

WOODSTOCK LETTERS

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Note to Contributors

It would be well when submitting contributions to the WOODSTOCK LETTERS to observe the following: type *triple* space, leaving a one-inch margin on either side of the page, i.e., approximately sixty spaces to a line. This will aid greatly in determining ahead of time the length of articles submitted to us, and leaves sufficient room for the insertion of printing directions. Subheadings should also be used, at least one to every other page, in articles and Historical Notes. Pictures, fairly large and clear, should accompany obituaries and other articles, as far as possible; these will, of course, be returned to the contributor.

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The Medical Apostolate of the American Assistancy

ALPHONSE M. SCHWITALLA, S.J.

Editor's Note: At the request of WOODSTOCK LETTERS the author wrote this general survey of the work of American Jesuits in the field of medicine. Opinions on phases and problems of Jesuit medical activities, administration, place and importance of a Regent, cooperation with sisterhoods reflect Father Schwitalla's experience of over thirty years.

The extensive apostolate of the Society reflects the many-sided character of its saintly founder, and since this article ambitions to report, probably for the first time, on the medical and related activities of the American Assistancy, it is particularly apt to begin with a short summary of St. Ignatius' medical interests.

Throughout his life many activities manifested his concern for medicine—he gave personal service to the sick, associated with physicians in great numbers both as a friend and as a patient, was the beneficiary of many hospitals as a patient or guest, and the benefactor of others as a propagandizer and promoter in hospital campaigns for funds. He also served in an administrative capacity for several hospitals and until his death was associated in a more than transient way with no fewer than ten or twelve institutions.

Ten months of prayer, activity and suffering were spent at the Hospital of St. Lucy in Manresa. While attending the University of Alcalá he lodged at the Hospital of Antezana, and later in that same city during one of his trials for preaching without authorization, he stayed at the Hospital of St. Estella. The Hospital of Saint Jacques housed him when he went to the University of Paris, and Ignatius speaks with considerable concern of a conflict between his scheduled classes at the University and the daily order at Saint Jacques which served not only the sick but also travelers, making the hospital known in the Paris of his day as both a *nosokomeion* and a *xenodokeion*.

When Ignatius returned to Spain to regain his health, prior

to the foundation of the Society, he lived at the Hospital of St. Magdalen in Azpeitia, the town of his birth. Here, too, he was largely instrumental, perhaps even predominantly so, in founding a new hospital by a group of public-spirited citizens for those patients who were sensitive about their poverty. Half of the building funds was contributed by some relatives of Francis Xavier and by a merchant, probably at Ignatius' solicitation, since this donor was a friend of our saint. On another occasion he mediated a peace between the parish priest at Azpeitia, a relative, and the administrators of the public hospital regarding an old controversy about the hospital's relation to the parish.

At Venice Ignatius lived in a Hospital for the Incurables at the same time that Francis Xavier and four companions were at the Hospital of Sts. John and Paul, waiting for transportation to the Holy Land.

And when advanced in age and forced by health and the expressed wishes of his advisors to relinquish some of his duties, he revealed his predilections, no matter how indifferent he must have been, in the petition that he be allowed to keep the responsibility for the operation of the infirmary in the Professed House. He carried out his self-selected task with the utmost faithfulness and kindness.

An achievement of Ignatius was the drafting of regulations for hospitals that required regular contributions from the people of a community and forbade appeals for funds except authorized and conducted by recognized agencies. He thus led the way into the future Society's medical and health activities.

Ignatius' attitude towards medical matters did not fail to impress itself upon his followers. Xavier, Laynez, Nadal, Borgia, Canisius, Aloysius and thousands of other Jesuits have followed his hospital interests. Early missionaries practically all made significant contributions to the history and practice of medicine. Marquette, the early Canadian missionaries, Father Boym in China, and the missionaries of the Malabar region of India made numerous references to topics of medical interest—in fact, even detailed descriptions of disease conditions and remedies, as well as directions for the maintenance of health. Between the years 1700 and 1825, we find listed in

Sommervogel a large number of special treatises of medical interest: a physiological discussion of the human body as a machine, an account of the differential diagnosis of tertian fever, a case history written by a Brother infirmarian, and a large number of descriptions of epidemics in Europe and other parts of the world. Such accounts and narrations form the stock content of many a missionary letter. These are mentioned here to emphasize the fact that the medical activities of the American Assistancy maintain a Jesuit tradition centuries old.

PART I. ACADEMIC AND EDUCATIONAL ACTIVITIES

A. SCHOOLS OF MEDICINE

At the present time, there are five schools of medicine in the American Assistancy: at Creighton University, at Georgetown University, at Loyola University (the Stritch School of Medicine), Chicago, at Marquette University, and at St. Louis University. At one time, Fordham University had a school of medicine, founded in 1905 but discontinued in 1921. St. Louis University had a school of medicine as early as 1838 but because of the dangers threatening the school from the disorders occasioned by the Know-Nothing movement, it severed its relationship with the University in 1855 and continued independently as the St. Louis College of Medicine until 1891 when it became the School of Medicine of Washington University. The present medical school at St. Louis University dates back to 1903.

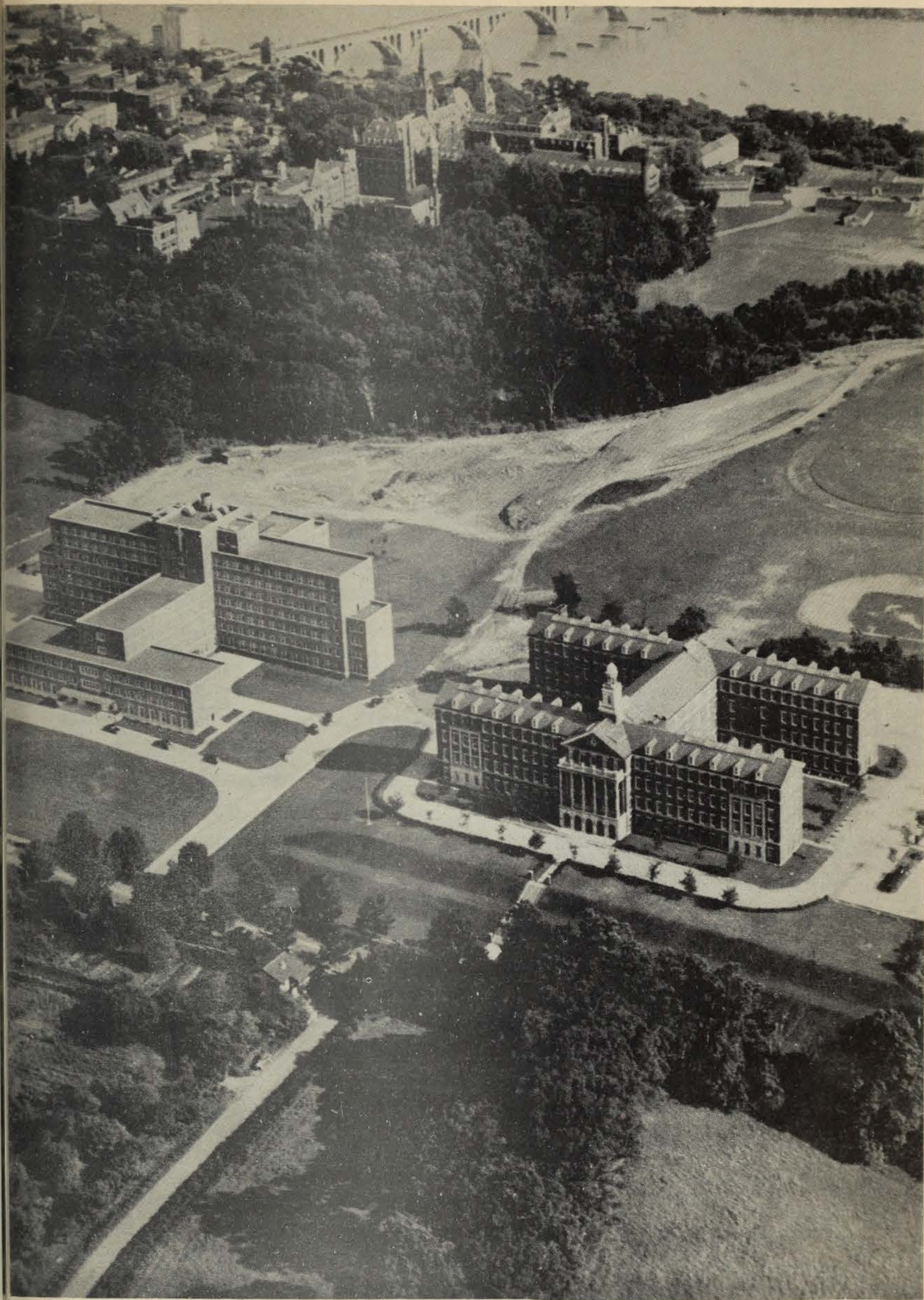
1. Historical

There may be a close historical connection between the original school at St. Louis University and that of Georgetown University. The first school of medicine of St. Louis University was founded by a future provincial of the Maryland Province, Father Peter Verhaegen. From the all too meager available details of his experiences in organizing the school of medicine, he must have lived through a stormy year or two. On January 5, 1845, he took up his residence at Georgetown University and remained there until January 1848. Three years after, Georgetown opened its school of medicine. While

no documentary evidence has been found, it still may be surmised with a high degree of probability that he must have carried to his new field of labor, the results of his experience in initiating the school of medicine at St. Louis. At any rate, when in 1849 four physicians decided to establish a medical school of their own and appealed to Georgetown to take the new school under its protection, little time was wasted in deciding to get the school started, thus giving some indication, it would seem, that the ground had been prepared by Father Verhaegen's attitudes and activities.

It is a matter of interest that of the schools of medicine now conducted in this Assistancy, the first schools of medicine at St. Louis, Georgetown University and Creighton University were founded entirely *de novo*, while the other schools, including the present schools of medicine at St. Louis University, Marquette and Loyola Universities, were founded by absorbing previously existing schools into the university. At St. Louis University the medical school became part of the University after it had existed as two separate and independent schools, one (Beaumont Hospital Medical College) founded in 1886, the other (the Marion Sims School of Medicine) founded in 1890. They were amalgamated as the Marion Sims Beaumont School of Medicine in 1901, and in 1903 the combined school was purchased by Father William Banks Rogers, then President of the University, and one of the most far-seeing, resourceful and energetic educational administrators of the Missouri Province. Georgetown University School of Medicine, as already indicated, arose as an independent school without a previous school of medicine. The same is true of Creighton.

At Marquette University and at Loyola University, the schools of medicine on the other hand are developments of previously existing schools; Loyola's predecessor was founded in 1912, Marquette's in 1915. The pre-history of both of these schools, unique in both instances, is full of incident and interest. Loyola University School of Medicine was buffeted by many storms from the approving and accrediting agencies before it finally won its high, distinguished reputation of today with the honor of being renamed after its illustrious patron, His Eminence, the Cardinal.



GEORGETOWN UNIVERSITY HOSPITAL with a **School of Nursing**, administered by the **Sisters of Charity of Nazareth**, stands alongside the schools of **medicine, dentistry and pharmacy.**

2. Characterization

Any attempt to characterize these schools as a group, to reveal identities or similarities which may be assumed to have developed from their filiation by the Society, or their individual differences derivable from the Society's versatility and local uniqueness, would require the presentation of too much detail, scarcely justifiable here. Some interesting suggestions are deducible as matters for intimate controversy from a comparison of the three schools which had their origin inside of our universities and those which were adopted by us. The individuality of each school in its physical facilities, mode of administration, achievements and future capabilities is more obtrusive than its similarities to the other schools, as anyone would expect who knows the Society's unlimited capabilities for variation in expressing its fundamental purposes. In general, it can be said that our five schools have devoted themselves largely to the production of medical practitioners, though all have participated to a significant and successful extent in the development of medical specialists and research workers. Moreover, in each of these schools, there is a well-recognized participation in the affairs of the university and in none of them is there a decentralizing, disruptive cleavage between the university as a whole and the school of medicine. Any comparison of either research success or educational achievements in these different schools, except on the basis of extensive documentation, would prove to be practically impossible without incurring the charge of unfairness since each of the schools boasts of outstanding successes, educational, scientific, professional, and sociological. The interest of each of the five schools is closely interwoven with the welfare interest of their respective dioceses, religious orders of men and women, and lay Catholic organizations. Each of the schools has an active alumni association, has received recognition for distinguished service in both war and peace, has participated in governmental activities, has received grants for research from both the government and from some philanthropic foundations, has rendered noteworthy service to the armed forces, has a diaspora of graduates throughout all states of the Union, has recruited its faculty from some of the best schools of medicine of the United States, Canada, and of Europe, and, in

general, has sought to maintain a high level of educational endeavor, diversified in detail but dynamically unified in total pattern. Each has encountered and overcome large and small difficulties, financial, administrative, and professional. Each has a fine reputation for its relation to the various professional associations, especially the American Medical Association, locally and nationally.

In their inter-institutional relationships with other schools of medicine, the Georgetown school is located close to George Washington University, the University of Maryland, and Johns Hopkins University and various institutions of the government, not to speak of its close proximity to the five schools of medicine of Philadelphia and the five schools of New York City. The Stritch School of Medicine is located in the same city with four other very good schools of medicine and must thus meet a great challenge due to its proximity to, and the local influence of, those schools. In this respect Marquette University School of Medicine seems to enjoy a measure of freedom, although the School of Medicine of the University of Wisconsin offers many a challenge to Marquette University School of Medicine. Creighton University faces a formidable neighbor in the Medical School of the University of Nebraska, as does also St. Louis University School of Medicine due to the propinquity of the Washington University School of Medicine.

In the history of medical education Creighton University's large-minded attitude will always stand as exemplary, since it could have refused its approval to the transfer of Nebraska's clinical departments into the city of Omaha and thus rendered less burdensome its future acute competition. For this Creighton deserves and receives complimentary, even if silent and perhaps grudging, recognition. These relationships of our schools of medicine to their non-Catholic neighbors must be regarded as expressive of cooperative friendship and healthy competitive attitudes that have provoked discussion and elicited much approval and general satisfaction, thus adding to the better understanding of the objectives of our schools and the spirit which actuates them, and promoting better relationships between non-Catholic and Catholic agencies in their several communities. Our professional and educational

relationships are thus placed well above puny antagonisms and petty misunderstandings.

3. Objectives

There are certain characteristics, to be sure, which the five Jesuit schools of medicine could hardly help but have in common. First of all, they are unanimous in their educational objectives. It is proper here to raise the question why in a Jesuit university there should be a school of medicine. In the past there was some lack of unanimity among Ours concerning the question why we should conduct schools of medicine. Even now some of Ours think not only that our schools of medicine absorb a disproportionately large percentage of our university funds, but also that the returns which the schools of medicine make to the Society are scarcely commensurate with the Jesuit effort expended in their behalf. It is not enough, therefore, to answer the question by pointing out that medicine is one of the great divisions of knowledge and professional life. It is difficult to resist the temptation at this point to use Newman's criteria as measures of both religious and professional success of our schools of medicine. One point however must be expanded, certainly not completely overlooked. Newman wrote at the time when he was organizing the Catholic University of Ireland:

"There cannot be a worse calamity to a Catholic people than to have its medical attendants alien or hostile to Catholicity; there cannot be a greater blessing than when there are intelligent Catholics who acknowledge the claims of religious duty, and the subordinations and limits of their own functions. No condition, no age of human life, can dispense with the presence of the doctor and the surgeon; he is the companion, for good or for evil, of the daily ministrations of religion, its most valuable support or its most grievous embarrassment, according as he professes or ignores its creed."

The application of these concepts to and in our schools of medicine constitutes a worthy challenge to our Jesuit resourcefulness in education and to our spiritual purposes.

The further question must then be raised whether our Catholic schools of medicine are achieving the ideal objective thus formulated by Cardinal Newman and if so, how they are achieving it.

For one answer we may turn first to the catalogues of our schools. Four of these schools have published a considered statement concerning their objectives. It is recognized that one may find high idealism in the catalogue of a university sometimes without a *fundamentum in re*. Nevertheless few of Ours have reached the pinnacle of cynical sophistication achieved by the academic punster, who, on being asked how the college quadrangle resembles the college catalogue, answers by saying, "They both lie about the college."

Formulations of our objectives might be cited:

The aim and purpose of this school is the education and adequate training of competent practitioners of medicine in accordance with the principles and ideals of the University. This in general implies the full application of knowledge in the formation of character, in the inculcation of sound moral, ethical and religious principles, and in the awakening of latent talents and skills of the student.¹

The fundamental objective of a school of medicine is to provide an opportunity for education in sound medical science and to fit the qualified student for the practice of medicine. It is also the aim as a Catholic school of medicine to foster in professional students a sense of other values of supreme importance to the physician and to society—ideals of high personal integrity, Christian ethics and human charity.²

The aims of this school of medicine are: Primarily to train physicians of high moral and ethical character, and secondarily to extend the field of medical knowledge by original investigation.³

This school wishes its students so to be formed that with the usual internship and post-graduate clinical training, they shall be competent for the practice of medicine, whether generalized or in a field of intensified interest. . . . It is believed that effective adherence to the most exacting ideal in medical practice will best be achieved if the school and its students have the sort of basic life philosophy, orientation to the truth and science and motivation towards the welfare, the value and the health of human beings, which characterize this school of medicine as a part of St. Louis University which is a Catholic University under Jesuit auspices.⁴

The realization of these objectives by the different schools emphasizing, as they do, the unity of the professional, the spiritual and religious ideals, is achieved in various ways, not

¹ *Creighton University Bulletin School of Medicine*, 1951-52, p. 47.

² *Loyola University Bulletin School of Medicine*, January 1948, p. 27.

³ *Marquette University Bulletin School of Medicine*, 1950-51, p. 23.

⁴ *St. Louis University Bulletin, the School of Medicine*, 1952-53, p. 132.

all of them equally stressed nor emphasized in the same proportion in the various schools, thus providing individuality for each school. All five schools give courses in medical ethics which are followed by Catholic as well as non-Catholic students and they all assume that Catholic students have had some courses in scholastic philosophy. All schools offer their students opportunities for membership in sodalities and other Catholic organizations; they require the Catholic students to make at least a three-day retreat each school year and all students are given opportunities for closed retreats. In each school, there is at least one member of the Society who can be easily reached for conferences and counselling, and in several schools a great deal of attention is given to this particular matter with emphasis upon the specialized applications of medical ethics in the life of the physician or of the nursing Sister, the functioning of the Catholic chaplain, and the needs of the Catholic patients. All five schools have relationships with the Catholic school system, Catholic Charities, as well as other diocesan and parochial activities in their various cities. All schools, moreover, attempt to maintain faculty selection processes which enable them to keep in contact with Catholic physicians and other Catholic professional persons.

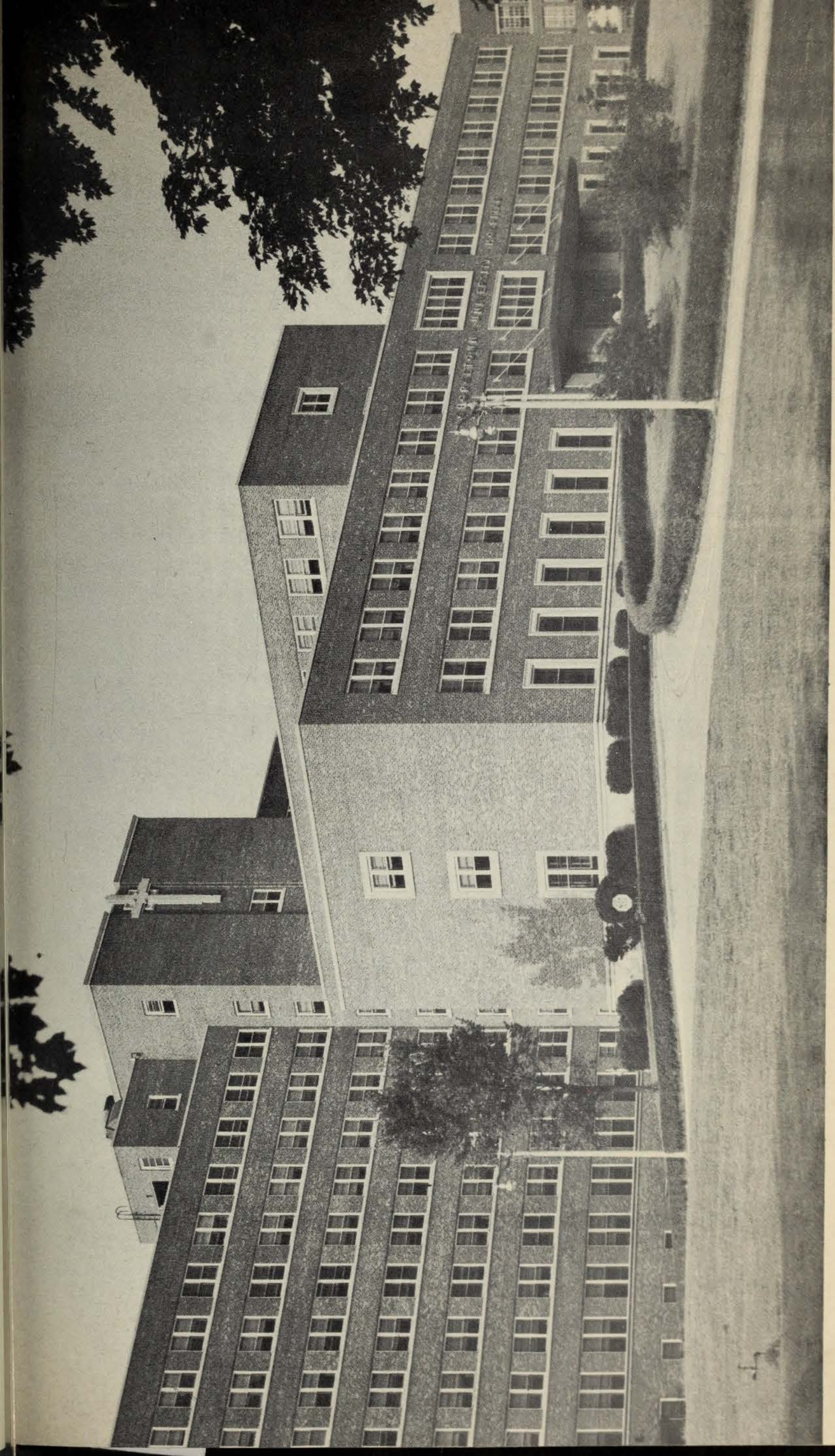
Some schools of medicine emphasize medical research to the detriment of the undergraduate educational program. This is not the case in our schools of medicine. The attitude in our five schools is that research on the part of both the faculty members and the student body must be considered an integral phase of the undergraduate and the graduate teaching activities.

After all, the purpose of a professional school is the preparation of the student for his lifework as a physician. It is universally granted today that a scientific attitude, an attitude of inquiry and endeavor which pushes the borders of knowledge farther into the regions of the unknown, is essential not only for the teacher of a medical subject but also for the practitioner of medicine whether he be the general practitioner or a specialist. Hence, a research attitude is unquestionably necessary in preparing the future doctor. This is all the more true today since the enormous growth of scientific medicine during the past few years would be unintelligible to

a physician who has not kept himself, his thinking and his reading, up to date in the various fields of his professional interest. All of this, however, does not excuse an undue emphasis upon research in a school of medicine since, as has been often and well said, "a doctor who is only a research worker or only a teacher can hardly be a good doctor. He forgets that a physician's major activity is service to the patient." The attitudes of a particular school with reference to this question are detectable and measurable in a great variety of ways, at least as approximations, for example, by studying the percentage of graduates who go into specialization and those who go into general practice, by forming estimates of the percentage of graduates who find their way into administrative, educational or public health positions.

The second factor in unanimity of our schools lies in the details of the personal objectives of the students. There are some schools of medicine in which the choice of rural area for professional practice by the graduates may be contrasted with the numbers seeking urban facilities. Faculty participation in the activities of learned societies and in the publication of scientific journals and their leadership in various communities are also factors. One can often form a judgment as to the character of the school from its graduates. This means, in other words, that not the size alone but also the character of the student body determine the individuality and excellence of the school.

If this paper were an effort to present an adequate report on the schools of medicine alone, no opportunity would be more acceptable to the writer than to attempt an interpretation of medical education as a legitimate activity of the Society. But since the purpose here is simply to draw a base line in general terms for future studies of a similar nature to be made during the next two or three hundred years with the present survey serving as a bench mark, as it were, we must restrict our discussion to a few outstanding phases of medical education. A brief discussion, therefore, may not be out of place on general administration, student administration, faculty administration, and clinical facilities.



In the northwest section of the city of Washington the new Georgetown University Hospital faces the morning sun.

4. General Administration

It is not intended here to reveal all the administrative secrets of the schools of medicine. A more or less identical pattern of administration is observable in the five schools of medicine. This was not always the case in all details. In St. Louis in 1903 the problem of acquainting the president of the University with the activities, needs, policies and future plans of the School of Medicine, was entrusted to a regent, a member of the Society, who, largely because more than a mile separated the administrative group of the University from the School of Medicine, was looked upon as a personal representative of the president in the School of Medicine. It was assumed that this regent would make himself familiar with medical education and be ready to give competent advice to the University authorities. In its general purpose the plan resembles closely the organizational features for administering universities whose schools are located on several campuses, the University of Illinois, for example, located at Urbana and Chicago. This plan was worked out by Father John C. Burke collaborating with Father William Banks Rogers, and over a period of about ten years it was found to be a very effective means for achieving the purposes which the University had in mind. It was carried over into each of the five schools in the course of time.

While for domestic purposes the plan proved to be very workable and effective, it can scarcely be regarded as a success in fostering relations between the accrediting agencies and the school of medicine nor between the general public and the school of medicine. For a time there was some misunderstanding. Certain ambiguities were attached to the terminology and it was not clear whether the regent was administratively superior to the dean or the dean to the regent. More important than this, however, was the attitude of at least one of the evaluating agencies which very frankly stated that unless the dean is the finally responsible officer in the conduct of a professional school, such as that of medicine, it is hard to see how a Jesuit priest acting as regent, supplemental to the dean could serve as the officer who coordinated the very technical and the multi-directional relationships of the school of medicine both within and without the university. In the

course of time, as the universities grew and as the schools of medicine clarified both their objectives and procedure and especially when a member of the Society himself became a dean in one of the schools and the office of regent was there discontinued, the significance of the regent's position became gradually more and more indefinite and at the present moment, seems to be losing most of its importance. In all likelihood, significant changes with reference to this question are bound to take place in the future.

The question may well be raised whether one of Ours should be dean of a school of medicine. It goes without saying that there are certain incompatibilities between Jesuit community life and the obligations of such a position. Whatever may be the objective facts, those outside of the Society believe that a Jesuit dean of a school of medicine is too much under the control of a Jesuit president of a university to permit that freedom of action in public relations and that elasticity in administration upon which the schools of medicine, in America especially, have prided themselves. On the other hand, depending largely on the personal relationships between a Jesuit dean of a school of medicine and the president of one of our universities, the vow of obedience should in itself offer the most secure guarantee that adequate standards of education will be maintained in the school of medicine. As in many other questions of similar import, a solution of the problem lies in the competence, the compatibility and religious spirit of the individuals concerned. One of our schools of medicine was emphatically accused of intolerance and unethical conduct by the Association of American University Professors in connection with the controversies about the Spanish Civil War, but even though the school was listed as unapproved by that Association for years, no serious consequences seem to have ensued.

The impression should not be left that this is the only large administrative problem in our five schools. The financial problem is, of course, the most constantly urging one. The cost of educating a student of medicine is said to range somewhere between a thousand and three thousand dollars per year, the exact amount depending upon the size of the school, its location, ambitions, multiplicity of activities, the availability of clinical facilities, and many other factors. It is clear

that a school of medicine cannot subsist on income from student fees alone and hence must constitute a drain upon the university's finances. It has been said, and the statement is cheerfully endorsed in a spirit of gratitude by the schools of medicine in many universities, particularly the private ones, that the success of the school of medicine is the measure of the administrative unselfishness of the other schools of the university. It is amazing that our schools have done as well as they have, when these facts are kept in mind. God has been providentially mindful of our needs, but if our objective is worthy, the sacrifice must be continued. This, of course, is no reason for lethargy on the part of medical school administrators in seeking ever larger resources, thus to ease the strain upon the universities. In our American pattern Catholic education is a monument which testifies to the value we place upon true education—and that holds emphatically for medical education.

