Aligning Faith with Medicine: Medical Ethics, Reproduction and Catholic Morality in Francophone and Anglophone Normative Literature, c. 1840-1960

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Abstract:

This paper focuses on intersections of medical ethics and religious commitments by charting conceptions of the Catholic doctor in French and English-language normative texts from the mid-nineteenth to the mid-twentieth century. Behavioural norms for doctors were increasingly emphasised in writings on pastoral medicine, especially regarding obstetrics and advice on sexual hygiene, with the Ten Commandments and the Sacraments forming the initial ethical framework. From the 1890s, Catholic medical deontology emerged as a genre in its own right, reflecting a distinct identity of Catholic doctors in medical faculties and in their own professional societies. Simultaneously, the range of topics broadened. While traditional issues of reproductive ethics such as medical abortion and emergency baptism remained central concerns, eugenic sterilisation and euthanasia posed new challenges. Catholic doctors were now expected to take on a social role that went beyond the care of their individual patients, especially in questions of population politics. A popular contributor to the eugenics debate was the French medical scientist Alexis Carrel.

Keywords: Medical Ethics; Catholicism; Pastoral Medicine; Reproduction; Abortion

Introduction

This article examines the religious duties of physicians in normative literature. It studies how the repertoire for being a Catholic physician changed in the nineteenth and twentieth centuries. Unlike most historiography on the relation between medical ethics and Catholic morality, this article looks beyond the intellectual work of theologians.[1] By adopting a long-term historical and comparative perspective on Catholic normative texts about medical practice, it analyses how Catholic medical practitioners were expected to align faith with medicine. First, we look at pastoral

[1] For instance: John R. Connery, *Abortion: The Development of the Roman Catholic Perspective* (Chicago: Loyola University Press, 1977); Emmanuel Betta, *Animare la vita: disciplina della nascita tra medicina e morale nell'Ottocento* (Bologna: Il mulino, 2006).

medicine. This genre of Catholic writing emerged from the late eighteenth century as a response to the increasing secularisation of medicine. Intersecting pastoral care, medical knowledge, and theology, these texts used natural law and principles of Catholic ethics to add a moral dimension to a rapidly developing scientific medicine. This was a distinct shift from earlier treatises on moral theology that would only occasionally mention medical issues, and works by medical practitioners that included some discussion of the moral duties of doctors.[2] Many of those works on pastoral medicine included comments on the morality of reproduction, from marital hygiene and pregnancy to birth and baptism.

Secondly, we consider the Catholic contribution to the field of medical deontology, i.e. to works describing the duties of doctors. Although it built on the older genre of pastoral medicine, this branch of religiously inspired medical writing was intended for physicians. France, Belgium and Britain especially witnessed the emergence of Catholic medical deontology in the first half of the twentieth century. In a context of anxiety over declining birth rates and surging debate about eugenics, themes such as contraception, sterilisation and euthanasia were added to volumes on medical ethics besides familiar themes such as abortion. Throughout the works examined, it was consistently emphasised that God-given, or natural, law stood above any man-made legislature. In addition, there was refinement of instruction on how to be a 'good' Catholic doctor. The virtues and duties of the ideal Catholic physician, only casually mentioned in nineteenth-century treatises on pastoral medicine, now became a topic in its own right. While the professionalisation of medicine led to the development of university courses on Catholic medical deontology, normative writings on the duties of doctors were also produced outside of medical faculties. Increasingly, improving medical and scientific knowledge created new therapeutic and religious demands on the doctor. Besides academic handbooks, manuals and pamphlets by priests and medical societies elaborated on the duties of the physician. Typically, these writings were even more characterised by an emphasis on natural law and the authority of the Roman Catholic Church. In addition, they provided commentary on socio-political and legal issues such as eugenics and euthanasia by the beginning of the twentieth century.

In the third and final section, we zoom in on the peculiar case of Alexis Carrel. Far from being representative of all Catholic doctors around the world, this renowned French surgeon confronted the Church with the limits of theological reasoning in determining a Catholic approach to medical ethics. In particular, Carrel's book *L'Homme, cet inconnu* (1935) stretched the medical power of the individual Catholic physician far beyond the auxiliary role traditionally ascribed to him. Despite Carrel's outspoken support for the ideology of eugenics, his Catholic convictions were never called into question. His belief in the supernatural, his emphasis on the importance of prayer and his commitment to framing his ideas as emanations of natural law, assured

[2] D. F. Kelly, *The Emergence of Roman Catholic Medical Ethics in North America: An Historical - Methodological - Bibliographical Study*, 2nd ed. (Lewiston: Mellen, 1979).

his position as a member of the worldwide Church community. Carrel's book thus served as an unprecedented autonomous interpretation of the religious duties of the doctor, and society as a whole. While most writings on Catholic medical ethics remained closer in line with official Catholic doctrine, Carrel's example showed how some Catholic practitioners emancipated themselves from a rigid ecclesiastical moral paradigm.

In sum, this article does not intend to provide an exhaustive overview of the literature on Catholic medical morality. The normative texts included in this article constitute but a fraction of the entire body of writings on the topic. All of them differ from each other depending on the author, the intended audience, and the socio-political context in which they were written. Nevertheless, we argue that they provide us with a sound basis to draw up one essential similarity and one striking difference between Francophone and Anglophone texts. On the one hand, both linguistic traditions have a preoccupation with reproductive ethics in common. The centrality of natural law and the global fear of depopulation in the interwar period ensured continuing stress on chaste and healthy sexuality. On the other hand, the dominant position of Catholicism in French-speaking Europe allowed for a less restrictive treatment of Catholic doctrine. Despite a general shift towards an increased focus on the physician as a religious agent, French authors enjoyed more institutional support to take up a position at the fringes of official Catholicism than their Anglophone counterparts. The extreme case of Alexis Carrel however illustrates that this interplay between politics and Catholic medical ethics generated an idiosyncratic blend of faith and medicine that put Church hierarchy in an awkward position by the middle of the twentieth century.

1. Pastoral medicine

As Darrel Amundsen has observed, '[t]here is something very distinct about the discourses of Roman Catholic medical ethics.'[3] Unlike Protestantism, Catholicism derived moral authority from an institutional hierarchy and a long-established canon law. Since the Middle Ages, treatises on moral theology, studying the Christian moral life, occasionally incorporated, but were not limited to, medical issues.[4] From the late eighteenth century, a new genre of Catholic writing, pastoral medicine, emerged at the intersection of medicine, theology and pastoral practice. Treatises of pastoral medicine built on the vast amount of literature on moral theology, yet initially, they were mainly of a practical nature. The manuals of the eighteenth century were designed to provide basic medical knowledge and guidelines to rural priests who had to perform some

[3] D. W. Amundsen, 'The Discourses of Roman Catholic Medical Ethics' in *The Cambridge World History of Medical Ethics*, ed. R. B. Baker and L. B. McCullough (New York: Cambridge University Press, 2009), 218.
[4] Amundsen, 226-227.

medical tasks to help their parishioners. In the nineteenth century, the focus shifted towards moral aspects of sexuality, embryology and childbirth.[5]

David Kelly has argued that this genre of pastoral medicine evolved in response to the growing secularisation and professionalisation of medicine. Explicitly warning against the dangers of scientific materialism and positivism, works of pastoral medicine tried to bridge the gap between secularised medicine and religion.[6] They were written to bring ancient principles of Catholic morality, including the commandments and sacraments, in accordance with new and developing knowledge in medicine. Following the tradition of moral theology, authors of books on pastoral medicine took natural law as the basis for their teaching on Catholic morality.

