

8-1-1963

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. 3 , Article 9.
Available at: <http://epublications.marquette.edu/lnq/vol30/iss3/9>

Current Literature:

Titles and Abstracts



Schreiner, G. E. and Bogdonoff, M.D.: *Limbo to Limb—the moral and legal entanglements of the clinical investigator.* *Clin. Research* 11:127-130 April 1963.

Until recently the clinical investigator has labored in a limbo that afforded considerable intellectual and operational freedom. As a consequence of the great expansion in clinical research that followed World War II the public has been injected as an unknowledgeable third party into a situation that formerly included only the investigator and the patient. Legal constraints have thus been added to the restrictions that already derive from the teachings of the classic philosophers, from natural law as interpreted by religious leaders, from the codes of other scientists, and from the regulations of professional organizations such as the American Medical Association.

Three main events have served to disrupt the relative security of the clinical investigator: (1) The establishment of clinical research centers, sponsored by the National Institutes of Health, in a large number of medical institutions; (2) Recent regulations proposed by the Food and Drug Administration, and (3) The thalidomide debacle.

Once in a legal limbo, the clinical investigator is now out on a legal limb. The expansion of research has necessitated a re-examination of the ground rules governing such activity. "If moral considerations do not motivate such re-appraisal, legal considerations eventually will."

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.

NB [This subject is becoming increasingly more important, and the following additional references are pertinent:

Beecher, H. K.: The placebo effect and sound planning in surgery. *Surg. Gynec. & Obstet.* 114:500-509 April 1962.

Hill, A. B.: Medical ethics and controlled trials. *Brit. Med. J.* 1: 1043-1049 April 20, 1963.

Editorial: Human experimentation. *Med. Tribune* 4:15 May 27, 1963.

Editorial: Human guinea pigs. *Massachusetts Physician* 3:184 March 1963.

Zubrod, C. G. et al: Drug testers face dilemmas. *Med. World News* 3:59-68 September 14, 1962.

Editorial: Patient consent. *Med. Tribune* 5:ed. page June 3, 1963.

Morris, H. R.: 5-Fluorouracil. (Correspondence) *J.A.M.A.* 182:969 Dec 1, 1962.

_____: Patients' consent. *New Medical Matera* 4:23-29 Dec, 1962.

Beecher, H. K.: Nonspecific forces surrounding disease and the treatment of disease. *J.A.M.A.* 179:37-44 Feb. 10, 1962.

Wolfe, D.: Research with human subjects. *Science* 132:editorial page Oct. 14, 1960.]

O'Leary, J. A. and Bepko, F. J., Jr.: *Obstetrical clinics: acute leukemia and pregnancy.* *Georgetown Med. Bull.* 16:162-164 Feb. 1963.

(Authors' Summary) The most common result of acute leukemia in

pregnancy is premature labor. If the disease begins early in pregnancy the chances of a live child are remote unless remission occurs. The incidence of postpartum hemorrhage is high, as is that of infection. The placenta is a barrier to the transmission of the disease. Chemotherapy is to be avoided in the first trimester because of the abortifacient properties of most of these agents.

Reimann, H. A.: *Therese Neumann (Correspondence)* *J.A.M.A.* 183:975-976 March 16, 1963.

[This letter was prompted by editorial comment in *J.A.M.A.* on the death of Therese Neumann of Konnersreuth, the well-known stigmatic. It details several interesting features, and includes a 20-item bibliography.]

Bauer, F. C.: *Sterilization and abortion: a psychiatric view.* *Redman (St. John's University Alumni Magazine, Brooklyn, N. Y.)* 11:26-31 Winter 1962-1963.

"Voluntary sterilization . . . is highly reliable, is without aesthetic disadvantages, requires no embarrassing procedures, costs nothing beyond the original operation, and offers no risk to health"—thus an advertisement in many New York newspapers. Since so many in our society reject the concept of objective morality, it is necessary to discuss this issue on purely rational grounds.

IMPLICATIONS: That sterilization improves standards, health and living conditions of our poor and underprivileged is the foremost argument advanced by its proponents. It is an argument by implication and not supported by the scientific or sociological data. One finds subtle innuendo that there is a relationship between the sterilization of the wife and the husband's ability to work. Will the poor cease to be poor and underprivileged because of being sterilized? To use this ultimate form of birth control is, in essence, to admit that all other approaches to human betterment have failed. It is to say that the only real solution to the problems of a segment of our society is to encourage that segment to become extinct.