5. Student Administration

Under this heading, again the subjects on which comments should be made are legion; only a few can be selected. Making the selection demands a certain reckless foolhardiness on the part of the writer.

All our schools of medicine must be listed as large schools—the smallest with 300, the largest with about 500 students. As averages from year to year in the late forties and early fifties, there were among the seventy-two four-year medical schools of the United States, twenty-three schools smaller than our smallest, Creighton with 293, and thirteen schools larger than our largest, St. Louis with 475 students.

Moreover, all our schools are what should be designated as national schools, that is, they draw their student body from many states and from a large number of colleges of arts and sciences and colleges of liberal arts. In 1950 the school of medicine, in whose freshman roster the smallest number of states was represented, had selected its incoming class from sixteen states, while the school selecting from the largest number of states had incoming students from twenty-seven states. Four of our schools omitting Georgetown had high percentages of freshmen from their own state, but only one school had its own state registrants to the extent of 33 per

cent; the other three had such registrations to the extent of 22, 18 and 14 per cent. Georgetown's problem in that respect is unique. In some years the greatest percentage of incoming students at Georgetown has come from New York.

The greatest emphasis in this phase of administration must be placed upon the fact that our schools of medicine are Catholic schools. It is estimated that there are about as many Catholics in the non-Catholic schools all together as there are in our five Catholic schools, at least such was the case about fifteen years ago when Dr. Fred Zapffe, Secretary of the Association of American Medical Colleges, himself a Catholic, now dead, conducted a private study.

A discussion of student administration in our schools of medicine brings up a vast number of problems, many of which have been sources of controversy between our five medical schools and the deans of their respective colleges of arts and sciences. It seems important to take this occasion for laying down a few general principles which probably would find rather wide acceptance as abstract principles in the administration of the colleges. Obviously, our schools of medicine exist for the purpose of realizing in our activities all the objectives which the Society has in mind in its educational work. Hence, the further statement seems inevitable that the student body of our schools of medicine should be Catholic to whatever extent may be possible. Does that mean that preferential admission to our schools of medicine should be given to the pre-medical students of our colleges? Let us agree that the term pre-medical curriculum is unfortunate, if it is intended to designate by this term anything more than merely a certain sequence of courses; still it is a convenient term. That the student body should not be exclusively Catholic seems equally obvious from a consideration of the Society's history in education and from our present day successful practice. The student body in our five schools at the present time is made up practically entirely of Catholics at Georgetown, to the extent of 97 per cent at Stritch, 92 per cent at Creighton, 85 per cent at St. Louis, and 75 per cent at Marquette. There was a time when one of our schools, St. Louis, had a serious problem to face in the reduction of the number of non-Catholic students, combatting numerous phases of anti-non-Catholic prejudices from anti-Semitism to anti-Seventh Day Adventism. At one

time, almost half of the student body in St. Louis was non-Catholic. This has been progressively remedied year after year until at present it may be said that our five schools of medicine are surely making a strong contribution, as they should do, to Catholic life in the United States.

To what extent then should emphasis be placed upon the religion of the student in selecting freshmen who, except for their academic origin, Catholic or Jesuit, would probably not be admitted to the schools of medicine because of their low aptitude rating or low college achievement? The applicant may be a leader among the students, a member of Alpha Sigma Nu, an outstanding worker in Catholic Action, the possessor of all the moral qualities which, in the opinion of his generous Jesuit sponsor, would make him a grand doctor.

It will throw some light upon the general situation if we attempt a brief analysis of the problem here. The school of medicine is essentially a graduate school, that is, the curriculum of a school of medicine is of such a character that collegiate preparation is indispensable for a student of medicine. We are apt to forget, however, that the student of medicine takes preparatory college studies for two reasons rather than for only one: first, because a physician must be a broadly educated person, and secondly, because college studies supply proper intellectual tools which the student needs in following the intricate courses of the medical curriculum.

In the achievement of the first of these purposes, it is highly desirable that the future student of medicine should be broadly educated in languages, history, sociology and particularly, philosophy, and should possess the kind of character and personality for which his Jesuit admirers are prone to eulogize him. As far back as the sixth century, St. Isidore of Seville, the first of the European encyclopedists, had emphasized the thought that medicine is the synthesis of all the sciences and all the arts.⁵

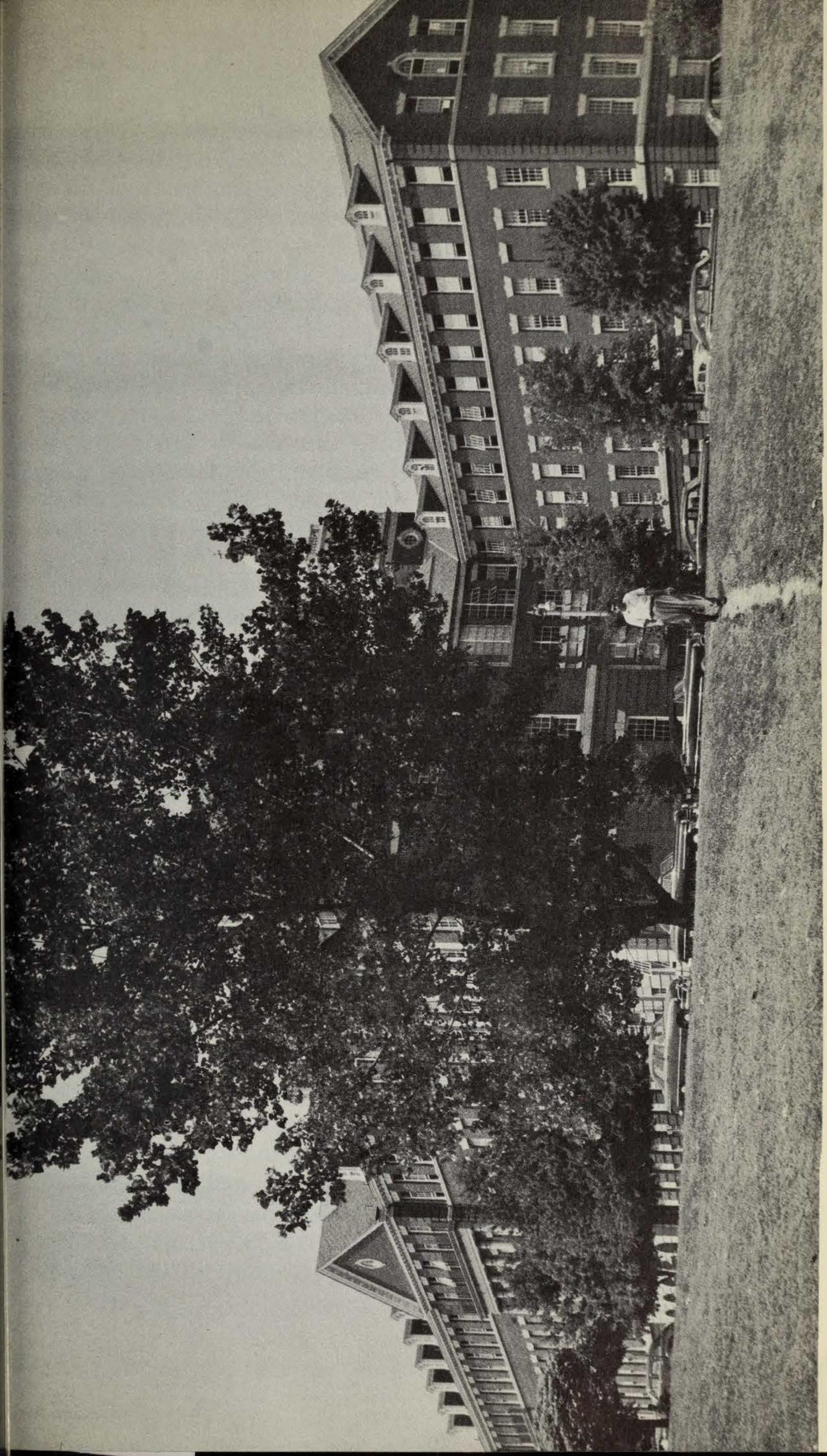
As for the second objective of pre-medical preparation, the student needs physics as well as mathematics, chemistry, biology, and especially recently, social science so that he may be properly prepared for the study of anatomy, physiology, biochemistry, public health and other medical sciences.

⁵ *Libri Etymologiarum, IV, De Medicina, chapter 13.*

No matter how well prepared in a broad way an applicant for a school of medicine may be, if he does not have a sound basic preparation in English, mathematics, chemistry, physics and biology, and sociology, he is unskilled in the use of the tools which he needs for advanced study in anatomy and biochemistry, unless his collegiate foundation is solid and broad. And if in this sequence of prerequisite courses, chemistry seems to have been given an over-weighted emphasis, it is surely because of the preponderant penetration of biochemical viewpoints into the medical sciences and arts, thus requiring commensurate preparation in the numerous branches of chemistry from Descriptive to Physical and Isotopic Chemistry.

As for the quality of the students who are accepted by our schools of medicine, there is available an immense amount of data, the presentation of which would prove inconclusive unless it could be presented in very considerable detail. In brief, it may be said that our schools of medicine are getting from the colleges, Jesuit and others, students who have distinguished themselves by relatively high aptitude scores and college achievement above the average, but that we are still losing all too many distinguished students to other schools of medicine. Secondly, our schools of medicine are receiving from non-Catholic schools, a number of students who are outstanding both for their aptitude and their college achievement record, but it is also true that the presentation of high academic qualifications should be more emphatically stressed in accepting students from other than Catholic institutions.

For a final and very practical suggestion in this matter: letters of recommendation written by Ours for a prospective student of medicine should emphasize those phases of a student's characteristics which an experienced examiner of college transcripts cannot derive by the study of the student's academic performance. All too frequently letters of recommendation are merely summaries or interpretations of a student's transcript, characterized by a Carlylian "genius for the obvious," whereas, the intention in requiring letters of recommendation is to enable the school to inform itself concerning those qualities which are not detectable through the mere mechanical reading or examination of college transcripts. If this point were more emphatically stressed, there would be



Georgetown Medical School stands in the center of a beautiful and spacious campus.

much less complaint that our schools of medicine are entirely too impersonal in their selection of students. What are needed in the medical student and the future practitioner of medicine besides strong moral qualities—and in our Catholic students, besides a deep religious faith and loyal Catholic love—are such virtues as unqualified truthfulness, a strong sense of responsibility, a deep interest in human affairs, unselfish concern for others, a profound loyalty and uprightness. But all of these qualities, great as they are and transcending any merely human values and skills, cannot by themselves make a carpenter, neither can they by themselves make a biochemist or a neuro-anatomist such as is needed in the practice of medicine.

6. Faculty

Another administrative area in which our schools of medicine have encountered more or less serious difficulties, is that of faculty selection. The tendency in most schools of medicine today is distinctly away from the dominance of the volunteer faculty. It has been traditional for the last half century that a school of medicine should have a full-time faculty at least in the first two years of the medical curriculum, that is, in the basic medical science courses. For the last two and a half decades, however, the necessity of having a goodly number of full-time instructors in the clinical departments, that is for the junior-senior and graduate student, around whom an effective clinical teaching program by volunteer teachers may be carried out, has been recognized. At the present moment the emphasis is very strongly upon the full-time clinical teacher assisted by volunteer teachers for safeguarding scientific interests in the clinical years of the medical student's curriculum. This tendency undoubtedly has come to stay. Many of these volunteer teachers make literally enormous sacrifices in keeping up a teaching program in addition to a very exacting medical practice. Our five schools owe an unrepayable debt of gratitude to the volunteer teacher in the medical profession.

The educational activity of the school of medicine does not end with the close of a student's fourth year. It extends for another year into the education of interns, and then for three

or four years into the education of residents, and still further into the years of a physician's practice through the organization of postgraduate and graduate courses. It is surely unnecessary to say that any discussion of these various educational activities will lead altogether too far in this place. It may be pointed out, however, that certain effects have resulted from the conscientious and painstaking performance of these various extracurricular activities which are not without their significance at this point. First of all, it should be pointed out that by reason of our five schools of medicine, the Catholic hospitals throughout the United States and Canada and to some extent in other foreign countries, have received more Catholic interns than they would otherwise have received from schools of medicine. The same statement can be made with relatively even greater definiteness of the educational specialist in medicine who is prepared in the residencies.

Many of these residents immediately after the completion of their specialty curriculum, remain as house physicians in Catholic hospitals for several years and thus prepare themselves more and more effectively for taking positions on the faculties of our Catholic schools of medicine. The number of Catholics teaching in our Catholic schools of medicine today is far greater than it was two decades ago. This statement can be made with considerable assurance even though it is impossible to present accurate statistical totals. A similar statement can be made about the increase of medical officers in the armed forces. In this same connection, the question should also be raised as to just how many Catholic physicians there are in the United States. Occasional samplings of the number of physicians in the larger centers would seem to indicate that there are somewhere between thirty and thirty-five thousand Catholic physicians in the United States. The Catholic Physician Guilds will undoubtedly do much to enable us to make a more reliable estimate within the not too distant future.

The maintenance of sound ethical teaching in the schools of medicine depends, to be sure, upon the attitude of the departmental members in the various areas of medical interest as well as upon the guidance which these faculty members receive from the administrative authorities. In a Catholic

school of medicine the principle cannot be defended that the dean of the school need not concern himself with anything other than what pertains to the teaching program in the science and art of medicine. It is a matter for deep congratulation due, no doubt, to a special protection of God, and we may confidently say, in answer to continuous prayer, that as far as can be readily ascertained, no serious erroneous teaching in matters of faith and morals has occurred in any of our schools. This does not mean that occasional lapses have not occurred in the course of hundreds of hours of lecturing and of student guidance by faculty members of diverse faiths and of no faith. During half a century and more, words we should wish never to have been uttered must have been spoken. But it does mean that as soon as a faculty member in one of our schools of medicine is made aware of the attitude of the university, disapproving his position on certain questions, he is generally found to be willing either to modify his position or, failing that, at least to refrain from insisting upon unethical teaching. This latter statement, to be sure, leaves much to be desired. But on the other hand, such situations as here come to mind have been seized upon by responsible officials in our schools as occasions for instructing the non-Catholic members of our faculties. At times many hours of conference have been spent between non-Catholic faculty members and some of Ours, rivalling in dynamic oratory and effectiveness, the inter-religious conferences of the days of the Reformation. Numerous interesting and pertinent instances could be described—some highly dramatic—if space allowed. Most of the problems occur in the various areas of obstetrics, gynecology, psychiatry and urology, but at times controversy pertains also to the morality in medical practice and in the economics of medicine, misleading advertising, participation in community activities inimical to Catholic interests, and to a basic philosophy materialistic in its tendencies and attitudes. In only very few instances has a conflict arisen between one of our schools of medicine and the ethics committees of the local, regional or national medical societies. Instances are, however, on record of a request for a resignation, and in scarcely an instance has such an incident been carried before the public or a professional association or an evaluating

agency. Those who are "in the know" in such matters, cannot but feel deeply grateful to God for what must be special divine guidance and protection.

7. Clinical Facilities

The buildings of the school of medicine for the most part represent facilities for the teaching of the basic medical sciences, such as anatomy, biochemistry, bacteriology, physiology, pharmacology and pathology. Such laboratories and lecture rooms, however, by no means represent the entire requirement for teaching facilities. The clinical content of the medical curriculum, internal medicine, surgery, gynecology and obstetrics, and their numerous sub-divisions, must be taught also in hospitals, out-patient departments and allied institutions. The student of medicine who is a scientist must be made into a physician by his contacts with sick persons. Hence, one of the major responsibilities or perhaps *the* major responsibility of a school of medicine is the maintenance and use of hospitals, out-patient services, so-called medical centers and similar agencies for the diffusion of medical care. In a highly endowed institution, a large part of the available financial resources are taken up with expenditures for the maintenance of such facilities. In our five schools of medicine, we are fortunate enough to have available a number of Catholic hospitals in which, while the care of the patients is the responsibility of sisters and to the support of which our schools of medicine make a more or less substantial contribution, the arrangements redound to the mutual advantages of the school and the hospital. The magnitude of this responsibility of a school of medicine cannot be appreciated by anyone who has not had the duty of dealing with these problems. Our five schools of medicine are successful in their clinical teaching programs by virtue of stabilized agreements and continuing policy in no fewer than nineteen sisters' hospitals which belong to nine different sisterhoods and to twelve different sisterhood jurisdictions.

To understand even in some remote way some of the aspects of these major problems, a word of explanation must be premised. Some of these hospitals to which reference is here made are what are called technically university hospitals, a

term which, seemingly definite and denotative, still has no universally applicable definition. In general, this term is applied to a major teaching center of a university school of medicine. A university hospital is an institution in which the school of medicine has a major responsibility for the care of patients, generally by controlling appointments to the hospital staff. In such a hospital the school of medicine maintains diagnostic and therapeutic facilities in whole or in part as a responsibility of the school; formulates and promotes a teaching program for various groups of medical personnel, such as interns, resident physicians, students of medicine, nurses and members of the auxiliary medical professions, such as laboratory technicians, radiological technicians, dieticians and many others; and finally, exercises supervision over the entire medical activity of the institution.

Our five schools of medicine have solved the problem of developing a university hospital as their chief teaching center in a variety of ways. Georgetown University owns its university hospital, located on the same campus as the school of medicine and the school of dentistry. The Sisters of Charity of Nazareth conduct the administrative and nursing functions. St. Louis University has organized the St. Mary's Group of Hospitals of St. Louis University, three hospitals, all conducted by the Sisters of St. Mary, two of which are owned completely by the Sisters and the third, the Firmin Desloge Hospital, owned half and half by the University and the Sisters. The latter is located across the street from the school of medicine. Marquette University does not have a university hospital in the proper sense of the term but its relations with the Milwaukee County Hospital and with the Veterans Hospital are unusually favorable. At the Veterans Hospital Marquette has full scientific and educational control as well as full control of the staff. Creighton University has made arrangements with the Franciscan Sisters who conduct St. Joseph's Creighton Memorial Hospital and with the Sisters of Mercy conducting St. Catherine's Hospital. Finally, Loyola University is still working on the completion of its university hospital program but already has a working agreement with the Sisters of Mercy Hospital.

Besides their relations with the university hospitals, all of

the schools of medicine have numerous agreements, contracts and informal arrangements with a large number of other hospitals, which as far as university organization is concerned, may be classified into two groups—affiliated or associated hospitals and staff-related hospitals. The distinction between these two groups of hospitals on the one hand, and the university hospitals of the school of medicine on the other hand, is the degree of responsibility which the university exercises in these institutions. The greatest responsibility is, of course, exercised, generally, by the school of medicine in the university hospital. The staff-related hospitals, on the other hand, are institutions whose personnel and programs are controlled by non-university groups including, in some instances, non-Catholic health or welfare institutions. Between institutions of maximal and minimal university responsibility are the associated or affiliated hospitals for which relationships are established sometimes on the basis of personal, and sometimes on the basis of institutional implications. In general, it may be said that our five schools of medicine have very satisfactory relationships with their chief teaching centers due in each case to the fact that a Catholic sisterhood has extended the most generous and, at times, financially costly, courtesies for the furtherance of Catholic higher education in the field of medicine. There are instances on record in which the sisterhoods have literally expended rather large annual sums of money to keep the medical schools' clinical educational program on a sound, satisfactory, and even ideal, basis.

A word must still be added concerning the relationship of our schools of medicine with governmental hospitals, local, state and federal. Each one of our five schools has developed relationships of the utmost value to both the hospital and the school with such agencies as the city hospitals, state hospitals for nervous and mental patients, isolation hospitals, army hospitals, veterans' hospitals and other institutions. That much administrative detail and executive wisdom have been required to build up in each of these five schools of medicine satisfactory clinical relationships with so many institutions, and to do this without the expenditure of vast sums of money which many of the non-Catholic schools of medicine must expend in supporting and developing adequate clinical facilities,



GEORGETOWN WILL HOUSE PAPERS OF ALEXIS CARREL

The Alexis Carrel collection arrives at Georgetown. From left, Drs. W. Proctor Harvey and Charles A. Hufnagel, Medical School professors, and Rev. Thomas J. O'Donnell, S.J., Regent, examine items in the shipment of 63 cases weighing 13,000 pounds. The scientific papers, manuscripts and souvenirs were presented to the University in August by Dr. Carrel's widow.

A collection of manuscripts amassed by Dr. Alexis Carrel, world-famous surgeon who died in 1944, has been donated to Georgetown's School of Medicine. The papers were transferred to Georgetown from the Rockefeller Institute in New York City late in August and were formally presented to the University at a Medical School convocation held at the University September 13 and attended by a number of leading scientists and scholars from the medical and allied fields.

Dr. Carrel, author of *Man the Unknown*, is probably best known for his

experiment with Charles A. Lindbergh on tissues of a chicken heart which were kept alive for several years in a mechanism constructed by Lindbergh. Col. Lindbergh met with Drs. Charles Hufnagel and Proctor Harvey of Georgetown to discuss the content of the Carrel papers. The collection contains a number of unfinished manuscripts and experiments, as well as published works, letters, biological specimens and part of Dr. Carrel's research library. Dr. Hufnagel, an outstanding American heart surgeon, will direct the cataloging and evaluating of the material.

affords dollar evidence, very convincing in character, of the value of the relationships of our schools with the religious sisterhoods. The statement can be proved to the point of demonstration that the schools of medicine owe their continued existence as well as the degree of excellence which they have achieved, under God, first of all, to their own university, and secondly, to the sisters.

As our five schools have been the beneficiaries of the sisters in their educational programs, so they have tried to diffuse their services, in turn, throughout the diocesan and religious institutions in their various localities, providing medical care and other health services in schools, academies, orphanages, motherhouses, custodial institutions of various kinds, and undertaking educational and protective services for health caring and medical administrative projects of the most diverse kind. As examples there may be listed: school health examinations, survey courses for missionaries going into the foreign missions, supplementary health teaching in special educational programs, health examinations of prospective applicants to religious orders, facilitating the admission of sick relatives of priests, nuns and others into health-caring institutions and numerous other services. Similar services are rendered to various community welfare agencies as well as to non-Catholic organizations. In some instances such services have merited and received striking acknowledgment and gratitude from members of the Hierarchy, redounding to the honor of God and the advantage of the Society.

B. SCHOOLS OF DENTISTRY

Much of what has been said about our schools of medicine—except, of course, statistical and historical data—can be said also about our schools of dentistry. Our schools of dentistry are administered for the most part much like our schools of medicine. There was a tendency a few decades ago to entrust the responsibility for both of these professional schools to the same regent—though with us there were always two deans—quite unlike the situation applying in some other universities.

We have been fortunate in gaining possession of some schools which for many years have been looked upon as leaders in their fields, and which have remained among the leaders in

that profession, notably at Chicago, Georgetown and Milwaukee. The number of applications for admission has been very large and continues so, affording an excellent opportunity for student selection. The data about the religion of the students is less easy of access than that about the medical schools, but there is partial indication that the percentage of Catholics in the student body is not much smaller than in the schools of medicine.

The relationships between the schools of medicine and those of dentistry have been increasingly fostered and developed in the last two decades not only in their educational but also in their professional, social and administrative aspects. Several committees of various dental societies are at present studying the medical-dental relationships. A leader in these activities is an outstanding Catholic dentist. Moreover, such organizations as the American Medical Association, several of the surgical societies and various governmental agencies, are developing joint (medical and dental) administrative and hygienic committees in the armed forces and in public health. Thus, an intimate cooperative relationship has been promoted for the development of joint projects.

Research in dentistry and oral pathology is progressing commendably in the special research fields peculiar to dentistry. This is as it should be, and in our schools one finds situations characteristic of the whole field of dental education and dental pathology. Of late, considerable basic research has been undertaken in the field of amalgams and prosthetic materials, thus greatly furthering dentistry's indispensable efforts in promoting human welfare. With all such projects and the implied viewpoints, our universities which conduct schools of medicine and schools of dentistry are in hearty sympathy and have manifested this both in their statements of policy and in their practice. This point deserves special mention since contrary views are entertained in some educational and professional quarters.

In the American Assistancy, seven of our universities conduct schools of dentistry: the universities already mentioned that conduct schools of medicine, and two others, the University of Detroit and Loyola University of New Orleans. The development of dental education in the Jesuit universities took

place between the years 1891 and 1932. The Chicago College of Dental Surgery was founded in 1883 but it was not until shortly after the opening of the medical school that the Chicago College of Dental Surgery became an integral unit of Loyola University. The Chicago College of Dental Surgery was not only the pioneering school of dentistry in Illinois, but from its earliest days the distinguished leadership which it possessed, secured recognition and acceptance of this school as one of the great schools of dentistry of the world. Georgetown University School of Dentistry functioned at first as a department of the school of medicine, but by 1901 it was administered as a separate school. The integration of the St. Louis Dental College into St. Louis University was a gradual process beginning with a loose affiliation in 1903 at the time when the University acquired its school of medicine. The relationship between the school of dentistry and the University was not finally established until 1908 when the school of dentistry was purchased by the University. Marquette University School of Dentistry also has a stratified history. It began in 1894 as a department of the Milwaukee Medical College; in 1907, it was affiliated as a unit of Marquette University separate from the medical school and finally, in 1913, it became a constituent unit of the University. The other schools of dentistry in the American Assistancy, that of Creighton University, of Loyola University, New Orleans, and of the University of Detroit, began *de novo* as creations of their several universities in the years 1905, 1914 and 1932, respectively.

All these seven schools now have enviable standing among the schools of dentistry in the country for the excellence of their educational program, for the adequacy of their clinical facilities, which are considered unusually good, for their administration, for the high level in student selection and faculty recruitment, and for their participation in the activities of the professional associations. A noteworthy development has taken place in the last decade in their research activities and in the number and excellence of the papers published by the faculty members. In more recent years, the full-time staffs of all seven of our schools have been greatly enlarged. The volunteer teaching plan is still in effect at some places achieving excellent results.

The average student enrollment per school (1952) of the forty-two schools of dentistry in the United States is 227 students. Of our institutions, five are larger and two are smaller than the general average size. The average size of our seven schools is 298 students; therefore these must be counted among the larger schools. Although they constitute 16.6 per cent of the dental schools of the country, their combined student bodies make up 21 per cent of all students of dentistry. While statistics are not reliably available concerning the number of Catholics in the student body of these schools, it must be pointed out that in each of the schools, there is a noteworthy and proud awareness, on the part of these students, of their place in the university. The students take enthusiastic interest in the various university religious activities, membership in the Sodality, attendance at open and closed retreats, participation in the routine religious exercises and so forth. Moreover, these students become active and enthusiastic alumni and our graduates have been pointed out as noteworthy in their religious, parochial and professional environment for their loyalty to the Church, the Society and their school, and for their cooperation in projects of dental interest in the affairs of our parochial schools.

A comparative feature should here be mentioned in passing as having some significance. While our medical schools constitute somewhat less than 6 per cent of all the schools of medicine in the country and our students of medicine comprise 7.4 per cent of all medical students, the corresponding percentage for the schools of dentistry are, as just stated, 16.6 and 21 per cent respectively. This fact seems pregnant with suggestion for the emphasis which might be placed upon the educational program of our universities.

At Detroit's school of dentistry the much desired and comparatively rare opportunities for the education of dental assistants (one year post-high school prerequisite) and dental hygienists (two year post-high school prerequisite) are offered. Marquette, too, has had a curriculum for dental hygienists for years, a two year and a four year course; and in the summer of 1953 a course was given for dental assistants. At Loyola in New Orleans some training in dental lab is given on a non-credit basis.

