

February 1993

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Recommended Citation

Jaki, Stanley L. (1993) "The Purpose of Healing," *The Linacre Quarterly*: Vol. 60: No. 1, Article 2.
Available at: <http://epublications.marquette.edu/lnq/vol60/iss1/2>

The Purpose of Healing

by

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This address was made to the 61st Annual Meeting of the National Federation of Catholic Physicians' Guilds, October, 1992. The author, a Catholic priest of the Benedictine Order is Distinguished University Professor at Seton Hall University. In 1987, he was awarded the Templeton Prize.

Invitation to deliver a keynote address may confer on the speaker an honor so great as to be embarrassing. My presence here may amount to a reversal of roles. I should indeed be the one to honor you, Catholic physicians. I was certainly puzzled when a year or so ago Dr. Isajiw asked me, most likely at the instigation of Dr. Prezzia of Toledo, to address the 1992 meeting of the Federation of Catholic Physicians' Guilds. Moreover he said that I was free to choose my topic. This very liberal invitation should not suggest that I have been thinking and writing a great deal about medicine, let alone about Catholic physicians. My book *Brain, Mind, and Computers* is anything but a textbook on cerebral ailments, although it can cause some headaches to unprepared readers. Among my writings only one article, "Christ, Catholics and Abortion,"¹ deals with matters of direct interest to you. What I have written on the relation of biology and physics and on the origin of life may seem a purely academic matter, compared with matters of life and death in which you are engaged day in and day out.

At any rate, if a philosopher and historian of science, as I am, were of direct concern to such life-and-death matters, there would almost certainly be some reference to him in that greatest book about eternal life and death which is the Bible. No honor is accorded to philosophers in the Bible, which, however, imposes on any and all the duty of honoring physicians. The Bible does so in the following weighty words: "Hold the physician in honor, for he is essential to you, and God it was who established his profession. From God the doctor has wisdom, and the king provides for his sustenance. His knowledge makes the doctor distinguished, and gives him access to those in authority" (Sir 38:1-3).

So wrote a certain Joshua or Jesus, the grandson of a certain Sirach, almost two hundred years before the birth of that incomparable physician, Jesus of Nazareth. A great-great grandson of that Sirach translated his book from the Hebrew into Greek sometime after 132 B.C., the year when he migrated from Palestine to Egypt. There he settled in Alexandria, the cultural capital of

Late Antiquity, which at that time contained a very large Jewish population, possibly a quarter of a million strong.

But the Book of Jesus, grandson of Sirach, or simply the Book of Sirach, came into its own only within early Christianity. There it was so fondly used as to become known as the "ecclesiastical book," or Ecclesiasticus. That the foregoing passage did not become part of the extensive scripture readings in the new liturgy of the mass is another reason for quoting it. On more than one occasion my physician friends became pleasantly surprised when I quoted chapter and verse about my biblical duty of honoring them, because God it was who established their profession.

Even without referring to the Bible, it should be obvious that physicians deserve being held in the greatest respect. Their work is very exacting. It takes a heavy toll on their mental and physical energies, and, even more so, on their moral strength. In this last respect a strange reversal of roles is on hand, a reversal which, if I am allowed to sound amateurishly anatomical, touches them on the jugular. Until very recently, it was a source of strength for physicians that they could count on social consensus concerning everything in that very oath which they took as they entered medical practice. Instead of being a support, social consensus is now becoming an increasingly heavy drain on the Catholic physician's resources, not only in moral but in intellectual and psychological respects as well.

I said "everything in that oath," or almost everything. In fact even the apparently innocuous first part of that oath has become the target of dissent. Our society boasts of one-parent families, holds high the independence of the young, and is all too eager to push aside one's elders. To the great peril of society, leading roles are nowadays demanded by those who are badly in need of being led. A condescending smile is all too often the reaction whenever a reference is made to one's duties toward those (parents, teachers, masters) without whom one would not have been able to learn one's trade or profession.

It sounds increasingly outmoded to speak in a vein even remotely similar to the first part of the Hippocratic oath which has enjoined you to look upon the one who taught you this medical art of yours even as one of your parents. In terms of that oath you have taken on the solemn obligation to share your very riches with your teachers of medicine, to supply them with necessities were they in need, to look at their offspring as your own brothers and sisters, and to teach them your medical art, if they chose to learn it, and do so without a fee or contract. You have also sworn that you would faithfully hand down to your children and to the younger generation your very learning and skill, and above all its very purpose.

