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Current Literature: Titles and Abstracts

Catholic Physicians' Guild

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Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophic content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

Rosebury, T.: Medical ethics and biological warfare. *Perspect. Biol. & Med.* 6: 612-523 Summer 1963.

"Can physicians justifiably acquiesce or participate in research and development in biological warfare, especially on a long-term basis, as an activity presumed to be permanent or not explicitly limited in time?" It may be that the major biological weapons intended for use against man are unpredictable and therefore militarily valueless. Nevertheless the general question has pertinence: "What happens to ethical values in a permanent crisis? If they are to be destroyed, can we condone or encourage the process?" The question is primarily one of medical ethics, and involves the problems of experimentation on human subjects and of the ethics of military physicians. "Medical humanitarianism may be a bit quiescent or subdued, but it is evidently still viable. . . . I suggest that ethical principles are not a luxury, that the essence of ethics—concern for the value of man—is indispensable for the survival of medicine as a profession, and doubtless also for the survival of mankind as a species."

Page, I. H.: Prolongation of life in affluent society. (Editorial) *Modern Med.* 31: 89-91 Oct. 14, 1963.

Originally undertaken as a research project, chronic dialysis of patients with little or no renal function is now being advocated as a clinical modality. Proposals have been made to establish a nationwide network of artificial kidney treatment centers under governmental auspices. However, the cost in resources and human endeavor seems prohibitive; selection of patients to be offered dialysis is impractical; and we are not ready for large-scale kidney transplantation. As physicians, "we have a responsibility to help guide other human beings through life and not to hold out hope of a normal lifespan when this hope is not justified."

Loraine, J. A. *et al.*: Oral progestational agents: effects of long-term administration on hormone excretion in normally menstruating women. *Lancet* 2: 902-904 Nov. 2, 1963.

After cessation of long-term treatment with oral progestogens in three women, their menstrual cycles immediately reverted to an ovulatory pattern.

Sim, M.: Abortion and the psychiatrist. *Brit. Med. J.* 2: 145-148 July 20, 1963.

A total of 213 women with puerperal psychosis formed the basis of this study, which was undertaken to determine the risk of permanent serious mental damage and the risk of suicide in such patients. In general, it was concluded that: puerperal psychosis carries a good prognosis; suicide is less of a hazard in pregnant than in non-pregnant women; therapeutic abortion may in itself produce a psychosis; there are no psychiatric grounds for interruption of pregnancy.

Beecher, H. K.: Ethics and experimental therapy. (Editorial) *J.A.M.A.* 186: 858-859 Nov. 30, 1963.

Evaluation of the efficacy of a therapeutic modality, particularly if it is of a surgical nature, is extremely difficult because of the placebo-effect and related factors. Consequently a carefully planned and executed experimental program is necessary and infinitely preferable to the enthusiastic application of unproven and dangerous operations. Ethics demands such a scientific approach. ("There is an understandable reluctance to engage in sham procedures of any kind, and this is unthinkable without true understanding and full consent of the patients involved. It is also unthinkable to require a sacrifice of 70 lives to maintain an 'ethical' approach to therapy where the high-minded physician refuses to carry out a well-planned test of his procedure but persists because he *thinks* it is effective.")

APPARENTLY STIMULATED by A. B. Hill's somewhat controversial views on human experimentation or by the *British Medical Journal's* editorial objection thereto, several correspondents have commented on the issue in that journal. (High, R.; Discombe, G.; Patey, D. H.; Robertson, J. S.: Ethics of human experimentation. *Brit. Med. J.* 2: 383-384 Aug. 10, 1963; Walker, D. G.: Ethics of human experimentation. *Brit. Med. J.* 2: 442 Aug. 17, 1963.)

Welch, C. E.: The credo of a surgeon. *Ann. Surg.* 158: 740-746 Nov. 1963.

Among the surgeon's desirable attributes has been compassion. This is not, however, an unqualified virtue. For example, compassion would dictate that a patient awaiting operation for malignant disease undergo the procedure at the hands of the most skilled surgeon on the staff. This unfortunately would dilute the training that is necessary for the younger and less skilled surgeons. "Which is greater, compassion for the single present patient, or care for the thousands who will come in the future?"

[For additional perspectives, cf. the following: Altemeier, W. A.: The surgical conscience. *Arch. Surg.* 79: 167-175 Aug. 1959; Claman, M. A.: The surgeon's conscience. *Surg. Gynec. & Obstet.* 110: 749 June 1960.]

