

O'Connell, Timothy P.
Morality in medicine

ADU 5777

836981

MORALITY IN MEDICINE



LOVE THY
NEIGHBOR

MORALITY
IN
MEDICINE

Deacidified

MORALITY
in
MEDICINE

BY

RT. REV. TIMOTHY P. O'CONNELL, D. D.

ST. ANTHONY GUILD PRESS

PATERSON, N. J.

Copyright, 1949
By TIMOTHY P. O'CONNELL

Second edition, 1953

All rights reserved, including the
right to reproduce this book,
or portions thereof in any form.

NIHIL OBSTAT

THOMAS J. RILEY, PH. D.

Censor deputatus

IMPRIMATUR

† RICHARD J. CUSHING, D. D.

Archbishop of Boston

PRINTED IN THE UNITED STATES OF AMERICA

FOREWORD

IN A world deprived of its joyous buoyancy by the scourge of secularism, that devastating modern heresy whereby our work, our wealth, our worship — every element of our living — is departmentalized, a kind of sentiment has been built up to the effect that medicine is a science completely divorced from everything else that men might study, or know, or live by. When the moralist or clergyman tries to point out the fact that there can be certain divine rules to be taken into consideration, he is all too often received as either an impertinent child or a presumptuous old busybody.

Monsignor O'Connell's booklet — and he has purposely confined it to the size of a booklet to make it the more available — very soon reveals the extent to which the demands of Christian morality impinge upon the medical scene. In it he frankly acknowledges the difficulties encountered in the working out of this necessary relationship, and suggests the answers.

It would be a ghastly thing if men and women in medicine were ever to reach a point in their thinking and practice where their sole concern was the preservation of our corruptible bodies. Unless they are imbued with the realization that these bodies are but means to our eternal and supernatural end, their glorious efforts are certainly in vain, since this flesh of ours must ultimately crumble and return to its elemental dust.

When they *are* motivated by the supernatural, their labors are almost of a divine character.

To keep the freshness of this supernatural approach in the work of our good doctors is the inspiration of all such writings as this booklet of Monsignor O'Connell's. More immediately, it is intended to offer the "ready answer" to nurses and all who come in contact with the sick. I wish it every success and the blessing of Our Lady, *Salus Infirmorum*, Help of the Sick.

† RICHARD J. CUSHING
Archbishop of Boston

INTRODUCTION

Reality is complex, and there is no one who better realizes it than the scientist. But its complexity must never be an excuse for deliberately neglecting, or utterly disregarding, any facet of reality.

It is an unfortunate phenomenon of our day (and has been for a considerable time beforehand) that the brilliant results of scientific effort in unveiling the mysteries of matter have been the occasion for engendering systems of thought by scientists and philosophers which are definitely false. They have somehow reasoned fallaciously that matter is all of reality, self-explanatory and self-sufficient. The influence of these thinkers has not been confined to academic circles. It has spread, has penetrated into the professions and been popularized in book and speech. The consequence has been that problem after problem in every field is solved in the light of one-sided axioms derived, consciously or unconsciously, from purely materialistic thinking.

These thinkers have excluded or utterly disregarded the Author of nature and the uniqueness of man, which uniqueness has its source in his soul. For it is man's soul, manifested by his ability to think and to will freely, which makes him a moral person, possessing rights. These rights of man are inviolable, and their observance is a duty of the State and

of every man. They result from the special relationship existing between God and man, the absence of which makes the term "rights" groundless and illusory. Man, without his relationship to God and his spiritual soul, would be without any inherent, inviolable rights, and would possess only the worth and destiny of a portion of matter. The differentiation between man and his dog, and man and the grass on his lawn, would then not be essential but accidental.

God, and man's soul and his inviolable personality, however, are as real as the atom, the electron, and the contents of the test tube. They cannot be disregarded with impunity. Any solution of a problem which does not consider them, will inevitably be partial and disastrous, and will violate the rights of God and man. Thus we have the strange spectacle of doctors advocating euthanasia, and even of men of religious calling, blinded victims of the spuriously progressive, aiding and abetting such a view. We see everywhere an unquestioning acceptance of eugenic sterilization, therapeutic abortion, and contraception among those who should know better, who have been hypnotized by purely pragmatic and materialistic scientists.

The present work is not meant to be an exhaustive treatment of the moral problems which may arise in medicine. It is simply an attempt to recall, and to put into concise form, avoiding all but necessary technical language, the moral viewpoint on some well-known problems. The principles applied to these particular cases are equally applicable to other similar situations. The booklet is intended primarily for the guidance

of nurses. The principles it sets forth, however, should likewise govern the actions of the doctor.

The author acknowledges his gratitude to the Most Reverend Richard J. Cushing, Archbishop of Boston, whose characteristically instant generosity, appreciation of, and desire to serve the needs of the nurses of his flock made the original publication possible. The author's debt is also great to Dr. Joseph L. Kennedy, of the staff of the Carney Hospital, who was inexhaustibly generous with time, knowledge and encouragement. Dr. John L. Thornton and Dr. Edmund L. Carey, both of the staffs of Carney and St. Margaret's Hospitals, as well as Dr. Edward J. Healey, of the Boston City Hospital, likewise gave freely of their learning and counsel. All four were eager to assist in any way they could the cause of the Supreme Physician. Among other creditors must be numbered Monsignor Thomas J. Riley and Reverend Frederic H. Chase, members of the faculty of St. John's Seminary, Brighton, whose erudition and criticism were invaluable. Finally, and not least, must be mentioned the assistance of Miss Mary O'Connell and Miss Katherine Connell in the work of typing, editing and proofreading.

T. P. O'C.

CONTENTS

	<i>Page</i>
Moral Problems Involving Loss of Life . . .	1
Problems on Baptism and Fetal Burial	17
Co-operation, Formal and Material	26
Sterility Tests	31
Contraception and Rhythm	36
Morality of Operations and Therapy	46

MORALITY IN MEDICINE

MORAL PROBLEMS INVOLVING LOSS OF LIFE

1. *What is murder?*

It is the taking of life directly and deliberately without proper authority.

2. *Who has the proper authority to take life?*

God, as the Creator of life, has complete mastery over life and death. The State, after due process of law has been observed, also has the right to take the life of the criminal who has committed crimes considered by law as worthy of capital punishment.

3. *Has an individual the right ever to take the life of another directly and deliberately?*

No, except in defense of his own or another's life when it is unjustly attacked and there is no other means of defense.

4. *Has a doctor, because of his profession, rights over life not possessed by another individual?*

No, his duty is to preserve life and never to hasten death or take life directly and deliberately for any purpose, no matter how important may be the value he wishes to obtain.

5. *Could another give the doctor the right to take life deliberately and directly?*

No, for no one possesses such a right over his own or another's life.

6. *Who has a complete right without qualification over life?*
God only, the Creator of life.

7. *What right does man have over his own life?*

He has the right only to use his life. He cannot take his own life or the life of another.

8. *What offense is committed by anyone who takes his own or another's life directly and deliberately?*

An offense against justice, for in suicide there is an invasion of the rights of God, and in murder, of the rights of God and man.

