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Dr. Thomas A. Dooley, 1927-1961

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On the night of Wednesday, January 18, from Memorial Hospital in New York, the soul of Doctor Thomas A. Dooley returned to God. Before this inadequate tribute of ours is ever read, there will have been spoken and written many an epithet of this heroic doctor of the Latin jungles. Regrettably, some of these penned eulogies will have emanated from nothing more perceptive than banal emotionalism. For Dr. Dooley extraordinary fulfillment of an extraordinary vocation can all too easily so gloriﬁed beneath a veneer of hollow sentimentality as to obliterate all essential signiﬁcance. We would prefer, in deference to the true story of this spiritual giant among Christ’s physicians, to leave the more than human in a profounder appreciation of genuine values.

If Dr. Dooley in life much was asked by a provident God whose disposition of His human creatures is more often than not mysterious. But, with God, with God’s benedicting grace, much was most generously offered in response. The sanctity he thereby achieved can for the moment be accurately assessed only in the court of heaven, But for us there remains—and for long, we trust—the inspirational memory of his phenomenal vocation, common to us all, which is the faithful fulfillment of God’s will.

To the majority of our doctors the challenge to spiritual perfection is far more prosaic, though not one iota less provocative or momentous. To do lovingly the will of God in all such ordinary things as He has equipped and invited one to do: to see Christ suffering in even the daily care of all patients; to be the true Christian listener of a truly Christian father; to recognize and to cope courageously with the mounting moral issues which our circumstances of time and place may challenge one to meet; to be another Christ wherever Christ has called and shown the way—this is the sanctity he so extraordinarily proposed and often achieved, unheralded perhaps except in the love of His Sacred Heart. But for what other approach ultimate do we live and work and pray?

As far as can be humanly estimated, Dr. Dooley did exquisitely well all that God called him extraordinarily to do. To professional talent and only daring and blessedly contrived opportunity was added God’s exceptional grace. The combined result is, for long will be, a hallowed legacy of which Catholic physicians may be humbly proud.

But pride in another’s accomplishments, unless it provokes to holy emulation, is a sterile sort of thing. Unless the precious legend of Dr. Dooley serves also as the personal credo of his professional confreres who mourn his loss, this physician-apostle of Christ will have realized only his personal sanctification, plus the eternal gratitude of those on whom he lavished his professional skill and Christian love. As those closest to him know, Dr. Dooley hoped and prayed and strived (and perhaps died?) far more. Either the accomplishment of that “more” is the holy ambition of our Catholic physicians or else Catholics have no right even to comment on the demise of a Dr. Dooley.

That his noble soul may now rest eternally in peace is a prayer that may be voiced as confidently as it will do often by those who have recognized in Dr. Dooley an “after Christus.”

DOCTOR THOMAS A. DOOLEY
1927-1961

Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophic content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.


This is a sermon preached by Anglican Bishop Mortimer on June 19, 1960, at the Official Religious Service in Upton Parish Church, Torquay, during the annual meeting of the British Medical Association. Its scope is conveyed by the following subject-headings: "Surgical Abortion," "Chastity," "Telling the Patient," "Euthanasia," "Striving to Maintain Life," and "Christian Duty and Privilege." In general, the philosophy expressed is in accord with Catholic medical ethics. However, in the same issue is a letter (p. 145) stimulated by the original sermon and critical of the Bishop’s thoughts on maintaining life, the writers considering that in most circumstances active medical management is preferred to a philosophical weighing of the extraordinary means’ issue. In the July 23, 1960 issue (pp. 353-356) four more letters appeared, all related to the sermon. One of these, written by a Catholic physician, points out that it would be morally and absolutely acceptable alternative to a destructive operation on a hydrocephalic fetus would be needle aspiration of the hydrocephalus per vaginam, thus permitting vaginal delivery. The Bishop had stated that, in the case of a hydrocephalic fetus at term, cesarean section were contra-indicated, a destructive operation was licit.

William, I.H.M., Mary (Sr.): "Maladies mentales des religieuses, La Vire Spirituelle (Supplement), 50-295-305, Fall 1959.

An investigation of mental illnesses among women religious in the United States shows that 949 were hospitalized during 1956—a definite increase over the investigation conducted by Fr. Thomas Moore in 1936. Two possible explana-tions are that religious life attracts a type of personality different from former times; or that the structure of religious life has changed on important points which concern personality development in a community.

If a young girl comes from a small family, or from a home broken by divorce or separation, this will certainly leave its mark on her personality. Some are more repelled by marriage than they are attracted by a life of virginity; others want security, to be loved rather than to love. Those with such false but unconscious motives may seem to fit in well, but their defects become apparent when they have to assume greater responsibilities, make serious decisions, etc. Since mature reﬂection and true supernatural motives are lacking, some kind of escape mechanism will often be employed. It seems more persons of this kind are attracted to religion now than formerly.

Religious life is basically the same, and tension is a subjective and relative thing, but religious of today do have more work to do and must face serious responsibilities on the intellectual, spiritual, and professional levels. This must be taken into account when admitting new members. Tests are not infallible; it is just as important to deﬁne clearly the aims of each institute so that psychology and sociology can then judge candidates better and be on the watch for those types which might later be subject to mental disorders.

The efﬁcacy of grace, which builds on nature, should not be denied by rejecting every one of difﬁcult, immature, or egoistic character; nor should too little be demanded. Teamwork among professional investigators will help, greatly. Always the interests of the Church and respect for the individual must be kept in mind.

— F. E. R.