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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 philosophic 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.

Israel, S. L.: Therapeutic abortion. (Editorial) *Postgrad. Med.* 33:619-620 June 1963.

Specifically medical indications for therapeutic abortion in the United States have markedly diminished, but this is not so for psychiatric and eugenic indications. Current laws permitting therapeutic abortion only to "preserve the life of the mother" do not take into account the *de facto* broadening of indications for this procedure on psychiatric and eugenic grounds.

The decision to perform therapeutic abortion on the actively psychotic patient poses no great problem, but the mere threat of suicide because of pregnancy is not *per se* an indication. Concerning rubella during pregnancy, there is no legal justification for therapeutic abortion to prevent the birth of a malformed infant. Since this indication accounts for nearly 30% of therapeutic abortions performed in recent years, the medical staff of each hospital accepting this philosophy "must justify such an action through properly enunciated, officially adopted regulations."

Bolter, S.: The psychiatrist's role in therapeutic abortion: the unwitting accomplice. *The American Journal of Psychiatry* 312-316 October 1962.

Increasing demands are being made upon psychiatrists to make decisions concerning therapeutic abortion. Psychiatrists should do all they can to discover reasons for not interrupting pregnancy. They have no

more right to break the law than anyone else in our society. With few exceptions, there is good biological, psychological, and moral justification for the abortion law as it stands.

—P.J.K.

Burch, T. and Gibbons, W. (S.J.): Demographic revolution: its social and moral implications. *Chicago Studies* 1:204-224 Fall 1962.

If world population continues to increase at the present 1.8%, our present three billion population will become fifty billion in two hundred years, and two hundred billion in three hundred. Also, the problem must be considered on a regional, as well as world, basis; for in many underdeveloped areas the food shortage is acute today.

Man's response to the problem has been migration, increased productivity (the chief stress of serious thinkers today), and limiting the birth rate by various means (especially prevalent in advanced countries). The solutions offered by some Catholic circles—that Nature will inevitably correct the rate and that a greater percentage of aged will slow it down — are essentially incorrect.

A comprehensive Catholic answer to the problem (which so far has not been given) must stress the place of prudence, and recognize the rational element mixed in with the errors of Protestant and secularist teaching. Further, rigoristic opinions on the valid reasons for periodic continence (whose spiritual advan-

tages haven't been sufficiently investigated) must be eliminated. However, no clear obligation in justice regarding family limitation can be affirmed.

—T.T.

(Annotation): Opinions of women abortionists. *Lancet* 2:131-132 July 20, 1963.

In a study of 44 women abortionists incarcerated at Holloway Prison the typical subject was found to be an elderly married woman with children. Intelligence was average or somewhat below. In general, while the illegality of abortion was recognized, there was no sense of moral culpability. The study "shows once again that a great many otherwise law-abiding citizens do not believe in the sanctity of embryonic life, or accept the laws based on it."

Anderson, G.: Medieval medicine for sin. *Journal of Religion and Health* 2:156-165 January 1963.

The Penitentiaries of the Middle Ages show that in general the Church was concerned with healing the sinner. Its compassion for the spiritually ill is evident. Penances, though, were thought of largely as purgative. Modern day confession, aided by the behavior sciences, is stressing the rehabilitation of the sinner. However, the punitive aspect of penances as an aid to this must not be lost.

—J.T.A.

Baldwin, R. W.: Consent in medical practice. *Maryland Medical Journal* 11: 647-651 December 1962.

Doctors and lawyers must be especially alert not to disclose voluntary information they have observed or have been told in confidence by patients and clients unless obtaining express written consent, that is, until and unless required to do so by a court. In short, that each should strictly observe the high ethics of his respective profession in all matters of confidentiality just as far as permitted by law.

—P.F.B.

Goethals, P. L., Banner, E. A., and Hedgecock, L. D.: Effect of pregnancy on otosclerosis. *Am. J. Obstet. & Gynec.* 86:522-529 June 15, 1963.

... much reassurance can be offered to otosclerotic women who

are anticipating future gestations. Certainly one would find it most difficult to justify a therapeutic abortion in cases of otosclerosis complicated by pregnancy."

Roos, H. E.: Ethical problems of sex. —I. *Theology* 65:408-414 October 1962.

Society is not in universal agreement that there are ethical problems of sex. This is due to an attitude of sexual determinism. Men recognize the difference between discriminate use of sexuality and use conditioned by moral decisions. The Christian understanding of moral problems is not achieved once and for all in any age. Some readjustment must be made in the Christian deviation that equates sin with sex. A right perspective of the problem will come from viewing man as a whole person. Our sins against others and self are always some denial of this principle of wholeness. Our sexuality is only part of this whole. Marital use of sex precluding procreation of children denies this wholeness.

