

11-1-1964

Current Literature: Titles and Abstracts

Catholic Physicians' Guild

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Recommended Citation

Catholic Physicians' Guild (1964) "Current Literature: Titles and Abstracts," *The Linacre Quarterly*: Vol. 31: No. 4, Article 20.
Available at: <http://epublications.marquette.edu/lnq/vol31/iss4/20>

Current Literature:

Titles and Abstracts



Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophical 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.

Hubble, D.: Medicine and society.
Lancet 1:995-1000 May 9, 1964

Medicine—or human biology—has a vested interest in certain problems of modern man. Two common concepts—that what is “natural” must therefore be good and that life as such demands total respect—are invalid principles for the human biologist in his study of human affairs. In searching for other norms which might be acceptable, the following are worth consideration:

1. “That a full biological opportunity should be given to each individual.”
2. “That where the demonstrable needs of the community appear to some to offend against this first principle (as in the fluoridation of the water supplies) the requirements of society are paramount; but the human biologist, when he has to choose between his duty to the individual and his duty to society, must scrupulously protect his patient’s interests.”

Application of the first of these principles to the remarkable change in sexual conventions in modern society indicates that the physician would wish to ensure that the sexual experiences of the young result in neither disease for the partners nor in illegi-

timate pregnancy for the girl. This requires sex education and contraceptive advice for the young and liberalization of the abortion laws.

Although “the battle for birth control is largely won,” continued study of methods is indicated. As for abortion, liberalization of the legal indications is needed, particularly since “. . . most human biologists (except those following religious authority) have long since discarded any ideas about the sanctity of embryonic life.” Since homosexuality cannot be regarded as a biological activity, the human biologist cannot be expected to encourage it.

Experiments on man continue to be necessary, and a code of ethics applicable to all situations is difficult to formulate. If medicine is to continue its progress, the needs of the community must be accepted as paramount, provided experimentation does not subject the individual to pain or danger.

(The author is Dean of the Faculty of Medicine, University of Birmingham; Professor of Paediatrics and Child Health; Chairman of the Council for the Investigation of Fertility Control, Family Planning Association.)

[Cf. also: Trowell, H. C.: Medicine and society.—correspondence—*Lancet* 1:1160-1161 May 23, 1964.]

O'Donnell, W. E.: *The good physician.* *America* 110:796-799 June 6, 1964.

There is an increasing need for physicians who treat the patient as a person, not as a case. In medical schools and elsewhere there is a tendency to exalt science and technology over humanity, and this tendency is growing. Certain corrective forces do exist, however, and among them are the National Federation of Catholic Physicians' Guilds, the journal *LINACRE QUARTERLY*, The National Academy of Religion and Mental Health, the Department of Religion and Mental Health of the A.M.A. and the proposed Institute of Medicine and Morals at Loyola University School of Medicine.

[For comment on the above, cf. letter "Professional Qualifications," *America* 111:57 July 18, 1964.]

THE CORRESPONDENCE SECTION of *Science* might seem an unlikely milieu for lively letters on periodic continence. However, Garrett Hardin's missive ("Ultimate Failure of Rhythm," *Science* 144:995 March 6, 1964) was answered by one from R. C. Baumiller ("Rhythm and Natural Selection," *Science* 144:365-366 April 24, 1964) which disagreed. This in turn was answered by two letters, one from Garrett Hardin and one from Leonard Ornstein ("Rhythm Method and Mate Selection," June 26, 1964.). Apart from their intrinsic interest, these letters may appeal to the *LQ* reader who misses the lost art of taking vigorous exception to things.

