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## Medico-Moral Notes

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## 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

or diminution of a serious pathological condition, even in other organs," (*Ethical and Religious Directives for Catholic Hospitals*, p. 6).

In the opinion of Dr. Hawke the sex hormones are at least partially responsible for the morbid sexuality. Castration, then, does remove at least part of the cause of the morbidity. Further, the doctor recommends castration only for the confirmed sex criminal. As for others: "In cases where he can be discovered early it is highly probable that these specialists (psychologists and psychiatrists) can be of assistance."

What is to be thought of this medical opinion? It seems there has been little written on the subject. I recall, however that *L'Ami du clergé* (June 12, 1947, pp. 481-84) refers to certain countries, Denmark and Switzerland for instance, as using castration not merely as a punishment, but as a means of curing morbid sexuality. Then, too, Dr. Hawke himself feels that he can appeal to his experience to discount the statement appearing in numerous medical conferences: ". . . that castration is not a remedy and that very little is known of its effect." I consider the opinion, then, soundly probable. Hence, I should say that, *merely* on medical grounds, this operation can be permitted in severe cases of sexual morbidity which do not respond to simpler treatment.

### Sociological Implications

The following lines were omitted from the last paragraph of the section entitled "Medical Question" in the article *Medico-Moral Notes* by Francis P. Furlong, S.J.:

This opinion is based, not merely on the findings of Dr. Hawke and the physicians in Switzerland and Denmark, but also on the intrinsic probability that faulty endocrine secretions can be at least the partial cause of sexual morbidity. For a similar opinion, confer Vermeersch, *Theologia Moralis*, II (1924), n. 323.

THIS IS A QUOTE FROM

law of nature. Incidentally it was again explicitly condemned by a decree of the Holy Office (February 24, 1940). We approve of the castration when necessary for the good of the individual,

on the theory that the improvement is brought about by the suppression of some faulty endocrine function, not by the sterilization as such. Though Dr. Hawke is seemingly only concerned about the good of the individual, still in connection with the Kansas Law which he cites, it is hard to keep the one doctrine approved quite distinct and separate from "eugenic sterilization."

2. *Punitive sterilization* is still a disputed point among Catholic theologians. Has the state the power to punish a criminal that way? Is sterilization an effective punishment? We need not enter into this dispute. It is probable that under certain circumstances sterilization is an effective punishment, and as such can be inflicted by the state. Even the state, be it remembered, can punish only the *criminal*, the morally responsible wrong-doer, and that although at times unfortunately as a matter of convenience criminals and non-criminals may happen to be confined in the same institution. Likely some at least of the majority of theologians who deny this right to the state on the grounds that sterilization is an ineffective punishment, would approve of punitive sterilization as *remedial*, as offering the hope of suppressing criminal tendencies.

3. *The right of a male castrate to marry* is a point on which we must absolutely disagree with Dr. Hawke. Such a man is sexually impotent. In his case there exists a natural law impediment to marriage. He simply cannot marry. This is one of the serious consequences of this operation. For this reason castration is always to be considered as a last resort in a very severe case of sexual morbidity.

## II. Sterilization

The Italian review, *Palestro del Clero*, for August 1, 1950, pp. 685-88, has a neat presentation of the question of sterilization. Father A. Civera outlines: 1. The problem; 2. The teaching of the Church; 3. The moral principles involved.

### The Problem

Sterilization, the deliberately procured inability to procreate, is commonly effected by surgical removal of the testicles or ovaries, or by the destruction of their function by irradiation, or by liga-

tion of the tubes or seminal ducts. One of the tragedies of these our times is that we see man rebelling against society by having himself sterilized, or again society violating the inviolable rights of man by having an innocent man sterilized. What the champions of eugenics want—a healthy and strong race—is something good, we grant, but even a good end may not be attained by illicit means.

### Teaching of the Church

The doctrine of the Church on this point is clear.