The genre fitted in with the broader modernisation of theology. In the second half of the nineteenth century, the impulse of Neo-Thomism caused the clergy to adopt a more open attitude towards scientific developments. According to this emerging thought system, there could be no opposition between science and religion since there was only one sole and indivisible truth, the truth of faith. Reason served as a tool provided by God to gain insight into the natural world and behave in line with the natural order.[7] Regarding sexual ethics, acting according to natural law implied pursuing sexual acts that effected reproduction. In treatises of pastoral medicine, such principles of natural law formed a common thread in moral judgments about 'deviant' sexual acts, including masturbation and *coitus interruptus*. The rapid development of medical knowledge about human reproduction, as shown by the definitive discovery of the ovum (1827), notably challenged ancient moral principles.[8] In this context, theologians felt the need to rethink the morality of the use of contraceptive methods.[9]

An early example of the nineteenth-century tradition of pastoral medicine was the *Essai sur la théologie morale* (1842) by the French Trappist monk and physician Pierre Jean Corneille Debreyne. While Debreyne thought that his work 'might be read by some physicians', it was mainly intended to provide clergy with basic physiological and anatomical knowledge about the human body.[10] Of course, *Essai sur la théologie morale* addressed the moral dimensions of medical and sexual issues as well. Especially in the chapter on childbirth, Debreyne clarified what he conceived as Christian medical conduct. In cases of difficult birth, the practitioner, be it a priest or a

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[5] Kelly, 60-68.
[6] Kelly, 80.
[7] R. Heyninckx and S. Symons, 'Into Neo-Thomism: Reading the Fabric of an Intellectual Movement' in *So What's New About Scholasticism? How Neo-Thomism Helped Shape the Twentieth Century*, ed. R. Heyninckx and S. Symons (Berlin: De Gruyter, 2018), 3-8.
[8] F. Vienne, 'Eggs and Sperm as Germ Cells' in *Reproduction: Antiquity to the Present Day*, ed. L. Kassell, N. Hopwood, and R. Flemming (Cambridge: Cambridge University Press, 2018), 413-426.
[9] C. E. Curran, *History and Contemporary Issues: Studies in Moral Theology* (New York: Continuum, 1996), 33-36; Amundsen, 232; A.-J. Lecomte, *De l'ovulation spontanée de l'espèce humaine dans ses rapports avec la théologie morale* (Louvain: Peeters, 1873).
[10] J. C. Debreyne, *Essai sur la théologie morale, considérée dans ses rapports avec la physiologie et la médecine* (Paris: Poussielgue-Rusand, 1842), vi.

physician, was expected to perform a caesarean section to save both mother and child. However, if the mother refused to undergo this very risky operation, the Christian obstetrician was to safeguard the spiritual needs of the foetus. Apart from continuing the effort of natural birth and accepting the fatal course of events, Debreyne urged him to try and validly baptise the foetus in the uterus. Under no circumstances was he allowed to kill the unborn child to save the mother's life.[11] In fact, baptism constituted a religious duty of the medical practitioner at all times. So, the *Essai sur la théologie morale* also brought up the issue of the post-mortem caesarean section. This medical procedure provided a religious solution for the cases of women who died during pregnancy or childbirth. According to Debreyne, the salvation of the soul of embryos and foetuses was a Catholic duty, regardless of the stage of pregnancy. Therefore not only doctors and midwives, but in their absence, anyone present at the deathbed had a duty to perform a post-mortem caesarean section for the purpose of baptism.[12]

The reception of Debreyne's work by fellow doctors sheds light on the dissemination of pastoral medicine within the medical world. The passages on the caesarean section apparently resonated with the French-speaking medical press around the middle of the nineteenth century. Debreyne's work was, for example, discussed in medical debates about the post-mortem caesarean section for reasons of baptism, and in discussions about the morality of medical abortion in the French and Belgian Academy of Medicine. Around the middle of the nineteenth century, both Catholic and anticlerical doctors engaged with Debreyne's ideas in these discussions. After all, Catholicism was dominant in medical institutions in countries such as Belgium and France, and the majority of anticlerical doctors were, just like Catholic doctors and their clientele, religious. Consequently, religious practices such as baptism were hardly questioned by anyone and Catholic morality figured prominently in medical debates with moral dimensions.[13] Reference was often made to the medical competence of Debreyne which gave the priest-doctor the necessary authority to weigh-in on situations that confronted physicians with their moral obligations. In Belgium, his moral theology also received official approval of the Belgian Church representatives. In 1843, the Belgian edition of his moral theological work was reprinted in Brussels under the auspices of the Archbishop of Mechelen.[14] By the end of the nineteenth century, however, Debreyne had played out his role as a moral guide in medicine. After his death in 1867,

[11] Debreyne, 296-298.
[12] Debreyne, 281.
[13] C. Fredj, 'Concilier le religieux et le médical. Les médecins, la césarienne post-mortem et le baptême au XIXe siècle' in *Baptiser: pratique sacramentelle, pratique sociale (XVIe - XXe siècles)*, ed. G. Alfani, P. Castagnetti, and V. Gourdon (Saint-Etienne: Université de Saint-Étienne, 2009), 125-143; J. Gijbels, 'Medical Compromise and Its Limits: Religious Concerns and the Postmortem Caesarean Section in Nineteenth-Century Belgium,' *Bulletin of the History of Medicine* 93 (2019): 305-334; J. Gijbels, 'L'omniprésence de la religion : les médecins belges et le dilemme obstétrical (1840-1880),' *Annales de démographie historique* 138 (2020): 207-235.
[14] P. J. C. Debreyne, *Essai sur la théologie morale considérée dans ses rapports avec la physiologie et la médecine: ouvrage spécialement destiné au clergé* (Brussels: Vanderborght, 1843).

when his work was already outdated in medical terms, it was barely mentioned again in French-speaking medical journals or dissertations.

The most representative book of the genre, *Pastoralmedizin*, authored by the German physician Carl Capellmann (1841-1898), was published towards the end of the nineteenth century. Capellmann had studied in Würzburg and worked in an insane asylum, after which he practised in Aix-La-Chapelle. First published in German in 1877, his book went through two further editions within a year, and was translated into English by the Reverend William Dassel, Pastor of St. Mary Magdalen's Church in Honesdale, Pennsylvania, in 1878. More than Debreyne, Capellmann addressed his book, which he intended to be 'in complete accord with the doctrines of the Holy Roman Catholic Church', not only to priests but importantly also to his fellow medical practitioners, so that they would practise 'in conformity with the dictates of Christian morals' and consider the 'spiritual welfare' of their patients.[16] He discussed various topics of medicine and sexuality under the heading of the Fifth and Sixth Commandment, respectively, before covering commandments of the Church and the sacraments, followed by advice for medical emergencies and on nursing the sick.

