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Medical Mission Notes

Joseph A. Grady

James H. Masterson

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The fourth meeting of the Commission was held on Sept. 10, 1965 at O'Hare and was devoted primarily to the program for the Second International Symposium on Rhythm. At this meeting the following new physicians were added to the Commission: Joseph Ricotta, Buffalo; Robert J. Walsh (New York) and Drs. Richard F. Mattingly and John G. Masterson, chairmen of the Departments of Obstetrics and Gynecology of Marquette and Stritch Medical Schools, respectively. It was requested that the Family Life Bureau recommend additional priests for membership.

SECOND INTERNATIONAL SYMPOSIUM ON RHYTHM

This year's symposium will be held in Kansas City, Missouri at the Hotel Muehlebach. It will begin on Thursday, December 2 at 3:00 p.m. and will close Saturday, December 4 at 4:00 p.m.

Of particular interest is the scientific program for physicians: Konal Prem, M.D. of the University of Minnesota will discuss The Basal Temperature Method of the Practice of Rhythm; Max Levin, M.D. of New York Medical School, Sexual Fulfillment in the Couple Practicing Rhythm; Daniel McSweeney, M.D., Tufts University School of Medicine, The Cervical Mucus Test for the Determination of Ovulation; Robert Greenblatt, M.D. and Virenda Mahesh, Ph.D. of the Department of Endocrinology, University of Georgia, Immunochemical Detection of Ovulation, and John Boutselis, M.D., Ohio State Medical School, Regulation of Ovulation with Clomiphene.

Robert G. Masterson of Stritch School of Medicine will moderate the discussion.

Of additional medical interest are papers by Frank J. Led, Jr., M.D. of Baltimore and Religion on Motivation in Rhythm and W. Barr M.D. of Rochester, on The Meaning of Marital Rhythm. Further, F. W. Brown, M.D. of the Marriage Advisory Council, London, England will discuss Education in Rhythm and William Lynch, M.D. on a panel will discuss, When to Stop It and How to do It.

The keynote speaker will be Reverend Stanislaus de Sevastopolis, S.J., director, Institute Soc. Action Populaire, Paris, France. Other national speakers will discuss Organizing Scientific Research in Rhythm; Funding Possibilities for Research in Rhythm; Successes and Difficulties in the Practice of Rhythm; The Role of Paramedical Counselors, and Educating the Educators; and Building the Favorable Public Image of Rhythm. Several top-notch theologians will participate in a panel on theological perspectives. There will also be a session devoted to the Exchange of Experiences by Directors of Rhythm Clinics.

One may obtain the printed program and pre-register for this meeting by writing to the Family Life Bureau, N.C.W.C., 1312 Massachusetts Ave., N.W. Washington, D.C. 20005.

Herbert Ratner, M.D.
For the Commission

LINACRE QUARTERLY

The Medical Mission Committee and the officers of the National Federation are becoming more and more interested in this field. As most of you know, this has been made a definite commitment by Pope Paul VI to all religious communities of priests and sisters in our country. In line with this, Federation officers and the mission committee members met with a group of South and Central American Bishops at the CICOP sessions in Chicago early this year.

The reception was most cordial and we have been seeking means to implement some of the thoughts which came out of the conference. Problems vary in many areas of the world and sometimes seem insurmountable, but we do feel that each Catholic Physicians' Guild has a moral obligation to fulfill the commitment made by Pope Paul. We fully realize that many Guilds are now doing all they can as far as the missions are concerned and dedicated physicians in several of the groups have taken the lead. This plea is being made to obtain from each Guild a positive commitment toward mission work.

There are many problems which cannot be solved immediately and we quote herewith a letter addressed to the Bishops in Latin America which reflects the current thinking of the Executive Board in the matter:

The Catholic Physicians' Guilds were most pleased with the reception we received from the Bishops and priests at the CICOP meeting in Chicago last January. In reflecting on some of the opinions and considering the many problems which exist, it appears that our medical mission committee has a fair amount of ground work to do before any concrete proposal can be offered.

It is our general opinion that the medical practice in Central and South America is quite adequate, but that the concentration of physicians is in the larger, more populated areas. We do not feel that this is unique to Latin America; there are sections on the North American continent where similar problems exist, but we do admit that the transportation problem is much more severe in Central and South America. There is also the added difficulty of obtaining a North American doctor to work in these missions. Factors involving travel expenses, license procedures, language differences and knowledge of the terrain hinder recruitment. It is our feeling that this could best be handled on a doctor-to-doctor relationship.

We would propose that the physicians in South and Central America assisted by their Public Health Ministers interest local physicians in the work for which we have been endeavoring to enlist doctors from our own country. We would suggest that our medical men work to supplement the income paid by the state for such rewarding work in the less populated areas. The image of a North American doctor working in this area could have a very beneficial psychological effect in the United States this would be helpful for fund raising purposes and also would give example to other physicians in Central and South America as well as foster good communication.

We would appreciate your thoughts in this regard. The above letter is reaching the Latin American Bishops but at the same time...
there are vast areas in Africa and other emerging lands in the world that are also most worthy of our full support.

The individual Guild mission leaders will be contacted to make a definite commitment to an area in Central and South America to implement the use of local physicians there with monies and materials. The type and scope of this effort will have to be determined after a fair amount of groundwork has been laid but we are willing to expend effort in this direction if feasible. Conduct meetings in the United States or in South America to discuss with responsible people the implementation of a plan for help.

Joseph A. Grad, M.D.
James H. Masterson, M.D.

Letter from Canada • • •

Since my letter of 1964, Canadians have “advanced” another large mile toward a Welfare State. This has not occurred as a result of grass roots pressure for such measures nor the upsurge of socialistic political parties. Rather, it seems to be the result of all political parties trying to out-promise each other in the spending of the wage-earner’s money. To the politician the Welfare State seems a worthy goal to be pursued without regard for consequences.

Already, the tell-tale symptoms of associated disease are making appearances. The efforts of the government towards a Welfare State have lessened or almost removed the need for: 1. Social Insurance; 2. medical care; 3. provision by savings, etc., for the future; personal responsibility for: 1. hospitalization; 2. medical care; 3. provision by savings, etc., for the future; unemployment or its lack.

This near elimination of personal responsibility has been brought about by the introduction and/or implementation of national universal hospitalization with only token per diem payments. Provincial health plans are in operation in many provinces and a national compulsory “first dollar” plan is threatening within two years. A national compulsory contributory pension plan is being started with such extensive coverage that it is likely to go broke as presently scheduled or at least cripple the contributors. This same defect befell the National Unemployment Insurance Fund. Many employables find it nearly as profit-