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# **Medicine as a Moral Art: The Hippocratic Philosophy of Herbert Ratner, M.D.**

by

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It may smack of quackery to claim that the medical profession can protect itself against attacks from within and without simply by returning to Hippocrates, Father of Western medicine, yet that is the thesis of this little study. I propose to support it by examining the philosophy and life's work of Herbert Ratner, a physician who until his death at 90, on December 6, 1997, devoted well over half a century to practicing and promoting Hippocratic medicine.

The claim that Hippocrates can defend the profession from all attacks will seem all the more extreme when one considers their gravity. They fall under three broad and somewhat overlapping headings.

Probably the most pressing concern among physicians today is *subservience to big business*, with threats from government not far behind. Many see not just their income in jeopardy—that may be the least of their concerns—but above all their freedom to follow their professional judgment. If the doctor is not at liberty to prescribe the

treatment he thinks best, then he, his knowledge, and his skills are no longer at the service of his patient but in servitude to third parties, namely businessmen.

Yet for decades an even deeper anxiety has been abroad. In starkest terms, it is *whether the physician is to be a killer as well as a healer*. Nothing, obviously, could more directly affect the moral character, the ethos, of medicine. Nor since Nazi days has the pressure on physicians to kill been stronger.

A third concern is *the technological imperative*, to adopt the fashionable term. This is a hardy perennial, springing up every time medicine makes what is perceived as an important advance. At such a moment physicians, perhaps under pressure from patients, may be tempted to resort to the new therapy without a thorough examination of alternatives, including watchful waiting, or for that matter of the new treatment itself.

In cases like that the ethical questions revolve around prudence and proper method. However some techniques themselves raise intrinsic ethical questions and, like complicity in suicide or outright killing, menace the very nature of the medical profession. In the 1960s contraceptive medicaments and devices were the focus of such concerns, which in subsequent decades shifted—ironically but perhaps inevitably—to new techniques for overcoming sterility, and for procreation itself. Medicine seems to have had its Promethean side since Renaissance days at least, but some of these techniques for human reproduction might more aptly be termed Frankensteinian.

Grave ethical questions arise even from encroachments on the medical profession by Wall Street and Washington, such as the failed effort by the Clinton Administration to reorganize medical care under governmental supervision. More recently, the Secretary of Health and Human Services moved to regulate the distribution of donated organs for transplant, giving the most seriously ill patients priority.<sup>1</sup> This was immediately decried as a usurpation of the judgment of physicians, and counterproductive. One result of the rule, it was claimed, would be a long-term decline in the survival of liver patients, predictable because transplants given those in advanced decline are less likely to succeed. Also, transplants under the Federal government's new system would be more expensive.<sup>2</sup>

Physicians in various parts of the country have banded



together formally or informally to offer less fettered if costlier care than pre-paid plans such as health maintenance organizations and preferred provider organizations.<sup>3</sup> In Eastern Massachusetts, long known for its medical schools and teaching hospitals, physicians are so alarmed that according to the *New York Times* some 2,000 of them have called for a moratorium "on corporate takeovers of health services and for curbs on the companies' intrusion into doctor's decision-making."<sup>4</sup>

The same report estimated that "a few thousand" physicians, mostly in California and Florida, "have joined unions to challenge the organizations." In February, 1998 the California Medical Association made preparations to vote on creating a union subsidiary for government-employed physicians and residents in training; this, according to the *New York Times*, would make the California Medical Association "the first professional group in the nation to step into the gulf that has traditionally separated organized medicine from physicians unions."<sup>5</sup>

One reason why physicians began to organize against constraints and pressures from managed-care companies is that states have held the physician, not the company, accountable for the care of patients. But for several years the political climate has boded to change this. In September, 1997, Texas became the first state to recognize the right of a patient to sue a health maintenance organization for medical malpractice, although patients around the country have taken HMOs to court on the ground of broken contract.<sup>6</sup>

By early 1998, popular indignation against the companies had made them a whipping boy for politicians. In March, a California woman without political experience who ran in a special election to fill her late husband's congressional seat credited her win over an anti-abortion opponent to her concern for health care.<sup>7</sup>

Such a victory hardly indicated that the electorate had grown weary of moral issues. They abound in managed care, though they may not be so manifest as the drive to substitute the petri dish for the marital bed, still less to turn the physician into a killer. The Moscati Institute, a group organized in Duluth, Minnesota, to help guide health professionals who are "uncertain about what is negotiable and what is not," has written in a mission statement:

Most managed care systems are so structured that patients' illnesses become a liability to their doctors. Physicians are provided with incentives, and typically are rewarded with end-of-year bonuses, predicated on how much money they have saved the insurance companies and health care conglomerates. Therefore, tests and referrals to specialists—constitutive of traditional medical practice—are closely monitored and meagerly assigned

In such controlled systems, medical staff and others routinely insist that patients or their families sign "do not resuscitate" (DNR) and "do not intubate" (DNI) orders. They argue that these are necessary to protect patients from "intrusive practices." But once signed, such orders become a mandate not to treat even treatable illnesses, particularly in geriatric and neo-natal care.

In short, managed care is rationed care, and is unavoidably linked to euthanasia.<sup>8</sup>

Lawmakers are keenly aware of these and other problems seemingly indigenous to managed care. The *New York Times* reported on May 22, 1997, that the Connecticut legislature had passed legislation outlawing the "gag orders" by which health care companies forbid physicians to inform patients of the various treatments available. Such restrictions recall the ancient divergence, mentioned by Plato, between the medical treatment of slaves, who were scarcely consulted about their treatment, and the medical treatment of free citizens.

Problems peculiar to managed care may seem beyond the capacities of the more generalized agencies that oversee that industry. In California, where three-quarters of those with health insurance participate in a health maintenance organization, a special advisory commission appointed by the governor has recommended that the industry be removed from the purview of the state securities regulatory body that has been overseeing it for the past two decades. All regulation of health care, according to the commission, should be consolidated under a single authority with power to adjudicate complaints from patients.<sup>9</sup>

Patients' rights moved to the forefront in legislatures across the country, including the Congress, with the American Medical Association and even insurance groups lobbying vigorously for such



legislation. President Clinton urged fast action, and himself took administrative steps to protect beneficiaries of Medicare and to exclude from the insurance market for Federal employers insurers who deny health coverage to the ill.<sup>10</sup> However the specter of a vast and suffocating new bureaucracy, banished with the defeat of Clinton's far-reaching health care plan in his first term, arose again. The President's vow to rebuild his health care project piece by piece was recalled, ruefully.

Yet dangers to medicine could be described not only in what was reported, but in the way it was reported, such as repeated references to patients as "customers" or "consumers."<sup>11</sup> An internal memo of the Republican National Committee spoke of protecting "consumers" from unfair treatment by HMOs.<sup>12</sup> Such language betrays a tendency to regard medicine as a commercial enterprise rather than a profession, and hence to make it all the more vulnerable to the inroads of business and government.

Insouciant language can also symptomize one of the other perils facing medicine. The *New York Times*, just a day after reporting that Connecticut would curtail the power of managed-care companies to deny treatment to their "customers" (the newspaper's term), unwittingly revealed a deeper debasement of the physician's role than manipulation by businessmen or harassment by bureaucrats. A front-page report coruscated with indignation at a physician who had patented the correlation between the level of a certain hormone and the presence of a Down Syndrome fetus. For the medical experts quoted, as apparently for the reporter, the outrage was that "many pregnant women would go without being screened for the defect."