If the ethical problems of sex are solved for some by continence, may these same problems not be solved for others by the use of sex outside the monogamous union? Marriage, like the Sabbath, is for man; not man for marriage. The Christian principle of the wholeness of the person rules out promiscuous or casual use of sex. Can the same be said of other sexual unions between persons of the opposite or same sex, unions founded on deep personal relationships, sincere affection and responsible understanding? Here I doubt that generalizations are helpful. Trivial sex is the dehumanizing of personality. Different people may find different ways to use their sex but if they are genuinely concerned with the whole use of their humanity and that of others, they cannot accept a view of sex which would degrade it.

—J.T.D.

UNDOUBTEDLY STIMULATED, at least in part, by the thalidomide tragedy, the medical profession has shown a world-wide renewal of interest in problems associated with human experimentation. A brief sampling of the recent literature has yielded the following items:

Keplinger, M. L.: Use of humans to

evaluate safety of chemicals. *Arch. Environ. Health* 6:342-349 March 1963.

Fernandez, J. M.: Therapeutic trials in dermatology. *Arch. Argent. Dermat.* 12:165-176 June 1962 (in Spanish).

Baruk, H.: Biological experimentation and the therapeutic trials of physicians. *Sem. Ther.* 38:803-804 November 1962 (in French).

Cheymol, J.: Experimentation in human beings. *Rev. Med. Chile* 90: 891-905 November 1962 (in Spanish).

Bonsdorff, B. von: Clinical research. *Nord. Med.* 69:38-39 Jan. 3, 1963 (in Swedish).

(Editorial): Ethics of human experimentation. *Brit. Med. J.* 2:1-2 July 6, 1963.

Marshall, J.: Ethics of human experimentation. (Correspondence) *Brit. Med. J.* 2:114 July 13, 1963 Comment on the preceding editorial.)

Louisell, W.: Legal limits on human experimentation. *Arch. Environ. Health* 6:784 June 1963.

(Editorial): Ethics of clinical trials. *Med. Tribune* 4:15 July 22, 1963.

Bowker, W. F.: Legal liability to volunteer in testing new drugs. *Canadian Med. Assoc. J.* 88:745 April 6, 1963.

Ladimer, I.: Experimentation: the newly enacted drug law makes it imperative that doctors heed the long-standing rule: "Experiment at your own peril." *New Med. Materia* 5:25 January 1963.

Feinstein, A. R.: *Non nocere*. (Correspondence) *New Eng. J. Med.* 266: 469-470 March 1, 1962.

(News Item): British Medical Association body agrees provisionally on code for human experimentation. *Med. Tribune* 4:1 Aug. 2, 1963.

Schreiner, G. E.: Liability in use of investigational drugs. *J.A.M.A.* 185: 259-263 July 27, 1963.

Richard, F. F.: Ethics of human experimentation. (Correspondence) *Brit. Med. J.* 2:249 July 27, 1963.

Hodgson, Helen S. U.: Medical ethics and controlled trials. (Correspondence) *Brit. Med. J.* 2:249-250 July 27, 1963.

Heimann, P., Isaksson, D., and Strom, G.: Medical ethics and human ex-

periments. *Socialmed. T.* 40:143-152 April 1963 (in Swedish).

(Editorial): British code for research. *Med. Tribune* 4:11 Aug. 5, 1963.

Peinader, A. (C.M.F.): Un problema serio de moral respecte a la esterilizacion de la mujer. *Illustracion Del Clero* 55: 540-548 November 1962.

A number of authors, for contradictory reasons, hold that it is licit for a woman to induce functional sterilization in a situation where rape is probable. But there are too many serious objections to these alleged reasons to allow any solid probability to the opinion, even though it may acquire extrinsic probability by a monotonous repetition. These authors take for granted the very thing which must be proved; that the procedure in question is not intrinsically evil.

The second part of the article suggests different ways for the spiritual director to handle the question, in function of his own judgment on the problem and the quality of the inquirer. —A.N.

Sinigaglia, D.: The medico-moral problem of grafts. *The Catholic Medical Quarterly* 15:118-122 October 1962.

