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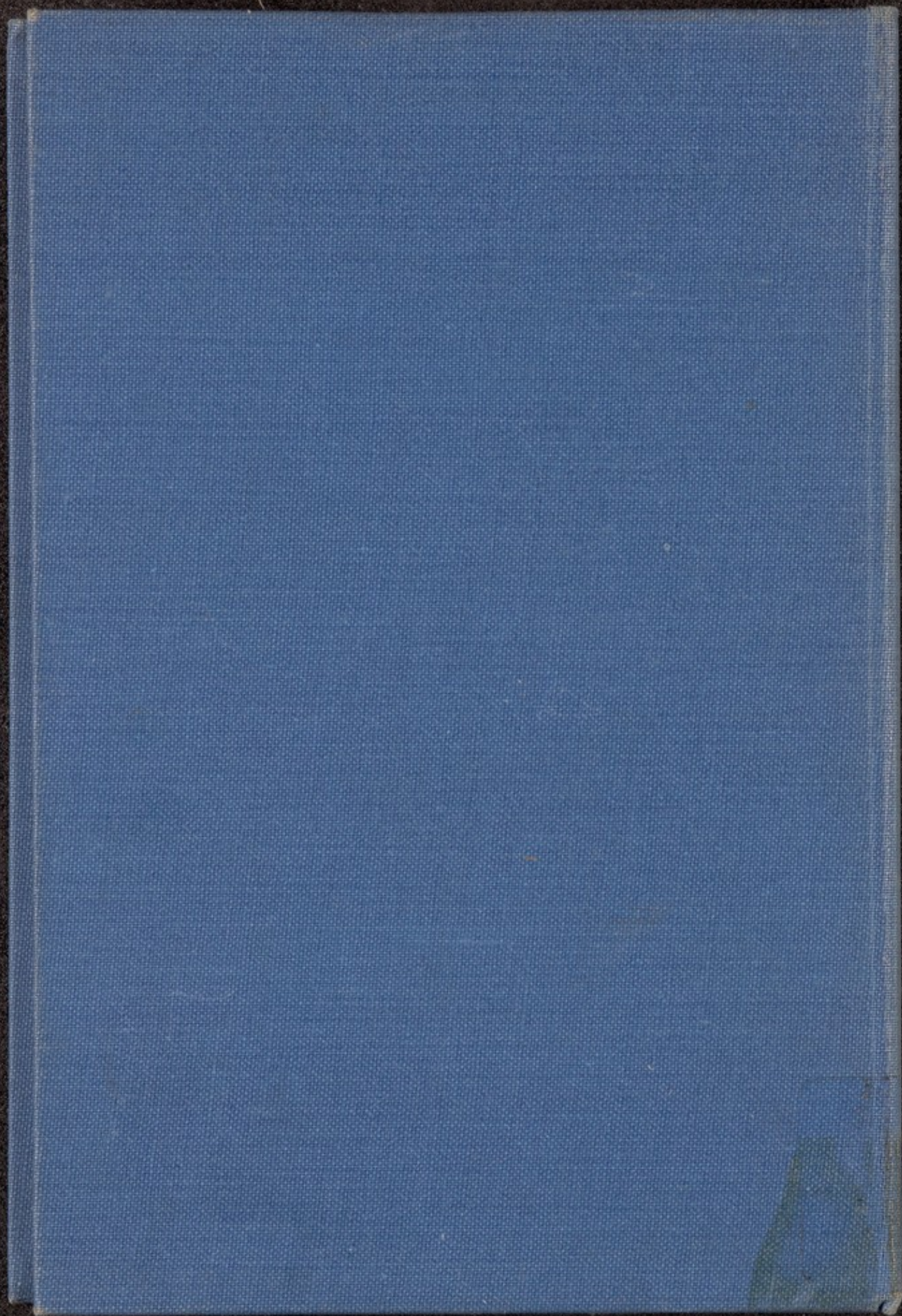
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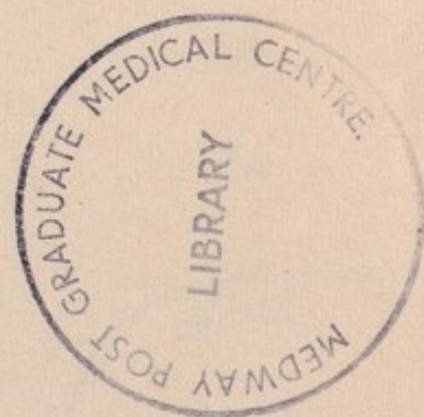
FAMILY PROBLEMS

FAMILY DOCTOR
and
FAMILY PROBLEMS

BY

K. F. M. POLE

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CONTENTS

<i>Chap.</i>		<i>Page</i>
	PREFACE	vii
	FOREWORD	ix
I	THE FAMILY DOCTOR	i
II	PREPARATION FOR MARRIAGE	10
III	MARITAL RELATIONSHIP	16
IV	PLANNING THE FAMILY	35
V	PROBLEMS OF PREGNANCY AND CHILDBIRTH	48
VI	EDUCATING THE CHILD	68
VII	THE AGED AND THE AILING	84
VIII	THE ADOLESCENT	102

CONTENTS

Page	Chapter
xi	PREFACE
xv	FOREWORD
1	I. THE FAMILY DOCTOR
25	II. PREPARATION FOR MARRIAGE
35	III. MARRIAGE RELATIONS
55	IV. TRAINING THE FAMILY
75	V. PROBLEMS OF PARENTHOOD AND CHILDREN
95	VI. EDUCATING THE CHILD
115	VII. THE AUNT AND THE UNCLE
135	VIII. THE ADOLESCENT

PREFACE

THIS book grew out of a series of talks I was invited to give at the Ramsgate residential discussion weeks for younger men and women. It is to the organisers of these weeks and to the participants that it is dedicated, together with all those who, in the union of love, strive to make this world a better place to live in, be they successful or not. Failing, we may be comforted by the words of Mother Cornelia Connelly: 'Our Lord regards what you desire sincerely to become rather than what you are.'

FOREWORD

WHEN Dr Pole asked me to write a foreword to his book, my first reaction was to refuse, because it seemed to me that I was debarred from having any intimate knowledge of the subject on two counts: a layman as regards the medical profession; as regards family life, a priest bound to celibacy and with no experience of founding a family. On the other hand, paradoxically though it may seem, the fact of being a Benedictine monk seemed to counterbalance what at first sight was lacking. It is no mere poetic fancy but the literal truth that Benedictine life is a family life. By his vow of stability a Benedictine monk is incorporated as a member of a particular community, whose customs he will follow, whose traditions he will revere, and whose good repute he will either contribute to or detract from by the fervour or laxity of his life.

It was this thought that encouraged me to write this preface to what I regard as a most timely book on family problems. We are witnessing today a flight from religion on a scale which embraces the whole world, not only the West but also those Eastern countries where the sense of religion has always been so deep. It is not so much a calculated revolt against God or against Christianity as a loss of the sense of the sacred and holy. Many reasons have been brought forward to account for this, but surely the basic reason is that man has lost contact with nature. The herding of the mass of the population into a comparatively few large cities, industrialisation, scientific progress, the whole concept of the Welfare State, has produced an artificial mode of existence, a synthetic kind of life which is almost the complete antithesis of a life lived in direct contact with nature.

It was this sense of his immediate dependence on nature that gave man formerly that realisation of his dependence on the divine author of all nature, and produced that attitude of striving to relate every aspect of life to this divine author. No activity was profane, everything was looked on as sacred; eating, drinking, sexual relations, even bathing and dressing, were 'sacred' actions. Christianity, as Fr Conrad Pepler has pointed out in his recent book *Riches Despised*,¹ carried on this notion in her liturgy and sacramental practice. The Sacraments with their symbols of bread, wine, water, salt, oil and the rest kept people in contact with nature and with the ancient 'religion' of nature. It is not by chance that the great Christian feasts of Easter and Pentecost have their roots in the Jewish feasts of the Pasch and Pentecost, which never lost touch with the 'nature' feasts of Spring and Harvest. Today we have lost the link, and now bread, wine and oil have lost all their symbolism and 'sacred' significance. The Bible too with all its wealth of imagery based on nature has ceased to have any seeming connection with the daily life of the modern man. We are thus living in a world which is completely profane, in which nothing is sacred, with the result that for the ordinary man of today religion has no meaning at all, there is no place for it in his life.

Here then is the problem, how are we to bring back religion into man's daily life? The answer must be on the lines indicated above in the analysis of what has caused the drift from religion. There must be a return to the sacred by the way we have wandered into the wilderness of the profane, a return to nature and thus to God's 'eternal power and divineness, as they are known through his creatures' (Rom. I: 20).

In the family we have one of the closest links with

¹ Blackfriars Publications, 1957.

nature and the natural forms of existence. Parents and children, a common table where the family meets to take food together, the times of work, recreation and rest duly ordered—here you have the basis for a natural and religious life. In the Christian family all these natural activities will be invested with a sacred character; grace before and after meals, prayers said together, the restrained but purposeful setting up on the walls of the home the emblems of religion, the crucifix and pictures of our Lady and the saints, the education of children on the path of self-discipline, unselfishness and charity—all this quietly but indelibly engraves on the child mind the lesson that life and all its facets is a gift of God to be cherished and made the best possible use of until the giver asks for it back to transplant it elsewhere for its perfect flowering.

One of the most distressing features of much contemporary spirituality is the erroneous notion that the spiritual life is something divorced from our natural life, that grace and nature function on two different planes. This is not true; spiritual life is the highest and noblest way the body has of asserting itself. To speak of spiritual life as a life that takes no account of the body, if that means anything at all, is entirely contradictory to traditional Catholic spirituality. In the pages which follow, Dr Pole as a medical man treats of many aspects of bodily life and how the doctor can advise on the many problems of family life. But precisely because these problems are also the concern of the priest who must act as the guide for their spiritual significance, priest and doctor working together have an important role to play in bringing back the world to a sense of the sacred, to religion and to God.

PHILIP LEO SMITH, O.S.B.
Monk of Buckfast.

THE FAMILY DOCTOR

TIME and again the question is discussed whether the age of the Family Doctor, as our forebears knew him, has passed. Many seem to think it has. Many blame the National Health Service, under which, they hold, this relationship of the patient to the doctor—as to the friend, philosopher and medical adviser to the family—is no longer possible. Others seem to think that the progress of science has brought a progress in medical treatment which does away with this approach to doctoring, which they consider outmoded. ‘Make available to each and all the latest discoveries, under the most scientific control and in the most hygienic surroundings’ is their slogan. The sponsors of this approach cry out for health centres, for group practices with rotas based on them, and for all the trimmings of a miniature hospital to be provided in each such little unit. ‘The doctors say’, no longer ‘My doctor says’, is what one can hear more and more when patients discuss their ailments with others. Depersonalisation of medical practice is a direct result of this tendency, praised by some and deplored by others.

To my mind there is much good in both sides. We need both the personal and the scientific approach in the Family Doctor. Happily I feel certain that they do not exclude each other, that a synthesis of all that is best in each is possible and is even now on its way.

The swing-back of the pendulum has become proverbial. It is something of this that we are witnessing at this

present time. The period in which medicine was regarded as a more or less pure science, when patients wished to consult directly specialists in the various fields and either ignored the general practitioner or made use of him simply as a sort of traffic policeman to direct them to the various out-patients departments, is swiftly passing as more and more people realise that there is always a border country between the grounds of the different specialists, which would be left a no-man's land but for the general practitioner. A Spanish proverb, quoted by Albert Niedermeyer in *Medical Ethics*,¹ runs: 'If you have one doctor you have a whole one. If you have two doctors you have two half-doctors. If you have more than two then you have none.' This expresses only the negative aspect of what is lost to the patient when the general practitioner is left out. Something much more than this is coming to the fore now. Today a new conception of the importance of the general practitioner is appearing or, rather, an old conception is being revived.

The psychosomatic character of disease was taken for granted in the old days as a matter of course. Later this concept was submerged and forgotten in the mechanistic era of medicine until psychosomatic diseases were re-discovered as a matter of science by psychiatrists of the more modern school. Their treatment by psychiatrists became the modern trend, the fashion, of the last years of the nineteenth and the first half of the twentieth century. This was the first step towards the rediscovery of the body-soul unity of man, which gradually but steadily led to the realisation that there is not one group of psychosomatic illnesses, but that all health and all diseases are necessarily psychosomatic. This being so, only selected cases are found to belong to the realm of the specialist, who has often been

¹ Albert Niedermeyer, *Medical Ethics*, Herder, Vienna, 1954, p. 170.

defined humorously but correctly as 'one who knows more and more about less and less', a definition which applies as much to the psychiatrist as to any other specialist. The general practitioner now comes into his own once more as the one who looks after *the whole man* and his worries. Once more the medical practitioner has to be the friend, philosopher and medical adviser to his patients if he is to fulfil his task. He has regained his importance on a plane even higher than before. With the advances in medical science he must more than ever be conversant with the scientific aspect of medicine. Moreover the excessive materialism of our age has weakened the contact of most patients with the supernatural. The general practitioner must seek to re-establish this contact by using his influence, the influence of his own philosophy. He becomes once again the kindly friend who knows the patient and his family background; but now he has to be the friend to the many as he was in the old days to the few. Naturally he is again the sole judge when—if at all—a specialist should be called in.

Can this be done under the conditions created by the National Health Service? I feel that this can be answered by an unqualified 'Yes'. It can be, even if it has not always been done.

With many others and for many reasons I believe that it would be an advantage to the patients themselves if they were obliged to pay a proportion of the doctor's fee instead of all their responsibilities falling upon the impersonal State. But the fact that not a single service is paid for directly by the patient should by no means cause the doctor's services to be undervalued. After all, it was but a couple of generations back that many family doctors in many countries were drawing a yearly honorarium from the families they attended. On occasions this was augmen-

ted by a special gift, as a sign of particular appreciation for service given in cases of major illness during the year, but this gift was not part of the contract. In some ways the National Health Service has revived this relationship. The doctor who receives an adequate income can, free from care and without financial considerations, give of his best to his patients. This in my opinion can be all to the good if the main question still to be considered can be satisfactorily answered. This question is: 'Can the doctor give sufficient care to the large number of patients that he must accept for his list if he is to draw an income comparable with that of the older days?' Again I would say 'Yes'.¹

My reply is based on an experience of more than twenty years in general medical practice of three kinds: (i) before the last war in a fashionable private practice, when about six patients in the waiting-room and an equal number of visits during the day, together with some surgical work—partly as honorary junior surgeon to hospitals and partly in private practice, was a full day's work and gave an adequate income; (ii) during and after the war in a mixed private and National Health Insurance practice in a suburban and semi-rural area; (iii) since 1948 in a National Health Service practice with a full list and a few private patients. Looking at all three kinds of medical practices I can say with confidence that they can be equally satisfying for both patients and doctors, and that looking after large numbers of patients is by no means impossible but is a question of organisation and of the doctor's hobbies, outside interests and so on.

When the doctor's main interests outside his routine

¹ Recent economic developments have caused the income of all doctors to fall so far behind anything comparable to former days, that adjustments have become urgently necessary if doctors are to retain their place in the social scale. This however is not considered here as it does not affect the general argument with which we are concerned.

work are in human relationships and in philosophical questions concerning life which would necessarily be linked to the spiritual plane under whatever name, he soon finds that patients come to him for all sorts of advice. He will be able to watch his patients and guard and help them from the time of the founding of a family to the time when the next generation, and possibly yet another, reaches the same stage of beginning a family. In every period of life his advice will be asked for. Problems of many kinds he will have to face, but in their very variety he will find his greatest reward. It is this variety which will make general medical practice for him the real thrill that it can be and ought to be. Disease as such, diagnosis, pathology, research, are all fascinating. The general practitioner's work, mainly made up of illnesses which repeat themselves, might in contrast be considered humdrum. But the infinite variety of individual problems and of personalities met in general practice precludes boredom.

The one great danger that I see in the National Health Service system is that under this system—admirable as it is in so many ways—young doctors will not be encouraged to develop a field of special interests within general practice as the older generation of doctors was wont to do. Here again the danger has now been widely recognised and the hope that it may be averted is therefore justified. The psychosomatic conception of health and disease now so generally accepted has led to pronouncements in the World Health Organisation like that in an article by Professor Kraus of Groningen, Holland:

The medical students lack the opportunity to see the patients in their home environment and it would appear at times as if everything has been done to make it impossible for the students to detect the emotional components which play their part in the illness of every patient.

It is almost impossible for them to learn to see the patient as a unit of mind and body, and as a part of his family, each one with the social background of the community to which he belongs. The human relations, and the entity of the whole, do not even exist in the eyes of the medical students, who have been blinded by the delusion of disease entities. It has been truly said: 'The clinical picture is not just a photograph of a man who is in bed; it is an impressionistic painting of the patient surrounded by his home, his work, his relations, his friends, joys, sorrows, hopes and fears.'¹

The College of General Practitioners is trying to remedy this state of affairs and under its influence most of the medical schools have now arranged to give senior students some insight into general practice and to arouse their interest in the special human problems which confront the general practitioner. The best way—and in my opinion, the only satisfactory way—is for the student to stay two or three weeks in a doctor's house, when he would be with his tutor all the time, joining him on every visit day and night, being with him in the surgery during all consulting hours, attending every accident and every interview with patients and even sharing the doctor's leisure as much as possible. I have found that patients do not object to the presence of the student-doctor and I have had no difficulty in getting patients to discuss personal problems with me in the presence of a student as freely as if I were alone with them. Over meals, or driving on my rounds I then discuss with the student my patients, their illnesses and problems and I find it stimulating to be ready to answer any question, medical or otherwise. From the students—who at that stage have their examination facts at their fingertips—I, in turn, learn something of the latest trends in hospital practice, which benefits me. Above all, however, I find it most satisfying to hand on to the

¹ *World Health Organisation Newsletter*, December 1954, Vol. VII, No. 12.

younger generation what experience of many years has taught me, to instil into them something of my own ideas and ideals and to be their 'friend, philosopher and medical teacher'.

There is one more problem I want to discuss here. It presented itself to me very unexpectedly through a question asked by a girl in the top form of a school where I had given a talk on 'Mind and Body':

Does what you have said imply that the doctor who guides his patients and his students as you suggest must live himself as he teaches, that he must practise every virtue and himself experience all the happiness that he wishes to impart? If so—is it not rather much to expect of a doctor?

I agree. It would be rather much to expect. It would mean that only saints could be good doctors and teachers of medicine. We all ought to be saints I know, and there can be no doubt that nobody could be a better doctor than a saint, who would impart his knowledge and teaching by word and deed and by the very happiness emanating from him. He would have the soundest knowledge and philosophy, and at the same time, aware of his limitations, he would act consciously as an instrument of God and his grace rather than trust to his own wisdom. Yet there is little doubt that sinners and materialists too can be good doctors and good teachers! The same principle applies here as that formulated by the Pope with regard to research, reported in *Catholic Herald*, January 13th, 1956: 'Even a materialistic researcher can make a real and valid scientific discovery; but this contribution does not in any way constitute an argument in favour of his materialistic ideas. . . .' Christ has said: 'Do what they tell you, then, continue to observe what they tell you, but do not imitate their actions, for they tell you one thing and do another' (Matthew XXIII). Our Lord was referring to Pharisees.

