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Dr. Eusebius J. Murphy, President of the National Federation, adjusts the microphone for Sister M. Celine, S.M.I.C., to acknowledge honorary membership in the organization. His Excellency, Bishop Thomas K. Garmon, of Dallas, Texas made the presentation.

Honorary membership in the National Federation of Catholic Physicians' Guilds was bestowed on 82 nun-physicians during the Executive Board Meeting held in Dallas, Texas, December 5, 1959. Present to receive a certificate in the name of Sisters who are practicing medicine, was Sister M. Celine, S.M.I.C., M.D., Holy Cross Hospital, Austin, Texas. A graduate of George Washington University Medical School in 1938, Sister Celine interned at Bon Secour Hospital, Baltimore, Maryland, for one year, and spent one year at Children's Hospital, Washington, D.C. in pediatrics. Following this, she was at Morgan Horsa Hospital, Jersey City for three months and came to Holy Cross Hospital, Austin, where she is engaged in general practice.

Sisters in the dual role of healer of the sick and comforter of the soul perform a great missionary work of the Church and the Federation is privileged to honor this vocation. Those serving in missionary lands comprise the largest number known to us at this time. Communities included are: Medical Mission Sisters of Philadelphia; Medical Missionaries of Mary, Winchester, Mass.; Maryknoll Sisters, Maryknoll, N.Y.; Missionary Sisters of the Immaculate Conception, Paterson, N.J. (Sister Celine's Order); Sisters of Mercy, Hartford, Conn.; Marist Sisters, Framingham, Mass., and Sisters of Charity of Nazareth. Names will be welcome from other Communities. Send them to Dr. Eusebius J. Murphy, 3485 E. Tremont Ave., Bronx 65, New York. Addresses should be included so that membership certificates can be mailed.

Mother Anna Dengel, a nun-physician, and founder of the Medical Missionary Sisters of Philadelphia, was the first honored with Federation membership in 1957 on the occasion of the organization's silver jubilee.

Current Literature: Titles and Abstracts

Abstracts appearing in this column are thought to be of particular interest to the Catholic physician by virtue of their moral, religious or philosophic implications. The medical literature is the most fruitful source for consideration but not limited thereto. 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.


Except for rubella the teratogenic role of virus diseases occurring in pregnancy is not definitely determined. Since most studies are retrospective a valid estimate of the incidence of congenital defects in such circumstances has been difficult. The occurrence of an epidemic of Asian influenza made it possible to conduct a controlled prospective study of the relation of this virus disease to anomalies in the child. A group of 126 expectant mothers was divided into two categories depending upon the results of hemagglutination-inhibition titers for Asian influenza. Seventy-five with positive titers were considered to have had influenza and the remaining 51 had negative results. There was no significant difference in the incidence of defects among offspring of these groups. It was therefore concluded that Asian influenza occurring during pregnancy is not teratogenic.


The "surgical conscience" is a conditioned attitude of mind which has served as a guide for the surgeon throughout history. It is a dynamic and evolving norm greatly influenced by scientific, sociologic, and moral forces. "It has been a fact the 'surgeon's soul' which, conditioned by the knowledge and problems of his time, has motivated him in search of the best that he can for the patient under his care." It demands of the surgeon not only technical competence and mature judgment but also compassion and tenderliness. Two frequent conflicts in surgical conscience are related to the patient with incurable cancer—should he be fully informed of the prognosis and should life be prolonged by heroic therapy under hopeless circumstances? Although there can be no all-inclusive answer to these specific problems, the most often surgical conscience will dictate a middle-ground approach.

[As an aid to the formation of a surgical conscience adequately equipped to cope with the moral implications of these two conflicts, cf. G. Kelly, S.J., Medical Moral Problems, chapters 5, 6, 16, 17, Catholic Hospital Association, St. Louis, Mo.]


This paper details a definite program for the management of the pregnant cardiac patient as developed at the Boston City Hospital. Since its institution, 150 patients have been followed through pregnancy and parturition with maternal mortality. The writer concludes, "With proper medical management practically every patient, regardless of the severity of her heart disease, can be brought to a successful conclusion of her pregnancy." McCombs, R. P. and Patterson, J. F.: Factors influencing the course and prognosis of systemic lupus erythematosus, New Eng. J. Med., 260:1195-1204, June 11, 1959.

Pregnancy appeared to be a precipitating factor in the onset of some cases of systemic lupus erythematosus. However, once the disease was established, and in the absence of renal disease, pregnancy was safely undertaken with reasonable expectation of delivery of normal babies. Steroids should be used when the disease is not fully controlled by aspirin or chloroquin.

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