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Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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Current Literature: Titles and Abstracts

The purpose of this department in THE LINACRE QUARTERLY is to make available to the Catholic physician by virtue of their moral, religious and social implications. It is not limited to the medical literature, but, if necessary, this source is the most fruitful. When abstracts are intended to reflect the content of the original article, editorial comment may follow the abstract if considered desirable. Contributions from readers are invited.

Stahlgren, L. H. and Ferguson, L. K.: Effects of abdominoperineal resection on sexual function in sixty patients with ulcerative colitis. *A.M.A. Arch. Surg.*, 78:604-610, April, 1959.

Sexual function was studied in 61 patients who underwent abdominoperineal resection for far-advanced ulcerative colitis. There were 35 men and 26 women. Five of the 25 men complained of sexual dysfunction, but only one of these was under 51 years of age. The best illustration was a 37 year old man whose period of post-operative follow-up was over one year. In all five patients the disability was partial and there was continuing improvement in two. There was no case of complete impotence. Only two of the 24 women who could be evaluated complained of disturbances. If the surgeon avoids damage to the pelvic autonomic nerves there is little likelihood that patients in the sexually active years will notice any alteration of function following abdominoperineal resection. When performed for inflammatory disease, this operation should be more limited than when the indication is cancer.

Bier, W. J. (S.J.): Goals in pastoral counseling, *Pastoral Psychology*, 10:7-13, February, 1959.

Pastoral counseling, about which there is considerable confusion, is neither guidance nor psychotherapy. Guidance, technically speaking, is a derivative of education, in which the object is to impart information of some sort, as befits a teacher. Psychotherapy is a derivative of psychiatry, the object of which is to diagnose and treat mental disorder. But many people cannot be helped by guidance, and do not need psychotherapy. For them, proper care may be expressed as counseling, a derivative of psychology, which stands between guidance and psy-

chotherapy. It is concerned with the development of self-understanding, not by advice, but by helping the person to think out the solution for himself. It involves more than a mere solution of the problem, and looks rather to the development of attitudes more emotional than intellectual. As such, it must necessarily involve personal relationships.

As counselor, the pastor should limit himself to people who are normal, and consider his counseling as an adjunct to pastoral care, which is primarily religious. He cannot allow himself to become a professional counselor. There is a problem, however, in uniting counseling and overall pastoral aims. The objective of each is different. The goal of pastoral care is union with God; that of counseling, psychological insight. The pastoral counselor must keep both in mind, and use the one to assist the other. Hence, pastoral counseling should make men more able freely to accept God's plan for them. With this in mind, it is clear that the pastoral counselor ought to restrict himself to people whose problems have some religious overtones; others should be referred to secular counselors, although it is not always readily apparent whether a religious difficulty is radically one of personality maladjustment or vice versa. Functioning in the ways noted, pastoral counseling can be both supportive of other types of counseling and therapeutic in its own right. —C.A.W.

Godin, A. (S.J.): Action thérapeutique et action pastorale, *La Vie Spirituelle—Supplement*, 11:21-30, January-March, 1958.

There is a real unity in the human personality, even in the neurotic personality. A weakness in one faculty always means a weakness of the total personality. But there is a distinction between psychi-

atric and pastoral activity. On the purely psychic level, there exists a methodological determinism of countless psychic forces, even in those actions which appear to be an exercise of "free choice," and even such actions can be predicted. Is liberty thus destroyed? No. Psychic determinism furnishes only the "matter" for free decisions, and such determinism obtains only in that psychic terrain to which the science is limited. This area forms the dispositive material cause for our human acts. But God's work in the soul does not depend on these psychic dispositions.

Although their activity is parallel, psychotherapeutic and pastoral activities have different purposes. The pastoral guide does not attempt a psychic cure or change, and is, therefore, not concerned with deterministic unconscious forces. He is concerned with actual conscious conflicts in the moral order. There is not room for transference in his relationship with the patient. The psychiatrist establishes a functional, transferred relationship between two persons: the pastoral guide serves as an intermediary between God and the soul, and establishes, therefore, a relationship between three persons.

