The Displaced Professional

Catholic Physicians' Guilds
The Displaced Professional

IN THE COMING MONTHS before the Displaced Persons Act expires, several hundred foreign-trained physicians and other professionals will enter the United States for permanent resettlement. Among them there will be Poles, Lithuanians, Ukrainians, Czechs, Slovaks, Slovenes, Hungarians, Latvians and Estonians. The majority will be Catholics.

Past experiences with foreign-trained professionals have influenced the American doctor and colored his acceptance of immigrant colleagues. The medical man who has happy memories of a European doctor giving needed help with a small-town practice will welcome the DP physician. On the other hand, many urban doctors will react less favorably because they recall unsavory incidents of foreign doctors being admitted to practice too hastily, and then instituting policies at odds with accepted professional procedures in this country.

LINACRE QUARTERLY approached War Relief Services — National Catholic Welfare Conference for an interpretation of the resettlement program for displaced professionals. War Relief Services — NCWC is the official agency of the Bishops for relief and resettlement.

Rev. Aloysius J. Wyckso, Assistant Executive Director of War Relief Services — NCWC, reported: "Many DP physicians, nurses, and medical, X-ray and laboratory technicians have entered the United States among the 200,000 Displaced Persons resettled to date. Some have found their way into professional positions, and from time to time, we hear praises of their work. Until recently, though, there has been no coordinated effort directed towards the resettlement of the professional group."

"Now the Catholic Hospital Association and the National Committee for the Resettlement of Displaced Professionals are helping to arrange home and job assurances, required by law, so that the best qualified displaced professionals may immigrate to the United States. There are two goals in view: to fill serious shortages on the American scene, and to salvage the valuable experience and skills of the most outstanding foreign-trained professionals."

The existing shortage of doctors, aggravated by the demands of the military forces, is expected to give a strong impetus to the acceptance of foreign-trained physicians. Several states, faced with the prospect of closing mental institutions, tuberculosis sanatoria and children's homes because of staff shortages, have given serious consideration to sponsoring displaced physicians.

All categories of displaced professionals will immigrate under the Displaced Persons Act which provides for extensive examinations by health, security and immigration officials. In addition, the overseas staffs of American resettlement agencies will conduct interviews to check professional training and experience and estimate the possibilities of successful adjustment on the American scene. Once the displaced professionals reach the United States, they must satisfy the prevailing requirements for licensure in the areas where they are resettled.

Most displaced physicians still in the overseas camps have been given opportunities to keep abreast of medical practice. The International Refugee Organization has sponsored "refresher" courses which are taught by competent medical authorities, some of them professors on leave from well-known medical schools in the United States. Many displaced physicians have been appointed to the staffs of hospitals in the occupied areas, where they work in close cooperation with American personnel.

Among the displaced physicians are outstanding men and women who enjoyed national and international reputations before the war. American doctors will recognize the names of many who have published extensively or who have made original contributions to medical research and practice. Here are brief biographical sketches on just a few of them:

PATHOLOGIST

Formerly one of Budapest's distinguished pathologists, Dr. Edmund B., the author of 35 scientific publications, was, for eight years, professor of pathology at Debrecen University in Hungary. He received his M.D. from the University of Budapest in 1919, then was appointed associate professor
in the pathological department. Prior to joining the Debrecen staff, he was chief pathologist in Budapest’s St. John’s Hospital. He has taken postgraduate studies in Berlin, Paris, and Marseilles and at the University of Rochester in the United States. Dr. B., who was a Rockefeller Research fellow, has specialized in the diseases of blood-forming organs, neoplasly, and diseases of the central nervous system. He is 55 years old, speaks English, French and Hungarian.

BACTERIOLOGIST

A specialist in medical laboratory work with 30 years of experience in hygiene and forensic chemistry is Dr. Michael D., 57, who studied at St. Petersburg and Rostov universities in Russia. Prior to his appointment to the chemical hygienic research laboratory at Rostov in 1925, he conducted laboratory research in Copenhagen, in the Murmansk Biological Laboratory, as Chief of the Diagnostic Department of the Rostov Institute of Microbiology, and as a bacteriologist with the Malacological expedition of Rostov and Azov. In 1925, he became Chief Doctor of the Hygienic and Bacteriological Laboratory at Ivanov-Vosnesensk and five years later was appointed Chief Doctor of the Chemical-Hygiene Laboratory at Piatiyorsk. In 1935, he became Chief of the Hygienic Department of the Veterinary Institute in North Caucasus where he remained until the war when he was brought to Germany. Since 1946 he has been Chief Doctor of the IRO Bacteriological Institute at Nurnberg in the U. S. Zone of Germany.

