

5-1-1963

Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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Recommended Citation

Catholic Physicians' Guilds (1963) "Current Literature: Titles and Abstracts," *The Linacre Quarterly*: Vol. 30 : No. 2 , Article 7.
Available at: <http://epublications.marquette.edu/lnq/vol30/iss2/7>

Current Literature:

Titles and Abstracts



Hoerr, S. O.: Thoughts on what to tell the patient with cancer. *Cleveland Clin. Quart.* 30:11-16 Jan. 1963.

While no rigid norm can dictate whether every patient with cancer should receive full diagnostic and prognostic information, truthfulness is almost always preferable to deception. Relatives, and even the physician, often underestimate the ability of the patient to cope with the truth. Properly informing the patient does not imply callousness or brutality.

Miller, A.: The patient's right to know the truth. *The Canadian Nurse* 58:25-29 January 1962.

In general, the patient should be told the truth because he will sense it anyway. False optimism on the part of the doctor and family tends to isolate the patient emotionally and breeds distrust in him. The important factor is how prudently and diplomatically the patient is presented with the facts.

—W.J.W.

Tietze, C. and Potter, R. G., Jr.: Statistical evaluation of the rhythm method. *Am. J. Obstet. & Gynec.* 84:697 Sept. 1, 1962.

The effectiveness of the rhythm method of contraception, correctly prescribed and practiced, according to the formulas of Knaus and Ogino, is evaluated by means of a statistical model. Several assumptions are made as to the variability of menstrual cycles and the relative contributions of the follicular and luteal phases to the variation in total cycle length. According to the

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.

model, the formula of Ogino offers a 90 percent chance of avoiding pregnancy for 5 to 10 years. Its theoretic effectiveness is roughly comparable to that of the diaphragm or condom. Since the risk of conception increases sharply as the number of days of abstinence is reduced, the Knaus formula affords substantially less protection than the Ogino formula.

—J.E.H.

Tesson, E.: Ambiguïté sexuelle et liberté du choix. *Cahiers Loennec* 22:47-58 June 1962.

Concerning the morality of operations to correct sexual ambiguity, two questions arise: (1) does the subject in all cases have the liberty to choose his sex, and (2) who is competent to make this choice. The morality of some kind of reparative operation is not in question.

1. Presuming, of course, sufficient age in the subject, he can choose either sex, but he should take into consideration his psychic condition and his upbringing as male or female, as well as his somatic structure. He should also remember that the majority of those who become female by such operations can marry in the eyes of the Church, while this is not the case of those who choose to become male; these are usually considered impotent.

2. As to who is the competent judge, in the case of children, it is the parents guided by the counsel of specialists. For a person who is himself capable of bearing the bur-

den of the decision, his preference is to be deferred to.

An operation to change the sex of a transvestite (or one who has a normal male constitution, but refuses his sex and has psychically developed as a female) is clearly immoral.

—J.R.

Bissonier, H.: Introduction generale aux aspects psychopathologiques due sentiment de culpabilité. *La Vie Spirituelle Supplément* 61:312-330 2e Trimestre 1962.

To understand fully the psychology of guilt-feelings we must appreciate the part played by anatomophysiological, instinctual, affective, and intellectual factors of motivation, as well as strictly moral factors. False guilt-feelings arise from an inability of the subject to adapt to conflicts between superior moral motivation and lower para-moral motivation. There are two psychopathological extremes: one regresses from a sense of guilt completely; the other so rivets itself on the guilt-feeling that only death can bring release.

Normal subjects have three elements in their moral experience: intuitive moral sense, acquired knowledge of what is good and evil, and practical moral judgment of good and evil. Abnormal subjects are defective in one (e.g., scrupulous people) or all (e.g., psychopathic criminals) of these elements.

—W.J.W.

Anonymous: Il pugilato professionistico e la morale. *La Civiltà Cattolica* 113:160-163 April 21, 1962

Distinguishing it from gymnastic boxing which is purely an exercise for the sake of physical development, and from amateur boxing in which the risks have been minimized, professional boxing can be called immoral on four counts.

First, the purpose of professional boxing is to defeat one's opponent by continually hitting him, if possible into unconsciousness, which is obviously deleterious to a person's bodily and psychic health. Secondly, the risks, possibly death and almost certainly a psycho-physical deterioration, are con-natural to professional boxing. Thirdly, the crowd becomes an animalistic, sadistic mob interested only in blood. Fourthly,

professional boxing, once a sport, has become a business of unscrupulous men who value their profits more highly than the lives of their victims.