ASSUMPTIONS: The assumption that a person is happier and better adjusted because his sex life is im-

proved by surgically preventing conception is not valid and certainly does not take into account the frequent post-surgical depressions which sometimes reach psychiatric proportions. It is interesting to note that guilt reactions, over even long past abortions, occur in women regardless of their participation in any organized religious belief.

INCONSISTENCIES: There are inconsistencies that are enveloping our society: 1) Certainly it is somewhat paradoxical that pressure should be exerted to abolish capital punishment on the one hand and to legalize abortion for non-medical reasons on the other. 2) Society shrinks in horror even at the recollection of Nazi genocide and at the same time it not only approves but wants to make legal the destruction of living albeit unborn children who might possibly fail to achieve an artificially selected and arbitrarily imposed standard of physical perfection. 3) It is interestingly inconsistent that scientists who relentlessly pursue the secret of life and attempt to synthesize protoplasm are applauded in their efforts by a society which encourages voluntary sterilization. 4) Society insists that the courts defend the rights of all men, especially those who cannot defend themselves; but the same society demands that the same courts assist in the process of destroying the most defenseless of living creatures, the unborn child, and denying completely the rights of future generations.

THALIDOMIDE: The assumptions and implications involved directly or indirectly by the discovery of thalidomide provide arguments that are more emotional and accordingly more specious: 1) Ingestion of the drug during a sensitive phase of pregnancy will result in a physically deformed child. Two important factors have been omitted from this statement, namely that the drug must be taken in a suitable dose and also by an individual with some genetic tendency to limb malformations. 2) Deformities occur in as many as fifty percent and are predictable. These statistical data are exaggerated in order to create the persuasive implication that all pregnant women who had used the drug should be permitted legal abortion. Had the courts yielded, eighty per-

cent of the destroyed babies would have been spared deformities which in fact did not exist and would not have developed. 3) Deformity makes adjustment in other areas of living impossible for mother and child. This is completely unfounded. As is often the case with other congenital defects, physical and psychological, compensatory mental mechanisms have resulted in more pleasing personalities and the parent-child relationship is a stronger one in spite of being founded on the dependency needs of the child. Have we reached a point in our pursuit of excellence at which imperfection becomes a catastrophe?

If society can rationalize abortion in the instances of thalidomide, how long before it branches out to reach the more common and even more disabling conditions: the Rh incompatibilities, German measles, mental retardation, epilepsy and in fact all known genetically transmitted diseases?

It is true that only a licensed physician may perform the surgery involved but there appears to be no valid reason to have applicants for social sterilization or abortion screened by medical panels and to require the written recommendation of three physicians. Ratios have already been established in some areas permitting sterilization in any mother of six children, in any thirty-year-old mother of five, and in any thirty-five-year-old mother of four. Surely one need not involve a number of physicians, social workers, or other professionals in performing an evaluation that could be done by anyone able to count from one to ten.

The ability of a society to survive and to progress is determined by the willingness of its members to assume responsibility. We have certainly become an old society and are well on our way down the westward slope when we embrace a philosophy dedicated to the ideal of repudiating personal responsibilities. A society cannot hope to endure and remain strong if it becomes involved in the neurotic trap of demanding the bonus while attempting to avoid the onus. No member of a society can be secure if that society adopts a three-pronged approach to solving problems in living—sterilization,

abortion and euthanasia. We must realize that what is now permissible and voluntary may inevitably become mandated and compulsory. And when this happens, the only security available will attach itself to the members of the screening board.

—J.J.S.

Franklin, A. W.: Physically handicapped babies; some thalidomide lesions. *Lancet* 1:959-962. May 4, 1963.

The birth of a handicapped baby induces strong emotional reactions. The parents require the physician's support and counsel. "To let the baby live while hoping that he will die is morally wrong and medically indefensible. Such a policy of laissez-faire leaves the parents without hope and the baby without help. . . . The alternative is to secure for the physically disabled baby the greatest help available."

[The writer concludes his thoughtful piece with these pertinent words uttered by Montaigne on seeing as a curiosity a conjoined twin with one head and two bodies: "Those which we call monsters are not so with God, Who in the immensity of His works seeth the infinitie of fables therein contained."]

McCormick R. A. (S.J.): Anti-fertility pills. *Homiletic & Pastoral Review* 62:692-700 May 1962.

The article attempts to summarize the current status of theological discussion on the morality of physiologic control of fertility in order to make available a useful acquaintance with developments. The summary includes: (1) an historicomedical synopsis of anti-fertility progestins, (2) the morality of the use of progestins, (3) the application of general moral principles to five general problem areas. These problem areas are the correction of menstrual disorders, the regulation of the menstrual cycle, the suppression of ovulation during lactation, temporary suppression of ovulation to produce eventual fertility, and delay of menstruation.

