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The Hour of Death

Napoleon J. Gilbert

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Any ordinary person will tell you that one is dead when the heart has ceased to beat and consciousness has supposedly left the body.

Doctors say that death is the actual cessation of life in the various and multiple bodily systems, organs and cells. Death occurs with the complete and absolute stoppage of all vital functions plus the impossibility of their return to the performance of any duty.

Theologians teach that death takes place at the precise, mysterious and conjectural moment when the soul leaves the body. It is the separation of the soul from the body.

At no time has God revealed to men any visible and infallible means to identify and ascertain the exact moment of this separation. Just when real and true death sets in, during a short or protracted illness or following a severe accident, is much controverted and becomes a subject of important speculation among doctors, physiologists and clergymen. A man may be thought dead by one, and yet reasonably considered alive, at least potentially, by another.

It is now an established certainty and declared fact that the soul liberation does not absolutely coincide with the external arrest of respiration or seeming stoppage of circulation; much less when a sick or wounded person ceases to give any outward sign of consciousness or sensibility. These may be common and fatal symptoms that regularly appear when one is in the process of dying; they should not indicate, nor support, any irrevocable declaration or final diagnosis of true and real death.

Doctors and clergymen can easily recall many personal experiences among patients and penitents who have happily returned to consciousness and even life after lying for hours in a state of apparent death from some anaesthetic syncope or accidental asphyxiation. These persons were not in any sense resuscitated; their souls had not taken a temporary flight to Heaven and been sent down again to animate the deserted and empty corpses. Nevertheless, these breathless and motionless bodies might have been looked upon by many people as already dead.

I hold fresh in my memory two striking experiences that amply justify and clearly illustrate an old professor’s repeated advice to be exceedingly careful in pronouncing one truly dead. “It is best, every time and for each one, to treat a dead person as though yet alive, than to treat one live person—even if that person were to be alive only a few moments
more—as already and absolutely dead.”

Not many years ago, I was hurriedly summoned to the home of a dear old widowed lady who had been found in a lifeless condition by a neighbor who had gone there to borrow a cupful of sugar. A doctor and the priest were called in the emergency. When I entered the house, they had picked her up from the floor and laid her on a kitchen-couch. The doctor had just pronounced her dead and left the fatal word “thrombosis” with the attendants. I quickly stood by her and spoke a few soft and devotional words in her ears. I told her that a priest was at her side to give her the sacrament of extreme unction and absolution. I promptly added that she should implore the Loving God to be merciful to her departing soul. I also whispered some helpful motives of perfect contrition to make sure that her heart might be filled with grief and repentance over every sin of her life. This widowed Mrs. B—, still alive and residing in New Hampshire, was almost thrown in an undertaker’s cheerless basket. She luckily gave a faint sign of life while the embalmer was on his way to collect her body. She later gave proof that she had heard and remembered every word that I had whispered in her ears. She also reminded me how the noon-day whistle had blown at a nearby sawmill as I was praying over her.

The other case is that of a still-born baby. The attending doctor and nurse had labored well over one hour to bring some visible respiration in that little blue and violet mass of asphyxiated flesh. I had immediately baptized the infant (sub conditione) “si tu vivis.” Finally, the baby was laid aside as really dead. As I was leaving, I heard the doctor say: “Let us make sure that we do not lose this woman.” I again called on this very sick mother. I was agreeably surprised to discover a rubicund little face almost peeking above the many pieces of lace and linen that decorated a large clothes basket carefully posed on two chairs near the smiling mama’s bed. The apparently deceased baby had warningly sent up a timely cry as it was about to be delivered to the unwelcomed undertaker.

Not so many years back, the common dead were laid out and buried without the expert assistance of the embalmer and the aid of the funeral undertaker. Only the rich folks and the privileged world inhabitants could afford the ceremonies and high cost of properly watching over those who had passed from life.

Curiously enough and without the least emotional exaggeration, medical history and necrologists report hundreds of notorious and sensational cases of persons in many countries, of varied occupations and ages, who while alive have been helplessly laid out in death, enclosed in a coffin-box, and even planted in some cemetery soil. Some have fortunately re-
turned from this lugubrious, horrible and terrifying experience to tell the world how it all felt.

It is surely not a wholesome nor pleasant reality to awake from an apparent death-sleep and find oneself lying cold in a locked casket buried under six feet of heavy ground.

One of the most deeply dramatic situations and intensively tragic scenes of our great Shakespeare's masterpiece, "Romeo and Juliet," deals with the perplexing problem of true and apparent death. After reading the book or attending the representation as a play or an opera, who could wilfully forget the sudden awakening and the confused arising of Juliet from an induced death-sleep to look upon her beloved Romeo in the grip of death?

Let me here relate briefly the beautiful but catastrophic story of the "Two Lovers of Verona."