—J.R.

Donaldson, L. B. and de Alvarez, K. R.: Further observations on lupus erythematosus associated with pregnancy. *Am. J. Obstet. & Gynec.* 83:1661-1471. June 1, 1962.

A total of 191 pregnancies occurred in 134 patients with lupus erythematosus. In approximately 60 percent of patients the lupus was unaltered by the pregnancy, and in the entire group twice as many patients improved as were aggravated during pregnancy. Because it produces added stress to the lupus erythematosus and does not favorably alter the disease in a consistent fashion, therapeutic abortion is not indicated.

(Cf. also: Dziubinski, E. H., et al.: *Am. J. Obstet. & Gynec.* 84:1873, 1962.)

Wing, W. J.: A survey of lupus erythematosus in pregnancy. *Bull. Indiana Univ. Med. Faculty*, 21:207, August 1962.

Although the combination of lupus erythematosus and pregnancy is uncommon, there has been considerable interest in their reciprocal relationship. A survey was made of 234 pregnancies occurring in 99 patients with lupus. It was concluded, in part, that the patient with lupus may tolerate pregnancy well if the disease is adequately controlled and quiescent; that toxemia is somewhat more frequent in patients with lupus; that the course of lupus does not appear to be altered by pregnancy and that therapeutic abortion is therefore not indicated.

Guzzetti, G. B.: Antifecondativi ormonali et morale. *La Scuola Cattolica*, 90:235-244, May-June 1962.

This article is a concise summary of the Catholic position on oral-medical contraceptives. *De jure* discussion includes the illicitness of direct volition of cessation of ovulation, the principle of double effect, the principle of totality. This latter principle is too imprecise when applied to the present problem. *De facto* discussion includes the uses and effects of various current products, the pastoral interest involved,

and the stabilization of irregular states in feminine "periods." Some argumentation concerning the last question is sometimes too aprioristic and needs empirical and scientific verification. The use of contraceptives as a preventive measure against the results of possible violation is rejected.

—F.P.T.

Fuchs, J. (S.J.): Moral theologisches zur geburtenregelung. *Stimmen der Zeit* 170:354-371, August 1962.

Attention is focused on the problems connected with individual marriages and not on the population problem as such. Only those questions are treated which have been more widely discussed in recent writings of moralists and which have received greater public notice. Among the topics discussed are the duty of child bearing, the liceity of rhythm, the contraceptive pill, the possible legitimate use of anovulants, therapeutic and contraceptive sterilization and abstinence. A discussion of the dilemma facing married couples and some observations on the problem of personal guilt conclude the discussion. — C.E.G.

THE FREQUENT OCCURRENCE of material of medico-moral interest in the "Correspondence" section of *J.A.M.A.* has previously been noted in these pages. The "Foreign Mail" department, however, is often similarly provocative. Among the subjects recently treated are: Tuberculosis and pregnancy (Brazil), 180:82; Legal abortion (Sweden), 179:914; Heart diseases in pregnancy (Israel), 79:581; Rubella and congenital defects (Great Britain), 175:158; Reanastomosis of the vas deferens (India), 177:274; Sterilization during pregnancy (India), 176:241; Oral contraceptive (India), 176:632; Blood transfusion and Jehovah's Witnesses (France), 181:1094; Mercy killing (Japan), 183:713.

Carron, D.: Psychiatric indications for the termination of pregnancy. *New Zealand Medical Journal*, 60:467-469, October 1961.

It is legally permissible in England, when making a recommendation for termination on psychiatric grounds, to take into account the effect on the health of the mother

and not merely the immediate risk to her life.

While psychiatric reasons for termination are justified in only a small minority of cases, emphasis is laid upon the possible importance of the cumulative effects of stress produced by the existence of the child, even in the case of a severely psychotic type, rather than the more immediate reactions to childbirth.

B.J.T.

Fletcher, J.: Dysthanasia — The problem of prolonging death. *Tufts Folio Medica* 8:30-35 January-March 1962.