—J.P.S.

Wasmuth, C. E.: Legal pitfalls in transfusing blood. *Anesthesia & Analgesia* 41:81:84 January-February 1962.

Under the common law no one may intentionally touch your body

without your consent. Thus a member of Jehovah's Witnesses may refuse to permit transfusion of blood. If he is, in fact, transfused against his will, he has a perfect suit in assault and battery against the physician. Since consent is always personal, a wife may not give consent for her husband nor a husband for his wife. In the United States a physician is not required by law to treat every person seeking his services, but if he should take a case of a Jehovah's Witness and fails to receive permission to transfuse, he should secure "permission NOT to transfuse" in order to protect himself. In the case of a minor, the physician may take legal steps should the parents refuse permission to transfuse.

—T.F.H.

[Cf. also: Shawner, H. L.: When a patient refuses to accept blood. *Med. Economics* 40:108-120 June 3, 1963.]

[Cf. also: Minuck M. and Lambie, R.: Autotransfusion. (Correspondence) *Lancet* 1:60-61 Jan. 5, 1963.

These writers investigated the possibility of autotransfusion for Jehovah's Witnesses, finding that such patients will accept immediate reinfusion of their own blood but that even this is unacceptable if the blood is stored for a brief time.]

[Cf. also: Ford, John C. (S.J.): The Refusal of Blood Transfusions by Jehovah's Witnesses *THE LINACRE QUARTERLY* 22: February and May 1955.]

Hengger, A. P.: Euthanasia under the Swiss penal code. *Southwestern Law Journal* 15:393-398 1961.

The code does not contain specific provisions relating to euthanasia. Acts of euthanasia if committed would, according to the concrete circumstances, be punishable as murder, homicide, homicide upon request, instigation or aid of suicide. The punishments would vary from very short periods of imprisonment to reclusion for life. There would be no death penalty.

—J.F.B.

Gall, J. C.: Case against narcointerrogation. *J. Forensic Sci.* Jan. 1962. (From *Other Pages, J.A.M.A.* 183: A 96 March 16, 1963.)

The administration of drugs to an accused in order to question him un-

der conditions of impaired judgment has been termed narcointerrogation. Under these circumstances there is no physician-patient relationship, and the purpose of drug administration is not related to the subject's medical benefit. The procedure is morally reprehensible and legally unconstitutional.

Sheerin, J. B. (C.S.P.): The fast-moving biological revolution. *Catholic World* 195:325-329 September 1962.

Remarkable progress is being made in the field of genetics. The use of genetics in controlling heredity, though not yet a reality, is a question that should be met squarely by Catholic theologians and philosophers. Until then ordinary Catholics will be relying on their emotional reactions to furnish an answer to the problem. The question is: is it right or wrong to remove a particle in the genes or to rearrange the genes? In any discussion the soul should be a central consideration.

—A.C.D.

DR. JOHN ROCK'S *The Time Has Come* continues to stimulate discussion. The following items are largely or entirely based on this book:

Population control week. *Modern Med.* 31:22-23 May 13, 1963.

Fischer, J.: What Women can do for peace. *Harper's* 226: 14-24 April 1963.

Huffman, J. W.: (Book Review) *J.A.M.A.* 184:603 May 18, 1963.

Duhamel, J. S. (S.J.): The time has come. *America* 108: 608-611 April 27, 1963.

Stitchbury, P. C.: Therapeutic abortion in Dunedin Hospital. *New Zealand Medical Journal* 60:559-564 December 1961.

Abortion is nowadays mostly performed for prophylactic reasons. Therapeutic cases are rare. Potential suicide is frequently mentioned in a psychiatric recommendation. But Dr. Lindberg in Sweden reports sixty-two women who said they would commit suicide if not aborted—none was aborted and none committed suicide. Many doctors are concerned morally about all this and want to be reasonably sure they are in fact doing the mother some good.

—J.N.G.

THE FOLLOWING THREE articles were part of a symposium entitled, "Cigarette smoking: medical and moral aspects." *Catholic Med. Quart.* 16:7-16 Jan. 1963.

Laforet, E. G.: Medical statement. (7-9)

An attitude of virtual moral certainty now prevails that cigarette smoking is the principal etiologic factor in the increased incidence of lung cancer. No method of treating or filtering has proved effective in reducing the hazard. An individual's chances of developing pulmonary carcinoma are directly proportional to the amount he smokes and the number of years he has been smoking. Experimental evidence further shows that cigarette smoking is at least of potential importance as a causative factor in certain other diseases.