— C.A.W.

Rynearson, E. H.: "You are standing at the bedside of a patient dying of untreatable cancer," *CA (Bulletin of Cancer Progress, publ. by American Cancer Society)*, 9:85-87, May-June, 1959.

In the terminal cancer patient the use of "heroic measures" to prolong life is not warranted. When fully apprised of the medical situation, neither the relatives nor the patient are apt to demand that such extraordinary means be employed. No religious body requires their use. (Both the allocation of Pope Pius XII and Father Kelly's "Preserving Life" are quoted.) The dying patient with untreatable cancer should be permitted to die with dignity, respect, and humanity; he should die with minimal pain; and he should have the opportunity to recall the love and benefits of a life-time of sharing.

[This issue of *CA* is largely devoted to the philosophic problems associated with the treatment of malignancy which is incurable or recurrent. It contains several abstracts of papers concerned with palliative procedures in the management of the terminal cancer patient.]

Transfusions for patients with cancer (in "Questions and Answers"), *J.A.M.A.*, 169:1146, March 7, 1959.

A physician wrote regarding the propriety of administering blood transfusions to patients who enter the hospital in terminal or near terminal stages of carcinoma. The consultant's reply indicated that transfusions might be useful under these circumstances if the patient had symptoms attributable to anemia and if the latter could not be corrected by other means. The anemia secondary to disseminated cancer, unless complicated by blood loss, is characteristically moderate and asymptomatic, and transfusion is not of significant benefit. The consultant concludes, "It should be emphasized, however, that patients with incurable cancer deserve as careful and considerate symptomatic or palliative treatment as patients ill with non-neoplastic diseases."

White, L. P.: Studies on melanoma; II. sex and survival in human melanoma, *New Eng. J. Med.*, 260:789-797, April 16, 1959.

Melanoma has an approximately equal sex incidence but the prognosis is better in women than in men. The effect of pregnancy on survival is not known but some data suggest that gestation has a deleterious influence. However, there is no report in which actual survival statistics in a group of pregnant women are calculated or in which survival of pregnant women is compared with that of nonpregnant women of the same age. Interruption of pregnancy does not appear to improve the survival of women pregnant during the course of the disease.

McReavy, L. L.: A.I.H., *Clergy Review*, 43: 362-365, June, 1958.

A reply to a question concerning the morality of artificial insemination and clarifying a moral question emphasizes the fact that it is not the means of obtaining the semen that determines the morality of artificial insemination, but rather the fact that the procreative right of husband and wife is limited by the natural law to the natural act of procreative intercourse. Hence, artificial insemination is unlawful because of the unnatural means of introducing the seed. Therefore, even if masturbation were not inherently evil, or if removal of semen from the seminal vesicles were not mutilation, still artificial insemination would be immoral because it is unnatural. — L.J.H.

Connery, J. R. (S.J.): Medico-moral problems; questions about Baptism, *Hosp. Progress*, pp. 64-66, April, 1959.

In this paper numerous practical questions related to the Sacrament of Baptism are answered authoritatively. Particular emphasis is placed on such problems which might arise in a medical setting such as emergency infant baptism.

Offen, J. A.: The role of the gynecologist in family and marriage, *Obstet. and Gynec.*, 13: 312-313, March, 1959.

In the past two decades there have been great advances in diagnostic, surgical and preventive medicine. The specialties of obstetrics and gynecology have shared in these advances. The gynecologist is uniquely situated and required to provide counsel for the physician and patient in the emotional problems connected with the female reproductive system. The field can be divided into three major categories: (1) prophylaxis, (2) diagnosis and family counseling, and (3) surgery and education. The writer discusses these divisions and includes a list of available teaching material.

Johnson, C. A.: The pre-marital lecture, *Current Medical Digest*, pp. 100-103, July, 1959 (condensed from *South Dakota J. Med. & Pharm.*, March, 1959).

