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## Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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## 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.

**Jeffcote, T.N.A.:** Indications for therapeutic abortion, *Brit. Med. J.*, pp. 58-588, Feb. 27, 1960.

Based upon a 10-year experience with 63 cases of therapeutic abortion, the writer estimates that the need for the procedure does not arise more than once in every 1,000 gestations. While underlying principles governing the decision to perform therapeutic abortion remain unchanged, the actual indications are altered by advancing medical knowledge. The number of medical indications has rapidly decreased in recent years, although pulmonary insufficiency has been added as a relatively new reason for advising abortion. Psychiatric indications "are easily abused to justify the removal of an unwanted pregnancy." The author concludes, "Induction of abortion nowadays rarely offers hope of improvement or cure of the patient's disease; it generally aims to do no more than prevent deterioration of the mother's condition and is therefore more often prophylactic than therapeutic."

**(Editorial):** The smoker and his conscience, *America*, 103:9, April 2, 1960.

There is mounting scientific evidence to show a direct causal link between heavy cigarette smoking and lung cancer. In addition, tobacco is also probably involved in coronary artery disease. Does the heavy smoker have a moral obligation to reduce or stop his smoking? According to Father John C. Ford, S.J., tobacco is one of numerous "chemical comforts" available to satisfy the minor needs of men. In general, there is no problem in the use of such materials. The difficulty arises in deciding what constitutes moderate use. "It is at present impossible to impose . . . a clear obligation" to stop or reduce the use of tobacco. All life is hazardous. "The man who inhales fifty cigarettes today may choke on Friday's sardines. Meanwhile, his judgment on

balancing the comforts of nicotine against the calculated risk of bronchial disaster had better be left between his conscience and his God."

**Freeman, W.:** Psychosurgery, *American Journal of Psychiatry*, 115:606-607, January, 1959.

Analytically oriented psychiatrists have tended to shy away from the study of lobotomized patients. Eugene Body, however, reporting on a study of eleven patients before and after anterior lobotomy, finds that the overwhelming aggressive energies mediated by the superego are reduced, and that the ego functions can then be engaged in organized control of objects without destroying them.

The moral problem, discussed by Father Gerald Kelly, S.J., indicated that lobotomy and similar operations are justified when medically indicated as the proper treatment of serious mental illness or of intractable pain, provided the indications are clear and the expected advantages will outweigh the possible evil. In general, he states, good medicine is good morality. In accordance with this, psychosurgery is licit on the basis that the individual can sacrifice a part in the interest of the whole. Rather than being a measure of desperation, lobotomy becomes the turning point in reconstructive therapy. —R.J.C.

**Altschule, M. D.:** Gresham's Law and debased advertising (editorial), *Medical Science*, 7:627-673, May 25, 1960.

Increasing interest in the ethics of the pharmaceutical industry is reflected in this pertinent editorial which concludes: "It is difficult to understand how pharmaceutical houses, which rigidly insist on the absolute best in their chemical and pharmacologic laboratories, should have sometimes become so careless as to be satisfied with drug-promotion that is not always above reproach. There is at

times a striking contrast between the quality of their products, developed in their excellent laboratories, and the qualities of some of their promotional activities, conceived (or at least condoned) by the sales personnel."

**Bihl, J. H.:** The effect of pregnancy on hepatolenticular degeneration (Wilson's Disease), *Am. J. Obstet. & Gynec.*, 78: 1182-1188, December, 1959.

A 26 year old woman with advanced hepatolenticular degeneration underwent a successful pregnancy and delivered a healthy full-term infant. Initial symptoms of the disease had been noted in the mother at the age of 17, and 3 years later the diagnosis of Wilson's Disease was established. At the age of 22, the patient's mental condition required commitment. Early in pregnancy there occurred hyperemesis, fever, and impending hepatic coma. Complications responded well to therapy, however, and the patient was delivered at term. Post partum, the remission of Wilson's Disease continued. Hepatic and hematologic findings regressed remarkably and the neurologic symptoms improved considerably. Although urinary copper excretion decreased to normal, the renal manifestations were only slightly improved. There was no change in the mental status or in the Kayser-Fleischer ring.