Hill, A. B. (Sir Austin Bradford Hill): *Medical ethics and controlled trials.* *Lex et Scientia* 1:75-90 April-June 1964 (reprinted from the April 20, 1963 issue of *Brit. Med. J.*)

The introduction of streptomycin for treatment of pulmonary tuberculosis is a prime example of the situation in which the need for evaluation of therapeutic agents arises. Controlled trials are the only means whereby a proper judgment can be made. Ethical problems are inherent in such trials but cannot be completely resolved by formulating codes such as that of the Ethical Committee of the World Medical Association (1962). Whenever a clinical trial is proposed, certain *specific* questions must be considered. Among these are:

1. Is the proposed treatment safe or, in other words, is it unlikely to do harm to the patient?
2. Can a new treatment ethically be withheld from any patients in the doctor's care?
3. What patients may be brought into a controlled trial and allocated randomly to different treatments?
4. Is it necessary to obtain the patient's consent to his inclusion in a controlled trial?
5. Is it ethical to use a placebo, or dummy treatment?
6. Is it proper for the doctor not to know the treatment being administered to his patient?

—: *Swedish view on right to die.* *Modern Med.* 32:22 July 20, 1964.

With the consent of the patient's family, a Swedish physician discontinued supportive treatment of an elderly woman dying of cancer and experiencing severe pain. Death occurred a week later. A government prosecutor considering a murder charge for the physician consulted the legal committee of the Swedish Board of Medicine, which concluded that the doctor's action was justified.

LARGELY DUE to the state's policy of free abortion, the birth rate in Hungary is one of the lowest rate in Europe, a fact that is beginning to cause concern in official quarters ("Abortions in Hungary," *J.A.M.A.* 189:177 July 13, 1964).

Prinzmetal, M. and Prinzmetal, Constance: Coronary artery disease and arteriosclerosis: a possible method for predicting their presence. *J.A.M.A.* 187:67 Jan. 4, 1964.

Opportunities are limited for evaluating the available clinical and laboratory methods of determining the predisposition to coronary artery disease. It is therefore proposed to establish a double-blind study employing criminals condemned to death. History, physical examination, family history, EKG, and other parameters would be determined prior to execution. After execution and autopsy the vascular system would be examined grossly and microscopically — under double-blind technic—and the results correlated with the *ante mortem* findings.

(Strenuous objection to the foregoing proposal is voiced in a letter, "Research on the Condemned," by Z. Slomovitz, *J.A.M.A.* 188:833 June 1, 1964. He writes: "The role of physician as scientist is distinctly second to the role of physician as humanitarian. . . . He demeans himself and his profession when he lends comfort directly or indirectly to an act or procedure . . . that lessens the dignity and worth of individual human life.")

AS USUAL, Harvard Medical School's annual George Washington Gay Lecture upon Medical Ethics makes interesting reading, but is virtually proof against abstracting. The 1963 lecture, "Caring for the patient," was presented by Herrman L. Blumgart, M.D., emeritus professor of

medicine, and appeared in the *New England Journal of Medicine* (270: 449-456 Feb. 27, 1964) and in the *Harvard Medical Alumni Bulletin* (38:29-36 Winter 1964).

Brandstrup, E., Osler, O., and Pedersen, J.: Therapeutic abortion and sterilization in diabetic patients. *Acta Obst. et Gynec. Scandinav.* 43:11-18 1964

In the period 1954-1962 74 abortions and 28 sterilizations were performed in 80 diabetic patients. The main indication was late diabetic nephropathy. Eugenic indications were also employed.

WITHOUT ADVERTING to anything more than the results of modern obstetrical science, Tenney and Little in their text indicate that the medical and psychiatric indications for therapeutic abortion are virtually non-existent (Tenny, Benjamin and Little, Brian: *Clinical Obstetrics*, W. B. Saunders Co.: Philadelphia. 1961. 440 pp.).

ONLY INFREQUENTLY does the "secular" medical press take cognizance of material appearing in THE LINACRE QUARTERLY. It is heartening to report, therefore, that Dr. Curtis' "Respect is a Two Way Street" (*LQ* 31:9-11 Feb. 1964) has been abstracted at length in the *Journal of the American Medical Association* (From other pages: physicians and nurses, *J.A.M.A.* 188:A94 June 15, 1964).