Capellmann had a significant influence on both Francophone and Anglophone normative literature for another reason. Prior to his work on pastoral medicine, Capellmann had published a Latin treatise on the killing of the foetus through abortion or through cranial perforation in cases of obstructed birth in order to save the mother's life – the most serious ethical problem in obstetrics at the time.[17] It is on this controversial topic that Capellmann made his most original contribution. Adopting a common perspective in the moral theology of his time, Capellmann affirmed that any *direct* killing of the foetus, which he believed to own a human soul from conception onwards, was never allowed, not even to save the pregnant woman's life.[18] Yet by applying the doctrine of double-effect, he provided Catholic medical practitioners with the opportunity to protect women against a dangerous delivery at term. This doctrine, based on the writings of Thomas Aquinas, rested on the assumption that there was a moral difference between the intended good and unintended evil consequences of an act. If the intended good outweighed the unintended evil, and if the latter was merely a foreseen but unavoidable side effect of the intended good, a seemingly reprehensible medical act could still be undertaken. Thus Capellmann suggested that the use of potentially life-saving remedies was allowed even if they had the known side-effect of increasing the risk of miscarriage. As examples, he mentioned 'pharmaceutical preparations for internal use', baths, bloodletting, and 'injections into the genital organs'. Saving the woman's life was the intended good effect of such

[16] C. Capellmann, *Pastoral Medicine*, transl. W. Dassel (New York: Fr. Pustet, 1879), v, 9.
[17] Capellmann, 10; Gijbels, 'L'omniprésence'; A.-H. Maehle, *A Short History of British Medical Ethics* (Ockham Publishing, 2021), 120-143; J. G. Ryan, 'The Chapel and the Operating Room: The Struggle of Roman Catholic Clergy, Physicians, and Believers with the Dilemmas of Obstetric Surgery, 1800-1900,' *Bulletin of the History of Medicine* 76 (2002), 461-494.
[18] Connery, 293-295.

measures, whereas the miscarriage was a foreseen but not intended bad effect.[19] Under this aspect, he also condoned perforation of the foetal membranes (to relieve pressure from the waters) if a foetus was 'locked' in a displaced or prolapsed womb and seriously endangered a woman's life.[20]

In this context, Capellmann furthermore considered the question of whether skull perforation of a full-term living foetus (to reduce its size) was permissible when vaginal delivery was not possible manually or with forceps. The alternative option - a caesarean section - was highly dangerous to women, and it might be ruled out, as Debreyne had noted before, by their refusal to consent to the operation.[21] Capellmann's answer was clear: cranial perforation constituted direct killing of the foetus and was therefore 'always forbidden' under the Fifth Commandment ('Thou shalt not kill'). While clerics such as Gustavus Waffelaert had already ruled out the technique on these theological grounds, Capellmann did so on scientific grounds as well.[22] Making use of the rather innovative approach of comparing statistics by various obstetricians for maternal mortality in foetal craniotomy and in caesarean section, he argued that the latter (with about 40 per cent) was not much higher than the former (varying between 18 and 39.5 per cent), and that about two thirds of children were saved through the caesarean operation whereas all perished if craniotomy was performed. Accordingly, he held that the woman was 'bound' to undergo the caesarean section in this situation, and hoped that recently developed practice of anaesthesia (such as with chloroform) would lessen fear of the operation.[23] Capellmann thus portrayed the Catholic physician as a protector of unborn human life and someone who would claim the duty of a woman was to risk her life to save the foetus. On the other hand, it was permissible from a Catholic perspective for the physician to apply life-saving treatments to the pregnant woman if they might have foreseen (but not intended) harmful effects on the foetus, including its death.

The establishment of pastoral medicine as a genre occurred in the context of a growing sense of identity among Catholic doctors at the end of the nineteenth century. Unlike in 1850, when many anticlerical physicians embraced religious concerns in medical debates, anticlericalism more often took the form of laicisation campaigns in public hospitals, polemics and critical attitudes towards religion. In response to this, a new generation of Catholic physicians united in Catholic medical societies. They distinguished themselves by their openness to the fields of pastoral medicine and moral theology. This was most obvious in France where the Medical Society of Saint-

[19] Capellmann, 10-15.
[20] Capellmann, 16-17.
[21] J. H. Wolf, *Cesarean Section: An American History of Risk, Technology, and Consequence* (Baltimore: Johns Hopkins University Press, 2018), 17-44.
[22] Connery, 270-288.
[23] Capellmann, 17-20, 23-24.

Luc, Saint-Côme and Saint-Damien was founded in 1884. From the outset, this society prioritised medical matters with a Catholic moral and deontological dimension.[24]

In Belgium, a similar trend can be seen in the Scientific Society of Brussels (founded 1875), a Catholic scientific association which included a medical section. It had as its motto that there was no such thing as a lasting dissent between science and religion. In the beginning, members of the medical section rarely addressed religion in their articles and lectures. They focused on what they considered to be the scientific aspects of medical questions. In the 1900s, by contrast, the medical section of the society started following the French Society of Saint-Luc in paying particular attention to medical questions that touched on Catholic religion and morality. In scientific publications, Catholic moral principles were regularly addressed, while theologians were invited to meetings to give advice on medical matters with a moral dimension such as medical abortion and craniotomy.[25]

In other words, the context of Catholic medical societies was fertile ground for an emerging alliance between moral theologians and Catholic physicians. Despite the translation of Capellmann's influential work into English, there is less evidence about the same kind of partnerships in the English-speaking world. Yet, in general, the intellectual interactions between moral theology and medical practice continued to generate new developments in the twentieth century. [26]

2. The development of Catholic medical deontology

In fact, pastoral medicine can be seen as a precursor to the Catholic medical deontology of the early 1900s. The genre of pastoral medicine clearly shaped thoughts of Catholic doctors about major themes such as medical abortion, craniotomy, and marital sexuality. Not coincidentally, these themes would play a significant role in the genre of Catholic medical deontology. For example, the issue of foetal craniotomy still featured prominently in lectures on medical jurisprudence by the Belgian-American Jesuit priest Charles Coppens (1835-1920), who taught between 1896 and 1905 at the Catholic John A. Creighton Medical College in Omaha, Nebraska. First published in 1897 as *Moral Principles and Medical Practice*, Coppens' lectures constituted the

[24] H. Guillemain, 'Les débuts de la médecine catholique en France: La Société médicale Saint-Luc, Saint-Côme et Saint-Damien (1884-1914),' *Revue d'histoire du XIXe siècle* 26/27 (2003): 227-258.
[25] Reinout Vander Hulst and Joris Vandendriessche, 'Physician-apostles for Christ. The Belgian Saint Luc Society and the making of a Catholic medical identity, 1900-1940', *Histoire, médecine et santé* 17 (2020): 133–54; Jolien Gijbels, 'The perils of birth: obstetrics, religion and medical ethics in Belgium (ca. 1830-1914)' (unpublished PhD thesis, Leuven: KU Leuven, 2021), 379–382.
[26] C. Langlois, *Le crime d'Onan: le discours catholique sur la limitation des naissances, 1816-1930* (Belles lettres, 2005), 359-367; L. Pozzi, 'Catholic Discourse on Sexuality and Medical Knowledge. Changing Perspectives between the Nineteenth and the Twentieth Centuries', *Annali dell'Istituto storico italo-germanico in Trento* 2 (2017): 95-114.