9. *What is meant by abortion?*

Abortion is the expulsion of the living fetus from the uterus before viability.

10. *Are there different kinds of abortion?*

Yes. There is spontaneous abortion, which results from accident or disease. It is completely non-voluntary and thus outside the field of morality, unless it is brought on by willful neglect or carelessness. Secondly, there is therapeutic abortion, so-called, which directly procures the expulsion of the inviable

fetus for the alleged preservation of the mother's health or life. Thirdly, there is criminal abortion, which is directly caused for no medical reason.

11. *Does abortion occur frequently?*

Far too frequently. It is conservatively estimated that in the United States there are about 818,000 abortions per year. This figure is about equal to the natural increase of births per year — that is, the number of births minus deaths.

12. *Is there a maternal mortality from abortion?*

Yes, it is estimated that 24 out of every 100 maternal deaths are due to abortion. This means that about 15,000 mothers a year die from this cause. Fifty percent of these deaths are due to criminal abortion, 13 percent to therapeutic abortion, and the remaining 37 percent to spontaneous abortion.

13. *What is considered one of the greatest causes of maternal mortality?*

Puerperal septicemia.

14. *Can abortion cause puerperal septicemia?*

Yes, it is considered as the largest contributor to this cause of death.

15. *Are there any other observable effects from abortion besides death?*

Yes, there are many cases of permanent invalidism, serious mutilation, and sterility. Often, too, female castration

and premature menopause follow the surgical intervention to correct pathology brought on by abortion.

16. *Is there any moral difference between the taking of fetal life by criminal abortion and by therapeutic abortion?*

No, for in both cases the life of the fetus is directly taken. Murder is defined as the taking of life directly and deliberately, so therapeutic abortion is as much murder as criminal abortion, for the perpetration is without authority in both instances.

17. *But does not the saving of a mother's life justify direct abortion?*

No, for an evil means cannot be used to attain a good end.

18. *Upon what moral principle is this based?*

The moral principle that man must never make evil the object of his will.

19. *How does evil become an object of the will?*

When it is willed either as a means or an end.

20. *Is therapeutic abortion an evil?*

Yes, for there is an invasion of the Creator's right over life through man's usurpation of this right. The act of taking life directly is the means used to obtain a good end. Thus,

choosing evil as a means, the perpetrator cannot avoid making that evil the object of his will.

21. *Is it licit to hasten or accomplish the death of the mother in order to have a live baby?*

No, for the same reason, that an unjust means cannot be used to obtain a good end.

22. *Is it licit to hasten the death of a dying mother by any means in order that a child may receive Baptism?*

No, an evil means can never be willed to obtain any good no matter how valuable.

23. *Is it licit in cases of congestive heart failure to empty the womb before viability?*

No, this is direct killing.

24. *Is it licit, in the case of a woman who has attacks of heart decompensation, or a history of auricular fibrillation or mitral stenosis or definite heart lesions, to empty the womb before viability?*

No, for it would be direct killing.

25. *Is there any moral method of treating a pregnant mother who has a heart condition?*

Yes. Her exertions may be reduced, the extent depending on the lesions and functioning of the heart. Likewise, modern chemotherapy can reduce heart infections. At times

the antibiotics can carry even a patient suffering from sub-acute endocarditis, safely through pregnancy. Considering the case only from a medical viewpoint, it would seem that therapeutic abortion cannot be justified in heart conditions.

26. *When is viability reached?*

In a well-equipped hospital and with immediate care, a period of 26 weeks makes viability possible. In a not so well equipped hospital, a period of 28 weeks is considered safe. The difference lies in expert nursing care of the prematurely born infant. This care embraces the latest scientific aids, such as oxygenated incubators, ultra-violet irradiation, and the latest nutritional techniques.

27. *Is it licit to abort a woman suffering from pulmonary tuberculosis?*

No. It would be directly killing the fetus to benefit the mother.

28. *Is there any morally licit and medically effective method of taking care of the pulmonary-tubercular mother during gestation?*

Yes. Good and competent obstetricians say that the disease should be treated, and less attention paid to the complicating pregnancy. It is now generally recognized by leaders in obstetrics and pulmonary diseases that pregnancy is in no way deleterious to tubercular women. There are many lead-

ing internists who go so far as to say that pregnancy may temporarily arrest the disease by the increase of intra-abdominal pressure. This pressure has a tendency to immobilize the affected lung.

29. *Is it licit to abort a woman afflicted with pyelitis?*

No, never before viability is reached.

30. *Is there a licit method of treating a mother so afflicted?*

Yes, before the sixth month antibiotics and chemotherapy may be used. Ureteral catheterization, with proper washing of the kidneys, can also be effective. The modern advance of medicine has made the condition of pyelitis less of a worry to the doctor.

31. *If a pregnant woman is afflicted with renal tuberculosis, is it licit to perform a nephrectomy even though the death of the fetus might result?*

Yes, for there is no intent to kill the fetus as a therapeutic measure.

32. *Is it licit to abort when pregnancy occurs after nephrectomy, if renal insufficiency or infection or symptoms of toxemia develop before viability?*

No, for it would be direct killing of the fetus.

33. *Does nephritis justify the aborting of the inviable fetus?*

No. It is direct killing.

34. *Is there a licit medical treatment of this condition?*

Yes, treatment of the nephritis. However, it must be admitted that in this case the ethically-minded doctor is faced with one of the most serious complications of pregnancy, one that causes a high maternal and fetal mortality. A notably successful treatment is still wanting today. Frequently the nephritic will abort spontaneously. Where this does not occur, the principle of avoiding evil at any cost is put to a severe test. One must consider human life to be of less value than the upholding of the rights of the Creator. To the materialist or utilitarian, this viewpoint is not understandable; but to one who believes in God and in man's relation to Him, it is acceptable and valid.

35. *May hyperemesis gravidarum be terminated by aborting the inviable fetus?*

No. It would be using evil means to attain a good end.

36. *Is there a licit means of treating this condition?*

Yes, in the early stages it seems that psychotherapy is needed. If excessive weight has been lost, and dehydration, rapid pulse, and other symptoms of this condition are present, intravenous introduction of liquids and nourishment and intake of vitamins are the usual therapy. If pernicious emesis has been reached by the patient, death is very approximate; but even then, abortion of the inviable fetus is not permitted. Most leading obstetricians hold there is no need of therapeutic abortion for this condition of hyperemesis gravidarum. In the ma-

jority of cases it is neglect of the mother which is the cause of danger to her life. Such danger is avoidable with proper prenatal care.

37. *How serious a complication is hydramnion?*

The prognosis for the mother is said to be very good, but the prognosis for the fetus is extremely poor. The severe forms of this condition, however, are very rare. Furthermore, it occurs most often in the third trimester of pregnancy and usually the fetus has reached viability. Its incidence as a moral problem is not great.