Nowhere in the account—and this has become the rule—was any concern shown for the principle that had been the bedrock of the medical profession since Hippocrates, namely respect for human life. The hormonal test that physicians may find prohibitively expensive because another physician is making profits is part of a search-and-destroy operation against severely abnormal infants in the womb.

Respect for human life, and with it the Hippocratic ethos, seemed to be fading on other fronts. The voters of Oregon in November, 1997 affirmed support for the state's doctor-assisted suicide law. Although the administrator of the Federal Drug Enforcement Agency, Thomas Constantine, immediately warned that

doctors in Oregon could lose the right to prescribe drugs if they assisted in suicide, Attorney General Janet Reno countermanded him the following June.

From early in his career, Herbert Ratner stood in the forefront of opposition to such utilitarian medicine, as to a state-regulated, commercialized, medicine and—not least—to a merely technological medicine. A physician since 1935, he was founder and editor of the influential quarterly *Child & Family*, and a major contributor to the *Encyclopedia Britannica's* guide to the "Great Books," the *Syntopicon*.

As director of public health for the Chicago suburb of Oak Park, he attracted national attention when he refused to dispense free Salk polio vaccine without explaining its risks to parents. The village board threatened him with dismissal—an example of politicians exercising medical judgment. He was promptly vindicated when on May 8, 1955, the U.S. Health Service suspended distribution of the vaccine for reasons of safety.

Dr. Ratner's critique of the methodology of the supposedly inactivated Salk vaccine, which from 1955 to 1963 contained Simian Virus 40, drew international attention when published in the November, 1955 *Bulletin of the American Association of Public Health Physicians*, of which he was then editor. It was corroborated independently by a study of the West German Health Ministry.

As associate clinical professor of family and community medicine at Loyola University Stritch School of Medicine, Chicago, he helped in the foundation of the La Leche League for the promotion of breast-feeding. He remained a consultant of the League until his death. Nor did Dr. Ratner's work for the family go unnoticed in Rome; in 1982 the Holy See named him a consultor to its Council for the Family.

For Ratner, the strongest protection the medical profession can marshal against the technological temptation and against threats from business, government, and utilitarianism is the Hippocratic Oath, and the Hippocratic philosophy of medicine summed up in the Oath but also found in the writings of the Hippocratic school.

Perhaps it should be said at the outset that Dr. Ratner's hostility to utilitarianism—"the greatest good for the greatest number" at the expense of individual persons—can scarcely be traced



to his Jewishness and the role that utilitarian-oriented physicians took in Nazi campaigns against Jews. He was a champion of Hippocratic medicine long before the postwar Nuremberg trials, which revealed how deeply physicians were implicated in Nazi campaigns to kill the unfit, and to subject members of groups deemed inferior to painful and lethal experiments. He found the bases for his Hippocratic philosophy of medicine as a medical student in the '30s, while reading Hippocrates and the great philosopher of nature, Aristotle. They led him to the study of St. Thomas Aquinas, and eventually into the Catholic Church.

The day the *New York Times* lamented commercial restrictions on an abortion-oriented technique, I went to Chicago to celebrate, with an overflow crowd, Dr. Ratner's 90th birthday. I have counted myself a disciple for half a century, from the moment I heard him speak at Catholic University in January 1949, and I probably should make my debt to him clear. His account of the nature of nature, so to speak, and his emphasis on nature as the norm of normality (again so to speak), made an indelible impression. In the intervening decades we became friends, and I continued to learn from him. Like the gift of his friendship, this gift of wisdom is priceless, and the present essay, designed to hand on the wisdom of Herbert Ratner to others, is an act of piety in the classic sense of an attempt to repay what can never be repaid.

Herbert Ratner's most priceless legacy to a medical profession beset by threats from within and without is a profound explanation of Hippocratic medicine and its implications, pithily and persuasively expressed. No physician armed with this philosophy—a philosophy articulated by Hippocrates and his school, and since supported by thousands of years of productive tradition, a philosophy responsible in large part for the reverence so long and so willingly paid the profession—no physician so armed need search for rebuttals to the philosophically dated and historically discredited utilitarianism that presents itself, now under this guise and now under that, as modernization.

The Hippocratic physician will repudiate with scorn any suggestion that killing is a part of his profession. While even those laymen who know that Dr. Jack Kevorkian is an aberration may have difficulty articulating why, the Hippocratic physician can unmask



Kevorkian as no less a traitor to his profession and those under his care than the physicians who sold out to the Nazis: he need only explain what has preserved medicine as a profession for thousands of years, namely its unshakable ethic, summed up in the Hippocratic Oath.

The Oath has not merely summarized this ethic: the Oath has committed the profession to it, and made it its very soul. Moreover—and this is integral to Dr. Ratner's philosophy—medicine became a profession precisely because of the Oath, for in professing it one became a doctor, that is a teacher (as the Oath required of him), and a healer (as the Oath made him swear to be, and none other).

Doctors who abandoned their sworn Oath at the behest of the Nazi regime were subject to the death penalty at the international tribunal in Nuremberg. Had they remained faithful to their sworn word, not only their patients and their profession but their own person would have been protected. The principle holds today: a medical profession permeated with the ethic of Hippocratic medicine will stand as a rock against the ethically dubious encroachments, indeed against the most brutal bullying, of big finance and big government alike.

As for the technological temptation, how Hippocratic medicine helps doctors resist that takes some explaining.

The governing principle here as throughout Herbert Ratner's philosophy, which is the philosophy of Hippocrates and Aristotle, is nature. Both the morality and the effectiveness of medicine—not excluding the effectiveness of medical technology—hang upon its respect for nature. Ratner sees nature as the healer as well as the norm. No less significantly, he sees nature as the vicar of God's retribution.

Plants automatically lead good plant lives [Ratner observes]. They do not have the freedom to do otherwise. They are activated by tropisms which determinatively direct them to the good plant life.... It is through these means that plants, though unknowledgeable of the ends, fructify and flourish and attain their ends.

Animals other than man also automatically lead good animal lives. They, too, do not have the freedom to do otherwise. They are activated through hierarchized instincts, which reflect the

urge of all living things 'to partake in the eternal and divine' in the only way possible to them, by self-propagation.<sup>13</sup>

There Dr. Ratner is quoting Aristotle.<sup>14</sup> It was Aristotle's perception of the role of purpose in nature, its inner drive toward a goal, that guided not only philosophy but theology and physical science until the seventeenth century, when the spectacular successes of empirical science, which depends on description for its method and on prediction for its justification, dealt the concept of intrinsic natural purpose a blow from which it is still reeling.

That tended to return philosophy and all depending on it to their primitive state in the mists of prehistory. Aristotle, giving us a brief account of philosophy before his time, recalls the pioneer thinkers who tried to explain the world in terms of matter and of mathematics, and thus were precursors of the scientism of the nineteenth century, still palely loitering. "Hence when a man spoke of mind in nature," Aristotle recalled, probably referring to Anaxagoras, "he seemed like a sane man speaking among lunatics."<sup>15</sup>

In Ratner's scheme of things, learning always falls short of the wisdom of nature. Reliance on what empirical science has taught us leads to disaster when our philosophical understanding of nature has not kept pace with our empirical knowledge of nature, and does not undergird it.

Ratner lays the groundwork for this concept in a passage bristling with characteristic paradox:

Man's free choice is not left to itself. Though he is not compelled by tropisms or instincts, man is not left adrift in directing his natural destiny. He has the natural inclinations of a mammalian and social animal.