1. There is the Encyclical letter on Christian Marriage issued by Pope Pius XI. The Supreme Pontiff asserts that the authoritative teaching of the Church here is also a truth known through unaided human reason. No one has absolute dominion over the members even of his own body. Nor may one dispose of those members as he pleases. Rather he has only the *use* of them entrusted to him. That use, in turn, is not to be just any way he wants, but is to be directed towards attaining the end which nature itself has established for the individual members. The real “owner” of man is God, the Creator. “See ye that I alone am, and there is no other God besides me: I will kill and I will make to live,” (*Deuteronomy* 32, 39). “For it is thou, O Lord, that hast power of life and death,” (*Wisdom* 16, 13). God’s dominion over us is the ultimate reason why eugenic sterilization (and euthanasia, too) is so hideously wrong.

2. A decree of the Holy Office (March 21, 1931) reasserted the condemnation in the above encyclical of unnecessary mutilation, of abortion, and of sterilization. It condemned, furthermore, man-made laws about marriage and procreation opposed to man’s natural rights (say, to marry and to beget children).

3. Finally there is that other decree of the Holy Office (February 24, 1940) which we mentioned above. This document condemns *nominatim* direct sterilization whether temporary or perpetual. It declares also that any direct sterilization even though temporary, is forbidden by the natural law, and hence wrong not only for Catholics, but for any human being. Sterilization is *direct* when intended either as an end or as a means to an end. “An *indirect* sterilization, on the other hand, is a procedure primarily

designed to remove, diminish, or prevent pathology, and which induces sterility only unintentionally and unavoidably,” (Father Gerald Kelly, S.J., *LINACRE QUARTERLY*, February 1950, p. 2).

### Moral Principles

The above discussion makes it easy for Father Civera to formulate the following moral principles:

1. Direct sterilization is always intrinsically illicit, since it is against the natural law.

2. Surgical interference with the organs of generation, such as mutilation, is licit “. . . when no other provision can be made for the good of the whole body.” This, of course, is indirect sterilization.

3. So eugenic sterilization (for the good of the race) is illicit. It is: (1) *direct*, and (2) not a provision necessary for the good of the whole body.

What about that good purpose for which the proponents of eugenic sterilization are working? Seek it, Father Civera bids us, not by the brutal, degrading means of sterilization, but by Christian means of ideals, self-sacrifice, self-renunciation, self-control, and also selfless charity in proper institutional care when institutionalization is necessary for the common good.

### III. Fallopian Tubes

“Would it be permitted to excise or tie the fallopian tubes in order to prevent a dangerous pregnancy?” Father James Madden answers that ordinary question with more than ordinary clarity in *The Australasian Catholic Record* for January, 1950, pp. 44-47.

Since this is a question of mutilation Father Madden’s first principle is: “. . . we are not free to dispose of our members or organs because they are not ours but God’s.” Still there is another principle that: “. . . the part is not of more value than the whole.” When a non-essential part becomes a danger to the whole it may be sacrificed for the greater good. It is for this reason that we laud the skill of the surgeon. “But to deprive oneself of

a member which is healthy, is to dispose of what is not in the power of human disposal and a violation of the rights of the Almighty."

If the tubes themselves are diseased and are a source of danger "... they may be removed with as little scruple as any other organ or part of the body." But the supposition in the present case is that the tubes themselves are *not* diseased, but "... faithfully play the part in procreation which was intended by the Author of nature." It is the pregnancy which might take place which would be a serious danger to the life of the woman. "In order to avert this danger is it lawful to remove or tie the tubes? If this is done, conjugal relations may be continued as a *remedium concupiscentiae*, and there is no possibility of pregnancy or danger to life."

Since I have allowed Father Madden to propose his own problem, let me also allow him to answer:

"Nevertheless, the answer is that it is not lawful to remove an organ or render it inoperative unless it is an unavoidable and serious danger to the life [or at least to the general well-being] of the person concerned; and so the tubes may not be excised or tied. It might be argued that it would be a serious obligation on the woman not to become pregnant; but there are many lawful ways of achieving this end, ways which are also far less drastic and more easily employed than the loss of a human organ or the equivalent of such. If a man cannot walk without danger, because, for instance, he has a heart complaint, no one suggests that his legs be amputated to make sure that he will not attempt to walk. Even though it be foreseen that he will disobey medical orders and thus indirectly kill himself, it would still be a violation of the natural law to mutilate him. At the same time there are numerous persons who advocate that a woman be mutilated by the interference with her reproductive organs, because if these organs are used she will run a risk of meeting her death!"