38. *If severe hydramnion does occur, is it licit to rupture the membranes before viability?*

It is probable that if a technique skillful enough to allow only the *excess* fluid to be taken off, could be employed, it would be permissible. Although the fluid might build up again, the technique, uterine paracentesis by abdominal approach, could be repeated until viability was reached. But to employ a procedure which would drain an excessive amount of the fluid would be direct killing, for the amniotic fluid is a vital need of the fetus, which breathes it in and out for the fetal life processes. Also, it is bactericidal and equalizes uterine pressure. To remove this fluid seems as fatal as to deny oxygen or food to a person. In addition, the puncturing of the membranes is apt to induce labor and expulsion of the inviable fetus. Thus the fetal life is attacked in two ways: it loses the amniotic fluid necessary for its survival, and it is

placed by expulsion in an environment in which it cannot exist. Even if the fetus were not expelled, moreover, intra-uterine death would occur because of adhesion to the uterine wall. For these reasons, the procedure is direct killing and not permissible.

39. *Is embryotomy ever licit?*

Only when the death of the fetus is certain. X-ray, physical examination, and repeated auscultation should be resorted to before the decision of certain death is made. Only then is embryotomy licit. It is never permissible when the unborn child is living, for it is then simply a technique of murder.

40. *Is curettage licit?*

After a spontaneous abortion has occurred this operation is necessary, but it is never licit until there is certainty that the womb contains no living fetus. If the surgeon is convinced that a hemorrhage in the decidua has already killed the fetus, there is no moral objection to the use of curettage. It should likewise be noted that, on scientific grounds, modern medicine condemns curettage once the placenta and living fetus have formed.

41. *Is placenta previa a condition which calls for a therapeutic abortion?*

This condition causes hemorrhage, but generally it is not a moral problem as it almost always occurs after fetal

viability has been reached. The emptying of the womb does help to bring about the contractions which stop the hemorrhage.

42. *Could an inviable fetus be removed after a complete separation of the placenta?*

Yes, for the fetus dies approximately ten minutes after a complete separation of the placenta. Thus the emptying of the womb involves only a dead fetus.

43. *Would it be licit to use a tamponade to curtail bleeding if an inviable fetus is in the womb?*

Yes. If death results, it would be indirectly willed, for the tamponade is used to stop the hemorrhage, which can be fatal, and not to kill the fetus.

44. *Is pre-eclampsia a serious complication?*

It can be. It occurs in the last three months of pregnancy. There is a sudden toxemia which, without proper care, can become an eclampsia.

45. *What is an eclampsia?*

It is a toxic disease of late pregnancy with intermittent convulsions followed by an increasing coma. Although the non-convulsive type does appear rarely, with extensive damage to kidneys, heart, liver and other essential organs, coma would occur in this type also. In nearly all cases, the fetus has reached viability. In most instances, adequate prenatal care can forestall fatality to mother and child.

46. *In the cases above has there been greater emphasis placed on saving the life of the child than that of the mother?*

No, for both are of the same intrinsic value. The life of neither may be taken as a means to save the other.

47. *But is not the mother more valuable than the unborn fetus?*

No, not intrinsically. The value of a human life does not depend on the stage of its physical development. If that criterion were used, the life of a babe in arms would be of less value than that of a five-year-old child, and its life in turn of lesser value than that of an adult. This would lead to the absurd conclusion that the malice of murder differs according to the physical development, or lack of it, of the person killed. No law makes such a distinction.

48. *When is the fetus a person and as such the possessor of the inalienable right to life?*

When the moment of conception takes place. From that moment, its right to life cannot be unjustly violated for any purpose. It is not an aggressor, for it is incapable of an act of aggression; it is simply a defenseless, innocent human being. To take its life is to kill the innocent, and no State or individual ever possesses such a right.

49. *Is "Necessity knows no law" the expression of an adequate moral norm?*

No, if it means that the right of the innocent to life is forfeited by the mother's need, or vice versa. There is no

necessity which causes the abdication of the moral law. The admittance of such a necessity would lead, if logically followed, to admitting the permissibility of lying, stealing, murder, arson, or any other crime whenever the conditions of necessity were verified.

50. *Is indirect abortion ever allowed?*

Yes, provided four conditions are observed. First, the means employed must be good or morally indifferent; that is, they are not of their nature capable of causing only evil effects. Second, abortion must not be used as a means of attaining the good effect. Third, the abortion must not be willed directly as an end. Fourth, the good obtained must have at least an equivalent value to the good lost by the operation.

51. *Is it licit to perform an appendectomy on a pregnant mother if the life of the fetus is put in jeopardy?*

Yes, if absolutely necessary to preserve the mother's life. If abortion should occur, it would be neither the end of the surgeon's act nor the direct end of the operation, but the unintended result risked to save the life of the mother, whose value is equivalent to the life of her child.

52. *Is it licit to remove a cancerous womb which is pregnant?*

Yes, if necessary even before viability, for the specific intent and the means employed are directed toward the removal of the cancer. There is no attempt to use the death of the child as a means of saving the mother. The fetal death is not directly willed but only permitted.

53. *Is it licit to use drugs to relieve pain or disease to the extent that fetal life would be endangered?*

It is licit to use drugs to alleviate pain as completely as possible consistently with the health of the mother and child. It is not licit to use drugs to the extent that the fetal life is endangered. This moral principle is also considered sound obstetrics by all authorities.

54. *Is it licit to remove the Fallopian tube where gestation is taking place and the fetus cannot leave the tube to implant itself in the womb?*

Yes, if the tube is pathological. Rupture occurs usually between the sixth and the twelfth week. The rupture eventuates from the gradual disintegration in the tube itself, causing hemorrhage which in a few hours can be fatal to the mother. Thus all the conditions for a licit indirect abortion are verified at this time. It is a condition difficult to diagnose, and when it is noticed pathology is usually present, making surgery necessary.

55. *When is an abortion inevitable?*

It is almost an invariable rule that an abortion is inevitable when the fetus is dead.

56. *Is abortion inevitable if hemorrhage takes place?*

It is not considered inevitable as long as there is good reason to believe the fetus is alive, even in the presence of bleeding which at times may be profuse but which can be

profitably treated by adequate blood replacement. However, if there is very profuse hemorrhage coming from extensive separation of the placenta and dilation of the cervical os, the abortion may safely be considered inevitable.

57. *Is there any certain test for the death of a fetus?*

No. There is a negative test only at the present stage of knowledge. If the placental hormone is no longer present in the circulation or the excreted urine, it is safe to infer the fetus is dead, for this lack indicates the placenta is dead and as a consequence the fetus. Thus the obstetrician must rely on careful clinical judgment in making his decision.

58. *Is it licit to use an ergot preparation for hemorrhage in pregnancy?*

It is licit after delivery whether by abortion, premature birth, or at term. Its principal use is to control postpartum hemorrhage.

59. *To control profuse hemorrhage, would it be licit to use an ergot preparation before viability?*

Since its use is primarily to control hemorrhage, it is not considered to be an abortifacient. Hence, if its use to control profuse hemorrhage should also displace the placenta and cause fetal death, this would not be its direct effect. The fetal death would be only *indirectly* willed, and permitted only because of the real and proximate danger to the mother.

