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## The Catholic Physician and His Sphere of Influence

JOSEPH A. DILLON, M.D.

THE CATHOLIC PHYSICIAN is a blend of Catholicity and medical ethics. From his childhood, he has assimilated Christian ideas. His family life has unconsciously developed his sense of religious duty.

In his college days, he learns the real inwardness of the truths of his religion. When he decides upon entering the profession, he finds admission to medical college is rendered difficult by reason of quotas. Naturally candidates feel that there is discrimination. To some extent there is, but this is according to general regulations. It is impossible for examiners to fairly appraise each applicant. Hence the need of a thorough and honest statement of qualifications. Real merit will always be recognized, but the applicant must be honestly presented. No young Catholic graduate of ability can fail to enter medicine, if properly guided and sponsored. It is here that the prominent Catholic physician can help.

When the young aspirant starts upon his medical course he soon becomes aware of innuendoes and religious ridicule of some of his teachers. He learns that he must make his own decisions on many questions of ethics. The advantage is that he has absolute authority to guide him. He may decide the question by his moral sense or he may simply use the rules that are laid down for his direction. By either method, he has the real truth. The more that is known of the decisions of the Church, the greater respect there is for her infallibility.

When the young physician becomes an interne, it makes a tremendous difference whether he works in a Catholic or public or non-sectarian hospital. In one atmosphere, the patient is considered a fellow-being, spiritual as well as physical. Unconsciously, the doctor brings a different approach, a sympathy with suffering, which is not universally the experience of the ordinary hospital case. The religious life of the Catholic hospital influences every patient, whether of our faith or not. In the non-sectarian or public hospital, there is an indifference in religious matters and here the young interne can do much, if he has character and manliness and is not afraid to live the tenets of his religion. Here he is placed "on his own" and, just like a student in one of the big universities, must be well-

grounded in his faith if he is to escape the pagan philosophy of some of his professors, despite counter influence of Newman Clubs which operate upon lamentably short time.

Then again there is the Catholic interne in a hospital of another faith. Here bigotry, though diminished, still exists. The heads of these institutions, usually clergymen, and their lay co-workers, certainly do not encourage members of our faith to practice their religion. Formerly, the doors of such institutions were closed to the young Catholic doctor. Admissions later became more liberal and our Catholic physicians were received and judged by their actions.

An instance of the respect shown a man who stands for his principles and who quietly manifests his faith came to my notice a few years ago. A young Catholic doctor, upon finishing his internship in one of the largest Episcopalian hospitals in this country, was called to the office of the clergyman in charge, and was greatly surprised and touched to receive words of the highest praise because he had gone out to Mass each day. The superintendent, although he had said nothing about it, had noticed this and had also seen the good influence this doctor had upon the other internes. This incident shows us how much the earnest Catholic doctor can do to break down the prejudice of those outside the fold. The Catholic interne who strictly obeys the abstinence laws of his Church has the universal respect of his fellows.

Soon the doctor goes forth into the world and shows that he is not a Catholic whose only contacts with the Church are at baptism and, if the Grace of God be given him, at death. He senses that he is judged by different standards. What is condoned in others, is held against him. The world pays this tribute to the Catholic Church. Witness the statements of the birth controllers when they take pains to make the gullible public believe that their methods are not at variance with the Church. Notice how they tell of the percentage of Catholic women who seek advice in their clinics, but never a word of the percentage of Presbyterians, Episcopalians or other non-Catholics. Much is expected of us because we have been given much.

How many opportunities to do good may be found by our young practitioner!

There is the difficult labor case with mother and child in jeopardy. Here he acts as a Christian and with impartial justice works to save the life of both—sacrificing neither to expediency.

Again there is the girl who begs for abortion to avoid disgrace. How often with kindly word and effort, can such a woman be placed where

she can atone for her error and not add a most grievous sin to one that is more easily forgiven.

The doctor often has opportunities that are closed to the priest. The fact that he is a co-religionist appeals to the patient and the physician has influence because of his administrations that relieve physical pain and suffering. This puts the patient in a receptive frame of mind and often causes him to speak of things that have been troubling him spiritually. This fact is well utilized by the medical missionary.

Again there is the dangerously ill Catholic who would pass unrepentant into another world did not his physician advise the attendance of the priest. In long continued illness, religious solace is of inestimable physical help.

Extreme unction is the sacrament of the seriously ill, not necessarily the sacrament of the dying. It is surprising how often relatives and friends delay the administration of the last rites of the Church and how subterfuges must be invented so as not to cause an anticipated frightening of the patient. The sequel is that the sick person is pleased, not alarmed. It is forgotten "that the prayers of the Church help the sick man." Even in religious communities this tendency to delay is sometimes found, the associates fearing to alarm their confrere. It is a serious responsibility for a Catholic doctor to take a chance by delay, when preparation for the other world is one of the real objects of a religious life.

By reason of his association with things Catholic in his daily work, the Catholic doctor is asked to assist in parish affairs, to visit the sick poor, to act as sponsor in confirmation, to participate in Church ceremonies, to advise in parochial school hygiene, to generally supervise the health of students.