Woodruff, M.F.A.: Ethical problems in organ transplantation. *Brit. Med. J.* 1:1457-1460 June 6, 1964.

While it is generally agreed that a doctor's primary duty is to his patient, this is not his only responsibility;

there are many other people to be considered. This is the case when human experimentation is required. The advent of organ transplantation has raised such issues in a particularly acute form, and has also introduced a new category of individuals who must be considered by the physician, viz., living organ donors.

The day may come when human transplant donors will not be required since animal donors may prove satisfactory. If this occurs, the ethical problems in this area will largely disappear. Thus far, however, such heterotransplants have not been successful, and the need for human donors remains.

In the instance of kidneys from living volunteers, certain *necessary* conditions must be met before this is acceptable, but even these may not constitute *sufficient* conditions; the former include the following.

1. it must be firmly established that the patient has irreversible renal failure for which methods other than transplantation will not be helpful.
2. the donor must be in good health and possess two normal kidneys.
3. the donation must be entirely voluntary.
4. the donor must be fully appraised of the risks he is assuming, both immediate (operative risk) and long-term (physiologic risk).
5. there must be no reason for thinking that the chances of success are exceptionally poor.

Difficult situations for which the preceding *necessary* conditions may not be *sufficient* conditions include the following:

1. where the patient and donor are identical twins who are legal minors.
2. where the prospective donor is

a parent of the intended recipient.

3. where the donor is a husband, wife, or close friend of the recipient.
4. where the would-be donor is a member of a "captive group" (e.g., a person serving a sentence of imprisonment).

Cadaver kidneys may avoid some of the problems mentioned, but they are difficult to obtain. In the haste to make preparations for grafting from a moribund donor there is the risk of appearing to give up hope for saving the prospective donor too soon. Some have suggested the use of kidneys obtained from those whose death is the result of judicial execution. This is probably not feasible and furthermore, as an entirely personal opinion, "I think it would be deplorable to do anything which might create a vested interest in such a barbaric practice as capital punishment."

[For additional perspectives, cf. Murray, J. E.: Moral and ethical reflections on human organ transplantation. *THE LINACRE QUARTERLY* 31: 54-56 May 1964.]

Reemtsma, K.: Obligations and opportunities in heterotransplantation. (Editorial) *Surg. Gynec. & Obstet.* 118:1317-1318 June 1964.

The ultimate success of heterografting in man remains conjectural; even organs hemografted under ideal circumstances may fail. At the present time, " . . . the cross-species transplantation of organs must be considered an experiment with a wholly unpredictable outcome. The scientist who uses human lives in experimentation assumes an enormous ethical and medical burden. Only if stringent precautions are observed is such work justified. The life-threatening nature of organ failure, of course, must be

clearly established. Standard, accepted forms of treatment must be unavailing or unavailable. The patient must be fully apprised of the experiment in which he is risking his life, and he must consent freely." A free interchange of data accumulated by all workers in the field of heterotransplantation.

Hardy, J. D.; Chavez, C. M.; Kurrus, F. D.; Neely, W. A.; Eraslan, S.; Turner, M.D.; Fabian, L. W.; and Labecki, T. D.: Heart transplantation in man: developmental studies and report of a case. *J.A.M.A.* 188: 1132-1140 June 29, 1964.

Cardiac heterotransplantation (chimpanzee to man) was performed clinically in January 1964 with survival for one hour after termination of bypass. The operation involved several collateral issues: 1. public relations: unauthorized release of information concerning the operation resulted in considerable confusion. 2. ethical aspects: "We believed then and we believe at this writing that the insertion of the chimpanzee heart, under the conditions which existed at that moment, was well within the bounds of medical ethics and morality."

(For editorial comment on this paper, cf. "Decision Difficult," *Med. Tribune* 5:15 July 20, 1964.)

(Cf. also the statement, "Premature Publicity," by the Committee on Public Relations of the American College of Surgeons, *Bull. Am. Coll. Surg.* 49:129 July-Aug. 1964.)

