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HOW ARE WE SERVING?

By WALTER JOSEPH OTIS, M.D.*

In every field of the Arts and Sciences, specialists are expected to be acquainted with matters pertaining to their vocations or professions, while in a few correlated branches, they must be conversant with the elementary principles of the other. In this respect, I refer especially to the priesthood and to medicine.

Since the dawn of civilization, the Church and medicine have been always interested, and their activities have been associated, in the care of humanity, with especial attention to the soul, morals, and the living experiences and behavioristic reactions, as well as to physical fitness to carry on the dictum and demand of the Creator.

In keeping with these educational activities, leaders have gone forth in their respective fields, teaching physicians and priests the necessity of knowing how to approach and solve difficulties, both physical and moral, encountered in their daily contact with suffering humanity, thereby aiding the patients and subjects presenting themselves for counseling interviews and for therapy, when indicated. Due, however, to the extra demands made upon us by our kaleidoscopic, streamlined experiences, factors have arisen because of which both physicians and

clergymen need to gird themselves more firmly, in order that they may be in a position to advise and direct the lives entrusted to their care. Especially do I speak of problems arising in the fields of social and pastoral psychiatry, for in numerous instances, in both medical schools and seminaries are these fundamentals for the study and treatment of physical unfitness sadly neglected.

Suitable instructions could easily be arranged by those in authority, if the necessary efforts were made to permit periods for lectures in the curriculum, and periods for added instructions to be directed towards the proper mode of handling the so-called problem cases pertaining to both body and soul, especially those situations which necessitate salvaging, in order that the individuals may be made to emerge from their distorted thinking and feeling, to a better personality with a better adjustment. These, for the most part, could be handled by a liaison between psychiatrists, churchmen and social workers.

Today, the challenge to the leaders in the fields of religion, education, social work, law, and medicine is "How Are We Serving?" and not merely "How Are We Qualified as Specialists?"; also, how deeply and adequately do we understand, and how willing, as well as interested, are we to serve. The challenge having

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been given, are we in a position to meet fully the demands of the populace regarding our obligations as Catholic educators, priests and physicians? In a few instances we may be, and in other instances, we may not. Defect, or failure, can best be ascertained by engaging in conversation with or by contacting those who are conversant with matters pertaining to the efficient handling of medical, as well as moral, religious, and social problems, especially those in which prompt and definite decisions are to be made, and wherein crises occur in the lives of those contacted, which demand immediate solutions and disposition. Such problems can best be remedied in several ways. The physician can better acquaint himself with these complexities by being a regular attendant at his Guild meetings, and also, from time to time, by presenting his own essay, and by keeping *en rapport* with medico-sociological collateral reading.

The priests can be of assistance

provided diocesan superiors arrange to have delivered to the seminarians in the second semester of the third and fourth year of theology, subjects dealing with the elements of abnormal psychology, mental hygiene, social and pastoral psychiatry, and the necessity of social service as an aid in their daily routine, when ministering to the soul. Thus the later-to-be-ordained priests will be prepared to interpret and dispose of intelligently, as well as morally and spiritually, syndromes, which, alas, occur in the lives of peoples who are not stable enough to adjust themselves by their own healthy rationalization, and whose personalities require therapy common to their digression from the normal.

If the physician in his field, and the clergyman in his respective position, will confer, where the situation demands, the period of hospitalization could be reduced, and in many instances entirely avoided, thereby adding to a better physical and moral rehabilitation.

Reorganization of National Catholic Federation of Nurses

Priests, sisters and Catholic lay nurses from all parts of the Middle West met in Chicago, on August 17th, under the chairmanship of Archbishop Joseph F. Rummel, of New Orleans, Chairman of Lay Organizations of the National Catholic Welfare Conference.

The result of the meeting was that Diocesan Federations of

Catholic Nurses are to be formed in the various dioceses of the country along the lines of the Catholic Physicians' Guilds.

This meeting may also be the occasion of giving a further impetus to the organization of Catholic Physicians' Guilds in some of the dioceses where it is at present not represented.—*Bulletin*, Belleville Catholic Physicians' Guild.