first American textbook of Catholic medical deontology. By 1905, it had gone through four editions and been translated into French, Spanish and German.[27] As was characteristic of medical deontology, human law had to be taken into account in addition to God and medical science. Yet the educational aim of Creighton Medical College was, as Coppens explained to his students, to produce doctors for the American West who were 'faithful and reliable', as well as skilled and knowledgeable, and whose conduct was guided by the principles of a higher, God-given moral law that stood above human legislation and court decisions.[28] An inalienable right to human life was central to this moral law. In light of this, Coppens rejected physician-assisted suicide, arguing that a human being's life was entirely in God's hands.[29] However, he then proceeded to argue that taking a human life was considered permissible in self-defence against an 'unjust aggressor'. He raised the question if craniotomy might be justifiable as an act of self-defence of a pregnant woman against the unborn child if no other interventions, such as caesarean section, were possible. His answer was 'no', as the foetus was passive and innocent, so that the self-defence doctrine was inapplicable. Killing the unborn child as a means to save the woman's life was therefore morally 'never allowed'.[30] Like Capellmann, Coppens advocated for caesarean section (if necessary), citing contemporary medical opinions according to which this operation had become much safer.[31]

Coppens also taught that the foetus possessed a human, immortal soul from the moment of conception and that medical abortion, constituting its direct killing, was therefore morally forbidden, even if performed with the intention to save a woman's life. This followed from the Catholic maxim that good ends do not justify immoral means. With reference to the doctrine of double-effect, he did permit, however, the application of life-saving treatments which had a risk of inducing a miscarriage.[32] From this perspective, he further thought that removal of a dangerous abdominal tumour for example, which might turn out to be an ectopic pregnancy, was justifiable.[33] Coppens did not cite Capellmann's work, yet the consensus between the two authors on those issues of reproductive ethics is quite striking, not only in their conclusions but also in their lines of argumentation, thus indicating a common Catholic position. In fact, from the end of the nineteenth century, Catholic writers could underpin their arguments about the (im)morality of obstetric procedures with official Catholic doctrine. The Vatican had prohibited the teaching of craniotomy in Catholic medical schools in 1884 and confirmed its opposition to this procedure, and any other method that would

[27] C. Coppens, *Moral Principles and Medical Practice: The Basis of Medical Jurisprudence* (New York: Benziger Brothers, 1897); Kelly, 110-117; J. Fleming, 'The Ethics of Therapeutic Abortion and an American Catholic Medical School: Charles Coppens, S.J. and the Creighton Medical College,' *Journal of Religion & Society*, Suppl. 7 (2011), 112-133.
[28] Coppens, 26, 31-36.
[29] Coppens, 44-46.
[30] Coppens, 48-54.
[31] Coppens, 54-57.
[32] Coppens, 62, 68-70.
[33] Coppens, 76-78.

directly kill the foetus, in 1889. In July 1895, the Vatican issued a ruling against medical abortion.[34] Like Capellmann, Coppens also addressed questions of sexual morality. Arguing against extramarital intercourse, masturbation, contraception and abortion, and advocating early marriage and large families, he expected the doctor to exert his influence in this direction.[35]

Notwithstanding the influence of pastoral medicine on Catholic medical deontology, the latter presented, however, a different genre of Catholic writing focusing on 'how to be a good Catholic doctor'. While the duties of Catholic doctors were never at the heart of works on pastoral medicine, they figured prominently in the first medical deontology manuals and courses from the end of the nineteenth century onwards. Catholic medical deontology emerged in the context of a broader process of medical professionalisation. The codification of medical conduct also became a preoccupation in secular medical associations and universities.[37] The demographic growth of the doctor's profession, the introduction of laws on hygiene, and court cases against surgeons, urged the medical profession to establish a set of rules to protect its interests. Deontological handbooks and courses were to teach recently graduated doctors how to act in relation to their colleagues, their patients, society, and the law. In France and Belgium much of this deontological reflection happened within the discipline of legal medicine.[38]

Similar to the secular legal tradition, the distinct qualities, duties and responsibilities structured the table of contents in Catholic writings on medical deontology. Yet, the Catholic tradition differed from the former in its added emphasis on religious duties. In his lecture on physicians' professional rights and duties, Coppens for instance, emphasised, besides general obligations such as confidentiality and gentlemanly conduct, specific requirements of the Christian, Catholic doctor. He had to tell dying patients of their true prognosis, so that they had time to prepare spiritually for death and the afterlife; and in connection with this, he should not numb their consciousness with morphine or anaesthetics during these final hours. In difficult births, when the child was going to die and no clergy was available, the doctor should administer emergency baptism, including intra-uterine baptism with a suitable instrument; and if the mother had died, he should perform a caesarean section in the hope to extract and baptise a

[34] Ryan, 480, 483, 491-492; Fleming, 115-117.
[35] Coppens, 104-127. For a comprehensive history of Catholic criticisms and condemnations of contraceptive measures, see J. T. Noonan, Jr., *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists*, Enlarged Edition (Cambridge, Mass.: The Belknap Press of Harvard University Press, 1986).
[37] H. Guillemain, 'Entre morale et droit. Les premiers codes et traités de déontologie médicale (1845-1936),' *Revue générale de droit medical* 9 (2008): 361-376; Maehle, 64-119.
[38] P. Brouardel, *La responsabilité médicale: secret médical, déclarations de naissance, inhumations, expertises médico-légales*. *Cours de médecine légale de la Faculté de médecine de Paris* (Paris: Librairie J.-B. Baillière et fils, 1898).

still living child. Baptism of the child while still alive was, as Coppens explained, widely deemed necessary for it to obtain supernatural, eternal 'happiness'.[39]

Altogether, the development of Catholic medical deontology has to be understood as the product of identity formation within Catholic medical societies and at medical faculties of Catholic universities. As Hervé Guillemain has suggested, the multiplication of Catholic deontological manuals in the first half of the twentieth century stemmed from the growing belief that there existed a Catholic way of performing medicine. From 1900 onwards, this notion of 'Catholic medicine' gained growing support among Catholic doctors.[40] Deontological writings reflected this formation of a distinct Catholic identity. They emphasized the religious duties of Catholic doctors to administer the Christian sacraments and were in particular concerned with the salvation of unborn children in peril of death. For this reason, baptism, in relation to miscarriages and premature childbirth, became an important topic.[41] In addition, other sacraments received attention. When a patient wanted to receive the Holy Communion, the Catholic physician had to do everything in his power to prevent him from vomiting and de-sanctifying the host.[42] Above all, however, Catholic medical practitioners were advised to pray while treating patients.[43] This was seen as a prerequisite for any potential healing.

In Belgium, Catholic medical deontology first developed at the Catholic University of Leuven from 1890 onwards, in the context of a practical course on obstetrics and gynaecology in the penultimate year of medical studies. The subjects treated by the Catholic medical professor Eugène Hubert were published in the form of several articles in the journal published by the Leuven medical faculty, *Revue médicale*.[44] In his last handbook on obstetrics of 1892 he also added a chapter on medical deontology. Early on, he pinpointed the essence of the course: 'As I have the opportunity to speak to Christian doctors-to-be, I will invoke God at the beginning of this course on duty. He is the only source from which duty stems.'[45] Five years later, Hubert published a deontological handbook in its own right, elaborating on what it meant to fulfil God's will. Hubert sketched the general characteristics of a Catholic physician in the introduction. Good medical practice depended on the doctor's straightforwardness, charity and appetite for science. In line with French writings on the doctor's profession at the time, Hubert emphasised the sanctified nature of a medical vocation.[46]

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[39] Coppens, 144-148.
[40] Guillemain, 'Les débuts'.
[41] R. Schockaert, *Zedelijke beroepsplichten en rechten van den geneesheer* (Leuven: Nova et Vetera, 1937), 16–19.
[42] J. Salsmans, *Geneeskundige plichtenleer* (Leuven: Vlaamsche boekenhalle, 1919), 164–165.
[43] H. Bon, *Précis de médecine catholique* (Paris: Alcan, 1935), 740–741.
[44] *Revue médicale de Louvain*, 1890, 122-134; 146-167; 193-214.
[45] E. Hubert, *Accouchements: gynécologie et déontologie*, 4th ed. (Lierre: Van In, 1892), 706.
[46] E. Hubert, *Le devoir du médecin* (Louvain: Peeters, 1897), 1.