Now I do not suggest that a doctor is necessarily a hypocrite if he teaches what he himself either has no opportunity, or finds beyond his strength, to practise in his own life. Such an argument reminds me of one, on a different plane, frequently directed against priests giving advice in questions of marriage: 'They don't know what they are talking about' or 'It is easy for them to talk—they don't have to do it or suffer it themselves.' I have not the slightest doubt that we can well advise on matters which we have not ourselves experienced or lived, if we have studied them, have observed them in others and have our own ideas and ideals quite clear. One can even advise out of one's own failure and unhappiness. A doctor with a handicapped child or with an invalid wife unable to lead a normal family life might still talk and teach competently on family problems—and in helping others he could be a help to himself. Here I am reminded of an experience I had one day on a flooded road. A car had got stuck in a flood with water in the distributor and the driver gave me a warning that I should pass where the water was less deep. I was then able to stop and offer assistance and in the end the other car was again ahead of me. Nothing however, I believe, can improve on the definition that Amiel gave in 1873 in the words: 'The model doctor should be at once a genius, a saint, a man of God.'¹ How do we get such doctors? We must pray for vocations to the medical profession as for those to the priesthood.

With this said all is said that can be stated in general terms. We may now look at the individual problems which patients bring, as they should, to their family doctor and which, in well over twenty years of general medical practice, I myself have met in infinite variations. Together

¹ *Unpublished Fragments from the Journal of Henri Frederic Amiel*, translated by Van W. Brooks, 1933.

with these problems we shall discuss the essential principles which, I believe, must guide the Catholic doctor in his task of giving advice and which, I know, are guiding many doctors of all faiths.

II

PREPARATION FOR MARRIAGE

THE failure of a great and ever-increasing number of marriages is a sad sign of our times and constitutes a grave danger to mankind. The questions must be asked: 'What is the cause?' and 'What is the remedy?' A superficial answer in general terms to the first question seems easy. The age of materialism in which we live, when marriage is considered to be little different from the sex union of animals, is weakening resistance to temptation even in those of good will and of good faith. The chorus of those condoning, nay approving, divorce or 'free love' so called, and thus giving, as it were, the stamp of general sanction, or even praise, to deeds that were commonly acknowledged as morally wrong some decades back, is likely in its appeal and perseverance to overwhelm eventually the small voice of conscience.

True, such evils were met even in 'the good—or bad—old days', though on the quiet. More recent developments were due partly to a reaction—originally healthy—against the pharisaical conventionalism of past times, in which these evils were covered up, and partly to the over-emphasis on the emancipation of women. These developments, however, have now far outdistanced their original aim, and have strayed so far from the path of moral law that today even in novels by writers professedly Catholic 'the sinner assumes the role of the hero, and the righteous man is often presented as self-righteous,

pharisaic, mediocre, or at least unamiable'.¹ Indeed if we look at books like Graham Greene's *The Heart of the Matter*, we find that all those who care about God and think about life succumb to their temptations. Those who keep ostensibly free from sin are all pictured as dullards who have no temptations and no care for nor interest in anything beyond themselves and their most petty daily round of life. Indeed, as one critic said at the time of the publication of the book (I forget who it was), the conclusion to be drawn from this book appeared to be something like: 'If you love God, break his Commandments.'

With an approach mainly physiological to marriage, and with the prospect of its possible termination in case of failure, goes naturally a tendency to embark on marriage much more lightly than people used to do. This fact seems to me to contain the root of the undoing of marriage. 'He' and 'She' meet, very often under circumstances which bear little relation to the ordinary daily life that they will lead when married during the years to come, sometimes it is in the Services, sometimes on a holiday. I remember a Passionist priest preaching on this theme during a retreat with gestures so lively that I can never forget them: the ardent courtship and protestations of undying love by 'Him', a coyly whispered consent by 'Her', and off to the altar they go, if indeed it is the altar where their bond is solemnised. Little they know of each other's background, of their families, or of the humdrum of every day's life and work. Far be it from me to advocate that we should revert to the custom of old days, when parents arranged the marriages without much regard to the wishes of their children. There is however little doubt that some of the dangers of the present day to the young

¹ D. v. Hildebrand with Alice Jourdain, *True Morality and its Counterfeits*, David McKay & Co., 1955, p. 3.

married couple were avoided in those days by the parents of both parties who made a kind of pact to protect the young couple on their first joint steps out into the world. Moreover, in these arranged marriages the social background and the education of the couple were bound to be compatible, and some financial security—at a level related to their upbringing and social life—was reasonably assured. Today the young man and his chosen girl make their own free choice and give their free consent, as indeed it should be. Little however they have to guide them beyond their intuition—often blunted by the passion of their sexual instinct. The old precautions have gone with nothing to replace them. Nobody tells the young couple of their marital responsibilities, nobody draws their attention to the fact that marriage into which they are about to enter is a state for the whole of their lives. As in the choice of a profession—and even more so as marriage is likely to last even longer and to be even more unalterable ‘for better, for worse, in sickness, in health’—the young couple need careful preparation and knowledge upon which to base their decision. Talking about modern woman, Kaufmann, a barrister of international reputation and with special knowledge and experience in divorce cases, says: ‘She approaches marriage as ignorant of its responsibilities and demands as any woman of other decades, and the fact that many girls may have had sexual experience before marriage has not in any way altered the situation with respect to marital wisdom.’¹ Pre-marriage education is indeed needed. This seems to me to be the chief remedy against the present day’s deplorable happenings—but who is to give this education?

It is, I think, generally agreed that: ‘the home is the

¹ Edward Kaufmann, *You and Your Marriage*, The Naldrett Press, London, 1951, p. 1.

ideal environment for pre-marital preparation. However, even with the best intentions of the parents, it is extremely difficult for them to disassociate themselves from their personal experiences in advising their children.' Furthermore, 'It is often remarked . . . that parents find the subject embarrassing to discuss with their children.'¹

Pre-marriage lectures have been advocated as an antidote for the increasing frequency of divorce, separation and so on, which in this country is now five times as high as it was before the war. Keenan and Ryan, from whom I quote these statements, admit themselves that these lectures 'are not, of course, the ideal method of tuition'. Myself, I can see little evidence in their book to support organised classes for pre-marriage instruction. The authors' remark about medical advice in cases of maladjustment (p. 194, para. 2) seems to me to apply similarly to pre-marriage instruction: '. . . they'—the young couple—'feel more at ease if they feel that the doctor is confining himself to their individual troubles'. Indeed I think that if the parents cannot do their part in this instruction, they should hand on their task to the doctor; not to a doctor lecturing to a class, but to their Family Doctor. If he is a real Family Doctor, he will readily agree to help, however busy he may be.² After all, how often during the whole year will such a request for help be met and how much time will it take? Not very often and not very much time—it will be a task well worth while.

The best way would be, in my opinion, if we could instruct the parents how to teach their children, and, as I hope to show later in this book, there is a good prospect

¹ A. Keenan and J. Ryan, *Marriage, a Medical and Sacramental Study*, Sheed & Ward, London, 1955, p. 303.

² Compare my remarks in a previous article on 'Health and Happiness', *Buckfast Abbey Chronicle*, Winter 1954, p. 42.

that we may achieve this after one generation. By individual discussion the danger of a little knowledge of a complicated and vast subject will be avoided, a danger which is the main argument against organised lectures. In individual discussions with the family doctor everything not necessary for the particular 'marriage candidate' can be easily skipped. On the other hand, a lecturer has to try to cover the whole ground for each class as completely as he can. Sex education proper will at the usual age and stage for getting married often no longer be necessary. We shall deal more fully with this question later on. Where this sex education is necessary, one will be able to keep it short. Occasionally the doctor could advise a book, outlining it shortly and afterwards discussing it with his 'ward'. The choice of book would vary according to the individual case. By this method time will not be wasted on matters which do not present any problem to the individual concerned, or on matters which might even create problems that otherwise would never have appeared. The questions asked by the young man or woman will be the surest guide to the doctor about his patient's needs.

Here of course, more than in any other field, the doctor's own philosophy and outlook on life will be decisive. He will have to be careful to set his explanation and advice against the right spiritual, social and economic background in order to help to form the character and to reform any wrong ideas which his young friend might have collected in the past.

The great importance that many young people of the pre-marriage age and stage themselves attach to the more general spiritual and social aspects of marriage compared with the purely medical, or narrowly medico-moral problems concerned with sex, seems to me most clearly

expressed in a suggestion from the participants of the first Residential Discussion Week for Younger Men and Women at Ramsgate in 1952: 'In any future talks on marriage and family life, more stress should be given to the importance of real love and friendship in marriage, with less harping on the procreation of children.' I was very pleased that, though I was one of the lecturers at that Week, I had not been considered guilty in this respect by my audience! But in the following six years, during which I had again the honour and pleasure of being invited to lecture at Ramsgate, I gave special heed to this suggestion. The many and varied questions which I was asked after the lectures, not only by the discussion groups, but also afterwards privately by the young men and young women—coming from all social levels—proved to me that what I have tried to expound here is true.

III

MARITAL RELATIONSHIP

'MARRIAGE seems to work magic. But it is not all magic', writes Frank Sheed. He says: 'Husband and wife must work hard at it. If one is making no effort, the other must work twice as hard. Love helps, though it is precisely love that is in danger of losing its elan with so much to depress it. . . .' And again he says:

But unselfishness can get a little frayed when it is all on one side, and the faults of the other get no less; indignation—thoroughly justified, be it noted, but all the more corrosive for that—arrives and settles in; and the martyr complex makes a hell for the erring partner and the martyr alike, to say nothing of the children.¹

Nothing in life is at a standstill; everything either grows or shrinks. It is the same with love and marriage. It either grows and deepens with the years, husband and wife making a success of it, or they do not bother—one or both taking it all for granted—and slowly but surely cracks will appear in the edifice of their marriage, which they thought they had built once and for all to last their lives. They lose interests that they had in common and with them they lose interest in each other and drift apart.

In an analysis of the causes of divorce, Kaufmann concludes it is the total intensity of the marriage partners' common interests in 'the four great fields of common interest' that determines whether or not a marriage is healthy. Those four fields he enumerates as 'the intellec-

¹ Frank Sheed, *Society and Sanity*, Sheed & Ward, pp. 127 and 124.

tual, the sexual, the economic and the family (parents-children) community'.¹

Let us look together at these four fields in turn.

1. The importance of intellectual communion is obvious. Doing things together—working and playing together—is one of the strong ties between man and wife. Sharing the same work is indeed often the beginning of the loving relationship which leads to marriage. There is some danger if this is the only, or even the main pillar on which the marriage is founded, because later on the new responsibilities and duties of the married state, of motherhood and of the household may curtail that sharing. Where it persists, it forms a strong bond indeed. Almost invariably, and certainly ideally, it is a sharing of the man's work by the woman as his helpmate which unifies the two. The emancipation of woman has not changed the essential characteristics of the sexes nor the sex-bound expressions of love. What Amiel wrote in 1870 still holds good:

.... The man who would make life consist in conjugal adoration, who would imagine that he has lived sufficiently when he has made himself the priest of a beloved woman, such a one is but half a man: he is despised by the world, and perhaps secretly disdained by women themselves. The woman who loves truly seeks to merge her own individuality in that of the man she loves. She desires that her love shall make him greater, stronger, more masculine and more active. Thus each sex plays its appointed part: the woman is first destined for man, and man is destined for society. Woman owes herself to one, man owes himself to all; and each obtains peace and happiness only when he or she has recognised this law and accepted this balance of things. . . .²

¹ Edward Kaufmann, *You and Your Marriage*, The Naldrett Press, London, 1951, p. 18.

² Amiel's Journal, *The Journal Intime of Henri Frederic Amiel*, translated by Mrs Humphry Ward, Macmillan & Co., London, 1889, p. 166.

Some might object that this view is out of date, proved wrong, for example, by the marriages, particularly in professional circles, in which husband and wife each have a career and separate professional interests. Women doctors have achieved fame as doctors while being good wives and mothers. Women politicians, often happily married, are decisive influences in the fates of their countries and indeed in the shaping of the world. But I still maintain that Amiel's words hold good today as ever. He is right in his reference to the man who 'has made himself the priest of a beloved woman'; the modern counterpart was referred to by a friend of mine as 'the rearing of a married baby'! He is also right that the woman who loves truly seeks to submerge her own individuality in that of the man she loves. It is the meaning of marriage that the two should become one, and therefore act as one, and, in the world as it is, it will normally be the man whose activity is principally in the world outside.

There are of course the marriages where women have to work for the daily bread, as has been the custom for generations in the cotton towns of Lancashire where the number of divorces and the amount of juvenile delinquency are, so I am informed, well below average. That hardship can be a uniting factor in marriage is a well-known fact, to which I shall refer later on again. Having no proper home may make husband and wife desire it even greater, and this longing may strengthen the marriage bond in the same way as in some marriages where the wish, the desire and longing for a child remains unfulfilled. Unfortunately, however, where the wife is overworked, the resulting tiredness might outbalance this unifying effect.

There are also the marriages in which the wife, usually in middle age, finds that the home leaves her now some

spare time. She wants to give and to help and the world needs help. Happy wives are the best to give it and so they should. But they will have to take care to let first things remain first lest the spring of affection dries up, leaving nothing to 'overflow' for others and eventually nothing for themselves.

The marriages which I find present more danger than others are those where the woman was trained for a job before marriage, loves it, keeps it up after marriage and makes it her first interest. Such marriages may be all right. Much will depend on the husband's job and on the opportunity or non-opportunity for the wife to participate in it. Unfortunately, however, there are all too many cases in which the wife is determined to concentrate on her own work rather than to take her share to the full in her husband's life and work, a share which may go unrecognised by others but which is all-important just the same, a viewpoint voiced strikingly by Chesterton (*The Man who was Thursday*, Chapter VIII, p. 121): 'It may be conceded to the mathematicians that four is twice two. But two is not twice one: two is two thousand times one. That is why, in spite of a hundred disadvantages, the world will always return to monogamy.'

In this country, and in many others I believe, the majority of career women are not married. This, I am told, is not so in the U.S.A. but reports of crises in American homes and in family life might well be linked with this. Still, I readily admit that marriages in which the partners have separate intellectual and work interests may be happy. In exceptional people they may even be exceptionally happy—as result of love overcoming an obstacle that could well have prevented the full union of personalities which marriage is meant to be. For success in these marriages mutual concern for each other's work is

essential. Never should the husband consider himself, his own person or job to be more important than those of his wife: this applies, of course, equally to marriages in which the man alone practises a profession and the wife is 'simply' the home-maker. It is, after all, the real home, the happiness it gives to the husband and the family, the help and encouragement received there, which will make the man 'greater, stronger, more masculine and more active'. He has therefore every reason to take a genuine interest in his wife's home-tasks, which mean so much to him, and to show his gratitude and appreciation of her work there. Thus the wife will be left with an ever-clearer conviction—which is the truth—that she shares in his activities and his achievements and that in giving herself to her husband and their children she gives her influence to the world.

For this bond of common interest the actual sharing of the husband's work need not be one of direct and active assistance. Where such is not practicable, the opinion at home about a man's job is one of the main phenomena connected with his satisfaction in his work as shown by investigations of M. C. Ijdo.¹ When the attachment to the job is particularly strong, I have, however, known the opposite to happen, namely that it was the satisfaction in the marriage which was suffering where the wife showed no interest in, or even hostility towards, the husband's job.

Outside the actual job, too, common interests are of paramount importance. In this matter television *may* do some good by keeping husband and wife at home together in the evening, watching plays and hearing talks which they may afterwards discuss, as in earlier years they might have exchanged books that they found to be of special

¹ Quoted in *Mental Health and Human Relations in Industry*, edited by T. M. Ling, Lewis & Co., 1954, p. 32.

interest. Of course the opposite frequently happens, the two being interested in completely different spheres, each wanting his or her particular favourite programme, which might be the pet aversion of the partner. It is then even worse than the case I remember of a wife who read a great deal herself, but always put at the bottom of the pile of books that she intended to read any that the husband specially recommended. Having always more books to read than time to read them, with 'priorities' again and again going to the top of the pile, the husband's books at the bottom of the pile were never reached! There was little doubt that this was done with the intention—perhaps subconsciously—of preventing discussions of topics she wished to avoid. She would not accept this fact and stubbornly refused to believe that her attitude had anything to do with her husband becoming withdrawn and silent in the house.

Another thing of much greater importance than is generally realised, which can form either a strong uniting bond or a separating barrier, is the wife's attitude towards her everyday duties in the home. On moans and complaints about the drudgery of domesticity, I am all with G. K. Chesterton when he writes in his *What's Wrong with the World?* on what he calls 'The Emancipation of Domesticity'. He says:

If drudgery only means dreadfully hard work, I admit the woman drudges in the home, as a man might drudge at the Cathedral of Amiens or drudge behind a gun at Trafalgar. But if it means that the hard work is more heavy because it is trifling, colourless, and of small import to the soul, then . . . I give it up; I do not know what the words mean. To be Queen Elizabeth within a definite area, deciding sales, banquets, labours and holidays, to be Whiteley within a certain area, providing toys, sweets, cakes and books; to be Aristotle within a certain area, teaching morals, manners, theology, and hygiene; I can understand how this might exhaust the mind, but I cannot imagine

how it could narrow it. How can it be a large career to tell other people's children about the Rule of Three, and a small career to tell one's own children about the Universe? How can it be broad to be the same thing to everyone, and narrow to be everything to someone? No; a woman's function is laborious because it is gigantic, not because it is minute. I will pity Mrs Jones for the hugeness of her task; I will never pity her for its smallness.¹

There is, however, even more in it than that. In making his home the wife is making her husband's life. Nowhere I think is this better expressed than by *Candida*: 'I build a castle of comfort and indulgence and love for him, and stand sentinel always to keep little vulgar cares out. I make him master here, though he does not know it, and could not tell you a moment ago how it came to be so. . . .' And Morell, her husband, acknowledges: 'It's all true, every word. What I am you have made me with the labour of your hands and the love of your heart. . . .'² He might not have known it a moment before, but instinctively he had felt and appreciated all the time what he now acknowledges in words. Every husband will always feel and appreciate his wife's attitude and her devotion will always evoke his response—but only if her giving is one of real love. An attitude in marriage of duty with moaning and complaining, or even of 'suffering in silence', will bring all efforts to naught; this of course applies to both parties. Well may be remembered the words of St Francis of Sales: 'In truth, love either takes away the hardship of labour or makes it dear to us while we feel it.'³ Instinctively either partner will feel that love falls short, where such labour is felt as a sore hardship.

Religion is not mentioned by Kaufmann, but surely a

¹ G. K. Chesterton, *What's Wrong with the World?*, chapter III, 'Emancipation from Domesticity'.

² Bernard Shaw, *Candida*, Act III, last scene.

³ St Francis de Sales, *Treatise on the Love of God*, Book IX, chapter 2.

man of his experience cannot possibly have overlooked its paramount importance for happiness in marriage as, indeed, for happiness generally? I gather from his book that the author is not a practising Christian and that religion would be included by him under the heading 'intellectual field'.

The unifying influence in marriage of religion shared is recognised by the Church who, because of this, permits only with reluctance, and under safeguards, mixed marriages. It is expressed sublimely in the words which were the main theme of Father Peyton during his Rosary Crusade: 'The family that prays together stays together.'

There is however a danger, particularly for Catholic wives, to misunderstand the call to prayer and piety, and this leads to an unhealthy and exaggerated 'piety'—really a sham piety. This may be distressing in a Catholic marriage; it can be disastrous in a mixed marriage in which the non-Catholic husband is likely to judge the Church by his wife's actions. What is really the attitude of the Church can hardly be expressed more perfectly than it was by Dom Hubert van Zeller:

. . . . If God wills that you should be bowed over the sink in the pantry, instead of over the bench in your favourite Church, then washing up is, for you now, the most perfect thing you can possibly do. . . . The whole business of serving God becomes simply a matter of adjusting yourself to the pressure of existing conditions. This is the particular sanctity for you. . . .