Religious orders refer their applicants to be judged as to physical fitness. Mental conditions and family history must be investigated. The importance of this is not appreciated by the non-Catholic physician, who in these cases may write a certificate of health in the same spirit as he does an excuse for absence from work. In the interest of religious communities, psychoses, nervous attacks, insomnia, bad personal habits, defective heredity, must be discovered, just as much as physical defects of heart, lungs and nutrition. Epilepsy is a serious impediment. Hysteria is sometimes another name for bad temper.

Above all these, however, consider the questions which are submitted to the doctor by the Church authorities.

The question of miracles which are presented in the procedures for canonization.

Proof of miracles at shrines, and examination of pilgrims who seek cures.

The verification of extraordinary manifestations—stigmata, liquefaction of blood, etc.

Reports on cases in which nullification of marriage is asked. Sometimes pre-nuptial examinations.

Advice as to the necessity of dispensation from laws of the Church. The management of mental cases arising amongst those of the religious profession.

The attending physician in a hospital exercises great influence. His example is considerable over the religious sense of the internes, who often have the carelessness of youth in regard to matters spiritual.

Catholic graduates should be assisted in their quest for internship. Only in this manner, can hospitals develop able assistants who later can take the places of retired members of the staff, thus doing away with the oft-repeated assertion that suitable physicians cannot be found to fill the higher stations. Every examining board should look with eager eyes towards men of our faith who seek positions in Catholic hospitals. Sometimes there is a monopoly existing in hospitals and they are understaffed, whilst many able and ambitious physicians seek in vain for positions on the board. When "attendants" are few, thorough study of a case with intense clinical investigation is impossible. It must be remembered that the hospital has the function of developing medical science as well as caring for the sick. A hospital with a large census and a small staff is holding closed the door of opportunity for itself and for the profession of medicine.

It is the duty of Catholic physicians to enlighten the world in the special knowledge which they possess. Bigotry dies slowly, even amongst the educated classes. Many of the medical profession are astonished at a simple declaration of faith made by a scientist. Miracles are ridiculed even in official publications. A few years ago, the devotions of Lourdes and St. Anne de Beaupre were slurred by a leading health publication that is issued under medical auspices. The leading medical journal saw fit to make an offensive joke regarding prayers in a convent school.

The general profession took notice when one of the greatest medical scientists of our age stated his belief in miracles. Though universally appreciated for his scientific work, some of his colleagues were quick to state that the doctor's opportunities for observation were limited by his

laboratory work. Never before had his judgment been questioned. The words of Dr. Alexis Carrel upon the miracles of Lourdes shine forth and show again that true science and faith are ever one.

He states "As the laws of thermodynamics make perpetual motion impossible, physiological laws oppose miracles. Such is still the attitude of most physiologists and physicians. However, in view of the facts observed during the last fifty years, this attitude cannot be sustained. The most important cases of miraculous healing have been reported by the Medical Bureau of Lourdes. Our present conception of the influence of prayer upon pathological lesions is based upon the observation of patients who have been cured almost instantaneously of various affections, such as peritoneal tuberculosis, cold abscesses, osteitis, suppurating wound, lupus, cancer, etc. The process of healing changes little from one individual to another. Often, an acute pain . . . then a sudden sensation of being cured. In a few seconds, a few minutes, at the most a few hours, wounds are cicatrized, pathological symptoms disappear, appetite returns. \* \* \* The miracle is chiefly characterized by an extreme acceleration of the process of repair. \* \* \* The only condition indispensable to the occurrence of the phenomenon is prayer."

This is the judgment of a recipient of the Nobel prize, the inventor of the Carrel-Dakin solution, the student of the processes of the prolongation of life—probably the greatest scientist of our times.

Medico-religious questions must be studied in their totality. It does not suffice that a theologian demonstrate a point in theology and a physician a study in biology and the reader be left to coordinate ideas which may not apply to the same phenomenon.

In Catholic physicians' groups these points are discussed under proper ecclesiastical guidance. Many members of our profession are not grounded in good principles—men who perform ovariectomy after Caesarian section, induce abortion for causes which they call justifiable, use immoral methods for diagnosis of sterility, narcotize dying patients even at the risk of shortening life, recommend contraceptive methods, perform mutilating operations under the guise of eugenics. These procedures violate the Catholic's moral code and some are in violation of the oath which every physician takes when the degree of M.D. is conferred.

Mental science has its legitimate sphere, but the Church warns against incursions into realms which endanger the soul, such as dream interpretations, hypnotism, mysterious cults, diabolic phenomena.

True religion is the best psychotherapy. What peace of mind accompanies the consolation of penance, eucharist and extreme unction! Sacra-

mental confession is the supreme relief to the disturbed mind. Remorse is the torture of the unrepentant soul. A beneficent Providence dulls and obliterates the senses of the dying patients.

There is a Catholic viewpoint upon sex education, psychoanalysis, spiritism, evolution, eugenics, limitation of family.

By unity, physicians can best controvert pagan ideas. Organization is needed to offset campaigns instituted to lower the standards of existing laws.