This conception of the priest-like physician was not only fuelled by religious convictions, but also by socio-political unrest. In Belgium and France, public health measures menaced the liberties of the medical profession. In particular the extension of medical assistance and health insurances at fixed rates threatened the confidential bound between an individual doctor and an individual patient. Physicians feared that the increasing success of these socialist initiatives would relegate them to mere functionaries of health. In order to affirm the elite status of the medical profession, medical deontological handbooks stressed the moral qualities of physicians.[47] Catholic authors such as Hubert relied on Christian tradition to do so. By invoking the image of the Good Samaritan, Hubert presented the Catholic physician as a model of devotion towards the patient. For a doctor whose medical mission was born out of Christian charity, money was only of secondary importance. Hubert was deliberately highlighting the moral quality of the Catholic doctor in an anti-Semitic fashion: the Catholic physician was the antithesis of the profit-driven Jewish banker. The doctor's fee existed only to provide medical practitioners with daily bread, not to make them rich.[48] Hubert sketched an overall image of the Catholic doctor as a self-sacrificing, discrete, and competent physician who prioritised collegiality above career.[49]

Just like in English-speaking texts of medical deontology, medical abortion was firmly condemned. The Catholic doctor was expected to do more than passively refrain from taking part in abortive practices. Instead, Hubert stipulated that he should actively fight the practice of abortion by highlighting its criminal and immoral nature to women who pondered it. According to Hubert, it was the duty of the Catholic physician to watch over the physical, hygienic, and moral needs of the population.[50]

The approach taken by Hubert did not alter too much when his successor, the Leuven obstetrician Rufin Schockaert, took over the course in 1905. In addition to the work of Hubert, Schockaert also found inspiration in secular contributions to the nascent field of study. Both influences are reflected in his introductory booklet on medical deontology of 1937 and a more extensive academic handbook in French of 1940, which was translated to Dutch in 1942.[51] In the latter, he explained why he divided the field of deontology into three parts. The first part of the handbook focused on the moral duties of the physician. Here, the link with obstetrics was particularly clear, including

[47] R. Schepers, 'Een wereld van belangen. Artsen en de ontwikkeling van de openbare gezondheidszorg,' in *De Zieke natie: over de medicalisering van de samenleving 1860-1914*, ed. L. Nys (Historische Uitgeverij, 2002), 202-218; H. Guillemain, 'Devenir médecin au xixe siècle: Vocation et sacerdoce au sein d'une profession laïque,' *Annales de Bretagne et des pays de l'Ouest* 116 (2009): 109-123.
[48] Hubert, *Le devoir,* 1-12.
[49] Hubert, *Le devoir,* 15, 43-48.
[50] Hubert *Le devoir*, 24-25, 59-63; L. Nys, 'Nationale plagen. Hygiënisten over het maatschappelijke lichaam,' in *De Zieke natie: over de medicalisering van de samenleving 1860-1914*, ed. L. Nys (Groningen: Historische Uitgeverij, 2002), 220-241.
[51] Schockaert, *Zedelijke beroepsplichten*; R. Schockaert, *Précis du cours de déontologie médicale* (Louvain: Warny, 1940); R. Schockaert, *Geneeskundige plichtenleer*, 2nd ed. (Leuven: Warny, 1942).

the obligation to perform emergency baptism.[52] In the second part, the rights of the physicians were listed. In essence, this came down to an overview of the common practices and laws to determine the fees of a doctor.[53] Whereas Hubert had presented money as a necessary evil which was of secondary importance, Schockaert devoted much more attention to it. By this time, there were frequent professional disputes between family doctors and surgeons on how to split the fee when they both had provided indispensable medical care, and Schockaert provided a commentary on such matters. In the third part, Schockaert discussed the legal framework within which doctors could practice their profession in Belgium. It was in this chapter that he elaborated on abortion, contraception, and sterilisation. He approached all three subjects in a similar way. He first stressed that the practices were illegal, subsequently mentioned that the Church condemned them, and finally provided 'scientific' proof of their negative medical consequences.[54]

In summary, the course on medical deontology at the Catholic University of Leuven underwent a process of moralisation and juridification during the first half of the twentieth century. The imprint of moral theology was evident from the integration of topics related to reproduction. Medical abortion, a familiar moral theme, was first addressed in Hubert's deontological manual of 1897. A couple of decades later, in the interwar period, surging debate about the morality of eugenics caused Schockaert to address the issue of sterilisation as an 'an illegal practice that runs counter to Christian morality'. Both Hubert and Schockaert clearly placed their work within the tradition of Catholic medical deontology. Schockaert for instance referred to Hubert's book as 'a very fine and attractive presentation of the duties of the physician in general, and the Catholic physician in particular'.[55] Simultaneously, medical deontology became increasingly tied to the field of medical jurisprudence. The developing Leuven course reflected the attention to medical legislation in several ways. Not only did Schockaert elaborate on the legal status of abortion before treating its moral and medical aspects,[56] he also cited textbooks of medical deontology that were part of the secular tradition of legal medicine.[57] This evolution culminated in the redefinition of the Leuven course. From 1958 onwards, it was called 'medical deontology and jurisprudence'.[58]

This dual trend was also present in deontological writings produced outside of academia. Here, however, the balance leaned over towards an increasing focus on morality. The publications of clergymen such as the Belgian Joseph Salsmans and

[52] Schockaert, *Précis*, 5, 20-23.
[53] Schockaert, *Précis,* 40-48.
[54] Schockaert, *Précis*, 71-90.
[55] Schockaert, *Précis*, 3.
[56] The Belgian law of 1867 prohibited abortion. In 1922, this law was made stricter by forbidding to propagate abortive practices, see K. Celis, 'Abortus in België, 1880-1940,' *Belgische Tijdschrift voor Nieuwste Geschiedenis* 26 (1996): 201-240.
[57] V. Leclercq, *Guérir, travailler, désobéir. Une histoire des interactions hospitalières avant l'ère du 'patient autonome' (Bruxelles, 1870-1930)* (Brussels : Université Libre de Bruxelles, 2017), 215–220.
[58] *KUL Jaarboek*, 1958-1959, 231.