Again:

If you leave your dishes, your housekeeping books, your children's everlasting questions, your invitations to take care of themselves while you go off and search for the Lord's presence in prayer, you will discover nothing but self. . . . It becomes a matter then, of developing a system of prayer—within the framework of your God-given duties. It will be your system of prayer—not necessarily anyone else's. You

will have to find a way of communicating with God by means—and not in spite—of the calls upon your energy and time and patience.¹

The fact that the above quotations do not merely express a personal view is exemplified in the lives of two Saints who lived in the world in the married state. Of St Frances of Rome it is told that one day, while saying the Office, the daily prayers of the Church, she was called away first by her husband and then several times by some household duties in such quick succession that she had to restart the same antiphon four times. Every time she was called she responded with the same promptness. At length, taking up her book for the fourth time she found the letters of that antiphon written in gold! Afterwards in ecstasy St Paul revealed to her that, by divine command, an angel had done this to show her the worth of obedience.² Another example is given by St Elizabeth, who passing the night in prayer, left her hand in the hand of her sleeping husband, on which von Hildebrand comments: '... a touching expression at once of conjugal love and of sacred union. . . .'³ Most certainly the attitude of St Elizabeth expresses more clearly than any words that it was through her marriage, and not in spite of it, she was seeking communion with God.

2. The term, 'the sexual field', as used by Kaufmann must be taken to include the whole of the emotional sphere. The importance of this sphere in marriage is shown very clearly by observations quoted by Whitman:

So much has been written about our harmful emotions that we have come to regard strong feelings as a sign that something is wrong with us. The truth is that it may be more dangerous to be under-emotional than over-emotional. The American Institute of Family

¹ Hubert van Zeller, *Praying While You Work*, Burns & Oates, London, 1951, pp. 3-5.

² *Acta Sanctorum*, March II, p. 187.

³ Dietrich von Hildebrand, *Marriage*, Longmans, Green & Co., New York, 1947, p. 62.

Relations has discovered that depressed critical people, low in cordiality and lacking in demonstration of affection, are most often the cause of divorce. They dwarf and inhibit the love which is offered them.¹

It is however on problems connected with the sexual sphere in the strict sense of the word that the doctor is most frequently asked to give advice, and these problems seem to me to arise more in Catholic marriages than in others. The reason for this I believe to be two-fold. Many Catholics have been brought up in the wrong belief that sex is something base which is tolerated by the Church only as a concession to human weakness and for the purpose of procreation. The second reason springs from the first. The idea of large families increasingly failing to find generous support—and birth control by convenient artificial means being forbidden—results frequently in some antagonism between the partners in marriage, which may be begun by either partner and leads to increasing friction. Messenger devotes a whole chapter to the discussion of this 'prejudice against sex' in his *Two in One Flesh*.² There he puts the problem admirably in its proper setting, before dealing with the details in the remainder of the three volumes which form the complete work.

I intend to survey now the sexual field of marriage in very general terms only, outlining the main problems and showing what help the doctor can offer his patients in their difficulties.

As I have said before, I am against group instructions on marriage difficulties because I feel that the words of Keenan and Ryan: 'Especially in intimate matters such as

¹ *Reader's Digest*, 'Living is more than Skin-deep', May 1954. Condensed from *Lifetime Living*.

² Rev. E. C. Messenger, *Two in One Flesh*, Sands & Co., London, 1949, Vol. I, chap. 1.

sex relationship, they'—the husband and wife—'are more at ease if they feel that the doctor is confining himself to their individual troubles',¹ apply to all who seek guidance in such intimate matters of marriage, even before troubles actually arise. Not even the written word, though it can be read in privacy, is a proper medium for establishing the personal and individual contact which I hold is desirable. Moreover, time and again, books have been misunderstood, there being no possibility of asking the author questions as one can ask the doctor in personal discussion, whenever one is in doubt about his meaning or about the validity of any argument. This fact has been quite recently impressed on me anew when I was consulted by a young married couple who were evidently very much in love with one another but in marital trouble all the same. The husband had obviously read several books in preparation for his marriage and had been impressed rather too much by technicalities. In an effort to offer his young wife all the loving attention possible, he had in consequence rather overdone it. At the same time he could not hide the fact that he was anxiously watching her reactions. The wife, feeling herself thus observed, was ill-at-ease and conscious that her response was falling short of her husband's expectations. These difficulties brought the young couple to me. They both told me their story, then I spoke to them singly and eventually once more to them both together and they went home happy and reassured to make a fresh and better start. Soon afterwards the couple moved away, but I had news since of perfect happiness and a little later, still of perfect happiness and of a baby being expected.

I explained to them the difference in physiological

¹ A. Keenan and J. Ryan, *Marriage, a Medical and Sacramental Study*, p. 194.

development natural for man and woman, the man's sexual development being complete at the time of marriage while the wife's initial response is usually mainly emotional, which only after—and through—consummation gradually reaches full development. I then explained to the husband how he was to be the guide and that success would depend on his gentleness and understanding and patient love. He would be rewarded by an experience which would be the source of the greatest happiness obtainable in this life: the gradual awakening of the wife to the response of full womanhood in which both he and she would realise fully 'being one flesh' in a union incomparable to any other. I further explained to them both how such a union could be satisfying and happy even before it resulted in full sexual satisfaction, if it was regarded—as it should be—neither as a playful interlude of married life nor as the mere fulfilment of a natural instinct, but as the sublime expression of love in which the couple unite in a singular closeness and intimacy, giving all and receiving all.

In the beginning the giving might be almost all on the wife's part. Indeed, the fact that she is giving herself may be the only satisfaction that she derives at this stage; it might even have to compensate for actual physical discomfort following the breaking of the hymen. Again, let me quote the words of St Francis of Sales: 'In truth, love either takes away the hardship of labour or makes it dear to us while we feel it.' Indeed it is the very essence of the union in the marriage act that it should be done in loving giving and not just as a duty. I agree with Keenan and Ryan that the old prejudice which one still sometimes meets—that it is indelicate, unbecoming, or even immoral for the wife to show desire for intercourse and to take sometimes the initiative—is certainly wrong and danger-

ous.¹ It is humiliating to the wife, giving her the feeling that she has to be at the husband's disposal whenever he demands it, while the correct attitude should be: 'Out of my free will I have given myself—and am giving myself—to thee.' It is disappointing to husbands, about whom my experience again confirms that of Keenan and Ryan, that most men find mere dutiful submission distasteful.² As a matter of fact, as mentioned before, an attitude of such dutiful submission is frustrating in every sphere of married life, disconcerting and even repugnant to the partner, who is inclined to feel snubbed and put off. Messenger points out: '... it is not normal for a woman to request directly the rendering of the debt, but she can and doubtless will give signs and indications which a discerning and loving husband will know how to interpret.'³ I would not put it as strongly, but certainly women prefer to give merely signs and indications more often than men do. I have however found that many husbands too, particularly if they have found the wife hesitant once or twice before, prefer to give 'signs and indications' rather than to demand their right—and for the very reasons discussed above—that they wish to receive their right as a free gift rather than as a duty rendered. Loving wives will be as understanding as loving husbands for in the words of Frank Sheed:

Love asks something even harder than honour (which was defined by Dean Swift as judging one's own cause as though it were another's), that we judge another's cause as though it were our own. This follows as a matter of course if we love another as ourselves.⁴

¹ A. Keenan and J. Ryan, *Marriage, a Medical and Sacramental Study*, Sheed & Ward, London, 1955, p. 28.

² *Ibid.*, p. 196.

³ Rev. E. C. Messenger, *Two in One Flesh*, Sands & Co., London, 1949, Vol. III, p. 35.

⁴ Frank Sheed, *Society and Sanity*, Sheed & Ward, London, 1953, p. 77.

Even as the married couple grow older the sexual union will be a strong bond. It is a common mistake to assume that the sexual life of men and women comes to an abrupt end when they become old. Actually it has been shown that the decrease is a gradual one, starting in men soon after they have passed their teens but even at the age of seventy only twenty-seven per cent of white males are impotent, a figure which has increased to fifty-five per cent at the age of seventy-five.¹ Similarly in women there is no reason why the menopause should end sexual life. It often does—but for purely psychological reasons. On the other hand, in women who have been afraid of child-birth the opposite may be the case, as the menopause relieves this anxiety. Actually Kinsey has shown (quoted by Lord Amulree) that in youth the female is not so eager for frequent coitus as the husband, but between fifty and sixty years she frequently wants it more often than the husband is willing to give. What was said previously, that dutiful submission on the part of the wife is frustrating, applies of course equally to the husband who 'condescends' to fulfil the wife's desire, and who makes it all too clear that there is no pleasure to him but rather a task performed solely to satisfy his wife and 'keep her quiet'. This is an entirely different attitude from that of the man whose sexual desire has waned but not his love. Though no longer urged by youthful desire he will give himself out of tender affection, happy to see the beloved one happy and united to himself. Women are very quick to appreciate all that this means.

There are furthermore data which indicate that a regular and satisfactory sex life begun at an early age results in the maintenance, though in diminished form, of sex life

¹ Lord Amulree, *The Practitioner*, Special Number on Sex and its Problems, April 1954, p. 432.

until well into old age. The sex union will gradually lose importance as the union of personalities has become so complete that it compensates for bodily desire. This however is not so when the union has been refused earlier and out of selfish reasons. In *Every Man a Penny*, Bruce Marshall has one of his men say: 'I wanted to love her for a long time. I wanted to love her when she was old and to think how much I loved her when she was young.'¹ Patience Strong puts it in rhyme:

The Love of married people, who have come through storm and stress—

And still retained the splendour of their Springtime happiness . . .

The Love that is a comradeship, yet tinged with gay Romance—

The Love that only deepens as the marching years advance.²

What if there is no Springtime happiness and no gay Romance to be remembered or if it has been blotted out long since by a barren time leaving no harvest for the Autumn of life? Frank Sheed answers this question on page 129 of *Society and Sanity*:

. . . An unsatisfying sexual life can rend a marriage apart; there may be no actual divorce, but the dream of a perfect sexual union will continue to haunt the imagination, so that the meagre reality becomes a torment, and husband or wife or both will go out in pursuit of the dream.

Indeed, sexual union is the clasp as it were holding the chain by which husband and wife have bound themselves to each other. When this clasp is faulty the marriage is in grave danger. It is therefore a serious duty on the part of the failing partner to seek medical advice in such cases to see whether the matter can be rectified. This is unfortunately often omitted in the wrong belief that marriage

¹ Bruce Marshall, *Every Man a Penny*, Constable, London, 1950, p. 43.

² Patience Strong, *Sunny Side*, Frederick Muller Ltd., London, 1952, p. 12.

without intercourse is even better and holier than with it—particularly if children, or more children, are not desired. To the question of children we shall return later, but I hope I have made it clear that such an idea of purity is quite wrong. It has been exposed as such by Bede Jarrett:

... these inclinations of our nature are part of our very flesh and blood and are not wrong, but right and, for some, even dutiful. Indeed there may be perfection in the fulfilment of them and imperfection in the refusal of them.¹

That such refusal need not be an outright one, but may be—as indeed it often is—a mere signifying of one's disinclination, which on any sensitive partner has the effect of a refusal, was, I think, made abundantly clear.

An unsatisfying physical union need not destroy a marriage, if the union of personalities is otherwise rich and satisfying. This explains why marriages in which for some physical reason consummation may never have taken place or intercourse has come to an end early, may still be very happy indeed. Very different however is the situation where for selfish reasons one partner withdraws. There can be no doubt that disagreement in the sexual sphere leads to separation or divorce more often than any other cause. Divorce, of course, should not be contemplated in a Catholic marriage and indeed is never satisfactory in such a case, because the conscience of the Catholic will revolt sooner or later and outbalance all seeming advantages gained. Moreover Frank Sheed observes, again in *Society and Sanity*, that: '... Separation is so unsatisfactory that it must be a very bad marriage indeed to be worse; and those who have made the sacrifices necessary to hold an unhappy marriage together do not, in the long run, seem to regret it.'

¹ Father Bede Jarrett, O.P., *Purity*, Catholic Truth Society, p. 93.

If then it is worth while holding an unhappy marriage together, much more must it be worth while to try to remedy it. In this the family doctor can play an essential part, and he is in a much better position than Reconciliation Centres, to which there are certain drawbacks, discussed fully by Keenan and Ryan.¹ Apart from going into the question of any physical ailment, which might be at the root of the marriage difficulties, the doctor—I know from experience—can achieve much by talking to both parties, explaining matters very much on the lines which have been briefly sketched here. He will have to elaborate details according to the individual case. Each such case proves how important it is that the doctor should be a real family doctor, knowing well all members of the family and the background of their lives and enjoying the confidence of them all. He will then be able to make constructive proposals, showing how much both parties will benefit from discussing their differences and making a new start, that even the partner who may have justifiable grievances gains nothing by his or her martyr attitude (which may or may not be a silent one), and how with progressive estrangement both parties suffer. Often it is pure pride which will prevent the two from taking the first step towards each other, a step both desire. Sometimes one of them has tried several times unsuccessfully to bridge the gulf and has met with no response. Disheartened, he or she has given up just when one more attempt would have succeeded. In such cases the doctor can help as an intermediary, speaking to each singly at first, paving the way, and finally to husband and wife together. What joy it is to him to see a couple—after months of discord—walking from his surgery arm-in-arm towards a new start! Even a greater joy is it—and thank God not too rare a one—to

¹ A. Keenan and J. Ryan, *Marriage, a Medical and Sacramental Study*.

find, even years after, that the new beginning has been successful and that a marriage that was about to be broken up has become really happy again. When a husband and wife get a divorce and eventually, after an attempt to find happiness leading their individual lives, come back to each other and then remarry, it is a case of 'news' for the daily papers. Cases of reconciliation going forth from the doctor's consulting room without publicity, unknown to any but God and the three, and possibly a priest, are even happier. They are also more numerous.

3. The importance to a married couple of common interests in the economic field is illustrated by the many cases in which a marriage remains healthy and happy under the stress of hardship as long as a husband and wife work together to build up a home and to establish a family. At last this is achieved. All seems settled and one would expect that now the fruit of their joint labour would be reaped in the family's increased happiness. Experience often shows the opposite. Now with no extra effort needed, with more leisure and relaxation, the danger of partners drifting apart becomes greater than in times of hardship. This fact always makes me see from a new angle the marriage pledge: 'for better for worse, for richer for poorer'.

Difficulties in the economic field, however, are not usually within the scope of the family doctor, so these general observations must suffice here.

4. And now for the importance to marriage of the parents-children community. It is a well-known fact that children form a strong bond of unity, not only because of the parents' increased sense of joint responsibility, but also because children are of the parents' substance and in our children we cannot help but see our partner. All the same, there are perfect marriages which remain childless and

some of these marriages are among the very best. Perhaps the exclusive mutual dependence has something to do with this. Perhaps also the shared disappointment, and the endeavour to compensate, to comfort and reassure one's partner, the anxiety to suggest that one does not mind the childlessness, that one does not blame him or her, may give to the love a special warmth to make up for the missing love of children.

None of this, however, applies when children are avoided for selfish or so-called humanitarian reasons. Whenever this is the case, happiness will suffer markedly sooner or later. Whilst this observation may seem baffling at first, the explanation becomes obvious if we think in the terms of Kaufmann. The common desire for children, if unfulfilled, constitutes none the less a 'common interest in the sector of the parent-children community'. The delay in—or lack of—fulfilment of this desire might even stimulate this common interest to a very high intensity, thus tightening the marriage union. The avoiding of children is, on the contrary, a negative force even when it is an agreed arrangement. No negative force can be a uniting factor. Moreover, even when agreed, such an arrangement is more often persuasively—or more strongly—enforced by one partner, while the other, often silently, suffers and nurses resentment. A seed of disruption has been sown.

IV

PLANNING THE FAMILY

SOME general observations appear to be called for now on family planning. As generally used today, this term has come to mean family limitation by artificial means. The Catholic Church, of course, bans any such interference with nature, though for serious reasons limitation by natural means, that is, permanent or periodical abstinence with the use of the 'safe period', may be permissible in individual cases. It has been said this is Nature's method—therefore God's method—of birth control in grave circumstances, as Father Gordon Albion writes in 'Face the Guilt and Make the Effort' in the *Catholic Herald* of March 30th 1956.

To discuss here the technical details and indications of birth control is however not my intention, as I believe these to be the very questions which require individual advice, fitting individual cases. For those who think otherwise, several books have been published containing all the advice possible and expounding the principles involved.

One summary comment I think I ought to make here, namely, that in my experience the 'safe period', properly applied, is no less efficient than artificial methods of family limitation. There is generally still some distrust felt about this method of birth control, but in the many years of my practice I have known only of one failure. By strange coincidence in that same week I found another woman to be pregnant who had been advised on contraception at a

clinic. The difference was in the attitude of the two expectant mothers. The one who had attended the clinic was convinced at first that I had made a mistake in my diagnosis and afterwards was very indignant when she found that I was right. The other patient, who was a Catholic with three daughters and an ailing husband, said: 'If our Lord wants me to have a fourth child, I must have it.' A son was born who is now eight years old, a fine boy, a pride and a happiness to the parents. The father is much improved and in a job again and all turned out much better than they had dared to hope.

There are, however, all those cases in which menstruation is permanently or temporarily irregular, for example, when a baby is breast-fed, or when a woman is near the time of the 'change of life', when the 'safe period' cannot be relied upon. There is also the problem of the wives of service men who come home more often at the wrong time than at the right time for the employment of the 'safe period', which limits the usefulness of this method compared with artificial ones. Without a doubt, it is the sense of this hardship felt in many marriages which causes more lapsing of married people from the Church and the practice of their faith—openly or covertly—than any other single cause. The doctor must therefore be ready to discuss such problems with his patients, so that they may see these matters from all angles. His simple refusal 'to help them' (as they put it) will drive them from the Church even more quickly, and further. When, however, the doctor discusses all aspects, so that his patients see the problem against the right background and not only from their personal standpoint at that moment, I find that they often become convinced of what is right and do it—and this applies not only to Catholic couples and to 'mixed marriages', but to Christians and believers in general.

Contraception was first advocated in 1818, and from then onwards by the 'Neo-Malthusians'—who accepted what was known as 'The Law of Malthus' but rejected the remedies proposed by Malthus for the prevention of over-population. Malthus, a clergyman in the Church of England, had stated in his *Essay on the Principle of Population* published in 1798, that population increased more rapidly than food supplies, and he assumed this to be the cause of social misery. He advised people, therefore, either not to marry or to marry late in life, or to limit the number of their children by self-control. Contraception had been denounced by him as immoral, but was propagated by the Neo-Malthusians, who were atheists.

The so-called Law of Malthus has long since been exposed as fallacy, first by Doubleday who found that fertility was influenced by nourishment in inverse proportion.¹ This obviously held good only within certain limits and in 1922 Sutherland restated the Law of Doubleday in these terms: 'Under conditions of hardship the birth rate tends to rise; in circumstances of ease the birth rate tends to fall.'² For the validity of this law ample evidence has been given.

The theory that populations tend to outgrow food supplies has been further shattered by the admissions of nutrition experts, even those who still advocate birth control. John Yudkin of the University of London stated in *Triangle*, the Sandoz Journal of Medical Science, in April 1955, that only a third to a half of the arable land of the world is actually being cultivated. New types and varieties of food can increase food production. For example, a new variety of rice will give a yield greater by 10 per cent or more with no other change in cultivation. A

¹ Thomas Doubleday, *The True Law of Population*, 1841.

² Halliday Sutherland, *Control of Life*, Burns Oates, 1944, p. 150.

further doubling of supplies appears quite feasible by the universal adoption of methods at present used in the best farms only. Loss that occurs after harvesting is avoidable, and canning, freezing and drying have already cut down waste which used to be inevitable when seasonal foods could not be adequately stored. Land used for other purposes might be released for food, for example, by replacing cotton and other natural fibres by synthetic fibres. Furthermore, only a small percentage of the products of the sea is being utilised at present. Yudkin concludes that: 'Of course there is a limit to the number of people the world can support but this limit is probably three, four, or more times the present population, a figure which we are unlikely to attain in the next hundred years.' Even this statement appears to be outdated, because only four months later we could read in the reports of the International Conference on Peaceful Uses of Atomic Energy:

Like Columbus discovering a new world, scientists using atomic radiations can extend the frontiers of agriculture into the Arctic, into the deserts, and into regions where food crops have so far failed to grow.