(Further editorial discussion of the problem of publicity in relation to medical "break-throughs" appeared in *New Eng. J. Med.* 270:1252-1253 June 4, 1964, under the title, "The Doctor Speaks.")

Calne, R. Y.: Renal transplantation in man: a review. *Brit. J. Surg.* 51: 282-293 April 1964.

In the course of reviewing the his-

tory of human renal transplantation the writer devotes considerable space to ethical considerations. "A surgeon proposing to remove a healthy kidney from a living donor for the purpose of transplantation takes upon himself a large share of moral responsibility." There are certain advantages to the use of live donors, but among the disadvantages are: 1. the dangers of any operation, which for certain reasons may be increased in this situation; 2. moral pressures, direct and indirect, may be exerted on the donor; 3. the possibility of financial considerations to kidney donors is at best a distasteful proposition. "There is no precedent in medical ethics to guide the surgeon in this extremely difficult decision (use of a live donor). If there is good reason to expect success, and the donor is both emotionally and physically suitable, then the clinician may feel that a transplant should be performed. However, to proceed with a transplantation in a situation less satisfactory than this would provide the surgeon with an excessive moral burden."

Amrine, M.: Scientists and Jesuits, gypsies and Jews. (Correspondence) *Science* 142:913-914 Nov. 15, 1963.

Scientists are more and more being urged to conform to the customary behavior of other citizens, the basic assumption being that in becoming more like other human beings they become more humane. This thesis is not necessarily valid. Scientists are members of a group with a long tradition and an international scope. There are other such groups or subcultures, or genuine tribes "set apart from the rest of us," and these include the Bohemians, the Jesuits, the gypsies, the ballet dancers, the Jews, and the professional naval officers. Scientists should strive to retain their "dif-

ferentness" rather than become conformists. ". . . perhaps we had better let these rare birds be. Let them remain as mobile as gypsies, as disciplined as Jesuits, as arrogant as naval officers, and as different as they please."

THE MATHEMATICAL probabilities involved in periodic continence as a method of child spacing have been discussed by de Béthune (de Béthune, A. J.; Child Spacing: the mathematical probabilities. *Science* 142: 1629-1634 Dec. 1963) In subsequent correspondence Potter takes exception to several conclusions presented by de Béthune, and states: "The indications so far are that in average practice rhythm is less effective than such techniques as condom or diaphragm and jelly, but certainly it is nowhere near so ineffectual as implied by the author's sample of 5 couples." (Potter, R. G., Jr.; Rhythm method. *Science* 143:1394 March 27 1964.) Replying to Potter in the May 15, 1964 issue ("Rhythm Method," page 795) de Béthune states: "Nothing in Potter's criticism invalidates my conclusion that 'the natural variations in the fertility and sterility of man and of woman will have to be learned and mastered, so that mankind can, in Pius XII's own words, take advantage of them.'"

The Christian Century, "an ecumenical weekly" under Protestant auspices, frequently contains material that is of medico-moral interest, as witness the following references culled from recent issues:

1. O'Brien, J. A. (C.S.C.): The population explosion demands

worldwide action. (Its danger, second only to that of nuclear war, threatens to nullify our foreign aid programs,) 81:43-46 Jan. 8, 1964.

2. Thielicke, H.: Realization of the sex nature. 81:73-77 Jan. 15, 1964.
3. Fitch, R. E.: The sexplosion. (Adults who ought to be providing young people with some sort of guidance in regard to sexual conduct are lost in an antinomian orgy of open-mindedness.) 81:136-138 Jan. 29, 1964.
4. Bertocci, P. A.: Extramarital sex and the pill. 81:267-270 Feb. 26, 1964.
5. Kline, D. R. (Rev.): 'Sir, the word is *moral!*' (Therapists do nothing to help restore a disturbed person to wholeness when they minimize his actual and specific sins,) 81:455-485 April 8, 1964.
6. Roland, S. J., Jr.: Special report: Dialogue on the moral crisis. (Report on panel discussion, "Changing Patterns of Sexual Behavior," held at the annual meeting of the Academy of Religion and Mental Health, New York, April 23-24.) 81: 705 May 27, 1964.