THE ROSEATE AURA surrounding anovulants has been clouded somewhat by reports suggesting that their use may be complicated by thromboembolism (1, 2, 4, 5, 6, 8). In one study (3) modification in the clotting mechanism of women receiving such therapy was not demonstrable, but this type of negative laboratory result may have no direct bearing on the clinical problem of thromboembolism. In July 1963 Tyler (10) editorially summarized the various aspects of the problem. As a result of its statistical study the FDA advised the manufacturer to alter its labeling of the drug by stating that the risk of thromboembolism was greater in women over 35 (9). However, shortly thereafter

the FDA rescinded this warning and admitted that a statistical error had been made originally (11, 12, 13). In the face of such gymnastics the proper attitude may well be that of L. C. Lasagna (7) (Johns Hopkins) who found significant flaws in the studies cited and consequently did not believe that *any* conclusions were justified. It should be pointed out, too, that whether or not anovulants are medically prudent drugs has no direct bearing on related moral problems.

1. McGowan, L.: Venous thrombophlebitis associated with the use of norethynodrel: report of 4 cases. *Am. J. Obstet. & Gynec.* 86: 923-924 Aug. 1, 1963.
2. Reed, D. L. and Coon, W. W.: Thromboembolism in patients receiving progestational drugs. *New Eng. J. Med.* 269: 622-624 Sept. 19, 1963.
3. Sobrero, A. J.; Fenichel, R. L., and Singher, H. O.: Effects of a progestinestrogen preparation on blood coagulation mechanisms. *J.A.M.A.* 185: 136-139 July 13, 1963.
4. Minogue, W. F.; Halperin, I. C.; Soler-Bechara, J.; Varriale, P., and Flood, F. B.: Norethynodrel and thromboembolism: report of a case and review of the literature. *New Eng. J. Med.* 268: 1037-1041 May 9, 1963.
5. Goldberg, W. M.; Eisenstadt, H. B.: Embolism associated with norethynodrel. (Correspondence) *New Eng. J. Med.* 269: 1265 Dec. 5, 1963.
6. Cass, R. M.: Thromboembolism and norethynodrel. (Correspondence) *New Eng. J. Med.* 269: 761. Oct. 3, 1963.
7. ————: Anovulatory study findings not justified, Lasagna holds. *Med. Tribune* 4: 1, 27 Oct. 11, 1963.
8. ————: Complications of anovulatory drugs: Embolism in 400 cases, FDA advisory group told. *Med. Tribune* 4: 1, 25 May 20, 1963.
9. Winter, W. C.: (Newsletter from Searle & Co., manufacturers of "Enovid," concerning FDA report), Aug. 7, 1963.
10. Tyler, E. T.: Oral contraception and venous thrombosis. (Editorial) *J.A.M.A.* 185: 131-132 July 13, 1963.
11. ————: FDA revises warning on Enovid. *Modern Med.* 31: 22 Oct. 14, 1963.
12. ————: FDA eases caution on Enovid. *Med. World News* 4: 175 Oct. 11, 1963.
13. ————: Anovulatory termed safe pending data. *Med. Tribune* 4: 3 Sept. 27, 1963.

Lister, J.: By the London post: institute of religion and medicine? *New Eng. J. Med.* 269: 1194-1195 Nov. 28, 1963.

For the past two years the Clinical Theology Association has undertaken to provide systematic training for the clergy in medical matters. Last year, at the request of the Archbishop of Canterbury, a conference was called to discuss problems of mutual concern to the clergy and medical profession. In view of the increasing interest in this area it has been proposed to establish an institute of religion and medicine. While physicians generally appreciate the complex relationship of body, mind and soul, there is a great risk in attempting to push the concept of clinical theology too far. "Medicine must remain unequivocally the province of the medical man, and anything more than collaboration with the

Church in the care of patients could lead to obvious dangers."

Veith, Ilza and Zimmerman, L. W.: Should the patient be told? *Modern Med.* 31: 286-296 Oct. 14, 1963.

Whether or not to inform the patient that he has an incurable disease has been debated frequently in recent times. Without entering into this argument it is of interest to note how writers in the past have dealt with the problem.

Writing in the 13th Century, William of Salicet favored maintaining a hopeful attitude for the patient. ("For the mind of the patient derives, from such discourse and promises, a secret influence and a great disposition by which nature acquires vigor and resistance against the disease.") This approach was essentially a reaffirmation of the views of Hippocrates on the subject. Somewhat similar ideas were entertained by Lafranc, Hieronymus Brunschwig, and Henri de Mondeville. In 1824 Astley Cooper, writing specifically of inoperable breast cancer, advised that the patient be informed of the nature of the disease but also be told of instances in which its progress had been exceedingly slow.