The implications for a world trying to feed its multiplying population are enormous.¹

The shortage of food in the world is surely a problem of distribution rather than of supply. This has led to the sad spectacle of famine in some areas, whilst in others food was being destroyed or its production wilfully cut down. In some parts of the world, low food production is the result of the lack of manpower, the result of disease, which in some countries may affect half or more of the population. 'Eradication of these diseases does not only give more mouths to feed, it gives more pairs of hands to

¹ United Nations Press Release, AC/34.15, August 1953.

produce food,' says Yudkin.¹ With a reduced birth rate leading to an ageing population, the Western world is likely to face a similar problem of its own making.

If we want to press science into the service of mankind, so that people may reap the benefit in increased sustenance and improved standards of living, we need the right men to direct these efforts. There is added tragedy in the fact that the very class of people from whom we would expect such pioneers to be born and whose fertility is below average already, in accordance with the Law of Double-day, are reducing the number of their offspring still further by contraception. More primitive people practise birth control to a much lesser degree. The consequence of this has been shown by the manifold more rapid increase in the Negro population in New York compared with the white population. According to population figures for Greater New York (put at my disposal very kindly by the *Daily Telegraph Information Bureau* in 1952) the total population between 1940 and 1947 increased from 8,707,666 to 9,250,875. Out of this total the non-whites numbering 458,644 in 1940 had increased to 819,450 in 1947. This represents a non-white increase of 360,806 compared with an increase in whites of 182,403, or 75 per cent increase compared with one of just over 2 per cent. To discriminate against the coloured man in educational facilities and other cultural matters will only increase the danger to mankind as a whole, resulting in what can only be called the suicide of Western civilisation.

From all this it must be clear that contraception certainly cannot be claimed to be for the common good.

It remains now to examine the more personal reasons usually quoted for contraception, summed up in the words: 'We cannot afford (more) children.' The wish to

¹ The Sandoz Journal of Medical Science, *Triangle*, April 1955.

remain childless is, at its worst, a result of shortsighted selfishness, preferring the comfort of a motor-car, a television set or other amenities to the responsibilities of bringing up children. At its best it is the expression of pagan pessimism, wanting to save the children from being born into this world of misery and wars and strife; this, oddly enough, does not usually appear to prevent the couple from enjoying their own life while it lasts! Most commonly, however, wilful limitation of the family to small numbers springs from the very understandable endeavour of the parents to bring up their children under better conditions than those they had themselves, or—in the so-called middle and upper classes—at least not drop the standards of their lives too badly.

In diametrical contrast to these arguments, experience teaches that while life may be much harder for many years for parents and children alike, it is happy just the same. Furthermore, there is rarely found in the large family the really disastrous distress that can frequently be found in the small family. This was so even in the older days. It is now even more so since family allowances and education grants have made things easier for those of the small income groups and for those with no strong allegiance to a Church which recognises the importance of real religious education and demands it. It is, however, just in these circles, whose lot has so much improved during the last decades, that Family Planning so called is propagated. How deceptive such planning for happiness must ever be in a world of uncertainty in which the future cannot be foreseen, becomes pathetically clear to the doctor who sees today much of the loneliness of old age. He sees all too often the tragedy of the only child killed in a war or in an accident, dying in an illness or becoming an invalid, thrown upon public charity when the parents become

aged and unable to continue the care. I remember one sad case of parents whose only daughter decided to emigrate. When her aunt admonished her, saying that she should not do so as her parents were getting old, would be needing her and would be lonely without her, the daughter refused to stay, arguing in so many words that she had always wanted a brother or a sister, that she had had a lonely childhood through the selfishness of her parents and that she was not prepared to make any sacrifice for them now. How sad it is to see lonely old people, not wanted by anyone! How different it is in a large family in which the children have been brought up in the right way! Children and grandchildren in such families are not only ready but often eager to look after the parents or after one of the others who may have fallen by the wayside because of ill-health or some other misfortune. Sometimes an old widower or widow will reside in turn at the home of one of his or her several children, who vie with each other in making father or mother comfortable, thus helping them to forget the loss of their own home! No savings, no life insurance, and no outward comfort can replace the happiness of old folks who have some of their own to comfort them and to look after them in old age. This will more than compensate for any hardship incurred in the earlier years in the bringing up of children. There are hardships, I know, but the hardships I see in large families (and they are mostly non-Catholics!) are small compared with the misery I see in lonely old age dragging on for years. There is also the fact that quite often it is the last, or one of the last, of a fair number of children who grows into an outstanding personality, makes a significant contribution to the benefit of his country, and of mankind, and thus completely changes the fortune of his family for the better. All these facts should confirm us in

trusting God rather than try to play at being Providence ourselves.

Two objections may possibly be raised here. The first is that the emphasis on the blessings of a large family introduces a utilitarian argument. This would be a misunderstanding. The Church's teaching should be followed because it is true, not because it leads to reward. There is indeed no certainty of reward during our lifetime on earth in any individual case, though generally speaking the good action is likely to carry its own reward. This is common sense. The teaching of the Church is from God and common sense is from God, so the two cannot be in contradiction but must go together, and the more we observe life the more we realise that this is so. The question of 'reward' is so often misunderstood. This goes so far that I have even heard it said quite often that Catholics do any good deed as it were from a motive of gain, with an eye on the 'reward of heaven'. Actually, however, this promise of the reward of heaven is nothing but another way of expressing what St Paul said about running, sure of one's goal (I Cor. IX: 25) and what our Lord himself said in the words: 'Knock and the door shall be opened to you' (Matt. VII: 7.).

The other objection would be that experience teaches that it is a wrong generalisation to say that the comfort of old age will more than compensate for any hardship in earlier years, that sometimes it will and sometimes it won't. The argument that 'Smith' with his ten children is really happier (despite poverty, ill-health, even squalor maybe) than he would have been with only three, must strike many observers, Catholics and non-Catholics and certainly 'Smith', as plain nonsense. Here again we must avoid any misunderstanding. It is quite true, as I have pointed out above, that in some cases there will be com-

pensation, in others there will not. The problem of pain and suffering is always with us in some form or other. However, where man interferes things always seem to go from bad to worse. The individual Mr Smith might use contraceptive methods or Mrs Smith may have a pregnancy terminated or there may be a divorce of the couple and Mr and Mrs Smith may actually feel quite happy about it—here and now anyway. But the world is a sadder place for an over-aged population of lonely people and for children without the right home. I do not therefore say that Mr Smith is a happier man with ten children than he would be with three; I do say that the world as a whole would be a happier place if we acted according to God's law and here, as in any other vital matter, the individual, even 'the good pagan', is called upon to be ready to sacrifice self-interest for the sake of the ideals of mankind.

What happens—when we forsake moral standards and act according to what is advantageous at the moment rather than according to what is morally good—was exemplified with frightening clarity in recent times by the fruits of Nazi philosophy. How ludicrous is contraception as a doctrine to be widely spread amongst a gullible public was summed up by Chesterton in a few words when he spoke at the Ealing Town Hall in February 1933, quoted by Halliday Sutherland in *Control of Life*:

Contraception may be destroying Shakespeares or Beethovens for all we know. It was surely more sensible and scientific to wait until the babes were born, and then to select the best of the stock, and painlessly destroy the rest, like kittens and puppies, the only objection to this course being the one that it was contrary to the morals of Christian men.

If there is any exaggeration in this, it is in the words 'the only objection'. Actually several examples are known of children who seemed to give at birth few grounds for hope

that they would be able to live 'a full life', but who later on became shining examples of the mind's victory over matter, witnesses to the teaching of Christianity. One whose story was recently published was Anthony Burton. He was born with anomalies so severe that under many a pagan culture pattern he would have been destroyed at birth. 'In Anthony's case, however,' writes Strauss, 'love and the Christian ethos governed the situation with the result that an unusually gifted and happy individual has survived to enrich society and give pleasure to his friends and loved ones.'¹

Indeed the more we think and search about families, the more we look around us to see the fruits of the Church's doctrine put into practice, the more we grow in awe of her wisdom and the more firmly are we led to belief.

The question of artificial insemination does not often arise, or at least has not done so hitherto. Even so, recent publicity given to this subject has been such that it appears necessary to make a few brief comments. For two out of the three groups of possible cases, in this connection, the answer is obvious. The first group comprises cases where a married couple find that their otherwise normal marital relationship remains infertile for some anatomical reason. In such cases it is perfectly lawful for the doctor to attempt fertilisation of such—and only of such—normal relationship. In the second group the answer is equally obvious: Artificial insemination by a donor without the husband's consent can only be a gravely sinful and adulterous fraud.

It is cases in the third group, where the consent of the husband has been given, that need analysing because of a

¹ Josephine Burton, *Crippled Victory*, with Foreword by E. B. Strauss, Sheed & Ward, 1956.

certain superficial appeal to sentimentality. Take the case of a couple, devoted to each other, who find that their desire for a child remains unfulfilled. Eventually the husband agrees with his wife that if they cannot have a child belonging to them both, a child which is the offspring of at least the mother would be preferable to the adoption of a child of completely strange parentage. Artificial insemination by a donor (A.I.D.) seems to them the answer. However, if one looks deeper it becomes quickly evident that this procedure is a subtle but complete perversion of the meaning of marriage in which man and woman become one, and promise to give their bodies to each other before God, to take one another 'for better—for worse'. Emancipation is complete even if it is subconscious, and the woman is never aware that it is the undying spiritual pride of mankind which is asserting itself: 'I shall have on my own what you are unable to give me.' Even if persuaded at the time to consent, the husband is bound to feel at some time the psychological repercussions. Moreover it is a complete ignoring of the factors of heredity in any respect other than the purely physical. How the lack of emotion might affect the child is not known; but in any case the procedure effects an adulteration in the real sense of the word of the woman's personality.

It appears that revulsion against the mere thought of A.I.D. is natural and general amongst normal women, but the maternal instinct can be so powerful and compelling that it is ultimately accepted as the lesser evil by some whose intense longing for a child is frustrated. However, although maternal instinct is an essential part of a woman's make-up, the satisfaction of the maternal instinct divorced from love is surely a typical case of dehumanisation reducing creation of human life to the level of the stud farm

or the cattle shed. The cases with happy endings are no counter-argument. We know that God can, and does sometimes, use evil acts to a good end, but we must not presume on this; the end never justifies the means. Moreover the social consequences are incalculable. What about the unmarried woman who is longing to have her maternal instinct satisfied? Would not she, who has not even the comfort of the companionship of a spouse, have a special claim to be considered? Another aspect was put by a woman who said to me: 'If man can do to man what man can do to animals: the prize bulls are kept for A.I.D.—the others killed off.' Does that seem far-fetched and exaggerated? Certainly not if one remembers how very near Hitler's Nazi doctrine came to it. The gynaecologist¹ who insisted that no records whatever should be kept about cases of A.I.D. drew really the logical conclusion of the situation, but surely this shows how the doors would be opened to the most alarming practices and abuses in the social field which the law would find very difficult to cope with. The debate in the House of Lords on February 26th, 1958, and the reports² by the Scandinavian Committees appointed to inquire into A.I.D. are very enlightening in this and other respects.

How very different is the acceptance of God's will with, if possible, adoption of some unhappy babe by which the couple give a home and love to one of God's children as his stewards, a task in which their own union will be knitted even more closely! How very different too are the cases of the husband adopting as his own his wife's child of a previous marriage or, maybe, of a previous illicit relationship now forgiven! Even a child born out

¹ Woman's Hour, on the B.B.C., February 19th, 1958.

² Summary of these reports in the *Daily Telegraph*, February 27th, 1958.

of an extra-marital relationship may well be adopted to a good purpose. Of course this does not refer to a premeditated breach of faith or to a prearranged extra-marital fertilisation attempt which would be even worse than A.I.D. What is meant here is a deep emotional experience in which the woman has succumbed to temptation for which she has later atoned, or a crime committed on her, the suffering of which may have mellowed and matured her, and tied her even more closely to her husband. The sad circumstances behind such happenings appear still more human and therefore a little less evil than artificial insemination by a donor which really amounts to a cold-blooded, premeditated, part-animal, part-mechanical revolt against God in which the only spiritual element is a negative one, very redolent of the story of the fall in the Garden of Eden. The attempt to snatch the fruit withheld by God may well result in accordingly far-reaching human and social consequences.

PROBLEMS OF PREGNANCY AND CHILDBIRTH

VARIOUS problems may arise during pregnancy and birth, in which the doctor can be helpful, explaining facts and giving advice. Well known are the 'strange appetites' some women develop during pregnancy, when they become squeamish about their eating and frequently change their tastes completely. Less well known is the fact that social and other habits, too, are often changed and the expectant mother may be inclined to withdraw, as it were, into a shell of her own. It is strange to see this happening in perfectly happy marriages. After the first joy shared by both, the wife withdraws from her husband mentally and physically, with consequences that may mar permanently the couple's joint and individual happiness.

There is no doubt that our outlook on approaching motherhood can make or spoil our happiness and success in this great experience. . . . Sometimes the sympathy between husband and wife which was so helpful when the baby was first expected seems to suffer an eclipse, and the expectant mother begins quite unconsciously to separate herself from the close comradeship which is always necessary for their happiness, and which is most particularly needed now by both of them. . . . If, therefore, the expectant mother feels lonely, she should ask herself if she is beginning to lose the right relationship with the companion she most needs during these waiting months—her own husband.

And she should pause to wonder if he too, perhaps, is feeling lonely. Men are in some ways shy creatures who

won't risk a snub,¹ writes Mrs Blundell of Crosby in her book. Here we have it from a woman's mouth, a confirmation too of my remark, in Chapter III, about husbands being put off by the merest hint of a snub. The immense difference the outlook on motherhood makes—and this applies equally when an 'unwanted' child is expected as in the case of a desired pregnancy—is well illustrated by the two cases from my practice, mentioned in the previous chapter, in which 'family planning' had been attempted and failed.

As pregnancy progresses, most mothers become very attached to their babes in the womb, and often theirs is, as I witnessed again and again, a genuine and deep grief when a miscarriage or premature stillbirth terminates a pregnancy which was originally considered lamentable. In the early stages however, when an unwelcome pregnancy is suspected, it happens not too rarely that the doctor is approached with the request that he should help 'to bring on the overdue period'. In such cases I myself have never found difficulties in making clear to the woman how wrong her demand and her attitude were. In case of doubt I usually give the patient some tonic, explaining that it will help to bring on the period if she is not pregnant and that it will benefit the babe if she is; 'If it is a pregnancy, it is already a living child. You would not wish to commit murder, least of all on your own child.' Most women then look surprised. Something like 'I have not thought of it like that' is the usual reply I get to my remark, and it leaves me with the impression that up to that moment they have thought of the pregnancy just as of a 'lump of flesh'. In each and every case, I have received co-operation from the woman, and together, sometimes also

¹ Mrs Blundell of Crosby, *The Expectant Mother Looks at Life*, C.T.S., London, 1947.

with the husband or the father of the child, sometimes with the patient's mother, we made plans for the future. During all these years not one expectant mother has to my knowledge left my patients' list because of my attitude in this matter. There is of course the probability that some women in such circumstances would not come to me at all, as my ideas must by now be fairly well known in this district, where I have practised for over eighteen years.

Birth itself presents problems which involve the doctor in attendance even deeper. He has not only to offer explanation and advice, but moreover he has to act himself and to take full responsibility. The first of the main problems requiring his active participation is that of the alleviation or abolition of pain. There was a time when it was rumoured that Catholic doctors would not do anything to ease their patients' pain in childbirth because this was against the teaching of the Bible. This, of course, is not so. It is uncertain that actual physical pain is meant in the relevant passage from the book of Genesis.¹ Knox actually translates it as 'with pangs thou shalt give birth to children'. It could even be translated as 'with labour'.² Moreover the words 'thou shalt' are certainly not to be taken as a command to be obeyed, or as a threat, but rather as a prediction in very general terms. After all, each sentence must be considered in its context. A couple of verses further on we read: 'In the sweat of thy face shalt thou eat bread. . . .' (Knox translates this as 'Earn thy bread'). Nobody would interpret this either as a command or as a prediction to be fulfilled by each and all. Of course both phrases have to be read in the same spirit.

Already in 1949 the Pope made it clear in his address

¹ Genesis III, 16.

² Sellheim, quoted by A. D. Niedermeyer, *Handbuch der Speciellen Pastoralmedizin*, Vol. III, Herder, Vienna, 1953, p. 337.

to the International Congress of Catholic Doctors in Rome, reported in the *Catholic Medical Quarterly*, October 1949, that it is right to attenuate the pains of confinement without, however, putting in jeopardy the health of the mother or of the child, and without doing violence to the mother's love for the newly-born child. In his more recent discourse of January 8th, 1956,¹ the Pope discussed in much more detail painless childbirth, with particular reference to the merits and claims of a method perfected by Grantly Dick Read, which has had wide publicity, and has become very much the fashion of the day. The theoretical claim that 'All normal physiological acts, and thus also normal birth, ought to take place without pain; otherwise nature contradicts herself' is open to serious challenge, not only theologically but also historically and biologically. Moreover, in the artificial surroundings of modern civilisation, it would be rather surprising if childbirth could remain always and completely unaffected and natural.

In all circumstances however, two rules for the doctor remain absolute:

Not only permitted but commanded by charity is the elimination of pain in every pathological birth. In normal childbirth the elimination of pain is permissible, particularly as it is impossible to give definite criteria of what pain should be called normal, what pain excessive.² There is no objective way of assessing this, and, if there were, the sensitivity to pain in individuals would still vary greatly. The doctor's task is to alleviate suffering, and it is limited only by considerations for the safety of mother and child and for the bond of love which is likely to be deepened by

¹ Delivered to a group of Catholic doctors representing the International Secretariat of Catholic Doctors, reported in *Catholic Medical Quarterly*, April 1956.

² A. Niedermeyer, loc. cit., p. 338.

active participation of the mother in the act of birth. Some mothers seem to have no pain at all even without anaesthetic and without ever having even heard of 'relaxation exercises'.

This is confirmed by Grantly Dick Read's own experience in one of his first maternity cases. He relates¹ . . . that he was called out from the hospital to attend a home-confinement. The conditions were those of the worst slum, but he was impressed that in contrast to the rough outward conditions, the atmosphere was one of great kindness and confidence, with an apparent perpetual rapport between the young woman (who was about to give birth to her first child) and her mother. With no fuss or noise, the delivery struck the young doctor as one of strange perfection and he was puzzled that, in spite of his efforts at persuasion, an anaesthetic was refused, even at the stage at which he felt there should be discomfort and pain. When all was over he asked why, and got the reply: 'It didn't hurt. It wasn't meant to, was it, Doctor?'

Grantly Dick Read concludes his report with the remark that he had got the definite impression that the mother had instructed her well beforehand and that this was a real comfort to the daughter. Here, I feel sure, he put his finger on the all-important point, the comfort and confidence which the surroundings should inspire. The doctor-patient relationship (or midwife-patient relationship) plays an essential part in this, particularly when the relatives fail. Unfortunately it seems that today the human element is all too often forgotten and widely neglected, in favour of the purely technical aspect of relaxation training.

Even so, most women will need some help from the

¹ 'The Truth About Natural Childbirth', *Woman*, May 25th, 1957, p. 63.

doctor during labour and he will have to decide which method to use.

