relevant. For man, one might say, may die as man, long before he dies as a biological being. If neurologists or other experts tell us that they have found some incontestable signs of a person having irreversibly lost consciousness, as indicated, for instance, by the absence of EEG waves over a certain length of time we might well agree that such an individual as a man has indeed died.

It is this difference between being alive as a human being and being alive as a biological structure, and this peculiarity of not being alive as a human being and being alive as a biological structure that allows us (a) to remain intellectually honest, (b) circumvent the charge of murder, and (c) serve the individual as a biological structure, and this individual as a man has indeed died.

It took the construction of the atom bomb to make the physician recognize sin (to use the physicist Oppenheimer’s words). May we physicians pause and consider what we intend to do in interhuman relations lest we commit even greater sins. Let us, of course, not forget the physician’s inalienable freedom to explore all paths toward the benefit of his patients; but let us also not forget every human being’s inalienable freedom to resist manipulation. Thorough awareness of both is demanded of us.

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Caring

Robert E. Fredericks, M.D., F.A.C.P.

Two common words in our language are “for” and “about.” They are usually thought of as simple consensual prepositions. An important word in our profession is the word “care”. But it’s amazing what a difference in meaning results, depending on which of the simple prepositions follows that word “care”. The difference is not just in meaning, but much more important, a difference in loving.

I’ve been wracking my brain for weeks trying to find a way that I can talk to you about loving. I have been tempted to use all the obvious cliches. I have fought the annoying tendency to philosophize and theorize about love. I have been concerned that it would seem that I am trying to deliver a sermon to you, who are probably better practitioners—both of medicine and of loving than I am. Finally it occurred to me that perhaps we could share some of the problems with which I have struggled in this sensitive area and find out how we can care more about our patients—beyond just caring for them.

Where do we start? To whom do we look? The theologians and philosophers? The psychiatrists and psychologists? Yes, they can all help, but their views are often impersonal or sometimes directly in conflict. How about the poets and novelists? Perhaps they tell us more, or at least they move us more emotionally. Where else to look? Perhaps to Lincoln, Gandhi, Schweitzer? All great and loving men—but for us, the man who cared most and did most ABOUT others was certainly the Carpenter of Nazareth. It’s of special interest to us that He has so often been credited with being the “Great Physician”, not because of his advanced medical knowledge or scientific skill, but in praise of his loving care ABOUT all of his “patients”.

Like you, I am a Christian, and that is important. But in practice and daily preoccupation, I seem to emphasize my role as doctor far above my role as Christian. I’m beginning to realize more deeply how it matters to me as a doctor and how important it is for my patients that I re-order these priorities. I need to do as much caring ABOUT as I have done caring for.

A friend of mine loves to introduce into any discussion of Christ, the good humor and broadminded humanity of
Christ-the-Man. I wonder if we might not reveal informally to our patients a mixture of what C.S. Lewis calls "gift love" and "need love". It is very difficult to imagine a situation in which our caring about someone is not mixed in with some need or hope that lies within us. Our most altruistic caring about a patient certainly provides us with normal and needed satisfaction in the respect and affection which that patient gives us. We know, I'm sure, that our most contented patients are the ones who have been able to care about us, and responded with cooperation and confidence in our best efforts because of it.

We can think of many examples of the admixture of "gift love" and "need love". One that comes quickly to my mind involves a very elderly man. She was obviously grateful for the medical care she had received during an illness, but what mattered most to her was that her history and daily interviews were private affairs. She learned that I needed and wanted to know about all her complaints and problems. She was assured that her medical record and all that was said between us would be confidential. She was so relieved, and very happy to share her life. Her plea to me was that I always respect the confidence of patients, and not imply to their superiors or colleagues that the illness's problems are imaginary or inconsequential. The trust and warmth which arises from such a situation can be a great reward to the physician.

During this meeting you will be addressed by men whose lives reflect another aspect of love — the projection of love to all men of all colors and times. This is the force which is needed to balance, to counteract, to overcome the power of evil and destruction which men's vices bring into the world. This is the love which arises from and goes beyond the discovery of personal love. It is often the closest to pure "gift love". It is caring about the community of man. Its goals are to create circumstances and environments in other places and times, in all places and times, so that love itself may have the most fertile fields for its growth in the world.

It might help us to understand more of this aspect of love, if we would ask ourselves a few questions: If a man must struggle constantly against thirst, starvation, disease, physical attack or fear, can he be concerned about, can he discover love? Has the cruelty of...
man caused extreme deprivation or suffering of other men? Are we responsible for the alleviation of inhuman conditions in the world so that love might grow?

The answers to these questions are quite apparent. Some men have done more than just consider the questions, they have dedicated themselves to the task of responding to the needs of the community of man, with love. I think of men such as St. Damien, Dag Hammarskjold, Pope John XXIII, and physicians such as Tom Dooley, Paul Carlson, and the men who carry out the work of the Mission Doctors Association.

It occurs to me that many of you are already experts in "caring about." I hope that during our time here that we will be able to share together other ideas that might be helpful in our "caring about" our fellow men. It is our most important work, to one to which we are committed by our faith. I think that Dostoevski described our task and our hope when he said, "we are each responsible to all mankind, and if men knew it, the world would become paradise."

The Silent Life: An Embryological Review

William T. O'Connell, M.D.

In the voluminous amount of literature that has suddenly swamped the entire world with statistics concerning over population and the imperative necessity of stopping this flood of humanity, little, if any, attention has been given to the one most involved with the condition: The embryo. He has been relegated to the role of sacrificial lamb led to the altar by humanitarians who have suddenly been engulfed by their desire to cure the ills of the world by reducing the human equation.

It is interesting to note that population control is not the worry of this generation alone. Methods for abortion ranged from mystical rites to trauma throughout the early ages, but the uterus itself was seldom, if ever, subject to internal manipulation. As knowledge of anatomy and operative technique improved, invasion of the uterus became more common, until Professor K. H. Mehlhan, Dean of the Medical Faculty at the University of Roslock, East Germany, was able to state, at the First International Conference of Family Planning Programs held in Geneva in 1964, that Hungary achieved an apparent world record in 1964 with 218,700 registered abortions for 132,100 births, a ratio of 140 abortions to 100 births.¹

In Belgrade, the United Nations World Population Conference was told: "Abortion, whether legal or illegal, is probably the single most important method of family limitation today."²

Surprisingly, the Federation of Obstetrical and Gynecological Societies in India, meeting in Bombay, agreed unanimously that legalizing abortion would not help reduce India's birth rate and was not a suitable method of population control.³

The World Health Organization in 1964 announced at Geneva, Switzerland, that abortion is responsible "for an approximate average of 10 per cent of all maternal deaths."⁴ They neglected to add that abortion is responsible for a fetal death rate of 100 per cent.

In a recent issue of Forbes Magazine, business men were told in an article entitled "What Population Explosion?": "The game of projecting population trends is just about as scientific as reading tea leaves." This statement is buttressed with statistics showing that while the United States marriage rate has been rising, the birth