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The Fall Meeting

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talks on teenage problems, listing suggestions for safety, and instructions on how to call doctors and receive emergency help. These four men would take a month apiece to be on call for the boys.

But soon afterwards other interested doctors in the vicinity heard of the personal efforts of the volunteer board. They also wanted to offer their services for this good cause. Before it was over, thirty-six medical men from all fields put their names on the volunteer list. The following plan is now in operation. Each doctor is given a month to be on call for the seminary. He either travels here to attend the boys in more urgent cases or appears at the hospital to meet the patient there. Most of these doctors are specialists in their fields, but for the boys, they are always ready and willing to take care of even their smallest need. However, each expert is on call for any case pertaining to his particular skills, such as, surgery, dermatology, dentistry, or psychiatry. This volunteer staff is made up of medical doctors of all religious faiths. They see this as a good cause and dedicate themselves to it regardless of the race, color, or creed of the patient. This is indeed a living tribute to their profession.

The doctors who make up the staff are: Medical: Dr. John Joliet, Dr. Richard Kelty, Dr. Joseph Kolp, Dr. J. J. Maggiore, Dr. Raymond McMahon, Dr. Joseph Mihanovic, Dr. Mark Moors, Dr. Joseph Muzycka, Dr. Virgil Tirmonia, Dr. Joseph Thomas; Surgical: Dr. Hiram Bazzoli, Dr. John Botti, Dr. Frank Gonzalez, Dr. James Pagano, Dr. Paul Smith, Dr. Carl Staudt, Dr. John Thomas, Dr. William Yhraus, Dr. Clapper; Eye: Dr. Nov; Throat: Dr. Rudolf Nowara, Dr. Clarence Schirack, Dr. Raymond Rosdale, Jr., Dr. Thomas Pickett; Bone and Joint: Dr. William Bush, Dr. Arthur Abelion; Dermatology: Dr. Robert Gardner, Dr. James Neckaman; Eyes: Dr. George Locust, Dr. Jerome Fladen; Urology: RIch; Podiatrists: Dr. Lawrence Rivers, Dr. Michael Perrone.

In appreciation for all this effort, once a year the seminary holds a dinner on the place for the doctor and his wife. Not only do the priests, brothers, and students look forward to this gathering, but the doctors and their wives consider this the high light of their social calendar of the year. Here they can relax and talk informally with their hosts. After the meal, the students put on a little program for the guests, consisting of music, speeches, and skits relating to the medical profession. Then a general meeting follows. New ideas are brought up and old problems are untangled. There is a report on the present status of the health and safety of the seminarians. Plans are laid for the coming year and the boys remain assured that this unique program will continue in their behalf.

In reading thru the February issue of the “Linacre Quarterly”, I note the theme-title of the next annual meeting of the federation to be, “The Education of a Catholic Medical Student”. This phrase in addition to opening the meeting to ambiguity, presents the probability of an assault on platitudes on the ears of the hapless audience.

“Ambiguous” because one is lost from the onset as to whether, (a) the role of the Catholic Medical School, (b) the role of the Catholic teacher in either a Catholic or non-Catholic Medical School, (c) the scientific corpus of information to be presented to the Catholic Medical student, (d) the religious, philosophic or ethic material, or any combination thereof to be presented to the Catholic Medical student, (e) some melange of all these issues or, (f) none of them is to be the subject laid open and carefully (?) explored by this meeting.

“Potentially platitudinous” because dealing in generalities the time will allow only for a most superficial analysis of issues without ever coming to grip with the real problems.

Furthermore, this title suggests that a Catholic Medical student may be educatable in a sphere other than the science for which he has plunked down his not inconsiderable fee. This other sphere presumably being in the realm of his religious, cultural and personal characteristics.

