

Principal Pilgrimage Church... the Cathedral

By FATHER ROBERT F. McNAMARA

In designating the various pilgrimage churches which one can officially visit in Advance Holy Year 1974, Bishop Joseph L. Hogan has naturally placed Sacred Heart Cathedral in Rochester at the head of the list.

"Naturally," I say, not only because the Holy See has required this in its advance Holy Year directives, but because the Cathedral of any diocese is its mother church. In fact, it is called a cathedral because it contains the official *cathedra*, or chair of the diocesan bishop, the symbol of his authority as teacher and president of his portion of the People of God. Much emphasis has been laid on this symbol since Vatican II. It has been pointed out that the "presidential chair" used by the priest at Mass in every church in the diocese is simply a reminder that at every Mass offered there it is the diocesan bishop who is presiding, through his representative, the celebrant of the Mass.

Founded in the year 1868, the Diocese of Rochester has had, in its history, two cathedrals or "chair churches." The first was St. Patrick's Cathedral, on the northwest corner of Platt Street and Plymouth Avenue. The site is marked today by a bronze tablet mounted on the wall of the Kodak office building which occupies the lot.

Alternate Pilgrimage Churches

Monroe County, Northwest Region — St. Michael's Church, 869 N. Clinton Ave., Rochester.

Monroe County, North Region — St. Thomas the Apostle Church, 4536 St. Paul Blvd., Rochester.

Monroe County, Northeast Region — Holy Trinity Church, 1460 Ridge Road East, Webster.

Monroe County, Southeast Region — St. Louis Church, 60 S. Main St., Pittsford.

Monroe County, Southwest Region — St. Pius X Church, 3032 Chili Ave., Rochester.

Yates, Ontario, Wayne Counties Region — St. Francis de Sales Church, 130 Exchange St., Geneva.

Seneca-Cayuga Region — St. Alphonsus Church, 95 East Genesee St., Auburn.

Tompkins-Tioga Region — 1) Church of the Immaculate Conception, 113 N. Geneva St., Ithaca; 2) St. Patrick's Church, 300 Main St., Owego.

Schuyler-Chemung Region — 1) St. Peter & Paul Church, 560 E. Market St., Elmira; 2) Mt. Saviour Monastery, Pine City; 3) Monastery of St. John of the Cross, Our Lady's Hill, Waverly.

Steuben-Livingston Region — 1) St. Columba Church, 198 North Street, Caledonia; 2) St. Mary Church, 155 State Street, Corning; 3) St. Ann Church, 31 Avenue, Hornell.

St. Patrick's — the third permanent church building occupied by the parishioners of this Rochester's first Catholic parish — was designed by the well-known Brooklyn architect, Patrick C. Keely. When the corner stone was laid in 1864, the third St. Patrick's was not intended to be a cathedral. But when the Diocese of Rochester was established in 1868, it was the obvious church to choose for that purpose. Actually it was not ready for occupancy until St. Patrick's Day, 1869. In 1898, after it had been enlarged, and given a spire and a Lady Chapel, St. Patrick's was consecrated. St. Patrick's Cathedral was one of the official pilgrimage churches in the local celebrations of earlier Holy Years, like that of 1901 and that of 1926.

By 1937, however, St. Patrick's Cathedral was beginning to be lost among the brick and concrete buildings of a neighborhood-going-commercial. The diocese finally decided to accept an offer from the Eastman Kodak Co. for the church site and adjacent lots between Platt and Brown Streets. Mass was celebrated for the last time on Sept. 12, and demolition began the following day.