C. SCHOOLS OF PHARMACY

Of the seventy-two approved schools of pharmacy in the United States, only twelve are being conducted in non-tax supported institutions. Of these twelve schools, six are Catholic and of these six, three are conducted by Jesuit universities. It is worth emphasizing this point for many reasons: chiefly, because an enormous revolution has taken place in the curricula of schools of pharmacy, and secondly, because the indirect services which a good pharmacist can render in the maintenance of proper ethics among the clientele of a pharmacy exceeds by far the opportunities which were available for the promotion of sound ethics among pharmacists of three or four decades ago. Reference is here made, as can readily be surmised, first, to the responsibility for dispensing restricted drugs, secondly, to the ethical implications in the sale of birth control preparations, and thirdly, to the obligations arising from the sale of obscene literature and permitting obscene and lascivious conversation in the modern drug store. The modern drug store is apt to be more akin to a variety store, such as a five, ten and twenty-five cent store, or a bargain basement of a department store than it is akin to the old time pharmacy. This movement is due in great part to the modern revolution in medical practice. The compounding of drugs is avoided. Individual symptoms of a sick person are met by specialized therapy directed to relieve a particular symptom only. With this in mind, it can easily be understood why changes in the curriculum of the school of pharmacy have been so far-reaching and radical. By 1956 all Jesuit schools of pharmacy will be on a five year program.

The three schools of pharmacy in Jesuit universities were organized respectively: at Creighton University in 1907, at Fordham in 1915, and at Loyola, New Orleans, in 1913. The total student enrollment in these schools numbers 729 students, our largest school being that of Fordham University which has more than doubled the student enrollment of either of the other two schools. There are three Catholic non-Jesuit schools of pharmacy whose combined enrollment is somewhat larger than the combined enrollment of our three schools, being 747 as compared with 729.

The objectives in conducting schools of pharmacy

are worthy of Jesuit purpose in education. Fordham says in its catalogue that: "The whole curriculum in the college of pharmacy tends to stress the professional and the cultural." It then points out that "pharmacy was looked upon as a non-essential business" while Fordham led in the attempt "to emphasize the professional aspects." Creighton University expresses an identical objective but insists that it "has adapted to modern conditions the fundamental principles set forth by prominent educators who have been members of the Society of Jesus during the four centuries of its existence." The total census of undergraduate students in the seventy-two approved schools numbers 16,639. There are in addition 548 graduate students in pharmacy schools. The development of a graduate program leading to a Master's degree emphasizes particularly the physiological and the biochemical aspects of pharmacy and thus leads directly into highly specialized areas of research. At the present time, research in our schools of pharmacy requires development but there are encouraging indications that a change in this situation is imminent and will prove successful.

D. THE SCHOOLS OF PROFESSIONS ANCILLARY TO MEDICINE

The growing complexity of the scientific aspects of medicine has affected its practice in a vast number of ways. During the last three-quarters of a century, the mere physical actions made imperative by the increase in diagnostic and therapeutic procedures, resulted in a vast increase in the number of assistants whom a doctor needs to carry out the necessary specialized procedures for a particular patient. In the beginning of this era, which must be dated as beginning approximately in the 1870's, physicians appointed unskilled persons as their assistants and by some form of apprentice-training, developed techniques and skills as each physician wanted certain procedures carried out. The various areas in which this was true were in the practice of chemical, bacteriological and pathological diagnosis, in the application of radium and x-rays for the diagnosis and treatment of disease, in the field of record keeping, in the field of physical medicine or biophysics, in nutritional techniques, in administrative fields, such as hospital administration and hospital finance, and perhaps in many

other subdivisions of these various fields, as for example, in electrocardiography and encephalography. The second stage in the development of these assistants to the physician was that of training technicians in schools of medical technology. These schools became very numerous throughout the country. Every large city has a number of them. Some of these schools became very generally known not only in this country but also abroad.

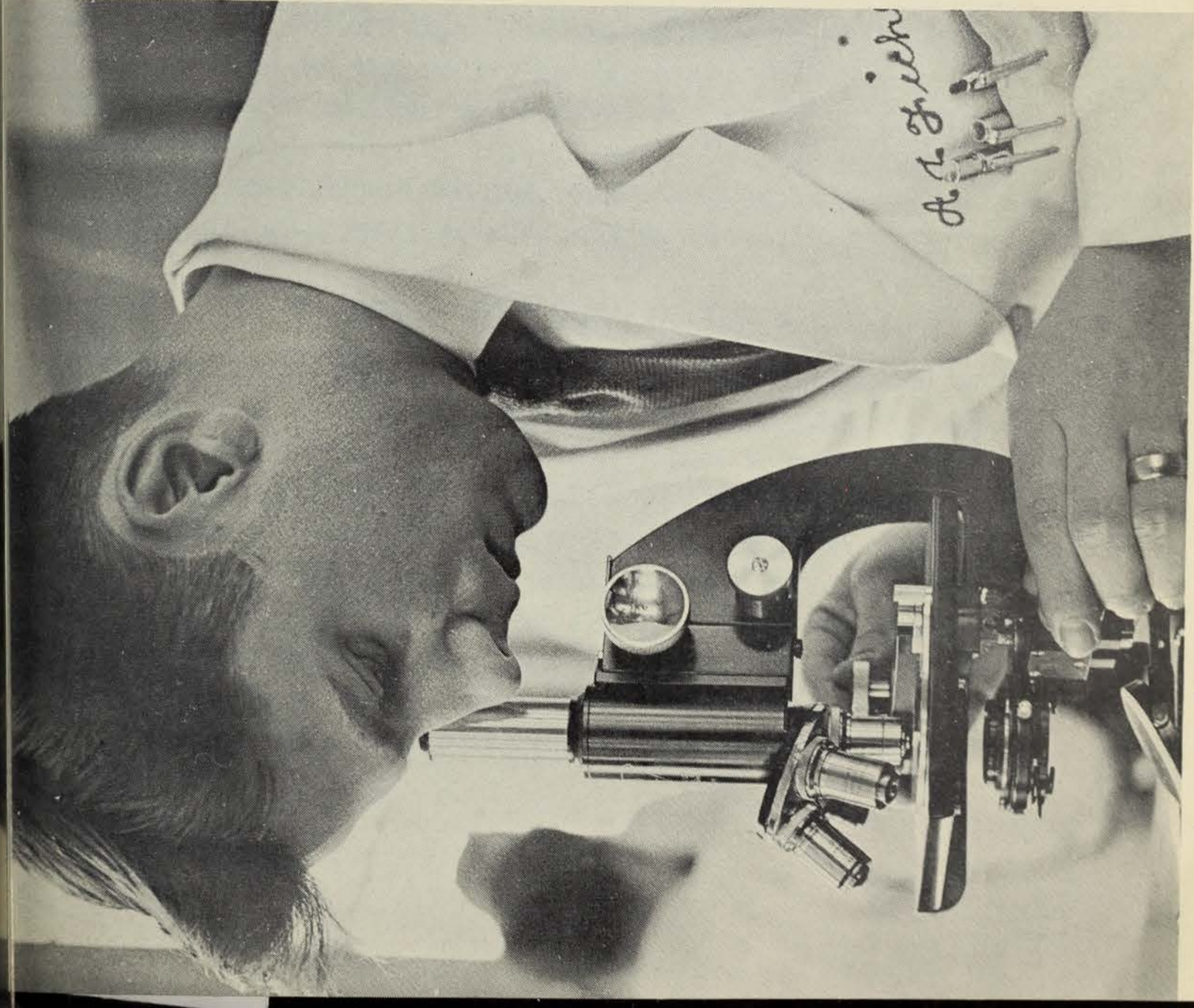
Without attempting too accurate a generalization, it may be said that these schools were actually doing what a description of them indicated, namely, they gave training to the student in skills, teaching the use of hands and eyes in the performance of the various procedures that were necessary for diagnosis and treatment. It was soon found, however, that assistants trained in this way had only a limited usefulness to the physician. This became emphatically evident first of all in the field of medical research in which a mere training in skill produced a technician fully capable of performing repetitive procedures, but incapable of adjusting such procedures to changing demands as would be required for a research assistant.

Approximately at the beginning of the third decade of the present century, the desire was expressed by educators in these fields that the assistants should have some basic knowledge of the various sciences, and skills which they were using in assisting the physician. Thus the demand grew that the medical technician should have a basic course in biochemistry, for example, before he or she learns biochemical techniques; in bacteriology, before he or she learns bacteriological techniques; and so for the many sub-divisions of various other medical activities and medical sciences. From this in turn grew the realization that persons so qualified could be best prepared in colleges and universities, particularly in those institutions of higher learning to which a medical school is attached, and in this way in the course of time, an undergraduate degree program was developed. Presently there are still two-year schools of medical technology, side by side with the four-year schools. It may be said, however, that the student who has a Bachelor of Science degree in one of the medical technologies is by preference chosen as a faculty mem-

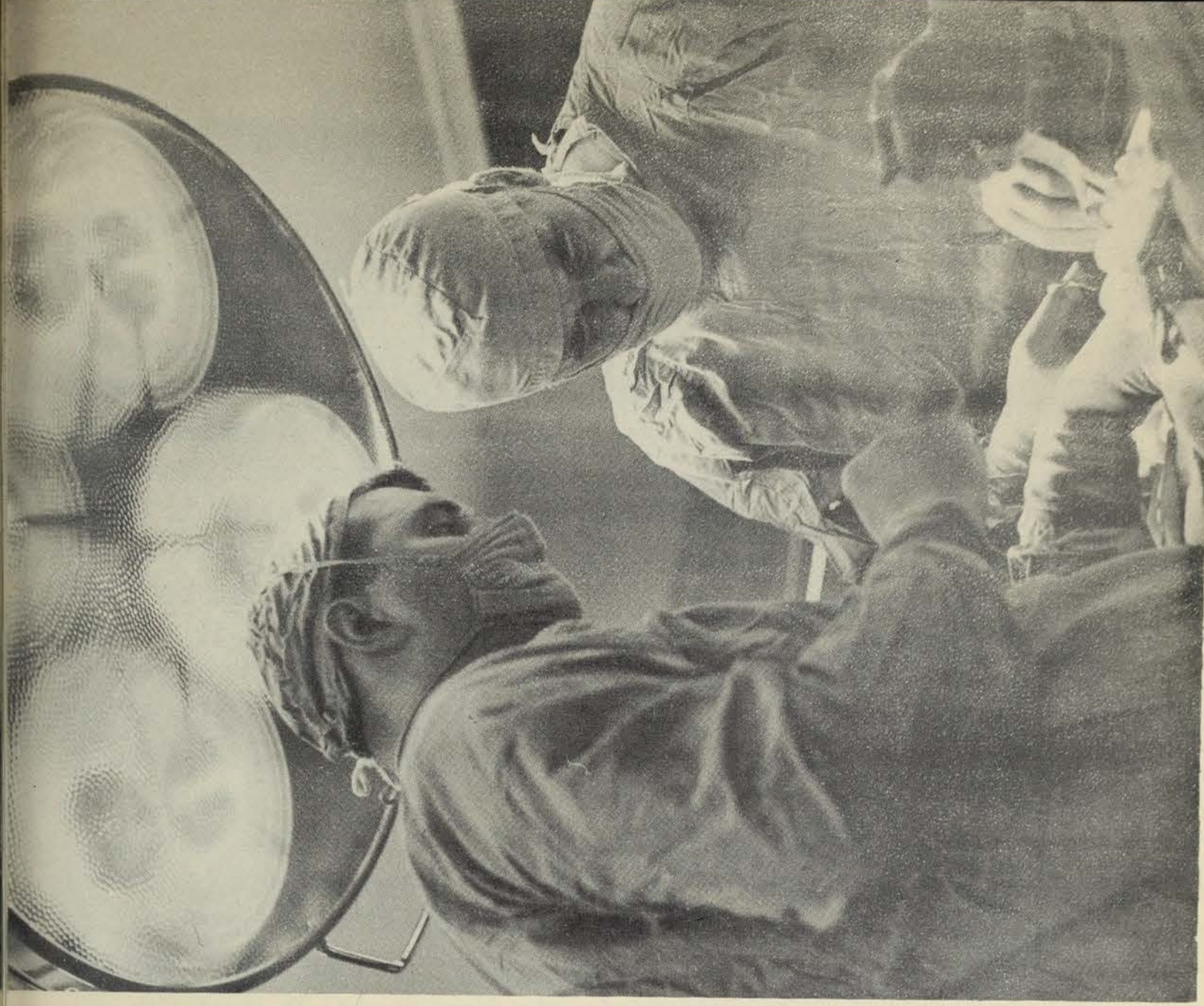
ber of a hospital school or a specialized school of medical technology, and is being increasingly preferred by general hospitals. Institutions which conduct research in one of the medical fields find it is highly desirable to choose a person who has graduated from one of the four-year curricula.

The various schools and colleges in the American Assistancy have participated to a very large extent in these developments and have adjusted their programs in a very satisfactory manner to keep pace with the scientific developments. The sisters have practically led the country in these developments. There are 144 Catholic hospitals which are carrying out educational work in these various fields. Each of our five universities having medical schools has participated in introducing collegiate curricula. The number of students in these various fields has grown until in some of our schools, the student body in these curricula numbers sixty or seventy. Obviously, the capacity of each school for this kind of education cannot be unlimited, since so much of the work must be individualized, supervised and conducted by highly specialized instructors. The fields in which our schools in the Assistancy have offered educational facilities are: medical laboratory technology (in six or seven specialties), medical record library science, radiological technology, hospital dietetics, physical medicine technology, occupational therapy, and a highly important field which may become one of our greatest contributions in our medical activities, hospital administration. Not too many years ago, only two schools were approved for the preparation of hospital administrators, namely, St. Louis University and Chicago University. Since that time the number has increased.

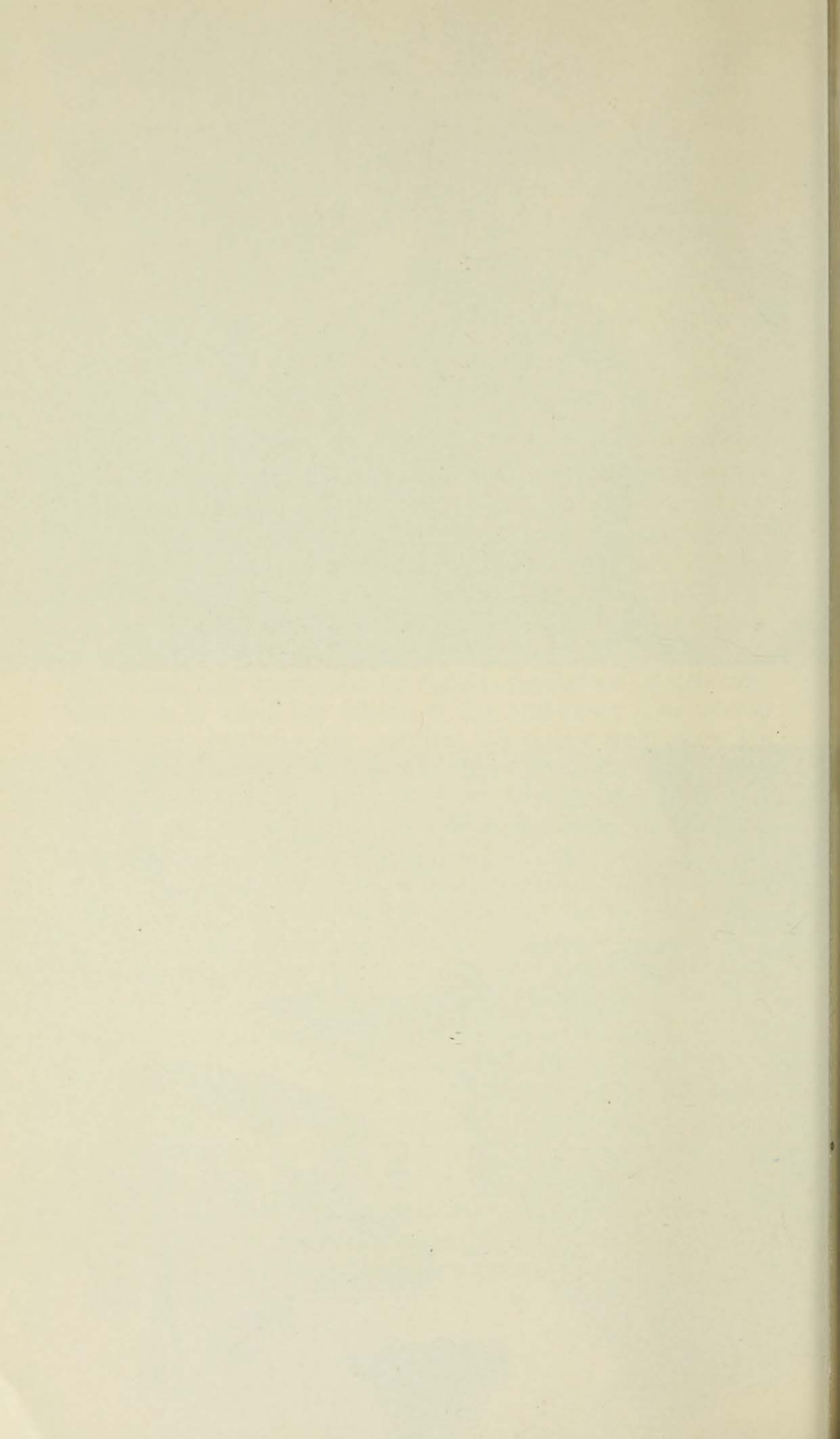
The significance of these developments is many-sided. Apparently from the very beginning, this kind of work made a strong appeal to the nuns, so that today when this area of education has blossomed forth into many professional organizations, into evaluating and accrediting agencies, and into social organizations of various kinds, we find Catholic sisters as officers of these various professional groups, as members of executive committees, as members of accrediting committees and, in general, as members whose participation, advice, and



A young Doctor examines tissue under a Georgetown microscope.



Under bright lights Doctors operate at Georgetown.



influence are accepted as most significant for promoting the high-level care of the sick.

This development too has influenced the missionary field. The number of Catholic medical missionaries, either lay persons or nuns, and Catholic nursing missionaries is growing, and interest in these various fields is being progressively intensified. The medical technician today is carrying her or his share of these new and greater responsibilities, corresponding to the changing needs of the medical activities not only in civilized but also in less favored cultural areas of medical interest. It is found that the nun who has familiarized herself by her professional studies and by her experience with diagnostic and therapeutic procedures is most useful particularly in outlying isolated hospitals where there is an inadequacy of physicians.

In this work too, the American Assistancy has produced results of the utmost importance. If at first sight it seems that so much of this lies outside of the spiritual activity of the nun in the Missions, our fears on that score can be readily set at rest if we recall the attitude of Father Pierre Charles, S.J., who points out that the medical missions to be sure have an objective in common with all the religious orders and with the priest missionaries, namely, the salvation of souls, effected by the numerical increase of the Church and the progressive prestige of the Church enabling it to influence wider and ever wider circles of men. Our Holy Father has repeatedly emphasized the need of thorough professional preparation for missionary priests and nuns.

E. SCHOOLS OF MEDICAL SOCIAL WORK

Medical social work, which must now be considered an integral part of the medical activities in our Assistancy, sprang from two sources as can be seen when the origins of the various curricula in this field and its activities are studied. In one or two of our universities it sprang from the progressive recognition of the need for establishing a closer liaison between the patient and the physician on the one hand, and between hospitals and social service agencies on the other. In other of our universities it has developed as a specialized form of social service very much as group work, psychiatric social

work, or school social work were developed as specialized forms of a general program in social work.

Of the six Catholic approved programs in medical social work, four are conducted under the auspices of one of our universities, one of the other two under the auspices of the Catholic University and the other, by Our Lady of the Lake College of Texas. A number of partial programs are conducted in some of our Catholic institutions (orientation courses, review courses, etc.) but these have thus far failed to impress themselves in any tangible way upon the general field. A number of general social workers employed in various Catholic agencies have begun informal specialization in their activities by a division of responsibilities after graduating from a recognized general curriculum in social work. In other words, not all of the social workers who are referred to as medical social workers have actually completed a specialized curriculum. Similarly, not all of the schools offering a curriculum in social work are emphasizing the need for specialization.

How great the need for such specialization is can be seen from the type of problems, which are today recognized as the field for the medical social worker, demanding not only basic knowledge of several medical fields and a knowledge of community health and welfare resources, but also highly specialized understanding of the problems which may develop in the relationships between patients and physicians and between patients and social agencies. It is equally true that almost every social worker no matter what the field of specialization or field of practice, must have at least some rudimentary understanding of the kind of problems which at times confront the medical social worker. It should also be pointed out that not everyone interested in the field of social service fully understands the need of specialized curricula in medical social work, with the result that often the responsibilities of a worker in the field of sociology are confused with those of a social worker. It might be well to illustrate this point by a brief review of a publication concerning the graduates of Fordham University in the field of social work.

The school was established in the fall of 1927. Of the graduates who received the Master's degree in one of several fields of social work, 59 are now occupied in hospitals, 39 in one of

the federal bureaus, 87 in the governmental agencies of the city of New York and of the state of New York, 18 are employed in foreign service and 125 in state agencies outside of the state of New York. Among these graduates, there were 17 priests, 4 of whom are Jesuits, and approximately 60 sisters. These graduates have served as vehicles to carry Jesuit influence and Jesuit philosophy into many environments, which it would be quite impossible for us to reach in any other way than the one we have used. The four recognized curricula in medical social work were all established between 1927 and 1940.

F. THE SCHOOLS OF NURSING

Thirty years ago this section would have been very easy to write with little if anything to say about the activities of the American Assistancy in the fields of nursing and nursing education. Today these areas of education represent two of the largest and very influential phases of the medical activities of the Society.

Today it is fairly generally understood that nursing education is given in collegiate as well as non-collegiate programs, that is, in colleges and universities and in hospitals. All of the programs are partly theoretical and partly practical. The difference between the collegiate and the non-collegiate programs arises from the content of their curricula, the form of organization of the school, the extensiveness of the programs and the general patterns of administration. Many of the hospital schools, as a matter of fact, have some form of affiliation with colleges affecting the hospital school program in various ways. Sometimes the colleges accredit the curriculum of the hospital school as a whole (institutional or "block" accreditation), or accredit one or several selected courses (course accreditation), or share instructional or administrative personnel with the hospital school. A number of such hospital schools have one of Ours giving one or more courses—Religion, professional and general Ethics, English, or Philosophy.

Thirteen of the colleges and universities in the Assistancy are listed in the School Directory of the Catholic Hospital Association as having such relationships with twenty-six hospital schools of nursing. It can be asserted safely, however,

that there are more than the number just stated, as either the college or the hospital school may have failed to report pertinent facts. The non-collegiate program is, in general, the old three-year school of nursing program, enriched by supplementary courses in the humanities and the sciences. The educational terminology in this relatively new professional field is not as yet sufficiently stabilized to permit uniformity of definition and classification. This statement holds true for many phases of the subject here under discussion.

To return for a moment to the relationship between our schools and universities and the Catholic hospital schools of nursing, in the twenty-six schools to which reference has just been made, Jesuits were reaching somewhat more than 2,520 student nurses during the year 1951-52. The importance of the influence thus exerted gains greatly owing to the fact that, for the most part, the members of the Society thus engaged are teaching the most dynamically effective courses in the nurses' curriculum. Opportunity is afforded for exerting influence in educational, religious, social, spiritual and vocational guidance, inclusive of spiritual direction towards religious vocations, and promoting the increase of membership in such organizations as the Sodality, the Apostleship of Prayer, the Children of Mary, various Social Action groups and other spiritual organizations. Our activity in these hospital schools of nursing also affords opportunities for the promotion of closed retreats and for effective influence upon the religious, some of whom may not have, up to very recent years, felt the influence of the ideals and spiritual activity of the Society. Most immediately also, the Society is given an opportunity to influence a greatly needed, highly responsible group of nurses and through them, to affect their patients not only during illnesses but in an increasing number of instances, for years after their first contacts with members of the Society. Furthermore, Ours thus receive a measure of stimulation for zeal through the indirect effect exercised by the diocesan nurses' guilds.

In passing, just a word must be said about certain very recent developments in areas of educational interest related to nursing and nursing education. Some of the hospital schools of nursing have also introduced programs in sub-academic

nursing activities, such as courses for practical nurses, first aid workers, Red Cross workers and Grey Ladies, and nurses' aides. No doubt other groups in diverse places of our country have felt effective influence from schools of nursing in which Ours are more or less active,—all this, we may confidently hope, redounding to the glory of God through the practice of virtue and the promotion of the salvation of souls. All students in these sub-professional groups are peculiarly responsive to such influences as we can exert since they have experienced the heightened susceptibility to the inspirations of grace which is apt to come to those who have been in contact with the spiritual realities and other implications of human suffering. It would seem too that a rich spiritual harvest is reaped by those of Ours who give aid by teaching administration and counseling to these students, Catholic as well as non-Catholic, particularly in non-Catholic schools of nursing.

In addition to the participation of our colleges and universities in the basic professional education of nurses, they participate also to an even greater degree in the nurses' collegiate education. Here again it is not easy to summarize and define either from a professional or an educational viewpoint the distinctions between the various activities of the colleges. Chiefly two classes of programs must first be differentiated: the program for the Bachelor of Science Degree for those nurses who have already completed their basic professional program and have graduated from a hospital school (a program which is described briefly as "the degree curriculum for R.N's." or some similar title), and the program for those who are following a basic professional curriculum integrated with courses of a humanistic, literary, mathematical and scientific character. The latter program is usually designated as "the Bachelor of Science Curriculum in Nursing." Historically speaking, the latter program was the one which was developed in the early activity of colleges in its education of nurses. By reason of the intermingling of professional and academic courses and the consequent intermingling of professional and academic objectives, very considerable confusion developed in the administration of these various programs and some of the difficulties which then developed still haunt the colleges up to the present time. Various schools "allow" thirty to sixty

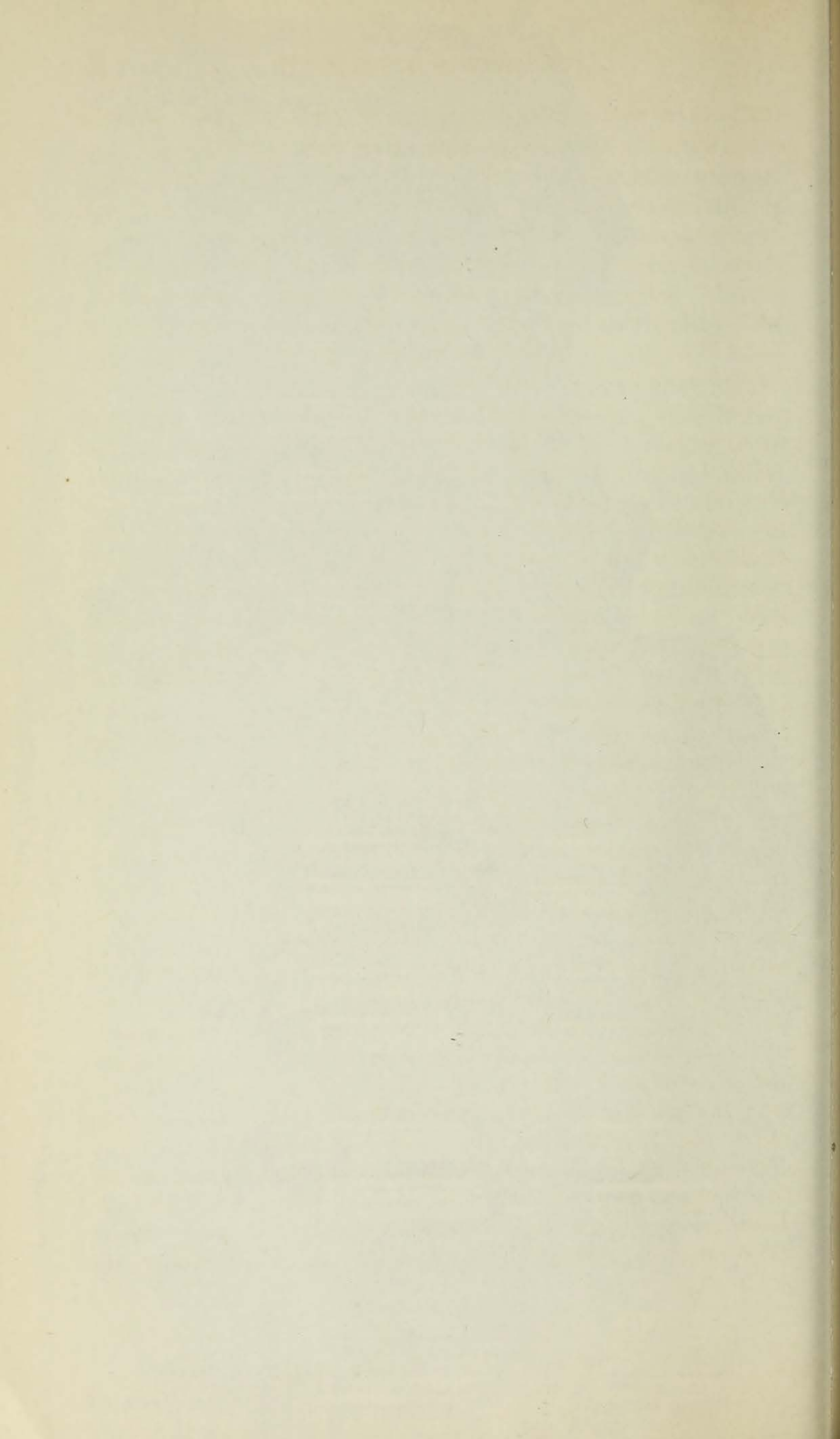
credit hours towards the B.S. degree for the three years of the basic nursing curriculum, depending more or less upon the student's academic performance and the extent of sound educational control of the basic professional curricula by an academic institution. As for the content of these supplementary courses through which the nurse earns sixty to ninety hours of credit for the degree, she is offered a choice of taking the Bachelor of Science degree in Nursing or in Nursing Education or in Public Health Nursing.