For such is the gist of the second part of the Hippocratic oath. It specifies that your art is for the purpose of healing and in no case for hurt or for any wrong. That already in the times of Hippocrates that purpose could be honored in the breach is very clear from the rest of the oath. There one can see the physician under pressure, both external and internal, to break that oath of his. The oath describes the physician as one who might be pressured to help get rid of a patient burdensome to others by administering deadly drugs or offer advice to others how to do the same. In particular the oath shows him to be under pressure to help

a woman get rid of a child still to be born. Indeed the oath specifies that pressure as something ominously special, otherwise it would not ask the young doctor to swear: "Especially I will not aid a woman to procure abortion."

Nothing is new under the sun, one may add, and in particular by those who, through their faith, are in the know about original sin. That faith teaches them that there is something most seriously at fault with all human beings and that this has been and will always be the case. Anyone moderately aware of man's frailty, of his readiness to yield under the pressure of opportunities, can only appreciate the insights of the rest of that oath. There the physician swears to be always on guard against taking advantage of having been given, so to speak, the freedom of port, as he enters the sick person's house. Newspaper reports about physicians who abused their patients, gives every timeliness to reference in that oath to various acts whereby a physician may seduce their male or female patients, this or that member of their household.

The timeliness of that oath lies, however, not in its sober awareness of an ever frail human nature, although this alone may surprise those who think that the mere passing of two thousand years brought about a corresponding improvement in man. The real timeliness of the oath lies in our very times. I am not suggesting that in Hippocrates' time everybody called wrong wrong. Otherwise we would not have in the Bible the warning against individuals who "call evil good, good evil, who change darkness into light and light into darkness, who change bitter into sweet and sweet into bitter" (Is 5:20). Nor would we have in the Bible the prophetic warning against equating the truth with majority vote or with opinion polls. The warning is as old as the oldest parts of the Bible. To the people just out of Egypt Moses thundered: "You shall not repeat a false report . . . Neither shall you allege the example of the many as an excuse for doing wrong, nor shall you, when testifying in a lawsuit, side with the many in perverting justice" (Ex 23:1-2).

Yet, those Hippocratic times should be counted as happy times, although they saw the flourishing of academics who taught the art of making wrong appear right and right wrong. But those academics were called sophists. Today, they are called intellectuals, many of them professors with tenure. Today, not a few of them glory in their being known as deconstructionists. They receive ample hearing partly because of their sophistication, a word eerily close to sophistry. Neither they nor their numerous admirers (to say nothing of their undergraduate victims) perceive the extent of the intellectual, societal, and moral destructiveness in the making. They even fail to see what is much less, namely, the contradictory character of their message. They fall far short even of the half-serious insight of Auguste Comte, the father of positivism, who said, perhaps with tongue in cheek, that everything was relative and this was the only absolute truth. Today's deconstructionists offer as serious constructs their conceptual heaps of ruins.

Society has indeed become so much infected with that twisted logic that physicians cannot count on societal support even about the very purpose of healing. A physician is supposed to restore health within the limits of his art. Limits mean restrictions, a word increasingly unpopular. Dreams where even the sky fails to be the limit remain much more attractive than reality. Such a wholly unrealistic dream was offered to me shortly after I published, in late 1966, a large

book, *The Relevance of Physics*. The offer came from a commercial outfit in California, then as now the land of good and bad dreams, and of far many more pipe-dreams. They sent me a copy of a full-color report in *Life* magazine about their method of freezing one's body after death and rethawing it to life, at any time in the future depending on how much one was willing to pay. Those shady business adventurers described in the covering letter that book of mine as having been written by a perceptive man who could be expected to be open to the marvelous prospect of coming back to life a hundred or a thousand years from now.

In view of this, one should not be too harsh on some gurus of earlier times who expected medical science to liberate man of any and all disease and therefore of death as well. Descartes, who wanted to usher in total certainty with his philosophical method, urged the ailing Father Mersenne to hang on until the time when he, Descartes, would formulate a medicine based on infallible demonstrations, that is, a foolproof medicine, a genuine panacea. Its purpose was to eliminate, to quote Descartes' words, "the troublesome business of dying." Condorcet, one of the chief spokesmen of the Enlightenment, also spoke in this vein about the medical science of the future. This may help one think in a realistic way about what the Enlightenment was truly about, in more than one respect. But even such an embodiment of plain common sense as our own Benjamin Franklin, the chief pride of this great city of Philadelphia, held out similar prospects about the indefinite postponement of death. One wonders what he would say today, two hundred years after his death, about the cost of postponing death but never banishing it.