The once fashionable twilight sleep has virtually been abandoned because there were indications of damage to the children born in it. Deep hypnosis does not appear to have any advantage compared with the usual methods of anaesthesia, which in modern times have become very safe; on the contrary many considerations appear to dissuade doctors from the use of hypnosis in all circumstances which do not definitely demand it, and therefore from its use in childbirth. Suggestion during childbirth of painlessness or even of light sleep has, however, been successfully used by many a doctor, I am sure, when the anaesthetic has run out in the 'gas machine'. Under the soothing words of the doctor the patient has gone on breathing from the mask, dozing and happily free from pain.

Grantly Dick Read's method would appear in theory to be the one of choice, being free from risk and demanding the mother's co-operation; its ethics of course depend on the morality of the motives leading to its use.¹ Practically, however, the results seem to be not as uniformly good as had been hoped. The best method still, and sufficient for all normal cases, appears to be an intermittent light narcosis coupled with injections and some suggestion. This method may be usefully combined with instruction during pregnancy according to Grantly Dick Read. With a little ether or chloroform used in the late stage of labour, this method is very old-established under the name of *Narcose a la reine*. Nowadays it is used in a modified form with nitrous oxide ('gas') or trilene in a special apparatus which is so designed that too deep narcosis is automatically ruled out, and which the patient herself

¹ The Pope, loc. cit.

can safely handle. This method allows for prolonged use and can thus be started at an earlier stage of labour and it is certainly—and I believe rightly—the one most widely used in this country, being equally suitable for confinements in hospital or at home. However, each doctor will have his favourite method, but, even so, he will decide in each case which method to use. He will be guided in his decision by the special circumstances of each case and the one overriding consideration: the welfare of his charge. The patient and her family on their part should choose a doctor whose skill, character and friendship they appreciate and after their choice is made they should leave all further decisions to him. Their confidence and trust will create the best conditions possible for a happy birth without undue 'pangs'.

The other problem arising during birth which must be discussed in this context is one that actually exists only in the imagination of people. It has come to be known as 'The Problem of Mother or Child'. It originates from the false belief, widespread among non-Catholics, that Catholic doctors, obedient to the Church's teaching, would sacrifice the mother's life for the sake of the baby's, should the course of pregnancy or confinement force such a choice upon them.

One should have thought that all that was possible and necessary had been said in the long controversy which followed the Pope's address to the Congress of Catholic Midwives on October 29th, 1951, and that, with an authorised translation coming into circulation, all those misunderstandings would have been dispelled. Actually the Pope said nothing new in his address in which the members of the Congress were being reminded of their duties according to the age-old teaching of the Church. The Pope actually spoke to the Italian midwives but quite

probably meant what he said to be heard all over the earth in a world which had forgotten those basic truths.

The heated arguments that followed in the press can only be explained by the Pope's words having been misread or misrepresented. As a result of this, it was possible that even Medical Officers could inform their employing authority that Catholic doctors accepted the principle that the child's life was more important than that of the mother.¹ The absurdity of the inference that expectant mothers might be less safe in the hands of Catholic doctors was shown up glaringly by statistics published about the same time, recording that not one maternal death had occurred during 2,000 confinements in Catholic hospitals and Maternity Units, whilst the figures for the National Health Service Hospitals in England and Wales worked out at an average of one death in every 363 confinements.²

Prejudice, however, dies hard. The same old fable was given publicity once again in the *Sunday Express* of August 18th, 1956, in a letter which was headed in large print: 'Should the Mother or Child die?' And a week later in one of the letters that followed, a Catholic not only echoed the same theory but also complained of the priest denying her the solace of her religion after she had had a pregnancy terminated on medical advice. I would agree with her point that Catholic nurses should be excused from assisting in any way at all at similar operations, but certainly her other statements do not appear logical. 'I knew the Church's attitude on this issue, but never thought I should have reason to fear it', she writes, but evidently she does not fully understand the Church's attitude. While the writer of that letter would probably

¹ *Catholic Herald*, November 16th, 1951, quoting the Medical Officer of Swansea.

² *Catholic Medical Quarterly*, 1952, p. 62.

agree that in any worldly organisation a member who breaks certain rules should be expelled or at least be considered to have lapsed as a matter of course, she is surprised and hurt that the Church considers anyone who breaks one of the greatest Commandments automatically to have excommunicated herself until such time as adequate amends are made.

More important however than prejudice among non-Catholics, more important even than the ignorance of slack Catholics that leads them to become resentful when they find that they have put themselves outside the Church, is the fact that even good and eager Catholics are only half-informed in this question of 'Mother or Child' and in similar ones. When asked by their non-Catholic friends they will make attempts at explanation which will necessarily contain half-truths and often do more harm than good. This fact, and with it the urgent necessity of explaining the Church's teaching in such matters not only to non-Catholics but also to Catholics, was first brought home to me by a letter published in the *Daily Telegraph* on November 19th, 1951. Here it is:

Sir, when the Pope's pronouncement appeared I asked a devout, intelligent and kindhearted Catholic friend why his Church thought that, if the choice had to be made, the child should be saved rather than the mother.

The answer, given with sincerity and conviction, was: 'Because if the child dies unbaptised, it will not go to heaven.' I could only gasp.

In reply to this letter, I would say, firstly, that few doctors would endeavour to save a child rather than the mother and that such is certainly not the Church's teaching. Secondly, the question of going to heaven has nothing whatever to do with the command that an unborn babe must not be killed. It is true that all Christians believe

that baptism is necessary for the attainment of heaven, and therefore every reasonable attempt must be made to baptise a baby in danger of life.¹ If, however, through no fault of anyone, babies die unbaptised, we can be sure that God's mercy will not let them suffer—even if we are not taught what exactly will be their state.² The nonsense of the explanation given in the letter just quoted becomes particularly obvious through the fact that in many cases baptism would actually be possible and the baby so baptised would of course go straight to heaven. All the same, no babe, baptised or unbaptised, must be killed, because life is given by God and must not be taken by man; because to kill any innocent life is against the Commandments and interferes with the fulfilment of the task God has set for this individual.

How does all this work in practice? First, it must be emphasised—as it has been emphasised before by leading members of the Guild of Catholic Doctors—that doctors will never force their views on their patients.³ Patients do not belong to the doctor.⁴ They are entrusted to him to advise and, if they ask for other advice after everything has been made clear to them, every doctor will be glad to procure it.

The occasions when the question of 'Mother or Baby' arises have become very infrequent. Let me quote for illustration a few cases. Some of these cases have been observed by myself, others have been communicated to

¹ However, no unreasonable risk must be taken, e.g. a mother should not undergo a Caesarean operation to make possible an infant's baptism, if such a course is not advisable on medical grounds.

² Father A. Bonner, *The Catholic Doctor*, Burns Oates, London, 1951, fifth edition, 1951, p. 100 fn.

³ J. B. Pemberton, *Catholic Herald*, November 16th, 1951.

⁴ W. J. O'Donovan, speaking at the London University Students' Union on November 10th, 1951.

me by their doctors. They all occurred in fairly recent years.

A young expectant mother suffering from tuberculosis was advised by the specialist to have this pregnancy terminated, as confinement might aggravate her illness. The Catholic doctor thought the risk of confinement might be taken though a risk undoubtedly it was. The young woman decided to take the specialist's advice. As it happened, it was one of the rare cases where a haemorrhage following the operation caused the woman to be for days on the danger list. In the end the patient recovered, but I for one doubt that the confinement would have involved greater risk than the operation with its consequences. Quite recently, a similar case with even graver consequences was reported in the papers. Another expectant mother with tuberculosis was advised by the specialist to have a pregnancy terminated and to wait another couple of years, by which time it would be safe for her to carry a child. This patient too was advised by her own doctor, a Catholic, that she should consider taking the risk. After all she was past thirty, she had lost one child and was desperately longing to have at least one child. Who could know if she would become pregnant again? The patient decided to take her doctor's advice. She carried the child successfully, the confinement was normal and mother and child were, and have remained, well.

Another patient, with heart trouble, did not want to take a specialist's advice for the termination of the pregnancy, and giving in to her plea, her doctor—not a Catholic—decided to give the pregnancy a trial. All went well. And again another, with heart trouble, who wanted 'the very best advice', went to a London hospital and was advised there that the confinement could be risked provided it was supervised in the hospital. The confinement

passed off all right, but the mother's health deteriorated soon afterwards and she died a few months later. Whether this death had any connection with the confinement it is impossible to say as it is known that many patients of this kind will die young whatever is done for them. In any case she had advice based on first-class medical knowledge without any religious bias.

These few illustrations are used to show that in such cases of a pregnant woman's illness it is not really a question of 'mother or child'. Interruption of a pregnancy in such cases means the certain death of the baby with the possible lessening of risk to the mother. Neither is it a question of one mother or one child, but if in every case of possible danger to the mother the child is to be 'sacrificed', it means the destruction of many babies for the doubtful benefit of one mother. Incidentally, medical opinion is changing and in a recent report several opinions are quoted that tuberculosis is not being aggravated, but possibly even being benefited, by confinement.¹ The essential thing is proper and constant ante-natal and post-natal supervision.

The dramatic cases which are pictured in novels and which fill the phantasy of lay people are those where, during birth, difficulties arise and a doctor has to make a decision which in old days has often ended in craniotomy performed on the living child.² Here too, mistakes in prognosis were made. Only recently, prompted by the discussion which was raging in the newspapers, a middle-aged patient of mine told me that when she was expecting her first baby some thirty years ago, she heard the doctor

¹ M. C. Wilkinson, *Catholic Medical Quarterly*, January 1952, p. 42.

² Craniotomy means the killing of the baby in the womb by piercing the head and emptying its contents, so that the now smaller head may pass the birth canal without difficulties.

talking to her husband in the next room, explaining that it was a case of 'mother or baby, what should he do?'; and she heard her husband reply, 'In this case, of course save the mother.' When the doctor returned the woman said to him, 'I heard you talking to my husband; I refuse to have the baby sacrificed. You will have to save us both.' And in an evidently supreme effort the doctor did save them both. Today, with the progress in blood transfusion, anaesthetics, and chemotherapy, particularly with the use of antibiotics, the possibilities of Caesarean operations have so increased that craniotomy on the living babe has become obsolete.

Cases still likely to present an occasional problem of this kind are those commonly called 'kidney trouble in pregnancy'. This group of cases comprises a variety of conditions, the most serious of which, however, does not usually occur before the twenty-fourth week of pregnancy. Usually, with due care and attention, we can postpone action in such cases until the inducement of a premature birth will give the chance of a viable child. The generally accepted time for this is the twenty-eighth week, but the late Professor van Roy of Holland was known to keep alive—with special incubation—babies of only twenty-two weeks' gestation.¹

In concluding the discussion of this problem, the importance of proper ante-natal care must be emphasised. It cannot be over-emphasised. This should make unnecessary the termination of pregnancies which is by no means a therapeutic act but is regarded by many as a confession of failure.

Entirely different, of course, are the cases of cancer and the ectopic pregnancies which may demand an operation.

¹ Quoted by John Lyle-Cameron, *The Universe*, November 9th, 1951.

It is fully legitimate to remove a cancerous womb even if the patient is pregnant. Here the law of the 'double effect' comes in. The act of operating is good and the immediate effect, successful healing of the mother, is good. The death of the unborn baby is an unavoidable but not intended consequence. This is entirely different from the direct killing of an unborn baby, an act bad in itself with the intention of achieving a good end by bad means. It has always been one of the basic teachings of moral theology that the end can never justify the means.

We have now to deal with an objection voiced by Doctor P. M. Bloom of the Marriage Guidance Council during a discussion at the London University, which, incidentally, resulted in a vote among the undergraduates of 251 to 53 in favour of the Pope's teaching.¹ Bloom asks: 'Does the Catholic attitude not amount to deliberate killing by neglect?' Others have put their objection, to take what they think is too great a risk for the mother, into words like 'killing a person and letting a person die is not different'. Such sentiments were expressed in many 'Letters to the Editor' in various newspapers.

However worded, this objection is not justified. Let me try to explain. Picture a man trapped in a burning house with two other people. He is entirely free to choose whom of the two he prefers to rescue, if only one at a time can be rescued, and no guilt will lie upon him if he cannot return to save the second person. But imagine his deciding on rescuing B whilst A happens, through no fault of his, to block the way, possibly having collapsed in the only opening through which the rescue can be effected. What would anybody think of the man knocking A on the head and throwing him into the flames in order to pave the way to an easier rescue of B? This is exactly the position

¹ Quoted in the *News Chronicle* from the debate referred to earlier.

when the doctor is asked to remove the baby to increase the chances for the mother's health. It is as simple and straightforward as that. We may have to risk the life of the mother or the baby or both, and most doctors will try in their actions to safeguard the mother's life even more than the babe's. Under no circumstances, however, may the consideration for the health of the mother-to-be lead to the outright killing of a baby.¹ Turn back and read once again the cases that I have described earlier in this chapter. It becomes clear from them that too many mistakes have been made, and are bound to be made again, for us to be certain what benefit a woman would derive from a termination of pregnancy. Her life may be saved or not, and her life might have been equally saved if the doctor had persisted in trying to save both mother and child. The only certain consequence of an interruption of an early pregnancy is a dead baby. Called by any name, the destruction of even unborn life is murder.

There was a time when the view was held that the soul was not given to the body until the foetus had reached a more advanced stage, and philosophy and law—even the law of the Church—distinguished between the animate and the inanimate foetus. Such a distinction would be of no import to us even if it could be made, because the latest date for the animation of a foetus ever held by any philosopher was forty days after conception for the male foetus and eighty for the female.² At this stage we have no means of telling whether we are dealing with a male or female pregnancy, and we would therefore of course have

¹ H. H. Pope Pius XII in his Address to the Congress of the Italian Catholic Union of Midwives, published in English by the Pontifical Court Club, chapter II, para. 2.

² Aristotle, quoted with other details by Fr A. Bonner, *loc. cit.*, pp. 81-82.

to reckon with forty days. The medical problems we are discussing however do not arise until much later in pregnancy—and even today pregnancy cannot be diagnosed with certainty until six weeks have elapsed.

Though no dogma has been pronounced by the Church, and it is still possible to hold with St Thomas that the foetus is animated by three successive souls,¹ the animation of the foetus with a specifically human soul at the time of conception, as taught by St Albert, is now generally accepted. The dogma of the Immaculate Conception referring to 'the first instant of conception' seems to support this view. Further it is to be remembered in this connection that the Visitation of our Lady to her cousin followed within a very few days after the Annunciation. No more time had elapsed than taken by the journey. On arrival our Lady was saluted by St Elizabeth with the words: 'Whence is to me that the Mother of our Lord should come to visit me?' The concordant opinion of the Fathers of the Church is that St John Baptist was sanctified in his mother's womb by the presence of our Lord in Mary's womb. From this it appears obvious that our Lord's soul was already united to the foetus of our Saviour when only two to three days old.

Even the law appears to acknowledge that human life starts at the time of conception. Though the law does not speak of murder at this stage, the penalty for abortion, even if only attempted, is so severe that it cannot be explained except as an acknowledgment of sacred human life being already present. The fact that in law abortion, when it is aimed at saving the mother's life, might be considered legal, shows that civil law, contrasting here with moral law, sets a higher valuation on the mother's

¹ A. Niedermeyer, *Handbuch der Speziellen Pastoralmedizin*, Vol. III, pp. 100-138.

life. It does not invalidate our argument of unborn life being acknowledged in law as human life.

Once we have established this fact there can be no doubt that normally the killing of an unborn child must be considered as murder. We have pointed out before that it is not within our rights to place higher or lower values on lives which have been created equal by God.¹ Nobody—not even the State—has the right to kill an innocent life. Surely nobody can doubt that an unborn babe is innocent and not an unjust aggressor. Where would it lead if we would admit as right the principle of killing anybody for somebody else's benefit? This becomes all too clear from a lecture by Dr Eustace Chesser.² In this lecture it is admitted that 'Those who accept that the truth has been revealed to the Catholic Church must also accept that this part of its teaching is correct . . . they must abide by it, since otherwise they would set up within themselves intolerable conflict between human action and conscience. . . .' The lecture continues: 'However, the majority of people cannot accept that it is right for the life of a healthy and useful young wife to be thrown away in order that unborn life shall be preserved.'

There follows rather a strange sentence: 'There is, however, another impediment, [obviously to the alteration of abortion law] the vague feeling existing in many men and women that it is "wrong" for a pregnancy to be terminated. . . .' It does not seem to strike the speaker that this vague feeling of 'wrong' may be conscience also

¹ The noblest tradition in medicine conforms to this teaching and, as Pemberton puts it: 'It is to be hoped that physicians and surgeons will never in any branch of their work attempt to value the lives of their patients and to measure their endeavours to save life with their idea of the patient's particular value.'

² Lecture given to the Abortion Law Reform Association on September 28th, 1949, published in abridged form by that Association.

which, according to his statement, must not be violated by action. What about the intolerable conflict when human action runs contrary to the conscience rooted in deepest human instinct?

Later on in this lecture we find the stock phrase: 'In such cases we are not, it must be remembered, dealing with the choice between good and evil, but with the choice between greater and lesser evils.' In this phrase it is equally interesting to note that the lecturer admits his advice to be evil and also that he evidently takes the view that situations might be created in which no course which was morally good would be open to man.

Another point in this lecture is the statement that 'Physical and mental health are indivisible' and that 'Good medicine consists in the preservation of health and in the prevention of physical and mental illness. It is time we extended that recognition to cover the case of the woman who is not fit to bear a child.' We have drifted, haven't we? I thought we were arguing for an alteration of the law against abortion for the sake of 'the life of the healthy and useful wife'. What, then, is meant here by 'the woman who is not fit'? The meaning of the speaker becomes clear in the following paragraph. 'Why is it that of all those problems enjoying the attention of the public, that of the overburdened mother-to-be has been most neglected?' And later on:

Every woman—married or single—who becomes pregnant in circumstances which make her burden a positive threat to physical or mental health should know that relief may be available to her within the law, and that she may without fear or shame apply for consideration of her case on its merits.

What a drift from the introductory sentence of this lecture! And what is to stop the drift here? Once we have drifted so far, why not further? Why not follow up 'the

problem of the overburdened mother-to-be' with 'the problem of the overburdened mother'? Why not recommend the killing of every child physically or mentally crippled imposing a burden which might be a positive threat to the physical or mental health of the mother? From the good of the mother, it is only a short step to 'the good of the State' or 'the good of the race'. If we admit to the principle that, whenever the life of one innocent person is incompatible with the health or life of another, the one of lesser value should be put to death, Hitler's extermination camps become justified. And who is to assess the relative values of lives and on what principle? Values change, but the principles of right or wrong do not.¹ As I said before, once we forsake the right principle, there is no end to the drift.

Morals and science go hand in hand. Dame Louise McIlroy, one of the leading gynaecologists in this country—not a Catholic—once said: 'What is morally wrong cannot be scientifically right' and 'Anything that interferes with the natural laws is bound to have repercussions on those who break them.'² Modern psychology has discovered some of those repercussions in the mental health of men and women.

Two reproaches are often levelled against the Church. The one is that she is 'old-fashioned'. It is, however, fair to ask in return where the modern trend has brought us, what all our advances have achieved, except in a few limited matters, which may have brought us some comfort but not happiness. It is still the philosophers and the artists of old times that are considered greatest today.

The second reproach is that the Church sets an ideal which is unattainable. How right is Father Bonnar when

¹ Editorial, *Catholic Medical Quarterly*, January 1952.