**Donovan, M. J. and O'Hara, E. T.:** Sexual function following surgery for ulcerative colitis, *New Eng. J. Med.*, 262:719-720, April 7, 1960.

Of 26 patients treated surgically for ulcerative colitis, 21 had removal of the rectum and constitute the basis of this report. The status of sexual function postoperatively was determined by personal interview. Only 2 patients noted impairment: one, who had undergone a wide resection because of the mistaken diagnosis of carcinoma, was permanently impotent; the other was only partially and temporarily (1 year) impotent. Provided the dissection is performed close to the rectum, there is no reason to fear sexual dysfunction when abdominoperineal resection is done for ulcerative colitis in young men.

**Plass, H. F. R.:** Childbirth after pneumonectomy, *Minnesota Med.*, 42:1099-1100, August, 1959.

Two young women, each with surgical absence of an entire lung because of bronchiectasis, became pregnant and had uneventful deliveries. The first patient

was delivered normally and remained well during the subsequent 12 years except for two episodes of pneumonia in the residual lung. The second patient, who had additional diagnoses of mitral stenosis, emphysema, sinusitis, migraine, and hay fever, was delivered easily by cesarean section under local anesthesia at 36 weeks. Her clinical course during the year following delivery was generally satisfactory.

**McKernan, L. (C.S.P.):** The population bomb, *Catholic World*, 189:124-129, May, 1959.

"The Population Bomb," a 24-page high-powered pamphlet distributed by the Hugh Moore Fund of New York, purports to be the joint effort of "a group of business, labor, and professional men concerned with the spread of communism in underdeveloped countries." Its avowed aim is to "sell" birth control.

Easy to read and cleverly illustrated, the pamphlet is claimed to be "so persuasive that it might even persuade the Catholics to change their doctrine on birth control." Yet there are certain stubborn facts which have been by-passed by the persuaders. Such bland assertions as "improvement of living standards . . . is impossible without a slowdown in population growth" or that "there is a spreading desire among destitute people everywhere to limit the number of their offspring" are simply stated and not proved. They are, in fact, conclusively refuted by the situation in the East.

The authors of "The Population Bomb" speak quite hopefully of "The Pill" and strongly advocate financial support for the scientific research in this field, but they are silent about the possible effects this discovery might have, especially on the already reduced population of Europe. Unquestionably, Europe and not the underdeveloped countries would feel the greatest effect of "The Pill."

Appealing to the purse strings of the nation, the authors argue that "the United States taxpayers cannot feed the world." Yet at the present time the United States Department of Agriculture is spending a million dollars a day just to store our food surpluses. And if economists can be believed, the world's most serious future problem is food shortage, not population increase.

The totally unwarranted conclusions about the population in the United States prompts the authors of this pamphlet to urge that even in the United States the population problem should be our first

concern. They even suggest that money we are now spending on public health and control of diseases would be better spent on "education" in population control.

Fortunately, physical scientists are much more optimistic about increasing present food production and about harnessing the forces of the sea to feed the underdeveloped countries than are the population planners.

Finally, the authors of "The Population Bomb" take great liberty in interpreting the Roman Catholic Church's adjustment of its teachings to changing conditions as indicating a future relaxation of her teaching on birth control, and in quoting that "in the most advanced countries of the West, including the United States, current vital statistics reveal birth rates of Catholic communicants quite as low as Protestants." Again, the facts seem to have been by-passed.

One danger is that this controversy will obscure the real problems created by population growth and allow Americans to forget about the clear and present challenge of the Russian economic offensive in Asia. Birth control is not going to "save" the free world from Communism. — R.J.C.

Millar, J. H. D., Allison, R. S., Cheeseman, E. A., and Merrett, J. D.: *Pregnancy as a factor influencing relapse in disseminated sclerosis*, *Brain*, 82:417-426, (Part 3), 1959.

Of 390 women with a diagnosis of multiple sclerosis, 262 were studied in order to determine a possible relationship between pregnancy and relapse. There appeared to be a higher relapse rate immediately after parturition than occurs at other times in single or married women, suggesting the possibility of a causal association between childbirth and relapse.