The physician's pre-marital lecture is usually expected to concern itself with the physical aspects of marriage. This approach is often unnecessary. "Sex is important, but learning to live together pleasantly with a minimum of friction is the most important aspect of marriage." The author details several practical matters that are of help in this regard.

[As a polemic work, the book examined below does not lend itself to simple abstracting. Hence, we depart from customary practice and present instead the following critique.]

Daly, C. B.: A criminal lawyer on the sanctity of life, *The Irish Theological Quarterly*, 25: 330-366, October, 1958.

Dr. Glanville Williams' book, *The Sanctity of Life and the Criminal Law*, despite its inaccuracies and lack of knowledge, has been acclaimed by many reviewers. Hence, its inaccuracies and errors must be exposed.

Dr. Williams is no theologian. He misrepresents Catholic teaching by affix-

ing "smear words" to Catholic doctrines he does not like, and a "cheer word" to the opposed practices which he does like. He is a propagandist in the pejorative sense of that word.

He assumes that the right treatment for animals is, *eo ipso*, right treatment for men. Seldom does Dr. Williams confine himself to his field of competence. When he does, he talks sense. Dr. Williams has rather chosen to launch a diatribe involving moral philosophy, in which he is incompetent, and theology, of which he is ignorant. He attacks natural law as the result of the Catholic moralist attempting to deduce an *ought* for an *is*. He believes Christianity finds something unclean and sinful in the sexual instinct. He denies the existence of the soul and therefore condones abortion, euthanasia. He sees contraception as taking sadness out of love.

All in all, Dr. Williams belongs to that group of humanists who cannot tolerate men as they are. He wants to manufacture something better. But this humanism cannot create; it can only destroy. The chapters of Dr. Williams' book do not do with the destruction of life. Dr. Williams, however, has taught us what a scientific humanist is. He is one who believes in science, but does not believe in man. — R.L.M.

Levy, F.: Therapeutic implications of genetics, *J. Royal Army Med. Corps*, January, 1959.

The broadening knowledge of genetics affords a more complete concept of the influence of inherited factors on both health and disease processes. By careful genetic study more and more human illnesses are being recognized as due to a dominant or a recessive mutant gene. Improved knowledge of this nature has already led to more effective therapy for such metabolic dyscrasias as methemoglobinemia, galactosemia, and phenylketonuria. "I believe that there is much more to come from the science of genetics, apart from any control of marriage between individuals who are carriers of the same recessive gene, which would prove extremely difficult in practice."

Donnelly, R. C. and Ferber, W. L. F.: The legal and medical aspects of vasectomy, *J. Urol.*, 81: 259-263, February, 1959.

The writers, one a lawyer and the other a urologist, focus their attention on therapeutic [contraceptive] vasectomy.

Sterilization performed to protect the patient's physical or mental health is lawful. Written consent should be secured from the patient and spouse, or from a parent or guardian if the patient is minor or incompetent, before performing sterilization. Vasectomy constitutes a logical contraceptive measure. The incidence of operative failure due to reanastomosis can be reduced by careful technic. The operation may be reversible in some instances.

Report of Dinner Conference on Professional Attitudes Toward Vasectomy, Human Betterment Association of America, 105 W. 55th St., New York 19, N. Y., April 24, 1959.

Early in the program a report was rendered concerning the state-sponsored sterilization plan in the provinces of Madras, Bombay, and Kerala, India. In Madras 40 rupees (\$8.00) is paid by the state to each individual submitting to vasectomy and 10 rupees for each new subject brought in by canvassing. Some anxiety was expressed that such payments might induce men to submit to the operation without appreciating its irreversible nature. This presentation was followed by a discussion of the legal liability attaching to the performance of vasectomy by a physician. The next item was a report which indicated an incidence of between 2 and 10 per cent spontaneous re-anastomosis of the vas following vasectomy done under optimal conditions: successful surgical re-anastomosis was achieved in 40 per cent of 420 operations. Although some conferees recommended a research program directed at developing an improved technic for surgical reversal of vasectomy, others opposed this as "contrary to the basic principles we are looking for, a permanent versus temporary method of conception control."