The first differentiation which occurred was to offer diverse numbers of hours of credit for curricula taken in different kinds of hospital schools—for example, thirty semester hours of credit for the curriculum in an unaffiliated hospital school, forty-five semester hours of credit for nursing schools affiliated with an academic institution, and sixty semester hours of credit for the nursing curriculum given under strict university or college auspices. Paralleling these differentiated awards of semester hours of credit, the nursing schools were described as hospital schools, university affiliated schools, and the university schools. At the present time the situation has been greatly simplified by programs of combined academic and basic professional courses into a four- or five-year curriculum. The four-year curriculum also calls for the completion of three full additional summer semesters to compensate for two regular session semesters demanded by universities which require five years for the Bachelor of Science degree in Nursing or in Nursing Education.

The Jesuit schools of the American Assistancy became interested in these various educational activities almost from the very beginning of the movement and have been largely influential in the Catholic educational field of promoting the advanced education of nurses. Ten of our colleges and universities are offering programs leading to the Bachelor of Science degree for students who have already completed their professional education. Seven are offering curricula leading to the Bachelor of Science degree in Nursing and in Nursing Education for students who are taking an integrated professional and collegiate curriculum. Four of our universities are offering advanced studies leading to a Master's degree in Nursing, and in Nursing Education or in Public Health Nurs-



Creighton University's schools of medicine, dentistry and pharmacy.



ing. At present there are only two of our universities offering a certificate course in nursing (the basic professional curriculum) and it is very likely that in time, all academic sponsorship of the segregated basic professional curriculum will be completely eliminated. The tendency at present is to restrict the basic professional educational activities to the hospital schools. In the various Jesuit colleges and universities at the end of the school year 1952-53, there was a total of 2,264 students in the various degree programs and 82 students following a Master's program.

The Jesuit schools in the American Assistancy represent approximately one-third of the total number of Catholic colleges and universities offering such educational opportunities. Our ten colleges and universities, however, contain almost 80 per cent of the number of students availing themselves of such opportunities in Catholic institutions. If in addition to this it is kept in mind that the Catholic schools of nursing represent a total of 30 per cent of all student nurses in the United States, one can form some idea of the great influence which the colleges and universities of the Society have exerted on the profession of nursing.

A further word of interpretation cannot be considered out of place regarding the total results of education in a profession which only a very few years ago was looked upon with suspicion. Some results of our activities in this area might be briefly summarized as follows. We have introduced an additional group of approximately twenty thousand girls to some initial understanding of Catholic philosophy and religion, thus giving them a better insight into Catholic living, Catholic action and the practice of the ascetical and religious life. In the same way, our colleges and universities have fostered religious vocations to the various sisterhoods and particularly to the missionary sisterhoods. The nursing and hospital sisters have been brought more closely into harmony with the teaching sisters, especially in those groups that carry on both nursing and teaching activity. A deeper appreciation of Catholic education for the professions has thus been spread among the religious of the country with a result that could have been achieved in no other way to the same extent. Another intangible but very real result has been the extension of Catholic

education into non-Catholic areas through participation of Catholic nurses in the various nursing organizations, accrediting organizations, social and professional groups, and the development of leadership by Catholic women in agencies formerly completely closed to them. To offer statistics in proof of these statements is all but impossible in a summary of this type, but various aspects of this subject have been competently and exhaustively treated by a wide diversity of authors. Jesuits have been well represented among authors dealing with such matters. It must also be pointed out that through these various activities, the Society has been able to exercise a greatly increased influence upon some of the sisterhoods which not too long ago were almost immune to suggestions for their educational development.

The new development which confronts those engaged in these professional activities promises even larger opportunities for Catholic influence. The history of school accreditation in the nursing field is one of many disappointing or inadequate starts and incomplete efforts. In the general nursing field the quest for valid objectives and their definitions continued for many years and has only recently begun to yield definite and clear results. Upon the definitions of such objectives the problem of accrediting schools became clarified. In the meantime, in the Catholic group, an effort was made to develop an accrediting agency of its own, an effort which for many reasons failed in its primary objectives but which as a by-product produced the result that the Catholic schools, both hospital and collegiate, were well prepared to face the investigations and examinations preliminary to accrediting.

Specialization in nursing, especially in the overlapping areas of education and welfare, for example, school nursing, psychiatric nursing, home nursing and similar activities, have felt the stimulation of the newer social attitudes and a large field is thus opening to our colleges which have already exercised leadership in these various fields. As a third comment, we find many of our Fathers participating in local nursing guilds and in nursing school alumnae associations both of the hospital schools and of the collegiate schools. Details concerning these activities can hardly be presented. It will probably, however, be quite generally conceded that these many and

varied activities offer an excellent field for the promotion of the Society's aims and purposes.

PART II. NON-ACADEMIC MEDICAL ACTIVITIES

The medical activities of the Assistancy extend also into many non-academic directions, into the areas of welfare organizations, welfare work, the visitation of the sick incidental to the *cura animarum* and to an even greater extent, into missionary activities.

A. ORGANIZATIONS

1. Medical Interests in Welfare Organization

The Catholic Hospital Association, the first of its kind, it is believed, in the Catholic world, has achieved untold good in the thirty-eight years of its existence. It was founded in 1915 at Minneapolis, Minnesota, at St. Mary's Hospital, by a group of sisters, whom Father Charles B. Moulinier, S.J., (died 1941), had invited to discuss the possibility of organizing the Catholic hospitals of the country into an association. The sisters were enthusiastic at the prospect and Father Moulinier defined its purpose to be to place emphasis upon the spiritual viewpoints, principles, and practices in the management and operation of Catholic hospitals of the United States and Canada, to preserve an understanding and to foster dissemination of knowledge concerning the religious backgrounds of all hospital activities, and finally, to foster the achievement of progressively higher idealism with reference to religious, professional, social and charitable activity of the Catholic hospital, as alone worthy of the dignity of an institution which glories in its designation as a Catholic hospital.

Father Moulinier immediately undertook to visit members of the American and Canadian Hierarchy as well as the professional health and medical agencies of the country, such as the American College of Surgeons, the Association of American Medical Colleges and the American Medical Association. He then visited a large number of Catholic hospitals, as a committee member of the hospital standardization program of the American College of Surgeons. His work on this committee

was most effective and influential. On all sides his project received generous endorsement. His Excellency, Sebastian G. Messmer, the Archbishop of Milwaukee, took a hearty interest in the new venture from the first moment that he heard of Father Moulinier's plans. The meeting in Minneapolis convened with his approval and blessing.

The active membership of the Association is institutional, that is, the Catholic hospitals rather than the sisters are the members. However, all the sisters and brothers occupied in such institutions, were regarded as associate members and thus the organization became popularly known as the Sisters' Hospital Association. This form of organization was, unfortunately, not clearly understood and led to controversies even years after the beginning of the Association.

Another source of misunderstanding was the somewhat unique method of electing the president and other officials during the entire first quarter of a century of the organization's existence. Father Moulinier himself acted as president on the basis of repeated re-elections from 1915 to 1928 and was succeeded by the writer who served as president from 1928 to 1947. It should be noted, however, that in all probability for the earlier years no other form of organization or management could have been equally successful.

In 1944 negotiations were begun to place the organization under the more immediate direction of the Hierarchy. The National Catholic Welfare Conference accepted responsibility for the re-organization and placed it under the care of His Excellency, Karl Alter, then the Bishop of Toledo and now Archbishop of Cincinnati. The new form of organization among other features modernized the election of officers. A president was elected from among the Diocesan Directors of Hospitals through usual parliamentary procedures and a member of the Society, Father John Flanagan, was appointed to act as the Executive Director of the Association. At the same time, the headquarters of the Association were fixed in St. Louis in connection with St. Louis University. Previous to that time the headquarters had been for a number of years at Marquette University in Milwaukee, then at Spring Bank, Wisconsin, also in connection with the University, then in Chi-

cago but independent of any Jesuit dependency, except that the president was a Jesuit.

At the time of Father Moulinier's foundation of the Association, he was Regent of the School of Medicine of Marquette University. He was not alone, however, in his epoch-making work. Father Edward F. Garesche of the Society deserves much more than the passing mention that can be given to him here for his stimulating and resourceful activity. Father Garesche supplemented Father Moulinier's efforts in a hundred ways and invented new outlets for the Association's influence. Mention must also be made of the devoted interest of Father Albert C. Fox, (died 1934), Father Patrick J. Mahan, (died 1938), Father William P. Whalen, (died 1938), and no doubt many others of the Society, also of many diocesan priests, many physicians and Catholic laymen and literally hundreds of devoted sisters in every corner of the United States and Canada.

To evaluate the results achieved by the Association in terms of the Society's objectives would be a difficult project. Such an evaluation should be made to reveal the compatibility of the Association's objectives with those of the Society. It must suffice to say that the Catholic hospital of the United States and Canada is today one of the pillars of the faith. It is a leader in health-caring activities and welfare work among the people of the United States and Canada, Catholic as well as non-Catholic. If the sisters of the Catholic hospitals are generally regarded today as conducting hospitals and schools of nursing upon a high level of professional excellence in the many fields of hospital service, these results, under God, are attributable probably in a dominant degree to the work of the Catholic Hospital Association. There is a well founded guarantee that continuance of these successes is ensured under the new leadership and within the new organizational framework. Ever greater results are to be expected because of the Association's more intimate contact with members of the Hierarchy in both countries.

The international expectations and results can be summarized with even greater difficulty. Many of the countries of Europe and of Asia have their Catholic hospital associations modelled after the great exemplar which under God and under

the permissive stimulation of the Superiors of the Society, we owe to Father Charles B. Moulinier.

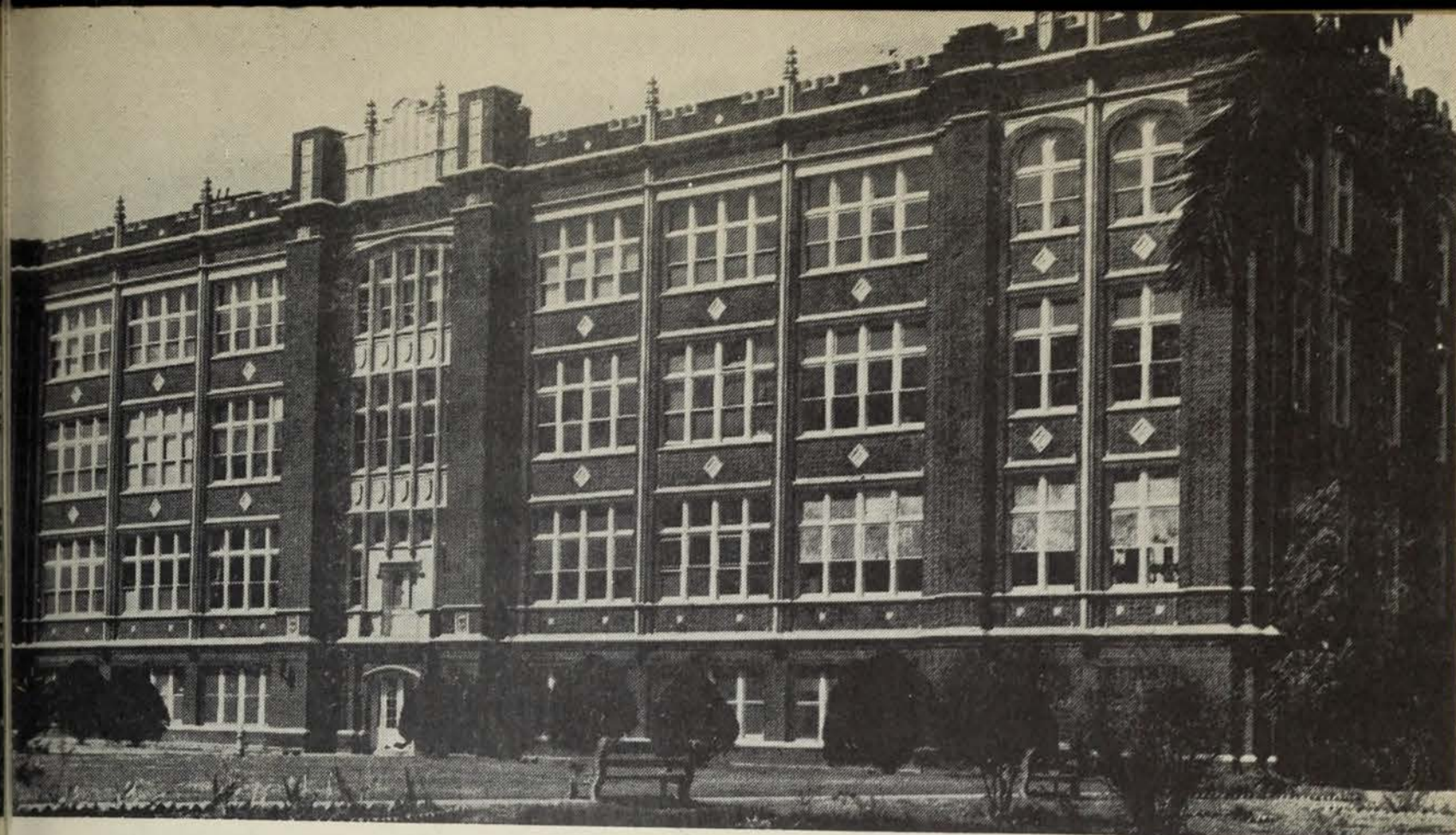
2. The Federation of Catholic Physicians Guilds

The retreat given to fifty-nine prominent physicians of Manhattan and the Bronx by Father Gerald C. Treacy, at that time Director of the Mount Manresa Retreat House in April, 1927, culminated in the formation of a retreat group of physicians. Dr. Rendish was elected president of the group. Before very long, the retreat group was changed into the Physicians Guild and Father Ignatius W. Cox accepted the responsibilities of moderator. Father Cox actively promoted the development of similar organizations in other cities and in 1929, at the annual Convention of the American Medical Association, representatives of several of these Physicians Guilds met to form the Federation of Catholic Physicians Guilds. At the beginning of 1953 there were eleven such guilds, one of them, the Hamilton Guild of Canada. Since that time there has been a meeting of the Federation of Catholic Physicians Guilds each year in connection with the convention of the American Medical Association. At the last meeting in 1952 there were no fewer than 150 physicians in attendance at the meeting and a full afternoon's program was carried out, including noteworthy papers and discussions.

The writer of this article took the responsibility for the Catholic Physicians Guild when requested to do so by the National Catholic Welfare Conference to which organization the Federation was affiliated. Father Cox found it necessary on account of the pressure of his numerous duties to relinquish this responsibility. At the present time the moderator of the Catholic Physicians Guild is the Right Reverend Monsignor Donald A. McGowan, who is also the representative for Catholic hospitals in the National Catholic Welfare Conference.

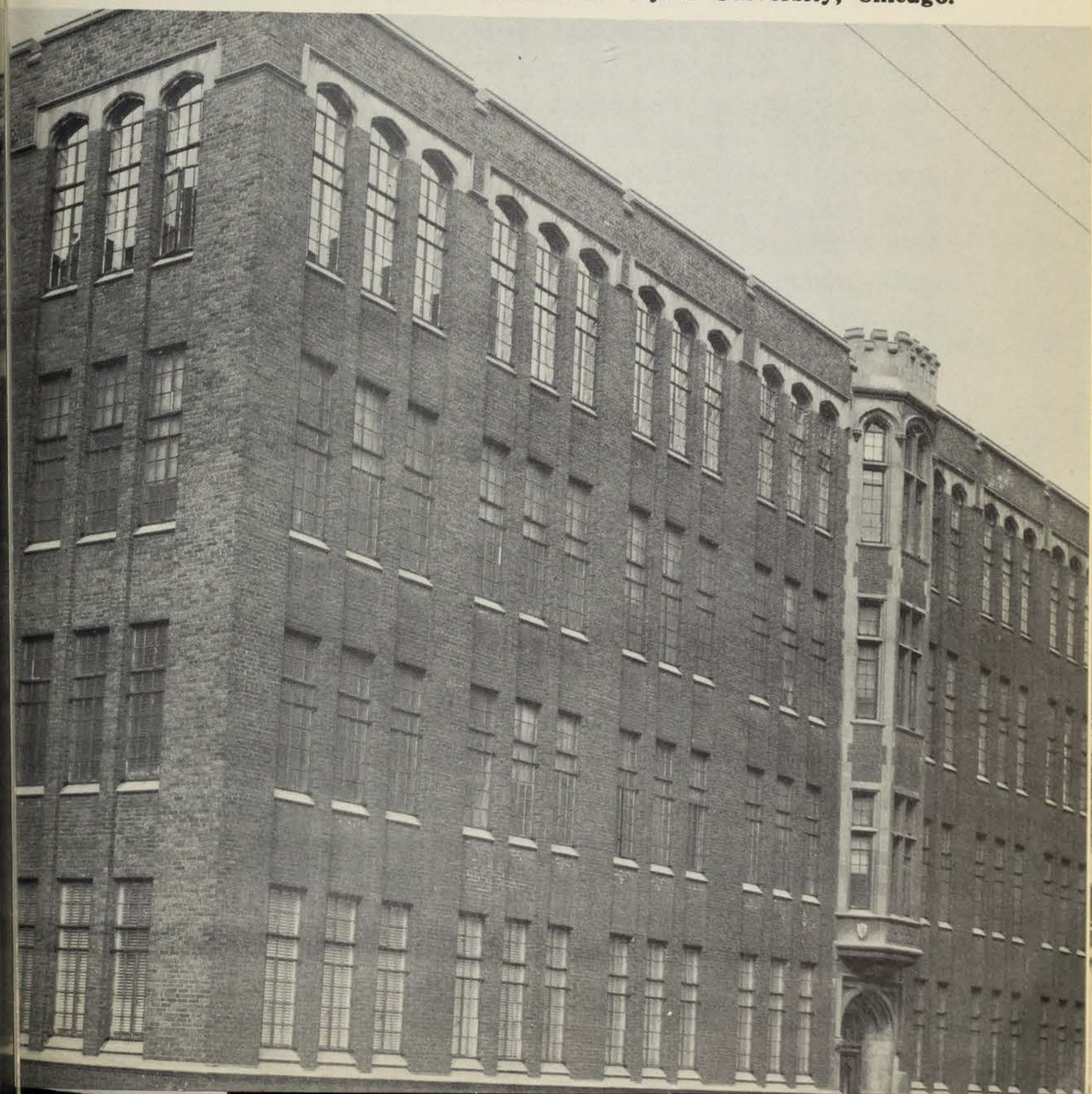
3. Catholic Medical Mission Board

An editorial in *America* of March 14, 1953, calls attention to the fact that the Catholic Medical Mission Board has concluded a quarter century of practical assistance to the missions which was "nothing short of amazing." Since 1928 the Cath-



The Pharmacy-Chemistry Building (Bobet Hall) of New Orleans' Loyola University.

Cardinal Stritch College of Medicine of Loyola University, Chicago.



olic Medical Mission Board has shipped a total of six million pounds of needed medical supplies.

The Catholic Medical Mission Board founded by Father Edward F. Garesche, is unique among Catholic organizations throughout the world. It is a voluntary society which aids Catholic missions medically anywhere and everywhere on earth, and in fact has helped about three thousand missions conducted by about one hundred missionary communities and bishops. Governed by a board of clerical and lay directors, it is supported by voluntary contributions from all over the United States. With headquarters in New York City it carries out an active apostolate, gathering funds for the medical work of the Catholic missions, collecting and distributing drugs, medical instruments and other equipment. It supplies information in answer to inquiries from any Catholic medical mission center in the world, rendering medical advice, and in general, promoting the medical activities of the Catholic medical missions. The Board acts as intermediary between the medical centers in the mission fields and the mission areas. As soon as new drugs are put into use, as for example the recent introduction of "D.D.S." as a curative drug in leprosy, the Catholic Medical Mission Board attempts to secure such drugs and give the Catholic medical missions the benefit of new discoveries as promptly as possible. It is not surprising that an editorial in *America* gives the impression of being literally overwhelmed by the magnitude of Father Garesche's agency.

4. The Daughters of Mary, Health of the Sick—The Sons of Mary, Health of the Sick

Father Garesche's activities in connection with the Catholic Medical Mission Board, draws attention to the enormous responsibilities assumed in his great zeal for the missions by the organization and promotion of two new religious communities, both of them distinct from the Catholic Medical Mission Board and yet both organized to support the activities of the Catholic missions throughout the world. The Daughters of Mary, Health of the Sick, is a community that was established under the authority of His Eminence, Patrick Cardinal Hayes, then Archbishop of New York, "to help the catechetical and medical interests of missions both at home and in foreign lands." This

Community, in its early days, greatly assisted Father Garesche in carrying out his enormous activities for the missions. The headquarters of the new sisterhood are now at Vista Maria, Cragmoor, New York.

Paralleling the work of the Daughters of Mary, Health of the Sick, a mission order of men, The Sons of Mary, Health of the Sick, with headquarters at Silva Maria, Framingham, Massachusetts, was established in Boston under the authority and approval of His Excellency, Archbishop Cushing, on March 27, 1952. A community of this brotherhood was incorporated as a religious association under the laws of Massachusetts with His Excellency, the Archbishop, as Honorary President and with officials of the Boston Archdiocese among the incorporators. On August 15, 1953, two brother novices and two novices who aspire to the priesthood took their first vows, a solemn and deeply significant occasion.

The event was signalized by the presence of His Excellency, the Archbishop, and all who were in attendance felt that they had witnessed the beginning of a truly significant event in the history of the Church in our country. Father Garesche wishes it understood that while both of these religious communities owe their origin in some direct manner to the Catholic Medical Mission Board, all three agencies are separate so that any responsibilities incurred by one are in no way binding upon the other two.

5. Nursing Organizations

Over the years several attempts were made to form an organization of Catholic nurses under the auspices of the Catholic Hospital Association. These efforts, however, did not secure permanent results partly by reason of a failure to define objectives. In the organization of the Catholic Hospital Association the desire of making the sisters associate members of the Association if their hospital was an institutional member could not be applied without some modification to the schools of nursing. First of all, in the earlier years and up to about 1940, the schools of nursing were organized as integral parts of the hospital. It would have been logical to declare the nurses, lay as well as religious, as associate members of the Catholic Hospital Association, but that would have meant destroying the special character of the Association as a Sisters'

(and nursing Brothers') Association. Besides with the coming of the second world war several events occurred which influenced this situation. Many efforts were made to secure the independence of the hospital schools of nursing from their parent hospitals, and the hospitals' alleged exploitation of the schools of nursing was emphasized. The development of the collegiate and the university schools of nursing intensified this emphasis as did also the inauguration of the Nurses Cadet Corps under new Congressional legislation. At the same time the development of new nurses organizations, the emergence of new schools, and the inauguration of nursing schools accrediting agencies, brought about temporary confusion out of which has evolved the present status of the nursing field.

The Catholic Hospital Association, with several of Ours, was vocal and active in these movements. Long before they became critical, Father Garesche had attempted an organization of nurses without attempting an organization of nursing schools, directly dependent upon the C.H.A. In many dioceses local guilds of nursing sprang up and sought incorporation with the C.H.A. During the decades of 1930-1940 and 1940-1950 the Association expended its resources and energies largely in the development and organization of a Council on Nursing Education and most recently, the Conference of Catholic Schools of Nursing. It was recommended furthermore that the nurses' guilds should be formed on a diocesan pattern, and should become affiliates distinct from the National Council of Catholic Women, much as the groups of the Catholic Physicians Guild are part of the N.C.W.C.

At present, therefore, many of Ours are active and influential in administering Catholic schools of nursing. Some are in contact with national organizations, while others serve as moderators or spiritual directors of the nurses' guilds in various dioceses. Thus far it has not been feasible to develop a complete list of Ours, who labor in these fields.

Lastly we mention an appointment by our present Holy Father of Father Edward F. Garesche, as the International Secretary of Catholic Nurses Organizations throughout the world. The disturbed world situation has impeded a better understanding of the role Ours are taking in these international matters in which His Holiness and several Roman dignitaries, especially Cardinal Pizzardo, have shown a deep and

enthusiastic interest. The Catholic lay nurse, as well as the Catholic religious nurse, have "arrived," as one might colloquialize, and it is a source of satisfaction for us, that Ours have had their part in these large developments.

B. PUBLICATIONS

As in so many other phases of the Catholic apostolate so too in the medical phases of our Assistancy's work, the press has served a very effective purpose.

1. *Hospital Progress*

Hospital Progress, the official journal of the Catholic Hospital Association, is in its thirty-fourth year. From 1919 to 1928 it was edited by Father Moulinier with Father Edward F. Garesche, as associate editor; from 1928 to 1947, by Father Schwitalla and since then by Father John Flanagan. It is a worthy journal dealing with hospital affairs. Despite its avowedly limited appeal, it wields an influence far beyond its subscription list. It has been eminently successful in achieving its primary purpose, the promotion of a high level of excellence in Catholic hospital service but it has also been very successful in achieving its several secondary purposes, such as development of sisters and brothers as competent experts in their various fields of hospital interest, and the assurance of a source of funds for maintaining the Association.

A summary glance over the thirty-three completed volumes of *Hospital Progress* reveals the striking parallel between the content of the journal and the Association's history and contemporary general hospital history. The first ten years of the Association's life was the period of progressive growth and hospital standardization; the second decade was a period of internal development and the achievement of relative perfection in service; and the third decade, a period of extension of the hospital into the community's interest through public relations and participation in community service and activities. Similarly during the first world war, the Catholic hospital was not as ready as it became later to take a large part in war-time hospital responsibility. Later, however, in the formulation of federal legislation concerning hospital construction, emergency maternity and infant care, and the Cadet Nurses

Corps, the Catholic hospital played a commanding role in planning, developing and implementing federal and state legislation. Many questions of far-reaching Catholic interest were faced and solved during those important war and post-war years, such as the evaluation of the Sisters' Contributed Service, the participation of Catholic hospitals in federal funds for institutional capital costs, the acceptable methods of co-operation in technical service and in professional education of Catholic with non-Catholic agencies and many others. His Excellency, the Most Reverend Karl J. Alter, D.D., at that time, Bishop of Toledo, gave his time and efforts most liberally in those busy years and proved to be an enlightened, wise and prudent leader of the Association. As the appointee of the National Catholic Welfare Conference, his leadership and direction proved to be powerful and effective. The Bishop's Committee on Hospitals, in Canada, was no less powerful. It may be said without exaggeration that *Hospital Progress* contains as complete a record of all these matters as could be assembled under existing limitations.

2. *The Linacre Quarterly*

The Linacre Quarterly is now in its twentieth year. From 1933 to 1943 it was edited by Father Ignatius W. Cox, and since 1947 it is now edited by Father John Flanagan. During the intervening years responsibility for this journal rested with the present writer. The *Quarterly* announces as its sub-title banner line "A Journal of the Philosophy and Ethics of Medical Practice." As the official Journal of the Federation of Catholic Physicians Guilds, it has gained enormously in influence, distinction and authority by Father Gerard Kelly's valuable, regular contribution on current medico-moral problems during the last five years. *The Linacre Quarterly* promises a significant and influential future.