"The questions still remain: Is the time-honored effort to spare the patient as much mental anguish as possible by keeping him in ignorance of the true nature of his disease the more humane? Or are the newer views preferred? Perhaps the truth lies between the two alternatives and the choice should be determined by the emotional pattern of the individual patient."

(Terrestrial considerations apart, C. S. Lewis in "The Screwtape Letters" leaves little doubt concerning the view taken of this problem by Screwtape. In Letter V, Screwtape admonishes Wormwood: "How much better for us if *all* humans died in costly nursing homes amid doctors who lie, nurses who lie, friends who lie, as we have trained them, promising life to the dying, encouraging the belief that sickness excuses every indulgence, and even, if our workers know their job, withholding all suggestion of a priest lest it should betray to the sick man his true condition!")

[For a further discussion of the subject, see Sparkman, R. S.: Advice to a woman who has undergone radical mastectomy. *Surgery* 54: 557-558 Sept. 1963.]

Beswick, Isobel C. and Qvist, G.: Spontaneous regression of cancer. (Correspondence) *Brit. Med. J.* 2: 930 Oct. 12, 1963.

In 1948 a 22 year old man was seen with undifferentiated carcinoma involving the right latissimus dorsi muscle and left axillary lymph nodes. No primary site could be determined. Although the prognosis seemed hopeless, x-ray therapy was administered, on an out-patient basis, to the upper half of the trunk. Since the patient was just about to begin a 3-year course of studies, a difficult problem was posed. This was resolved by deciding to let him carry on with his studies. That this was a happy decision is borne out by the fact that the patient has remained well in the 15 years that have elapsed since diagnosis. "Suppose he had insisted on knowing the truth? In view of the pathology he would have had to be told that he had barely a few months to live. Surely the moral is to avoid telling a patient the truth if it is really unpleasant.

Batt, R. E.; Cirksena, W. J., and Lebherz, T. B.: Gout and salt-wasting renal disease during pregnancy: diagnosis, management, and follow-up. *J.A.M.A.* 186: 835-838 Nov. 30, 1963.

Primary gout is rare in women and

when seen is usually postmenopausal. It has been occasionally observed in premenopausal patients, however, and thus may complicate pregnancy. The serious complications of gout in pregnant patients involve the kidney. "Spontaneous onset of labor should be awaited unless renal failure or toxemia of pregnancy intervene, in which case failure to respond to medical treatment is indication for termination of pregnancy."

McDonald, J. C.: Gamma-globulin for prevention of rubella in pregnancy. *Brit. Med. J.* 2: 416-418 Aug. 17, 1963.

Although gamma-globulin is an effective prophylactic against rubella in pregnant women, its contribution to the prevention of congenital deformities is small.

Liener, A. and Schwarz, P.: Pregnancy and tuberculosis. *Wien Med. Wschr.* 33-34; 631-636 Aug. 1962. (in German)

A total of 107 pregnant women with tuberculosis received antituberculosis chemotherapy. Follow-up was continued for several years after parturition. Results with modern therapy are so good that interruption of pregnancy in tuberculous women is not indicated.

Symposium on boxing (Report of a lecture, October, 1961): Miller, (Sir) Douglas: The medical aspects. Kelly, P. (S. J.): The moral aspect. *Transactions Med. Guild St. Luke Australia* 5: 22-26 1962.

From the medical stand-point there is little doubt that boxing can result in severe acute brain damage. In addition, repeated trauma to the cerebrum can produce the syndrome of progressive post-traumatic encephalopathy. Defenders of boxing suggest that such measures as the presence of a physician at ring-side and obtaining electroencephalograms between fights are effective safety precautions; however, these are "precautions which come rather late . . . (and) will not prevent the occurrence of serious brain injuries."

From the moral aspect certain conclusions seem valid:

1. It is, quite certainly, mortally sinful to endeavor to inflict serious injury.

2. It is certainly sinful to intend to deprive someone else of consciousness, apart from certain obvious exceptions (e.g., surgical anesthesia). To intend to render unconscious for a short time is probably venially sinful only, not certainly mortal.

3. As a fact it is certain that serious brain injury regularly and frequently results from boxing.

4. Caution is now necessary in our moral judgment. If that serious injury comes from the nature of boxing itself, the conclusion must be that to enter into that boxing, to inflict those blows, and to open oneself to receive them, is mortally sinful.

5. It is possibly doubtful if this is the fact, namely, that these injuries arise from the nature of boxing itself; at any rate, it is doubtful in many types of boxing. The doubt is very slight indeed. Still, so long as it exists, it would not be right to condemn all serious boxing as certainly seriously sinful.