Doyle, J. B.: Cervical tampon — synchronous test for ovulation; simultaneous assay of glucose from cervix and follicular fluid from cul-de-sac and ovary by culdotomy, J.A.M.A., 167: 1464-1469, July 19, 1958.

A simple test, which can be done at home, has been devised to demonstrate the sharp rise in glucose concentration of the cervical secretion synchronous with ovulation. The test is simple, inexpensive, and useful for promoting or postponing pregnancy. The daily use of a strip of "Tes-Tape" (containing the enzyme glucose oxidase) held over the tip of a plastic-covered tampon will permit the

observation of the maximal green color, indicating the occurrence of ovulation. This is the optimal time for the infertile couple to attempt conception. When medically desirable, the method of periodic continence can be more easily practiced in this manner than with simple calendar calculation or the unaided use of the often misleading basal temperature charts. — J.E.H.

Murray, D. S.: Statistical method for determination of ovulation time in women, J.A.M.A., 170: 42-43, May 2, 1959.

The writer has developed an equation that permits a more critical determination of the ovulation time of women than is possible with the use of chemical procedures alone, since the equation takes account of individual variations in length of menstrual cycle.

Doyle, J. B. and Ewers, F. J.: The fertility testor, J.A.M.A., 170: 45-46, May 2, 1959.

Accurate calculation of ovulation time can be made with the simultaneous use of basal temperature charts and determination of cervical glucose content. The latter examination is expedited by using a modified plastic syringe-like instrument which permits ready application of the test paper ("Tes-Tape") to the cervical mucus.

Salvaggio, A. T.: Tests for determining time and occurrence of ovulation; an evaluation of the "Tes-Tape" technic, Harper Hosp. Bull., 17: 118-125, May-June, 1959.

The determination of the time of ovulation in women is of considerable importance for many reasons. An elevation of the basal body temperature at the time of ovulation furnishes a simple, practical method of estimating the time of ovulation, but it is not completely accurate. Hormonal assays are difficult and tedious. Recently a new technic has become available, based upon alteration in the chemistry of the cervical mucus coincident with ovulation. By studying the color response of a simple indicator paper ("Tes-Tape") it is said to be possible to determine the time of ovulation. A clinical evaluation of this claim forms the basis of this paper. In the writer's series of patients there was a tendency for positive "Tes-Tape" readings to occur at the mid-portion of the menstrual cycle, but this was not a consistent finding. It was concluded that the "Tes-Tape" tech-

nic was not a sufficiently accurate method of determining ovulation time.

Regatillo, E. F. (S.J.): Continence periodica, Sal Terrae, 46: 634-635, September, 1958.

The abuse of the marital bed through onanism or acts that impede generation has repeatedly and emphatically been condemned by the Holy See. The use of periodic continence is not to be placed in this category, for there is no question of a wrong in the marriage right, but rather a right abstention during the periods of fertility. Marriage gives the right but does not necessarily impose the obligation to its use. However, to make use of periodic continence without just cause constitutes some disorder. The wife is to make use of the marriage right in such wise that the possibility of procreation is excluded is not in keeping with the primary end of matrimony. For sufficient reason, such a course of action should not be considered as being a mortal sin. In his address of October 25, 1958, to the midwives, Pius XII gave several classes of motives as examples of reasons which may urge the couple to limit the fertility of their marriage. These are: medical, eugenic, economic, and social reasons.

We indicate the following general norms which the confessor can follow in practice:

1. He may advise couples to make use of periodic continence when they have a just reason for doing so, and, in general, he should not disquiet the consciences of those who practice it (S. Penit., June 29, 1880).
2. Even when there is not a sufficient reason, it is licit for the confessor cautiously to suggest — it being a lesser evil — to those who make use of certain onanistic practices, when he cannot bring them to stop such practices (S. Penit., *ibid*).
3. Aside from these cases, he should not advise the use of periodic continence.
4. This practice should not be proposed in public to everyone without discrimination, but rather to individuals in private. There is danger that such indiscriminate advice might weaken the esteem in which marriage should be held.
5. It should not be proposed as a cer-

tain and infallible method of avoiding procreation (Pius XII), nor in such a way that the confessor appear to recommend it except as a remedy.