UNDER THE CAPTION, "Mouth-to-mouth Resuscitation: Report of the First Case?", the Biblical account of Eliseus' reanimation of a dead child was recalled in these pages ((II Kings 4, 31-35—THE LINACRE QUARTERLY 31:80 May 1964). Burnham mentions this episode in a letter to the *New England Journal of Medicine* and sets its chronology at *circa* 895, B.C.; he also alludes to another Bibli-

cal description of mouth-to-mouth resuscitation (*I Kings* 17:17-23), circa 930 B.C. (Burnham, H. A.: Biblical priority. *New Eng. J. Med.* 270:1314 June 11, 1964). These two references are cited further in the *Journal of the American Medical Association* (Freilich, H.: Ancient accounts of mouth-to-mouth resuscitation. *JAMA.* 189: 383 Aug. 3, 1964).

Solomon, A. P.: The psychological challenge in automation. *Arch. Environ. Health* 9:72 July 1964.

Automation has created a major challenge by increasing the amount of time available for leisure. A partial solution consists in interweaving such activities as job training, cultural studies, and physical activities into the working day. "Work in its best sense is not just part of life; it is literally life itself. The plan submitted will give to work the potential to increase man's hope and desire for self-fulfillment."

McSweeney, D. J. and Sharra, A. J.: A new cervical mucus test for hormone appraisal. *Am. J. Obstet. & Gynec.* 88:705-709 March 15, 1964.

A specially prepared test paper can be used to measure chloride concentrations in cervical mucus, thus affording a simple and rapid test of ovulation and ovarian function.

THE THALIDOMIDE TRAGEDY (Norman St. John-Stevias: The Thalidomide tragedy. *U.S. Catholic* 29:6-9 April 1964) has focused attention on the teratogenic potential of drugs used during pregnancy. Certain cancer chemotherapeutic agents had been considered *a priori* to be teratogenic when employed in the pregnant woman, but in general this expectation has not been fulfilled. Three recent articles in *Annals of*

Internal Medicine tend to exculpate vinblastine, for example. (Armstrong, J. G. *et al.*: Delivery of a normal infant during the course of oral vinblastine sulfate therapy for Hodgkin's disease. *Ann. Int. Med.* 61:106-107 July 1964; Rosenzweig, A. I. *et al.*: Vinblastine sulfate in Hodgkin's disease in pregnancy: *Ann. Int. Med.* 61:109-122 July 1964; Lacher, M. J.: Use of vinblastine sulfate to treat Hodgkin's disease during pregnancy. *Ann. Int. Med.* 51:113-115 July 1964.) In an editorial in the same issue, Shirkey comments on the general problem of teratogenicity of drugs used during pregnancy. (Shirkey, H. C.: The use of dangerous drugs during pregnancy: congenital abnormalities. *Ann. Int. Med.* 61:162-165 July 1964.) As a concluding thought, he suggests: "Whenever surgical interruption of a pregnancy is planned, the deliberate administration of a suspect teratogen and careful examination of the fetus might provide that the human life not be completely wasted."

(Cf. also: Gomirato-Sandrucci, M. and Ceppellini, R.: Clinical and pathogenic aspects in some cases of phocomelia. *Minerva Pediat.* 14:1181 Nov. 3, 1962.)

Standard, S.: Autopsy permission. (Correspondence) *New Eng. J. Med.* 270:1126-1127 May 21, 1964.