In Verona, a populous and wealthy city of Lombardy, in Italy, there lived two powerful families: the Montagues and the Capulets, whom an implacable, relentless hatred had for many generations divided more and more. Many bloody and murderous encounters between the servants, friends and partisans of the one and the other group had enkindled and embittered the hostilities. But love is strong and overcomes all possible hatred. "With love's light wings, did I overperched these walls." The son of a Montague, Romeo, came masked to a dance-reception in the Capulet home and met Juliet. It was true and violent love at first sight. Juliet understood at a glance and immediately shared Romeo's best affection for her. With the secret help of a good monk, Friar Lawrence, friend to Romeo, a private marriage ceremony bound the young lovers "for better or for worse, until death did them part."

Very soon another deathly battle ensues among the irreconcilable enemies. This time, Romeo himself kills Tybalt, Juliet's cherished cousin. For this crime, Romeo is legally banished and exiled by the Prince. He seeks and finds refuge and consolation in Friar Lawrence's monastery cell. He secretly meets his wife, Juliet, until he is discovered and betrayed. He is now forcibly expelled from Verona. All this while the House of Capulet is hopefully planning to marry Juliet to a young Veronese nobleman. Juliet, in desperation, steals away to Friar Lawrence, who makes her drink a drug-potion that will produce a state of coma and give her all the appearances of death. The friendly monk immediately directed a warning messenger to advise Romeo of the employed subterfuge. The message, unfortunately, did not reach Romeo before the shocked public rumor had mournfully informed him of the tragic death of his dear wife. He rushed to Verona in the night, carrying a phial of a deadly liquid. Romeo found the Count Paris watching over the entombed body of Juliet. He engages a duel
and kills the Count. Romeo, now rendered completely insane at the sight of Juliet in death, drinks the fatal poison and lies by her side. Juliet suddenly awakes from her lethargic sleep and discovers her dying Romeo. She frantically stabs herself with her husband's sword and really dies at his feet. The Montagues and the Capulets, thus reunited in a common grief, are placated and reconciled over the premature corpses of the unfortunate lovers.

That is gloomy fiction; but there are many authentic and clinically preserved cases of premature burial that did not end in any such romantic disaster.

On a very hot Sunday in the Summer of 1826, a young priest was delivering a sermon to a large congregation in a Church of Southern France. He suddenly lost the power of speech and dropped to the floor. A doctor examined him and pronounced him dead. Arrangements were made for his funeral on the next day. He declared afterward that he was conscious of being laid out and measured for a coffin. He recalled how his bishop and many priests had recited the "De Profundis" at his side. At last, he heard the voice of an unforgotten friend from boyhood, and with a superhuman effort was able to cry out. This untimely-dead priest lived half a century more and became the celebrated Cardinal Donnet of Bordeaux. He told this story himself, in the French Senate when agitating for a revision of the French burial laws, forty years after the grossly exaggerated pronouncement of his death.

A more recent escape from a premature grave aroused great interest in Europe. It occurred in 1896. Nicephoras Glycas, the Greek Orthodox Bishop of Lesbos, had supposedly died in his eightieth year. In accordance with the rites of the Greek Church, his body, clothed in his gorgeous vestments, was exposed for several days in the Cathedral of Methymna, watched by praying relays of priests day and night. On the second night the watchers were startled when the assumed corpse wakefully started up in his coffin and demanded what they were all doing about him.

This one is contemporaneous. It is possibly known to the reader. Only a few short years ago, one freezing morning in January, a twenty-three-year-old unmarried girl in New Jersey told her mother she had cramps, locked herself in her room and, unattended, gave birth to a five-pound baby. While in labor the girl screamed so loudly that her father heard her cries. Believing that the baby was dead and to avoid the inevitable family disgrace, he picked it up, went outside, dug a foot-deep hole in the frozen earth, placed the naked infant in the grave and covered it roughly with dirt.

About one hour later, a doctor arrived to attend the parturient girl who, he had been told, had a miscarriage. The doctor, insistent upon viewing the ejected
fetus, went out with the father, who dug it up carelessly and quite unwillingly.

I quote the doctor’s statement as read before a meeting of medical men: “I was astonished to see a baby, not quite full term. Though the face was covered with dirt, I found no dirt in the mouth or in the nostrils. On holding the infant up in the cold air, it started to cry feebly, moving both the arms and the legs. I rushed into the house with the baby, calling for hot water and warm blankets. In the kitchen, I tied the cord, placed the baby in a warm bath and cleaned off the brown dirt clinging to the body. In the meantime, the child began to cry louder and artificial respiration was unnecessary. I then placed the baby in warm blankets. I have been called upon to attend the child only three times for slight colds.”

The doctor further commented: “It is distinctly uncommon in this country to bury infants alive. The case herein reported is one of the few instances in which the child is alive and perfectly healthy months after being buried alive.”

As I write, there are stacked on my desk, nine volumes, three brochures, numerous newspaper clippings, other additional magazine articles, all giving detailed and vivid descriptions of the last illness or gruesome accidents of the tearful funeral ceremonies and frightful resurrection of the pseudo-dead whose death announcements had been precipitated and direfully exaggerated.

We can then understand why certain emotional and sensitive persons are morbidly haunted with a dreadful and continuous fear of being some day stretched out as in death and carried to the grave while alive.