Those who aim at bodily immortality by bodily means may be more numerous than one may think. However, they do not pose a problem for the physician aware of the serious restrictions inherent in his art. It is otherwise when it comes to those, increasingly numerous, who think that marvels of medicine should be ordinary fare, available to all and at all time, at least in the more privileged parts of the earth. Hysterical calls for hearts to be transplanted come to mind. But even with kidney transplants, a far more reliable procedure, one cannot hope to replace all the kidneys all the time. Bone marrow transplants will remain, at least for the foreseeable future, an exceedingly rare and expensive operation, in spite of impressions made by the media always eager to play on the dreams of the public.

Among such dreams is the one about eliminating genes that are the source of various bodily malfunctions and defects. Some spectacular achievements are already on hand, such as the one reported very recently about the removal, from an eight-cell large embryo, of one cell that carries the gene causing cystic fibrosis. The baby girl now born is indeed without that disease. While one can greatly rejoice about such feats, it is another matter to see in them the anticipation of the medicine of the twenty-first century.

Cystic fibrosis is only one ailment among tens of thousands of others and this number might be increased by an order of magnitude. Could all of them be tackled in a similar way, let alone in all cases the number of which is simply mind-boggling? Are sufficient monetary and technological resources on hand to cope

with such a task even if no other tasks were to be confronted? But even if life could be given a start which is perfect genetic health, such health would still remain threatened all the time by external and internal factors. That overall technological power which makes modern medical miracles possible is also the source, for instance, of environmental pollution.

Of course, much can and should be done about reducing pollution, especially the kind which is obviously life-threatening. Only those with heavy investment in the tobacco industry and those who are compulsive smokers would question the strict correlation between smoking and lung cancer. But even with the strictest norms imposed on car exhausts, the air will remain polluted with almost a billion automobiles running all over the globe. That number is a significant fraction, about a fifth, of all people inhabiting this planet. No one has devised or dares to devise an economy by sharply reducing the manufacture of cars, trucks, and all sorts of vehicles powered by internal combustion engines.

Automobile traffic is responsible for over a hundred thousand accidents every year in the United States alone, where drivers are said to be more disciplined than elsewhere. In general, technology is a potent breeder of occupational hazards. It is also partly the source, still far from sufficiently studied, of grave mental and emotional stresses. The rush imposed on life by technology is in part the cause of the increasingly large number of people who need psychotherapy. A major, if not the major problem to be faced by psychotherapy is the inevitability of aging and death. That most praiseworthy Hospice movement is a recognition of the problem though it has so far hardly made a real dent in it.

No dent in that problem would be made by some evolutionary biologists who, like the Harvard entomologist, Wilson, for instance, speak as if all species are to be preserved forever. He seems to ignore a fundamental law of evolution: The inevitable fate of any species is to yield eventually to other species. Indeed, the number of extinct species seems to be much larger than the number of species now extant and, as far as biology can tell us anything, the species known as *homo sapiens* is subject to that law which the art of healing cannot evade.

All these problems that beset the art of healing may help put in focus its very purpose. The word purpose is, of course, to be used with great caution in this context. Evolutionary biology cannot be about purpose, any purpose, properly so called. Evolutionists are too prone to forget this basic truth. Many of them cut an almost ridiculous figure as they devote their entire life to the purpose of proving that there is no purpose. All they are entitled to talk about is the remorseless struggle for life in which cannibalism plays a much larger part than has been suspected until recently. Apropos the very recent publication of a book on cannibalism, a behavioral biologist was quoted as having said that cannibalism offers so many advantages that the puzzle is why it does not occur more often. A reason given was that the body of one's species is far more nutritious food than the one offered by bodies of other species. Another expert on the topic remarked: "We humans think it's terrible for a species to eat its own kind. But I think that in many situations, cannibalism is a very natural and reasonable thing to do. If food is limited and members of your species are the only thing around, why starve?"²

Let us hope that mankind will keep its awareness of its being far more than

just another species. That awareness asserted itself about ten years ago when a plane with about thirty aboard had to make an emergency landing on a remote snow-covered slope of the Andes. Before they were spotted about a month later, only a third of the passengers were still alive. They told about their revulsion of having to resort to the flesh of fellow passengers who died for lack of food and from exposure.