There are inclinations which in Pascal would correspond to his "simple pure ignorance." These natural inclinations can be confounded by higher education, which gives the illusion of a high order of intellectual and educational development but which, in reality, falls far short of Pascal's "learned ignorance." ...As we have nouveaux riches, so we have nouveaux intellectuals. Such people have been educated out of their "simple pure ignorance" but unfortunately have not been educated into a "learned ignorance."<sup>16</sup>



Pascal's "learned ignorance," in Ratner's scheme, is a hard-won understanding that our natural inclinations have wise purposes demanding respect even if not yet fully plumbed. Such an understanding is only confirmed when the technical or social sciences uncover new functions of what man does by mere inclination. In fact, that is one of the most important roles for those sciences.

The "higher education" deplored by Ratner tends less toward respecting nature than manipulating it. It burdens its students with the stultifying task of mastering nature without first obeying its laws. It is the education that has been offered at most American universities since roughly the turn of the century when they adopted the German model with its emphasis on the physical and social sciences, and on research. The German university and its American counterpart take their character from the rationalist current of the Enlightenment, hence ignore the kinds of knowledge stemming from affinity (such as the "connatural knowledge" of Thomas Aquinas) or from instinct or emotion (such as the "empathy" of Edith Stein and other phenomenologists).<sup>17</sup> More traditional education, based largely on the Aristotelian tradition, respects instinct and emotion, and holds that they have much to teach us.

Efforts to restore the broader and deeper education traditionally called "liberal," which predominated in this country until late in the last century, have in isolated instances been brilliantly successful, but Ratner held that on the widespread re-establishment of such education hangs the restoration of medicine, of the ethos, independence, and esteem once characteristic of the profession.

Even the very effectiveness of medicine, paradoxical as it may seem in this day of dazzling technology, also depends on the restoration of liberal education and the philosophy it fosters. The principal reason that such sound philosophy is vital to the effectiveness of medicine is that it grasps the role of teleology—that is, intrinsic purpose—in nature, thereby acknowledging the body itself as the prime healer. Hence technology, whose limitations are revealed with its every advance, that is every time it leaves its previous achievements behind, takes second place.

In conversations on the respective roles of nature and technology, Dr. Ratner illustrated how the Hippocratic philosophy resists the technological imperative.

Disease can overwhelm nature. A basic principle of the art of medicine is to do for nature what nature would do for itself if it could. But a tendency of physicians is to intervene before intervention is necessary..

Here he cited obstetrics, which he said “tends to be largely interventionist, because man is impatient, and nature seems to be too slow.” He cautioned:

But interventionist medicine can end up substituting for nature, as for example in Caesarians. If you know how to do a Caesarian, and do it well, you enjoy doing it, so there’s an advantage to home delivery. An episiotomy is rarely necessary, but you’re tempted to say “Why wait?” You must give nature a chance.

If you put interventionism to one side, he added, you end up with natural childbirth.

A need for tonsillectomy is rare. The operation becomes commonplace when you take out tonsils for prolonged sore throat. It took a long time to realize that the tonsils are an important part of the lymphatic system, protecting against disease such as bulbar polio. Often we fail to understand the function of a part of the body until we lose that part, as for example when we found that the loss of the thyroid led to myxedema.

In that, said Ratner, the body is like a great work of art:

Mozart is a good example. It’s difficult to know what makes art great because all the parts work together. Imperfect art gives you insights into great art.

Here he cited Beethoven and Brahms as offering insights, by the imperfections of their art, into the perfect art of Mozart. (One need not concur with the examples to grasp the principle.)

Still on the theme of the body as its own healer, he asked why a patient goes to a doctor. His answer: “A distressing symptom.”

The prevailing philosophy is that a doctor has a



medication for every symptom. If it's fever, we start with the notion of fighting it, and forget that fever is a curative factor of nature. We don't think of symptoms as curative, but we should bear in mind that they are.

When the patient leaves the doctor's office with only the advice to wait patiently and get back to him if the symptoms don't disappear, he may think the doctor has done nothing for him. On the other hand:

If he leaves with a piece of paper, he's more likely to feel satisfied. Writing a prescription is the fastest way of getting a patient out of your office. The hardest thing in medicine is to do nothing.

Isn't there a very important role for medicines, and for surgery?

No question. To help nature you need techniques. You must be competent. This is the premise.

As a non-surgeon, you must know what surgery might be indicated. I need a surgeon who'll go my way in terms of my clinical judgment.

(This is in accord with the Hippocratic notion of surgery as a secondary art, dependent on the physician.)

But "this day of synthetic drugs," he said, brings its own problems.

The body isn't constituted to handle them, to detoxify itself of them. They baffle the liver.<sup>18</sup>

He recalled that one of his first practical lessons as a young physician was to remove all medications from a patient who was taking five or six different kinds of pill. He found, for example, that some prescriptions were written to counter the unwanted effects of an earlier prescription, as when an insomniac patient on a sedative is given a stimulant to counteract the resulting dopeness.

But some prescriptions do damage by their very nature.

The best example is drugs messing up a woman's hormonal system. When the Pill came out, I told Chris Knott [*the late Msgr. John C. Knott, director of the Family Life Office of the United States Catholic Conference*] that the trouble with it was giving a powerful drug to healthy women.

This, he pointed out, is diametrically opposed to the Hippocratic philosophy of medicine. (He observed parenthetically that widespread use of the birth control pill has meant higher concentrations of female hormones in the water supply.)

To ignore the structure and functions of the human body, he held, is to opt for second best at best. As a lifelong advocate of breast-feeding, he went the length of holding that no reform would accomplish more for the future of the nation than the restoration of breast-feeding. (It might, for example, be argued that the trust in others implanted in a child from his earliest days is an effective antidote to the Hobbesian notion of society, which requires a Leviathan-like state to protect men from one another.) In 1957 he helped found the La Leche League for the promotion of breast-feeding, and he was a consultant for the remaining 40 years of his life.

He was fond of pointing out that there seems to be no end to the nutrition found in mother's milk, including hormones regulating the proper growth of the child. Moreover breast-feeding fortifies the bond between mother and child:

For example, the newborn baby's focal length is the distance from his eyes to the mother's face when nursing. The peripheral vision is blocked out.... The baby, like the horse on the road, has blinders, so to speak. Nature does this for the baby so that the baby can concentrate on the mother—its rock of refuge from whom the newborn learns trust and fidelity, which will serve him in good stead in future human relations.<sup>19</sup>

Ratner goes further, holding that to ignore the structure and functions of the human body may be inviting disaster.

Any fool should know that the vagina is the organ to receive the inseminating organ, and therefore is the repository of the semen. Apart from morals, the physician as biologist should



recognize that to put the penis in the anus, and deposit semen in the rectum, is to court medical difficulties.

You must realize that everything nature does is exquisite in terms of subtleties, complexities. Semen, which for the most part has held the interest of gynecologists only with respect to the sperm and sterility, is 82 percent plasma. We should realize that the plasma given by nature has multiple functions. I'll mention only one.

The sperm and the embryo are foreign bodies in the woman, and have to be protected against the woman's immune system, which builds up antibodies against the sperm and the embryo. We've known from clinical experience, and in more recent years through chemical studies, that when a woman is pregnant she's more susceptible to lots of diseases because the semen suppresses in part the immune system of her body.

What is this substance in the semen that suppresses the immune system? The plasma of semen has the highest concentration of prostaglandins in the human body. You must bear in mind that every secretion is a prescription of nature, and like a doctor's prescription has reasons for every ingredient.

Beyond that, there's an organ. The vagina is constructed to accommodate this process [of immunosuppression], so that the immune suppressant is modest and modulated. The vaginal wall is thicker than the membrane of the anus. The vaginal membrane is composed of squamous cells, overlapping like shingles on a roof. That manages to produce a mild depressant of the immune system. You know as a biologist that the anus is essentially an outlet, and its thinner membrane is very absorbent since the rectum extracts various things from the waste products. The vagina is essentially an inlet, and absorbs plasma slowly.