60. *Is euthanasia licit?*

No. Killing of the incurable, the insane, the aged, and the deformed is murder. These are all human beings innocent of any crime and thus neither individual nor State has the right to take their lives. Euthanasia is the scientific barbarism which totalitarians employed to rid their society of economic burdens.

61. *Can a person give the State the right to take his life if he is afflicted with an incurable disease?*

No, for a person cannot give what he does not possess. God only is the Master over life and death. Man simply has the right to use in accordance with the law of God the life given to him.

62. *What obligation has a mother to secure prenatal care?*

Under present modern conditions adequate prenatal care has become an ordinary means for safeguarding the life of mother and child. Since a mother has a grave obligation to preserve the life of her child and herself by at least ordinary means, she is obliged to take prenatal care and precautions.

PROBLEMS ON BAPTISM AND FETAL BURIAL

1. *Is Baptism necessary?*

Yes, for the words of Christ to Nicodemus were: "Unless a man be born again of water and the Spirit, he cannot enter into the kingdom of God." (John 3:5)

2. *Who is the minister of this sacrament?*

The priest, when time and circumstances permit.

3. *Can a lay person give this sacrament?*

Yes. In the absence of a priest, a lay person should administer this sacrament when an adult is dying and wishes Baptism, or when an unbaptized child is in danger of death; also when a fetus has aborted.

4. *What is the duty of a lay person to do this?*

It is a grave duty originating from the love we owe our neighbor in his need. In the case of the unbaptized dying there is the spiritual need of being baptized so that eternal salvation may be theirs. The individual cannot baptize himself, and so his neighbor must provide for his necessity.

5. *How is Baptism performed?*

Water is poured on the head and the words, "I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost," are said audibly.

6. *May one person pour the water and another say the words?*

No, the same person must pour the water and say the words of Baptism at the same time.

7. *What intention must a person have?*

None other than to administer the sacrament according to the intention of Christ or the Church of Christ.

8. *Is it necessary that a person himself believe in Baptism and Christ to give this sacrament?*

No. All that is necessary is that he intend to baptize according to the intention of the Christian parents or the intention of the Christian Church or the intention of Christ.

9. *Is it necessary for the water to flow?*

Yes, for Baptism symbolizes a washing away of sin, and this cleansing effect is symbolized only by flowing water.

10. *Must the Baptism be on the head?*

Yes, if at all possible. If there is a great deal of hair then one should prefer the forehead. If in case of necessity a person's head cannot be baptized, the water may be poured

on another part of the body, preferably the chest or shoulders, since this Baptism is probably valid. If a person baptized in one of these ways can later be baptized on the forehead, this should be done with the condition: "If you are not baptized, I baptize," etc.

11. *If a baby has been rubbed with oil, is it licit to pour the water over the oil?*

No, the oil on the forehead should be washed off and the water allowed to flow on the skin. The oil may then be restored.

12. *If there are a doctor and a nurse present, is there a preference as to which shall administer the sacrament?*

Yes, a male takes precedence over a female, but if either is engaged in work which cannot be left, then the one who is free, regardless of sex, should administer. The preference is a matter of ritual only, not essential.

13. *Must only water be used?*

Yes, only water is valid matter. A definite effort must be made to avoid using liquids which have the mere appearance of water.

14. *Must the Baptism be recorded?*

Yes, information should be given to the chaplain of the hospital, or to the pastor if the ceremony takes place in a private dwelling.

15. *Should a Catholic nurse baptize any infant who will surely die?*

Yes. Just as she would give a patient what he actually needs for health, so she should give her neighbor the necessary and indispensable means for spiritual health and eternal salvation. Baptism is a necessary and indispensable means of salvation. Listening to another's contrary opinion and heeding it would be unreasonable and could only cause an irreparable loss for the infant.

16. *Should a Catholic nurse baptize an infant against the will of its parents?*

No, except in the case where the child is dying and death is proximate and certain. Ordinarily a child must not be baptized against the will of its parents. A child baptized a Catholic should be raised a Catholic. If its parents are opposed to this, Catholic Baptism should not be given except as explained above.

17. *Is intra-uterine Baptism ever allowed?*

Yes, if necessary. Distilled aseptic water should be used to prevent infection of the mother and the words of Baptism should be introduced by the phrase, "if you are capable" and followed by the usual form. The words of condition are uttered before the water is poured.

18. *When should a fetus be baptized in the womb?*

Only when there is no probable hope that it will be born alive. The Baptism must be given conditionally.

19. *What if intra-uterine Baptism would endanger the life of the mother?*

It must not be performed: a good end does not justify endangering the mother's life.

20. *When is an intra-uterine Baptism possible?*

It becomes possible only when the fetal membranes are ruptured and the amniotic fluid discharged. These membranes must not, however, be deliberately ruptured and excessive drainage allowed when the fetus is inviable, for such an operation would be a direct killing. Not even the desire to give Baptism would justify such an operation.

21. *Is one sure of the validity of the intra-uterine Baptism?*

No, it is only probably valid, for there is no certainty that all of the requirements of a valid Baptism have been fulfilled. Thus, upon delivery, Baptism must be bestowed once more, but conditionally.

22. *What conditions would warrant the giving of intra-uterine Baptism?*

Most frequently, abnormally long labor, hydrocephalus, eclampsia, contracted pelvis and difficult presentations. In cases of placenta previa and uterine hemorrhages there is little chance to give a valid Baptism. There would be an opportunity for Baptism offered if a Caesarean section were used to deliver the fetus.

23. *Should an embryo be baptized?*

Certainly. If it is alive, the Baptism is given absolutely; if life is doubtful, it is given conditionally.

24. *When would one consider the fetus spontaneously aborted as certainly dead?*

If putrefaction has occurred, there is no necessity for Baptism.

25. *How much time should be expended in determining whether death in the fetus has actually occurred?*

None. Since time is precious, conditional Baptism should be given immediately.

26. *Must the membranes of the aborted fetus be ruptured to give Baptism?*

Yes, for the water must flow upon the fetus. The membranes are not the fetus. In this case, if possible, the embryo is immersed in water and the words of Baptism are pronounced at once; immediately afterward the embryo should be removed lest continued immersion hasten the extinction of any possible life.

27. *What should be done at the time of miscarriage and hemorrhage?*

If the miscarriage is in early pregnancy, it is very difficult to distinguish the fetus. Under such conditions, anything that might be the fetus should be conditionally baptized.

28. *What must be done in cases of difficult presentation?*

If the head is presented, it is baptized absolutely. If a hand, foot or other part of the body is presented, and the child's life is definitely in danger, conditional Baptism is given. Conditional Baptism is then repeated on completion of delivery, whether the child seems dead after delivery or not.

29. *Must the stillborn child be baptized?*

Yes. If there is even the remotest chance that life is not completely extinct, Baptism must be given conditionally.