² Quoted by Father A. Bonnar, loc. cit., p. 70.

he says, 'Without the ideal how much more ugly and brutal facts would be.'¹ We must stick to our principles. In every other sphere of life it is acknowledged that it is the highest duty of man to live and, if necessary, to die for his principles. The 'hard case' argument always has a deep appeal to our sentiment but Father Bonnar answers it:

Hard cases are inevitable in every human state. The Christian economy of life meets hard cases in another way and does not make things worse by seeking a remedy which is no remedy. The buffeting of misfortune is the material by which man rises to higher things.²

We are all inclined to think and to say 'Whatever the principle, my case is different, it's special.' We must ask ourselves: Is it really different? Why? Either one admits the validity of a Commandment or one denies it. If one qualifies it by saying, 'Thou shalt not kill—except in hard cases' then the principle is destroyed and its practical value lost.³

On the question we have discussed, we must always keep in mind that the power of—and the vocation to—healing are from God who gave us also the Commandments. Being all from God they cannot really conflict. The Commandments are final and unequivocal whilst the art and the science of medicine—including obstetrics—are still developing. We can therefore expect reconciliation of divergences between them coming from the latter as research increases. Indeed, recent years have seen considerable progress in this direction and so it was possible for no less an authority than John Lyle-Cameron to state: 'It can be said that the best obstetric practice conforms evermore to the teachings of our Holy Mother the Church.'

¹ Ibid., p. 55, III.

² Ibid., p. 58, I.

³ Editorial, *Catholic Medical Quarterly*, January 1952.

EDUCATING THE CHILD

EDUCATION starts almost as soon as the child has been born and in that early training much of the later development of his character and much of his future happiness will be decided. Obviously, heredity is one decisive element and education can but aim at developing to the best the constitutional 'make-up' of the child, but it is now generally agreed that, of the two, environment is the more important factor. If anything, this view is at present being over-emphasised. The opinion constantly advanced is that all delinquency and neurosis is rooted in deprivation during childhood. This, to me, is certainly an exaggeration and 'where the ego or personality is strong, the child can survive unscathed, and even be strengthened by events that may be disastrous for those who are predisposed to neurosis, whose defences give way and can only with difficulty be built up'. 'THE RESILIENCE AND ADAPTABILITY OF CHILDREN IS ONE OF THEIR MOST PRECIOUS ENDOWMENTS.'¹ Similarly there are personalities so weak that even the best environment will not develop them to full maturity. If, however, we want 'to help the individual to realise the full powers of his personality—body, mind and spirit—in and through active membership

¹ Charles L. C. Burns, *Maladjusted Children*, Hollis & Carter, London, 1955, p. 7.

of a society'¹ this must be begun inside the family through the earliest nursery days.

Parents usually believe that a baby is too young to understand and so they concentrate on the physical aspect alone, following one of two extreme courses. Either there is a strict routine, to which the mother forces the child and herself, or every cry is anxiously analysed and interpreted as a wish which has to be fulfilled at once. In this physical realm it is therefore just as well to remember that 'Babies are really strong little creatures, and they will grow and thrive with almost any reasonable treatment'² and also that

although ignorance, or poverty, or anything else may be a factor [for achieving full life, useful citizenship, successful marriages] the crux of the matter is the nature of the people involved, and this depends much less on whether they were breast fed or bottle fed, whether they walked early or late, or cut their teeth in the right order, than on the kind of home they lived in as children.³

In a similar study, analysing incidents of illness and doctor-patient contacts during the first five years of life, Doctor D. W. MacLean considered⁴ that, among all the many home conditions whose influence he examined, 'the factor which had the greatest influence on the health of those children was the degree of mutual adjustment which their parents had achieved in their own personal

¹ Definition of education, considered by the Norwood Committee quoted by Bishop Beck in an address on *Religion in Education*, published by the C.T.S., London, 1952.

² John Gibbens, *The Care of Young Babies*, J. & A. Churchill, London, 1953.

³ Beatrice M. Watts, 'The influence of home conditions during the first five years of life on the physical and mental health of children', *College of General Practitioners Research Newsletter*, No. 11, May 1956, p. 64.

⁴ Butterworth Prize Essay, 1955, *College of General Practitioners Research Newsletter*, No. 11, p. 62.

relationships'. We cannot doubt therefore that the privilege and duty of the family doctor go far beyond the mere cure of ills, that he will have to try to guide the parents in the bringing up of the child. As few things have such effect, perpetuated through generations, as the training of a child in the nursery, this task, repeating itself continuously, is, as it were, one of keeping watch at the cradle of mankind. Culpably neglected, this will truly be a case fitting the words of Schiller:¹

This is the curse of every evil deed,
That propagating still, it brings forth evil.

In a recent television serial on 'The Hurt Mind' one of the psychiatrists emphasised that the earliest childhood impressions were of even greater importance than later ones, and by way of illustration he remarked that bad habits acquired in the early stages of anything—for example in learning to play tennis—were the most difficult to correct later on. It is therefore right that all the main problems which face, and frequently puzzle, parents from the earliest days should here be briefly examined. There are of course, and always will be, special cases and particular circumstances which should be discussed with the family doctor. Here only general aspects can be considered, but they will be found to apply to the great majority of cases.

First of all, there are the problems of feeding. Breast feeding is still, and without doubt will always be, the ideal for mother and babe alike. Everything should therefore be done to increase the ability and the will of the young mother for it. From the material aspect it is the safest, the simplest and the cheapest method, and it increases resistance to infections which artificial feeding cannot do.

¹ F. von. Schiller, *Die Piccolomini*.

Moreover, it means that without a break imposing strain on the baby, feeding is continued all the time from the same source, the milk being made from the mother's blood which was the sole source of the infant's growth during the nine months in the mother's womb. It is best also for the mother. The breast is thus naturally relieved of all congestion and the womb is provided with a stimulus to contract and to revert to its original state. Far beyond these physical considerations however, the close communion established in that act of feeding is a source of happiness to both mother and child which should not be missed except for grave reasons.

Sometimes, however, in spite of all care and goodwill, the mother is unable to provide the necessary milk, or her general health or social circumstances make it impossible to continue breast feeding. This should not cause any undue worry. Speaking again from the physical point of view, we know that infants will thrive on a variety of foodstuffs as long as certain basic principles are satisfied, and modern artificial foods provide for this perfectly. From the psychological viewpoint, it must be remembered that the most important requirement for the babe is a calm, loving atmosphere and the mother's undivided attention. While it may be more difficult to remain unfussed while one has to clean feeding-bottles, to measure, mix, and watch the temperature of the drink, it is certainly possible to do all this quietly and cheerfully and then to feed the babe with concentrated care, and a mother who achieves this will be doing much more for her child than one who indifferently reads a book while the babe is feeding on her breast. Bottle feeding will also be the more satisfactory in cases of the mother getting over-anxious by the failure of the babe to gain adequately on breast feeding or when she is being worn out by pain each time she gives

the breast to her infant, or by the stress of other worries, by the strain of complementary feeding which unduly prolongs the duration of each feed or the pressure of other tasks or circumstances. The worst spectacle of all, however, is that of a babe lying in a cot with a feeding-bottle propped up on a pillow, left by himself to get his feed from it, swallowing as much air as milk in the process, the milk getting cooler and cooler while the infant struggles and the all-important home atmosphere itself missing.

On the duration and quantity to be allowed for the single feeding, it will suffice here to say that individual requirements vary considerably, by as much as one hundred per cent, and that the danger of underfeeding is much greater than that of overfeeding. Few babies will by themselves take more food than they require and each should therefore be given the quantity which appears genuinely wanted. On the time to be given at the breast, research has shown that about half of a total feed is taken within the first two minutes, and that a vigorous infant will empty the breast of a healthy and well-built mother in five minutes. Allowing for babies with poorer power of suction, ten minutes will therefore still be ample. It will depend on the babe's attitude whether one or both breasts should be offered at one time. This might increase up to twenty minutes in all the time to be allowed for each feed. Any prolonging beyond this limit is not only superfluous but actually harmful. The nipple of the drained breast will get sore from being chewed and the mother will get overtired. The babe will swallow air in the attempts at continued sucking from the already emptied breast, and will subsequently suffer from 'wind'. The harmony of the nursery will give way to the disharmony of frayed tempers.

For the times of feeding, the old strict routine in which

the clock was an absolute master has been widely replaced by so-called 'self-demand feeding'. It is claimed that it is the natural thing to feed when the appetite demands and that 'denial of food to a hungry babe, and attempts to feed him when not hungry can be emotionally upsetting to both'.¹ My own advice to mothers is about halfway between the two extremes. The exact times of feeding are not of the great importance once attributed to them, and minor adjustments should be made when required. There is no harm in giving the feed a bit earlier when the babe is awake and appears hungry, or a bit later if the parents have a chance of going out together in the evening. Today's greater liberality in the routine must work both ways, to the benefit of the mother as well as of the babe, who after all is only one member of the family in which the mother has obligations to each and all, including her husband and herself. It is no good making herself a slave of the babe, concentrating on the new babe alone, and gradually developing resentment in herself and in the others in consequence, and the babe does not benefit from being spoilt. Fathers have to be understanding and tactful during these months, but also firm. Without giving way to jealousy or giving grounds to the wife or any of the other children to become jealous, the father must see not only that the newly-born gets all the attention needed by the right of its being the weakest, but also that everything fits into the family's general scheme of life.

A routine is needed and adjustments should be only minor ones. Hunger is a natural instinct but even this can be trained, as in the swans of Wells, who ring a bell at the appointed time! An early training, as mentioned before, is most essential; it benefits neither the mother nor the

¹ Paterson and Lightwood, *Sick Children*, Cassell & Co., London, 1956, chapter III.

babe to give in and fulfil the babe's every wish for food or for being nursed, or later on for a toy, or for anything else, least of all when this is forcibly expressed by crying. It is an unfortunate consequence of the housing shortage that young families living in rooms incur the danger of being given notice to leave, if the landlady's sleep is disturbed by crying, young parents thus often feeling obliged 'to buy peace at all costs'. Others begin well and keep a routine until some minor illness upsets it. Even in sickness—though of course it may have to be adjusted—a routine must be adhered to. It is misplaced sentimentality, and not kindness, to depart from a routine and spoil the child. It is a sure way of spoiling to give in to every whim! Small children are artful. They soon find out when by crying they can wear down their parents' resistance. They enjoy their power and they make the most of it. Once established, a bad habit will become more and more difficult to break away from, and growing up, the former babes will still fly into tempers, shout or sulk to achieve fulfilment of their wish. 'Think of the poor daughter-in-law' (or 'son-in-law' as the case may be), I frequently say to young parents. It seems funny with a tiny babe lying in a cot to think so far ahead, but the years pass quickly. What sounds funny is meant seriously, and the parents realise this if it is properly pointed out to them. Actually the babe's training will in the future affect even wider circles beyond the family as the attitude formed in the early years will condition the attitude in later life to work and at work. How can a spoiled child, who has never been brought up to, or even known, a relationship of give and take, make a contribution as an adult to what has become today a vital factor in our economic life: good human relations in industry. Of course there must be a time for play, for the expression of

love and for cuddles. This however should not be done to placate a grizzling infant, but should be one of the joys of the day regularly repeated, the time before the feeds being the most suitable.

Training is essential. Bad habits must be stopped at the outset, and good habits must be established. The best way is to make these habits pleasurable. A firm, but kind hand, love and understanding are needed to guide the child through a happy childhood. Children are extremely observant, sometimes embarrassingly so, and they will absorb the atmosphere of the home and imitate what they see. No lavish care will be able to make up for genuine happiness and for the knowledge of being loved by the parents. A priest told me that in a school, children were once asked to write—under promise of secrecy—what they wished most that life should give them. The wish more voiced than any other was: that their parents should stop quarrelling with each other!

No admonition can do what example does! A great friend of mine who had a small kitten, which time and again was brought back from one or the other of two public houses near his home, used to take 'Tiddles' on his knee and say with mock-seriousness: 'When I was a little kitten, I never strayed to a pub!' I am always reminded of this when a parent tells the child: 'When I was your age . . .' No child is really able to picture a parent ever having been his or her own age, and any such admonitions do not mean any more to a child than to a kitten. Children will imitate their hero and parents must live up to the hero-worship here and now—not quote the past.

Any child will conform to true discipline, which is discipleship. They will respond to authority if they are told why an order is given. Even if they do not fully

understand the reasons, the child's dignity will be satisfied by being treated as an equal. Children will instantly appreciate if decisions have been made after consideration of all aspects, and the parents stick to a decision once made. Any changing of mind, particularly giving in when the child either goes on coaxing or goes on sulking or making a scene, is a serious mistake. Worse is it to make a promise and not keep it, or say 'No' and then not to enforce obedience. The worst of all is to make threats which might frighten the child. If eventually they are not carried out, the results of the original fear may well persist just the same, and now in addition, authority has been undermined. A child only feels secure if it can trust absolutely the parents' word.

Religious upbringing is of very great importance. In one of his standard works on child education,¹ Dr J. Gibbens remarks: 'It is noteworthy that in times of stress the men and women who stand up best to their difficulties are those with a strong moral and religious background'; but moral precepts alone will not achieve this. Truly it has been said: 'Love of God is learnt through love of the mother.' Indeed to quote Gibbens again:²

A child needs love as a plant needs water. Love gives him stability, a sense of security, a background of happiness. Love must, however, not become possessive. There must be a careful balance between security and independence. Guidance must never take the form of forcing the child in one's own way. Very early one must begin treating the child as an equal, taking note of his ambitions and leanings. Everything that is likely to help for full development of the talents that God has bestowed upon him must be encouraged. Education is, after all, in the words of Bishop Beck: '... Not merely a preparation for a career or for a livelihood, it must be above all a

¹ Dr J. Gibbens, *The Care of Children from One to Five*, J. & A. Churchill, London, 1954, p. 12

² *Ibid.*, loc. cit., p. 131.

preparation for life . . . and the purpose of this life, so we hold, is to fit them—our children—for Eternity.¹

While we must exercise control, we must also be tolerant. We must not expect too much, nor hurry the child along the path of growing up. There will be times of progress alternating with periods when the child appears to be wasting time. Such periods may put a severe strain on the parents, over-anxious, as they are, for the child's progress. Even such phases however have their significance and value. They have been likened to a field lying fallow for the good of the next crop. We must take our cue from the children and be careful neither to sap their self-confidence nor to make them rebellious, deceitful and hypocritical. True tolerance does not exclude punishment but punishment must not be wanton. It should help the child to learn that all action has its unavoidable consequences. Praise and approval must be the counterparts of punishment, encouraging good actions and good habits. In this way the child will learn that 'the problem of how to be happy though human, involves order, a certain degree of regularity and repetition in daily life, even tidiness',² a lesson too often neglected these days when 'one has seen schools and clinics which appear only concerned to create an extremely expensive environment where a child can behave as badly as he likes for as long as he likes'.³

The emphasis on the importance of an atmosphere of love in the home, stressed over and over again in this chapter, implies as a matter of course that the education of children during the early years of life is to be in the hands

¹ G. A. Beck, Bishop of Brentwood, *Religion in Education*, Catholic Truth Society, London, 1952.

² Charles Burns, loc. cit., p. 64.

³ Dr Letitia Fairfield in a review of Burns's book in the *Catholic Medical Quarterly*, January 1956.

of the parents. It is indeed one of the very bad features of today's economy that it can become necessary to put children of tender years into day nurseries while the mothers go out to work. Where this is an absolute necessity and the mother is ready and able to balance this loss in hours of home influence by intensifying it in the time left, little harm may be done. When, however, going out to work is done for the sake of convenience, to buy luxuries, or out of a belief that the children are the responsibility of the State rather than that of the parents, the result will be most harmful to the child, disastrous to the family and eventually and inevitably to the whole of society. G. K. Chesterton¹ has castigated that strange new superstition, the idea of the infinite resources of organisation, in which is supposed to be an endless supply of salaried persons and salaries for them, and that they are to undertake all that human beings naturally do for themselves, including the care of children. The result is that one harassed person has to look after a hundred children instead of one normal person without salary, urged by the natural instinct of affection, looking after a normal number of children. Chesterton likens this procedure to that 'of a lunatic carefully watering his garden with a watering can, while holding up an umbrella to keep off the rain'.

As a child reaches school age, the responsibility of education will be shared between parents and teachers, but it is for the parents to make the choice of school within the range of possibilities. No general guidance can be given in this matter, not even on the much-debated relative merits of boarding school and day school. Different types of schools will suit different children, and each situation has to be given careful and individual

¹ G. K. Chesterton, 'The Drift from Domesticity' in *The Thing*, Sheed & Ward, London, 1938, pp. 38-39.

thought. The only generalisation that can, and I think should, be made, is the one that co-educational schools are, on the whole, undesirable. This has nothing to do with prudishness or with the idea that the sexes should be kept apart. On the contrary, it appears to me from my observations right and desirable that schools for boys and for girls should occasionally co-operate and their pupils be helped to mix freely. Co-education, however, implies the same treatment for boys and for girls through all the stages of their school life, and, of necessity, it tends to obliterate sex-differentiation, which is wrong. Not only are boys and girls of the same age at different stages of maturity, but from an early age, and very markedly at puberty, the approach of the two sexes to things and to action differs. The two sexes are neither identical nor antagonistic, but complementary to each other. For this reason they should be educated each to develop their characteristics as fully as possible. As soon as the children themselves become aware of this difference of sexes, so-called 'sex education' begins. However young the child, there is no difficulty about this, because it only means answering every question of the child truthfully, however simply. This is, of course, what should be done with questions a child asks on any subject. It is not until much later that one should make a point of purposely instructing a child on matters of sex, but no detailed plan for this can be given. It will depend on many accidental circumstances. One thing that the parents should make certain of is that the child is well-informed beforehand about all the sensations and events which normally occur at puberty. Time and again children have been frightened and made miserable through ignorance of such phenomena, which they feared as something pathological or shameful and therefore tried to hide. Understandably, parents some-

times find it difficult to broach this subject with their children, not being certain how much they know already. Even though the children may know much, there is no reason why one should not cover the whole ground. In this way peculiar ideas can be corrected, and at the same time the right emphasis placed on matters, earlier knowledge of which may have been obtained from an obscure and smutty source. All this is important because knowledge, however exact, of the physical aspects alone of sex will not guarantee the right use being made of the knowledge. After having made an opening remark that the time has come to think about this problem, it is a good plan to say something like:

You probably have thought a lot and heard a lot from friends about this already, but some of it you may have got wrong. Young people often like to boast and pretend that they know more than they do, or to give themselves what they consider a grown-up air by talking cynically about things which are really a most holy mystery. Don't talk to others about our discussion, because most parents like to tell their own children, and they might be disappointed and hurt to hear you have done so.

After this introduction I think it best to give them a book or pamphlet (which of course the father or mother should have read carefully), with a comment on it, asking them to note anything that is not clear and to come back with questions. I myself like *The Facts of Life*¹ and I add a comment like this:

You will not find God mentioned in this booklet, because it is written for Christians and non-Christians and for Unbelievers alike, but even so you will find it made obvious that all the wonderful happenings could not come about by chance. If you bring in God on these points, everything falls into place and becomes quite clear.

When the book has been read and the questions have

¹ Published by the British Medical Association.

been answered, the moment comes for going beyond science to speak of the mystery of love. This is a very personal talk and it cannot be done satisfactorily in groups. I agree with Ruth Hawthorne Fay¹ that one should not talk to children about sex in a detached scientific manner. Parents do not talk to them about other things in any such fashion. They may talk for hours about God, the stars, life after death, music, the art of cooking. Why not sex? With her I do not believe that sex education is the function of the secondary school; it is an integral part of the parent-child relationship.

I want my child to be left alone to fly in his own fashion. He must have his feet guided while he is still learning to walk, but that is my job. I would not call in the school authorities to help me to teach him to eat, to smile, to grow. Why should I either ask or permit them to help me to teach him to love?

Very rightly it is said that if the parents are unable to give the necessary instruction they are the ones to be educated. Certain Convent schools² have a very good scheme: pamphlets suitable for different ages which can be read either by the mother to the girl or by the girl herself, or by each separately. I myself think it is best to choose the last alternative and then to discuss the pamphlet in a way similar to what I have outlined before. Where the parents are quite unable or unwilling to undertake what should be their privilege as well as their duty, I think the family doctor is the person most suitable to deputise for them.