#### IV. Brownsville, Texas

Discussion of "Sterilization" and "Fallopian tubes" brings to mind the case of Dr. J. M. Stephens who has been denied use of facilities of Mercy Hospital because of an admitted and deliberate

violation of the *Ethical and Religious Directives for Catholic Hospitals*. More precisely it was the *Ethical Directives* which the doctor violated. "These (ethical) directives concern all patients in this hospital, regardless of religion, and they must be observed by all physicians, nurses, and others who work in the hospital," (p. 3). What the natural law means, and why these ethical directives concern *all* patients and must be observed by *all* staff members and personnel is ably explained by Father Gerald Kelly, S.J., in "Non-Catholics and Our Code," (*Hospital Progress*, September, 1948, pp. 328-30).

That article, if I may be allowed a slight digression, is one of a dozen short, but carefully worked-out explanations of certain points of the "Hospital Code," now published for our convenience in booklet form as *Medico-Moral Problems*, Part I (The Catholic Hospital Association of the United States and Canada, St. Louis 4, Mo.). With its companion booklet, *Medico-Moral Problems*, Part II, it enables even the busy doctor to get right at the principles of conduct in their special application to his own high calling. Would that medical men made better use of this opportunity right at hand! It would make them better men. Then, too, what a fine piece of Catholic Action it would be, something to gladden the heart of Christ, for our Catholic doctors to so inform themselves, that they could share with others the wealth of truth which they have. What is the answer, for instance, to: "Closing the doors of Mercy in Dr. Stephens' face was not just, after all *he* is not a Catholic?"

It is good to see that some medical men are articulate enough to speak up for right principles in medical practice. Some (Denis A. Boyle, M.D., Yeadon, Pa.; Robert Dean Mattis, M.D., St. Louis, Mo.; J. C. George, Vice Chief of Staff, Mercy Hospital, Brownsville, Texas) even braved and made the *Time*-edited "Letters" of *Time* (December 25, 1950). There, too, Donald French of Kansas City rightly observed that hundreds would "... coat the facts with the varnish of personal sentiment."

A doctor, we may hope, will have learned that he must think with his head, and not sacrifice right principles out of sentimentality. In this case we have an obvious application of Father

Civera's first principle: "Direct sterilization is always intrinsically illicit, since it is against the natural law." As to the morality of Dr. Stephens' action let it suffice now to recall Father Madden's: "... it is not lawful to remove an organ or render it inoperative unless it is an unavoidable and serious danger to the life [or at least to the general well-being] of the person concerned."

I would like to suggest, however, that even apart from natural law obligations binding on all men, and apart from any particular agreement with Mercy Hospital ("Dr. Stephens had signed a promise to abide by the hospital rules." *Time*, December 4, 1950), he was bound nonetheless to follow their code. In the "*Code of Ethics* approved and adopted by the American Hospital Association and the American College of Hospital Administrators" we read in number 11: "In all hospitals operated by a church organization and for all patients who are members thereof, it is expected that the Moral Code of that denomination be observed." The doctor was operating in a Catholic hospital on a Catholic maternity patient.

## V. Therapeutic Abortion

This is a hardy perennial for moralists and medical men, this question of therapeutic abortion. Incidentally, it is another case in which mushy thinking leads to tragic conclusions. Father Gerald Kelly, S.J. treats the matter quite thoroughly in two articles in his column on "Medico-Moral Problems" in *Hospital Progress* (November, 1950, pp. 342-43; December, 1950, pp. 370-72). The question proposed reads: "Is it true that the Catholic teaching concerning therapeutic abortion is different now from what it was in the latter part of the nineteenth century?"

Though the answer could be a simple "No!", the author distinguishes between the official teaching of the Church, and the opinions of a small number of Catholic moralists who did think at one time that therapeutic abortion could probably be justified. The November article reviews the statements of the Holy See. The conclusion reached is: "... it is evident that the official teaching of the Church has unwaveringly condemned therapeutic abortion as the direct killing of the innocent."