Moral theologians of times past may have been wiser than they knew when they wrote of the *vas indebitum*, the "undue vessel."

Dr. Ratner, remarking that the most prevalent way of contracting AIDS is via the anus, asserted that anal intercourse is not exclusive to homosexual acts but probably accounts for ten or twenty percent of heterosexual intercourse in this country, and a higher percentage abroad.

There are "two major scandals" in what is called AIDS education, he said: first in not making it abundantly clear that the prime way of spreading the AIDS virus is anal intercourse, and then, second, in assuming that all heterosexual intercourse is vaginal.

The Hippocratic physician, Ratner held, counsels his patients

not only to respect nature but to strengthen it as well:

The Hippocratic order of treatment began with a regimen. You got a good sleep, ate well, relaxed after work, and exercised. Then came medicine, and finally surgery. Today the tendency is to reverse the order: the surgeon, then the doctor, then the regimen. Just recently I read that if you follow a good regimen, you can dispense with most drugs for high blood-pressure.

In this context the title given a physician is significant, according to Ratner:

Doctor means teacher. The doctor should educate his patients in conservative ways to maintain health. This is where regimen is the best prescription: rest, eat properly, and exercise.

But fidelity to the name of doctor is not, in Ratner's view, characteristic of medicine today:

This is an age of iatrogenic medicine, of diseases caused by medical treatment. It's one of the worst periods in history for medicine. A new book by a heart specialist, [Dryden] Morse, holds that medications for heart disease are responsible for 50,000 deaths yearly in this country.

Dr. Ratner's concern about the technological imperative can be seen in the Ratnerian paradox: "Every advance is a setback...." Pause. Then, mischievously, "...unless you're a Hippocratic physician."

Ratner himself was a protagonist in what is probably the foremost example of a medical advance that proved a setback, the introduction of the Salk Vaccine against poliomyelitis. Dr. Eugene Diamond writes:

On April 12, 1955, there was a nationwide telecast of the results of the 1954 field trials of the Salk Vaccine. It was called "The Medical Story of the Century" and, in terms of the huge promotion and publicity given to the announcement, that description of the event was not hyperbole.

Herbert Ratner was, at the time, Director of Public Health in Oak Park, Illinois, and the Editor of the *Bulletin of the*



*American Association of Public Health Physicians*. His questioning of the methodology and the soundness of the science which produced the data is one of the great stories of clinical integrity of the last 50 years.

His position, taken in the face of overwhelming opposition, was soon vindicated by the occurrence of vaccine-induced cases of poliomyelitis. It is a dramatic untold story which is not yet fully played out as scientists continue to question the long-term significance of the contamination of the Salk Vaccine with Simian Virus 40.<sup>20</sup>

Medicine became a profession, Ratner never tired of recalling, precisely because its members professed an oath. Moreover medicine was the first calling to require an oath of its members, and hence was the first profession. The other professions that followed—the learned professions of law and divinity, and the military—all became professions because they too took oaths. Not surprisingly, these oaths are modeled on the Hippocratic Oath of the physician.

Any professional oath, Ratner maintained, is a bulwark against “the vagaries of society.” That is why, when such “vagaries” infect a profession, the tendency is to “update” the oath or dismiss it as a quaint relic of a less enlightened age.

Nor was Ratner at a loss for historical examples. In 1972, he published a formal protest made by Dutch physicians during the Nazi occupation of the Netherlands against a supervising body that the German authorities were about to impose on the Dutch medical profession. It read in part:

We know that you represent a very special philosophy of life. Our knowledge of the German “physicians’ ordinance” concerning the task of the physician in which the care for race and nation takes precedence over that of the individual, makes it only too clear to what extent the national-socialistic [nazi] conception of the medical profession differs from ours.

Although we do not deny that the care of the community and the participation in social hygiene measures constitute part of the task of the physician, we can recognize this duty only insofar as it proceeds from and is not in conflict with the first and holiest precept of the physician, namely the respect for life and for the physical well-being of the individual who entrusts himself to his care....

Knowing ourselves bound by the oath or solemn vow of

acceptance of our task as physicians, we consider it our duty to inform you that we shall remain faithful to the high standards which have been the foundation of our profession since time immemorial...<sup>21</sup>

Dr. Ratner observed:

This protest underscores the *raison d'être* of the Hippocratic Oath...and the timelessness of that inspired document, which today is undergoing attack from brave new crops of medical students, professors of obstetrics turned sociologists, social ethicist reformers, population engineers, less than thoughtful segments of the women's liberation movement, crusading lawyer-simplifiers of criminal codes, and abortionists and 'mercy' killers...

As sensitivities atrophy, and the concept of natural holiness weakens, as the scorn of God and religion intensifies, we should once again ask ourselves, "Who are the victors of World War II?"<sup>22</sup>

Naturally the question arises whether medicine even remains a profession when the oath becomes little more than a memory, either through institutionalized disregard of its provisions or by dispensing with it altogether. Equivalent to this latter course is the substitution of other "declarations" at the graduation ceremonies of medical schools.

A "declaration" is not an oath, nor is a solemn pledge or a promise. In none of these does the promisor, the pledger, or the declarer swear by some higher power, such as the gods of Greece or the God of Abraham, Isaac, and Jacob. He does not appeal to what he holds most sacred to witness his resolve to keep his word. Neither does he, according to the timeless formula, call down upon himself a blessing if faithful to what he has sworn, and a curse if unfaithful.

Moreover the contents of the various substitutes for the Hippocratic Oath incorporate dilutions or distortions to one degree or another. The so-called Declaration of Geneva, adopted in 1948 by the General Assembly of the World Medical Association in Geneva, was meant to replace the Hippocratic Oath on entry into the medical profession. Its grandiloquent phrases—"consecrate my life to the service of humanity," and "maintain by all the means in my power the honor and the noble traditions of the medical profession"—are but vague substitutes for the hard specifics of the Hippocratic Oath. They



can scarcely erect the same moral defenses around the medical profession. Nor has the Geneva Declaration stood fast against agitation to relax its moral demands.

Dr. Ratner recalled that although the Declaration of Geneva was designed to reinvigorate the medical profession after the disclosures of the Nuremberg trials, pro-abortion and pro-euthanasia forces were already active during its drafting.

I remember reading in the foreign correspondence of the AMA that originally there was no reference to killing. They were going to get rid of the prohibition. It was the Latin American countries that complained.

As published in 1948, the Geneva Declaration stipulates: "I will maintain the utmost respect for human life, from the time of conception, even under threat." This adds the ethical element of resistance to threat, and the scientific understanding that human life begins at conception, to the Hippocratic requirement that the physician swear: "I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give a woman a pessary to produce an abortion." On the other hand the Oath, as can be seen, is more specific in excluding complicity in abortion and suicide.

But agitators have been at work since 1948. Subsequent versions of the Geneva Declaration reveal that, as an artifact of the times rather than a monument of antiquity, it has not been proof against ideology. It has been amended in 1968, 1983, and 1994. The latest version would be labeled in the vocabulary of our times as politically correct. It incorporates the ideologically-battered science promoted by advocates of abortion: instead of pledging to "maintain the utmost respect for human life from the time of conception," it now refers to "human life from its beginning" (whenever or whatever that may be, or may prove to be with the next shift in ideology). Moreover "gender" and "sexual orientation" (meaning sexual disorientation) have worked their way among the considerations that the physician may not allow "to intervene between my duty and my patient."