[For a related article, cf. Lawyer, T., Jr.: Multiple sclerosis, *Med. Clin. N.A.*, 651-653, May 1958, abstracted in the May 1959 issue of this journal.]

THE NATIONAL CONFERENCE on the Legal Environment of Medical Science, jointly sponsored by the National Society for Medical Research and the University of Chicago, was held in Chicago on May 27-28, 1959. The report of this meeting is now available (National Society for Medical Research, 920 S. Michigan Blvd., Chicago 5, Illinois, 114 pp., paper, \$2.50). These proceedings embody the results of three sessions, all of which contain material of considerable

medico-moral interest. The first session was concerned with the use of cadavers, organ transplants, and autopsy procedures. Animal experimentation was the subject of the second session, while the third dealt with clinical research and included consideration of medical research on human beings and principles involved in the clinical use of investigational drugs. The report should prove of value to a wide spectrum of physicians, particularly those engaged in clinical investigation.

Claman, M. A.: *The surgeon's conscience*, *Surg., Gynec. & Obstet.*, 110:749, June, 1960.

The dramatic concept of the surgeon as somehow different from his non-surgical colleagues has been fostered in the lay mind and has even achieved currency in the profession. Such a "palpably nonsensical" idea should not, however, obscure a valid difference between surgeons and other physicians. The distinction is concerned with the physician's reaction to complications and deaths. When a "medical patient" dies, the internist can assume the common, convenient, and understandable fatalism that the diagnosis and treatment were correct but the patient failed to respond. The death of a surgical patient, on the other hand, prompts in the surgeon severe pangs of conscience and rigorous self-criticism. "The medical man is not immune to these pangs of conscience, nor is the surgeon invariably touched by them. The difference is quantitative and is accounted for by the simple act of operating upon the patient."

[Cf. also: Altmeier, W. A.: *The surgical conscience*, *A.M.A. Arch. Surg.*, 79:167-175, August, 1959, abstracted in the February, 1960 issue of THE LINACRE QUARTERLY.]

THE ENTIRE January-February 1960 issue of *CA* (volume 10, No. 1, published by the American Cancer Society) is concerned with the management of the patient with incurable malignancy. Various shades of opinion are expressed by the numerous contributors, but in general the tenor is in keeping with Catholic medical ethics. The initial section contains abstracts of 20 pertinent articles on the topic, beginning with an address by Dr. Murray M. Copeland to the entering class at Georgetown University Medical School (Copeland, M. M.: *A vision fair and fortunate*, *Bull. Georgetown Univ. Med. Center*, 9:92-96, January, 1956). The abstract section is followed by an article ("Why Prolong the Life of a Patient with Advanced Cancer?") in which Dr.

David A. Karnofsky adduces several cogent arguments in support of his thesis that it is the doctor's duty to sustain a patient's life as long as possible. The Catholic view-point is expressed in "Prolongation of Life in Terminal Illness," by E. Paul Betowski, S.J., of the Department of Philosophy, Georgetown University. Dr. Paul Chodoff presents "A Psychiatric Approach to the Dying Patient" and Dr. Enoch Callaway concludes the issue with "The Misuse of Narcotics by Patients Suffering from Cancer."

Also indicative of heightened current interest in the care of the patient with malignancy is a symposium from the Mayo Clinic (What shall we tell the cancer patient?, *Proc. Staff Meet. Mayo Clin.*, 35:239-257, May 11, 1960). Contributors include an internist, a surgeon, and a psychiatrist. The results of a survey on the question, "Should you tell a patient he has incurable cancer?", conducted by *New Material Medica*, appear in the March, 1960 issue. Of 5,000 physicians queried, 22 per cent answered an unqualified "Never", 16 per cent "Always", and 62 per cent qualified their reply. Current British views on the problem have been reported by Lister (Lister, J.: *Telling the Patient*, *New Eng. J. Med.*, 261:1125-1126, November 26, 1959).

Thompson, W. S.: *World population and food supply* (Report to the Council on Foods and Nutrition, A.M.A.), *J.A.M.A.*, 172:1647-1650, April 9, 1960.