6. If brain injury can be eliminated then the main difficulty ceases.

7. To cause spectators to be brutalized, that is, to want serious injury, is also sinful.

[Cf. also: Mawdsley, C.: Neurological disease in boxers. *Lancet* 2: 795-801 Oct. 19, 1963; Byrom, F. B.: Boxing and brain damage. *New Scientist*, No. 336, pp. 188-189 April 25,

1963; Editorial: Professional boxing. *Brit. Med. J.* 2: 514-515 Aug. 31, 1963.]

ADDITIONAL ITEMS of interest include the following:

Sournia, Jean-Charles: *Logique et Morale du Diagnostic.* pp. 170 Paris: Editions Gallimard. 1961 7 N.F. (reviewed in *Brit. J. Surg.* 50: 670 May 1963)

Lawson, H.: Kidney machines save "doomed" patients' lives but raise ethical issue. *Wall St. Journal* 162: 1 Aug. 22, 1963. (How decide whom to treat when the number of patients exceeds the number of dialyzers?)

Jakobovits, Immanuel: *Jewish Medical Ethics: A Comparative and Historical Study of the Jewish Religious Attitude to Medicine and Its Practice.* pp. 389 New York: Bloch Publishing Company. 1962.

(Editorial): Distress in dying. *Brit. Med. J.* 2:400-401 Aug. 17, 1963.

Loring, J. N.: Distress in dying. (Correspondence) *Brit. Med. J.* 2:497 Aug. 24, 1963.

Spry, W. B.: Abortion and the psychiatrist. (Correspondence) *Brit. Med. J.* 2: 385 Aug. 10, 1963.

Streatfeild, Christina: Abortion law reform. (Correspondence) *Brit. Med. J.* 2: 444 Aug. 17, 1963.

Stacpoole-Ryding, F.: Abortion law reform. (Correspondence) *Brit. Med. J.* 2: 444 Aug. 17, 1963.

Kelly, M.: Reflections on death and pain. *Transactions Med. Guild St. Luke Australia* 13: 5-14 1962.

Blomquist, C.: The ethics of euthanasia *Svensk. Lakartidn.* 60: 1601-1620 May 30, 1963 (in Swedish).

Louisell, D. W.: Legal limits on human experimentation. *Arch. Environ. Health* 6: 784 June 1963.

Henriques, A.: "A life-prolonging treatment interrupted." *Svensk. Lakartidn.* 60: 1643-1644 May 30, 1963 (in Swedish).

Weinstein, H. J.: Ethical considerations in air pollution research. *Arch. Environ. Health* 6: 779-783 June 1963.

Roxburgh, H. L.: Experiments on human subjects. Med. Sci. Law 3: 132-140 Apr. 1963.

(Report of the Disciplinary Commission): The problem of life-prolonging treatment in "hopeless cases." *Svensk. Lakartidn.* 60: 1635-1640 May 30, 1963 (in Swedish).

Stokes, E. J.: Intention of religious life and hospital administration. *Hosp. Progr.* 44: 91-95 June 1963.

Zappala, A.: A joint venture of psychiatrists and clergy: the Pastoral Institute. *Med. Ann. D. C.* 32: 247-248 June 1963.

Geerling, R.: Some thoughts on religion and the community. *S. Afr. Med. J.* 37: 490-493 May 4, 1963.

Vidal, M. J.: The teaching of deontology in medical schools. *Folia Clin. Int.* (Barcelona) 13: 85-101 Feb. 1963 (in Spanish).

Blume, N. R.: On the boundary of life . . . *Svensk. Lakartidn.* 60: 1640-1642 May 30, 1963 (in Swedish).

Fournier, E.: Plan for control of visceral specimens apropos of kidney grafts. *Ann. Med. Leg.* (Paris) 43: 159-162 Mar.-Apr. 1963 (in French).

_____: Man and his future (Occasional Book) *Lancet* 2: 33-34 July 8, 1963.

Sargant, W. W.; Heller, M. D. A.; Baker, A.A.: Abortion and the psychiatrist. (Correspondence) *Brit. Med. J.* 2: 867-868 Oct. 5, 1963.

Mears, A.: Some moral, ethical and religious aspects of medical hypnosis. *Transactions Med. Guild St. Luke Australia* 10: 30-38 1959.

Farrell, P. M. (O.P.): Moral aspects of medical hypnosis. *Transactions Med. Guild St. Luke Australia* 10: 39-47 1959.

Bean, W. B.: The "hopeless case." *Arch. Int. Med.* 112 :311-313 Sept. 1963.

Bulger, R. J.: Doctors and dying. *Arch. Int. Med.* 112: 327-332 Sept. 1963.

Laforet, E. G.: The "hopeless" case. Arch. Int. Med. 112: 314-326 Sept. 1963.