The vicissitudes of the Geneva Declaration since its approval half a century ago support the wisdom of leaving well enough alone.

Little wonder that the gods of Greece remained at the head of the Hippocratic Oath throughout the most Christian ages.

A modified oath, taken in recent years by medical students at graduation (if indeed any oath is taken), appears to subsume the Hippocratic Oath's prohibition of euthanasia and abortion under an undertaking to "perform no operation, for a criminal purpose, even if solicited, far less suggest it."<sup>23</sup> This of course leaves the purely healing and health-preserving character of the medical profession at the mercy of civil law, for if abortion or euthanasia is legal, then the physician can plead that he is bound by no oath against it. Civil authorities can make the same argument should they demand that physicians commit legally-sanctioned crimes forbidden by the Hippocratic Oath but not by a modified oath.

Even weaker in this regard are the American Medical Association's "Principles of Medical Ethics," which merely demand that a physician "respect the law" and "the rights of patients, of colleagues, and of other health professionals." The AMA's "Principles of Medical Ethics" make another bow to whatever the civil law may stipulate, possibly at the expense of medical ethics or even of natural justice, in requiring that the physician "safeguard patient confidences within the constraints of the law." The Oath on the other hand burdens the physician with a fully moral obligation to keep secret "whatever in connection with my professional practice or not in connection with it" that "ought not to be spoken abroad." Civil law, far from getting pride of place, does not even enter in.

Where the Geneva Declaration has the physician undertake to "practice my profession with conscience and dignity," the Hippocratic Oath has him swear not only to practice his art "with purity and holiness" but also to pass his life in that same purity and that same holiness. The Oath seems more realistic in the sense that one can hardly be a pillar of ethics in the clinic and a moral mess at home. Moreover purity and holiness of life are hardly compatible with the abortion that the American Medical Association has not only tolerated, not only promoted, but even attempted to force upon medical schools and their students.

A somewhat mysterious document called the Prayer—or sometimes the Oath—of Maimonides is if anything even more elevated spiritually than the Hippocratic Oath.<sup>24</sup> But it is in no way an



oath, for it does not call upon God to witness the truth of a pledge. Rather it begs Him for light and for strength of body and soul, hence must be considered a prayer. About twice the length of the Hippocratic Oath, it can be described as a detailed petition for the virtues required of a physician.

Two such virtues receive explicit recognition in the Hippocratic Oath: absolute discretion about private matters learned in the practice of the profession, and sexual purity. In the Oath the physician swears to shun "the seduction of females or males," whether free or slave. Whereas one modern version of the Oath tendered new physicians demands that they abstain "from the tempting of others to vice," the AMA Principles of Medical Ethics breathe not a word about sexual misbehavior, which as Ratner often pointed out is an occupational hazard for physicians.

Given the role of the Hippocratic Oath in maintaining the character of medicine as a healing profession, not a killing profession, it's no surprise that the U.S. Supreme Court, in attempting to justify medically-induced abortion, attacked the Oath. It was not a frontal assault; the opinion fairly glowed with veneration for Hippocrates, but it attempted to cut the historical ground out from under the Oath.

The Court did this by citing an historian of medicine, Ludwig Edelstein, who argued that the Oath incorporated the ethical precepts of a particular philosophical school, the Pythagoreans, and moreover at a particular time, the fourth century B.C. Said the Court:

Dr. Edelstein then concludes that the Oath originated in a group representing only a small segment of Greek opinion and that it certainly was not accepted by all ancient physicians.... But with the end of antiquity a decided change took place. Resistance against suicide and against abortion became common. The Oath came to be popular. The emerging teachings of Christianity were in agreement with the Pythagorean ethic. The Oath "became the nucleus of all medical ethics" and "was applauded as the embodiment of truth." Thus, suggests Dr. Edelstein, it is "a Pythagorean manifesto and not the expression of an absolute standard of medical conduct."

This, it seems to us, is a satisfactory and acceptable explanation of the Hippocratic Oath's apparent rigidity.<sup>25</sup>

In this way, the abortionist Court was able to wave aside two

millennia of medical tradition and, thus unimpeded, launch its assault on the medical profession.

For irony, it would be hard to beat the case of Ludwig Edelstein. He had the foresight to flee Nazi Germany, yet it is an essay of his that has given scholarly color to the campaign against the very tradition that surely, had it been maintained, would have saved many of his fellow Jews. The reason seems to be that he was unaware, like the rest of the world, of the depth of evil then holding sway in Germany. He published his study in 1943, before the depth of the betrayal of German medicine had been made clear.

Moreover, according to the editors of the posthumous collection of Dr. Edelstein's studies on ancient medicine in which the essay was eventually republished, until his death he remained undecided about it. If that last sentence is not clear, neither were the editors, Owsei and C. Lilian Temkin, in explaining Edelstein's state of mind. Their carefully worded introduction leaves the reader in doubt about the focus of Edelstein's indecision: was it *where* to include the essay on the Oath in the book, or *whether* to include it?

They write:

The present volume contains those essays available after his death which Edelstein himself had considered for inclusion. It presents them in the four sections under which he had subsumed them.<sup>26</sup>

They add in a footnote: "With the exception of *The Hippocratic Oath*, on which he had not reached a decision."

In either case—that is, *where* or *whether* Edelstein wanted the essay republished—the inclusion of "The Hippocratic Oath" in *Ancient Medicine* was to lift this momentous essay from the obscurity of a supplement to the *Bulletin of the History of Medicine*. With or without his approval, Edelstein's "The Hippocratic Oath" went before a broader public in 1967, two years after he died. The editors gave it pride of place: It is the opening essay of the book.

On the more likely reading that Edelstein never authorized the republication of his study, we can wonder why he hesitated. We can even wonder whether he did not eventually determine to withhold the work. Why might he do either? Would it be dissatisfaction with the scholarship or argumentation of his essay? Or dread of what uses it



might be put to?<sup>27</sup>

In the event, the republished essay not only was cited by the Supreme Court in striking down virtually all laws prohibiting or regulating abortion but was earlier exploited by Laurence Lader in his successful agitation for legal abortion in this country, and was appealed to in France during the equally successful campaign to legalize abortion there.

It is certain that Edelstein would have been appalled by the distortion of his study into a weapon in the worldwide campaign for abortion. He venerated the Oath. We find him in 1956 declaring himself "second to none in my appreciation of this document."<sup>28</sup> Clearly he recognized that whatever the provenance or original purpose or date of the document—the three points he attempted to establish in his study—none of these, whatever they might be, could detract from the decisive role the Hippocratic Oath has played in forging the character of Western medicine, hence of Western civilization. Nor could they, whatever they might be, dilute, devalue, or destroy the ethical principles of the Oath, which became, in Edelstein's words, "the nucleus of all medical ethics."<sup>29</sup> He writes:

In all countries, in all epochs in which monotheism, in its purely religious or in its more secularized form, was the accepted creed, the Hippocratic Oath was applauded as the embodiment of truth. Not only Jews and Christians, but the Arabs..., scientists of the Enlightenment, and scholars of the nineteenth century embraced the ideals of the Oath.<sup>30</sup>

This is not the place to examine Dr. Edelstein's celebrated study in any detail, but a few more observations may help keep it in perspective.