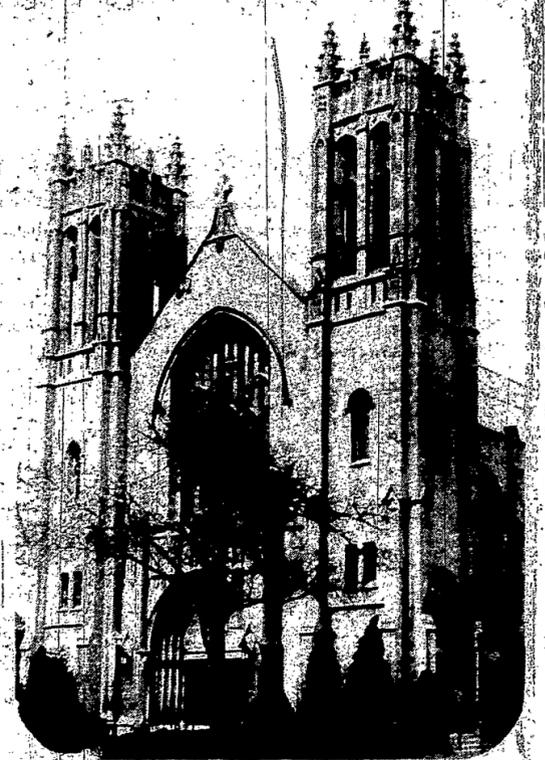
Meanwhile the chair of the Bishop and other important appointments had been moved to the Church of the Sacred Heart, on Flower City Park, a couple miles north of Platt Street. This had been officially designated "Pro-Cathedral" or temporary cathedral of the Diocese.

Sacred Heart had not been projected as a cathedral any more than St. Patrick's had. Well, let's take that back a little. It has been said, with some reason, that Thomas F. Hickey, the second bishop of Rochester, saw to it that Sacred Heart, while being planned, was made be fairly adaptable to cathedral purposes.

The Pro-Cathedral was built by the founder of Sacred Heart parish, Msgr. George V. Burns (1873-1954). He wanted a Neo-Gothic structure, and he admired St. Paul's Cathedral in Pittsburgh, so he engaged its architects, the Chicago firm of Egan & Prindle, to come up with a design. Dedication of the Indiana limestone structure took place on June 26, 1927 — the feast of the Sacred Heart of Jesus. Although it is a relatively modest building, it has served well enough as the bishop's official church since it was given that honor, 10 years after its dedication as a parish church.

Rochester's fifth bishop, James E. Kearney, was enthroned in the Pro-Cathedral in that same year, 1937. In 1952, Bishop Kearney asked the Holy See to designate this temporary cathedral as the full-fledged cathedral church of the diocese. The request was granted in an official decree of June 21, 1952.

Since 1952, Sacred Heart Cathedral has been the site of many notable diocesan events. On May 5, its pastor, Msgr. Lawrence B. Casey, was there consecrated auxiliary bishop of Rochester by Cardinal Francis Spellman of New York. (Bishop Casey, since 1966, has been bishop of Paterson.) Two other auxiliary bishops were consecrated in a joint ceremony at Sacred Heart on March 14, 1968: Dennis W. Hickey and John E. McCarty (the present pastor of the Cathedral). The principal consecrator was Archbishop Luigi Raimondi, then apostolic delegate to the United States, and now a



cardinal in Rome. Finally, Msgr. Joseph Lloyd Hogan, on Nov. 27, 1969, was both ordained a bishop and installed as seventh bishop of Rochester, by the same Archbishop Raimondi. One of his principal co-consecrators was Bishop Fulton J. Sheen, who had himself been enthroned in Sacred Heart Cathedral as Rochester's sixth bishop on Nov. 26, 1966. Resigning his bishopric on Oct. 15, 1969, the well-known Bishop Sheen had been designated by Pope Paul VI titular Archbishop of Newport.

Sacred Heart Cathedral had also been the locale for the blessing of the first two Trappist abbots of the Abbey of Our Lady of the Genesee, at nearby Piffard: M. Gerard McGinley, OCSO, in 1953, and M. Walter Helmstetter, OCSO, in 1956. It was there, too, that the bishops of Rochester for years ordained the annual groups of candidates to the priesthood. And naturally, whenever the Bishop presided at solemn diocesan functions, they normally took place in the Cathedral on Flower City Park. Rochester's first cathedral had been noted for its fine music. The walls and roofbeams of Sacred Heart Cathedral probably still reverberate the magnificent choral and organ music of decades past.

It is to be hoped that some diocesan Catholics from each region will be able to make their jubilee pilgrimage to Sacred Heart, rather than to a regional pilgrimage church. Not only is the Cathedral historic, it is truly the mother church, the central church, the heart-church of the Rochester Diocese.

Grand Jury Returns Indictments in Abortion Case

Boston [RNS] — A Suffolk County grand jury here has indicted a leading Boston physician for manslaughter in the death of an aborted 24-week-old fetus, and indicted four other physicians involved in a controversial fetal research program at Boston City Hospital.