3. *The Medical Mission News*

The Medical Mission News is edited by Father Edward F. Garesche for the Catholic Medical Mission Board. Published bi-monthly, it serves as the propaganda vehicle for the Board and contains articles about and for the missions. You may find in it an article about Mother Dengel's missionaries, one

on tropical medicine by a professional physician, an article on techniques by a nurse or a graduate medical technologist, side by side with an article by a missionary bishop or priest, detailing the points of a morning's meditation that lightens and sweetens the bearing of the Cross. Besides these articles, we find Father Garesche's stirring appeals.

4. Medical Interest in Other Publications

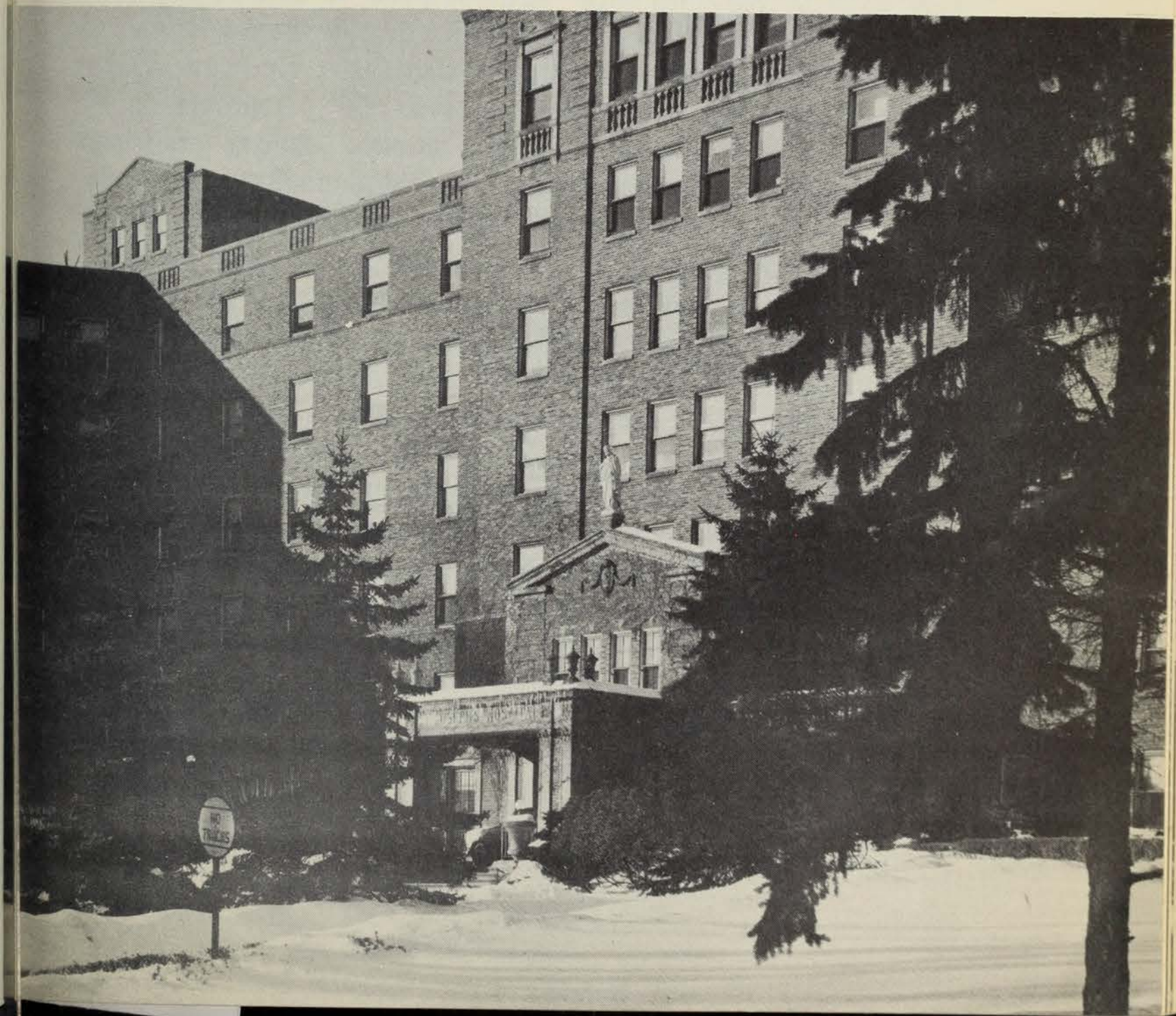
These three Journals deal explicitly with medical activities of the Assistancy. In addition, much incidental medical interest may be found in the numerous publications of the Assistancy. Now and then, an article of medical interest occurs in almost any one of our American Jesuit publications, *America*, *Thought*, *Jesuit Missions*, *Jesuit Seminary News* (two of them), *Jesuit Bulletin*, *Southern Jesuit*, *The Patna Mission*, *Letters*, *The Western Jesuit*, *The Oregon Jesuit*, *The Jesuit*, *Philippine Jesuit*, *The Review for Religious*, *Theological Studies*, *The Theology Digest*, *Sacred Heart Messenger*, *Revista Catolica*, *Queen's Work*, *Action Now*, *Mid-America*, and probably in other Jesuit publications which may have escaped the writer's notice. Jesuit contributions to professional journals, such as the *Journal of the American Medical Association*, and *Medical Education* may be occasionally found.

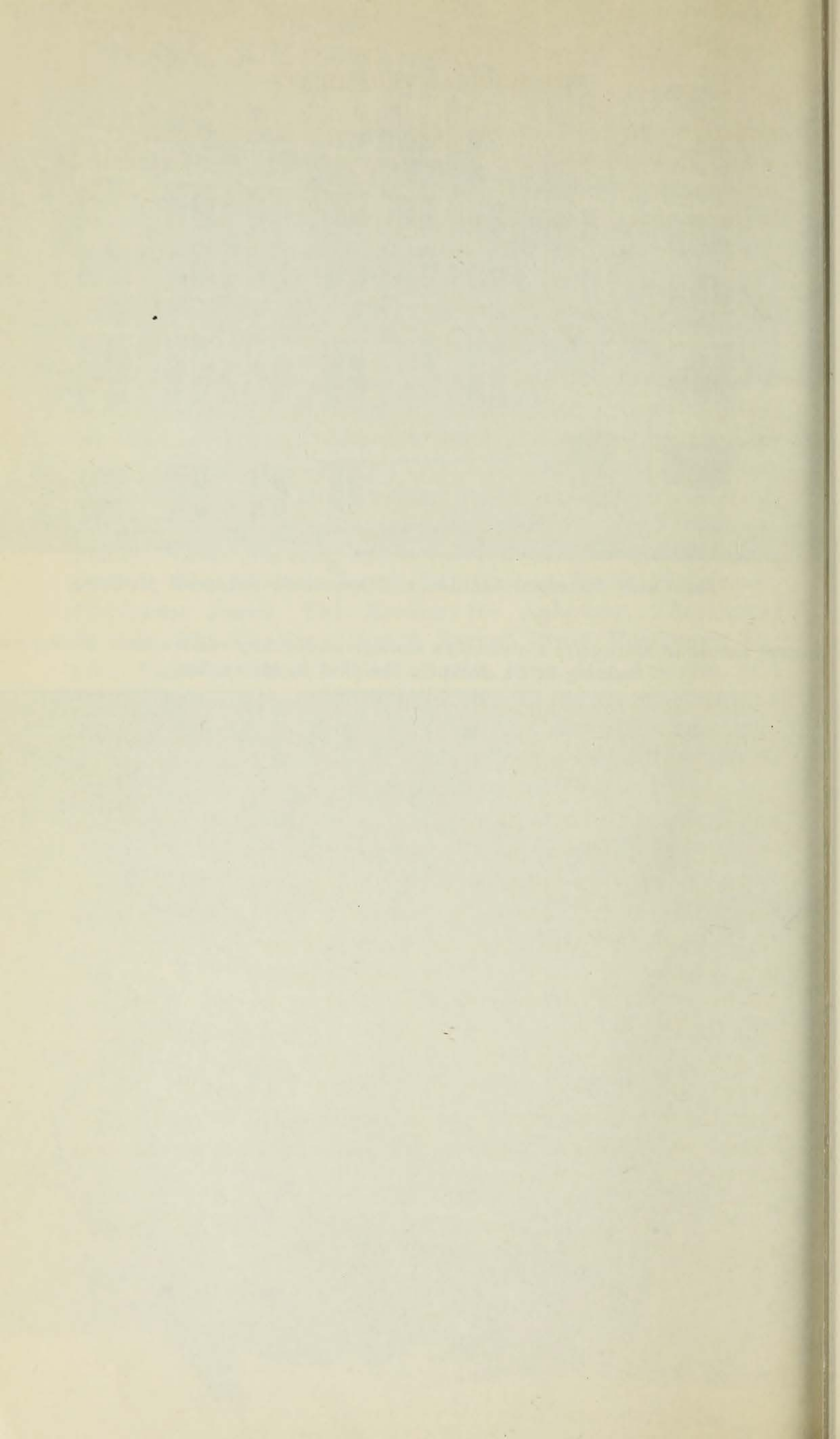
Another great area of pertinent interest must here be passed over with only a brief mention since opportunities have not as yet been taken by the writer to compile scattered available information. In current publications, Catholic and occasionally non-Catholic, reference is sometimes made to some of Ours whose work lies in medical missionary fields. In the back numbers of Mother Dengel's periodical, *The Medical Missionary*, in numbers chosen at random, dated between April, 1939, and October, 1949, there occurs mention of twenty-two Jesuit missionaries in India in connection with the medical activities of Mother Dengel's sisters. Four Jesuit missionary bishops receive more or less extensive mention and biographical details are given concerning eighteen American Jesuits. Eight articles were written by Ours. Materials written by Ours, but not readily available for analyzing, have been found in some ten or twelve other missionary journals. It would be interesting to reprint here a list of these names with a sum-



The Carey Memorial addition to Marquette's School of Medicine.

Student nurses in Marquette University's College of Nursing receive their professional training at St. Joseph's Hospital in Milwaukee.





marizing statement of the reason for their inclusion, as it would show to what extent, in the mind of a sister medical missionary, the "job analysis" of American missionary activity in India must include Jesuit activities.

PART III. MEDICAL ACTIVITIES IN THE MISSION FIELDS OF THE AMERICAN ASSISTANCY

It will not be difficult for any of Ours to understand that this section of the present paper will suffer much more than the others from condensation and from swivel-chair authorship.

Among the many achievements of Father Pierre Charles, of the Belgian Province, in furtherance of the missions, probably none is more lastingly significant than his clarification of the purposes of missionary endeavor. In his pamphlet, *Medical Missions*, he gives five sound and convincing reasons why the *objectum formale* of the missions is not the salvation of souls but rather "the building of the visible Church in countries where this is not yet done" and thereby, to save souls.⁶ In this way medical and other welfare activities of the missions receive not only justification but a reasonable explanation for their existence. Whatever controversies this pronouncement may have aroused among Ours and others, this much must be admitted: Father Charles's view constitutes much more than merely a probable justification for medical missions.

Father Charles recalls that: "In Annam, in the seventeenth century, the Jesuit, Alexander de Rhodes, started the big drive for Catholicism chiefly through his catechists who were properly trained in medicine, and went about as doctors and teachers."⁷ In this way we can better understand how and why the Church regards a mission center as a temporary unit. A mission country graduates out of the sponsorship of the *Congregatio de Propaganda Fide*, and in its adulthood is integrated into the permanent organization of the Church. That viewpoint disposes of many objections to Catholic medical activity in the missions.

⁶ Charles, Pierre, S.J., *Medical Missions*, New York: The America Press, 1949.

⁷ *Ibid*, p. 16.

At the beginning of 1952, out of the total number of 7,348 Jesuits of the American Assistancy, 1,216 were listed as laboring in the various mission fields allotted to the American provinces. This is more than one-sixth of all the Fathers, Scholastics, and Brothers of the Assistancy. Each of the eight provinces has at least one assigned foreign mission field while the Missouri Province has three; the Oregon, the Chicago, and the New York Provinces have two fields each. The New York Province has the distinction of supplying one-third of the American Jesuits in the mission field.

Perhaps all too few persons, inclusive of Ours, realize how much missionary work still remains to be done before our dear Lord permits us to gather in the complete potential harvest. It is strange that while in most affairs we emphasize quantitative and are prone to overlook at first the qualitative aspects of a subject of study, we have emphasized the difficulties of, and the obstacles to, missionary effort and have disregarded the quantitative aspects of the problem. It is estimated for example, that of the 370,000 Indians and Eskimos in the United States, only 110,000 are Catholic, about 100,000 are Protestants, and approximately 160,000 have not as yet any Christian affiliation. In other words, while 31 per cent are Catholics and 27 per cent are Protestants, 42 per cent still claim to have no religion. The relatively great "scatter" of the Indian and Eskimauan population complicates both the religious and the medical problem. In contrast with this situation, "convertibles" in India cannot be enumerated in terms of thousands only or even hundreds of thousands, but in terms of millions. Moreover population density is in equally sharp contrast to that among the Eskimos and the American Indians. These contrasts in population illustrate, inadequately to be sure, how diversified are the problems which the various missions of the Assistancy present. Equally obtrusive are the contrasts in the character of the medical needs of our missions and hence in our medical mission activities. The opportunities for contacting the prospective Catholic, as well as the patient, are reduced to almost none in some places, while in others they approach the limits of the individual missionary's capacities. It must be admitted

that people, when in need, are at times a bit more eager to find a dispensary than they are to seek the Church.

A. THE INDIAN MISSIONS

Three of the provinces, Oregon, Chicago, and Missouri, are laboring among our American Indians. These three provinces have sixteen residencies on various Indian reservations in seven states. Their influence extends to no fewer than twenty-one tribes. Eighty-three members of the Society labored in these localities in 1952. Generally speaking, each of these residencies qualifies under Father Charles's definition as a center of Catholic life and has some responsibilities which may be properly designated as medical activities. All report very satisfactory cooperation with governmental agencies, federal, state, and local. In several of these centers there are satisfactory public health facilities such as a medical center, a diagnostic hospital, the mobile X-ray, the public health laboratories and health agencies, the travelling dental clinics for children, and similar opportunities. Wherever in these residencies there is a school (in sixty-one localities), there is also provision for a satisfactory dental infirmary for the children and, generally, a more or less adequate school health program. In several stations the mission school is a sort of medical center for the general population of the locality, attended in some places several times a week by a visiting physician and in some cases by a resident doctor.

A few details may prove interesting. Father Louis E. Meyer, of the Holy Rosary Mission, South Dakota, reports that at Pine Ridge there is a forty bed government hospital with four doctors and six nurses in residence. Service costs are defrayed out of Indian Bureau funds. The hospital is visited frequently by one of Ours, to whom, it is said, every courtesy is shown.

Father Paul Prud'homme's apostolate is in the upper peninsula of Michigan, where there is a noteworthy, though scattered, Indian population, and where there are four Catholic hospitals. One of the hospitals, conducted by the Sisters of St. Joseph, is located at Hancock, Michigan, where an Indian is only rarely seen. The other three, conducted by the Franciscan Sisters of Peoria, are located at Marquette, Escanaba,

and Menominee. Father Prud'homme estimates that approximately one hundred Indians a year are hospitalized in these private hospitals. Government agencies defray the expense. In his territory, the various stations have very complete school health services: visiting school nurses, a well-organized school dental service, special facilities for orthopedically handicapped children. Unfortunately there are no Catholic schools in that territory so that the hospital really represents the "front line" of Catholic cultural and social welfare progress. A beginning has been made to attract native Indian girls to the sisterhoods and to encourage the girls to enter nursing or some other health caring profession. Father reports that in his opinion the relations of our various stations with different public organizations are particularly good. He notes with considerable satisfaction that the missionaries have frequent dealings with the various social and welfare departments of the different counties and are often called upon by these agencies to assist in meeting problems for Catholic clients. He calls particular attention to the fact that tuberculosis sanatoria have been very cooperative. It will be extremely interesting to watch developments, if and when contemplated new legislation goes into effect, and Indians are legislated out of their alleged preferential position as a protected minority group.

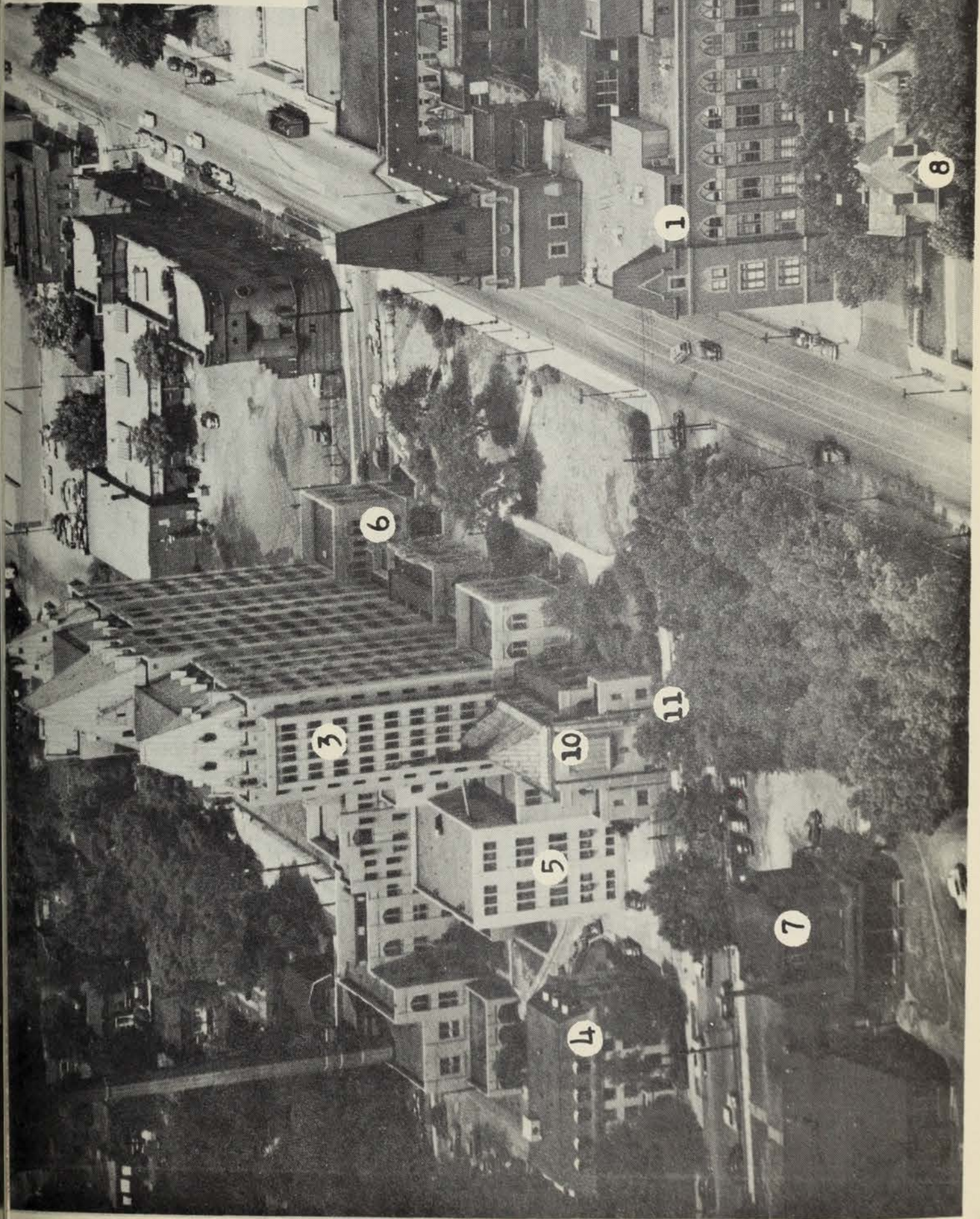
The *National Catholic Almanac* for 1952 summarizes the work of the American Jesuits among our American Indians:

The Jesuit Fathers have missions among the Eskimo Tinné Indians in Alaska, the Yakima, Colville and Spokanes in Washington, the Umatillas in Oregon, The Coeur d'Alenes and Nez Perces of Idaho (the Oregon Province); the Flatheads, Crows, Assiniboines, Gros Ventres and Blackfeet in Montana, the Sioux in South Dakota, (the Pottowatami in Kansas, dispersed), the Arapahoes and Shoshones in Wyoming (in the Missouri Province); the Chippewas in Michigan (the Chicago Province).⁸

It may be safely assumed that public health measures have been instituted under governmental regulations and at governmental expense among the various Indian groups. As a generalization, however, it may be stated that personal medical and nursing care are as yet inadequate.

⁸ *National Catholic Almanac*, Paterson, New Jersey: St. Anthony's Guild, 1952, p. 350.

2. School of Dentistry
3. Firmin Desloge Hospital
4. Convent
5. Pathology Institute
6. Out-patient Division
7. Location of the Cardinal Glennon Memorial Hospital
8. Catholic Hospital Association
9. Extension of Chemical Laboratories
10. Firmin Desloge Hospital Chapel (Ralph Adams Cram, Architect)
11. Student Health Service



THE FIRMIN DESLOGE HOSPITAL, owned jointly by the University and the Sisters of St. Mary, is the heart of the St. Louis University Medical Center.

B. THE NEGRO MISSIONS

Approximately forty Jesuits are assigned to the care of Negro parishes and stations in eight states. Interesting as the problem is, it has not been practical in a short time to secure much data about medical activities in this field. One recent health development with which Ours were in intimate contact is the dedication of St. Mary's Infirmary, St. Louis, with 110 beds, for the exclusive use of Negroes. This institution is owned, administered, and staffed by a white sisterhood, the Sisters of St. Mary. The medical staff is exclusively colored and a special committee of the St. Louis University School of Medicine serves as a professional advisory committee. Several members of the St. Mary's Infirmary staff are faculty members of the St. Louis University School of Medicine. The School of Nursing is maintained on a high level of excellence. One of the most gratifying results of the new project is the admission into the St. Mary's Sisterhood of several young negresses, and their perseverance, to date, for more than ten years.

C. THE ALASKAN MISSIONS

The missions of Alaska conducted chiefly by Ours must certainly be regarded as among the most difficult locations for our missionary activity. Aside from the physical encumbrances resulting in great privations and actual suffering, there are countless difficulties which arise from the strangeness and taciturnity of the people, the inconveniences in housing and travelling, the language problems, routine monotony in sustenance, and many other physical and psychological conditions which impose very severe hardships upon all of Ours working in this apostolate. The greatest physical obstacle to effective missionary work is said to be the wide "scatter" of the population.

With reference to the medical aspects of this apostolate, a notable, outstanding circumstance is the inadequate professional personnel for coping with the numerous health problems. The Oregon Province catalogue lists eighteen stations at which Ours are permanently or temporarily housed. The *Hospital Directory* of the Catholic Hospital Association lists three hospitals at which Ours serve as chaplains: St. Joseph's Hos-

pital, Fairbanks, conducted by the Sisters of Providence of Seattle; the Ketchikan General Hospital, Ketchikan, conducted by the Sisters of St. Joseph of Newark; and the Griffin Memorial Hospital, at Kodiak, conducted by the Grey Nuns of the Sacred Heart. Ours are interested also in a number of hospitals conducted by the government either as public health institutions or as hospitals for members of the armed services. Medical care of the patients in some of these hospitals demands unusual and, at times, even heroic sacrifices.

The outstanding reaction in reviewing the activities of Ours in these far off regions is admiration for the enthusiasm and devotedness of our Fathers in their work. The number of quotations which one might wish to submit as samples of attitudes towards so difficult an apostolate is somewhat embarrassing. Father F. M. Menager went to Alaska twenty-five years ago and has been occupied continuously in one or another of the numerous mission stations. He tells us:

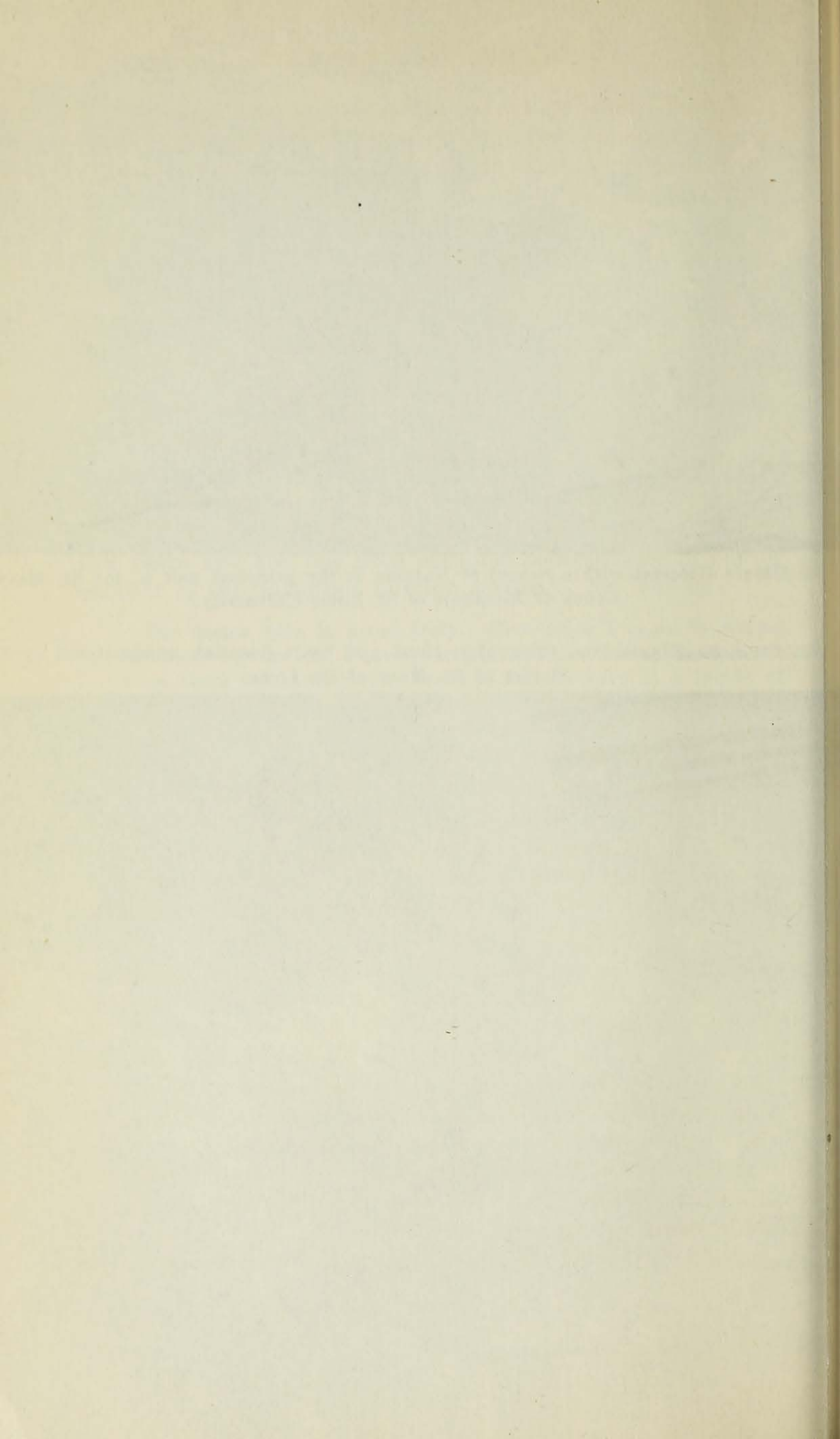
The doctor here is yours truly. Ever since I came to Alaska twenty-five years ago, I have practiced medicine among the Eskimos since there was nobody else to do it. I was born in a family of doctors of medicine and I imbibed medicine on my mother's knee. My father was a doctor, one of my brothers and one of my brothers-in-law were doctors, and in our home, medical questions were always in order. I have been accustomed to go with my father on his calls and from my earliest years, especially after I became a Jesuit, I was interested in science and biology and followed with keen eagerness the modern development of medical science. When I came to Alaska, I made sure to be prepared not only to take care of souls but also of bodies as need might be; my father gave me plenty of help in the shape of books and instruction. I was given a surgical kit and, armed with this and the grace of God, I took care of the sick Eskimos on the Bering Sea coast; at that time, there was not doctor or a nurse within three hundred miles of Hooper Bay. When I was appointed to St. Mary's Mission three years ago, I took up medicine again and with the help of Mother Antoinette, an Ursuline nun, we handle all ordinary cases and manage to cure the sick or at least to improve their condition. We have 780 Eskimos in our district and 125 children in the school. We attend to all of them. In case of a serious emergency, we contact the government hospital at Bethel by radio and our patients are taken there by plane. The nearest Catholic hospital is four hundred miles from here at Anchorage. The hospital at Fairbanks is even farther. Somehow our big problem, that is, the procurement of the newer drugs, can generally be solved in some way by means of airplanes.