30. *Must monsters be baptized?*

Yes. If there seems to be more than one person, then Baptism should be given to each of those which appears to be a definite person. The Baptism is absolutely given if there is life, otherwise it is given conditionally. If there is doubt about the number of persons, the certain single alive person is baptized absolutely and the other conditionally. If life is lacking, both are given Baptism conditionally.

31. *What must be done if there are two heads but one body?*

Both heads must be baptized.

32. *What if there is one head but two thorax sections?*

The head is baptized and each thorax, for it is not known to which thorax the head belongs. If life is certain, the head is baptized absolutely, but each thorax is given conditional Baptism; if life is doubtful, all are baptized conditionally.

33. *Must a Caesarean section be performed on a dead mother?*

Certainly, if it is probable that the fetus is alive. There is no reasonable hope of this if the mother has died of disease before the sixteenth week of gestation. But if she has died suddenly and there is still hope of a live fetus, then it is only right to attempt the section to baptize the fetus before it also dies; even a short lapse of time means death. Of course the section is possible only if a doctor happens to be present.

34. *What if the baptizer forgets the words of condition?*

It will be sufficient if the baptizer intends to baptize conditionally.

35. *What is done with a fetus which is taken from a dead mother and dies after Baptism?*

It may be replaced in the body of the mother and buried with her.

36. *What is done with a fetus born dead, or dying shortly after expulsion?*

If it has been baptized conditionally or absolutely, it should be buried in consecrated ground. In the State of Massachusetts, if it is twenty weeks old or over, a death certificate is signed by the attendant physician and the undertaker will then be given a burial permit. If it is less than twenty weeks old, the usual death certificate is not signed by the physician; instead, a statement from the physician testifying to the facts

of less than twenty weeks' gestation is made, which enables the undertaker to receive the burial permit.

37. *Should the fetus ever be burned?*

No, unless this is necessary to prevent contagion.

38. *May a dead fetus be retained for study?*

Yes, if there is a serious reason for doing so; not for exhibition purposes only.

39. *Why should this care be taken of a dead fetus?*

It is a human person even though undeveloped. It is a human person from the moment of conception. Thus it is entitled to all the respect and attention given to a physically developed baby or adult.

CO-OPERATION, FORMAL AND MATERIAL

1. *What is meant by co-operation?*

Co-operation is any help given to another in the commission of an act.

2. *Are there different methods of co-operation?*

Yes. There is positive co-operation when a positive direct act is placed to aid another to do something. This aid can be counsel, command, enticement, actual participation, praise, flattery, and defense of the deed. There is negative co-operation when aid is given by silence, failure to prevent, and concealment.

3. *What is meant by material co-operation with an evil act?*

It is assistance given to another by an act which in itself is good or indifferent. This assistance is afforded by one who has no intention of achieving the designs to which his assistance is directed by the principal agent.

4. *What is formal co-operation with an evil act?*

Formal co-operation is any degree of assistance which is afforded by one who desires and intends the evil aimed at by

the principal agent. This co-operation is explicit when the designs of the principal agent are deliberately embraced. It is implicit, but nonetheless formal, when the assistance given is, by its very nature, a direct participation in the design of the principal agent.

5. *Can material co-operation be illicit?*

Yes, when an obligation exists to refrain from such co-operation.

6. *Can formal co-operation be illicit?*

Yes. Formal co-operation is always illicit, because it gives assistance deliberately and freely to further the evil designs of another. In formal co-operation, evil is directly willed and therefore is immoral. Every man is obliged at all times not to will evil.

7. *What would be an example of formal co-operation on the part of a nurse?*

If she gives contraceptive advice, on a doctor's orders, she cannot but enter into his immoral intent, for the contraceptives by nature have no other purpose than violation of the natural order. She would also formally co-operate if she counseled a woman to procure an abortion. Again, she co-operates formally if she willingly agrees to handle the instruments at a therapeutic abortion and at the same time shares in the surgeon's evil intent.

8. *What obligation has the nurse when there is a question of material co-operation only?*

She is obliged, as a general rule, by love for her neighbor not to promote or assist in the performance of a deed which is immoral.

9. *Does this obligation bind her in every case that occurs?*

No. Her obligation to prevent harm from coming to her neighbor is one of charity, and under certain circumstances she would not be obliged to prevent this harm, provided her assistance is in itself good or indifferent, her intent is honest, and there is a just and proportionate cause for her presence.

10. *What should a nurse anesthetist do if she notices the doctor is performing an immoral operation?*

If the operation is going on she may continue. Her work is licit — she does not share the operator's intent, and the welfare of the patient would be threatened by her departure.

11. *What if the anesthetist is told that an immoral operation is going to be performed?*

She should ordinarily refuse to assist. If, however, refusal would mean dismissal and there would be serious difficulty in obtaining a professional position elsewhere, she may assist, excluding always agreement in the operator's intent. Here there would be material, not formal, co-operation on her part and there would be a sufficiently justifying reason.

12. *What if the anesthetist or assistant surgeon is a doctor and he is required or asked to take an active part in an immoral operation?*

There is hardly a conceivable reason which would justify co-operation on his part. If the immoral character of the operation should be discovered only after the operation had begun and the patient's life would be endangered by his withdrawal, then he would be allowed to continue.

13. *What can a student nurse do if she is told to prepare a patient for an immoral operation or if she is asked to hand the instruments and materials to the surgeon?*

If there is no possible way for her to avoid the situation, and it is a command, she may continue to assist, for generally speaking, refusal on her part would mean perhaps the end of her career. Again, there is question here only of material co-operation. However, she should represent to her superiors that she is being required to assist in an operation which is unquestionably immoral. Her forced assistance is actually exploitation of her subordinate status.

14. *What must a nurse do who finds that in a particular hospital her assistance is all too often demanded at immoral operations?*

She should endeavor to get another position. She would be justified in remaining only in the remote possibility that leaving would entail a very serious loss to her.

15. *What must a supervisor, who assigns nurses, do when she knows that immoral operations are to be performed?*

Her work in such cases would be merely material cooperation, for she assigns nurses to perform licit tasks such as preparation of the patient, sterilizing and handling of instruments, anesthetizing, and so forth. She is not necessarily entering into the evil intent of the operator. The possible loss of her position and its influence can be considered as a proportionately serious reason for not refusing such material cooperation. The lamentable condition might only be worsened by her departure, for her successor would most likely be one without her principles, and thus a last hindrance to immorality removed.

16. *How is the nurse to judge that the operation is immoral?*

In some cases her professional knowledge will immediately enable her to discover the immoral nature of the operation. In other cases she may be in doubt, for example, on sections of ovaries, womb and tubes. Diagnosis of pathology in these cases requires medical training and is not always obvious. If there is doubt, she may give the doctor the benefit of the doubt.

STERILITY TESTS

1. *Is there a morality problem connected with medical tests for sterility?*

Yes, particularly in the method of obtaining the male sperm. There can also be a moral problem in the manner of obtaining the female ovum.

2. *What is the moral problem in connection with sterility tests on the male sperm?*

The male sperm can easily be obtained by masturbation. This method is the one preferred by many physicians. However, it is an immoral method.