Edelstein himself, deservedly or not, early had a not altogether enviable reputation for "constant deviation from accepted views" and for presenting his arguments "as cogent demonstrations with inescapable results."<sup>31</sup>

On a more substantive matter, he betrays a basic if only too common misunderstanding of the nature of medicine, or at least an understanding alien to Hippocrates. He repeatedly characterizes medicine as "a craft," the physician as "a craftsman."<sup>32</sup> This is no translator's error: not only did Edelstein scrutinize and emend all

English translations of his work, but he actually delved into Aristotle's treatment of crafts as indicative of the esteem for medicine in Aristotle's time, and held that the Pythagorean and Stoic, and the later Hellenistic philosophies, confirmed such esteem by upholding the dignity of the craftsman's work.<sup>33</sup>

Now a significant characteristic of the Hippocratic Oath is to call medicine "the Art." This term is used for medicine throughout the writings of the Hippocratic school, including the Oath itself. To call medicine an art may not seem very helpful since the word has a multiplicity of meanings; unless the meaning of art is historically and contextually clarified, to speak of medicine as an art can and usually does cause confusion.

An etymological approach to the concept of medicine-as-art can only confuse us. First, *art* is the root of *artisan*, and it was Edelstein's apparent error to call the physician a craftsman, that is an artisan. Moreover the Greek word for art, *techne*, gave us our word *technology*. Yet every Hippocratic physician is aware that if his profession becomes mere technology, he might as well hand it over to diagnostic devices and computers.<sup>34</sup>

Moderns who seek the significance of medicine-as-art must look less to linguistics than to Greek philosophy. In the mind of Aristotle, art and science are, both of them, kinds of knowledge: an art is knowledge for the sake of producing something, while a science is knowledge for its own sake. Science finds its fulfilment in knowledge gained, art in a product produced.

Ratner explains the distinction in terms characteristically homely, clear, and memorable:

Man is a wondering animal. Unlike other animals he cannot live in the world without wanting to explain it. Man is also a making animal. Unlike other animals he cannot live in the world without wanting to improve it. As a wondering animal he seeks the reason behind the fact. His goal is truth. As a making animal he seeks the means to accomplish the end; his goal is the good.

Both activities are functions of his intellect. Traditionally, these different operations of the mind are distinguished as the work of the theoretical or speculative intellect and the work of the practical activity. The former activity, when perfected, characterizes man as a scientist; the latter, as an artist.<sup>35</sup>



In the case of medicine, the artist finds his fulfillment in producing health, that is in sustaining it or restoring it. In the case of law, the fulfillment is to produce justice, that is, to uphold or restore it. Neither justice nor health, however, can be called an artifact, which is what is produced by the artisan, the craftsman working on inert matter.

If art is simply the right way of making something, and if a single word (*techne*) was used by the Greeks both for a craft and for a fine art, how then explain the transcendental leap from the homely art of the artisan to the ineffable art of a Mozart, a Michelangelo, a Shakespeare? This obviously is a significant question in the attempt to understand what the Hippocratic tradition means in calling medicine "the Art."

To untangle this question we might first clarify how artists in the more rudimentary sense of those who produce something can differ among themselves. Here Aristotle, significantly at the outset of his twelve books of metaphysics, provides us with a hierarchy of distinctions:

...the man of experience (*empeiros*) appears wiser than those who just have some power of sensation or other, the artist (*technites*) than men of experience, the master builder (*architekton*) than the handicraftsman (*cheirotechnes*), and the theoretical sciences (*theoretikai...epistemai*) than the productive (*poietika*).<sup>36</sup>

Aristotle had already met the objection that a man of experience may prove more capable of effective action than the theoretician. There, not surprisingly, he used medicine as his example. He begins:

...we see men of experience succeeding more than those who have theory without experience. The reason for this is that experience is knowledge of particulars, but art of universals; and actions and the effects produced are all concerned with the particular.<sup>37</sup>

Aristotle then offers his well-known aphorism:

For it is not man that the physician cures, except incidentally, but Callias or Socrates or some other like-named person, who is incidentally a man as well. So if a man has theory without

experience, and knows the universal *but does not know the particular contained in it*, he will often fail in his treatment, for it is the particular that must be treated.<sup>38</sup>

Where does this leave the artist who has a grasp of principles? Aristotle observes:

Nevertheless we consider that knowledge and proficiency belong to art rather than to experience, and we assume that artists are wiser than men of mere experience...; and this is because the former know the cause, whereas the latter do not. For men of experience know the fact, but not the wherefore; but artists know the wherefore and the cause.<sup>39</sup>

With such common objections overcome, Aristotle can then claim, as he did in the passage quoted previously, not just the superiority of experience over animal instinct or sensation, but the superiority of theoretical knowledge over experience.

In that same passage he moves on to two distinct kinds of worker, the master-builder (*architekton*) and the artisan, whose Greek name *cheirotechnes* means literally "hand-artist" and might be rendered "handcraftsman." He has mentioned them earlier, and has already supported his next claim, that the master-builder is wiser than the handicraftsman, on grounds that master-builders "know the reasons for the things that are done, but we think that the handicraftsmen, like inanimate objects, do things but without knowing what they are doing..., through habit."<sup>40</sup>

If a knowledge of the reasons for doing things sets the master-builder apart from the handicraftsman, is that same knowledge what sets the sculptor apart from his stonecarvers, or the physician apart from the aides and technicians he may employ? In part, yes, for physician and sculptor alike understand causes that their technically skilled helpers, however intelligent and productive, may not. But the specific difference between the true artist and the artisan, as indeed between the true artist and the master-builder, has to be sought elsewhere. It is found in the material, so to speak, that the true artist works on: human nature itself.

Thus the clearest exemplar of the true artist is the physician. He works on the human being, in cooperation with that purposeful inner activity—or entelechy, to use the Aristotelian term in its more



modern, vitalistic sense—which is proper to all living things.

St. Thomas, distinguishing between arts that work upon inert matter, such as wood and stone for the art of building, and arts that work upon “an active principle tending to produce the effect of the art,” takes medicine for his example of the latter:

Such is the medical art, since in the sick body there is an active principle conducive to health. Hence the effect of art of the first kind [*working on inert matter*] is never produced by nature but is always the result of the art; every house is an artifact. But the effect of the art of the second kind is the result both of art and of nature without art; for many are cured by the action of nature without the art of medicine.

Now in those things which can be done both by art and by nature, art imitates nature.<sup>41</sup>

To fill out the picture a word must be said about other arts such as that of the jurist and those of the composer, poet, painter and sculptor. The last two are manifestly imitative of nature. Since Aristotle's *Poetics* at least, the notion of art as the imitation of nature has held pride of place, but it has been applied chiefly if not exclusively to the esthetic arts.<sup>42</sup> The *Poetics*, a fragmentary work of which we possess perhaps half, has aided and abetted this narrow view by dealing less with the analysis of principles than with their application to poetry and music, and to the artistic conventions of the author's day. Yet implicit throughout the book, and explicit often enough, is the principle that the artist of every kind, through what he produces in imitation of human life, aims at affecting human nature.

By their nature, the esthetic arts first affect the emotions, but the classic view, embodied in the civic theater and civic architecture of Athens, and in the cathedrals and morality plays of the Middle Ages, has been that such arts answer their finest calling when they bring the right emotions to the aid of principle, thus creating conviction. Or perhaps when the physician uses them as part of his therapeutic regimen.

We can see that what constitutes the specific difference between an art in the more inclusive and homely sense and an art in the more exclusive and higher sense is twofold: the artist's knowledge of the beauty that affects our emotions, and his ability to bring that beauty into being. When a beautifully designed building is

directed at our senses, and through them elevates our spirit much as does music or poetry, architecture moves beyond the task of an artisan or even a master-builder to the achievement of an artist. In other words, the transcendental (or "quantum") leap to pure art is made when the worker knowingly brings his skills to bear on human nature, stimulating and harnessing, so to speak, its powers.

