power of the authority to practice was vested in the Bishop of London, or the Dean of St. Paul's, for the London district, and by the respective bishops of the other dioceses.

When he was about sixty years of age, Thomas Linacre became a priest, devoting the rest of his life to the care of souls as well as bodies. He obtained the rectory of Mersham in 1509, later the Cathedral of Wells and in 1518 another in York. He continued in the Church until his decease in October, 1524. He was honored to the care of souls as well as bodies.

Fuller says of him: "It is questionable whether he was a grammarian or physician, a better Latinist or Grecian, a better scholar or man, but he was undoubtedly the most accomplished scholar of the age." History records Thomas Linacre as the most learned, erudite and perfect type of Catholic physician of all times, a credit to scholarship, a credit to medicine, a credit to the Church and its priesthood.

The name for our journal was suggested by Dr. James J. Walsh and after consideration by the officers of the Federation it was agreed to publish this journal as "The Linacre Quarterly." The proper pronunciation of the name is as if it were spelled "Linnaker," with the accent on the first syllable.

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**LINACRE QUARTERLY**

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**Current Literature: Titles and Abstracts**

Abstracts appearing in this column are thought to be of particular interest to Catholic physicians by virtue of their moral, religious or philosophic implications. The medical literature is the most fruitful source for consideration but other works were studied too. When abstracts appear they are intended to reflect the content of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Contributions from readers are invited.


Coronary occlusion occurring before or during pregnancy is extremely rare, a review of the literature yielding only 22 instances of proven gestational coronary occlusion and nine cases of pregnancy subsequent to coronary occlusion. Of the 22 patients whose infarction was sustained during pregnancy, seven died before or at delivery. All nine patients who became pregnant after coronary occlusion survived the pregnancy; there were four normal deliveries, two spontaneous abortions, two induced abortions, and one term cesarean section. The writers contribute two additional cases to the latter group, pregnancy being well tolerated in each instance. They indicate that coronary occlusion occurring during pregnancy is most hazardous when accompanied by severe hypertension and that it takes place in the eighth month. If the patient can survive the acute infarction, the prognosis for normal term delivery is excellent. In women becoming pregnant after recovery from coronary occlusion, the prognosis for normal pregnancy and delivery is similarly good. Cesarean section for such women should be performed for obstetric indication only.


A series of 455 women with rheumatic heart disease in the childbearing age group was studied and a 25-year follow-up presented. There was no evidence that pregnancy exerts a long-term detrimental effect in the group as a whole. Nevertheless the incidence of cardiac failure and death was considerably higher during an individual year containing a pregnancy than in another comparable year in the same patient’s life. "In some cases, fortunately now very rare, therapeutic abortion may still be indicated." — R.J.C.


With the help of the records of the Archdiocese of Chicago on dispensations from the impediment of consanguinity to marriage (impenitentium consanguinitatis in gradu secundo), a study was made of 190 consanguineous marriages contracted since 1920 in the Chicago area. Of these marriages, 106 were between first cousins, one between double first cousins, and one uncle-niece and one aunt-nephew marriage. By arranging interviews with relatives of the consanguineous couple (preferably a sister of the wife), 83 control families were obtained. For additional items of information, 133 control families were also obtained from county records data.

The consanguineous marriages give some evidence for a greater frequency of sterility and of childhood death and abnormality. The loss of children through stillbirth and miscarriage was not significantly higher, and there is no evidence that rare recessive lethal genes cause the loss of newly fertilized zygotes. The rate of death among consanguineous children is three times that of the controls, and their rate of abnormality is also greatly increased. — R.J.W.

fore, a definite stand in favor of continuing legal aid, to protect the very persons who are in need of it.

The state has a duty to provide such aid, and the individual has a right to receive it. The state is responsible for the welfare of its citizens, and the individual is entitled to receive the assistance he needs to maintain his basic rights.

The right to receive legal aid is a fundamental right that is protected by law. It is a right that is enjoyed by all citizens, regardless of their socioeconomic status. The right to receive legal aid is essential to ensure that everyone has access to justice, and that no one is denied their legal rights due to poverty or lack of resources.

The state is responsible for ensuring that the right to receive legal aid is respected and upheld. The state must provide the necessary resources and support to ensure that individuals have access to legal aid when they need it. The state must also ensure that the legal aid provided is of high quality, and that it is delivered in a manner that respects the dignity and rights of the individual.

