of narcosis (or hypnosis) for the cure of mental illness is permissible with the consent at least reasonably presumed of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient's right to secrecy is duly safeguarded." (Cf. *Ethical and Religious Directives for Catholic Hospitals*, p. 7.)

There is also general agreement among these authors that the use of the so-called "truth-drugs" is illicit as a means of extracting a confession from a suspected criminal. There can be no dispute over this. As far as I know, every Catholic moralist who has discussed the question considers this judicial use of narcosis to be a violation of the personal right to be held innocent until proved guilty.

But in the matter of medico-legal practice, the French reviews have often discussed a question that has not had much attention in our country: namely, the use of narcosis to determine the degree of *responsibility* of a criminal, once he is legally convicted of a crime. On this matter there is not universal agreement among the French writers. Some think that this use of narcosis is for the benefit of the convicted man; and they would allow it. Others think that the weapon of narcosis is too dangerous to be allowed in any legal procedure, even when it seems to be for the benefit of the individual. I am not in a position to give any definitive opinion; but I am strongly inclined to agree with the latter view. At first sight it may seem a kindness to a convicted man to allow the use of a means that might show he was not responsible when he committed the crime. Nevertheless, it might easily happen that if he relived his crime under narcosis this would be taken as a *confirmation* of his sentence and thus would be an obstacle to an appeal. Furthermore, it must be kept in mind, as one of the French physicians emphasized, that these drugs do not always bring out the truth. The event "relived" might be mere fantasy.

Catholic Physicians' Publications

I mentioned the French publication *Cahiers Laënnec*. A word about this splendid periodical may be in order. It is the official organ of what seems to be the equivalent in France of our Federation

of Catholic Physicians' Guilds. It began publication in 1935, was interrupted by the war through the years 1940-45, and began again in 1946. It usually devotes a complete issue to one topic; and sometimes several issues to the same topic; and it gives a complete presentation of the medical and moral angles of the topic. For instance, I mentioned that two numbers were devoted to narcoanalysis. Other very recent issues dealt with "Puberty and Sexuality" and with "Psychasthenia." Physicians who read French would find this publication very helpful. The address is: 12, rue d'Assas, Paris VI, France.

There are three Catholic medical publications in England with which I am familiar. *The Catholic Medical Quarterly* (which incorporates what used to be *The Catholic Medical Guardian*) is published at St. Bonaventure's, Cambridge. *Linacre*, another quarterly, is published at 14 Ely Place, London, E. C. 1. And *The Catholic Nurse*, also a quarterly, may be obtained from the Secretary, Catholic Nurses' Guild, 1 Edmund Street, Birmingham, 3. I have found all these publications very helpful in preparing medico-moral surveys.

Incidentally, the December, 1947, number of *Cahiers Laënnec* dealt with a newly-published code of medical ethics for French physicians, the code itself being published as a supplement. This is not a Catholic code; it rather resembles the *Principles of Medical Ethics of the American Medical Association*, but it seems to have official legal sanction. The composers completely rejected euthanasia. The one morally objectional point seems to be a limited approval of therapeutic abortion. A complete English translation of this French code is published in the October, 1949, number of *The Catholic Medical Quarterly*, pp. 3-19.

Religion and Psychiatry

A psychiatric congress was held at St. John of God Hospital, Stilllogran, Co. Dublin, Ireland, April 17-19, 1950. The congress opened with a Solemn High Mass before the Papal Nuncio, at which the Rev. Eamonn O'Doherty, D. Phil., delivered a sermon on "Religion and Psychology." This was no ordinary sermon. It has value for all interested in psychiatry. It was published in the April, 1950, number of *The Catholic Medical Quarterly*, pp. 77-84.

The entire sermon should be a tonic for Catholic psychiatrists who need encouragement and inspiration in the midst of the many unfavorable criticisms of psychiatry. Especially encouraging is the following passage:

"Serene in the sublime confidence that the truth of her teaching is grounded in the eternal veracity of God, true religion has nothing to fear from true psychology.

"Lest there be any further doubt about this, let us remember that the president for the current year of the international institute of Psycho-Analysis is a Catholic, Dr. Bartemeier; that the president of the World Federation for Mental Health, Dr. Repond, is a Catholic; that some of the great psychologists of the world were and are priests; . . . I stress these facts because for too long materialists and hedonists in the field of psychology have acted as spokesmen for the science, have spoken as if their assertions were scientifically established and accepted by all psychologists, and have produced the widespread fallacy that religion and psychology were somehow opposed. This fallacy in turn is responsible for the timidity which all too often has kept Catholics from playing their due part in a field in which because of age-long studies of mind and soul, they should have much to contribute."