Hofmann, J. J. (S.J.): Moral aspects. I. (9-12)

Although the heavy smoker (two or more packs a day) might possibly be indirectly causing a diminution of health, this tolerated effect is proportionately counterbalanced by relaxation and other benefits. At present there is no certain obligation to stop smoking. If, in the future, medical science establishes a great susceptibility or predisposition to cancer on the part of certain medical types there may arise such an obligation for persons with specific susceptibility.

Ford, J. C. (S.J.): Moral aspects. II. (13-16)

There seems to be no strict obligation under pain of venial sin to give up heavy smoking now because of the general statistics of the danger of lung cancer at some remote future date. Furthermore, even if there were a *per se* obligation to omit smoking, because of definite and significant danger to health here and now, there might well be compensating factors which would justify running the risk. Apart from the consideration of sin, abstinence from smoking is a very appropriate means of practicing Christian self-denial.

—T.F.H.

Marshall, J.: Family planning: The Catholic view. *World Justice* 3:43-49 June 1962.

This article is a basic position paper on the Catholic view in regard to regulation of births. Fundamentally, this rests on the Catholic view of man's eternal destiny, stemming from his redemption by Christ. The sex act as the first step in the producing of a recipient of the redemption cannot be artificially interfered with without violating this destiny of the individual and of the race.

Natural regulation of births, however, does not interfere with the end of the sex act. In this case it is God Himself Who chooses not to produce the individual, not the husband and wife. Personal or social reasons might dictate such regulation.

—J. A.

Andrews, W. C., and Andrews, R. C.: The use of progestins for oral contraception. *Southern Medical Journal* 55: 454-456 May 1962.

Side effects of progestins used orally for contraception, are not too annoying to most women. They are, especially, nausea and "break-through" spotting or bleeding both of which have led to occasional abandoning of the method. Others are a slight gain of weight in the first cycle (two to four pounds), soreness or enlargement of the breasts, decrease of the menstrual flow, elimination or improvement of dysmenorrhea, relief of premenstrual tension, and prolongment of the first post-treatment cycle.

—J.S.

Vecchi, S. E., Jr.: Artificial insemination and legitimacy in Pennsylvania. *Dickinson Law Review* 66:1-15 Fall 1961.

Artificial insemination, especially from a third party, creates important moral, religious, psychological, ethical, and legal questions. Existing Pennsylvania law may direct courts on trying to decide legitimacy, but specific laws will only arise when public opinion has been sufficiently steered on the subject.

—G.A.

Lynch, P. P.: Ethical considerations and proposed law reforms. *New Zealand Medical Journal* 59:212-214 April 1960.

The statement by the Council of the Wellington Branch of the Guild of St. Luke sets down the views of Dr. Moore and Dr. Stallworthy and then commences in the remainder of the article to refute them. The views are as follows:

Dr. Moore writes hoping that there will be no lessening of the legal restrictions on the termination of pregnancy for psychiatric reasons; she hopes that the accepted indications will come to include also unfavorable social conditions and their impact on maternal health.

Dr. Stallworthy's contribution covers a wider field and discusses the law in relation to abortion and also in relation to attempted suicide, criminal responsibilities in charges of murder, and associated topics.

—M.A.G.

Ward, D.: The professional responsibility of the physician. *J.A.M.A.* 174:878-881 October 1960.

The standard of medical practice today is determined by personal conviction. The doctor's conduct results from no man-made law, but from the natural law. An example of the natural law is the law of gravity, but the one pertinent to this discussion is "the law of the isolation of the individual." This is the law that dictates that there will always be times when the individual must stand alone. It is a time of isolated decision. Medical schools must select students with these potentials and nurture them.

—G.E.S.

ADDITIONAL ITEMS of interest include the following:

Braybrooke, Neville (editor): *The Wind and the Rain: An Easter Book for 1962.* 25 s 285 pp. London: Martin Secker & Warburg, Ltd. 1962 [Reviewed by Kelly, M., *Arch. Int. Med.* 111:399-340 March 1963]. [More on Teilhard de Chardin.]

Halpern, M. J.: A proposito do processo de Liege. *Accao Medica* 27:120-124 Oct.-Dec. 1962.

Cannell, D. E. and Vernon, C. P.: Congenital heart disease and pregnancy. *Am. J. Obstet. & Gynec.* 85:744-749 March 15, 1963.

Ravenna, P. and Stein, P. J.: Acute monocytic leukemia in pregnancy: report of a case treated with 6-mercaptopurine in the first trimester. *Am. J. Obstet. & Gynec.* 85:545-548 Feb. 15, 1963.