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vialized at once that the acts of the husband and wife, provided they fall within the definition of adultery, retain that character even if they are consented to by the husband. Even if adultery is condoned or there is connivance, it remains adultery, but may not be punishable to the husband as a ground for divorce. An acceptable definition (legal) of adultery has not been formulated.

One is forced to the conclusion that, although A.I.D. or C.A.I. (fund from the anonymous donor) is not illegal or contrary to law, it many result in breaches of the law or give rise to civil liability. In New Zealand, it seems that few physicians are prepared to carry out the treatment. Under the law as it stands, at present, their caution is more than justified. — D. MacD


If an apparently dying man wants to postpone the reception of the sacraments is the priest bound to warn him candidly of the danger of death? In regard to canon 944, it is disputed whether the obligation to receive extreme unction is placed upon the sick, or upon the priest. However, according to the Code of Medical Ethics for Catholic Hospitals, the physician has the obligation to inform his patient that he is dying. If the physician should fail in his duty, the priest is bound in charity, the parish priest in justice, to make sure that the patient is informed. If the priest's duty is obstructed by the doctor, relatives, or the hospital, the priest should judge prudently whether the common good would be served by forcing the issue. — K.F.E.


The vasectomist is particularly vulnerable because each operation exposes him to the danger of death. In regard to canon 944, it is disputed whether the obligation to receive extreme unction is placed upon the sick, or upon the priest. However, according to the Code of Medical Ethics for Catholic Hospitals, the physician has the obligation to inform his patient that he is dying. If the physician should fail in his duty, the priest is bound in charity, the parish priest in justice, to make sure that the patient is informed. If the priest's duty is obstructed by the doctor, relatives, or the hospital, the priest should judge prudently whether the common good would be served by forcing the issue. — K.F.E.

In a prospective study of cases reported from New York City from 1949 through 1956, the outcome of pregnancy associated with maternal rubella was analyzed in a prospective study. The increase in fetal deaths after the onset of viral illness was measured. In viral illness early in pregnancy was not limited to rubella but was also observed with poliomyelitis. However, specific rubella was associated with prematurity and congenital malformation. Prematurity resulting from maternal rubella was not necessarily associated with congenital malformation. The majority of cases of prematurity was associated with congenital malformation, and congenital malformation was significantly associated with congenital malformation. Prematurity associated with congenital malformation was measured in the first eight weeks of pregnancy. The cases of congenital malformation were limited to the epidemic years of 1955 and 1956, none occurring in the interepidemic years from 1949 to 1958. — R.J.C.


The Japanese government has actively supported family planning, have India and China. The Family Planning Association is now being carried out as a necessary service in the United Kingdom. Great difficulty has been encountered in the United States by the Planned Parenthood Federation of America. Russia is taking cognizance of the problem. The Scandinavian countries have well established family planning services, and Western Europe is on the way. Central and South America remain virtually untouched.

The International Planned Parenthood Federation was founded in 1952. Its head office is in London and it has members in 128 countries. In research, special attention is being given to the development of oral contraceptives.

Most of the organized religions of the world support population planning. It is approved by all Christian denominations, except the Roman Catholic Church. The general practitioner is encouraged to familiarize himself with the many types of contraception or at least be prepared to advise married women patients to attend the nearest clinic without being asked. — J.S.N.


Within the near future, the demand for basic resources of agriculture (1) malpractice, (2) lack of energy, will be large. From all indications, society is already lagging behind in supplying these basic resources. There is every reason to believe that science and technology will be able to overcome these shortages. The foundation of research-through-in technology are in both the laboratory and the field plan stage. May, 1960

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Society seems to assume that it can go along procreating in increasing numbers. Little concern is given to the problem of overpopulation and diminishing arable land. This ever-increasing gap between a population and diminishing arable land will finally close the door to raising all peoples to a decent standard of living.

Population control is a necessity for the underdeveloped countries. To await urban development is a false hope. Without stable population, these areas will require precious amounts of capital and effort to accomplish significant advancement. In this era of rapid death control, we also need methods for rapid birth control.

The acceptance of population control is a concept in conflict with our cultural views. Western people have the materialistic optimistic philosophy that has already accepted the myth that science and technology will solve all shortage problems. This assumption has grave hazards.