French Georges Payen, both Jesuits, are illustrative in this regard. Unlike deontological courses of university professors, their handbooks did not have to comply with legal provisions. Deontological handbooks written by priests were more indebted to the tradition of moral theology and pastoral medicine. The Catholic doctor was still, above all, expected to draw on natural law and the Ten Commandments to assess the justifiability of medical actions and to a lesser extent to the penal code.[59] And who was more qualified than priests to teach doctors about the morality of medical conduct? In 1926, Salsmans published an annotated reissue of Hubert's deontological handbook, stating that the work of the Leuven doctor 'came close to the best a scholar, who is not a professional in the moral and theological sciences, can attain in this genre'.[60] In comparison to the original, Salsmans placed more emphasis on the religious nature of the medical profession and the importance of aligning medical conduct with official Catholic doctrine. He added for instance footnotes about the Church's condemnation of medical abortion and embryotomy.[61] Elsewhere, Salsmans discussed the issue of medical confidentiality. He gave the example of a young man who was about to get married but was diagnosed with a venereal disease. Whereas Belgian law stipulated that the result of a medical examination was not to be shared with a third party, Salsmans argued that the doctor's conscience should incite him to inform the girl's parents in order to avoid a deceitful marriage.[62]

This emphasis on marital sexuality gained prominence in normative texts on the Catholic physician in the interwar period. At this time, declining birth rates and the perceived popularity of Neo-Malthusian movements, which promoted contraceptive practices, were seen as threats to the survival of the nation. In many countries, the spectre of depopulation led politicians and Catholics alike to support pronatalist policies.[63] In France and Belgium, Catholic Church representatives started to promote ~~the~~ Christian marriage, with procreation as its main purpose, as the answer to depopulation and Neo-Malthusianism.[64] In 1930, any kind of birth control was condemned in *Casti Connubii*, Pope Pius XI's encyclical. It marked the pinnacle of the development of Catholic doctrine on bioethical questions that had started around the middle of the previous century. With *Casti Connubii*, the Catholic Church firmly established a strict disciplinary doctrine to deal with issues related to reproduction and

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[59] J. Salsmans, *Geneeskundige plichtenleer*; Georges Payen, *Déontologie médicale d'après le droit naturel: devoirs d'état et droits de tout médecin* (Zi-ka-wei: T'ou-sè-wè, 1922).
[60] E. Hubert, *Le devoir du médecin: Leçons de déontologie professées à l'Université catholique de Louvain*, ed. J. Salsmans (Bruges: Beyaert, 1926), v.
[61] Hubert, *Le devoir*, ed. Salsmans, 60-66.
[62] Salsmans, *Geneeskundige plichtenleer*, 69-70. For similar Anglo-American and German discussions, see A.-H. Maehle, *Contesting Medical Confidentiality: Origins of the Debate in the United States, Britain, and Germany* (Chicago: University of Chicago Press, 2016), 36-63.
[63] D. Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), 164-194.
[64] J. Stengers, 'Les pratiques anticonceptionnelles dans le mariage au XIXe et au XXe siècle: problèmes humains et attitudes religieuses (2e partie),' *Revue belge de philologie et d'histoire* 49 (1971): 1119–1130; M. Sevegrand, *Les Enfants du Bon Dieu: Les catholiques français et la procréation au XXe sciècle* (Paris: Albin Michel, 1995), 27-31.

sexuality.[65] However, the encyclical did not put an end to discussions on eugenics in Catholic circles. It formulated a negative judgment about sterilisation, but implicitly accepted positive eugenic methods. Some Catholic authors such as Henri Bon, a prominent member of the French Saint-Luc Society, defined these as a 'Catholic' way of practising eugenics.[66] 'The Church absolutely is in favour of eugenics in accordance with Christian morality. That the constitution and the state of health of young people be taken into account in marriage, and that the union of strong and beautiful people be favoured, and that the union of weak and ill-bred people be discouraged, is absolutely legitimate'.[67] According to Bon, prenuptial testing was the preferred method for 'Catholic' eugenics. It was the task of Catholic doctors to make sure that marriage would provide good offspring.

As the examples of Salsmans and Bon show, Catholic physicians acquired a moral responsibility towards society in the context of Catholic Action. Both authors were active in Catholic medical societies, the former in the Belgian Saint Luc Society and the latter in its French counterpart. Such medical societies were organised as Catholic Action organisations outside of academia. They aimed at providing the episcopate with lay support in the Church's re-Christianisation of society. Strictly speaking, Bon's *Précis de médecine Catholique* was therefore not a deontological handbook. Rather, it was an ambitious encyclopaedic work in which the relationship between Catholicism and medicine was fully studied. As such, it included deontological reflections on the duties of Catholic doctors, but was not limited to it. After the Second World War, this tendency to provide detailed accounts of the associations between Catholicism and medicine was also evident in French writings on Catholic medical ethics by clerics. Pierre Tiberghien, a Catholic professor in theology at the Catholic University in Lille, for example, published on the intersections between Catholic morality and medicine in 1952.[68]

In the English literature, the classic place for advice on Catholic medical ethics became a short book entitled *The Catholic Doctor*, written by the Franciscan friar Alphonsus Bonnar (1895-1968). First published in 1937, it went through six editions by 1952. While generally arguing from a natural law perspective, Bonnar insisted on the ultimate authority of the teaching of the Roman Catholic Church in all matters of morality.[69] Bonnar's ambition was to provide Catholic medical practitioners not only with guidance on ethical questions when treating patients but also with the relevant 'intellectual

[65] E. Betta, 'From Biopolitics to Eugenics: The Encyclical "Casti Connubii",' *The Journal of Religious History, Literature and Culture* 4 (2018): 39–57.
[66] Betta; G. Read, '"Citizens Useful to Their Country and to Humanity": The Convergence of Eugenics and Pro-Natalism in Interwar French Politics, 1918–1940,' *Canadian Bulletin of Medical History* 29 (2012): 373-397.
[67] Bon, 220.
[68] P. Tiberghien, *Médecine et morale* (Paris: Desclée, 1952); J. Paquin, *Morale et médecine* (Montréal: Immaculée-conception, 1955).
[69] Kelly, 149-153, 321-324.

background', which they would require for discussions in their profession.[70] Accordingly, Bonnar covered a wide range of topics, from the powers of the Church, miracles, divine law, aiding and abetting, and scruples, to the more medically relevant themes of sexual behaviour, birth control, abortion, sterilisation, and euthanasia. Bonnar acknowledged that in writing his book he had the support of senior members of the society of English Catholic doctors, the Guild of St. Luke and SS. Cosmas and Damian, with regard to specific medical and scientific questions, but he emphasised his responsibility for the ethical judgements expressed in his text.[71]

Like previous authors on Catholic medical ethics, Bonnar built his arguments on the premise of unconditional protection of unborn human life and the belief that a human being's life lay in God's hands, which led him to a firm stance against abortion and euthanasia. Regarding the latter, he particularly attacked the proponents of the Voluntary Euthanasia (Legalisation) Bill as advocating 'suicide-cum-murder' and an 'increasing tyranny of the State', noting with satisfaction that the House of Lords had rejected the Bill in December 1936. Bonnar further warned that some of those who supported voluntary euthanasia of the terminally ill were thinking of involuntary euthanasia of the mentally disabled as a next step – an important observation considering what was going to happen in the 'euthanasia actions' of Nazi Germany.[72]