The most important part of education, however, is neither what we learn in school (education has even been defined as what remains after we have forgotten all we

¹ *Reader's Digest*, 'Leave my Child Alone', December 1950, pp. 68 ff. Condensed from *Better Homes and Gardens*.

² Quoted by Burns, loc. cit., p. 35.

have learned at school) nor the study of any special subject but what we learn through example and a full participation in family life.

In this 'age of the child', too much is being made of the right of the young generation to liberty which is widely interpreted as freedom from control. This originated, I suppose, from a healthy reaction against authority for authority's sake, obedience for obedience's sake, or against the sham unselfishness of parents who always emphasised that they were living for their children. C. S. Lewis¹ characterises that type in the words: 'If people knew how much ill-feeling unselfishness occasions, it would not be so often recommended from the pulpit', and again: 'She's the sort of woman who lives for others. You can always tell the others by their hunted expression.'

The bad results of excessive liberty and indulgence have been discussed before. Equally bad is an attempt to enforce parental authority simply with pious reference to its divine origin and the fourth Commandment. This too has been made clear before, that moral precepts without example are doomed to ineffectiveness. Children have a very sure and alert instinct for justice, and if you can show them the fairness of your demand, you will always win. The justice of parental control has been expressed in his peerless fashion by G. K. Chesterton,¹ when he argues that the parent-child relationship may be one of equality but certainly not of similarity and that anyway it is illogical to emphasise always that the claim of the elders to control is unjust, but to ignore what becomes of the opposite obligation.

If the child is free from the first to disregard the parent, why is the parent not free from the first to disregard the child? . . . Why should

¹ *Screwtape Letters*, Geoffrey Bles, London, 1954, chapter XXV.

² G. K. Chesterton, 'The Drift from Domesticity', loc. cit., p. 38.

the elder Mr. Jones be expected to feed, clothe and shelter out of his own pocket another person who is entirely free from any obligation to him? If the bright young thing cannot be asked to tolerate her grandmother, who has become something of a bore, why should the grandmother or the mother have tolerated the bright young thing at a period of her life when she was by no means bright? . . . Why should Jones Senior stand drinks and free meals to anybody so unpleasant as Jones Junior, especially in the immature phases of his existence? . . .'

I have read this passage to my own children! Now I have only to say: 'Why should Jones Senior' and in mock desperation they will stop their ears with their fingers. Immediately afterwards, however, with a knowing smile and with understanding and eager co-operation, they will promptly carry out whatever they were asked under the invocation of the elder Mr Jones.

VII

THE AGED AND THE AILING

CHESTERTON'S reference to 'the grandmother who has become something of a bore' leads our thoughts to the problems of the aged and the ailing members of the family. These problems are manifold and are increasing in number with the rising proportion of old people in the social structure of most countries. They are concerned mainly with the work-age and with the housing of older people. But these two problems on which much has been written and said do not come within the scope of this book because they are outside the framework of the family. I should like to discuss here those which fall within the framework of the family, that is, the problem of euthanasia and the question whether patients should be told the truth about their condition.

Euthanasia is advocated in our days, not only by 'The Good Pagan'—to use the term of Rosalind Murray¹—but also by men who profess to stand for Christian principles. This so-called 'mercy killing' has certainly an emotional appeal and the Voluntary Euthanasia Society has many a prominent champion. The emotional appeal of euthanasia is largely due to a misrepresentation of the problem. While the movement in favour of euthanasia began with the idea of the decision being voluntary, that patients who claim the right of being relieved from their

¹ *The Good Pagan's Failure*, Hollis & Carter, 1944.

suffering by being put to death ought not to be denied, many advocates of euthanasia have gone far beyond that.

The killing of mentally deficient children is now advocated on the grounds of the common good and the relief of the parents, 'a selfish appeal to a materialistic philosophy'.¹ The Anglican Bishop Barnes refers in this connection to what he calls 'inferior stocks'.² I am unable to picture anybody coming forward voluntarily and saying, 'I am of inferior stock, will you kindly terminate my life?' The determination of inferiority so called will always rest with those in power and can easily result in the abuse of this power for political motives or racial hatred. We have seen these things actually happen in Hitler's Germany and we have experienced even in this country the labelling of political opponents not only as inferior but as 'vermin', obviously the lowest order.

Bishop Barnes describes, in a discourse at the University, reported in the *Daily Telegraph*, September 4th, 1950, cases where he has heard a sigh of relief from parents whose mentally deficient children have died. I, too, have heard such sighs of relief but I am not too sure that the sigh of relief would have been the same had the child been put to death instead of having been taken home by God. I believe that such a sigh of relief is due largely to the fact that the parents feel that they have done their duty to the end and have fulfilled their task. I have heard many a sigh of relief during childbirth when the child was born, and have heard from many mothers that they would not have missed the baby's first cry by having an anaesthetic to avoid pain. Others need, or anyway prefer, analgesia—we have discussed this earlier in this book. They save

¹ Rosalind Murray, *The Good Pagan's Failure*.

² Quoted from Alexander J. P. Graham, *Catholic Medical Quarterly*, July 1950.

themselves pain but they also miss the happy sigh of relief. I have also seen mothers of mentally deficient children, although they seemed overburdened with work, fight for the lives of these children. The healthy children were more able to do without mother, so she obviously felt, whilst the mentally deficient one was wholly dependent on her, quite her own; mother therefore appeared to nurse it with particular love and care.

In order to answer those who advance the opinion that euthanasia is compatible with Christianity, it is necessary to re-state some Christian principles:

First: We are God's. We exist not for our own pleasure but for God to give him service, worship and glory, which was the purpose of our creation.

'Since we are nothing but by his grace, we ought to be nothing but for his Glory.'¹

Second: It is not in this life that God intends us to have lasting happiness.

Third: We have a duty to our neighbour as well as to ourselves. God has given him his life and he has a right to live it. The question arises: May a man renounce his right to live? And the answer is 'No'. If in any renunciation of his life a man is 'concurring with the judgement of others'² this does not alter the situation. When a sane person asks a doctor to put him to death the result would be equal to suicide plus incitement to murder on the patient's part.

On the doctor's part, it would be killing a man in mortal sin. The suffering in the other world would probably be worse than any suffering that he tried to escape here.

There are however three groups of cases in which killing can be considered lawful:

1. Unjust Aggression. An unjust aggressor may be

¹ St Francis of Sales, quoted from Cuthbert Smith, O.S.B., *A year with St Francis of Sales*, Douglas Lyon, London, 1948, reading for July 12th.

² Bishop Barnes, in a discourse at the University, reported in the *Daily Telegraph*, September 4th, 1950.

killed even if this aggressor is himself morally not responsible, as in the case of a lunatic threatening one's life.

2. Capital Punishment, when ordered by lawful authority. I would however like to draw attention particularly to the word 'ordered'. Death penalty permitted but not ordered could not be lawfully executed. It is a debatable point, whether somebody can lawfully take his own life if he is appointed his own executioner by lawful authority. Some hold that Socrates, if he felt guilty of what he was accused of, would have been justified in drinking the hemlock.

3. Just War.¹ The responsibility whether a war is just or not rests with the Government. Each citizen is entitled to the belief that the war in which his country is involved is just, provided that he has no good grounds to be convinced in conscience of the contrary. What one knows in one's conscience to be wrong, to be against the law of God, must never be done on the command of human authority. But if one is convinced of the good cause for which the war is fought, killing then becomes lawful as an application of the first principle. Fighting a cause which we conscientiously believe to be unjust, the enemy soldier becomes an unjust aggressor though not himself morally responsible.

We must always keep in mind very clearly the principle of 'double effect' which has been stated thus:

¹ Modern developments of universal conscription and 'total' war have aroused some doubt whether a just war is still a practical possibility, particularly if a single state is deciding on it as a judge in its own cause. Attempts are being made to organise an international community to whom the right would be assigned to take police action and if this were successfully put into practice it would indeed be a considerable advance. (F. R. Stratmann, 'War and Christian Conscience', in *Die Kirche in der Welt*, June 1951, translated in the Winter issue 1953 of *Cross Currents*, N.Y.)

It is lawful to perform an action which is in itself good, or at least indifferent, which will have two effects, of which one is good and the other bad, provided that the good effect is immediate, that the intention is good and that there is a proportionately grave cause.¹

For example, it is right to remove a womb for a cancer, although we know that the woman is pregnant and we know that it means the death of the child, but we must not terminate the pregnancy, killing the child, in order to try to avoid danger to the mother's health. In the first case the action of operating is good and the aim to cure the woman of the cancer is good. The death of the child is a second effect which is tolerated but not aimed at. But in the second case the killing of the child is bad, as murder always is, and it is never permissible to do evil that good might come of it.

This may be the place to define exactly what is meant by the term 'euthanasia'. Verbally translated it means 'good death' and of course we all hope for and aim at a good death. As generally used, however, the term 'euthanasia' has come to mean 'easy death'. As long as that means the relieving of pain, every Christian doctor will agree. It is the doctor's first duty and privilege to relieve suffering.

We know that suffering can be of great value spiritually. Suffering came upon mankind as the penalty of sin but in spite of this we have been given lawful means of alleviating it (God's justice is tempered by mercy), means we may use, provided we are willing to accept patiently whatever suffering cannot be alleviated. Moreover we have even the chance to make use of suffering, turning it from an evil to a good. Though it is a higher degree of perfection to endure suffering rather than to seek relief,

¹ Quoted from Rev. G. J. MacGillivray, *Suicide and Euthanasia*, Catholic Truth Society, S.131.

not all of us have been given heroic natures. We know that average people might be so absorbed with pain and suffering that their spiritual powers become blunted. For them it is better to be given relief from the suffering which is stopping them from concentrating more on the things that matter. The doctor is right, and is expected, to give every relief he can possibly give except when the patient definitely declines it.

Euthanasia, as the term is used however, has come to mean not only easing but even hastening death in order to take a patient out of his suffering if he is considered incurable. Here the Christian must object. We have not only not to hasten death, but we have always to take reasonable care to prolong life, our own and that of others. It is however certainly right to ease pain even at the risk that life may be shortened by it. Here the principle of the 'double effect' is applicable again. It is wrong to give a definite overdose, let us say, of morphia, but we may give a fairly heavy dose to induce sleep—if necessary—even at the risk that death might be hastened; it rarely will be. I have heard of one particular such case, where the doctor with doubting conscience gave a 'borderline dose'. The next day the patient felt much better and much happier. The benefit of sleep had done him more good than the morphia might have harmed him. Pain should be eased, sleep should be secured. Continuous sleep, however, should be avoided; the patient should be given the chance of having spells of sufficient consciousness to use one of the means provided for his salvation in the hour of death; to make his confession and an act of contrition, and to receive consciously the Sacrament of Extreme Unction. We know that in any hour of recognised danger to life, an incredible amount of memory and of judgement can be concentrated into a very short space of time.

This might give many a person their first, their last and their only chance to review their life and to obtain salvation.

These are our main arguments towards Christians who believe that advocating euthanasia and professing the Christian faith are compatible. The other arguments are the same as those which will be our answer to 'The Good Pagan', to people who, like Dr Millard, Secretary of the V.E.L.S., hold the view that 'in suicide we are only destroying that which, humanly speaking, is our own',¹ to people who say 'I would not let a dog suffer. Why then should I not relieve the suffering of someone near and dear to me?'

We have little common ground with such people. All the same, I feel we can argue, even with the Pagan, on his own ground, that is, without speaking of the breach of morals which we call sin, the offence against God.

First of all, we would point out that if one does not believe in God and in immortality, little meaning can be attached to the terms of 'good' and 'evil', 'mercy', 'duty', 'right' and 'wrong'. But apart from that, what does this 'mercy killing' really mean? Is it mercy? And towards whom? Think of the American case of so-called 'mercy killing' some time ago, when the question arose in court whether the patient was still alive at the time of the injection. If this question could arise, surely we can say at least that the patient was no longer conscious? What mercy was being shown in trying to kill one who was already removed from all suffering?

Again: 'Does the patient really wish to have his life terminated?' I shall always remember a case quoted by our Professor of Surgery when I was a student, a personal

¹ Quoted from Rev. G. J. MacGillivray, *Suicide and Euthanasia*, Catholic Truth Society, S.131.

experience when a young doctor himself. He was attending a patient obviously dying, very painfully, from a cancer beyond hope of cure. In every moment of consciousness he was moaning and begging: 'I cannot bear it any longer. Let me die. Give me something to kill me!' Torn between his emotion of sympathy, his duty and his fear of the law which forbade killing even under the plea of mercy, the young doctor decided to find a way out for his suffering patient. 'Look here, Mr S', he said, 'I will give you some rather strong drops which will relieve your pain, but, mind you, be careful and don't take any more than the fifteen drops prescribed because it might be rather dangerous.' 'I have never seen a patient count his drops more carefully', the Professor remarked to us, 'than this patient did for the remainder of his life; it has taught me a lot—and I hope it will teach you a lot—concerning the question of euthanasia.'

There is another aspect to the question: Who should be considered incurable? In one of his world-famous novels, Theodor Storm describes the case of a doctor who, deep in love with his hopelessly sick young wife, nurses her tenderly during the weeks and months of her painful and incurable disease. He neglects more and more his other duties in order to tend her, to give her relief and encouragement, and to share what is left of her life. In the end, however, feeling that he cannot resist any longer her plea to have her suffering and her life terminated, he complies with her persistent request. Some weeks afterwards he settles down to work and to reading the medical journals long neglected. Imagine his horror when he finds that a new cure has been found for the illness of his wife which had so recently been considered beyond any hope. This case of Storm's is fiction, but we all know that in a less dramatic form these things do happen. It was not so long

ago that every young diabetic was doomed to an early and often painful death. Today few diabetics die as a direct result of their disease. A very few years ago the diagnosis of T.B. meningitis meant certain death, usually under intense pain. Now this is no longer so.

To consider anybody incurable now and for the future means giving up research in despair. It must undermine confidence in the doctor.

Let me sum up. The problem of 'mercy-killing' has been misrepresented in order to gain emotional appeal. 'Mercy-killing' is not really mercy on the patient. The problem is not: to kill or let him suffer. Today there are plenty of means at the disposal of the doctor to alleviate suffering without shortening life. Much work has been done and is being done here. Think, for example, of the progress made in Neuro-Surgery. The only people who could benefit from mercy-killing so called are the relatives, who sometimes feel that the prolonged endurance of anxiety and of sleepless nights is beyond their strength. 'What is termed the agony of death concerns the watcher by the bedside rather than the being who is the subject of pity.'¹

It might even be pleaded that money is being spent on a hopeless task and that the savings of the family, which could benefit the children, are being invested in a hopeless cause. But once we admit to the principle of murdering a person for the benefit of somebody else, where is the borderline? A tiny step would bring us to the argument that grandfather aged ninety-four is squandering the money he saved, instead of leaving it to the family who need it badly. I think there will be few who would be ready to advocate the killing of anybody to please

¹ F. Treeves, *The Elephant Men and Other Reminiscences*, Castle & Co., Ltd., London, 1928.

somebody else. After all, would the relatives really be pleased if 'euthanasia' became general? What might be the feelings of a woman who has reason to believe that she is incurably ill, or when she is an old grandmother, no longer of any practical use to the community, if she had in her younger days experienced her grandmother being killed for so-called mercy's sake? And where is the borderline between incurable disease and permanently failing health in old age? I remember a patient of mine, aged seventy-six, sadly talking of her grandson, aged nineteen, telling her bluntly, 'All people over seventy should be killed.'

In former days it could have been quoted in favour of euthanasia that poor people could not afford to have a doctor, or to have the medicines necessary to relieve pain at all times. This argument no longer holds good in this country, and it is this very fact that supplies the answer to the problem. Relief of suffering must be made accessible to everyone by progress in medical research and by betterment in social conditions. It is the good action that achieves the good result.

Legally euthanasia is still considered murder. Even if euthanasia were allowed by law of the land, no Christian could take part in it, remembering what has been said earlier on the question of death being ordered by lawful authority or only permitted. What is against God's law must not be done on human command. Please God, this law will never be altered. This hope is enhanced by the expression of medical opinion in the U.S.A. where, in reply to propaganda in favour of euthanasia, the Medical Society of the State of New York at its annual meeting in May 1950, has unanimously passed a resolution opposing it.¹ The resolution of this society, representative of 23,000

¹ Quoted from the *Catholic Medical Quarterly*, July 1950.

doctors and the largest medical society in the United States, reads:

Whereas Life is God-given and precious and the art and science of medicine will some day discover the cure for diseases now incurable, and

Whereas most physicians whose work is dedicated to the saving of life could not conscientiously subscribe to the finality of legalised Euthanasia, thus bringing death to some supposedly incurable patients who, emotionally unbalanced by sickness, might crave such end to their suffering, and

Whereas the final responsibility for making the decision leading to legalised Euthanasia must become the responsibility of physicians, now therefore be it

'Resolved, that the Medical Society of the State of New York go on record as being unalterably opposed to Euthanasia and to any legislation that will legalise Euthanasia.'

There have been many resolutions of various bodies expressing the same view.

How is it then that great scientific men are found holding and expounding contrary views? In reply I would quote once again Chesterton, who said in a similar context:¹

... such scientists do not speak as scientists, but simply as materialists. That is, they do not give their conclusions, but simply their opinions, and a very shaky sort of opinions some of them are.

The question whether patients should be told the truth about their condition is of concern mainly in cases of serious—usually malignant—disease, when the diagnosis is likely to mean for the patient incurability and permanent invalidism or early death. Many people, doctors and laymen, seem to think that by telling the truth in such cases one necessarily destroys hope and adds to the suffering of the patient and that it is therefore against the Hippocratic oath to do so.

¹ G. K. Chesterton, *The Mark of the Agnostic*.

The problem has been complicated by statements like the one that evasion of the truth is a lie. This is as illogical and philosophically untenable as the one discussed in Chapter V, in connection with the 'Mother or Child' problem, that killing a person and letting a person die are not different. Indeed, it may not only be permissible but actually in the spirit of the Commandments to evade the truth, whilst a direct lie is never permitted.¹ To adhere to the truth in a situation of great personal danger, while deceiving those who rightly are to be deceived, is actually the most perfect acknowledgement possible of the value and the inviolability of truth. Many such cases have been collected for the purpose of instruction, but I shall give here one from my own experience. Austria had been invaded by Nazi Germany and a search was being made for a famous philosopher, his wife and son, who were known to be enemies of the regime. The parents escaped from the country within the first hours, fleeing to the East while the Germans approached from the West. The son was meanwhile on a skiing tour, unaware of the happenings until his return. The family had double citizenship, which fact the Gestapo evidently did not know, and the young man promptly decided to make an attempt at joining his parents by the use of his Swiss passport. On the frontier he was examined and a list was shown to him containing the names of his parents and himself. 'Are they relations of yours?' he was asked. 'I have no relations at all in Austria', he replied. This, under the circumstances, was perfectly true and it obviously convinced the examining officers. He was allowed to pass.

The problem of telling patients the truth had occupied my mind for some considerable time and I had consulted

¹ D. von Hildebrand, *Fundamental Moral Attitudes*, Longmans, Green & Co., 1950, p. 59.

many priests and doctors without however getting the right grasp of it, when some twenty years ago I discussed it with Father Franciscus Stratmann, the famous Dominican. 'A little thought will make it clear to you that charity and veracity, both being commended by God, cannot possibly be in real conflict ever', he said. 'If one tries hard enough one must find the right way out of the dilemma each time. Try again and I shall be very surprised if you will ever feel the need of telling a lie.' I did as he told me and never since had to lie to a patient. Like Davidoff,¹ I found that the best rules to be followed are: Not to offer any voluntary opinion and to make the answers fit the patients' questions. 'This, I am sure', he continues, 'can be done without lying, in a way one answers a child when he becomes curious about sex.'