St. Mary's Hospital with a School of Nursing is the principal unit of the St. Mary's Group of Hospitals of St. Louis University.

Mt. St. Rose Sanatorium, tubercular, chest and heart hospital, administered by the Sisters of St. Mary of St. Louis.





Father Menager speaks of two dispensaries, one at the priest's residence and the other in the sisters' convent. Thanks to Father Garesche both of these dispensaries are equipped with medicine and bandages.

The early history of Father Menager as a priest-physician was anything but encouraging. When first assigned to a mission station, the local medicine men, who were uneducated Eskimos, felt that he had come to displace them and they did everything in their power to interfere with his activities. After a number of encounters, one of the medicine men suffered an accident and had to call upon Father Menager to care for him "professionally." From that time onward Father's position among the Eskimos was secure.

While there is no complaint about failure to secure support from the government for local health care, it is still obvious that the missionaries would welcome more support for their Eskimo charges. The Alaskan Native Service is subsidized by the federal government. The Territorial government of Alaska subsidizes some of the orthopedic hospitals and obviously, some of the physicians are paid by the Territorial government. One of the visiting nurses also is salaried by the Territory. Preparations are under way for the extension of hospital facilities for tuberculosis patients. In securing all of these developments, Ours have been greatly active.

Private control of hospitals and agencies is one of the outstanding needs of the Alaskan Missions. Several letters recently received point out the great expectations which the Fathers could entertain if a Catholic hospital development could be foreseen in the not too distant future.

Father Lawrence A. Nevue has a different but equally interesting story to tell about his medical activities at Sitka. There is a home for men and one for women, financed by the Territory. In each there are Catholic inmates with some Catholic nurses on the staff. Father says Mass there on Saturdays. In addition to a small hospital, chiefly maternity, conducted by the Presbyterians, the Alaska Native Service conducts a General Hospital, a Tuberculosis Sanatorium and an Orthopedic Hospital. Father distributes Holy Communion in these hospitals on the First Fridays, donates reading matter to the patients, and gives religious instruction over the hospitals'

public address systems every Sunday morning. He also finds time to give religious instructions by correspondence.

Father Endal at Kanakanak, not too far south of Dillingham, has other problems to meet. He walks five miles to the hospital, gets reluctant cooperation from a Seventh Day Adventist doctor who fears that extreme unction excites the patients. Father brings religious comfort to the Russian Orthodox, whose religion is dying out because of a lack of their own clergy, encounters problems concerning abortion, and successfully secures the cooperation of the nursing staff among whom there are some Catholics.

D. THE CARIBBEAN AREAS

There are two mission areas in the Caribbean Sea in the charge of the Assistancy, both of them Crown colonies of Great Britain: Jamaica, under the care of the New England Province, and the mission of British Honduras, which includes the area of Yoro in Spanish Honduras, under the Missouri Province.

1. Jamaica

By reason of the rather complete organization and governmental administration of Jamaica, the activities related to medicine of the more than seventy-one priests consist of little more than the visitation of the sick in homes and hospitals. Father Gerald F. Heffernan, the editor of *Catholic Opinion*, says that the Public Health Department in Jamaica achieves a great deal of good in preventing and controlling such diseases as syphilis, gonorrhoea, malaria, tuberculosis, and yellow fever. Four or more venereal disease clinics are operated in Kingston, Montego Bay, and Port Antonio. Our missionaries have cooperated in the preventive work being done by the Public Health Department and have interested themselves greatly in the development of the King George V Memorial Sanatorium. Mobile health units have been provided and our Fathers have served on the boards of several of the hospitals and other public health agencies. There is a leper home with about three hundred patients under the management of ten Marist sisters from Bedford, Massachusetts. Our missionaries actively maintain their own and the public's interest in this institution.

There is also a hospital for nervous and mental diseases, under government auspices. Ours have served on its directing board. A privately operated Catholic hospital is conducted in Kingston, the capital, by fifteen Dominican sisters from Blauvelt, New York. One of Ours acts as chaplain in this hospital. The outstanding impression which Father Heffernan's letter conveys is his satisfaction over the relationships that exist between Ours and these public and private agencies in the care of the sick. He indicates also his satisfaction that the Catholic institutions have assumed so large and difficult a share in the care of the sick in his field of labor.

2. British Honduras and Spanish Honduras

The colony of British Honduras, though not as well organized, is divided into five districts whose chief centers are also the focal points of Catholic interest in each district. The situation here is in many respects similar to that of Jamaica. There is one striking difference. In Jamaica there are approximately 500 physicians, many of them private practitioners, for a population of approximately 1,200,000 persons, i.e., 1 for each 2,400 persons; whereas in British Honduras, there are probably no private physicians and all health care is in the charge of the district medical officer, who, however, is allowed private practice to supplement his low governmental salary. In Belize a government-operated hospital is regularly visited by Ours, and in each of the districts there is at least one small government hospital. Maternity cases are treated like other patients, the fees ranging from twenty-five cents a day to three dollars, often paid by the Jesuit pastor, while poor and indigent patients are received free, fortunately without too much ceremony or too penetrating a "needs test." There are nine rural public health nurses in the colony. Provision is made for reaching distant and secluded spots by motor launch wherever possible or, on rare occasions, by air, since satisfactory roads are not available to many points in the interior. Our work is greatly simplified by these arrangements which are regarded in general as satisfactory, though of course, physicians are hard to reach for accidents and cases of sudden and critical illness. The missionary in the outlying districts must frequently enough serve as a first aid attendant.

The situation at Yoro in Spanish Honduras differs greatly from that just described. Details are not as yet available. It is apparent, however, that as the interest of Ours in the new area intensifies, more and more will be done to render physical assistance also to the hundreds of thousands of persons who have been under our spiritual care for only the last five or six years and who stand woefully in need of some health care.

E. INDIA

Of the eleven missions of the Society in India at the beginning of the year 1952, three, the New Delhi, Jamshedpur, and Patna Missions, assigned respectively to the Missouri, Maryland, and Chicago Provinces, constitute slightly more than 11 per cent of Jesuit missionary activity in that section of the world. The most complete medical program in any of the missions of the American Assistancy is carried out at Patna. This is due very largely to the fact that Mother Dengel's medical missionaries have worked in such close cooperation with the Society at Patna. There is also at Patna the Prince of Wales Medical College which in 1952 celebrated its silver jubilee. Such highly concentrated local medical interest demands cooperation on our part, and it is being given generously, as the medical missionary sisters amply testify. The new Holy Family Hospital of the sisters is in process of completion. Numerous as these medical activities are, there still remains ever so much more to be done. A former inspector general of the State of Bihar in which Patna is located, pointed out that there is only one hospital bed for every forty thousand, one doctor for every twenty thousand and one hospital or dispensary for every sixty thousand of the state's population.

Some medical problems in India seem well nigh beyond solution. Among the Hindus, the non-Christian section of the population, there is still a great deal of prejudice against nursing as a menial profession. Father Saldanha writes: "But there are parts of India where this is being rapidly improved, though the majority of nurses and hospitals are still Christian." The Catholic Medical Mission Sisters have plans to organize a medical school under Catholic auspices in the Province of Bihar, but just at present the costs would be entirely prohibitive.

Such are some of the difficulties which Ours are encountering in furthering medical activities. The nursing problem is one of the most serious. Fortunately, as Father Bernard G. Dempsey has pointed out, the social status of the nursing nuns is regarded as excellent. In Hindu society, he says, woman has no status except within the home. In some homes the grandmother exercises matriarchal authority but it is assumed that any woman is "no good" apart from such a sheltered environment, unless protected by her social status as a *Maharani*. This implies a superior status for the Catholic nun, always above suspicion, and the only exception to "the ironclad rule that a father who does not provide his daughter with a husband protector is a failure." Some sisters, such as Sister Barbara and Sister Elice of the Medical Missionaries, whose reputations as physicians extend far and wide throughout India, have secured great advantages and respect for all others. These physician-nuns and nurse-nuns have been very influential in elevating the social status of women throughout India.

Another phase of the medical activities which threatens to become of major importance is the birth control propaganda, reaching as it does from the highest social levels to the lowest. A powerful but morally vicious scare seems to have been put into the minds of the inhabitants of India by the threatened famine which is ascribed so largely to overpopulation. The occasion was quickly utilized by American and other propagandists for birth control and planned parenthood. It is taken for granted by those who have given some study to the question that this problem may constitute a very great obstacle to the future spread of the Faith. Whatever one may say about the reliability of fertility statistics for India, it must be admitted that the future holds many a hidden and mighty problem.

In addition to the four high schools which are conducted in the territory designated as the Patna Mission (which until recently included mysterious Nepal), there are also twenty-six mission stations where some health clinics are conducted and annually visited by travelling public health equipment.

During the year 1953 the Nirmala College at New Delhi was closed and the six Jesuits, five priests and one Brother, have

returned to their home Province. High hopes for its wholesome influences are now gone.

The Province of Maryland within the last few years opened a mission in one of the large inland cities, Jamshedpur. Of the medical activities going on in this area, Father Carroll I. Fasy writes: "In five of our stations situated in industrial areas, there are hospitals conducted by the various industrial companies or collieries. In each of these, one of our Fathers looks to the care of the Catholic patients by weekly or daily visits. In one of these hospitals, one of our Fathers conducts a lecture course in medical ethics for nurses." And then he adds a word of comment on the situation which has been previously discussed: "The Hindus for the most part shy away from nursing as a task so menial that it can be done only by the lowest classes or castes. At four of our stations, there is a dispensary to take care of the needs of the very poor; these are administered by our Fathers."

F. CEYLON

No long argument is needed to make us realize that the mission field of the New Orleans Province is, from a hygienic point of view, perhaps the most hazardous and stubborn of the mission fields cared for by the Assistancy. Ceylon's population is predominantly Buddhist and hence predominantly self-satisfied, fatalistic, and obstinately stolid. The island, moreover, is one of the chief reservoirs of tuberculosis in the East. With such a combination it is still regarded as a paradise in the Pacific for its beauty and scenic variety. Father James Brodrick, S.J., in his recent biography of St. Francis Xavier, notes: "An old Portuguese chronicler, Ribeiro, described Ceylon as 'the loveliest parcel of land God had put into this world.'"⁹ In the larger cities, Colombo and Trincomalee, typhoid prevails, largely perhaps for the lack of a pure milk ordinance. Malaria still claims its victims by reason of popular opposition to modern remedial programs and to the anti-mosquito campaign. Indifference is so much harder to manage than active opposition. Evidently the health situation was dynamically appreciated in the past by one of Ours

⁹ Brodrick, James, S.J., *Saint Francis Xavier*, New York: The Wicklow Press, 1952, p. 212.

since in a mission station at Akkaraiputtu, the church is dedicated to "Our Lady of Good Health," a unique dedication in our Assistancy's mission fields, as far as the writer knows.

The urgency of the problem cannot be overstated. It was estimated in 1948 by the Minister of Health that there were 150,000 cases of active tuberculosis in a total population of 7,000,000 persons, that is, one tubercular person in every 47. The incidence in the cities, however, is thought to be as high as one among 15 or 20 persons. The comparative gravity may be understood from the fact that the death rate from tuberculosis in 1945 (the year of the last sampling survey) was 451 per 100,000 of the population, as compared with 19.2 deaths per 100,000 in the United States in 1951, and 6.5 per 100,000 in Wisconsin in 1952. Surely the tuberculosis situation in Ceylon presents a challenge which, it is said, is realized by our American Jesuit missionaries.

There are numerous other phases of the health situation, too complicated to be discussed here. One of these, however, must be briefly referred to as potentially influencing our schools in the Trincomalee Mission. The infant death rate from tuberculosis is gratifyingly decreasing; not so the child death rate which in the one to five year group has shown no improvement. Living is said to be scarcely above a subminimal level of mere existence because of malnutrition, inadequate housing, intestinal parasitism and respiratory infections. In perusing governmental and other reports, one misses the reference to the use of church agencies and other voluntary agencies in case finding, follow-up, and other phases of preventive or therapeutic health work. And yet our missionaries are doing their share and more in these activities. It would seem to be important that a summary of such activities should be available for its possible apologetic value. It may be expected, moreover, that Ceylon's new status as a Dominion will result in more effective health legislation.

G. THE PHILIPPINES

The New York Province has the distinction of administering probably the largest mission area in the whole Society, namely, the Philippine Islands. It is unnecessary to point out that this mission is one of the most important in the whole

Society; its traditions include the customs and procedures of the Spanish provinces as well as of the New York Province, and for that reason, as well as others, this mission demands the utmost administrative wisdom of any of the missions of the Assistancy. We read in the life of St. Francis that even as far back as 1538, St. Francis himself became conscious of the very great importance of the Philippines as a base for the evangelization of the whole of Asia.¹⁰ There are indications in his correspondence that the Philippines might eventually be considered a better base for missionary endeavor than India. St. Francis himself, it is said, was careful never to intrude upon Spanish rights. But the Spaniards were not so careful of Portuguese feelings and claimed the Moluccas on the ground that they were on their side of Alexander the Sixth's famous line.¹¹

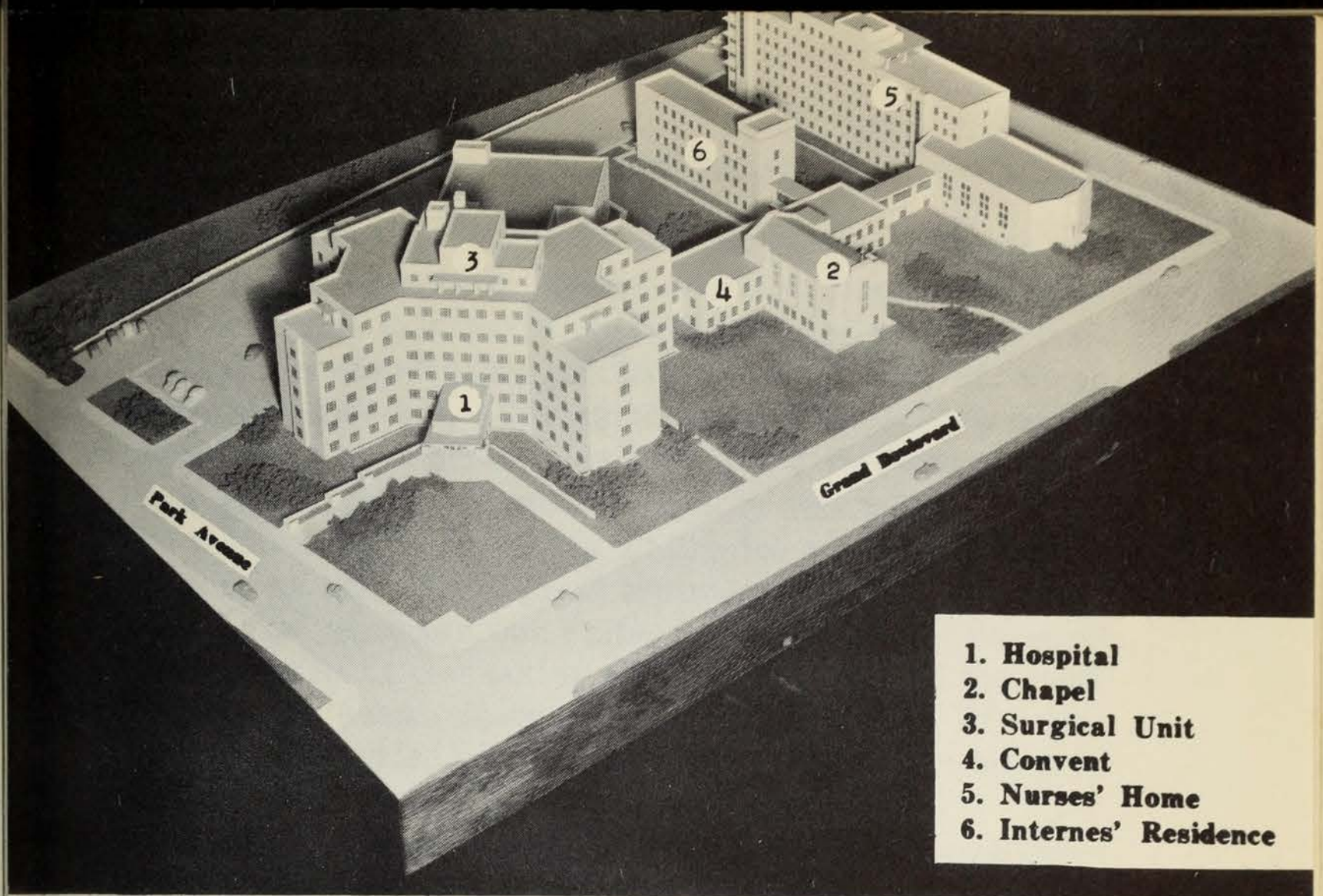
In 1921 Maryland-New York Jesuits arrived in Manila to take over teaching at the Ateneo. Six years later the Philippine Islands were entrusted as a mission area to the Maryland-New York Province of the Society. Today, the Philippine mission is a Vice-Province of the Society but still dependent upon the New York Province.

The care of the Philippine mission is a matter of pride to the American Assistancy. For many years the mission activities paralleled the governmental care given by the United States to these Islands, in pursuance of its purchase of the Archipelago from Spain after the Spanish War. Today, we have in the Philippine Islands, the most important Catholic educational institution in Asia, the Ateneo de Manila. Other schools include the Ateneo de Cagayan de Oro City, Berchman's College in Cebu City, Ateneos at Naga City, Davao City, San Pablo City, Tuguegarao, and Zamboanga City, a novitiate at Novaliches and San Jose Seminary. In all of these various institutions no fewer than 175 Fathers, 222 Scholastics, and 38 Brothers, a total of 435 persons are occupied in educational, parochial, and missionary activities.

The medical activities in this vast missionary field are far flung, massive, and remarkably stabilized. "In the entire mission," writes Father Arthur A. Weiss, "our Fathers supervise

¹⁰ *Ibid.*

¹¹ *Ibid.*, p. 247.

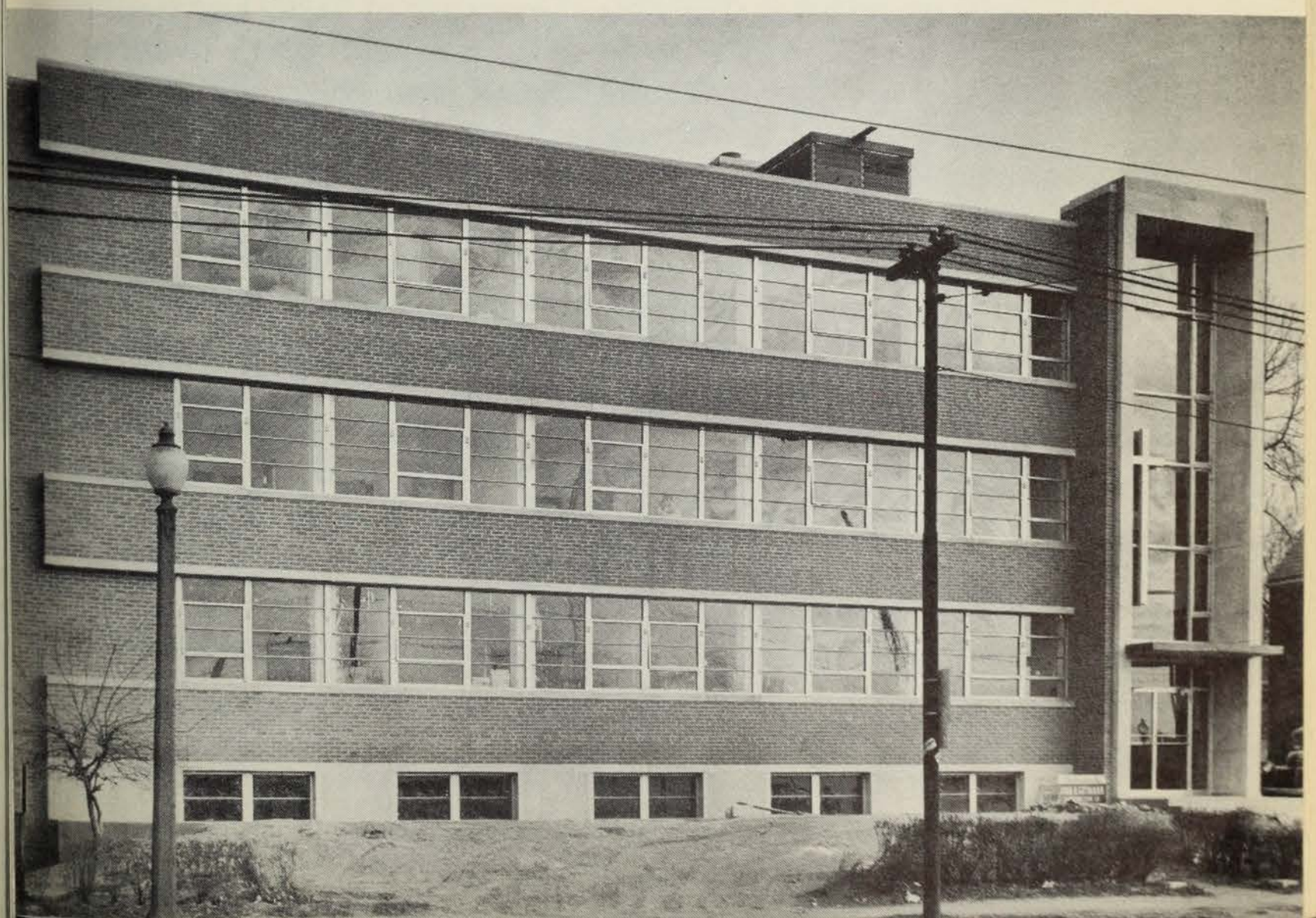


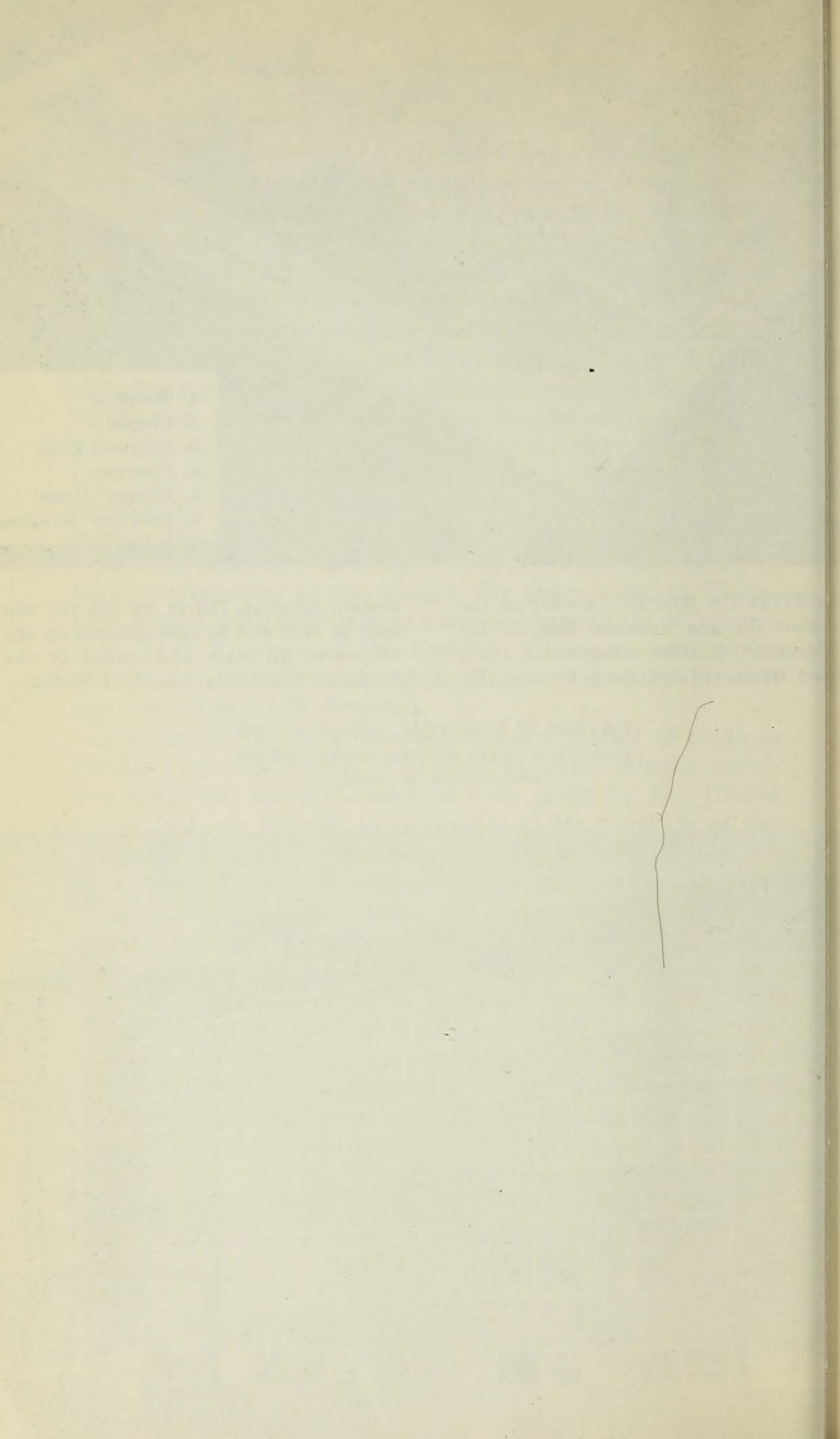
1. Hospital
2. Chapel
3. Surgical Unit
4. Convent
5. Nurses' Home
6. Internes' Residence

ARCHITECT'S MODEL (above) of the Cardinal Glennon Memorial Hospital for Children. Now under construction along Grand Boulevard and Park Avenue, this

modern hospital, 750 ft. by 325 ft., will open in 1955 and be administered by the Sisters of St. Mary and staffed by the St. Louis University School of Medicine.

CATHOLIC HOSPITAL ASSOCIATION (below), a recent addition to the Catholic hospitals of St. Louis.





ten medical clinics . . . parts of mission parishes. There are only about five doctors in charge and that same number of nurses, and these only part-time. The clinical activities consist mainly in distributing medicines, taking care of minor ailments and first aid. During the past year (1951) about 19,200 of such treatments have been given in these clinics."

These clinics, however, are not the only outstanding feature of the medical activities in the Philippine missions. Father Weiss tells us that in the great eruption of the Hibok-Hibok Volcano a few years ago, our Fathers distinguished themselves in helping the Red Cross taking over to a large extent the work of burying the dead. It seems that no fewer than five hundred dead were buried personally by our Fathers on Camiguin Island.

Besides, our Fathers are responsible for five hospital chaplaincies: two in leper hospitals, one in a mental hospital, another in the General Hospital at Manila, the Islands' largest, and the fifth in the General Hospital at Zamboanga. Three of these chaplaincies are full-time.

Both of the leper hospitals, one at Culion and the other at Novaliches, are institutions of great importance and effectiveness. At the latter, the Tala Leprosarium, our novices from nearby Sacred Heart Novitiate, assist the Dominican chaplain by teaching catechism once a week. The Leprosarium at Culion was called to the world's attention in 1940 by the publication of Perry Burgess' book, *Those Who Walk Alone*. This book is now being used by the American Leprosy Foundation in propagandizing for the Leonard Wood Memorial, thus reviving the interest of the American medical profession and the public in this outstanding unsolved medical problem, as much a feared menace today as it was in the days of our Blessed Lord's public life, and as much deserving of His miraculous blessing. In passing it may be noted that one of the resident chaplains at Culion is Father Joachim Vilallonga, now in his 86th year, whose name will live in high honor in the Assistancy as St. Louis University's champion in the Grand Act of 1904, the year of the St. Louis World's Fair, on the day on which President Theodore Roosevelt visited the University.