Similar to authors of Catholic writings in the French-speaking part of Europe, Bonnar promoted the ideal of sexuality and procreation only within marriage and took a stand against contraceptive measures, including sterilisation. Commenting on a Report of the British Ministry of Health from 1933, which recommended voluntary sterilisation of persons who were 'mentally defective', suffered from a 'mental disorder', or were deemed to be genetic carriers of those conditions or of a grave physical disability, Bonnar firmly rejected such eugenic sterilisation as 'serious mutilation' of the body. His condemnation also extended to sterilisation to prevent a pregnancy that might endanger the woman's health. Neither had the state a right to 'mutilate', nor had individuals a right to ask for sterilisation, disposing in this way of their bodily integrity, something that violated natural law.[73] Bonnar also noted here a decree of the Holy Office of the Holy See of 24 February 1940, which generally condemned sterilisation.[74] Whereas the nineteenth-century literature had predominantly addressed medical doctors in private practice, Bonnar considered further the position of Catholic doctors in institutional settings, in particular the problem of them working in hospitals where abortions might be carried out. In his view, doctors in this situation were not obliged to resign from their posts, but had to abstain from advising on the performance of

[70] A. Bonnar, *The Catholic Doctor*, 3rd ed. (London: Burns Oates & Washbourne Ltd., 1944), 11.
[71] Bonnar, 13.
[72] Bonnar, 98-104; M. Burleigh, *Death and Deliverance: 'Euthanasia' in Germany c. 1900-1945* (Cambridge: Cambridge University Press, 1994). On the Voluntary Euthanasia Legalization Society, founded in England in 1935, and its links to eugenics, see I. Dowbiggin, *A Concise History of Euthanasia: Life, Death, God and Medicine* (Lanham: Rowan & Littlefield Publishers, 2007), 80-82.
[73] Bonnar, 104-116.
[74] Bonnar, 115; Noonan, 451.

abortions or approving of them.[75] Similar to the French author Bon, Bonnar placed Catholic doctors in their socio-political context, with the implication that his deontological writing extended their duties into a wider role as professionals and intellectuals upholding Christian, Catholic values in society. After the Second World War, he continued to comment on moral matters in medicine and society in Britain.[76]

By that time, in 1960, the London neurologist John Marshall had published a monograph on Catholic medical ethics from the clinician's perspective. He acknowledged the influence of Bonnar as well as the support of theologians Philip Loftus and L. L. Mc Reavy of Ushaw College, a Catholic Seminary near Durham. Though fully recognising the authority of the teaching of the Roman Catholic Church, Marshall insisted that the 'doctor himself must be able, in co-operation with the priest when necessary, to decide on the right course of action required by the circumstances'.[77] His book covered a range of controversial topics, including sterilisation, abortion, and clinical experimentation, but perhaps most importantly he explained the principles that a Catholic doctor should apply in making decisions in practice. One of these was the distinction between using ordinary means and extraordinary means in treating patients. While extraordinary means could be used if the patient wished this to happen, the patient was not obliged to accept them. An example for such extraordinary measures was the permanent (as opposed to temporary) use of artificial respirators. If the patient was unconscious, the doctor had to decide. Referring to an address to anaesthetists of Pope Pius XII from 1957, Marshall emphasised that the doctor was in this situation, provided there was no hope for recovery, permitted to stop the artificial respiration, thus letting the patient die.[78] Another principle was that of double-effect, e.g. giving streptomycin to treat tuberculous meningitis with the foreseeable, but not intended, side-effect of causing deafness.[79] In the question of Catholic staff working in hospitals where abortions or sterilisations might be performed, Marshall applied the moral doctrine of 'formal' and 'material' co-operation. Whereas formal co-operation meant that the helper intended the 'evil' act to happen, and was therefore forbidden, material co-operation was, under some circumstances, permissible. A junior surgeon, for instance, might assist in ligating and cutting the Fallopian tubes for sterilisation, if his refusal meant that he would lose his livelihood or the opportunity to train as a gynaecologist.[80] As these examples illustrate, Marshall promoted a medical ethics in which Catholic doctors had some space for their personal, conscientious decision-making, but only within the framework of the binding rules of the Church.

[75] Bonnar, 48.
[76] A. Bonnar, *Medicine and Men* (London: Burns & Oates, 1964).
[77] J. Marshall, *The Ethics of Medical Practice* (London: Darton, Longman & Todd, 1960), 8.
[78] Marshall, 15.
[79] Marshall, 24.
[80] Marshall, 20.

3. The controversial case of Alexis Carrel

As indicated in Section 2 above, medical deontological treatises had developed by the early twentieth century, explaining the role of the Catholic doctor in a political and social context. Carrel, it may be argued, took this a step further, seeking to influence his social and political surroundings on the basis of his authority as a Catholic with medical and scientific expertise.

French-born Carrel received his medical degree from the University of Lyon in 1891. Already outspoken, he criticised the 'nepotistic practices of French academia'. Moreover, repeated failure in his surgery examinations did not warm Carrel to the French medical profession.[81] A decade later, at the height of impassioned debates over separation of the Catholic Church and the State, the Jesuit-educated Carrel took a trip to Lourdes. In a semi-fictional account, *Le Voyage de Lourdes*, Carrel narrated the story of a doctor, 'Larrec' (!), who witnessed the apparent miraculous recovery of a young woman who had made a pilgrimage to the Lourdes grotto, despite a diagnosis of terminal tuberculosis. Having recovered, and considering her life to have been preserved by divine intervention, the woman cited 'Larrec' as having visited her and bearing witness to her miraculous recovery.[82]

Labelled an unorthodox Catholic with a belief in the supernatural, Carrel felt repudiated in his home country, and decided to leave France (which, by 1905, had completely separated its diplomatic ties with the Vatican).[83] Moving initially to Canada, then to the United States, Carrel was employed at the Rockefeller Institute in New York when he developed an innovative technique for suturing blood vessels. Wowing not only physicians in the USA, but surgeons throughout the West, Carrel was awarded the Nobel Prize for Physiology in 1912. Now famous throughout North America and Western Europe, he seized the opportunity to not only continue ground-breaking research in biomedical science, but to speak-out about the 'human problems' he saw on both sides of the Atlantic.[84]

Carrel's monograph *L'Homme, cet inconnu* (1935) was a populist bestseller, being translated into several languages by the end of the decade.[85] Several of the treatises discussed in the previous sections of this paper have focused on the Catholic doctor, his duties, and how he should perform such duties within his community. Carrel's *Man, the Unknown* (1936) took a different approach. He used his position as a Catholic physician and scientist to examine political, cultural, and moral changes in society.[86]

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[81] A. H. Reggiani, 'Alexis Carrel the Unknown: Eugenics, and Population Research under Vichy,' *French Historical Studies* 25 (2002): 331-356; A. H Reggiani, *God's Eugenicist: Alexis Carrel and the Sociobiology of Decline* (New York: Berghahn Books, 2007).
[82] A. Carrel, *The Voyage to Lourdes* (New York: Harper & Brothers, 1950).
[83] W. H. Schneider, *Quality and Quantity: The quest for biological regeneration in twentieth-century France* (Cambridge: Cambridge University Press, 1990).
[84] A. Carrel, *Man, the Unknown* (London: Hamish Hamilton, 1936).
[85] J.G.C., 'The prospects of mankind,' *The Manchester Guardian*, December 2, 1935.
[86] Carrel, *Man*.