## Definition

What is a therapeutic abortion? It is: "... a *direct* abortion which is induced for the purpose of saving the life of the mother. As the medico-moral code explains, an abortion is direct when the sole immediate result of a procedure is the termination of pregnancy before viability; it is indirect when the abortion is the by-product of a procedure which is immediately directed to the cure of a pathological condition of the mother."

## Official Teaching

What has been the official teaching of the Church? We find this in the five pertinent pronouncements made by the Holy See since the question was first proposed:

1. On May 28, 1884 a reply was given to the effect that it cannot be safely taught in Catholic schools that a death-dealing craniotomy may be performed on the fetus, even in cases in which both mother and fetus would otherwise perish. This means at least that: "... if there was any opinion favoring the licitness of craniotomy the opinion could not be considered sufficiently probable to be reduced to practice."

2. On August 19, 1889 it was stated that the reply of 1884 also applied to all operations which directly kill either the mother or the child. We have here: "... a clear refutation of the calumny that the Church always prefers the life of the infant to that of the mother." It could not be otherwise for: "From the very beginning the official Catholic position has been that each life is inviolable and that neither may be directly killed to save the other."

3. On July 24, 1895 it was answered that the decrees of 1884, and 1889 applied also to direct abortion.

4. On May 4, 1898 the response was given that in accordance with the decree of 1895 it was illicit to induce an abortion even when it was judged impossible to wait for the viability of the fetus.

5. On December 31, 1930, Pope Pius XI in his Encyclical on Christian Marriage, after a survey of various modern attempts to justify direct abortion, singled out the medical justification:

"As to the 'medical and therapeutic indication' to which, using their own words, we have made reference, Venerable Brethren,

however much we may pity the mother whose health and even life is gravely imperiled in the performance of the duty allotted to her by nature, nevertheless what could ever be a sufficient reason for excusing in any way the direct murder of the innocent? This is precisely what we are dealing with here. Whether inflicted upon the mother or upon the child it is against the precept of God and the law of nature: "Thou shalt not kill." The life of each is equally sacred, and no one has the power, not even the public authority, to destroy it."

This latest pronouncement so clear and so emphatic, is perfectly consistent with all preceding official teaching.

### Difficulties of Some Theologians

In his December article Father Kelly considers the views of theologians especially the few objections raised against what has become the common Catholic teaching. Even before the replies of the Holy See to that effect, the vast majority of Catholic moralists held that therapeutic abortion was a direct killing of the innocent, something always morally wrong no matter how "extreme" the case.

#### 1. Unjust Aggressor

It was suggested, for instance, that perhaps the fetus could be considered as a *materially* unjust aggressor in the extreme case in which the mother's life could be saved only by termination of pregnancy before viability. A madman's attempt upon the life of an innocent person is an example of aggression that is only *materially* (not formally) unjust. Now in necessary defense against even a materially unjust aggressor all necessary means, even the taking of life, are licit. The theologians, however, flatly denied that the fetus could be guilty of "aggression" in any reasonable interpretation of the word. The esteemed Father Aertnys, C.S.S.R. put it this way:

"But the child is making no attempt upon its mother's life; it is only trying to be born, and it is only by a natural concurrence of circumstances that this effort becomes a cause of death to the mother. The child, therefore, is not an aggressor, and much less an unjust aggressor."

#### 2. "Greater Love than This..."

Another approach was this — imagine the fetus as merely giving up its place in the uterus just as in a shipwreck a man may in good conscience yield to a friend a plank not large enough to save them both. Or considering the action on the part of the mother, could she not be said to be simply "letting go" a burden which she can no longer safely carry?

Incidentally, one cannot but be impressed by the fact that so many years ago Catholic theologians were with such great care, and thoroughness, and deep concern, considering the objections which are substantially the same as those urged today against the Catholic position.