There is no question that post mortem examinations are necessary for the advance of medicine. However, present methods of securing autopsies are obsolete, and are subject to emotional, religious, and sociologic resistance. The truth—that any autopsy is a contribution to man's future—often fails. "Obliquities of truth are then resorted to"—for example, the possibility of legal complications if autopsy is not performed or of insurance difficulties, or of latent familial

disease being present in the deceased. Some hospitals actually furnish a monetary reward to the resident who succeeds in obtaining permission for an autopsy. "I believe that this is a subversion of morality and that it ill becomes the stature of professional dignity and trust to descend to this kind of argument. It gets to be a debater's trick to achieve victory, rather than a scientist's hope to arrive at truth."

Under circumstances that demand an autopsy—deaths in military service, for example, or medical examiner cases—the family never objects. These circumstances free the individual relative of the responsibility of decision. Consequently it would seem advisable to initiate a movement to make all deaths in hospitals subject to autopsy. This will require legislative action.

[Dr. Standard's proposal is seconded in a letter from Dr. Barbara Moulton in *New Eng. J. Med.* 271: 269 July 30, 1964, which closes by stating that "Appropriate safeguards could be devised for the rare cases in which religious scruples might be involved."]

Russell, J. K. and Miller, Mary R.: Care of women with terminal pelvic cancer. *Brit. Med. J.* 1:1214-1216 May 9, 1964.

On the basis of studying a series of women with terminal pelvic cancer, it seems that the management of this problem can be improved. "More beds of the right type"—not general hospital beds—should be made available. Medical students should have opportunity to follow such patients "out of the hospital into the home so they can observe, over a period, the harrowing preliminaries to death." Teaching hospitals are identified with the management of acute illness rather than with the care of the chronically

ill and dying; consequently, the student has no opportunity to learn how to deal with patients and their relatives under stress, about the various agencies available to help, and about the measures that can be used to relieve pain and distress. As a tangential observation: "It was not our purpose to examine closely the part played by religion in the terminal stages of the lives of these women. The subject was never deliberately brought up by us in our discussion with patients, relatives, or friends, but we couldn't fail to observe that in three homes, all Roman Catholic, patients and their relatives derived great spiritual help and comfort from the frequent visits of a priest."

Watchtower Bible and Tract Society of New York, Inc.: Autotransfusion and Jehovah's Witnesses. (Correspondence) J.A.M.A. 188:832 June 1, 1964.

A recent item in *J.A.M.A.* stated that it is permissible for a member of Jehovah's Witnesses to receive a transfusion of his own blood. Such a procedure is acceptable if it is "simply an immediate transfer of blood that has collected in the body through hemorrhage back into the circulatory system." If, however, the blood were to be collected and kept for even a few moments before being transfused such autotransfusion would be prohibited.

Bacon, H. E.: Science is not enough. J.A.M.A. 185:582-583 Aug. 17, 1963.

"Humanity, compassion, goodness, and empathy constitute that best portion of a good man's life."

Kinsolving, L.: What about therapeutic abortion? Christian Century 81: 632-635 May 13, 1964.

California state law prohibits abortion in cases of rape or incest. Bills to

legalize abortion under such circumstances were introduced in 1961 and in 1963 but did not come out of committee. The principal if not the sole opposition to the bills came from the Roman Catholic Church. The Catholic objection to any therapeutic abortion is based on the contention that life begins at conception. This position, however, was not held by Albertus Magnus, Aquinas, St. Anselm, Innocent III, Gregory XIV, and Alphonsus Liguori. "That this microscopic and unviable entity (the fetus) is considered by Roman Catholic law (though not by its dogma) to be a human being is the point of controversy."

"Roman Catholics, Jehovah's Witnesses and Christian Scientists are minority groups which espouse unique and varying medical ethics in regard to resort to medical care, to blood transfusions or to therapeutic abortion in hospitals. However, the majority of the citizens of California—or of any other state—who can in perfectly good conscience utilize any and all of these practices should not have to submit to the views of a minority, no matter how strong, at the cost of their lives or their health."

Ebaugh, F. G.: *A tale of two lanterns.* *J.A.M.A.* 188:64-68 April 6, 1964.