But this revulsion is a far more fragile commodity than one may believe. The Aztec were not alone in pre-Columbian America in raiding neighboring people in order to secure in large numbers human sacrifices for their gruesome rituals. Recent findings about the reputedly peace-loving Maya show that they were no less insensitive to human dignity. In fact, losers in their ball-games resembling our squash had to be ready to die at the hand of the victorious partner. Cannibal tribes, who in Africa survived into the space age, can combine their dietary standards with modern education and do so with equanimity. The famous French general, Delattre de Tassigny, was pleased to recall the encounter which he had as a young officer in Central Africa with a young cannibal chief who spoke perfect French. On finding that the young chief was educated at the Sorbonne, Delattre de Tassigny expressed his puzzlement over that strange combination of first-rate education and eating human flesh. The explanation or excuse came readily in impeccable French: "Mais maintenant, Monsieur, je mange la chaire avec la fourchette."

But no less revolting should seem the absence of revulsion in many parts of the civilized world about using human flesh, in the form of aborted embryos, for medical research. I leave aside those monsters who use fetal tissues for the production of more effective facial cremes.³ By and large the medical profession is parting with whatever revulsion its members have until recently felt on fetal tissue research. Here too Catholic physicians become more and more an embattled minority. This predicament of theirs is part of a much broader picture of the rapidly changing perception about the purpose of healing.

Is that purpose reduced to serving the healthy and those who can still be restored to health? Should that purpose degrade itself to secure a relatively painless exit from life? Should that purpose be made to conform to a purely pragmatic jurisprudence? Should medical assistance to suicide go on unprosecuted just because there are no statutory ordinances against assisting at suicide?

Such questions will not be discussed in any depth, and certainly not by the medical profession at large. There, the Hippocratic oath is being recited more and more often in the new version: "I will abstain from all that is illegal." No objection to this ominous rewriting of a hallowed text would come from a society which takes cover under the semitransparent word "privacy" to justify its appalling practice of abortion. No objection to that practice will come from a society where a goodly section reads with approval the definition of pregnancy as a "disease . . . that can be treated by evacuation of the uterine contents."⁴

The phrase "goodly section" has been used designedly. One can only guess the exact measure of that hardly good section. Our society has become more pagan than we would dare to think. This new paganism is not merely a replay of what

paganism had been prior to its exposure to Christianity. The difference between the two kinds of paganism is complex. In some ways, modern paganism is worse than the ancient. Ancient paganism fought Christianity but simply because it was shocked. Modern paganism is a renegade and as such carries with it a crusading contempt for what it has rejected. But unlike ancient paganism, modern paganism carries with it also some deep imprints of a two-thousand-year-old Christian background.

This background asserts itself in most unexpected circumstances. One such case came when a drug-addicted mother was not prosecuted for taking drugs only a few days before the birth of her child who was born with drug-infected blood. When the Supreme Court of Connecticut threw out the case on the ground that on the basis of law even a practically nine-month old fetus cannot be considered human, even some stalwarts of pro-choice shuddered. Without knowing it, they remembered their Christian background.

In other words, there still may be more of a genuine moral fund in this increasingly pagan society of ours than we dare to think. It is that sense which may provide some help to the Catholic physician in living up to the purpose of his healing art. That purpose is not healing for healing's sake. In that case the physician would not be different from Sisyphus. He would indeed be worse off. For Sisyphus could start, indeed had to start, all over again, but the physician knows that at one point the end beckons. For his own sake and for his patient's sake he has to face up to that larger purpose, the purpose of life and death, which his healing art is to serve.

Only religion can answer that larger purpose. Both Freud and Jung are witnesses. Freud by trying to dodge the issue that kept dogging him all his life, Jung by disclosing a life-long clinical experience: "Among all my patients in the second half of life — that is to say over thirty-five — there has not been one whose problem in the last resort was not that of finding a religious outlook on life."⁵ Obviously, once one is over thirty-five, one has lived exactly one half of his or her life-expectancy. In other words, from that moment on, one is increasingly seized by the realization that instead of going into life, one goes out of it. This experience of the transitoriness of life is the most powerful among factors that stimulate one's religious outlook. Such an outlook is riveted on religion's answer to what is the purpose of life.

There are, of course, some, John Henry Newman was a memorable instance, who from early in life on are seized by the moral sense of life. But very few are those for whom, as was the case for Newman, the inner moral world was more real than the outside world. Those very few are the saints or truly saintly souls. Again, one's celebration of one's thirty-fifth birthday is not necessarily the moment of coming of age religiously that is. Many of those in their sixties and seventies still talk as if their lives would go on forever. Many of these try to ward off considerations about a lasting purpose of life.