I remember one particularly illuminating case of a Hungarian with cancer of one kidney who asked me, as soon as I advised operation: 'Is it cancer, Doctor?' I replied that nobody could be certain, but it was one of the possibilities I had in mind, and it was therefore imperative not to delay the operation. He consented and the operation confirmed the diagnosis. When the patient woke from the anaesthetic his first question was: 'Doctor, was it cancer?' 'Yes,' I replied, 'but I believe we got it all out and you will have no further trouble with it.' 'I am so glad you told me; I was certain it was cancer. I should never have believed you had you said "no"'. Now I know you have told me the truth about it, I believe the other things you say are true as well.' For some years I received a letter from the patient on each anniversary of the

¹ *Should the Patient Know the Truth*, edited by Samuel Standard, M.D. and Helmuth Nathan, M.D., Springer Publishing Company, New York, 1956, part IX.

operation, telling me he was well. We lost contact with the outbreak of the last war.

The key to this whole question lies in the patient-doctor relationship and in the fact that 'the patient often regards his medical adviser as able to pronounce on all matters touching life and death'.¹ There is a confidence in that relationship which would be seriously upset if it were widely accepted and suspected that doctors did not tell the truth. Telling the truth however does not by any means imply being brutal about it. Never should any knowledge not clearly demanded be forced on a patient, never a question be answered that was not asked directly. Moreover, even in a case of a doubtful or bad prognosis, it is always possible and right to stress all favourable aspects rather than to dwell on the serious ones, though they should not be denied. Not only can all this be done without violating the obligation of truth but actually it will often be found later on, that in this way one has remained nearer the truth than one would have been in pronouncing the bad prognosis one had made. We must remember here not only the words of Osler:² 'Errors of judgement must occur in the practice of an art which consists largely of balancing probabilities' but also that the incurable patient of today may be the curable patient of tomorrow. It is therefore our duty to preserve life and hope as we have discussed before. We all have seen cases like the one of the woman suffering from cancer of the breast who was given some medicine to give her the feeling that something was being done for her rather than because it gave any hope of a cure. Twenty years later she reported to the same hospital (that was when I saw her) in a condition which, comparing it with the previous notes,

¹ C. J. Gavey, *The Management of the 'Hopeless' Case*, H. K. Lewis, London, 1952.

² Quoted by Gavey, loc. cit.

had remained unchanged. The cancer had stopped growing and spreading for no apparent reason. Another and somewhat different case is my own. Nearly thirty years ago as a young house surgeon, I infected myself during an operation and this resulted in a septicaemia of a type which in those days, before sulphanilamides and antibiotics were in use, carried a mortality rate of about 75 per cent. My own condition at the time was such that my doctors—about a dozen of them, as all the senior physicians, surgeons and pathologists had a look at me and gave advice—disagreed on one point only, whether I would die the same day or the next. Though unaware of this detail I was fully conscious of the seriousness of my condition, but I did not give up hope and recovered! Whether this was due to my sound constitution supporting the treatment given, or to the prayers of my family and our good nursing nuns, nobody can be sure. However, I for one certainly agree with the view of Sir Oliver Lodge¹ that 'Even in medicine it is not really absurd to suggest that drugs and no prayers may be almost as foolish as prayer without drugs.'

We can therefore conclude that we ought to take our cue from the patient. My experience is that the patients who do not genuinely want to know the truth will never ask a question which does not allow easily for an evasive reply. Those who ask a question so directly that no evasion is possible are those who want to know the truth. They have a right to know it and it should be told. In this way we shall fulfil not only the commandment of truth but also that of charity and at the same time we shall comply with the Hippocratic oath, which is no contradiction of but in harmony with these postulates. Goldner

¹ *Men and the Universe*, quoted by Gavey, loc. cit.

points this out,¹ that a doctor who, mindful of the Hippocratic oath to serve his patient to the best of his knowledge and ability and to protect him against harm, finds himself in a dilemma if *telling* the truth about his diagnosis and prognosis may increase the patient's fear and anguish, might do well 'to turn to the patient and learn from him whether *withholding* the truth may not sometimes increase fear and anguish, jeopardise contentment and thus be harmful'.

Of course we must all be aware of the patient who comes to us and says: 'Doctor, I am quite willing to know the worst. I have no fear of whatsoever you may have to tell me. You can be perfectly honest.' This type is not infrequently met. As a rule nothing serious is found to be wrong with these patients who thus dramatise their own possible situation. In the rare cases when the truth would mean bad news, I agree with Dr Harwood Stevenson² that it might have very bad effects if one were to tell the patient this truth—that is the *full* truth. However, this is the very type of patient who will be easily satisfied with an evasive reply and it is up to us in each individual case to use our judgement, how far we ought to evade and how far we ought to go in telling the truth. There is no obligation on us to tell the full truth, but there is the obligation of never telling a lie.

There is one other group of occasions when the question of telling the truth may give rise to a dilemma, this time in the parents' mind rather than in the doctor's, when a child is to be admitted to hospital, particularly for an operation. With Ruth Frank Bear,³ I believe the child should be told the truth. I share her observation that

¹ Standard and Nathan, loc. cit., part III.

² *Catholic Medical Quarterly*, October 1937, p. 35 (correspondence).

³ Standard and Nathan, loc. cit., part XIII.

children have a great ability to tolerate pain and discomfort if it is predictable for them and that their worst fear is that of the unknown and of their own phantasy. Reassured that his mother, or even Nurse, will be there to help when he wakes up and when the tummy will hurt and he will feel bad and that soon he will feel good again, a child will have much easier post-operative hours than a child who wakes bewildered and frightened not knowing what to expect.

This view I believe has come to be generally accepted today. It is not so very long ago that in the name of charity, a child who was to be given an anaesthetic was told lies, such as that he would be going to the photographers who would put a cloth over him as over the camera. Today we have come to acknowledge that such lies, however 'white' they are meant to be, are not dictated by charity but by the cowardice of the parents. Speaking at King's College Medical School, Lord Justice Denning¹ said that a doctor should not lie to a patient even in a good cause, that it was never permissible to seek a good end by a bad means, to do a great wrong to get a great right. Lord Justice Denning is not, I believe, a Catholic, but here he voices the age-old teaching of the Church when he gives the reasoned conclusions from his own experience. By his words is shown up the absurdity of a notion—widespread among non-Catholics—that the Catholic attitude is one of accepting the Church's teaching without thinking. Monsignor Knox² points out that Catholics are not without blame concerning that prejudice, as there is a temptation for them to play up to that lead, and when asked their opinion concerning a relevant question, to say: 'Well, you see, I am a Catholic and the

¹ Reported in the *Daily Telegraph* of September 25th, 1956.

² *The Creed in Slow Motion*, Sheed & Ward, London, 1949.

Catholic Church teaches me . . . , so of course I've got to believe it.' While this is the truth it is certainly not the whole truth, because Catholics can and ought to know the reasons which support the teaching of the Church. Then, when their opinion is asked in a discussion they might still say: 'You see, I am a Catholic and the Catholic Church teaches me . . .', but they will be able to add: 'therefore I have of course given a lot of thought to that problem and I have found that my reason fully endorses that the Church is right in this teaching. For the facts are these: . . .'

VIII

THE ADOLESCENT

WE return now to the young generation and their problems. We have guided them from childhood to puberty and have now to assist them during the years of adolescence when their personality will be decisively shaped. This is the period of life when home influence must be exercised with great discretion because the young people tend to believe that they are grown up already and resent any implication that they are not. Many have strayed from the straight and narrow path in mere opposition to the parents, or because somebody called them 'Mummy-boy, greenhorn'. In the realm of sex and purity particularly, untold harm is done to young men and women by friends and elders who frequently seem to take special pleasure and almost pride in introducing others to what they call 'experience of life'. Indeed sex experience is made a sort of touchstone as to whether or not one is to be considered grown up. All resistance of the young, who may have been given sound teaching and preserved it hitherto, is opposed with: 'Oh, that's all theory. When you have had experience you can talk.' Young men in particular find such provocation very trying. They feel they are being made fools of, and their eventual downfall is often due as much to vanity and pride as to genuine emotional desire. Once experienced, sexual pleasure will lure increasingly. True there is often a

rebound. The conscience is troubled and the fear of consequences is depressing, but these reactions tend gradually to pass off and temptation looms ever larger. What is meant to be in marriage the source of greatest happiness is reduced to mere pleasure and a short-lived one at that. What has been given us by God is used in the service of the Devil who cannot himself produce any pleasure but is satisfied if he can induce us to take the pleasures God has given us at times or in ways or in degrees that God has forbidden. The Devil always tries to work away from the natural condition of any pleasure to that which is least natural, least redolent of its Maker and least pleasurable. 'An ever-increasing craving for an ever-diminishing pleasure' is his formula.¹

True, an experience has been gained, but another, a better one, has been lost: that of keeping oneself chaste. It is the story of the fall ever repeated, the succumbing to the serpent's enticement: '... your eyes will be opened, and you yourself will be like gods, knowing good and evil.'² Would that Adam had resisted in the knowledge that it was best to know good only! Would that young people overcame the weakness of the flesh by the strength of the spirit! Many are craving for this strength and they go to the priest or the doctor for assistance. Purely physical advice, to take cold baths and play games, is often useless. Spiritual advice alone may be inadequate. In reply to a simple admonition to pray, they often say: 'I can't' or else 'I do'. They need their minds formed. They need to be given the armour of logical thought with which to defend their stand in the assurance that they have chosen for themselves the best part with this triumph of

¹ C. S. Lewis, *The Screwtape Letters*, Geoffrey Bles, London, 1954, chapter IX.

² Genesis III, 5.

manhood over animalhood. Here is the advice Father C. C. Martindale gives in this connection:¹

If sexual actions were not pleasurable, no one would want to do them. No amount of virtue demands that you should tell lies or talk nonsense. A man is asked to say: 'Such and such an action would be pleasurable if I did it. Of course. But I am not going to do it all the same' (except of course in the proper circumstances, as in the marriage act). Similarly, sugar is sweet. But a doctor will tell a man who has diabetes that he must not eat sugar. The man does not have to pretend to himself that sugar is not sweet, nor even that he does not like sweet things, nor even that he would not like to eat sugar were he allowed to. It is: and he does: and he would. But he says: 'Doctor's orders. Though I would like to I won't.' In time he gets so clear that he is not going to eat it, that for practical purposes he ceases to want to. So, with clearheaded courage, a man says: 'I know only too well that I should like to do so and so—it would be a lie if I pretended I wouldn't. But—God's orders, I won't.'

Still, diets imposed by the doctor are broken on occasions when in a convivial company one does not wish to appear the odd man out. Even greater is the danger to forget the orders of God, who at times seems so far off and—so we are inclined to think—will anyway understand and forgive. Furthermore the bad consequences of such deeds are not immediately obvious. One hopes and thinks that there will be probably time to make amends, and so one joins in whatever others do, not to be branded as a 'disreputable spoil sport'. This is a very plausible but wrong conception of honour and good repute. Chaperones have gone out of fashion and were largely abolished by a generation proud of being able to look after themselves, and so the youth of today is 'on parole'. But how often does temptation make them forget their promises! Here it is up to the parents, the priest and the family doctor, whenever the occasion arises, to point

² *The Difficult Commandment*, Manresa Press, London, 1950.

out the responsibilities involved. After hundreds of years the story is told still of the Knight-Prisoner who was released 'on parole' by his captor. Defying temptation, suffering great hardship and braving many a danger he kept his word and returned on time. Here is a hero to emulate! Again let the chivalrous young man going out with a young woman remember that he is to be her escort. She is supposed to be a frail vessel in his keeping for the time being and he is in honour bound not only to guard her against all molestation from others but even to protect her from herself and to refrain himself from any action which would betray his trust. If an escort cruiser were to try to sink the ship she was meant to protect, this would be a clear case of treason. A young man assailing his charge in any way, trying to overcome or even weaken her defences, however insidiously, is a traitor just the same—even though the romantic and sentimental haze with which public opinion today is inclined to surround such relationship tends to obscure this plain and ugly fact. It must be said for the young men that there are few among those who had a good upbringing who will expect easy virtue in recompense for having taken out a girl. Often it would even seem as if in these circumstances the men were the weaker sex, unable to say 'No'. Father D. A. Lord, S.J.,¹ quotes a young man as a spokesman of dozens of others thus:

Don't blame us, Father. If you go out with a girl and you don't make love to her, she thinks you don't like her. She probably looks at herself in the mirror when she gets home and wonders what is wrong. Do you think we fellows make the advances? Well, we do. But you'd be surprised if you knew how often those advances are made in response to the frankest of invitations from the girls.

¹ Father D. A. Lord, S.J., *So we abolished the Chaperone*, Dublin, C.T.S., DD. 12/3.

There cannot be any doubt that the woman has the easier task in exerting the decisive restraining influence on the relationship. Morals, custom and self-respect cooperate in their demands on her and the man will often be greatly relieved to know that he is not expected to court her. Frequently the girl's advances are due to the fear that she might lose her boy, that he might consider her a bore, and might look for another girl who would make things easier for him. She need not fear. A man lost on these grounds is not worth keeping. It is true that love-making, culminating in full union, is often the finally binding factor, but marriages made purely for sexual reasons will often break down later for this very same reason. Though a man may appreciate that the girl gives him everything including herself out of overflowing love, he will on the other hand never turn away from the girl he loves because she keeps herself pure until she can give herself to him in marriage. Quite frequently, however, jealousy and suspicion develop in the later years of married life in cases where sexual union has been anticipated, leaving the sting of doubt whether the wife, if she fell in love at any time with another man, may give herself to him as she did to her fiancé.

Love is no game. When marriage is not contemplated it should be clearly agreed between the two and in this case the girl will certainly have to make sure that the relationship is kept within the legitimate bounds of friendship as long as that agreement stands. Without any doubt such pure friendship is possible between the sexes. It is however impossible—though often attempted—when a relationship of love has come to its end and this is sealed with the words: 'but we shall remain friends'. In such cases the two will either drift apart before long, or one of them will go on pretending mere friendship, with love

still burning in the heart, thus bringing a supreme sacrifice for the sake of not losing all contact with the loved one.

Where nothing more than a comradeship is intended, the man must not expect any expressions or acts of affection, privileges to be given only to a man who is prepared to give himself fully in marriage. Any woman with self-respect will refrain from thus cheapening herself and this will command her companion's respect. Such friendships may go on for years, even when both have found other life partners, and it may then become a friendship between the four of them. Quite often, however, the two will come to know and appreciate each other more and more, love will grow on the basis of the original friendship and a happy marriage will be the ultimate result.

Preparation of a child for marriage is then really a task of many years. It begins with developing as fully as possible the characteristics of the particular sex in the child's character and it continues later on with teaching the adolescent an appreciation of the other sex in its proper meaning and setting. The question of the best age, whether early or late marriages are preferable, has in my opinion no universally valid answer. Whatever the age, however, it is important that the young couple should have known each other for some time under ordinary circumstances of life before marriage is decided upon. If it is at all feasible each should have seen the future spouse in his or her own home, they should know each other's background, parents and the everyday family life in which they were brought up. Lack of a common faith, a different nationality or race, may cause difficulties later on but, as in some childless marriages, such unions may sometimes prove particularly happy ones. Compatibility—not identity—of background and ideals matters more

than anything else for the unity of a family and this cannot be judged without the partners having known each other for some period of time. There is of course such a thing as love at first sight, but many cases which appear as such in the beginning prove later to be nothing more than a passing infatuation. In any true case of such love this will even be deepened by more intimate acquaintance. There should therefore be no undue haste in arranging for marriage. On the other hand equally inadvisable are engagements which go on for years and years. They may put too heavy a strain on the self-control of the two, thus leading to sexual anticipation of marriage, resulting in a sense of guilt and an anxiety of consequences which will mar the happiness, or the sexual desire may become permanently blunted and the bloom of love may fade never to regain its freshness. The usual reason for such delays of marriage is a desire for security either on the part of the parents or of the young couple themselves. Within limits that may be reasonable but it seems a pity if young people thus miss what could be the best years with the adventure of building up the future together, and so grow old prematurely while hunting the spectre—only too often ever elusive—of having everything they want for their future life as if they were to live in an abiding city. Marriage however is not a terminus but just a moment's halt to allow a loved companion to join in a journey which goes on as long as life on earth lasts.

The parents' task is to point out obvious difficulties, to draw attention to likely hardships, to give warnings or encouragements as the case may be. Above all, parents should try to satisfy themselves that the love of the children is true and without selfish motives, a love which considers the happiness of the beloved one more than self,

and that both are prepared to give even more than they may receive. Once the parents are assured of this and that a reasonable degree of security can be established, to enable the young ones to live under circumstances comparable at least with what they had been used to, and that they appear to have reached a degree of maturity (not necessarily related to a certain age) at which they are likely to know their own minds, and appreciate the responsibility of the solemn and unbreakable relationship they are about to establish, then all the parents can and ought to do is to give their blessing.

Health tests are a good thing in so far as they draw attention to likely extra strains and difficulties that the young couple might have to face, but family history and health certificate or any other scientific finding or fact should never finally decide the question of consent. There is all the difference between a human marriage and breeding on a stud farm. Human attitudes are much more important than physical qualities. If for example—to take one case I encountered recently—a sensible young man, appreciating the responsibility, wishes to marry a girl who is a severe diabetic, both having had explained to them the risks, there is no one, I believe, who has the right to interfere in the name of eugenics.

Were I to suggest one final piece of advice for the bride and groom I could do no better than hand on the one I myself received from my father-in-law before my wedding nearly thirty years ago: 'If you ever disagree seriously on anything, argue or even have a good fight if you feel like it, but never keep a sulky silence.' Indeed a marriage in which differences are no longer discussed but accepted, in which no reconciliation is ever attempted, is sick to the marrow. Sometimes one partner may have tried again and again to bring up the subject, or subjects,

of difficulties and to get adjustment but in vain. At last in despair these attempts end in silence. Instead of sensing the danger, the partner may even be relieved, being able to carry on in his or her own sweet way without interference, in 'peace at last', not realising that the peace is, as it were, the peace of the churchyard in which their love is buried or may soon be. If only they would ask before it is too late instead of keeping their peace and remaining silent like Parsifal, the pure fool, when he saw the agony of King Amfortas! He had to bear years of lonely travel because his purity was not yet matched by the compassion of charity. So too there will be a lonely travel for man and wife in such a marriage, parted as they are by a deep gorge barring approach. Their ways may never meet again if neither risks the jump. Sometimes, however, one of them will come to the doctor and he may be able to help to bridge the gap—as in other cases which were discussed earlier on—not because he is particularly wise or particularly good, but because he stands apart and both can talk to him without their pride being hurt; because he is given the grace of an office respected by both; because he has seen much joy and much pain, has accumulated experience in observing things other people do not see—almost like the moon in the story of Hans Andersen,¹ because he has come to love men in their troubles as well as in their joys and because they on their part realise and appreciate the doctor's unbiased sympathy.

The cycle is completed, Life's *La Ronde*. All the way the family doctor is at the side of his charges. Morley is right when he says: 'There is certainly no cause for the general practitioner to labour under any sense of inferiority, indeed with specialisation becoming more and more intense, a general outlook with a balanced view is

¹ Hans Andersen, *Picturebook without Pictures*.

more than ever necessary.¹ A renaissance of general practice is not only possible but under way. The age of the family doctor has not passed and indeed it will never pass as long as there are doctors who accept the vocation of being to the family not only a medical adviser but also a philosopher and a friend.



¹ A. H. Morley, 'Forty Years On', *B.M.J.*, December 3rd, 1955.

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