Flanagan, Geraldine Lux: *The First Nine Months of Life.* 96 pp. New York: Simon and Schuster. 1962. \$3.95.

Young, R. K. (Rev.) and Meiburg, A. L. (Rev.): Medicine and religion: county medical society helps sponsor chaplaincy service. *J.A.M.A.* 183:890 March 9, 1963.

English, W.: When your patient won't accept a transfusion. *RISSE (National Magazine for Residents, Internes, and Senior Students)* 6:62-70 Feb. 1963.

Coffey, Victoria P. and Jessop, W. J. E.: Maternal influenza and congenital deformities: a follow-up study. *Lancet* 1:748-751 April 6, 1963.

Hinton, J. M.: The physical and mental distress of the dying. *Quart. J. Med.* 32:1-21. Jan. 1963.

Dean, R. L.: England warns its youth: Britain's anti-smoking ads range from "hard sell" to "hidden persuaders." *America* 108:253-255 Feb. 23, 1963.

(Editorial): Distress of the dying. *Lancet* 1:927-928 April 27, 1963.

Declich, M.: Introduction to the study of the diabolic in psychiatry. *Arch. Psicol. Neurol.* 23:409-411 Sept.-Oct. 1962 (in Italian).

Pierre-Louis, C.: The refusal of transfusion for religious reason. *Bull. Assn. Med. Haiti* 12:78-82 Oct. 1962 (in French).

Callahan, S. K.: Developing a successful chaplaincy program. *Hospitals* 34:41-43 Jan. 1963.

—: To be an atheist—a duty of each medical worker. *Sveik. Apsaug.* 7:3-6 Oct. 1962 (in Lithuanian).

Divett, R. T.: Medicine and the Mormons. *Bull. Med. Libr. Assn.* 51:1-15 Jan. 1963.

Fallis, R. H., Jr.: The ecology of hunger. *Military Med.* 128:384-391 May 1963.

Kelly, M.: (Book Reviews) *Arch. Int. Med.* 111:535-536 April 1963.

Burr, Harold Sarton: *The Nature of Man and the Meaning of Existence.* (price not given) 108 pp. Charles C. Thomas: Springfield, Ill. 1962.

Walshe, Sir Francis: *Thoughts upon the Equation of Mind and Brain.* (The 13th Hughlings Jackson Lecture) *Brain* 76: 1-18 1953.

Bean, W. B.: (Book Review) *Arch. Int. Med.* 111:523 April 1963.

Ulanov, Barry: *Death—A Book of Preparation and Consolation* \$5.00 292 pp. Sheed and Ward, Inc.: New York. 1959.

Nidermeyer, Albert: *Compendium of Pastoral Medicine.* (Translated by Fulgence Buonanno) 492 pp. \$7.95 Joseph F. Wagner, 53 Park Place, New York 7. 1961. (Reviewed by P. B. McCleave in *J.A.M.A.* 184:321 April 27, 1963.)

Sullivan, P. R.: The "psychiatric Catholic." Right and wrong explanations of why Catholics prefer Catholic psychiatrists. *America* 108:199-201 Feb. 9, 1963.

Palmer, C. E.: The role of religion in rehabilitation. 2. *Rehab. Lit.* 24:2-9 Jan. 1963.

Domenet, J. G.: Prolongation of dying. (Correspondence) *Lancet* 1:61 Jan. 5, 1963.

Bradford, C. H.: Medical aims and ideals. *New Eng. J. Med.* 268:1147-1150 May 23, 1963.

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In His First Message to the World, Pope Paul VI Includes Us of the Laity . . .

And finally we salute our sons in Christ, among whom we wish to mention especially the bold and generous young people, in whom rests sure hope for a better future, the innocent children, the pure and simple souls; the humble and the great of the earth; all craftsmen and laborers, those whose toil, often heavy and burdensome we know and appreciate so much; men of culture and of study, of teaching and of science; newsmen and writers; politicians and heads of state. We pray that all, each in his own sphere of responsibility, may give his contribution toward building an order ever more just in its principles, more efficacious in the application of its laws, sounder in private and public morals, more prompt in the defense of peace.

We are sustained by the motherly protection of the Most Blessed Virgin Mary, Mother of God and our mother, to whom we entrust our pontificate from its beginning, and also by the help and the prayers of the Apostles Peter and Paul and of all the saints.

In pledge of this heavenly assistance, and for the joyful encouragement of the good energies spread throughout the world, we are happy to impart to you as the first fruit of our paternal benevolence, Venerable Brothers and beloved sons, and to the whole human family, our apostolic blessing.

In the name of the Lord! Let us move ahead in peace.