The fallacy of the above argument was shown by the same eminent theologian who had proposed it. Father A. Lehmkuhl, S.J. answered: "To tear asunder violently the membranes and tissues which connect the fetus to the womb of the mother is nothing else than to inflict a fatal wound on him." That is just what the theologian of today tells us when he says: "... it is a *direct* attack on the life of the fetus; and this cannot be justified, with or without the presumed consent of the fetus, even to save the life of the mother."

The case is parallel not to the heroic deed of giving up the plank to one's friend in a shipwreck, but to the act of cowardice when one entrapped miner kills his companion because there would not be enough oxygen to keep more than one alive till the rescue. (No, he cannot take his own life either even under those circumstances. "For it is thou, O Lord, that hast power of life and death.")

#### 3. Rights in Conflict

Another argument proposed that in a conflict of rights the stronger right of the mother to life should prevail. To settle a case of conflicting rights in favor of the better claim is logical enough. This implies, however, that it is not certain who has the right—say, to a piece of property. In our case of mother and child there is no uncertainty about who has the right. The mother and child each has a clear, inalienable, and equal right to life.

Not to be confused with "rights in conflict" is the case of the doctor who, for example, has only enough time to save the life of



one of several persons injured by an explosion, and who quite rightly decides to take care of the one who has the greatest claim on him, say his own father or mother. "But in these cases when he saves the one person he does not kill the other. In a therapeutic abortion, he kills the child in order to save the mother."

#### 4. The Less of Two Evils

It is not merely the right choice of the less of two evils to choose one death rather than two? "And if it were merely a question of deaths they would be right. But actually, it is a question of the *direct taking* of one innocent life or of merely *permitting* two deaths. In other words, there is question of one *murder* against two deaths; and of these two evils, the moral evil of murdering the fetus is far greater than the merely physical evil involved in the unavoidable deaths of both mother and fetus."

#### 5. Lives for Mere Principle

It was objected, finally, that the absolute rejection of any therapeutic abortion meant the sacrifice of human lives for mere principle. In all honesty, though, is not this principle rather a *life-saving* principle? Is it not true that: "Doctors who are convinced that they have no right to sacrifice either life are much more apt to find means of saving both lives than are doctors who readily resort to therapeutic abortion to solve a critical case?" What are the facts?

"In *Medical Ethics* (p. 71), Father McFadden states that in Misericordia Hospital, Philadelphia, there was only one maternal death from *hyperemesis gravidarum* over a period of 12 years—and this despite the fact that therapeutic abortion is not allowed. In LINACRE QUARTERLY (July, 1941, p. 61) John F. Quinlan, M.D., cites a study of 2005 cases of eclampsia, which reported a maternal death rate of about 10 per cent for Ireland against approximately 25 per cent for England and Scotland. Yet conservatism was the rule in Ireland, whereas intervention was the rule in England and Scotland." Facts such as these, as Father McFadden observes, "should make a conscientious person stand aghast at the thought of the countless lives needlessly and immorally destroyed as the result of the urging of medical textbooks to solve the problem readily by therapeutic abortion."

Dr. Edgar Hull in LINACRE QUARTERLY (April, 1943, pp. 31-35) brought out how modern medical research was discrediting one by one the various indications for therapeutic abortion. The same point was developed at length by Dr. L. Portes, President of the National Council of the Society of Physicians, in the French medical journal, *Cahiers Laennec* (October, 1946). Report from Spain is the same, and Father James Pujiula, S.J., in his book *de Medicina Pastoralis* (1948, p. 108) testifies that the best physicians in Spain maintain that therapeutic abortion is never a necessary means of saving the mother.

For the "land of the free, and the home of the brave" I quote from *Hospital Progress*:

"Most impressive of the surveys published in our country (and very likely in any country) is 'A Consideration of Therapeutic Abortion,' by Samuel A. Cosgrove, M.D., and Patricia A. Carter, M.D. (*American Journal of Obstetrics and Gynecology*, September, 1944, pp. 299 ff.) In 67,000 deliveries at the Margaret Hague Maternity Hospital they had found it 'necessary' to perform only four therapeutic abortions. And later they questioned the need of one of these. In this article, as later in a symposium on therapeutic abortion, Dr. Cosgrove did not hesitate to say that therapeutic abortion is murder, and justifiable only in the most extreme cases. His use of the expression 'justifiable murder' is, of course, unfortunate; for if therapeutic abortion is murder (as it really is) it is never justifiable. Nevertheless, his resolute stand against the practice comes very close to the absolute position taken by the Church."