Carrel's treatise included his thoughts on developments in physiology and medicine, combining them with his views on the significance of prayer and telepathy in medical practice[87]. Some comparison can be drawn with Bonnar's *Catholic Doctor*, which encouraged the Catholic physician to oppose human legislation that is at odds with natural law. These parts of Bonnar's work referred to issues such as eugenic sterilisation and euthanasia. Carrel's monograph commented on similar topics. However, this Catholic doctor and scientist had rather disparate views, recommending several eugenic solutions to a perceived degeneration of modern society.[88] While some earlier normative texts including the publication of Henri Bon left room for positive eugenics in line with official Catholic doctrine, Carrel used this openness towards the genetic improvement of humankind to emancipate himself from the firm theological paradigm of the Catholic Church.

Instead of utilising the Ten Commandments as the starting-point for an application of natural law to medicine, Carrel selected those aspects of Roman Catholic thought that could be applied to right-wing social politics, enabling 'the salvation of the white races in their staggering advance toward civilization'. Some advances in modern medicine, Carrel declared, interfered with what he saw as the natural order. This included enabling 'inferior individuals' to live longer and have children. Moreover, he blamed a lowering of the birth rate, and a reduction in the 'quality' of children produced, on women having become over-educated and influenced by feminism. The degeneration of society, Carrel claimed, was caused by 'defectives' being enabled to have a role. Instead, such individuals 'should be humanely and economically disposed of in small euthanasic institutions supplied with proper gases'.[89] 'Thou shalt not kill', the fifth of the Ten Commandments, had no place in Carrel's solution to human 'degeneration'.

Carrel's book was popular with the general public - not something similarly achieved (or aspired to) by the authors previously discussed. Academic readers, however, tended to be more critical. Both scientists and some Catholics alike criticised Carrel's book.[90] It appears that the audience for books exploring Catholicism and medicine, and their societal context, had moved somewhat away from medical readers, theologians and clergy, and was now entering the realm of public consumption. Carrel became a popular figure in France also with the Vichy government, established in 1940. Like many French Catholics, the Vichy government emphasised the importance of state over family, and of family over the individual.[91] In its efforts to promote this policy, Carrel was hired as Regent of the 'Fondation Française pour l'Etude des

[87] Carrel, *Man*, 133 for example.
[88] J.G.C.; Carrel, *Man*, 296.
[89] A. Carrel, *Man*, *the Unknown* (New York: Harper & Brothers, 1939), 318-319.
[90] Reggiani, 'Alexis Carrel,' 341; Schneider, 275; E. Lepicard, 'Eugenics and Roman Catholicism. An Encyclical Letter in Context: Casti connubii, December 31, 1930,' *Science in Context* 11(1998): 527-544.
[91] A. Prost, 'Catholic Conservatives, Population, and the Family in Twentieth Century France' in *Population, Resources in Western Intellectual Traditions*, *Population and Development Review* 14 (suppl.), ed. M. Teitlebaum and N. D. J. Winter (New York: Population Council,1988-1989), 147-167; Schneider, 266-267; Lepicard, 'Eugenics'.

Problèmes Humains'. Carrel used this opportunity to bring ideas from American eugenics to France, and to marry these ideas to Catholicism. Here again, there was a shift from the dissemination of ethics in Catholic medicine amongst doctors and clergy to its wider application to an entire society. For example, in 1942 a law was introduced in France requiring premarital medical examinations.[92]

Arguably, there is another development here, beyond the reach of books and their impact. Instead of applying Catholic morality and practice to medicine, the work at the Fondation combined Catholic teaching with developing medical science. For Carrel and some other Catholic eugenicists such as the Belgian doctor Louis Vervaeck, the social role of the Catholic physician consisted of improving the quality and quantity of humankind.[93] Eugenic practice (population engineering) was considered a duty, a duty Man was capable of carrying out through a method ordered by God (i.e. procreation in marriage). Such work then was perceived as the will of God. Thus, despite the strict separation of Church and State, Roman Catholicism remained an important political factor in France. Unlike in Belgium, where Catholics generally distrusted the state, the Vichy regime in France enabled them reconcile faith with politics by invoking shared nationalistic values. Carrel, nominated to the Pontifical Academy of Sciences a year after the original publication of *L'Homme, cet inconnu,* was far from considered a heretic in the Vatican, exemplified this unorthodox branch of political Catholicism.[94] In the United States, however, he did not enjoy the same recognition. This can be explained by the fact that American Catholicism served as an early outspoken opponent of eugenics and that his book was only published in its American edition in 1939, at a time when sterilisation laws were already in force in several countries.[95]

Conclusion

As this paper has shown, the moral conduct of the Catholic doctor figured in a variety of normative literary genres from the mid-nineteenth to the mid-twentieth century. All these texts had a focus on reproductive ethics in common. Yet, the extent to which authors elaborated on Catholic morality from the points of view of natural law or Church doctrine, depended first of all on the genre. In the course of the nineteenth century, behavioural norms for doctors were increasingly included within French and English-language writings on pastoral medicine, especially regarding obstetrics and advice on sexual hygiene. The Ten Commandments and the Sacraments formed the initial ethical framework. The readership and authorship of these works largely overlapped,

[92] Schneider, 271; Reggiani, 'Alexis Carrel'.
[93] W. De Raes, 'Eugenetica in de Belgische medische wereld tijdens het interbellum', *Belgisch tijdschrift voor nieuwste geschiedenis* 20 (1989): 346-360.
[94] Etienne Lepicard, *L'homme, cet inconnu d'Alexis Carrel (1935): anatomie d'un succès, analyse d'un échec* (Paris: Classiques Garnier, 2019), 337-359.
[95] Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement* (Oxford: Oxford University Press, 2004), 139-164.

as they were written and read by priests and doctors. Around 1900, Catholic medical deontology emerged as a genre in its own right, in writing and in teaching. The authorship remained largely the same but, unlike works of pastoral medicine, deontological handbooks were predominantly targeted at doctors. The emergence of the new genre can be explained by a developing distinct identity of Catholic doctors developed in medical faculties and in professional societies in France, Belgium and Britain. Some parts of deontological handbooks and ethical codes, in particular those dedicated to reproductive ethics, were therefore largely informed by the Catholic genre of pastoral medicine. At the same time, however, medical deontology built on other contemporary text genres such as secular traditions in medical deontology and medical jurisprudence.

Significantly, normative writings of the twentieth century in French and English-speaking contexts show more shared interests and parallels than differences. As it seems, it was not so much the national context, but rather the institutional and political context that determined the extent to which authors referred to moral theology and religious practices. In the interwar period, in the context of widespread anxiety about depopulation, Catholic medical societies flourished and started to develop a particular interest in marital sexuality. Theologians and physicians who engaged in Catholic medical societies and Catholic Action movements tended to emphasise the social role of doctors. Catholic physicians were expected to take on a role that went beyond the care of individual patients. As professionals they were supposed to promote Catholic values and Catholic morality in society. In this period, the spectrum of instructions for conduct conforming to Catholic morality broadened. While traditional issues of reproductive ethics such as medical abortion and emergency baptism remained central concerns, eugenic sterilisation and euthanasia posed new challenges for Catholic medical practitioners. Uncompromising pro-life positions were articulated in this context by some Catholic authors, but as the case of Carrel illustrates, Catholic medical identity was not immune to fascist ideas on eugenics. Post-war attempts to define Catholic medical ethics had a more clinical, less political orientation, while listening to the pronouncements of the Vatican.

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