Here we can discern that the concept of art is as important for a right understanding of law as it is of medicine. In the art of the jurist the mind puts our natural thirst for justice, and our rational grasp of the intrinsically right thing, to work in the affairs of men to set them right, thus safeguarding or restoring the health of society. Jurisprudence works with nature in what can be considered its highest activity, namely the production of virtue.

This stands athwart the currently dominant philosophy of law, called Legal Positivism (or sometimes Historicism, a quite similar thing), which conceives law as an artifact produced by and out of the arbitrary will of the lawmaker, or as another variant would have it, of the judge. The Roman jurists, on the contrary, spoke of law as turning the establishment of the intrinsically right thing into an art—*jus redigere in artem*—much as we can say Hippocratic medicine turns the preservation and restoration of health into an art.

This classic notion of art, needless to say, has just about evaporated from the minds of us moderns. Nor is our understanding of the tradition that law and medicine are arts given much help when we learn that the liberal arts, the study of which is according to Ratner the best preparation for the study of medicine, are really sciences. They are called arts by analogy.

Sometimes the analogy is construed as illustrating that the liberal arts produce educated men, or knowledge that can be considered useful. St. Thomas proposes a closer parallel: The seven liberal arts of grammar, logic, rhetoric, arithmetic, geometry, music, and astronomy are called arts because "they not only have knowledge but a certain product." Grammar is said to produce a properly constructed sentence, logic correct reasoning, rhetoric a speech, and so forth.<sup>43</sup>

In any case, what we get is a mish-mash: medicine, nowadays called a science, is in the classical tradition an art, while the liberal arts, traditionally the best preparation for medical studies, are



sciences in the classical sense.

An essay called simply "The Art" ("Peri Technes") is one of the better-known writings in the Hippocratic corpus. For the Hippocratic physician, medicine is the art par excellence. Yet so firmly locked in the modern psyche is a notion of art as a knack perfected by practice, or as a preternatural gift given a Mozart or a Michelangelo, that translators of the essay—not a work of Hippocrates, by the way—actually changed title and text alike to conform with the notion that medicine is, in their term, "an exact science." Moreover they twist and turn to avoid the wordplay that opens the essay: "Some there are who have made an art of vilifying the arts...." The translators wrestle this into banality: "There are men who have made a business of abusing the sciences."<sup>44</sup>

Misreadings of the nature of medicine are practically the rule. In the past two centuries and more, since the "scientific" side of medicine revealed its wonders and began its triumphal march, medicine has been progressively abandoning its Hippocratic self-understanding. That means, chiefly, retreat from *nature* in its manifold functions: first, as the prime healer, to be aided by the art of the physician; then as the standard of normality, to be aimed at by the physician in his art; and last though by no means least as the standard of ethics, to be defended by him as if the very life of medicine depended on it. And so it does, for if medicine is no longer a moral art, it is no longer a living profession.

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## References

1. *The New York Times*, March 25, 1998, "Patients' Lives on the Line in Battle Over Transplants," by Sheryl Stolberg.
2. Letter of Mark R. Tonelli, M.D., in *The New York Times* of March 31, 1998.
3. See, for example, "A Medical Resistance Movement," by Reed Abelson, in *The*

*New York Times*, March 25, 1998.

The same newspaper, in reporting the disbanding of the California Medical Association's managed care company, California Advantage, said: "...the medical societies of at least a dozen states, and tens of thousands of their physicians, have been forming organizations like California Advantage to manage patient care" ("Doctor-Owned Managed Care Plan Collapses," by Peter Kilborn, June 17, 1998).

4. July 1, 1997, "Doctors Organize to Fight Corporate Intrusion," by Peter Kilborn.

During the past decade, the number of physicians working for managed care companies has grown by about half. Surveys by the American Medical Association indicate that by 1997 more than 90 percent of physicians had contracts with at least one managed care provider, up from less than 60 percent in 1989 ("A Medical Resistance Movement," by Reed Abelson, *The New York Times*, March 25, 1998).

The companies have had severe problems, not to say scandals. The largest health care company in the country, Columbia/HCA Healthcare Corporation, has seen wholesale resignations in its top management: by July 1997 its chairman and chief executive, its president and chief operating officer, its senior vice-president and general counsel, and its chief financial officer all had either resigned or declared the intention to do so (*The New York Times*, August 25, 1997, "Columbia/HCA Is Abandoning National Focus and Tough Image," by Kurt Eichenwald).

5. "Doctors' Group Considers Forming Union in California," by Andrea Adelson, February 22, 1998.

The same report noted that some physicians employed by the state are already represented by the Union of American Physicians and Dentists. This competing group, most of whose members are in private practice, first negotiated contracts in 1972. In August 1977 the union became affiliated with the American Federation of State, County and Municipal Employees, which is the second-biggest affiliate of the A.F.L.-C.I.O.

6. See "Texas Will Allow Malpractice Suits Against H.M.O.'s," by Sam Howe Verhove, *The New York Times*, June 5, 1997.

7. The victory of Lois Capps over State Assemblyman Tom Bordonaro, a Republican who emphasized his prolife convictions, had been widely taken as a sign that the abortion issue had played itself out. For Mrs. Capps's own explanation, see "Voters' Anger at H.M.O.'s Plays as Hot Political Issue," by Peter T. Kilborn, *The New York Times*, May 17, 1998.

8. The board of the Moscati Institute includes Bishop Raymond Burke of La Crosse, Bishop Roger Schwietz of Duluth, Msgr. William B. Smith of the New York Archdiocesan Seminary at Dunwoodie, Yonkers NY, and the Editor of this review. Its address is 301 West First Street, Suite 526, Duluth MN 55802; phone (218) 728-5991, fax (218) 724-7528.



9. *New York Times*, Jan 6, 1998, "Panel Seeks H.M.O. Overseer For the Bellwether California," by Todd Purdom.

10. *New York Times*, respectively June 27, 1998, "White House Adds Broad Protection in Medicare Rules," and July 7, 1998, "Clinton to Punish Insurers Who Deny Health Coverage." Both reports are by Robert Pear.

11. See, for example, the report of Sam How Verhoven cited above, and *The New York Times*, May 22, 1997, "Connecticut Votes to Restrict Denials Under Managed Care," by Jonathan Rabinovitz.

12. *The Weekly Standard*, July 27, 1998, page 3.

13. "The Natural Institution of the Family Challenged", *Journal of the North American Montessori Teachers' Association*, Vol. 19, No. 2 (Spring 1994), p. 121.

14. *De anima*, II, iv.

15. *I Metaphysics* iii, 984b15-17.

A less literate if more literal translation is given by Hugh Tredennick in the Loeb Classical Library series: "...he seemed like a sane man in contrast with the haphazard statements of his predecessors."

16. "The Natural Institution of the Family Challenged", *Journal of the North American Montessori Teachers' Association*, 19,2, p. 122.

Dr. Ratner is quoting from Fragment 327 of Pascal's *Pensees* in the Everyman's translation by W.F. Trotter. It reads in part:

"...The sciences have two extremes which meet. The first is the pure natural ignorance in which all men find themselves at birth. The other extreme is that reached by great intellects, who, having run through all that men can know, find they know nothing, and come back again to that same ignorance from which they set out; but this is a learned ignorance which is conscious of itself. Those between the two, who have departed from natural ignorance and not been able to reach the other, have some smatter of this vain knowledge, and pretend to be wise. These trouble the world and are bad judges of everything."