In recent years there have been two principle approaches to the problem of the world's food supply. Those who emphasize the potential increase in world food production see no serious danger of a world food shortage; others who emphasize probable rather than possible increase believe that there is serious danger of such a shortage. However, the real food problem is not whether there will be a world shortage, which is unlikely, but whether localized shortages in such countries as India, China, and Pakistan will produce serious effects in international relations. It is doubtful whether such nations as these can improve their level of nutrition in the face of a population increase of 1.5 to 2.5% per year. This will place heavy pressure on some governments to seek territorial expansion.

Sokal, J. E. and Lessmann, Ellen M.: *Effects of cancer chemotherapeutic agents on the human fetus*, *J.A.M.A.*, 172:1765-1771, April 16, 1960.

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Pregnancy is not a common complication in cancer and its occurrence does not usually alter therapy. However, pregnant women with disseminated malignant disease occasionally are seen as candidates for palliative chemotherapy. In such instances the possible deleterious effect on the fetus must be considered, since the death of a living infant with severe congenital abnormalities "would be a tragic blow to a family already suffering under the burden of the impending death of the mother." Animal experimentation has

amply demonstrated that many cancer chemotherapeutic agents can cause fetal death or malformation. This has been confirmed clinically although in the human the results appear to be less severe than may have been predicted from the animal experiments. The risk of fetal injury is higher when the chemotherapy administered in the first trimester and when a combination of agents is used. Regarding specific drugs, aminopterin is both abortifacient and teratogenic. Altering therapy with busulfan and 6-mercaptopurine produced multiple severe fetal abnormalities when these agents were administered throughout pregnancy, although neither drug alone caused serious fetal damage.

THE SLOW-DYING, oft repeated misconception that the Church prohibited anatomic dissection during the Middle Ages is placed in proper perspective by Hochberg in a recently published work (Hochberg, L. A.: *Thoracic Surgery Before the Twentieth Century*, New York: Vantage Press, 1960, \$15.00). The writer clearly indicates that the edict of the Church was directed against the crusaders' practice of boiling the bones of their deceased colleagues in order to facilitate transportation of the remains to the native land of these individuals (pp. 61-62). Christian doctrine, however, fares less well at the hands of Feldman (Feldman, A. B.: *The pattern of promiscuity seen in Schnitzler's "Round Dance"*, *Psychoanalysis & Psychoanal. Rev.*, 47:24-34, Spring, 1960). Referring to a patient as "one of those numerous young women in whose mind sex means sin and true love, illicit love," he states that this conviction is "incidentally a cardinal dogma of Christianity." Except perhaps in the literature of psychoanalysis it is difficult to find support for this gratuitous assertion.

#### CORRECTION

The following letter has been received from Dr. Miriam G. Wilson, Assistant

Professor of Pediatrics, University of California School of Medicine, Los Angeles, and appears here with her permission:

"Unfortunately your reviewer of February, 1960 did not carefully read our article (Teratogenic effects of Asian influenza, *J.A.M.A.*, 171:638, October 1959). Two major anomalies, anencephaly in both instances, were found in the Asian influenza mothers as compared with a probably genetic anomaly and questionable myelopathy in the control group. Since small numbers were involved, the difference between the two groups could not be said to be significant. Our conclusion was that our study did not definitely indicate a teratogenic effect of Asian influenza, whereas your reviewer stated that we concluded that Asian influenza occurring during pregnancy is not teratogenic."

The study of Coffey, V. P. and Jessop W. J. E. (Maternal influenza and congenital deformities, *Lancet*, 2:935, November 28, 1959) found a significant increase (2.5x) of congenital anomalies born to mothers who had a history of Asian influenza in pregnancy compared with mothers without Asian influenza. The most common anomaly in the flu group was anencephaly.

#### ADDITIONAL significant material:

Belam, O. H.: The holy shroud of Turin: a doctor's meditation, *Catholic Medical Quarterly*, (London), 12:113-126, October, 1959.

Buckley, Michael J. (D.D.): *Morality and the Homosexual*. Foreword by John C. Heenan, D.D., Archbishop of Liverpool. Cloth. 214 pp. Westminster, Maryland: Newman, 1860. \$3.50.  
(Editorial): A plea for the unconceived, *J.A.M.A.*, 172:1774, April 16, 1960.