Not all of them. In more than one sense one has to work and act as if things would go on forever. Charles Borromeo, a great saint, was playing billiards when someone confronted him with the question: "What would you do if you were told that in an hour you would be dead?" He answered: "I would first finish this

game." We are indeed here to finish tasks far more important than a game of billiards or a round of golf. To the view, "God does not abide in healthy bodies," attributed to the medieval nun, St Hildegard,⁶ she herself would have added quite a few qualifications if pressed on the matter. For she lived in a medieval abbey which had wings serving as hospitals. Clearly, those wings were not there in order to expel God from sick bodies by curing them.

To be sure, healthy bodies can, as any other good and marvelous thing, become a lure for something far from good and marvelous. Quite a few athletes who used stimulants have already fallen from their pedestal of world-fame. Here, too, nothing is new under the sun. Already the Old Testament noted the link between noticeably healthy bodies and markedly sinister behavior. The link can be agonizing to the virtuous. The Psalmist cried out on seeing the prosperity of the wicked, notable for their good health: "For them there are no pains,/ their bodies are sound and sleek./ They have no share in men's sorrows;/ they are not stricken like others" (Ps 72:4-5). Good health can be a great distraction, can even be an idol. It can be a handicap in finishing one's task on earth. But by and large one must keep healthy in order to fulfill one's task. Here the physician plays a crucial role. This role was recognized by saints, Saint Bernard of Clairvaux is a major example, as they reproached themselves for having undermined their health through extreme bodily mortification, and for not having listened to the advice of physicians.

That role was given the highest recommendation by the present pope, John Paul II. He could, of course, rightly say that it was one finger that pulled the trigger and released the bullet which felled him, but it was another finger (the pope thought of the Blessed Mother's) that gave the bullet in his body a zig-zag path which is an anatomical miracle. Three times the bullet changed directions abruptly as if obeying an order from above to avoid hitting, by a quarter of an inch or so, a vital organ, including the liver and the heart. Then John Paul II credited a third set of fingers, the fingers of his Catholic surgeons and physicians who led him back to health. He had a task to complete, a task which already looms large on the horizon of history. Only a few months ago, it was again the same set of fingers that gave him a further lease on life so that he might make more complete his task.

The purpose of healing is to help one finish his or her God-given task. Such a purpose is far deeper than the mere purpose of pursuing health. Such a purpose is kept hidden by almost all of those who today teach medical ethics in medical schools. Only a few weeks ago a professor of such ethics in such a school admitted to me peevishly a most revealing fact. In the seminar where medical students are discussing under his guidance various difficult cases, they are never asked by him to make it clear to themselves what is the bottom line of their ethical philosophy. Without touching that line, the bottom line, medical ethics will remain in the pleasant limbo of precious words, of which reporters, so keen to avoid the crucial ethical issues, are so fond.

Examples can be gathered in any month's gleaning of so-called better-grade papers. Thus Peter Steinfelds, religion-reporter of *The New York Times*, seemed to have felt that he had covered all the bases as he reported about the fateful

Proposition 161 (which would grant physicians the right to kill the terminally ill) to be voted upon in California in early November.⁷ Yet the bases he covered by listing various questions belonged to psychology and to finances alone. It was against that most incomplete background that he raised various questions and in particular the question: "What changes for good or ill does a Proposition 161 portend in the very heart of our culture?" Culture was once more spoken of as if it had nothing to do with Cult properly so called. Granting that separation between two inseparable factors, Steinfeld then could put on the air of ethical seriousness, with a touch of righteous indignation: "The questions are valid. The scandal is that they have not been explored widely, carefully, thoughtfully." Once more thoughtfulness was urged by the method of emptying one's mind of most basic reflections.

Neglect of those basics will deprive one of a perspective that alone can reach far and wide as well as reach genuine heights. The perspective has to puzzle, and indeed to torment, answers which the mere pursuit of health cannot give and under the weight of which it breaks down. For none of man's individual tasks can ever be completed in a purely human sense. All writers want to write at least one more book, all discoverers want to find something more, all physicians want to try out at least one more new drug. In a very gripping sense, all our tasks remain incomplete, all our accomplishments amount to adding but one stone to a huge edifice whose structure and size are known only to God.