Without the sacrifice of principles, embarrassing problems are being solved and the so-called unkind and inhuman situations are being cleared by the light of science. Caesarian section has displaced craniotomy upon the living child. Much has been learned upon the subject of extra-uterine pregnancy. It is hoped that hyperemesis of the gravid woman may be controlled through studies in chemistry and endocrinology. As the laws of nature and religion come from the same source, science must agree with the rules of faith.

There is need of Christian ethics in large medical assemblies. Sound principles are guides in deliberation and decision. Catholic physicians are often respected, not because of their faith, but by reason of the sterling principles which imbue their personality. Such men are recognized and their ideas compel attention.

The setback which birth control propaganda received at a recent medical convention is easily attributable to the sound counsel and leadership of a physician well-grounded in Catholic ethics.

The development of the spiritual, scientific and professional culture of the Catholic physician is enhanced by association with his fellows in organizations, reunions, retreats, pilgrimages, conferences, libraries, and reference centers.

Such subjects as the action of the soul of the mother upon the fetus in conception, gestation and lactation; the death of the body and of its elements; the passing of the soul; the unknown faculties of the mind; telepathy; clairvoyance, are interesting studies for Catholic physicians' groups.

A French physician, devoted son of the Church, active in the Guild of Saints Luke, Cosmas, and Damien, thus writes:

"One should remember the aim of human life: to know God, to love Him, to serve Him and thus to attain eternal life. Life which is not aimed towards this end is false and wasted.

"Even if the doctor be the wisest in the world, most devoted to the

sick, the best father to his family, give the best that is in him to social works—all this will be nothing if he is not turned towards God.

"When one reads again the exhortation of Saint Paul on charity—'Love God with all your soul, with all your heart, with all your strength and the remainder will be given you in abundance'—then the love of a neighbor should inspire his work.

"How many doctors have made their studies in science, in letters, in medicine, and have not passed the first stage of their religious knowledge. They dispute the decisions of the Holy Office, the encyclicals of the Popes, the rules of the Church and confound the Immaculate Conception with the Incarnation.

"The religious culture of the Catholic physician should excel his worldly knowledge, if he does not wish to find himself in intellectual disorder—the most dangerous to the spiritual point of view. How can he dare to decide questions if he does not fully open his soul to the Light of the World!

"Many physicians cultivate some hobby—painting, sculpture, photography, history, archeology, literature, sport. In the vernacular of the day, the chief hobby of a Catholic physician should be his religion.

"Medicine can only be an exact science when it is based upon precise knowledge of the nature of man, of his origin and of his destiny.

"Naturally the spiritual life of the Catholic doctor based upon Revelation and sustained by the teaching of the Church, will be realized only by the practical following of the Sacraments. The effort of man is vain who is not vivified by God, by the intimate union with God Who gives us the Sacraments. It is not the man who acts, but God who acts in the man."

\* \* \* \* \*

*The foregoing article was published in a very early issue of THE LINACRE QUARTERLY. In reprinting, the Editors do so to pay tribute to Dr. Joseph A. Dillon whose medical career was a reflection of his exemplary Catholic life and to give our increasing audience the opportunity of reading an article that should be an inspiration to all Catholic physicians.*

THE LINACRE QUARTERLY is greatly indebted to Dr. Dillon. He served as Editor and Business Manager of our journal during the last years of his life, and devoted much of his time and strength to further the work of the Catholic Physicians' Guilds, serving as President of the Manhattan group in its early days.

His entire medical career was largely connected with Catholic work. New York City claimed his time. After interning for two years in St. Vincent's Hospital there, Dr. Dillon began a service at the New York

*Foundling Hospital that was to endure for forty-three years. Due to his long and close connection with the hospital, his sincere admiration of the Sisters' work, and his love for the little children entrusted to them, the Sisters came to rely on his advice, for they found that he was ever ready to bring his trained mind and his fatherly heart to bear on any problem connected with the work of the hospital. As one of the older Sisters once exclaimed: "We are the Sisters here, but he is the father of the institution."*

*He specialized in pediatrics, but as the years went on and the Birth Control movement grew, and spread its evil influence even into the homes of young Catholic couples, he made a special study of the Rhythm Theory, so as to be able to give proper Catholic advice where needed. Ever kind of heart, and never willing to condemn others, he did untold good among the young "unmarried mothers" at the Foundling Hospital. As one of them said when she heard of his death: "He was always so kind to us, he never scolded and he never scorned us, but he gave us such good fatherly advice, that we will never forget him. If we had only known him before we got into this trouble!"*

*At his funeral, on May 3, 1939, the Church, accommodating 1200, was crowded as for a Sunday Mass. After the final Absolution, the nurses of the Foundling Hospital, the Sisters of Charity, Dominicans, Sisters of Mercy, and Sisters of Notre Dame, the visiting priests and Celebrants, formed a Guard of Honor on both sides of the center aisle from Sanctuary to vestibule, through which his body was carried—a touching last tribute of grateful love and affection.*

*The thoughts expressed in the article "The Catholic Physician and His Sphere of Influence" could have been written today instead of before Dr. Dillon's death in 1939, so timely is their import. May he be an inspiration to the younger men for the good he did on earth and the importance he attached to the Catholic physician's place in society.*



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