Provonsha, J. W.: The healing Christ, *Current Medical Digest*, 26:44-54, December, 1959.

[For a contrasting study, cf. Read, Jean: And Jesus had compassion on the multitudes, *THE LINACRE QUARTERLY*, 26: 141-148, November, 1959.]

Reidy, J. P.: Some moral aspects of plastic surgery, *Catholic Medical Quarterly*, (London), 13:20-21, January, 1960.

(Editorial): Lucanus — apostle and physician, *J.A.M.A.*, March 19, 1960.

Cobb, S.: Neuropsychiatry, *A.M.A. Archives Int. Med.*, 103:981-990, June, 1959.

Bradley, G., Cooper, R., Anderson, W., Moore, W., Connolly, P., and Carpenter, W.: Delivery after proctocolectomy and ileostomy; report of a case, *Harper Hosp. Bull.*, 17:311-313, November-December, 1959.

Acland, J. D.: The ethics of therapeutic trials and clinical investigations, *Catholic Medical Quarterly*, (London) 13: 17-20, January, 1960.

Hoagland, H.: Population problems and the control of fertility, *Daedalus (Journal of the American Academy of Arts and Sciences)*, 88:425-443, 1959.

(Editorial): The human subject, *New Eng. J. Med.*, 262:1090-1091, March 26, 1960. (Editorial comment on a symposium dealing with scientific experimentation on the human subject from the March, 1960 issue of *World Medical Journal*.)

Kozol, H. L.: The psychopath before the law, *New Eng. J. Med.*, 260:636-644, March 26, 1959.

Birnbaum, M.: Medicine and the law; some questions that a lawyer may ask a psychiatrist concerning "The Psychopath before the Law," *New Eng. J. Med.*, 261:1220-1225, Dec. 10, 1959.

Miller, C.: Know where you stand before you sterilize, *Med. Economics*, 37:87-94, 294, May 23, 1960.

Guttmacher, Alan F. and Rovinsky, Joseph J. (Editors): *Medical, Surgical, and Gynecological Complications of Pregnancy*, Baltimore: The Williams & Wilkins Company (advance notice).

Doyle, J. G., Ewers, F. J., Jr. and Sapit, D.: The new fertility testing tape; a predictive test of the fertile period, *J.A.M.A.*, 172:1744-1750, April 16, 1960.

Churchill, E. D.: Reflections on the challenge to the medical profession in India, *New Eng. J. Med.*, 259:551-557, Sept. 18, 1958.

Howe, H. F.: Procedures in consultation and referral, *New Eng. J. Med.*, 260: 1251-1257, June 18, 1959.

Kummer, J. M.: Don't shy away from therapeutic abortion, *Med. Economics*, 37:165-6, 170-1, April 11, 1960.

O'Connor, V. J.: Surgical correction of male sterility, *Surg., Gynec. & Obstet.*, 110:649-657, June, 1960.

#### CONTRIBUTORS:

C. (Richard J. Church, S.J.) is a theological student at Alma College, Los Angeles, California. The second contributor is Eugene G. Laforet, M.D., chairman of the committee to prepare these abstracts.

Readers interested in submitting abstracts please send to:

Eugene G. Laforet, M.D.  
170 Middlesex Rd.  
Chestnut Hill 67, Mass.



#### MEDICO-MORAL PROBLEMS INSTITUTE

An Institute on Medico-Moral Problems conducted by Reverend John J. Lynch, S.J., Professor of Moral Theology at Weston College, Weston, Massachusetts, will be held November 1-2-3, 1960 at the Roosevelt Hotel, Pittsburgh, Pennsylvania.

Sponsored by The Catholic Hospital Association, the three-day sessions will concern vital topics in the field of medico-morality. Physicians are urged to attend, as well as hospital chaplains, nurses, and sisters in operating rooms and obstetrics departments. Write to Miss Jean Read at the Catholic Hospital Association office, 1438 So. Grand Blvd., St. Louis 4, Missouri for complete program details and application form. Registration fee is \$20.00 for the three days.