SURGEON

Dr. Wladimir B. was surgical chief at the Kiev University Clinic from 1926 to 1932. He received his M.D. from the Kiev University, specializing in abdominal, orthopedic and thoracic surgery. From 1932 to 1937, he was practicing surgeon in the Kiev Medical Institute, after which he was appointed chief surgeon of a state-owned emergency hospital for transport workers. During the next four years, Dr. B. practiced privately and was consulting surgeon to numerous hospitals and dispensaries throughout the Ukraine. He was brought to Germany in 1943, and since the war has been a member of the medical staffs of various hospitals and dispensaries at displaced persons camps in the British Zone. Dr. B., who speaks English, French, Spanish, and Ukrainian, is the author of 15 scientific publications on aspects of surgery.

RADIOLOGIST

An expert in low voltage therapy in the treatment of cancer is Dr. Alfred Kasimir B., 50, who before the war was radiologist in the Warsaw hospital in Poland. He received his M.D. from Lwow University in 1925, then continued his studies in radiology at Warsaw and Vienna universities until 1930. Meanwhile, he had set up a private practice, and when his studies were completed he was appointed Chief Doctor of the X-Ray Department at the Lwow Hospital where he remained until 1939. Then he became a radiologist in Warsaw. During the war he was taken prisoner and since 1946 has been in the X-Ray Department of the Women’s Clinic at Gottingen, Germany; and doctor for the Polish displaced persons in that area. Dr. B. speaks English, French and Polish.

BIOCHEMIST

Author of 50 scientific publications on biochemistry and former professor at the University of Kiev, is a 62-year old Ukrainian woman, Dr. Valentina R., who received her M.D. from the Kiev Medical School in 1913. She remained after her graduation as lecturer in physiology and in 1924, was given a full professorship. In 1935, she was appointed to the Institute of Advanced Medicine as lecturer and research worker, specializing in biochemistry. Five years later, she moved to Czechoslovakia as member of the medical staff of a Prague hospital. Since her evacuation to Germany in 1945, Dr. R. has been professor of physiology and biochemistry at the DP University in Munich and since 1947, at the Ukrainian Technical Economic Institute. Dr. R. speaks English and Ukrainian.

Selective Service regulations will apply to Displaced Persons immediately after they reach the United States. Those of the
professionals who are eligible for military service will be inducted, but those who do not qualify for the armed forces will serve as needed replacements on the home front.

Administrators of many Catholic hospitals have registered sponsorships for displaced professionals with War Relief Services—National Catholic Welfare Conference, 149 Madison Avenue, New York 16, N. Y. Others who are interested should communicate with this office at once. Overseas selectors will then nominate qualified candidates and forward credentials to the sponsor.

Once the displaced professionals take their place on the American scene, they must work out their own success. Still, much will depend upon the cooperation and good will of their American colleagues.

NOTICE

THE FIFTH INTERNATIONAL CONGRESS OF CATHOLIC DOCTORS will be held in Paris during the third or fourth week of July, 1951. Word has come from the French Committee that this Congress will be devoted to the discussion of two questions—Childhood: Problems of Adoption and The Physiological and Pathological Evolution of the Child’s Character.

All Catholic physicians are invited to attend.

Medico-Moral Notes

Francis P. Furlong, S.J.

THE SEPARATE SUBJECTS here treated admit a certain higher organization. Thus article I: “Castration and Sex Crimes” leads us to a consideration of II: “Sterilization in the Judgment of the Church,” and this particularly in III: “Forbidden Operation” (to excise or tie healthy fallopian tubes in order to prevent a dangerous pregnancy). That inevitably brings us to IV: “Brownsville, Texas,” subtitle “Doctor’s Dilemma.” Then, since we have rejected sterilization we have to face next V: “Therapeutic Abortion.” Journey’s end is reached in VI: “The Ethical Basis of Medical Practice,” where the question would be whether Catholic doctors should sigh for “... a wise absence of dogma” or rather be most grateful for the moral guidance of the Church.

I. Castration

C. C. Hawke, M.D., Medical Director, State Training School, Winfield, Kansas, presents castration as a remedy for the confirmed sex criminal. His article, “Castration and Sex Crimes,” appears in The Journal of the Kansas Medical Society for October, 1950, (pp. 470-73). Nine years experience in 330 cases has convinced Dr. Hawke that castration improves the sex criminal, and makes him sociologically acceptable, psychologically stabilized, physically better. “He [the castrate] is a quiet, industrious, individual in good health, filling an unfortunate place in nature’s program which has been made easier by a simple surgical procedure.”

Medical Question

The medical question here is one of mutilation. With the consent of the patient, mutilation is permissible when it is necessary for the health of the individual, and when no less harmful procedure would be equally effective. As to this mutilation: “Castration, surgical or otherwise, is permitted when required for the removal