The American Assistancy cannot but glory in a profoundly spiritual sense, in the heroism of Ours at Culion, rivalling as

it does the complete self-immolation and heroic martyrdom of the Spanish Jesuits at the Fontilleo Leper Colony. Every American Jesuit must find strength and encouragement to heroism in the self-incarcerating martyrdom of our fellow American Jesuits of the New York Province at Culion.

H. IRAQ

A letter dated February 13, 1952 from Father Joseph Connell of Baghdad, Iraq, of the New England mission, points out that "the medical activities of our missions in Iraq are nil. The needs, of course, are manifold."

The Iraq government has undertaken health supervision, providing some ten hospitals and five hundred clinics in different parts of the country for five million inhabitants, without adequate staff, and "under an appalling shortage of trained personnel." He points out that the American Seventh Day Adventists have a small hospital in Baghdad and the Iraq Petroleum Company "a very up-to-date hospital at Kirkuk." There are in addition several nursing homes, and a nuns' hospital, but these are the only health facilities under private auspices. Father Connell concludes that "Baghdad could very well make use of a hospital, owned and operated by United States nuns. The field of work is vast; and the field is theirs, if they come. . . . We are twenty-two priests ready and eager to help."

I. CHINA AND THE MARSHALL-CAROLINE ISLANDS

Finally, little as has been said about the medical activities of some missions, even less can be said about such activities in the Yangchow (China mission of the California Province) and of the Marshall and Caroline Islands (mission of the New York Province). Our knowledge about the first is practically nil since the closing of the mission stations, the arrest and incarceration of practically all of Ours. Those at liberty are living in the Philippines and in Formosa.

In the Trust Territory of the Pacific Islands with a population of 50,000 living on about 250 islands, health care and medical facilities are patently inadequate, though the govern-

ment maintains a very satisfactory chain of hospitals in the main islands and provides health aides for the outer ones.

Jesuit missionaries dispense first-aid treatment in a limited way and, laboring without the assistance of a group of nursing sisters, look despairingly into the future for immediate improvement of the present, staggering problem.

CONCLUSION

By way of conclusion, it may be repeated that this study makes no pretense at completeness. Too many areas of important Jesuit activities have not even been touched upon. Thus for example, no mention has been made of hospital chaplaincies such as those on Welfare Island (Blackwell's Island) or of Cook County Hospital, Chicago. These represent huge responsibilities, medico-religious in character, and imply many activities besides the care of souls. There are similar chaplaincies in the Philippines, for example, those in the general hospital of Mindanao, which also deserve particular study. At Camp Phillips in the Philippines, Ours are very active not only in religious matters but in medical administration. Neither has it been possible to assemble data concerning "the hospital experiment" as conducted in our novitiates and tertianships. Much more should be said about the literary activities of Ours in medical fields especially in the area of medical ethics in which several of Ours in the Assistancy have rendered distinguished and important service. Again, it has been impossible up to the present to offer a satisfactory discussion of student health services in our high schools, colleges, and universities, or to report on courses dealing with health and medicine offered in our various schools or departments of sociology, social work, social welfare, or kindred subjects. But even with these omissions, there is some satisfaction in having assembled a report on what was more easily accessible. This paper, therefore, seems to the writer to offer convincing evidence that the medical interests of the American Assistancy are consonant with the objectives and the spirit of the Society in achieving results for God's greater glory and the welfare of souls.

Appendix

THE FRESHMAN CLASS OF 1953-1954

The Jesuit Medical Schools

Since the preceding article was submitted to the editors, there has appeared in the April 1954 number of the *Journal of Medical Education* (Volume 29, Number 4) an article entitled "The Study of Applicants for Admission to the United States Medical Colleges, Class Entering in 1953-1954" by John M. Stalnaker, the Director of Studies for the Association of American Medical Colleges. A note under the title reads, "A four-year trend shows the number of students applying to medical schools is decreasing steadily. The current study indicates that even among schools having a large number of applicants, competition for the able student has increased." It was thought wise to present here a brief review of some features of Dr. Stalnaker's article so that such information as is now available on several of the points touched upon in the preceding paper may be brought up to date. The points here reviewed are:

- I. The number of applications, applicants, acceptances and freshmen in the schools of medicine in the United States, 1953-1954.
- II. Some student statistics concerning the current freshman class in the Jesuit schools of medicine.
- III. Means of the scores made by applicants to the schools of medicine in the Medical College Admission Test.

I.

The number of applications for admission to the schools of medicine for the classes entering September 1953 was 48,586; the number of applicants, 14,678; the number of acceptances given to applicants by the 79 schools of medicine (including the two schools of the medical sciences—two-year schools) was 7,756; and the number of freshmen enrolled in all of these schools was 7,276. During the past seven years, the number of applications for admission to the schools of medicine has decreased from a peak of 88,244 in 1949-1950, to 55 per cent of that peak, namely, 48,586, in 1953-1954, as stated above. The number

of individuals applying has decreased for the same two annual periods from 24,434 in 1949-1950, to 60.8 per cent of that number, namely, 14,678 in the current year. The highest number of applications per individual applicant was reached in the year 1950-1951 when all the schools of medicine combined received a total of 3.7 applications per applicant. This figure has now decreased for the current year to 3.3, the lowest that it has been since 1947-1948 when it was 3.0 per individual applicant.

It is unnecessary to say here what the significance of the average 3.3 applications per applicant is. From these figures it is apparent how intricate the problem of the multi-applicant has become. Dr. Stalnaker attempts to give his readers some understanding of the situation. He assumes a medical school which actually has 1,000 applicants. "These 1,000 applicants filed a total of 7,550 applications, or 6,550 applications to other medical schools in addition to the original school to which application was made. (Taking the averages as revealed by the statistics for the current year), 955 acceptances were given by the schools, including 100 from the first medical school. However, many of the acceptances were for the same group of individuals, thus it can be seen that it would be wrong to conclude that each school offering an acceptance would secure the applicant as a student. In the total applicants to each medical school are many individuals who will not accept a place at that medical school if another and preferred medical school would accept them. If a medical school seeking 100 freshmen has 1,000 applicants, it may well be quite incorrect to say that there are 10 applicants for each place, because many of these applicants will accept another medical school if given the opportunity" (l.c. pp. 15,16).

To a reader who is curious about this situation a number of problems immediately present themselves. Does the number of applicants to a school of medicine indicate or not, the presumed or alleged quality of a school of medicine? This implies a question which is so often asked: Which is the best school of medicine? Should that question be answered by saying it is the school which has the greatest number of applicants? Obviously, that cannot be the answer. Neither does the article which is here being reviewed give an answer,

since it is not concerned with any basic facts regarding the relative excellence of schools of medicine. Neither does the answer lie in the relative arithmetic means of the class which is accepted on the basis of mental tests. The question concerning the best school of medicine cannot be answered as it stands without specifying "best" for whom and for what. Within the field of medical education there is a great variation in the valid objectives which a school may set for itself and in the valid objectives which it may set before its students and help them to attain. At the present time there are no so-called Class-B schools of medicine. Through persistent efforts, all the extant schools of medicine comply with minimal requirements of the Association of American Medical Colleges and of the Council on Medical Education and Hospitals of the American Medical Association, thus making them worthy, in the opinion of the appropriate evaluating and supervisory agency, to be given accreditation; but within the limits of the requirements for such approval there are still wide opportunities for variation in curricula, course content, student and faculty administration, educational and professional emphasis and other matters, and surely also for many diverse levels of excellence in all of these elements.

Another question upon which Dr. Stalnaker's article throws some light is what becomes of the students applying to a school of medicine but who fail to receive an acceptance. Interestingly enough, 40 per cent of the applicants who had received no acceptance for the school year 1952-1953 were accepted upon re-application for the year 1953-1954. The author of the article comments, "This group contains many very able individuals who were advised to complete one additional year of undergraduate education, but it also contains some persistent but less qualified individuals. Of the group applying for the first time, 57 per cent were accepted."

Another interesting point of considerable general interest is the variation which exists in the various schools of medicine in the test achievements of the applicants. "Some medical schools had a wealth of good applicants. The competition for these applicants was heavy, for such students usually apply to several schools and all schools seek them. The medical schools which limit their applicants to the residents of the

state in which the school is located in many instances had to scrape the bottom of the barrel to secure a freshman class" (l.c., p. 15).

These comments emphasize the importance of gathering statistics on the number of applications filed by those students who are accepted and by those students who are not accepted. Of the 5,972 students who filed only one application for admission to the current freshmen class, 2,821, that is, 47.2 per cent were accepted; of the 9,862 making from 2 to 9 applications, 4,531, that is, 45.8 per cent were accepted; and of the 844 making between 10 and 45 applications 404, or 48 per cent were successful in securing at least one acceptance.

A slightly different picture is presented when a study is made of the number of applications made by those applicants who did receive acceptances. Of the 7,756 who were accepted 2,821, that is, 36.3 per cent made only 1 application; 4,531, that is, 58.9 per cent made between 2 and 9 applications while 404, that is, 5.2 per cent made between 10 and 45 applications. It is interesting to note that of the 5 applicants who made between 35 and 45 applications, 2 received acceptances for the current year; but it is also worth noting, to forestall our further discussion below of this fact, that these 2 applicants had a median score for their test in the scientific section considerably higher than the median for the entire group. Needless to say, that this is an extreme case.

II.

It would be very valuable for student counselling if statistics about our five schools of medicine could be presented with as much detail as has here been presented for all of the schools of medicine. Unfortunately, Dr. Stalnaker's paper does not contain the data required for such an analysis. It is known that our five schools of medicine received 5,365 applications and that their combined freshmen classes for the current school year number 513, but the data are lacking in the paper under review for making a calculation of the number of applicants to our five schools unless the assumption can be recognized as valid that the ratio of the number of applications to the number of applicants in the entire field obtains also in our five schools as a group. The reason is that in the school-

by-school statistics there are only two columns, namely, the number of the freshman class and the number of applications received by the school, the number of applicants being therefore omitted.

The 513 freshmen in our five schools of medicine constitute 6.7 per cent of the total number of freshmen, while the number of applications received by our five schools constitute 8.9 per cent of the total number of applications made to all the schools. Each of our schools of medicine had a higher ratio of the-number-of-applications to the-number-of-freshmen-accepted than in the whole field: Creighton—9.8 applications per freshman; Georgetown—7.6; Stritch—7.8; Marquette—9.2; and St. Louis—8.6. The ratio for our five schools of medicine combined is 8.5.

Just how much or how little that ratio means and how cautiously it must be used in deriving conclusions from it has already been indicated above in the quotation from Dr. Stalnaker's article. One point, however, might be of some special interest in connection with our schools, the number of women applications. Creighton had 20, Georgetown, 45, Stritch, 29, Marquette, 36, and St. Louis, 36, a total of 166 as compared with a total number of women applications of 2,866 in all the schools. Our applications therefore represent 5.8 per cent of the total whereas our applications from men represented 9.1 per cent of the total applications from men.

Since Dr. Stalnaker's article did not give the data for the actual number of acceptances in each of the schools of medicine but only the total for all schools, we might by the usual extrapolation use the number of freshmen students as a base and increase that by 3 per cent since the number of acceptances by all the schools was actually 3 per cent higher than the number of freshmen; in other words, the number of acceptances given by our five schools of medicine in recruiting a class of 515 freshmen, was probably 530. This means that since our five schools received 1,429 applicants there were 899 applicants who did not receive an acceptance from our five schools. It would be interesting to know how many of these are students of our own colleges, how many of them are Catholics, how many of them are students whose mental and moral qualifications are of an order of excellence which make

them a real loss to the medical profession and to the Catholic interests in the medical profession, for example, the hospitals. But these are questions, naturally, which will have to await the ingenuity in educational research of some interested individual. Much of the material required for such a study is obtainable but has thus far not been obtained. Each school receives from the Educational Testing Service a detailed study of the scores made by each of the applicants in each of the four sections of the test; and college achievement can be studied from each school's admission records together with letters of recommendation from the students' instructors and counsellors. Such a study, it would seem, could be of enormous help in furthering the success of our efforts in professional education.

III.

Relatively little can be said concerning the scores achieved by those who took the tests of the Educational Testing Service. Still interesting sidelights on some aside-problems may not be without value and interest. Dr. Stalnaker's article presents in some detail and for the purpose of rather broad generalization only the mean scores made by various groups. Thus he presents a table showing the mean scores made in the four sections of the test by the group of applicants who made 1,2,3,4,5,6,7,8,9, then 10-14, 15-19, 20-24, 25-29, 30-34, 35-45 applications. He does this for the groups not accepted by any school just as he does it for the groups of students accepted. He also presents a brief study of similar groupings of applicants who applied for the year 1952-1953.

To gather their full value from the complicated tables which have been presented in the paper under review would require more space than should be allotted to them in a general journal. Nevertheless, a few outstanding features might here be selected for mention, especially those that tend to answer questions which are frequently asked about medical school admissions or applications. First of all, it should be remembered that the Medical College Admissions Test is administered in four parts—one, which in some way is said to test the verbal command of the applicant; the second, a test of the applicant's ability to work with quantitative facts; the third, a test con-

cerning the applicant's command of knowledge of modern society; and fourth, a test of the applicant's ability to work with scientific data. For brevity's sake these four sections of the test may here be referred to as they are referred to in the test literature itself, as the verbal, the quantitative, the modern society, and the science tests. The technique in reporting is simple enough but when one tries to describe it briefly a person who is not constantly working with such reports is apt to find it very intricate. The author simply divides his human assemblages of applicants, accepted students, freshmen students, *et cetera*, into groups as already indicated, that is those making a given number of applications, with sub-divisions for the various sub-phases of the subject, such as those receiving acceptances and those not receiving acceptances, those applying this year and those applying last year. This technique permits the author to work with several variables at once without incurring the charge of being obscure or lacking in definiteness or clearness. He then elaborates the arithmetic mean which is essentially nothing more than the arithmetic average of the various groups, and finally in tabulations he offers his information in a way to facilitate easy comparison.

As a sample of the kind of fact discoverable in the reading of the tables we may select the following. The averages in the four sections of the test (verbal, quantitative, modern society, science, as stated above), that is the mean scores made by the group receiving one acceptance, were respectively 503, 517, 511, and 516 while for the group making one application only for admission to a medical school, without however being accepted by the school, were respectively 455, 454, 465, and 453. Evidently in each part of the test the mean of the groups was significantly higher in this instance for the groups of students who received acceptances than for the groups of students not receiving any acceptances. It would seem to be unnecessary to apply further statistical requirements in evaluating the differences in these various scores.

Contrasting the average of the averages made in the four parts of the test of the group receiving and the group not receiving acceptances, we find for the verbal part a mean score of all those receiving acceptance of 519 contrasted with those

not receiving acceptances, 461. For the quantitative part respectively, 525, 427; for the modern society section, 524, 472; for the science section, 530 and 460. In other words these scores for three of the sections of the test present differences in the averages between 50 and 60, while for the science section the difference is in the 70's. These scores establish the fact that admission committees to our schools of medicine are impressed with the student's performances in the science test or at least that they were so impressed while selecting the class for the current year.

The number of facts tabulated in terms of averages well exceeds 500 in the author's various tabulations. The following general conclusions applicable only, it must be emphasized, to the present set of statistical data may easily be proved from the facts contained in the article. The mean scores of the groups receiving acceptances are significantly higher than the mean scores of the groups not receiving acceptances. Nevertheless, it is somewhat surprising to the writer that the differences of the two groups in the examinations are not still more pronounced, an indication that it would be valid to conclude, that the students of our colleges who submit applications to the school of medicine are of relatively homogeneous mental endowment. This also corroborates the impressions of many who have worked on admissions committees to our schools of medicine and who may well remember for years afterward the mental anxiety caused by being surfeited with a large number of borderline applicants, most of whom are "all equally desirable," as far as this can be revealed by such records.

Another problem occurs when one assumes that students who have the highest scores in the Medical College Admissions Tests are the ones who are most generally accepted; in general this is true. But when a study is made in relation to the number of applications which these various numbers of students have filed some interesting facts emerge. Thus the highest mean score in the four sections of the test made by multi-applicants receiving acceptances were in the group making 20-24 applications. This gives evidence that the committees on admissions were impressed by other than mental endowment or achievement in their selection of these students.

There is a relatively slight but still a noticeable difference in the mean scores of the various groups of those who applied last year and this year and finally received an acceptance. But there is practically no difference in the scores made in the different sections of the test by those who received no acceptance for both years. Other phases of Dr. Stalnaker's article are of less immediate concern to our schools. All of our five schools, as pointed out in the preceding article, are what have been called national schools, that is, they draw their student body from any one of our states or from any foreign country provided that the student presents the required qualifications.

* * *

A LETTER FROM A MISSIONARY ARCHBISHOP

May 11, 1954

Early in January I went to Manila for the annual meeting of the Hierarchy and when I returned to Cagayan, I began to prepare a two-month pastoral visitation of the mountain parishes of Bukidnon and the coast of Misamis Oriental, inviting the former Vicar of Guam, Bishop Olano, to help me with confirming. We finished up on Palm Sunday with a record well over 50,000.

The trip was most consoling, though a strain and at times very tiring. Despite the heat, poor transportation and other inconveniences which make such a trip long and wearing on a missionary, I can only say, "Thank God for His Blessings!" No one will ever know the spiritual joy that fills my heart. Within 46 days I visited 61 towns where I confirmed 141 times, gave 135 sermons and instructions in Visayan. The priests were zealous and overworked, the people full of faith and eager to comply with their duties as Catholics.

The crying need is priests. We have only 35 for 400,000 Catholics in a territory stretching 260 miles along the coast and into the mountain regions in an Archdiocese of 6,000 square miles. And more Catholics settle here every month to farm the excellent soil made available by new roads. I've been trying to obtain more missionaries but with little success. May I ask your good prayers for this intention? Oh! if you could see the glow of contentment on the faces of parents who, after their children have received confirmation, cry out, "Gracias sa Dios." The faith is here and we must preserve it against proselytizing Protestant missionaries now swarming into the Philippines because they can't enter China.

I returned to Cagayan just in time for Holy Week in the Cathedral where a record attendance of 10,000 brought Easter joy to our hearts.

ARCHBISHOP JAMES T. G. HAYES, S.J.

Delivered on Friday evening, June 20, 1608—

St. Robert Bellarmine's Sermon On St. Aloysius Gonzaga

Translated by JOSEPH E. HENRY, S.J.

Since today is the anniversary of our blessed brother Aloysius, I desire to say a few words for our mutual encouragement and devotion. I have taken my text from the beginning of the epistle which we read recently at Mass. "Humble yourselves, therefore, under the mighty hand of God, that He may exalt you at the time of visitation."¹ These words apply so fittingly and appropriately to blessed Aloysius that they seem to have been placed in the Mass at this time, not by chance, but by Divine Providence. First of all I shall briefly explain their meaning and then show how aptly they apply to the life and virtues of blessed Aloysius.

"Humble yourselves, therefore, under the mighty hand of God, that He may exalt you at the time of visitation." The Apostle Peter warns us that there will come a day when Christ will reappear among men. Man shall be visited and his conscience, then revealed, shall be his testimony. Not to reform shall Christ come; neither shall He come to enforce obedience to His commandments, nor to lay down new ones, but to exalt the humble with great glory and to humiliate the proud to the depths of disgrace. That is why Peter exhorts his children and says to them, "Humble yourselves." We shall, however, consider in turn each phrase.

"Humility summarizes everything that is required for salvation"

He first advises, "Humble yourselves," because this phrase summarizes everything that is required for salvation. For there are so to speak five types of humility and the phrase, "Humble yourselves," is understood to include all of them. The first type of humility is that of the intellect, which is properly concerned with faith. It is easy enough to kneel or to make subservient the members of the body which are governed by the will; but to make the intellect subservient

¹ *I Peter*, 5, 6.

so as to believe what it cannot understand, that is indeed one of the loftiest manifestations of humility. But there is an even greater humility, exercised when the intellect is brought to believe what the senses deny, as for example, when the intellect is ordered to believe that in the Eucharist what it cannot see is present, and what it perceives is not present. Of this type of humility the Apostle Paul has written: "For the weapons of our warfare are not carnal, but powerful before God to the demolishing of strongholds, the destroying of reason—yes, of every lofty thing that exalts itself against the knowledge of God, bringing every mind into captivity to the obedience of Christ."² The meaning of this passage is that the preaching of the Apostles, which was confirmed by miracles, did much to humble the proud human mind which exalts its own knowledge in opposition to that revealed by God. In fact, it so suppresses this pride that the intellect is brought to submit again to the word of Christ. Faith is humility of the intellect, satisfied with revealed truth which it neither perceives nor understands. For it allows itself to be chained, as by captive bonds, to the heavenly authority it has come to know.

A second type of humility, arising from the will, is a lack of confidence in one's personal endowments, trusting rather hopefully in God. That is a remarkable humility by which a man, however learned, powerful or blessed with human talents, does not trust in his own strength but is wholly dependent upon the help of God. He hopes, it is true, to overcome temptation and attain to everlasting glory, but he does not presume upon his own strength; he depends upon the aid of the Most High.

The third type is obedience which likewise arises from the will, for obedience is no more than the subjection of the created will, in its every act, to the Eternal Will. "He humbled himself, becoming obedient to death."³ But obedience cannot be truly humble and perfect unless it is joined with charity. "He who loves Me will keep my word"; and again, "He who does not love Me does not keep my word."⁴

The fourth type is a certain patience and this is even more

² *II Cor.* 10, 4-5.

³ *Phil.* 2, 8.

⁴ *John,* 14, 23-24.

in the will. It includes within its scope the reverses and misfortunes which affect our body, our reputation and our wealth, or that of our dear ones. And let patience "have its perfect work," as St. James says.⁵ It is greater virtue to endure injuries patiently and so be overcome and humbled by our enemies, than to serve God and His vicars through obedience. So when the Apostle had said, "He humbled himself, becoming obedient to death," he added, "even to death on a cross";⁶ that is, He was obedient even to the extent of suffering the most severe tortures. And to the Hebrews St. Paul says: "He learned obedience from the things that He suffered";⁷ that is, by patiently enduring crucifixion and death Himself, He learned experimentally the meaning of perfect obedience.

**"Humility is knowledge—
self is nothing, all from God"**

Finally the last type is the virtue of humility itself. That is the virtue by which a man knows himself for the wretch that he is and is content to occupy the last place. Humility, then, is the true knowledge of self which tells a man that in himself he is nothing and that whatever he possesses he holds as a gift from God. God has given it and God can take it away.

He realizes too that there are interior gifts of grace and virtue of greater worth than external honors and riches. With this knowledge a man despises himself because he sees that he is worthless; he prefers himself to no one, rather every man is his master. For he does not know whether the man, apparently lacking in worldly gifts of honor, wealth or knowledge, may nevertheless be far superior to him in the grace and love of God. Or if somehow he should be aware that today a certain man is in mortal sin, he does not know whether or not that man is to be one of tomorrow's saints, destined for overwhelming graces and glory. And so he does not dare consider himself above him but freely he accepts the last place as the place which, in all justice, is his due, never quarreling with inferiors over precedence.

Now when I say to go and occupy the last place, I am only

⁵ *James*, 1, 4.

⁶ *Phil.* 2, 8.

⁷ *Hebr.* 5, 8.

speaking of a disposition of soul, for it is the soul that must be so disposed when the glory of God demands it. But at all other times each one should occupy the place assigned to his rank or position. It was to teach this that our Lord said: "Learn from Me, for I am meek and humble of heart."⁸ For it is in his heart that a man should make himself the servant of all; externally he should assume, with due meekness, his own proper place. Then he will be ready, not merely to struggle against evil, but to conquer evil by good.

"Humble yourselves," then, implies faith, hope, love, obedience, patience and humility, the virtues required and sufficient for a man to be glorified on the day of justice.

**"To be wholly submissive
to God is man's perfection"**

In the phrase, "under the mighty hand of God," we have the reason why a man can and ought confidently to expose himself to humiliation. If the Apostle were to exhort us to bring our intellects to believe what the philosophers say and our wills to trust in men, we could then with good reason doubt why we should have this type of faith. But when he says, "under the mighty hand of God," all doubt is removed. It is a source of great perfection to humble the intellect by forcing it to believe what God has revealed—God who is capable of creating things which far surpass our understanding. To trust in Him, obey Him, suffer adversity out of love for Him, to subject ourselves wholly to Him, who is majesty and goodness itself, to Him whose power no man can resist—these are the steps to perfection. These words, moreover, show the special necessity of being wholly submissive to God since His is the power to force obedience upon even the unwilling. If there is anyone who does not freely wish to subject himself to obedience in this life by believing and hoping in Him, by resignation and the acceptance of the lowest place, His all powerful hand will force such a one to subjection, not for a time but for eternity. For men who are unwilling to humble themselves in this life by believing in Him, as the heretics refuse to do, will confess their belief after death, but then they will tremble in fear like the demons. And the one who will not cast off his

⁸ *Matt.* 11, 29.

self-love and place his hope in God, he, too, will understand after death how groundless was his self-confidence and how hopeless was the reliance on his own powers. And those who did not desire to obey God out of a motive of love, will be forced to obey because of God's just vengeance. Then they will have no further opportunity to steal or commit adultery, to kill or be enticed away from the path of virtue. Likewise, the man who was not content to suffer hardships on earth for the sake of justice, will be condemned to more severe punishment in hell because of his offenses. And lastly those who would not humble themselves before the court of heaven from a motive of Christian virtue, will be humbled before the devils in satisfaction to the justice of God. From this you can plainly see the blindness of the man who refuses to humble himself for a brief span of time when, by so doing, he has the firm hope of everlasting reward and when he knows with absolute certainty that if he does not do so, he must be humbled forever by the punishments of hell.

**“Trusting in God will be
exalted to the heights”**

The next phrase is, “that He may exalt you at the time of visitation.” This is the reward given for humbling oneself before God. Just as “humble yourselves” included the possession of every virtue necessary for salvation, so likewise we shall see that the phrase, “that He may exalt you,” means the possession of complete glory and beatitude. For the man who has humbled himself by placing his faith in the words of God, shall be granted the beatific vision, which is the consummation of wisdom and the perfection of knowledge. There at the source of all wisdom will his desires be satisfied. For as Aristotle has said, “All men by nature desire to know.”⁹ The man who has humbled himself by trusting rather in God than in his own powers will be exalted to the heights. He will neither fall nor waver; he will neither sin nor be troubled by temptation. And a person who has humbled himself by obedience to God, and to those to whom God has given authority, shall be raised to dominion over all creatures. All things shall

⁹ *Metaphysics*, 980 a 21.

be made subject to him. The man who has humbled himself by the patient endurance of suffering and death for the glory of God, shall be raised to immortality and will be incapable of suffering. Nothing can harm him. Finally, the man who has humbled himself by taking the last place, shall be raised to the heights of heaven—even to a place on the heavenly throne: “He who overcomes, I will permit him to sit with me upon my throne; as I also have overcome and have sat with my Father on his throne.”¹⁰

I now come to blessed Aloysius. In his life every type of humility is to be found in an eminent degree, so that we have every reason to believe he has attained to that manifold glory which we have just described.

But before we come to mention the blessings which we can share in common with him, I wish to point out three privileges which he had, to which we cannot even aspire.

The first was that he was called by God at an extremely early age. Others, indeed, according to the parable of the vineyard, are called at the first hour, or at the third, or at the sixth, or the ninth, or the eleventh, meaning either in childhood, boyhood, youth, maturity or old age. But blessed Aloysius was called almost from his infancy, since from his seventh year, which is really infancy, he was called to the knowledge of God, to contempt of the world, and to a life of perfection.

He himself used to tell me that it was his seventh year which saw his conversion. Sometime before that he had begun to consider winning renown as a soldier, but that year, due to a magnificent blessing of God, he began to cast off the desire for worldly fame and to enter upon the pursuit of Christian perfection. It was not a vain and childish thought, but completely earnest and mature. This is clear from the fact that he persevered and grew in that resolve to the day of his death.