In all loyalty to present-day facts, I immediately beg to firmly and confidently reassure such timorous and fearful human individuals with the open and true statement that the possibility and probability of an adult to be buried alive at this time are equivalent to zero. Excepting in extremely rare cases of still-born babes, burial of apparently dead persons can no longer occur. Undoubted signs of real death must be clearly noticeable before a body is embalmed and dressed in the morgue chamber.

In all possible cases of arising conjecture, in drowning, gas asphyxiation, heat or lightning stroke, or electrocution, a doctor will not abandon treatment, surely not sign a death certificate or deliver a permit to remove a body, until long after all the reliably scientific means of resuscitation have been tried and applied over again and many times with the precision of a complicated apparatus.

It remains, however, demonstrated that real and absolute death is not standardized and never objectively instantaneous. It is progressive and gradual, according to the accumulation of resistance or previous deterioration of the body cells. The soul quits
the body when all cell life is extinct.

The heart, "primum vivens et ultimum moriens," does not die beyond recall until it has struggled in the grip of death for ten minutes, twenty minutes, hours perhaps. One may be dead externally and yet live on internally. The objective certainty of death may be reached sooner in one who dies after a lingering and deteriorating disease with a prolonged agony; later in another who, a moment before stood strong and healthy, lies suddenly stricken by an unforeseen shock or tragic accident.

His Eminence, the late and heroic Cardinal Mercier of Belgium, some thirty years ago appointed a group of doctors and theologians to study the important question of the hour of death. They concluded their learned and expert discussion with the practical statement that the soul may rarely leave the body until twenty minutes have elapsed after the last breath.

The precious moments or minutes that beat between the apparent and real death should not go to waste.

The doctor will continue his technical and expert care to bring assured relief to one who may yet undergo crucial suffering. Any known means of reviving the doubtfully dead can surely not be forgotten, nor neglected in the emergency.

The priest will avail himself of this extremity to hastily adminis-ter all possible spiritual assistance to the dying. The Church has never failed to direct her priests to sympathetic tenderness and efficient care in the visitation of the sick and in the preparation of the dying for the conclusive passage from time into eternity: "from whose bourne no traveler returns."

The Church has wisely and duly authorized the administration of her helpful and grace-restoring sacraments "sub conditione" in all cases of sudden death, even after a reasonable lapse of time since the last breath. "Sacramenta propter homines."

Before administering the sacraments conditionally at this final stage it is well to speak a few inspired words in the person's ears. The sense of hearing may not yet be gone entirely.

In that supreme stretch of disappearing life, mysteries of Divine justice lay between the departing sinner and his offended Maker: but God's all-loving mercy operates strongly and stands ever ready to wrest the repentant soul from perdition.

Who would dare say that the internal conscience of a dying person is not then aroused to its best spiritual reaction? We should never despair of the probable salvation of one who has died. There is always the possibility of a last-moment act of effective repentance in a soul before definitely leaving a body.

Another problem of spiritual assistance receives a practical so-

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sorship at the College de France in 1824, the year of his belated marriage, and raised to the Academy of Medicine and the Legion of Honor. But illness continued to stalk him, and he retired for the last time to Brittany. While he was riding to his retreat in the company of his wife on a late May afternoon, the coach was overturned and the occupants tumbled into the ditch. The enfeebled Laennec picked himself up and, assuring himself that no one was injured, turned to his wife and said:

“Well, we were at the third decade—”

They returned to the Rosary they had been reciting and the journey continued.

To his father, Laennec wrote in his last illness, “It seems to me that I desire more to appear before God in this moment than at any other.” And to the end his piety enabled him to keep up a scientific curiosity in his own malady which would have been unthinkable in a man who feared death and eternity. He often regretted that he could not use the baton-like stethoscope of his own invention on himself, and he recorded his condition in Latin notes. He died on August 13, 1826, the greatest name in tuberculosis before Koch, and a victim of that very disease.

René Laennec belongs to all men who labor for the alleviation of misery, but he is a particular symbol to Catholics, whose religion has too often been dismissed as an insurmountable bar to scientific achievement. He lived and died devoutly, and left the medical world enormously in his debt. Dr. Austin Flint sums up the point:

“Laennec’s life affords a striking instance, among others, disproving the vulgar error that the pursuit of science is unfavorable to religious faith.”

Indeed, had Laennec not been sensitive to the promptings of virtue, who knows how long the new world of medicine opened by the stethoscope would have lain undiscovered?

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olution in the application of the doctrine of real and apparent death.

It is now universally admitted that the human fetus is informed in life at the very first instant of its conception. From that moment the immortal soul is capable of receiving spiritual life through baptism. So then every fetus expelled from a mother’s womb should be given the sacrament of baptism; absolutely, if surely alive; conditionally, “si tu vivis,” if born in any stage of apparent death.

To conclude, let me repeat the humanitarian slogan: “In both the physical and spiritual sense, we must rather treat a dead person as though yet alive—than risk to treat a live person as though already dead.”