17. Probably the most frequently cited passage from Aquinas on connatural knowledge is from the *Summa theologiae* II-II, 45,2:

"...Right judgment...can occur in two ways: one, by the perfect use of reason; the other, because of a certain connaturality with those things about which one has to judge. Just as he who has dedicated himself to moral science judges rightly by rational enquiry those things pertaining to chastity, so, but through a certain connaturality to those things, does the man with the habit of chastity judge rightly about them."

To grasp St. Thomas's point, we must bear in mind that habit, for him, is a kind of second nature. The least that can be said here is that the "second nature" of the virtue of chastity steadies a man's judgment about the rightness or wrongness of genital behavior. St. Thomas is supplying a reason for the Aristotelean dictum that if you want to know the right thing to do, consult the just man.

For knowledge through empathy, see Edith Stein, *On the Problem of Empathy*, transl. Waltraut Stein, (The Hague: Martinus Nijhoff, 1964) ch. IV; also translator's introduction, esp. pp. XVII and XVIII. For a history of the concept in psychology and philosophy, see Nancy Eisenberg and Janet Strayer, eds., *Empathy and Its Development* (Cambridge: Cambridge University Press, 1987), ch. 2.

18. A study published April 15, 1998 by the *Journal of the American Medical Association* reported that more than 100,000 patients a year die in U.S. hospitals from drug reactions. That would make adverse reaction to medication a leading cause of death in America.

An author of the report, Dr. Bruce Pomeranz, said: "We want to increase awareness that drugs have a toxic component." He told *The New York Times* of April 15 that drug reaction was underreported as a cause of death because it is rarely reported on the death certificate, which might list stomach hemorrhage as the cause of death without mentioning that the hemorrhage was caused by a drug. He estimated that there were from 76,000 to 137,000 deaths from medication a year, while the number of deaths attributed to that cause on death certificates in 1994 was 156.

Dr. Pomeranz, a professor of neuroscience, and his colleagues at the University of Toronto combined the results of 39 smaller studies in a technique called meta-analysis, which gives researchers the possibility of drawing statistically significant conclusions. The method has its critics, and the authors noted that the results of their study should be taken viewed with caution.

This was echoed by an editorial in the *Journal* by Dr. David Bates, an associate professor of medicine at Harvard. According to the *Times*, Dr. Bates speculated that the death rate reported in Dr. Pomeranz's study might be exaggerated because the study focused on large teaching hospitals with the sickest patients. Patients in intensive care, he noted, might receive 20 or 40 drugs. He said that drugs probably save millions of lives yearly. Drs. Bates and Pomeranz agreed that benefits from drugs far exceed risks in the great majority of cases.

19. *The Natural Institution of the Family Challenged*, Journal of the North American Montessori Teachers' Association., p.143.

20. Editor's Note in *Nature, the Physician, and the Family* (Rockford, Illinois: TAN Books, 1998), the collected works of Herbert Ratner.

21. "Dutch Physicians' Protest against Nazi Regulations," *Child & Family*, Vol 11, No. 2, 1972. The review, edited by Dr. Ratner, said the statement was "reprinted from *Repression and Resistance -- The Netherlands in Time of War*, Vol. II, p.



352," and that the translator was Conrad W. Baars, M.D.

22. Ibid.

23. Reproduced in *Healthline*, March 1995.

24. As well as being a physician, Moses Maimonides (1135-1204) was a philosopher and theologian highly regarded by Christian theologians of the Middle Ages. St. Thomas quotes him often, under the name of Rabbi Moses.

According to a study by Fred Rosner ("The Physician's Prayer Attributed to Moses Maimonides" in *Legacies in Ethics and Medicines*, ed. Chester Burns [New York: Science History Publications, 1977]), this prayer "first appeared in print in a German periodical in 1783," with the note: "From the Hebrew manuscript of a renowned Jewish physician in Egypt from the Twelfth Century." Seven years later it appeared in a Hebrew translation from the German. Half a century later it was published in an English rendering of the Hebrew.

Rosner traces the adventures of this prayer over a period of almost two centuries, and after an analysis of external and internal evidence concludes that it very probably is "a spurious work, not written by Maimonides but composed by an eighteenth century writer."

25. *Roe v. Wade*, 410 U.S. 130, 93 S.Ct. 705 (1973), at 132.

26. Edelstein, L., *Ancient Medicine*, eds. Owsei Temkin and C. Lillian Temkin, transl. C. Lillian Temkin (Baltimore: Johns Hopkins Press, 1967), p. xii, Editors' Introduction.

27. Prophetically, one might think, Edelstein held that two stipulations of the Oath "seem to point to the basic beliefs underlying the whole program," namely renunciation of complicity in suicide and in abortion" (op. cit., p. 8). Hence he held that they could "provide a clue for historical identification of the views embodied in the Oath of Hippocrates," and based his study and his conclusions on that clue.

28. Op. cit., p. 327, in "The Professional Ethics of the Greek Physician." This lecture was first published in the *Bulletin of the History of Medicine*, 1956, vol. 30, pp. 391-419.

29. Op. cit., p. 63, in "The Hippocratic Oath."

30. Ibid.

31. Editors' introduction to *Ancient Medicine*, p. ix.

32. *Ancient Medicine*, passim.

33. Op. cit., pp. 327-328, in "The Professional Ethics of the Greek Physician." For Edelstein's attention to translations, see editors' introduction, p.xiii.

34. An article in the *New York Times*, Dec. 16, 1997, "New Way of Doctoring: By the Book," discusses attempts to harness the medical research available on the internet, and to base treatment on it. It is termed "evidence-based medicine." The writer, Abigail Zuger, quotes a comment by Dr. Sandra J. Tanenbaum of Ohio State College of Medicine that "no one thing works for everyone all the time," adding that that's where the art of medicine comes in.

To this Dr. David L. Sackett, director of the Centre for Evidence-Based Medicine in Oxford, England, responded, "art kills." He added:

"It was the art that gave us purging, puking, leeches, the gastric freeze, all that sort of stuff....There's a science to the art of medicine."

35. "The Oath—V. Why?" *Child & Family*, Vol. 10, No. 4, 1971, p. 290. This is the fifth in a series of six articles by Dr. Ratner on the Hippocratic Oath.

36. *I Metaphysics* I, i (981b29-982a1).

37. Op. cit. (981a14-18).

38. Op. cit. (19-24).

39. Op. cit. (24-30).

40. Op. cit. (981b2-5).

41. *Summa contra gentiles*, II, 75,15.

42. *Poetics*, iii, 4, begins as follows:

"It is clear that the general origin of poetry was due to two causes, each of them part of human nature. Imitation is natural to man from childhood, one of his advantages over the lower animals being this, that he is the most imitative creature in the world, and learns at first by imitation. And it is also natural for all to delight in works of imitation.... The explanation is to be found in a further fact: to be learning something is the greatest of pleasures not only to the philosopher but also to the rest of mankind, however small their capacity for it..." (1448b1-5).

(I have followed the translation of Ingraham Bywater because its rendering of *mimemai* and its cognates in terms of *imitation* rather than *representation* not only fits the text better but more fully substantiates our point.)

43. *In Boetii de Trinitate* V, 1, ad 3.



For much the same argument see *Summa theologiae* I-II, 57, 3, ad 3. There St. Thomas also holds that they are called "liberal" to distinguish them from "those arts which are ordered to works carried out by the body, which are in a certain sense 'servile' insofar as the body is subject to the soul as a servant, and man is free [*liber*] because of his soul."

44. Chadwick, John, and W.N. Mann, *The Medical Works of Hippocrates* (Oxford: Blackwell, 1950), p. 81.