6. If there is question of avoiding conception or that pregnancy or childbirth would constitute a threat to the life or health of the mother, the confessor should tell the couple that the only absolutely certain method is total abstinence. Should this prove too difficult or impossible, he may suggest the use of periodic continence according to the Ogino method, but under the direction of a competent doctor of reliable moral character.

7. Since periodic continence is not intrinsically evil, as is onanism, the confessor should not give the same norms of action to a wife whose husband insists on having relations only in the periods of infertility, and this without sufficient reason. In order to avoid such evils as the danger of incontinence to either of them, or for the sake of peace in the home, the wife may licitly take pleasure in and consent to such acts, since the marriage act is licit even though actual conception does not necessarily result. When there is question of onanism, the advice that the confessor should give is not the same, for onanism is not a licit act. — C.A.G.

Doyle, J. B., N. J.: Liberalization of attitudes toward abortion shown in laws throughout the world, Current Medical Digest, 14: 60, June, 1959 (reprinted from Obstet. & Gynecol. Survey, August, 1958).

Laws related to the performance of abortion are synopsized. The statutes surveyed include those of the Scandinavian countries, Iceland, Finland, Russia, China, Latin America, Japan, England, and the United States. In general there appears to be a liberalization of attitudes on the subject. In the United States there is wide variation among the laws of the individual states relating to abortion. A model abortion law should be framed which might be adopted by the various states to replace existing statutes. The margin between legal and illegal abortion is at present narrow and uncertain. Since, with the improvements of modern medicine, it is rarely necessary to perform abortion to save life, almost no therapeutic abortions performed today are legal when existing laws are interpreted as written. The indications for legal abortion should be broadened to include psychiatric, humanitarian, and eugenic factors.

[Cf. Hanley, B.J.: The rights of the unborn child, *West. J. Surg. Obstet. & Gynec.*, 66: 175-179, May-June, 1958, abstracted in THE LINACRE QUARTERLY, August, 1959.]

Miller, C.: Thoughts while reading a book on abortions, *Med. Economics*, 36: 239-252, February 16, 1959.

The book referred to is *Abortion in the United States*, edited by Mary S. Calderone, M.D., and published by Hoeber-Harper, New York, in 1958. The writer "couldn't help feeling like an M.D. in the middle, squeezed uncomfortably between opposing factions" which hold existing abortion laws to be either too strict or too lax. Most abortion laws permit interruption of pregnancy only if it is indicated to protect the life of the mother. They should be broadened to include instances where abortion may be required to preserve the health of the mother or to prevent the birth of a deformed child. On the other hand, the concept of performing abortion to protect the life of the mother may also require revision. "I can think of any number of my cardiac patients who have been desperately eager to have children — and who have come through their pregnancies with flying colors. If I'd been frightened, a quarter of a century ago, into letting every heart disease act as an indication for abortion, a number of fine men and women in my town would have been murdered *in utero*."

[It is unique to find one sympathetic to abortion who avoids euphemisms and speaks of "murder *in utero*." Perhaps the concept of "murder" is more obvious when one sees a healthy, productive, adult citizen who escaped abortion as a fetus than when one contemplates the tiny embryo. Nevertheless, fetus, infant, child, adult, and oldster are only different stages of human existence and the right to life is inalienable for all. The dichotomy implicit above suggests that the "scientific" advocates of abortion are really sentimentalists and that logic lies elsewhere.]

Janssens, L.: L'inhibition de l'ovulation est-elle moralement licite? *Ephemerides Theologicae Lovanienses*, 34: 357-360, April-June, 1958.

A number of products have been developed to establish regularity in the menstrual cycle. Progesterone causes a peeling of the endometrium, and induces an artificial menstruation. It does not

cause periods of sterility. However, the synthetic estrogens, while provoking an artificial menstruation, also cause a temporary sterility. Progestogen actually regulates cycles by causing sterility.