3. *Why is masturbation immoral?*

Masturbation is an inordinate use of the sex function. The sex function has as its purpose the good of the race. Since this is a serious matter, the misdirection of the sex function is a serious violation of the natural law. There is no possibility of considering any sex abuse as unimportant. Any abuse in this field destroys the necessary and essential relation which exists between the sex function and its natural purpose. Any abuse introduces a deordination or inversion of the

due subordination of the individual's desires and welfare to the good of the race.

4. *Is masturbation still immoral when it is practiced not for its own sake but simply to discover a possible cause for sterility?*

Yes — for the act remains, by its nature, a grave deordination of the relation between the sex function and its natural purpose. Nothing extrinsic can change the deordination which results when the sex function is not used in a natural, licit way. Thus, to obtain sperm by masturbation is to use evil means to produce a good effect. The actual examination of the sperm is not immoral.

5. *Is there any licit method of obtaining sperm?*

Some doctors collect sperm in a perforated condom; some take specimens after copulation, some express semen, and the cervical spoon is used by others. Considered from the moral viewpoint, these methods are probably licit. There are opinions to the contrary; but until there is authoritative direction to the contrary, it is licit for a doctor to use any of these methods. However, there is no doubt that from a medical viewpoint the results with these methods are not completely satisfactory. Yet the moral law is definite: evil cannot be willed as a means to obtain an end, no matter how important or beneficial. Undoubtedly, too, medical progress will eventually succeed in obtaining a satisfactory medical and moral solution to the problem, as has happened so often in other situations.

6. *Is artificial insemination licit when the semen is given by one who is not the woman's husband?*

No. A married woman has no right to receive the semen of anyone but her husband. She, by her marriage, has assumed a contractual obligation which binds her in justice to this reception. The specific malice of adultery is found in this violation of justice. The act of adultery is not only an impurity but an injustice. Thus, since in artificial insemination the woman receives the semen of one not her husband, she has violated her marriage contract and has seriously sinned.

7. *Could her husband licitly consent to artificial insemination of his wife with the semen of another man?*

No, for his rights extend only to the performance by him of the marital act. He has obtained by the marriage an exclusive perpetual right to place an act apt for procreation with one wife. This right is determined and limited by the nature of marriage and its purposes. He is free to enter marriage but not to constitute the nature of marriage, which is directed toward the social good of race survival. The social good of marriage can best be obtained by monogamous perpetual union. Hence he is bound to preserve the unity which must prevail to obtain this social good. This he would not be doing if he allowed his wife to receive the semen of another. He has no moral right, for his own individual good, to prevent the public good which comes from observance of the law that relations must be exclusively between husband and wife.

The social good is superior and demands pre-eminence, though it may exact sacrifice from the couple.

8. *Are there any other objections to artificial insemination when the semen is given by a man who is not the woman's husband?*

The means to obtain seed is often masturbation. Furthermore, there are a great many legal difficulties involving dowry rights, support, inheritance, legitimacy, and recording for civil archives without lying on the part of the doctor. The entire civil aspect of the matter is unsolved as yet.

9. *May a doctor assist the act of fertilization of his patient after the marital act has taken place between her and her husband?*

Yes, for he seeks only to assist nature to attain conception. Generally, he is trying to aid the entrance of live sperm into the cervical canal, the method varying with the obstacle present.

10. *Is it licit, in the studies on fertility, to persuade a woman to become pregnant before a contemplated hysterectomy with the deliberate purpose of obtaining an inviable embryo?*

Such an action is gravely immoral. It has the malice of murder aforethought. There is no consideration whatever paid to the right of the embryo to live. Its chances of living are coldly and deliberately destroyed to further scientific pur-

poses. From the moment of conception there is a human person present who has all the rights of a human being. All men, consequently, are bound not to invade these rights.

11. *Is it right to try to develop live embryos under laboratory conditions?*

This is scientific immorality. If the embryo has been taken deliberately from its normal site to be experimented on in this way, its right to life has been attacked unjustly. No scientific objective can justify the use of immoral means. Such an embryo is deprived of its vital needs and subjected to an environment where its chance to survive is practically nonexistent. The embryo has a definite right to live and develop in its natural habitat until delivery, for only in the womb can its vital needs be obtained.

CONTRACEPTION AND RHYTHM

1. *How should man use his bodily functions?*

It is necessary to direct a function to the purpose for which it is created. If this is done, the function is reasonably exercised; otherwise, it is used unreasonably.

2. *Is this a matter of obligation?*

Yes, for the use of a function in this manner is the will of God.

The purpose of the Creator and His will are made evident by discovering the purpose which the function strives to achieve. This adaptation of means to end exists because it was so willed by the Creator. Man, as a creature, has a right to use his functions only according to the will of his Creator. Any other use is basically unreasonable and violates the law of God.

3. *What is the purpose of the sex function?*

This function evidently is directed toward the conception of a human being. A very elaborate mechanism, psychological and physical, is set up by nature in every normal human, for the purpose of procuring such conception. This serves a further purpose, the survival of the race.

4. *Is the proper use of the sex function an important matter?*

It is a grave matter, for the very existence of man is threatened by its abuse. In evaluating the importance of the sex function, it must not be forgotten that it has a social purpose. The individual has no right to use this function for just his individual purposes, excluding the social purpose. Such a use would be a perversion of the nature of sex function.

5. *Is this view of the sex function a sectarian view?*

No, it is based on the natural law, which binds all men at all times. This law can be discovered by the reason, which is able to recognize the adaptation of means to an end, and that such adaptation is God's will.

6. *Is contraception an abuse?*

Very definitely, for a human being places an action destined by nature to a natural end, and at the same time deliberately prevents the attainment of that purpose.

7. *Has there been a change in modern man's views of contraception?*

Yes. For centuries it has been considered a moral evil. In recent times justification for its practice has been sought on social and medical grounds.

8. *What are some of the reasons for this change of view?*

The loss of awareness on the part of man that he is bound as a creature to obey the law of God; materialism, scien-

tific and political; the divorce of morality from the solution of medical and social problems; the exaltation of the individual; the justification of pleasure for pleasure's sake; the very definite loss of the Christian heritage; propaganda on a vast scale; and the prestige of well-meaning but misguided people who lend their names to movements for the alleged betterment of society.

9. *What are the medical reasons offered for use of contraceptive technique in marital relations?*

In general, any gynecological or obstetrical condition which would make pregnancy dangerous to the mother or child. Thus, a past history of toxemia, eclampsia, hyperemesis gravidarum, long labor, deformity of pelvis, previous Caesarean sections, or high blood pressure, kidney diseases, tuberculosis, general debility, diabetes, epilepsy and heart difficulties, are some of the conditions which are called medical indications for the practice of contraception.

10. *Are these good reasons for avoiding pregnancy by contraceptive devices?*

Many reasons for limiting pregnancy are valid ones, but to avoid pregnancy by contraceptives is to use an evil means to obtain a good effect. Man can never will evil directly for any purpose, however important. Just as a lie, which is an abuse of speech, cannot be justified, though it is for a good end, neither can contraception.