Finally in *Hospital Progress* (May, 1948, pp. 181-84) Joseph L. McGoldrick, M.D. asserted that in long years of experience he had never encountered the mother-or-child dilemma. He is confident that it is merely a relic of the early days of obstetrics. The facts on record, then, bring us to the conclusion that: "In therapeutic abortion, as in other matters, present day medical findings show that good morality is good medicine."

#### VI. Ethical Basis of Medical Practice

There is reason to welcome, I suppose, *The Ethical Basis of Medical Practice* by Dean William L. Sperry of the Harvard



Divinity School. The title indicates the purpose of these 185 pages. J. Howard Means, M.D. in his Foreward states: "Dean Sperry has advanced our thinking in an area which vitally concerns the doctor, but in which the doctor not infrequently feels somewhat lost. Dean Sperry has at least clearly identified the problems, and that is the first step toward solving them." Yet not infrequently one shudders at the result of what the jacket of the book boasts of as "a wise absence of dogma." It is not to belittle a courageous effort that I suggest that at times we have here the tragic sight of "the blind leading the blind." I have in mind not so much the subjects treated, for example, "Euthanasia-Pro" (there is also "Euthanasia-Con"), as the thoroughly disconcerting reasons occasionally advanced to justify the author's procedure. For instance, in a "Final Note" on page 184 we are told: "It has been suggested to me that I might discuss the ethics of birth control and of artificial insemination. I have refrained from the former because I take it to be a *fait accompli*, one way or the other, in most minds. I have refrained from the latter subject because I do not think we have as yet enough evidence as to the psychological consequences of artificial insemination on the subsequent relation of a husband and wife, when the 'donor' is other than the husband."

It is to be regretted that opportunity to review Dean Sperry's book led Walter C. Alvarez, M.D., Editor of *GP* (published by the American Academy of General Practice), into a defense of euthanasia. Perhaps editorial pressure goaded the doctor into turning out just anything to fill those columns. The survey of recent literature on euthanasia in "Medico-Moral Notes" (LINACRE QUARTERLY, November, 1950, pp. 3-9) reports Dr. Alvarez's time-worn arguments.

To the credit of *GP*, they did print the letter of John H. Golden, M.D. of San Francisco commenting on the above. An articulate member of the medical profession, Dr. Golden was not afraid to affirm God's rights, since: "Man's death is the *beginning* of his eternal life," (*GP*, January, 1951, pp. 23-24). Dr. Golden is certainly right when he insists:

"Our times are perilous enough, our materialism already too great, to publish for the consumption of thousands of young doctors such doctrine as expressed by Dr. Alvarez. He is widely

known and widely read; the more his responsibility to strengthen the moral fibre of his profession, rather than to raise doubts in young minds, preach expediency, and attempt to weaken the moral structure whose foundation is based on a moral code which can be found complete in the Ten Commandments. Let us continue to be 'old-fashioned' enough to maintain our lofty position as healers, never self-appointed executioners."

Guidance of the Church, "dogma" if you will, was something we made much of above when speaking of sterilization and therapeutic abortion, and we have it, too, condemning euthanasia. Recent questions and attempts at their solution recalls:

"Catholic physicians do not sufficiently appreciate the wonderful guidance which they receive from the Church on the ethical matters of our profession. It is pointed out to us in clear reason and in high morals, and not in mawkish sentimentality, what our proper attitude must be in the many controversies raised by our less favored confreres," (LINACRE QUARTERLY, April, 1939, p. 27).

That paragraph, by the way, is quoted in *Medico-Moral Problems I*, p. 1, as one reason why we have a code of *Ethical and Religious Directives for Catholic Hospitals*. Do not the few points we have touched on in these "Medico-Moral Notes" confirm the truth that is there asserted, namely: "the obscurity and uncertainty that prevail among those who do not have some authoritative and trustworthy norm to follow are ample proof that such guidance is needed"?