If this is the implication of “education”, nothing could be a more absurd starting point for a discussion. There are few if any secular, spiritual, or psychiatric treatises extant that support the concept that attitudes can be shaped, or that character can be built (in any of their respective diverse elements) in individuals reaching medical school matriculation age. Students arrive at that level well defined in their traits and only a deep personal self-conviction can change the outlines of these personalities. Therefore, any discussion of education of the Catholic Medical student in the sense of “molding” him is or should be precluded from the outset.

Discussion at this meeting, therefore, should start with the
question of what is the prototype of an ideal candidate for medical school. It immediately creates two other questions, viz, (a) what type of physician does the medical school wish to produce (i.e., clinician, teacher, researcher)? and (b) how is the prototype(s) recognizable in the candidate?

These questions give rise to still another, viz, that of determining the order of priority of American health needs for the next quarter century.

This issue of health priorities has been the subject of many medical, political and community fora and it seems on superficial reflection that the importance of solving the health priority problem is primary. Without at least a working answer to the question which are developed to the other questions, viz, (a) what type of physician does the medical school wish to produce (i.e., clinician, teacher, researcher)? and (b) how is the prototype(s) recognizable in the candidate?

In considering the priority question, I call attention particularly to two well known basic health crises: (1) the rural and semi-rural physician shortage (population of 10,000 or less) and (2) the ghetto physician shortage (Mexican, Negro, Indian, inner city). I will prescind from any consideration, as being of a relatively secondary importance, for the need of more teachers in expanding the newly developing schools, research, armed service and certain specialty (psychiatry?) needs.

Will the medical schools, in particular the Catholic Medical Schools, have the intestinal fortitude, foresight and insight to select men who given an opportunity are willing to meet the challenge in the primary crises areas which are exploding around all of us?

Finally, to assume that I have developed the solution for the problem would be crass egotism. For what it is worth, I call attention to an essay by Karl Rahner, S.J., from a not dissimilar problem involved in the seminary training of men for the priesthood. It may very well be applicable to the medical problem. He notes that only a few seminarians need to be trained to become expert Theologians and that the vast majority of seminarians should be given enough Theological training simply to become good Pastors. Selection of candidates should be based on the aforementioned premise. Analogously, only a few medical students need to be retrained to become scientists; and the vast majority (for our human and culture) should have enough scientific training to become capable good doctors. It means at least two prototypes for candidates, not that they necessarily are mutually exclusive: (a) the one who is essentially a humanist (the majority) and (b) the other who is essentially a student (the minority).

It is hoped that the meeting in the Fall will be productive of realistic, tightly reasoned discussion that may lead to the adoption of a resolution that may be sent to all medical schools.

REFERENCE


Freedom to Laugh
Rev. George Twigg-Porter, S.J.

A LAUGH

It is a wonderful thing to live in America where one is free to laugh. A person like myself who was not always a citizen can appreciate our rights better; just as a convert to the Church, like myself, can appreciate the gift of Faith perhaps a bit better than one born in the Faith. One of the glorious rights we have as free people is the right to be different, the right to laugh at and with other people. I wonder how many Communists really laugh?

Someone once said that we ridicule or fear the unknown. Ridicule comes from those who do not understand or who do not wish to understand something that is either beyond them or different from them, but something which will not be harmful to them. Anxiety dwells in the hearts of those who are fearful of a noise, a disturbance, a philosophy which might possibly cause harm. In a democracy there is ample room for ridicule, for fear, for bias and bigotry, for prejudice, and for laughter; in a dictatorship there is room only for fear.

"HIPPIES - A LAUGHING MATTER"

The "Hippies" of Haight-Ashbury - they don't like the name "Haight" for a street - seem to resent those who laugh at them, but yet seek bizarre, laughter-provoking publicity. They are bellicose pacifists. In America, and by the American form of democracy they are free to promote their philosophy of LOVE. They are also free to push aside the hair from their eyes and find their way to the relief office to obtain their welfare check. It is not a crime to go un-washed or unshaved; nor is it a crime to laugh at them.