Hardin, G.: A second sermon on the mount. *Perspect. Biol. & Med.* 6: 366-371, Spring 1963.

Pryor, W. J.: Are medical ethics an anachronism? *New Zealand Med. J.* 62: 203-206 May 1963.

Ballhorn, H.: Has the physician the right to inform the parents or guardians about the treatment of minors in abortion cases? *Med. Klin.* 58: 885-886 May 24, 1963 (in German).

Soddy, K.: Clergy-doctor relations. (Correspondence) *Brit. Med. J.* 2: 1068 Oct. 26, 1963.

(Editorial): Influenza and congenital malformations. *Brit. Med. J.* 2: 1012 Oct. 26, 1963.

Sim, M.: Abortion and the psychiatrist. (Correspondence) *Brit. Med. J.* 2: 1061-1062 Oct. 26, 1963.

Brain, R. (Lord Brain): Some reflections on brain and the mind. *Brain* 86: 381-382 Sept. 1963.

Howard, J. M.: Studies of autotransplantation of incurable cancer. *Surg. Gynec. & Obstet.* 117: 567-572 Nov. 1963.

(Editorial): Te Deum. *New Eng. J. Med.* 269: 1207-1208 Nov. 28, 1963.

Braceland, Francis J. and Stock, Michael (O.P.): *Modern Psychiatry.* Garden City, New York: Doubleday. 1963. 323 pp. $4.95 (reviewed in *America* 109: 464-465 Oct. 19, 1963).

Kelly, George A. (Rev.): *Birth Control and Catholics.* Garden City, New York: Doubleday. 1963. 260 pp. $4.95 (reviewed in *America* 109: 465-466 Oct. 19, 1963).

(Editorial): Population and the Council. *America* 109: 477 Oct. 26, 1963.

Adams, Jane H.: Love, O love, O careful love — Will tomorrow's mothers look on childbearing as a threat to their fulfillment? *America* 109: 481-484 Oct. 26, 1963 [Cf. also: Of love and care—correspondence. *America* 109: 658-659 Nov. 23, 1963.]

Ford, John C. (S.J.) and Kelly, Gerald (S.J.): *Marriage Questions* (Vol. II, *Contemporary Moral Theology*). Westminster, Maryland: Newman Press. 1963. $7.50.

(Editorial): Family planning in Ireland. *America* 109:724 Dec. 7, 1963.

Nogar, Raymond J. (O.P.): *The Wisdom of Evolution.* Garden City, New York: Doubleday. 1963. 403 pp. $5.75 (reviewed in *America* 109: 745 Dec. 7, 1963).

_____: Husband and wife report. *America* 109: 660-661 Nov. 23, 1963 (Discussion of "responsible parenthood.")

(Editorial): The new humanism. *Lancet* 2: 1046-1047 Nov. 16, 1963.

Monsma, John Clover (Editor): *Religion and Birth Control: Twenty-one Medical Specialists Write in Plain Language About—Control of Conception, Therapeutic Abortion, Sterilization, Natural Childbirth, Artificial Insemination.* Garden City, New York: Doubleday. 1963. $3.95.

Sabattini, A. (Msgr.): Luke, the lay

evangelist. *Catholic Med. Quart.* 16: 129-132 Oct. 1963.

McCormack, A. (Editor): *Christian Responsibility and World Poverty.* London: Burns & Oates. 1963. 42s.

Hubiak, J.: Render unto Caesar? (Correspondence) *Med. World News* 4: 38 Dec. 6, 1963.

McEvoy, H. (S.J.): *In Time of Sickness: Prayers for the Sick.* London: Burns & Oates. 1963. 15s

Claxton, E.: The new morality and national health. *Catholic Med. Quart.* 16: 132-138 Oct. 1963.

_____: Vatican sponsors new medical school in Italy—College combines ultra-modern facilities with traditional doctrine. *Med. World News* 4: 85-87 April 12, 1963.

Mund, A.; Simson, J. and Rothfield, Naomi: Effect of pregnancy on course of systemic lupus erythematosus. *J.A.M.A.* 183: 917-920 March 16, 1963.

_____: Catholic theologian defends man's "right to die." *J.A.M.A.* 180: A 23-24 April 28, 1962.

(Planned Parenthood Federation of America; World Population Emergency Campaign): *Birth Control Services in Tax-Supported Hospitals, Health Departments and Welfare Agencies.* New York: Planned Parenthood Federation of America. 56 pp. 1963. $0.50.

Goldfarb, A. F.: Ovulation control. *Medical Science* (Lippincott) 14: 42-47 Nov. 1963.

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