Today there are many exaggerated ideas of the relationship of religion and mental illness. Some would attribute all mental illness to sin; others would explain all sin as mental illness. Father O'Doherty has a good paragraph on the middle course:

"The good psychologist and the good priest must be careful to avoid two possible confusions of thought: on the one hand the idea that the practice of one's religion is the panacea for all mental illness; and on the other, the idea that the methods of psychiatry, adequate to cure mental illness, will also cure the soul sick with sin. True religion leads man to his supernatural well-being, psychiatry is concerned with his natural well-being. The two are complementary in this sense that a sick mind can not know, love and serve God as it might, so that healing the sick mind should also serve to promote spiritual welfare; while at the same time the theological principle that grace does not destroy nature but perfects it, points to the completion of the therapeutic process in a return to the life of grace."

I have mentioned before that some psychiatrists, particularly analysts, say that their personal standards of life do not affect their treatment of patients. They say that whether the psychiatrist is moral, immoral, or amoral, religious or irreligious, it makes no difference; in dealing with his patients he simply helps them to rebuild their lives according to their own principles. I have often questioned the practical possibility of this. It seems to me that one can hardly help to rebuild a personality without allowing his own views of life to influence the process. Father O'Doherty obviously agrees with me when he says:

"Mental health, whether of the individual or of society, demands norms, standards, ideals. The psychiatrist dealing with a sick patient, seeking to cure him, is trying, whether he adverts to the fact or not, to raise the human person from a condition which he considers unworthy of man to one which he considers worthy. He tries to re-mold a personality in accordance with his ideal of what a person should be. What, then, if his ideal be wrong or inadequate or unworthy?"

Artificial Insemination

Catholic moralists have always opposed the pagan campaign for artificial insemination between persons who are not mutually husband and wife; and they have also agreed in condemning even insemination within marriage when the husband's semen is obtained by masturbation or unnatural intercourse. But they have debated the licitness of insemination when the husband's semen is obtained by aspiration from testicles or epididymes or by massage of seminal vesicles. This debate was ended by the official statement made by Pope Pius XII, on September 29, 1949, when he said that even among the married no substitute for intercourse could be permitted as a means of effecting insemination. His reason for this was that marital intercourse is the divinely established way of procreating, and that only this method of procreating is in conformity with the corporal and spiritual nature and the dignity of the marriage partners, as well as with the normal and happy development of the child.

I had thought that we had said enough on this subject. However, recently I noticed that in *Linacre* for January, 1950, the editor has a survey of the papal address which is apt to be mis-

leading in a very important matter. He says that the reason for the papal condemnation of artificial insemination between married persons is that it involves "the husband in acts contrary to natural law." The inference here would be that even aspiration of semen from the testicles is an act contrary to natural law, like masturbation.

Actually, the Pope's carefully prepared statement implied something quite different. He did not make specific mention of such things as aspiration of semen from the testicles, but he did clearly distinguish certain "new methods" from procedures in which the semen is obtained by acts that are contrary to nature. From this it is clear that these "new methods" are not condemned as wrong in themselves but only as means for artificial insemination.

This is an important point because, if aspiration from testicles and epididymes or massage of seminal vesicles must be considered as illicit in themselves, they may not be used for sterility tests. It is true that some theologians hold that they are wrong in themselves, but this is certainly not a majority view, nor is it contained in the papal address. These methods of obtaining semen may still be used for sterility tests.

Delivery of Hydrocephalic

When we were preparing the revised edition of the medico-moral code we were careful to make a distinction between destructive and life-preserving operations on the fetus *in utero*. As regards cranial operations, this distinction is expressed as follows in *Ethical and Religious Directives for Catholic Hospitals*, p. 5:

"Cranial operations for the destruction of fetal life are forbidden. Operations designed to increase the infant's chance to live (e.g. aspiration for hydrocephalus) are permitted even before delivery when such operations are required for successful delivery."

Despite the apparent clarity of this provision, it seems that even recently there were some hospitals in which the distinction was not recognized. This was partly due, I think, to the fact that some physicians insist on using the word "craniotomy" to designate even a life-preserving technique, whereas the ordinary meaning of the word is certainly a destructive operation. At any rate, there was confusion, and the Catholic Hospital Association has been ques-

tioned about the matter. In answer to one of these questions we published an article entitled "Delivery of Hydrocephalic Infant" in the August, 1950, number of *Hospital Progress* (pp. 250-251). The article should be useful as an explanation of the code's statement about cranial operations.