11. *What is the economic argument for using contraceptives?*

Parents should have only as many children as they can adequately support. The word "adequate" often varies with the individual's tastes and aims in living. Sometimes a wealthy couple will say that two children are adequate. The economic argument is particularly addressed to the poor. The proponents of birth control feel that there are too many poor and that there should be fewer of them.

12. *Has the economic argument any validity?*

Yes, to this extent: that to bring children into the world who will necessarily be affected by malnutrition, hunger, cold and unnecessary hardship is also an abuse of the sex function, for it is an imprudent use of the function. However, the economic problem cannot justify the use of contraceptives, for, again, an evil means would be used to solve a problem. Economic problems must be solved by economic means.

13. *What is the eugenic argument for contraception?*

For the physical betterment of the race, the proponents of contraception believe a two- or three-child family is desirable. They hold that the fewer the children, the better will their quality be. They believe also that if contraception is practiced by those whom they deem inferior, this class will be eradicated.

14. *Has the eugenical argument any validity?*

It is the weakest of all the arguments for birth control. There is no proof that fewer children would be better in qual-

ity. The argument for the elimination of mental, physical and moral inferiors is based ostensibly on the laws of inheritance, which laws, as far as human beings are concerned, are as yet unproven scientifically, and at best extremely vague. There is also the known fact that mentally defective children for the most part are born from normal, not defective, parents. But again, even if it were granted that the eugenical argument has the substance it now definitely lacks, evil means, such as contraception, cannot be used to better the race physically.

15. *What are the social reasons offered in justification of contraception?*

It is urged that the family unit would be strengthened by relief from the economic burdens entailed in a large family. Divorce and abortion would be lessened by removing the strain of rearing children under modern economic conditions. Thus society would be bettered, for the family, its cornerstone, would be more stable.

16. *Have these social reasons any validity?*

These social reasons in themselves are good and desirable. But no aims, however good and desirable, may be attained by the use of evil means such as contraceptives.

17. *Is there a moral solution for these problems?*

Yes, abstinence from marital relations is always possible. In fact, it is mandatory when pregnancy can only plunge a mother into the shadow of death, or when birth would be highly prejudicial to an infant's basic needs.

18. *Is it possible to abstain completely?*

Yes, very definitely, if there is conviction on the part of the couple that offense against God is the greatest of evils. Also, if a spirit of true love and concern for the welfare of wife and child is manifested in the man particularly by the actual practice of self-restraint and sacrifice in their interest. Since it is reasonable to ask a man to sacrifice his own welfare and even life to defend his country, it is equally reasonable to ask sacrifice for the noble purpose of love of wife and child.

19. *Is there any medical justification for the belief that continence is harmful?*

Absolutely none. Continence becomes a strain only when the sexual appetite is constantly stimulated by desires and actions and no attempt is made at self-control. It is incontinence — unrestrained sexuality — that is actually detrimental to health and character.

20. *What is rhythm?*

It has been proved by Ogino and Knaus that during a woman's menstrual cycle there are days when she is sterile.

21. *Can relations licitly take place on such days?*

Yes, for there is no deliberate frustration of the attainment of the marital act's natural purpose. The individuals place the normal act, as far as they are concerned, and if conception does not occur, this is due to the operations of nature's law, not to their efforts. There is no perverted act on their part.

22. *Is rhythm different from contraception?*

Yes, for in rhythm nothing contrary to the normal act occurs; from the beginning to the end, the laws of nature are observed. In contraception, nature is artificially interfered with, and thus the act placed is not a natural one. The natural end of the act cannot be obtained because it is now an act which is perverted to obtain pleasure only, and intentionally excludes the possibility of conception. In contraception, the adaptation of means to end is disrupted. The law of nature is thereby violated, and the act becomes an unreasonable use of the sex function, for sex is used for an individual's purpose, and nature's purpose is entirely disregarded.

23. *Can the use of the safe period be immoral?*

Yes, for like all things it is capable of being abused. Individuals who would use the safe period to exclude the bearing of children, and for no reason except their own selfish purposes, are guilty of great fault. The marital act is destined for the procreation of children, which is the primary purpose of marriage. To exclude this end deliberately and entirely is to act against the social purpose of marriage for purely individualistic reasons. It is thus an offense against the virtue of charity, which demands love for God and neighbor and subordination of self-interest, detrimental to both.

24. *Is the safe period scientifically sound?*

Yes, there has been sufficient scientific evidence offered to substantiate the claim of periods of sterility in the men-

strual cycle. In fact, it is also esthetically, psychologically and socially sound. Moreover, it calls for a certain amount of civilized restraint, lack of which is one of the seldom mentioned defects of artificial birth control.

25. *If the safe period method is used, should a competent physician be consulted?*

Preferably, yes, for its accuracy must be determined in the light of many factors which the doctor is trained to evaluate and of which the layman is ignorant.

26. *Is it true that menstrual regularity is necessary if the safe period is to be used?*

Yes. The doctor bases his findings on the ovulation period and its uncertainty would lead to uncertain calculation.

27. *What can a woman afflicted with irregularity do to use her safe period?*

She can consult a gynecologist who can advise her regarding a refinement of the application of the rhythm theory, called basal temperature, which is of benefit in some cases.

28. *Is it licit for a doctor to give contraceptive advice or contraceptives to his patients?*

Absolutely not, for this would be formal co-operation in the sin of another. There is no possible licit co-operation he can give in this matter. The contraceptive by its nature is directed to frustration of the purpose of the marital act, and

to counsel its use is to counsel violation of the natural law. The doctor cannot disassociate his intent from the evil intent of the user, for the object has no other design than to obtain an unnatural effect. If he advises the contraceptives or gives them to his patient, he is aiding the principal agent of the contraceptive act and necessarily agreeing with his or her immoral intentions. His act can have no other intent than the violation of the natural law.

29. *May a nurse on doctor's orders give contraceptive advice?*

No. No one has the right to order another to be immoral. Because of the nature of contraception, the advice and assistance of the nurse cannot but be immoral: she would be forced to aid and abet the frustration of nature's law. She must refuse such co-operation to a patient, for she cannot be bound to violate her conscience by any man or State.

30. *Is it licit for a nurse to attend lectures on contraceptive technique?*

Yes, if it is a prescribed course. It is not the knowledge about contraceptives that is immoral; it is using them, and co-operating with those who use them.

31. *May a nurse work in a birth-control clinic?*

Since the clinic is mainly concerned with aiding people to violate the natural law and her work would be a furthering of this, she must avoid working there.

32. *What about clinics which are not just concerned with contraceptive advice and technique but also give medical treatments for disorders of one kind or other?*

She must refuse formal assistance in the contraceptive activity, but she may perform her professional duties in the other activities connected with the clinic.

33. *Are there any economic factors involved in contraceptives?*

Yes, the manufacture and merchandising of these devices is big business. It is estimated that about a billion dollars is expended on them each year in the United States: a sad commentary on the prevalence of this vice.