These products have a legitimate usage, and the temporary sterility can be a merely tolerated secondary effect, the regularity of the menstrual cycle being the directly intended effect in their use. These products must be distinguished from those products which are directly contraceptive, such as hesperidin and histamine, which render the ovum impermeable or cause abortion at the moment of conception.

The use of progesterones, estrogens, and progestogen, though capable of abuse, would seem to be justified whenever they are used to supply for faulty natural mechanism or for the relief of real pathological situations.

Gestation and lactation would naturally space the birth of children by eighteen months. Therefore, the use of these drugs would be justified for nine months after birth to compensate for any defect in the natural mechanism. Their use would be justified in the case of the irregularity of menstrual cycles which accompanies menopause. The irregularity in this last case is considered true pathology and treatment by the progesterones is indicated.

These products contribute to the state in which the conception of children will be a conscious effort regulated more and more by the human will. But the situation bears close watching and calls for a diligent effort to inform the Christian conscience in an age of great medical progress. — J.M.P.

Brugarola, M. (S.J.): El drama moral de la poblacion, *Razon Y Fe*, 157: 21-34, January, 1958.

The necessity of limiting the number of children in a family is a very real problem which must be faced by many families today. Even when we exclude egotistical motives such as those based upon neo-Malthusian principles, there are still many other circumstances which give rise to problematical situations demanding an adequate solution. The Catholic Church has always condemned illicit means to limit a family because these frustrate the primary end of matrimony. On the other hand, she points out other illicit means such as periodic continence and, in extreme cases, perfect continence.

Still, it is misleading to pose the problem of population exclusively upon grounds of sexual morality. It should rather be considered as a part of the moral order. If the whole moral order faithfully observed, many circumstances will be eliminated which force the member of the family group to be limited. The precepts of sexual morality will more easily be kept. It is unnecessary to consider the problem in any other way.

Lorimer, F., et al.: An inquiry concerning some ethical principles relating to human reproduction, *Cross Currents*, 8: 24-42, Winter, 1958.

An unprejudiced empirical inquiry into the role of the family in the human culture and in our own society requires strong support from the moral and social aspects of marriage. This requires an understanding as to the moral principles of Catholics, with full knowledge of their principles, and sincere recognition of other traditions, may be necessary to solve common problems.

In treating ethical problems of human reproduction, great attention must be considered. The reduction of fertility will not, in itself, solve the urgent economic and social problems of underdeveloped nations. Cultural conflicts relating to population trends spring less directly from differences in religious principles than from attempts to enforce such ideals through political action. There is need for a more positive emphasis in Catholic teaching on ethical motives and personal responsibility in marriage and in the regulation of procreative action which will bring on a broader consensus of values as a basis of cooperative action among sincere, socially responsible persons nurtured in different traditions. — L.J.H.

Most physicians have received the brochure, "The Physician and Sterilization," mailed by the *Human Betterment*

Association of America, 105 W. 55th St., New York 19, N. Y. It contains a brief review of contraceptive and eugenic sterilization, discussing indications, methods, and legal aspects.

Reviewing a diatribe is a thankless and frustrating task, but Father John R. Connelly, S.J. has produced a restrained but pertinent evaluation of *Birth Control and Catholic Doctrine* (by Alvah W. Sulloway, Boston: Beacon Press, 1959, 257 pp. \$3.95) in *America* (101: 250-251, April 25, 1959). The same issue contains a thoughtful piece on a related subject, Norris, J. J.: The population explosion, pp. 242-244.

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The Abstract Section of the August issue of the initials J.L. (J. Lucal, S.J., West Baden College, West Baden Springs, Indiana) were inadvertently omitted from the abstract of the article by P. Delhaye, "Has man the right to modify the conditions of childbirth?"

Readers interested in submitting abstracts please send to:

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Dr. Laforet is chairman of the committee to prepare these abstracts and will welcome contributions to this section.