The one who put this painful truth in a most Christian perspective was that great healer of minds and souls, John Henry Newman. He also proved his most profoundly Catholic way of thinking by balancing the sense of frustration with a sense of deep satisfaction over the ability to achieve something, however small. The context was his series of lectures on the idea of a genuinely Catholic University in which he gave a prominent place to the School of Medicine. But the first new building in that University, comprising but a hundred or so students at that time, was the University Church which Newman himself made a reality by a most generous donation of three thousand pounds sterling. Fittingly, in the vestibule of that Church one can see displayed some of the most moving words he had ever penned, words referring to the task of establishing a university but most germane to our topic: "It is enough for one man to lay only one stone of so noble and grand an edifice; it is enough, more than enough for me, if I do so much as merely begin what others may more hopefully continue. One only among the sons of men has carried out a perfect work, and satisfied and exhausted the mission on which He came. One alone has with His last breath said, 'Consummatum est.' But all who set about their duties in faith and hope and love, with a resolute heart and a devoted will, are able, weak though they be, to do what, though incomplete, is imperishable. Even their failures become successes, as being necessary steps in a course, and as terms (so to say) in a long series, which will at length fulfil the object which they propose."⁸

As a trained mathematician Newman knew all too well how many terms can be contained even within a finite series. But all those terms, standing metaphorically for small single tasks (with the finite series for a very limited lifetime), were to be handled properly. The effort, sustained in itself, can become

particularly laborious because the sight of full achievement keeps receding beyond the horizon. In trying to cope with this kind of frustration, Catholic physicians can especially count on that Divine physician who made good his promise: "Come to me all who are weary and find life burdensome, and I will refresh you." Of course, here too, as always, He set some stringent conditions: "Take my yoke upon your shoulders and learn from me, for I am gentle and humble of heart." Only with those conditions accepted shall the promise be fulfilled: "Your souls will find rest, for my yoke is easy and my burden is light."

Indeed, as every good physician knows, patients who have peace of soul are already half-cured. Once a famous doctor stopped me as I was visiting one of his patients in the Princeton Hospital. Although a non-believing Jew, he thanked me for doing much more than he could dream of doing. Obviously he meant some higher intangible factors which a physician cannot deliver with the tools at his disposal, but which a priest can channel in spite of his unworthiness. In this perspective, and in this alone, can the Catholic physician too find the very purpose of his healing art.

The perspective is imposing itself on the Catholic physician with ever greater force. In an increasingly materialistic society the Catholic physician is pushed by the sheer force of logic into the center stage where he will be denounced as few others will be. Worse, denunciations will go hand in hand with discrimination. The physicians are not ideologues who are involved only in verbal battles. The battle to be fought by the Catholic physician is a bodily bloody matter. He will have to fight for truth not so much with his words as with his stethoscope and scalpel, and by putting, time and again, his very professional future on the line.

In that stressful confrontation the Catholic physician will not be alone. Even the world will not deny him its grudging admiration. Also, good Catholics are still far more numerous than it would appear from the media that, in recent years, have repeatedly implied the impending demise of the Catholic Church. Those Catholics, lay and clergy, will not fail in their support of Catholic physicians. They will not fail because they are aware that the Book of Sirach imposes on them not only the duty to respect their physicians, but also the duty to fight for them. The latter duty is tied in that Book to a warning and a supreme assurance. The warning is that anyone who fears God should not abase himself before an impious man. In this age, so full of impious men, often dressed in white lab-coats and surgical gowns, the assurance should seem particularly precious: "Even to death battle for truth, and the Lord your God will battle for you" (Sir 4:27-28).

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3. Almost ten years ago, the facial cream called "California Beauty" was advertised by its producer, René Iby, Inc., as a product "exclusively taken from fetuses" and thereby having a power regenerative of old cells. See the report of Grace O. Dermody, "Why Thousands Will March to End Abortion," *The New York Times*, January 16, 1983, p. NJ24.
 4. W. Hern, "Is Pregnancy Really Normal?" *Family Planning Perspectives*, 3 (January 1971), p. 11.
 5. C. Jung, *Modern Man in Search of a Soul* (London: Routledge and Kegan Paul, 1933), p. 264.
 6. The attribution, made in R. Dubos, *Mirage of Health* (Garden City, NY: Doubleday, Anchor Books, 1961), p. 144, seems to me suspect, or at least taken out of context.
 7. *The New York Times*, October 10, 1992, p. 7. Equally obtuse, from the moral viewpoint, was the report, a day earlier in the same paper, by R. Reinhold on the same subject.
 8. J. H. Newman, *The Idea of a University* (Garden City, NY; Doubleday, Image books, 1959), p. 216.
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