**“A gift of integrity greater than
the gift of resisting temptations”**

His second privilege was a special gift of chastity, so that he was preserved from all defilement of the flesh and of the spirit, as well in thought as in deed. There are many virgins

¹⁰ *Apoc.* 3, 21.

in the Church of God, at least many who have lived chastely for a long time, and yet I have known none who were free even from the stirrings of the flesh except this blessed youth. Perhaps there may be others, but I have not known them. This truly is a most outstanding privilege, far greater than the gift of resisting temptations,—which is clear because Christ our Lord, when He willed to be tempted by the devil, did not allow Himself to be tempted in this regard. Much less did He suffer the interior urgings of inordinate desires. Neither did He permit His most holy Mother to be attacked by evil thoughts or fleshly desires.

But, you may say, those who do not know temptation, cannot gain the crown of victory. True, but an increase of grace from another source, and love, will more than replace such experience. Take as an example, those who have never sinned, as Christ and His Blessed Mother. Without a doubt they lack the reward and the merit of penance, but blessed is that loss, for it is more than repaid by the reward of innocence and a greater grace.

**“No distraction at prayer—so intense
the realization of the presence of God”**

His third privilege was freedom from distraction at prayer. Anyone who devotes himself to prayer can appreciate the value of such a gift. For we endure no trial more frequent and annoying. St. Augustine, while commenting on the eighty-fifth psalm, says that God is indeed merciful because He puts up with so many distractions while we are at prayer.¹¹ And David, when he says, “Thy servant has found his heart and so prays to Thee,”¹² points out clearly that hearts steadfast in prayer are rare because there is nothing so restless as the heart.

But what is even more marvelous to my mind is that when I asked him one day how he could so compose himself for prayer that for a whole hour he turned his mind to no other thought, he replied that he wondered how anyone, standing before God, could ever be turned to any distracting thought.

¹¹ *Patrologia Latina*, Vol. 37, 1086.

¹² *II Kings*, 7, 27.

Just as soon as he knelt and began his prayer, his mind was fixed on God. So intense was his realization of the presence of God that during the whole time he was unconscious of any disturbance in his room or of anyone entering or leaving it. Frequently superiors send visitors to find out whether a man is giving the appointed time to prayer and religious duties, but he never realized that a visitor had entered.

But let us forget those unique privileges and consider those virtues which we said were contained under the name of humility, so that we sinful elders may learn the way to everlasting life from the example of this sinless youth. For there is no disgrace in learning from a youth "who surpassed his elders in understanding."¹³

The first virtue is faith, which we said was humility of the intellect. There are two examples which show us how perfectly blessed Aloysius possessed this virtue. He used to prepare himself so diligently for the reception of the most holy sacrament of the Eucharist, that he would use the entire week in preparing for his Communion on Sunday. Every day he would perform certain exercises of piety by which his soul, as if it were the bridegroom's chamber, would be purified and more fittingly adorned. This diligent preparation is the most certain proof of the outstanding and fervent faith which he had in the Real Presence; for negligence in preparation is a sign of weak faith, as the Apostle says about those "who profess to know God, but by their works they disown Him."¹⁴ He had especially in mind a worthy reception of this sacrament. How can anyone believe with a really strong faith that the Lord of splendor is truly present in this sacrament, and yet receive his Lord with his soul unprepared? Would he dare approach so great a mystery with a heart cold and filled with distractions?

**"Strong faith shines forth in
love of the Holy Eucharist and
contempt for temporal things"**

The second example in which the strong faith of blessed Aloysius shines forth is the contempt he had for temporal

¹³ *Ps.* 118, 100.

¹⁴ *Titus*, 1, 16.

things. Only the man who, with strong and perfect faith, believes in a future life, can truly contemn worldly possessions. For instance, it is rumored that a fabulous treasure is buried in a certain place. Many who hear about it, however, do not bother to search; but a few leave everything and immediately go out to look for it. Now certainly we can say that the first group did not believe what they heard about the buried treasure; the second group did. The first seem not to believe or certainly they do not believe with their whole heart. They are not really and completely convinced that after this life there is another life infinitely happier. But those alone advance unwaveringly to the full realization of their sublime calling who cast everything aside and as the Apostle says,¹⁵ "give up everything" to strive with all their strength to please God. They show in a way that removes all doubt that they believe what the Catholic faith teaches about the life of the blessed and the eternal punishment of the wicked. The strength of blessed Aloysius' conviction is shown by the fact that he freely gave up all temporal dominion and the wealth, honor and pleasures which it would entail. He took upon himself the humble life of a pauper. Finally, after he had given up all temporal power, he chose that religious order in which ecclesiastical dignities are accepted only under obedience—and then only very rarely—so that he would not later aspire to ecclesiastical prominence.

In regard to the second division of humility which is a lack of confidence in our own ability and a confidence in God, blessed Aloysius is especially distinguished. For although he was so fortified by that marvelous gift of chastity, as we have already pointed out, still he would never dare to expose himself to any danger. He was very severe in chastising the body by fasting and other penances, as if he stood in great need of those remedies for suppressing the urgings of the flesh. He was so diligent in fleeing from the sight and friendship of women that he would not even look upon his own mother's face. Finally, when in his last illness I asked him to beg God for a longer life, he replied that he could not do so because he did not know, if he lived longer, whether he would persevere in his good resolutions, so little did he trust in his own strength.

¹⁵*I Cor.* 9, 25.

**“The judgment of confessors—
never committed a mortal sin”**

In our third division, which is obedience founded on love, the holiness of blessed Aloysius is especially evident. Indeed, he was so exactly obedient to the commandments of God and of the Church during the entire course of his life, that in the judgment of the confessors who heard his general confessions, of whom I myself am one, he never committed a mortal sin. Consequently he never really broke a commandment, for venial sins are not properly speaking *contra legem* but rather *praeter legem*.

He mounted to the highest peak of perfect religious obedience so that during all the time I knew him I never saw him become grieved over any command of superiors, or press his point in anything, except when he had been refused a request for more penance; only then did he with due modesty persist in begging for mortifications. He humbled himself in imitation of his Lord, becoming obedient even to the extent of performing the most severe mortifications. These he not only never refused but always sought with the greatest eagerness.

And what shall I say about his patience, the fourth division of humility? To begin with, for most of his life he suffered headaches but with such perfect patience that he never complained. Secondly, he served the poor in the hospitals with such zeal and exhausting effort that in a certain manner even he himself was amazed and a little while before his fatal illness he told me he thought that in a short time he would be dead. For he used to say that he had been consumed by a burning desire to suffer and work for the poor since so little time was left him to dedicate himself in this life to the service of God and the chalice of Christ's Passion. Finally in that last long illness, he gave his greatest example of patience. Though scarcely anything remained of his body but skin and bones, and his long confinement had raised nasty bed sores, still whenever he was asked how he felt, he always replied with a smile that he was fine.

Humility alone remains for our consideration. Here too he was heroically outstanding. He always took the last place and even gave preference to the Lay Brothers. When walking along the street he yielded the place of honor to men who were

scarcely worthy of being his servants in the world. I have seen him at times walking on the left of Temporal Coadjutors. But as much as I admired his humility, still afterwards I admonished the Coadjutors to remember their place. Let this one example stand for many, since humility pervaded his entire life. He wished that his former rank remain unknown; he longed to receive the worst clothes in the house; he used to seek out the lowest tasks and especially those which others tried to avoid, like teaching boys in grammar school. And all these things he did without external show. It was always evident that he longed for humiliations but hated to have a reputation for humility.

In addition he had a burning desire of eternal life which arose from a pure love of God.

**“A pure soul rejoices in
death to go to Christ”**

As I said before, I asked him to pray that his life be prolonged because I felt that it would be a great benefit to the youth who attended the college. But he replied: “Father, God gives man no greater grace than to call him from this world when he is in the state of grace. I possess the incomparable gift of a great hope of my salvation if I die now. How can I ask to linger on in this world where there is so much danger and temptation?” After this he spoke freely of the future life of the blessed. I told him that it was possible to attain the beatific vision immediately after death and he was filled with great joy that night. In fact, though he had spent a great part of the night in the contemplation of heaven, it seemed to him only a short time and he was surprised to learn that almost the whole night had passed. Finally, he had no fear of death. When I asked him to let me know when he thought we should begin the prayers for the dying, he calmly told me when to start. And so I read the prayers and he himself gave each response as if he were praying, not for his soul, but for the soul of someone else. Is it so remarkable that so pure a soul, one that had served God with such devotion, even from childhood, should have rejoiced in death? He did not fear it; he longed to be freed from his flesh and to come to Christ. Surely, then, we can believe that this youth, who had so humbled

himself under the mighty hand of God, was exalted on the day when Christ came to him. And he shall be exalted again before the whole world at the time of its visitation, and yet again on the day of the general judgment.

“Youth can ascend to heights of perfection”

We can easily believe that he has been raised to the beatific vision and joined with the angels and saints in heaven. For there is the divine testimony of the numerous miracles whereby his glory is reflected in every part of the world. For after our blessed Father Ignatius and his holy companion, Father Francis Xavier, this blessed youth is the only one who has been raised by God to such heights in the Society. And yet in the Society there have certainly been many men of outstanding virtue, even glorious martyrs. But God was greatly pleased by His servant Aloysius, and just as He had consecrated this youth to Himself from his mother's womb, so He has deigned to honor him after death by the testimony of miracles. And no one can demand reasons of God. For perhaps He was pleased to exalt this young man above others so that great numbers of youth, not only members of the Society, but also those who attend our schools, might be encouraged to strive for perfection and to realize that no age is immature in God's sight; even youth can ascend to the heights of perfection.

We can now only give thanks to God for the bright and shining torch which He has enkindled in our day. Let us earnestly pray to him that we, with eyes fixed on this lamp of glory, may follow him through the shadowy paths of this life, and that we who possess his remains and who were his companions in this world, may, through his intercession, attain to that vision which he now already enjoys.

Praise be to God, His Virgin Mother
and blessed Aloysius forever.

Books of Interest to Ours

AUTOBIOGRAPHY

The Manner is Ordinary. By John LaFarge, S.J. New York, Harcourt, Brace, 1954. Pp. viii-408. \$4.75.

In his autobiography Father John LaFarge, Associate Editor of *America*, has written the record of a life that sheds honor on his own name and that of his family, on the religious congregation to which he belongs, and on his Church. Not that he set out to do himself honor; if anything can be read between the lines of this book, it is the gentle and self-effacing gratitude of one to whom and through whom God has done great things. Already it has been noted in other quarters and on more than one occasion how remarkably unobtrusive Father LaFarge is in his own life story. The resultant impression is that he serves only as the rather shadowy substance through which is bodied forth the remarkable record of an individual's thought, experience, and achievement.

The record is truly remarkable. Its beginnings could hardly be more auspicious, since the LaFarge family heritage combines the staunchest of American patriotic traditions from the Perrys of Revolutionary War fame with the ancient Catholic loyalty and rich, yet sensitive, perceptiveness of a father who was an artist of recognized merit. The portraits of both the mother and father are engrossing human studies, done with honesty and delicacy, love and loyalty. This is particularly true in the case of the father, the elder John LaFarge, whose artistic preoccupations and attendant success made him somewhat unmindful of his duties as a son of the Church, husband of a woman whose main strength was her ardent faith, and father of a sizable family. A great deal of the companionship denied this *mulier fortis* by the wanderings of her husband she found in the rather frail, unusually mature and open-minded youngster who bore his father's name.

Hardly less interesting than the principals are the backgrounds against which Father LaFarge's early life was lived. Newport and turn-of-the-century New York, university life at Harvard and Innsbruck, travels through Europe, especially the visits to Rome, all give depth and variety to the narrative. And the backgrounds are peopled by friends and relatives of the LaFarge family and, later, by acquaintances of the eminently sociable young seminarian, many of whom are otherwise famous. The elder John LaFarge initiates Henry and William James into the mysteries of Browning; with Henry Adams he visits Robert Louis Stevenson in Samoa. Frederic Bartholdi sculptor of the Statue of Liberty, stays at the LaFarge home with his inamorata and the pair is persuaded to regularize their relationship, whereupon young John introduces Mme. Bartholdi to the secrets of corn-popping. Theodore Roosevelt counsels LaFarge *pere* to send LaFarge *filis* to Harvard and, later, to allow his son to follow his call to the priesthood. A fellow student at Innsbruck is Count Clement von Galen, later an arch-foe of the Nazis. From the

hands of St. Pius X the young American seminarian received Holy Communion and the Pontiff bends a long and searching look on him before bestowing his blessing. And through this world of glowing personages John LaFarge moves alert and appreciative, but never overawed.

Even the manner of his career in the Society cannot be considered completely ordinary. Few American Jesuits have made their application for entrance directly to the General. And since he arrived at St. Andrew-on-Hudson as Father LaFarge, the course had only to supply him with those elements of his formation peculiarly Ignatian. His active ministry was properly begun with eight months as hospital and prison chaplain on Blackwell's Island. Then, with his assignment to the Counties of Maryland in 1911, begins a saga of achievement that culminates where—in the editorial chair (one caster missing) of *America* in 1944, in a hand-written letter from the Vatican on the feast of St. Robert Bellarmine in 1946 to "Our Beloved Son John LeFarge, S.J.," in an audience with the Holy Father in 1947 when Father LaFarge thought the interview was over and started to leave, only to have His Holiness ask him what was his hurry? On the strength of the record, indeed, there is no assurance that the culmination has yet been reached. It begins with the toilsome work of a country pastor. There the problems of the Negroes were thrust upon Father LaFarge at close quarters, and he began the first free Catholic schools for Negroes in southern Maryland. Years of struggle followed to staff the schools with Sisters and to scrape together the financial support for them from outside sources. Later came the founding, temporary success, and ultimate failure of the Cardinal Gibbons Institute, an industrial school for Negroes. In 1926 came the appointment to the staff of *America*. Into the years between, there have been crowded the arduous duties of an associate editor and of an editor-in-chief, plus active interest and participation in the National Catholic Rural Life Conference, the Catholic Association for International Peace, the National Liturgical Conference, the Liturgical Arts Society, the Catholic Laymen's Union, the New York Catholic Interracial Council, numberless discussions with those of other persuasions, plus a pre-war and post-war survey trip of Europe as Editor of *America* and, in 1951, seven weeks in Germany as a visiting consultant to the United States Government of Occupation.

The record indeed is impressive. Still more impressive is the unobtrusiveness, already noted, of Father LaFarge in the printed pages of the record. But most impressive of all is the winning portrait of the man who emerges, willy nilly, from between the lines. This is the least turgid of autobiographies; in the place of soul-searching in the modern, anguished manner, we are treated to a glimpse of one of the sons of the Light. There is a pervasive and irrepressible sense of humor, sometimes faintly edged with mild irritation, as in the instance of the Rector of the Innsbruck University, who made a "stupid, hesitating little speech" and proceeded to mangle the names of the students, including that of one "Chawn LaJartch." The genius of Augustine is put at the service of a shepherd prodding a balky sheep, for Father LaFarge quotes to the old man Augustine's words: "Show a green bough

to a sheep and you draw it after you." Behold, the shepherd complies and the sheep follows him docilely into the distance. The green bough technique is applied thenceforth time after time, and with what success is writ large in the record. The balky sheep was encountered near Assisi on a journey to Rome from Innsbruck, a journey the author says he undertook to find out the ultimate truth in his own life. And as the reader looks back with him through this travel book of that quest, he sees in the life of Father John LaFarge not truth only, but—as St. Augustine says: "delight in the truth, delight in blessedness, delight in justice, delight in eternal life."

Ad multos annos!

THOMAS F. WALSH, S.J.

FRANCIS XAVIER

Set All Afire. *By Louis de Wohl.* New York, Lippincott, 1953. Pp. 280. \$3.00.

A life of a saint, whether fiction or not, is always a hazardous venture for any author. He must beware of devitalizing his hero or heroine by smothering the reality in pious imaginings or by parading the lifeless bones of documentary facts. To recapture them as flesh and blood, yet spiritual giants, as it were, from another world, has proven an unavoidable pitfall for many well-intentioned writers. Louis de Wohl neatly guides his latest novel, based on the life of St. Francis Xavier, past these dangers. *Set All Afire* proves a captivating, swift-moving story, where fact is well blended with Mr. de Wohl's excellent imaginative creations. He has conjured up for the reader an image of the whirlwind, the dynamo of spiritual energy, the ceaseless, untiring laborer which Xavier must have been. It is an inspiring tale stretching from Francis's handball playing days as a devil-may-care student in gay Paris to his forlorn death on Sancian. If one is interested in books to be used as an introduction to spiritual reading for young men, this will surely sharpen their appetite for more. For those accustomed to more substantial fare in a life of a saint, it will prove a diverting change.

J. ALAN DAVITT, S.J.

SOCIOLOGY

Marriage and the Family. *By Clement S. Mihanovich, Gerald J. Schnepf, S.M., and John L. Thomas, S.J.* Milwaukee, Bruce, 1952. Pp. x-502.

In the past the publications of American Catholic Sociologists have tended to suffer from one or other of two basic defects. Some have been aimed at nothing more than popularization of a set of theses from Special Ethics. A more or less successful imitation of scientific work

by non-Catholics in the same field has been the effect of others. *Marriage and the Family* represents a welcome break with this tradition. Its scientific standards will bear the scrutiny of any scholar, while the Catholicity of its authors consistently informs, and enriches their work.

It is a pleasure to remark that the outstanding sections in this volume seem to be those contributed by the Jesuit member of the trio of authors. This is noted without prejudice to the other authors, since it was the reviewer's privilege to study under Dr. Mihanovich and Brother Schnepf. Their past achievements and the quality of their present contributions are certainly to be praised. The chapters however on "The Changing Family," "The Family as a Sociological Unit," and "The Development of the Modern American Family," are especially excellent and reveal Father Thomas' critical scholarship and originality.

This book deserves the attention of a wide range of Jesuits. Certainly any priest or teacher would profit from a reading of the chapters above mentioned. Again, those on "Courtship," "Intermarriage," and "Family Crises," offer a great deal of valuable pastoral information. Two chapters: "Church Laws on Marriage," and "Legal Aspects of Marriage," are first-rate summaries of their complex subject-matters. Of special interest, too, is the appendix containing an analysis of "The Opinions of a Select Group of Doctors on the Effectiveness of the Rhythm Method and the Extent of its Practice." It may be noted that a reference, in the section on sex instruction prior to marriage, to a pamphlet formerly available in most rectories, is now outdated.

In addition to its value for preaching, guidance, and other forms of pastoral work, *Marriage and the Family* commends itself as a college text for the sociology course on marriage or familial relations. To this end each chapter concludes with an excellent summary, a useful list of suggestions for further study, and a carefully selected bibliography.

DONALD R. CAMPION, S.J.

CATHOLICS AND WORK

In Praise of Work. *By Raoul Plus, S.J.* Westminster, The Newman Press, 1952. Pp. 181. \$2.50.

Father Plus has offered to his numerous readers another very readable product of his busy pen. This book, as the title might suggest, presents a thoughtful and delightful expression of a Christian philosophy of work. It is thoughtful in presenting to men of all professions a challenge to give themselves wholeheartedly to their life's work. It is delightful in the apt illustrations of all the professions that he examines.

There are three parts to the book: "On Work in General"; "In Particular Professions"; and "Professions that are Vocations." The first part considers the nature of work. Work is said to be "activity undertaken to accomplish something productive." This consists in the persevering use of all one's effective energy in any occupation with the

intention of rendering service to others. To every man and woman, God has assigned a particular task. And their answer to this call to work is their chief means of sanctification. This first part is discussed under such interesting headings as Luck, If . . . ?, Beginning, Pluck, and Providential Insecurity. All the characteristics of work are illustrated with appropriate stories. Part Two, "In Particular Professions," comprises the largest section of the book. The range of professions discussed by the author extends from the humble work of laborers, domestic employees, and soldiers, to the more exalted occupations of artists, educators, and surgeons. From each profession Father Plus chooses an outstanding representative whose particular genius is delineated to show his singular contribution to the spirit of his calling. In the third part, "Professions that are Vocations," particular religious vocations are indicated for "those with vast ambition." Examples of men of yesterday and today highlight these sections. The vocations of monks, priests, nuns, martyrs, even mothers and fathers of priests are presented for our consideration.

In Praise of Work is a book of interest to both religious and laymen of all callings. It is a book that should be at hand for the perusal of high school boys and girls as well as for their fathers and mothers during a weekend retreat.

WILLIAM F. CARR, S.J.

HISTORICAL

The Catholic Church and German Americans. *By Colman J. Barry, O.S.B.* Milwaukee, Bruce, 1953. Pp. 348. \$6.

A wave of nationalism spread over America after 1865. The United States had survived a civil war; it was young and strong and wealthy. The people took pride in the titanic growth of industry; distant sectors of the country and the world were brought near to them by steel rails and copper wires. They were enthralled with a vision of democratic destiny which led them to welcome foreigners to their shores. America, they believed, was great and would be greater.

It was natural that members of the hierarchy who had been born or raised in the United States believed in the American vision and saw the Church sharing in the glorious future of their democracy.

Woefully unconscious of this spirit were the German Catholic immigrants. These people saw the United States as a country not a nation, and what was worse, a Godless country where they would have to struggle to preserve their faith. "Language saves the faith" became their battle cry. They fought for national parishes, representation in the hierarchy, and other privileges.

What the German Catholics were aware of was the Irish ancestry of the majority of the American hierarchy, the fact that many of the

bishops were temperance men, and the lack of sympathy with which their early requests for cooperation had been greeted.

A twenty years' war ensued in which hot words were exchanged between the antagonists and found their way into public print. Exaggerated charges and countercharges were aired in Rome, Germany, France and the United States. The emotional fury of the conflict left little room for intelligent thought and discussion. And only two men seemed to have been completely honorable throughout the hostilities: Pope Leo XIII and Cardinal Gibbons. If the coolheadedness of these two great churchmen had been adopted by others, most of the battles need never have been fought.

Father Barry proves that American Church History has come of age. Without losing any of the heat of battle, he has recounted the entire controversy with objectivity and documentation. The intrigues are here; so are the greatness and pettiness, the vision and blindness of the combatants. It is a fascinating, discouraging, heartening tale.

JOSEPH D. AYD, S.J.

LIFE OF CHRIST

Jesus of Nazareth. *By the Most Rev. Hilarin Felder, S.T.D., O.F.M. Cap.* Tr. by Berchmans Bittle, O.F.M. Cap. Milwaukee, Bruce, 1953. Pp. xii-353. \$4.75.

In this book Bishop Felder gives us a composite picture of the Christ of the Gospels and the Christ of theology. *Jesus of Nazareth* is not just another "Life of Christ." It is an objective, scholarly and inspiring study of the total personality of Jesus as set forth in the synoptics, early Church, Pauline and Johannine Christology. We may be led to think that the author could not do justice to so broad a subject within the pages of a small volume. However, this book reflects the immense knowledge and extensive research of Bishop Felder's previous two volume apologetical work, *Christ and the Critics*. As the author himself points out, this present work differs from his previous one in content, structure, and mode of presentation. Whereas in *Christ and the Critics* the Messiasship and Divinity of Jesus are considered from a negative angle against the rationalists, *Jesus of Nazareth* takes a more positive approach to the entire person of Jesus in the light of the New Testament sources.

After establishing the credibility of Jesus of the Gospels against the rationalistic critique, the author gives us a progressive insight into the fundamental facets of Christ's person: His humanity, His prophetic spirit, His sinlessness, His fullness of virtue with respect to Himself, to men, and to God the Father, His Messiasship, and finally how all these attributes harmonize and culminate in the Divinity of Christ. The author concludes by showing briefly how the witness of the gospels concerning the Person of Jesus is confirmed by the witness of the primitive

Church in the Acts, in the Epistles of Paul, and in the Gospel, Epistles, and Apocalypse of John the Evangelist.

A word about the translator. Father Bittle has rendered the original German with Knox-like clarity and has added new footnotes and current English titles of other works mentioned for the benefit of American readers.

VITALIANO R. GOROSPE, S.J.

EASTER

The Easter Book. *By Francis X. Weiser, S.J.* New York, Harcourt, Brace & Co., 1954. Pp. 224. \$3.00.

Father Weiser's *The Easter Book* comes as a fine companion piece to his previous work, *The Christmas Book* [cf. WOODSTOCK LETTERS 82:2 (May, 1953), 190]. Understandably similar in style and construction this popularized study of Easter delves into the customs, profane and liturgical, associated with the feast and gleaned from all nations and periods. The result is a startling assemblage of facts and ideas manifesting a broad familiarity with folk-lore, medieval literature, the writings of the Fathers, music, the history of Catholic liturgy, and, surprisingly enough, national cuisines. Despite its faint encyclopedic atmosphere Father Weiser has created a sound unity by following the liturgical chronology of the Lenten Season, Holy Week, and Easter and by strongly impressing his reader with the realistic and simple spirit of devotion possessed by the faithful of by-gone eras. It is something of a revelation to realize, for example, the once devotional significance of pretzels, of Easter eggs of various hues, of choral singing at dawn on Easter morn, of the "Easter walk" and to understand the tremendously personal part taken by the laity in the liturgical functions of this entire season. Because of its interest and readability—his style is of the simplest and clearest—this book will justly enjoy great seasonal popularity among reading Catholics for many years to come. Because of its spiritual content it is highly recommended for such consumption as an historical aid to a more vital participation in and deeper understanding of the full meaning of The Feast.

J. ALAN DAVITT, S.J.

FAMILIAR PRAYERS

Familiar Prayers: Their Origin and History. *By Herbert Thurston, S.J.* Westminster, Newman Press, 1953. Pp. 200. \$3.50.

The title of this book might lead the reader to expect a popularized discussion of familiar prayers. But unless he is fairly conversant with *Wasserschleben*, *Egbert*, and *Chrodegang*; the *Ancren Riwle*, *Adgar*, and *Mabillon*; the *Book of Nunnaminster*, Ms. Cotton Tiberius A iii, and the *Pseudoapostolischen Kirchenordnungen*, and many others even

more frightening to the uninitiate, he may find Father Thurston's essays pretty heavy going.

All eleven papers appeared originally in *The Month* between the years 1911 and 1918. At the time of his death in 1939, Father Thurston had started revising them for re-publication, but, as they appear here, the chapters remain substantially as originally written.

Eleven prayers are discussed. Of most general interest the three on the Sign of the Cross, the Our Father in English, and the Hail Mary should be singled out. Here is the Thurston of the fascinating little sidelights, here liberal quotations from the Fathers of the Church. These three articles, incidentally, can be found in much the same form in the articles on them in *The Catholic Encyclopedia* by the same author. Other prayers whose origin and history are discussed include the *Salve Regina*, *Confiteor*, *Regina Coeli*, *Gloria Patri*, *De Profundis*, and the *Memorare*.

GEORGE T. ZORN, S.J.

ASCETICISM

The Trinity in Our Spiritual Life, an Anthology of the Writings of *Dom Columba Marmion, O.S.B.* Compiled by Dom Raymund Thibaut, O.S.B. Westminster, Newman, 1953. Pp. xxii-284. \$3.50.

Around the turn of the last century, Dom Marmion was teaching theology at Louvain to his Benedictine confreres. It was at this time (presumably while teaching the tract *De Deo Trino*) that the saintly scholar composed an act of consecration to the Most Blessed Trinity. This same period was one of profound spiritual growth for Dom Marmion, and we can but surmise that his unction and ardor overflowed into his students, of whom Dom Thibaut was one. This act of consecration serves as the theme of this compilation from the earlier writings of Dom Marmion. The anthology is constructed by way of allowing selections from the *corpus asceticum* of Marmion's spiritual writings to serve as his comment of the individual phrases of this prayer.

The appeal of Marmion is at once both to the heart and to the mind. He was ever conscious that we must have an enlightened faith before we can love. And with St. Augustine, he realized the profound fecundity of this most central of all dogmas: the revelation of the Most Blessed Trinity. We may rightly say, then, that devotion to the Trinity is a distinguishing mark of his spirituality. He knew that God spoke to us of Himself as only a friend dare speak to a friend, and it was this message of divine friendship that he sought to convey to his hearers while at Louvain. We are the happy heirs of his classroom lectures. Not that his writings are reminiscent of the text-book. Rather he has distilled the teachings of the theologians and Fathers, and gives us in these pages the revelation of the Trinity as it is meant to affect our spiritual life.

JOHN F. X. BURTON, S.J.