34. *Does the Bible say anything about the vice of contraception?*

Yes, in Genesis 38:9 it states in reference to Onan: "He wasted his seed on the ground. . . . What he did was evil in the sight of the LORD, and He killed him. . . ." The same malice, the violation of nature's purpose, which made Onan's deed detestable is present in every act of contraception. The method may differ, but the purpose, deliberate abuse of the sex function, is the same and thus equally immoral.

MORALITY OF OPERATIONS AND THERAPY

1. *What right has man over his body and its parts?*

He has only the right to use his body according to the law of God.

2. *Who has rights, without qualification, over man's body and its parts?*

Only God possesses complete dominion over man's being. He is the Creator and Master of life. Life is a gift to man, which he must preserve with all reasonable care. If he uses his body in such a way that life is unnecessarily threatened, he invades the right of God. Equally wrong is any unnecessary destruction or mutilation of any part of the body, for man does not possess complete ownership of his body and may sacrifice a part of it only if this is necessary for the good of the body as a whole.

3. *How is mutilation defined?*

Mutilation is an incision, or its equivalent, which suppresses or directly diminishes an organic function or the definite use of the body's members. It leaves the body no longer integral. Mutilation does not occur if the part of which a

man is deprived leaves the body integral, or if the part lost is soon restored, as blood, skin or hair.

4. *When is mutilation considered to be immoral?*

Whenever a healthy part of a body is excised or a function suppressed without reference to any pathological condition or other danger to the physical well-being of the body.

5. *Is mutilation ever moral?*

Yes. Since each part exists for the good of the whole, if the entire whole is threatened, a part may be sacrificed, provided there are no other means to secure the welfare of the whole.

6. *Is there any other reason, extrinsic to the good of the whole body, which could justify a mutilation?*

No. For man's power over his body extends only to using parts to attain their natural ends. Each part functions to secure the good of the whole body. If the welfare of the whole organism is put in jeopardy by a defective or non-functioning part, it may then be excised, but not for any other reason.

7. *Is it licit to excise extra members, as toes or fingers?*

Yes. For the body is not less integral by their loss. It thus appears that such an operation increases or perfects the integrity of the body.

8. *Is the transplantation of the cornea of the eye from a dead person to a living person licit?*

Yes. The integrity of the body from which the cornea is taken, is not threatened by such a procedure, since death has intervened. The good intended, restoration of the integrity of a living body, seems to justify the procedure.

9. *Is sterilization a licit operation?*

It is licit if the organs are pathological; or if, though normal, their sterilization will prevent or palliate pathology affecting another part of the body.

10. *Is ligature of the tubes or their excision licit to prevent pregnancy?*

No, for there is no threat in healthy tubes to the body's welfare.

11. *Is it licit to sterilize the defective and the insane?*

No. They are persons, regardless of their condition, and as such possess inviolable rights. To take advantage of their inability to defend these rights is an act of injustice, not warranted by any social benefit.

12. *Would it be licit for the State to sterilize sex criminals?*

The State has the right to punish crime, but this right must be reasonably exercised. To sterilize sex criminals and then free them would not be to defend society but rather to

increase the danger existing from this type. If they are already segregated, then they are not threatening society.

13. *Is it licit to sterilize for eugenic or economic reasons?*

No, for an unjust means cannot be used to obtain any end however good in itself. Sterilization, in such cases, is a violation of the rights of an innocent person and consequently unjust. The State exists to protect human rights and not to violate them.

14. *Is it licit to remove a womb routinely after the third or fourth Caesarean section?*

No, unless it is in such a condition that the woman's health is threatened by its presence.

15. *Would the possibility that a woman might die in the event of a future pregnancy justify the excision of a healthy womb at the time of a Caesarean section?*

No, the possibility of death cannot be the only norm of morality in such a case, for death is always a possibility. The excision cannot be justified unless the womb's presence is detrimental to the mother's health. Nor can the mother give such a permission, for she does not possess such a right.

16. *Is it licit, on the occasion of an appendectomy, to remove a gall bladder to prevent future trouble?*

No, unless the gall bladder is seriously defective in some way, because the gall bladder has a very definite function in the maintenance of bodily health.

17. *Would it be licit to remove an uninfected appendix on the occasion of a gall-bladder section?*

Yes. The removal of the appendix leaves the body integral. Whatever the function of this organ has been, it has ceased upon birth.

18. *What are some medical indications for the womb's removal?*

When there are rupture of the uterus, multiple or large fibromata, definite indications of cancer, or in general whenever sound medical judgment holds that the uterine removal is necessary to safeguard the woman's threatened life. As this operation renders a woman sterile, it should not be performed for slight medical reasons or reasons extrinsic to a woman's bodily welfare.

19. *Is vasectomy a licit operation?*

When this operation is performed simply to render a man sterile, for reasons extrinsic to his bodily welfare, it is illicit sterilization. Ligation of the vas deferens is condemned in the same way.

20. *Is it licit to use X-ray treatments on a young woman for abnormalities of the menstrual cycle?*

Yes, if all other methods, such as diagnostic and therapeutic measures, have been exhausted. Small doses are used for ovarian stimulation, large doses for suppression. Suppres-

sion doses may be licitly used whenever demanded by a sufficiently pathological condition. However, X-ray treatment is not without danger. It must be recognized that there is sufficient scientific evidence to indicate that the succeeding generation may be adversely affected by X-ray. Even in expert hands, it is difficult accurately to measure the dosage and its exact results. In view of these considerations, the doctor has a definite obligation to be morally certain that X-ray treatment is absolutely necessary.

21. *Has the radiologist any moral obligation to know the reasons why X-ray treatment is prescribed when a young girl is referred to him for such treatment of the womb or ovaries?*

Yes. Before actually irradiating the patient, he should know her medical history and that the physician has used diagnostic and therapeutic measures to discover and alleviate the abnormal condition. He may not co-operate if the treatment is unjustified.

22. *Is it licit, after a mastectomy on a woman who has not reached her menopause, to irradiate her ovaries to prevent or palliate a recurrence of a cancerous condition?*

Yes, even though sterilization may result. For there seems definite scientific evidence to indicate that in many cases suppression of the ovarian secretions will possibly prevent a recurrence of, and at least will definitely palliate, the cancer-

ous condition. The good of the entire body is concerned in such a case. This fact would justify any loss of ovarian function.

23. *Is it licit to irradiate, with proximate danger of aborting an inviable fetus, and of sterilization, the ovaries of a pregnant woman who has cancer which has spread to the bone?*

Yes. For only the treatment of cancer is directly intended; the abortion would be permitted as only indirectly caused. The sterilization which might occur would be a justified sacrifice of a function for the good of the whole body.

24. *Is it licit to irradiate the pelvis of a pregnant woman who has cancer of the cervix?*

Yes, but the doctor should be certain that the cancer has been definitely diagnosed by biopsy. The Papanicolau smear technique, at the present time, does not appear to be adequate evidence of cervical cancer. If cancer is proved, X-ray or radium may be given; if fetal death should then occur, it would be indirectly caused, and permitted only because the mother's life is endangered.