Dysthanasia by (1) administering a potentially lethal painkiller, (2) stopping treatments which prolong the patient's dying, and (3) withholding treatment altogether, is morally good if there is no sense in prolonging the suffering of a dying person. It differs from euthanasia in that the patient is not directly put out of his misery, but only indirectly.

—W.J.W.

Grieve, D.: Safeguarding the rights of patient and doctor in a national medical service. *The Canadian Medical Association Journal* 86:324-326 February 17, 1962.

To safeguard the rights involved in the human relationship of patient and doctor, there must be a system where no contract exists between the doctor and the government. To do this, the only means is a system of voluntary insurance with government subsidy of benefits.

—J.N.G.

ADDITIONAL ITEMS of interest include the following:

Johnson, D. L. and Kobler, A. L.: The man-computer relationship. *Science* 138:873-879 Nov. 23, 1962.

Boehm, L.: The development of conscience: a comparison of students in Catholic parochial schools and in public schools. *Child Develop.* 33:591-602. Sept. 1962.

Sowers, C.: Toward a Christian view of disease. *Stanford Med. Bull.* 20:112-116 Aug. 1962.

(Editorial): Prolongation of dying. *Lancet* 2:1205 Dec. 8, 1962.

Dumont, M. P. and Aldrich, C. K.: Family care after a thousand years: a crisis in the tradition of St. Dymphna. *Am. J. Psychiat.* 119:120 Aug. 1962.

- Whitehouse, W. L.: Rubella before conception as a cause of foetal abnormality. *Lancet* 1:139 Jan. 19, 1963.
- Gilchrist, A. K.: Cardiological problems in younger women: including those of pregnancy and the puerperium. *Brit. Med. J.* 1:209-216 Jan. 26, 1963.
- Kelly, M.: (Book Reviews) Pierre Teilhard de Chardin: His Life and Spirit. Dormant Human Potential. Dialogue with Teilhard de Chardin. *Arch. Int. Med.* 111:273-274, Feb. 1963.
- Stolz, W. K. (S. J.): The origin of the human race: polygenesis vs. monogenesis. *Alma Studies* 6:129-144, Autumn-Winter 1962.
- Egeberg, O. and Owren, P. A.: Oral contraception and blood coagulability. *Lancet* 1:220-221, Jan. 26, 1963.
- Sister Elizabeth Clare: The sisters of Providence in the Northwest: an historical survey. *Alaska Med.* 4:60-61, Sept. 1962.
- _____ : The medical and religious aspects of fasting. *Harefuah* 63:214-217, Sept. 16, 1962. (in Hebrew)
- Margalit, D.: The ethical basis of religious laws from a medical standpoint. *Dapim. Refuim.* 21:542-549, Aug. 1962. (in Hebrew)
- Lain Entralgo, P.: Toward a theology of disease. *Rev. Assoc. Med. Argent.* 76:454, Sept. 1962. (in Spanish)
- Gabrielsson, J.: Christianity and medicine. *Svensk. Lakartidn.* 59:409-410, Aug. 23, 1962.
- Held, R.: Contribution to the psycho-analytic study of the religious phenomenon. *Rev. Franc. Psychanal.* 26: 211-266, March-June 1962. (in French)
- Platt, R.: Reflections on aging and death. *Lancet* 1:1-6, Jan. 5, 1963.
- Laforet, E. G., Hofmann, J. J. (S. J.), and Ford J. C. (S. J.): Cigarette smoking—medical and moral aspects. *Catholic Med. Quart.* 16:7-16, Jan. 1963.
- (Editorial): Human guinea pigs. *Massachusetts Physician* 31:184, March 1963.
- Parkes, A. S.: Change and control in human populations. *Lancet* 1:341-344, Feb. 16, 1963.
- Schilling, Harold K.: *Science and Religion*. Scribner. 248 pp. \$4.50 (reviewed in *America* p. 207, Feb. 9, 1963).
- Erikson, E. H.: The Golden Rule and the cycle of life. *Harvard Med. Alumni Bull.* 37:26, Winter 1963 (The George W. Gay Lecture upon Medical Ethics, presented at Harvard Medical School on May 4, 1962.)
- John, DeW.: Christian Scientists and claim cases. (Correspondence) *J.A.-M.A.* 183:621, Feb. 16, 1963.
- Bowden, L. and Grant, R.: The patient with incurable cancer. *CA* 12:104-106, May-June 1962.

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