III. Problems for Discussion

Under the present heading I am including a few problems about which I should very much appreciate communications from physicians. I confess that, from past experience, I do not expect a huge response; but I do hope that some will be sufficiently interested to send me any information they have on these subjects. It is difficult to give a moral appraisal of medical problems without having a complete statement of the medical facts and of differences of opinion concerning these facts, should such differences exist among physicians.

Needless to say, my desire for information is not limited to the topics given here. Should any physicians have useful information about any of the preceding topics, I should appreciate that, too.

Vaginal Tampons

In my notes in the February, 1950, number of *LINACRE QUARTERLY* (pp. 5-7), I brought up the question: is the use of vaginal tampons during menstruation harmful to health? I cited what material I had been able to gather and I asked readers to send me their opinions. Several physicians kindly responded.

Of the answers sent to me, a slim majority of the physicians say that they have had definite experience of a number of vaginal infections caused by the use of menstrual tampons; and they think they should not be used, except perhaps in rather rare instances. Others have had a contrary experience. They say that when the women find that they can wear them with greater comfort, they have noted no harmful effects from the use of the tampons. Some physicians sent me references to or reprints of various articles on the subject. I have not made an accurate survey of these articles, but my general impression is that they represent about the same division of opinion as was manifested in the letters I have received.

From the medical information received thus far, I would conclude that one cannot generalize on the harmful or non-harmful effects of the use of tampons. But there seems to be enough evidence for the fact that they are sometimes harmful to warrant our saying that physicians should be very careful about prescribing or approving their use. On the basis of sound moral principles, the slight added comfort or convenience would not be a sufficient reason for allowing any real risk to health. But the individual physician has to judge the individual patient in this matter, and take whatever precautions he judges necessary. The one practical conclusion that I have reached for priests who are consulted in the matter is to tell inquirers that they ought not to use the tampons without getting medical advice.

The foregoing concerns only the hygienic aspect of the use of tampons. Actually, as I mentioned in my previous notes on this topic, there is sometimes another problem: namely, that of sexual stimulation. As a matter of fact, I did not ask for comments on this particular aspect of the use of tampons, but several physicians were sufficiently interested to express views on the subject. All of them stated that they could see no reason why using the tampon would be more likely to cause sexual stimulation than would the wearing of a pad. I am inclined to agree with this, as long as the comparison is limited to *physical* stimulation; but I should like to suggest that the difficulty which some girls seem to experience from the use of tampons is perhaps *psychic* in origin. By this I mean, as a gynecologist once expressed it to me, that the girl is apt to note a certain phallic symbolism in the tampon which, of course, would not be connected with the pad. Hence, like the medical aspect, this resolves itself into a personal problem; and generalizations are hardly possible or reasonable.

Lobotomy

The Catholic Nurse for December, 1949, has an article entitled "The Materialistic Trend in Modern Medicine," by Dr. J. J. O'Reilly. In the course of this article, Dr. O'Reilly contends that the indiscriminate use of leucotomy is doing great harm and that it is expressive of the materialistic trend in medicine which fails to recognize human dignity in the patient. I have written on lobotomy several times and I am certainly interested in anything pertaining

to its use — or the use of similar operations such as lobectomy, etc. It has been my impression that the use of these various operations in the United States is generally rather discreet and not indiscriminate. Can our physicians enlighten me further on this subject?

By the time our revised code was published theological discussion on the use of prefrontal lobotomy in the treatment of mental illness was sufficiently crystallized for us to state that it is morally justifiable as a last resort. (See *Ethical and Religious Directives for Catholic Hospitals*, p. 7; also "Lobotomy," in *Medico-Moral Problems I*, pp. 40-43; and "More About Lobotomy," in *Medico-Moral Problems II*, pp. 42-45.) Since the publication of the revised code, the problem of using lobotomy for the relief of pain has come into prominence. Father John McCarthy, prominent Irish theologian, believes that lobotomy is not justifiable as a means of pain-relief. On the other hand, I have written in favor of its licitness, granted certain conditions. My article, which also contains Father McCarthy's opinion, is in *Hospital Progress* for February, 1950, pp. 56-57.

Let me repeat: I should appreciate physicians' comments on any of the points in this last section (or in other sections.) Such comments should be sent to me at St. Mary's College, St. Marys, Kansas.