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Letters to the Editor

Catholic Physicians' Guild

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Letters to the Editor

TO THE EDITOR:

While all of us would agree with the intent of Dr. Lavelle's article (Is Abortion Good Medicine?, L. Q., Feb., 1968) and for the most part we would agree with its content, there are several points that need clarification.

Toward the end of the article he makes the following statement "there is no medical, moral, ethical, or other objection to a D & C". Many people today write that there is no moral objection to this procedure following rape. However, I have yet to see it documented. If we are to consider that life begins when the sperm and egg meet at the time of fertilization, then a D & C done under these conditions would certainly be open to question. I would be very interested to know if Dr. Lavelle has any moral references that would back up his statement that there is no objection.

Incidentally, I understand, and this is some unpublished data from a hospital in the East for this procedure has been done many times, that at least on two occasions a pregnancy did follow. The reason for this is obvious to any obstetrician and that is in doing the D & C not all of the endometrial tissue is removed. Far more effectively to prevent the implantation would be the use of large doses of progestins. However, I believe that certain moral judgements would have to be made on their use the same as on D & C.

Later in that paragraph he states "within a period of up to 8 days she reports this to her physician, then she can be put on the pills for 5 days and this will prevent pregnancy from resulting". Certainly if she waits 8 days following the act of intercourse, and if this occurred at the right time of the month, all the pills in the world are not going to prevent a pregnancy. This is in error as he has it in this article.

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TO THE EDITOR:

The current issue is superb and, particularly, the article on "The Physician, the Hospital and the Community" by Lawrence Hoban. As all of us feel that the Catholic physician and the Catholic Physicians' Guilds should be the advancing spearhead rather than in the rear guard, I want to present, for your consideration, a problem that must be germane to future activities.

I have recently started in New Orleans an outpatient experimental clinic under the rigid control methods of Dr. Nyswander for the outpatient treatment of narcotic addicts in my area of the City. Recent literature in the past two or three years has shown that Methadone substitution may be a partial answer to a problem to which previously there was no answer - heroin addiction. Preliminary experience backed by social, psychological, job placement, and other studies tend to give us the hope that a percentage of heroin addicts, by this narcotic blockage, may be returned to society as useful citizens, and decreased crime on the streets, with subsequent safety to our community.

The outlet of medicine today is community or environmental medicine and possibly the Catholic Physicians' Guilds or the National Federation should consider this as one approach to serve our community, and be citizen first, and physician second.

I would like to compliment Dr. Hoban and other authors in the current issue for their courage in facing a reality that is, rather than retreating to defend dream castles of the past. They serve their God, their Country, and their communities without fear of revered tired institutions.

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