Having done much to interpret and use biological laws, medicine has played a considerable role in stimulating population growth. The use of contraceptive methods has long-range consequences. A continuation of the present unilateral application of modern medicine can only result in a loss of any semblance of human dignity and opportunity. There must be little satisfaction in a triumph which must assume the logical responsibility of balanced death and birth control.


The doctor considering the permanent sterilization of a woman should think of four things: (1) make certain that the patient is aware of the danger to life or health; (2) make certain that she understands the facts in writing and should see not just about the patient's future operation; (3) make certain that the patient is mentally able to give consent; and (4) make sure that such consent is fully and freely given.

The most trying cases are those where the patient is sterilized without consent. The patient should be charged and medical reasons should be considered and
projected sterilizations for social or contraceptive reasons should be viewed with grave suspicion. Such cases constitute a subtle threat to the public welfare, and are therefore illegal and unethical—in the widest sense of the term.—P.C.


The duties of chaplaincy should remain a priority and call for closer contact with hospital officials. It is the chaplain's province to care for the spiritual needs of the patients. Some discussion was held about the chaplain's role in affording material assistance, entering into discussions concerning the patient's affairs as a means to aid the patient's general welfare, and especially of the chaplain's role in cases of sterilization and abortion.—M.J.N.


In regard to medical secrecy and the law, the doctor's primary responsibility is to the patient, and the law invades this principle only to the extent to which society requires the patient's interests to be subordinated to its own. The general conclusion is that the doctor should disclose as little as possible.—D. MacD.


Does any moral problem arise if the state should wish to make vaccination compulsory? Some have argued that since inoculation introduces foreign organisms into the body, it is a violation of the physical integrity of the person and, hence, exceeds the power of the state over its citizens. The universal silence of moralists on this point would seem to indicate that it may be disregarded. The principle which seems to govern compulsory vaccination is that of the obligation of the state to promote the common good. The state can make compulsory whatever the citizen would be held to do on other moral grounds. The citizen is bound by prudence to avoid any grave danger to the public health and safety. All informed medical opinion considers this calculation a necessary means to this end. Hence, the state has the right and duty to impose, with suitable and moderate penalties, this preventive measure. In social terms, it does not abrogate its powers nor commit any infraction of the moral law.—A.R.


It is said that an eclamptic condition in a pregnant mother may be caused by an excess or diseased condition of the placenta. If the child is not viable, the placenta may be medically or surgically attacked in such a way that abortion will inevitably follow! Davis (Morals and Pastoral Theology, II, 191) answers the negative, but there is an impression that Catholic students now give affirmative answer on the principle of double effect.

Normally, eclampsia develops in the last stages of pregnancy when the fetus is viable, so that termination of the pregnancy merely means an accelerated delivery, the advisability of which is a matter for the doctor to decide. However, in the exceptional case where eclampsia develops before the fetus is viable, the following may be stated: The preliminary stage of pre-eclampsia is said to be readily detectable and amenable to treatment today; under the following conditions an operation may be performed: (1) if there is no direct attack made on the fetus, and (2) if there is no other available way of saving the mother. Whether an operation on the maternal placenta is a direct attack on the fetus is a medical question, not a moral one. Father Davis simply stated that it was immoral to attack the fetus directly, which is general Catholic teaching.—K.F.E.

In an era of specialization, it is refreshing to encounter evidences that treatment of the patient as a whole and concern for his family, are not lost arts. Thus, in discussing terminal care in a monograph on bronchial tumors (Saw, Paulson, and Kee, Jr.: The Treatments of Bronchial Neoplasms, Cloth, 135 pp., Springfield, Illinois: Charles C. Thomas, 1959), the writers state: "At the request of the family, or if confronted with a direct question that permits no evasion of the truth and the diagnosis and the outlook for survival should be disclosed to the patient. This disclosure need not be abrupt, and should be made with all compassion and hope. The blow to the patient's morale can be softened by indicating that treatment is available to delay the malignant process and to alleviate the more unpleasant symptoms. Addressing themselves to another problem in terminal care, they write: "In the face of severe life threatening hemorrhage from the bronchi in the incurable patient, heavy sedation and the liberal use of narcotics is not only justified but mandatory to allay the patient's apprehension even though their use may hasten death."


Medicine in the Vatican: Roche Medical Image, 2:18-21, January, 1960, (This is an illustrated presentation of the medical facilities available within Vatican City.)


CONTRIBUTORS:


Readers interested in submitting abstracts please send to:


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