Psychiatry and religion have diverse traditions but similar goals. Mutual respect and understanding between the two disciplines have reached a new high, and there is hope that "perhaps we may again weld together . . . the two most vital forces for human betterment—medicine and religion."

[Cf. Farnsworth, D. L.: Religion and psychiatry. *THE LINACRE QUARTERLY* 31:49-53 May 1964.]

ADDITIONAL ITEMS of interest include the following:

NOVEMBER, 1964

Kerns, Joseph E. (S.J.): *The Theology of Marriage: The Historical Development of Christian Attitudes Toward Sex and Sanctity in Marriage.* Sheed: New York. 1964 294 pp. \$6.00

(Editorial): Good medicine . . . and dubious morals. *America* 110:620-621 May 9, 1964.

Bucklin, R.; The medical aspects of the crucifixion of Christ. *Acta. Med. Leg. Soc.* (Liege) 16:69-75 July-Sept. 1963.

Cox, L. B.: Ideas, man, and the physician. *Australian Ann. Med.* 12: 279-281 Nov. 1963.

Sheeley, W. F.: About the unity of the patient. *Am. J. Psychiat.* 120: 604-605 Dec. 1963.

Dorsey, J. M.: The spirit of medicine. *J. Michigan Med. Soc.* 62:1215-1216 Dec. 1963.

McClanahan, J. H.: The patient's right to die: moral and spiritual aspects of euthanasia. *Memphis Med. J.* 38:303-316 Aug. 1963.

Rosinski, E. F.: Professional, ethical, and intellectual attitudes of medical students. *J. Med. Education* 38: 1016-1022 Dec. 1963.

Ganley, Rosemary B.: Spacing births. *America* 110:366-367 March 21, 1964, ("Families in Montreal test the control of fertility by means of the thermometer." Discussion of the approach of SERENA—Service de Régulation des Naissances.)

[Cf. also editorial in same issue of *America*, page 360, entitled "Child spacing,"]

Marshall, John (M.D.): *The Infertile Period.* Helicon: Baltimore, 1964. 115 pp. \$2.95 (reviewed in *America* 110:376-377 March 21, 1964.)

- Lin, T. J. Durkin, J. W., Jr., and Kim, Y. J.: The control of reproduction and of the functions of certain endocrine organs as reflected by biochemical and biological essays. *Current Therapeutic Research* 6:225-248 April 1964.
- James, W. H.: The arithmetic of the rhythm method of contraception. *Current Med. Digest* 31:461-463 May 1964.
- Levin, M.: The pornography racket. *Current Med. Digest* 31:458-460 May 1964.
- Hammond, H.: Therapeutic abortion: ten years' experience with hospital committee control. *Am. J. Obstet. & Gynec.* 89:349-352 (discussion 352-355) June 1, 1964.
- Seaborg, G. T.: Science and the humanities: a new level of symbiosis. *Science* 144:1199-1203 June 5, 1964. ("A culture of new dimensions is emerging from the interaction of the arts and humanities with science.")
- McDonagh, Enda (Ed.): *The Meaning of Christian Marriage*. Alba House. 196 pp. \$4.95 (reviewed in *America* 110:869-870 June 27, 1964.)
- : The future of birth control. *U.S. Catholic* 29:53 April 1964.
- : Some variations on the morals of smoking. *U.S. Catholic* 29:53 April 1964.
- : Sifting mental from moral ills: U.S. Doctor in Rome helps priests distinguish psychiatric from spiritual problems. *Med. World News* 5:156, 160 Mar. 13, 1964. (The work of Dr. Frank J. Ayd, Jr., at Gregorian University.)
- Bear, Larry Alan (Ed.): *Law, Medicine, Science—and Justice*. Charles C. Thomas: Springfield, Illinois. 1964. 636 pp. \$14.50 (Reviewed by G. E. Hall in *J.A.M.A.* 189:168 July 13, 1964; includes discussion of abortion, suicide, sterilization, supply and use of human parts, artificial insemination, euthanasia, and contraception.)
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