The indictments, which could have broad implications for the future of medical research on legally aborted fetuses, climaxed an eight-month investigation by the Massachusetts Attorney General's office. The probe followed publication of a June, 1973, article in the New England Medical Journal describing the hospital's fetal research.

Dr. Kenneth Edelin, chief resident in the municipal hospital's gynecology and obstetrics department, was indicted on a charge of manslaughter in the death of "Baby K." He was accused of causing the death of the fetus, described by the state prosecutor as a "viable baby boy," after it was removed during a therapeutic abortion performed last October.

Four other physicians connected with Boston City Hospital were indicted for violating a 19th-century state law against grave-robbing, which prohibits carrying away human remains for the purpose of dissection.

The physicians are Dr. Leon Sabath and Dr. Leonard Berman of the hospital staff, and Dr. David Charles of Newfoundland, Canada, and Dr. Agneta Philipson of Sweden, former staff members.

The four doctors were involved in federally supported experimentation in 1971 and 1972 to determine which of two antibiotics taken by pregnant women worked better in stopping infections in the unborn fetus. Thirty-three women about to undergo abortions were given the drugs with their consent. After the abortions, the dead fetuses were analyzed for drug content.

When the results of the experimentation were written up in the New England Medical Journal, widespread protests followed, especially from right-to-life organizations. The protests prompted Boston City Council to hold public hearings on the hospital's experimentation policies.

Following the current indictments, Francis Guiney, executive director of the Boston Department of Health and Hospitals, issued a statement in which he said the three indicted physicians at the hospital would be suspended until the cases were settled.

He stressed that "such acts" as described in the charges by the state attorney general are contrary to hospital policies.

Assistant District Attorney Newman A. Flanagan indicated that charges against the five physicians do not involve abortions but some activities which took place after the abortions were completed.

Concerning the case of Dr. Edelin, he said that "obviously"

the fetus "had to be alive if it was killed" as the indictment indicates. He said the "manner and means" of death "are not available."

Dr. Edelin's indictment was an outgrowth of the inquiry into the activities of the other four physicians, which, the indictments allege, involved dissections of fetuses more than 20 weeks old.

An investigator reported the discovery of two dead fetuses in the pathology department of the hospital. Neither fetus carried a cause of death certificate required by law. According to the investigator's report, hospital authorities failed to file death certificates as requested by the district attorney.

The grand jury reviewed the records of 33 patients who had therapeutic abortions and some 80 other hospital records, in addition to the testimonies of 21 hospital staff members, including physicians, nurses and operating room technicians.

Dr. Sabath, one of the four indicted for fetal research and one of the authors of the medical journal report, explained that drugs were administered to women who intended to have legal abortions. He added that small amounts of fetal tissue were taken to determine if the drug concentrations were effective.

Writing in the Medical World News, he contended that the examination of a dead fetus is comparable to the autopsy on

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any body and that it is apparent that a fetus has no right of consent, and that right is held by the next of kin.

Dr. Edelin, a graduate of Meharry Medical College, Nashville, was defended by Dr. Steven Saltzman, president of the Boston City Hospital's House Officers Association, who said that "Dr. Edelin was performing his duties in accordance with accepted gynecological practices throughout Boston and the country, and within recent U.S. Supreme Court guidelines."

But according to the district attorney's office, a critical issue in Dr. Edelin's case will be the obligation of a physician to exert efforts to keep an aborted fetus alive.

Current ethical guidelines specify that fetus experimentation studies undergo a review by professional committees to guarantee informed consent on the part of women whose fetuses are used, and to prevent the use of live fetuses for research.

The Massachusetts legislature is now considering a bill to prohibit all fetal experimentation. The bill has been challenged on

the grounds that it would prohibit experimentation such as that which was instrumental in the development of effective vaccines against polio and other crippling diseases.

A central issue in the controversy over fetal experimentation is the question of "viability of the fetus," defined by the U.S. Supreme Court as six or seven months or when the fetus is "potentially able to live outside the mother's womb, albeit with artificial aid."

William J. Curran, professor of legal medicine at Harvard Medical School, has asserted that the court may be mistaken in assuming that viability can be precisely defined.

Noting the progress of medical technology in maintaining fetal life outside the womb, he said the court "may have been out of date on its medical information," adding that the "six month line is an arbitrary limit that won't stand."

He also noted that neither the legislatures nor the courts have addressed the question of the physician's legal obligation toward a fetus whose life might be extended temporarily or indefinitely.