There is no moral dispute over grafts from cadavers or autogenous grafts; they are justified on the principles of totality. With regard to grafts from living donors: Although there is an argument from the supremacy of charity and from the fact that removal of one of a pair of organs does not suppress the organic function, nevertheless any true mutilation (and this includes donation of one of a pair of organs), because of the loss of integrity and weakening of the function, is intrinsically unlawful since man has no *dominium sui*.

—L.J.T.

Waller, J. I. and Turner, T. A.: Anastomosis of the vas after vasectomy. *The Journal of Urology* 88:409-410 September 1962.

Anastomosis of the vas following bilateral vasectomy using a small ureteral catheter as a splint is discussed. The number of successful cases following anastomosis after bilateral vasectomy is large enough to justify the use of the procedure by more surgeons. —A.J.R.

Lener, S. (S.J.): *L'infanticidio 'pietoso' some delitto contro l'umanita. La Civiltà Cattolica* 114:10-23 January 5, 1963.

There can be no doubt that the mother of Corinne Vandeput was unjustified in the murder of her child. The law, both moral and penal, was ambiguous; at the most, the mother acted from vincible ignorance and with a doubtful conscience, something that is never permitted when the certain rights of another person are at stake. The jury also committed a great crime. For the jury has not the power to formulate new laws; its sole function is to determine the defendant's guilt under the existing laws. In a case where the defendant admits responsibility for a criminal action, as in the Vandeput case, the jury's duty is clear-cut. In addition, there is the greater crime of scandal. The mother maintained her action was justified and even held it up as a general norm to be followed in other such cases. And if some woman in the future should ever follow such an example, no future jury with this jury's morally illicit and juridically arbitrary verdict setting the precedent, could ever commit the injustice of condemning her.

Since this criticism is based on a purely human morality and ethic, one universally applicable and universally recognized, this multiple crime in Liege can only be considered as a crime against humanity.

—J.R.

Driscoll, Shirley G., Hicks, S. P., Copenhaver, E. H. and Easterday, C. L.: *Acute radiation injury in two human fetuses. Arch. Path.* 76:113-119 July 1963.

Two pregnant women with carcinoma of the cervix underwent radium insertion for therapy. In each instance hysterotomy with removal of the fetus was then done to interrupt the pregnancy. One fetus was aged 16 weeks and the other 22 weeks; both were alive at hysterotomy. Histologically both fetuses showed evidence of severe neural damage. Such studies are "of inestimable value as a source of information concerning the normal sequence of development of the human brain."

Delargade, J. and Araud, R.: *Reflexions sur l'euthanasie—a propos du proces*

de Liege. *Etudes* 315::305-316 December 1962.

In the purely objective order Mme. Vandeput was wrong in killing her deformed child, and the jury was wrong in acquitting her. It is always immoral to take the life of an innocent. But there is more than a purely objective order: the mother could see nothing but frustration and sorrow and unhappiness for her child, and the jury understood this.

The Christian view of man could never approve of her action, but it is precisely this Christian view of man which is lacking in our society. A world which treasures the values of efficiency and of success would never assimilate a half-person who would retard the march towards progress. It was not Mme. Vandeput who was the defendant at Liege but man. The trial showed that we cannot maintain ourselves in our human society unless we open ourselves to a religious view of man and to that truly human motive, which is love.

—J.R.

Ingle, D. J.: (Editorial) *What are the biological bases of responsibility? Perspectives in Biology and Medicine* 5:267-268 Spring 1962.

The law, the church, and philosophy have all failed to define freedom and responsibility so that conflicts in human conduct can be avoided.

—W.J.W.

(Anonymous): *Is accused "present" at trial while testifying under the use of tranquilizers? William and Mary Law Review* 2-3:535-538 1962.

The purpose of evidence is to establish true facts. The overwhelming weight of authority seems to hold the demeanor of a witness to be part of the evidence. Therefore, only true or normal demeanor of a witness would reflect true evidence. The logical question arises as to the admissibility of an accused's testimony where his demeanor, being wholly out of his control, does not accurately reflect his true character, resulting in a verdict far harsher than might have resulted upon presentation of what might be termed "normal evidence."

Such reasoning, if universally adopted, could lead to excessive appeals for new trials on the ground

that the accused "was not himself" while on the stand. It is doubtful that the best interests of justice would be served by applying such a principle too liberally, except that in capital cases, the punctilio of the rules of evidence ought to be applied. The Murphy decision is a case at hand. In this case (after a conviction of murder in the first degree upon defendant's own testimony) a new trial was granted because tranquilizers had noticeably changed the defendant's demeanor, making him appear casual, cool, and lackadaisical. This decision was unique and was probably made because of the harshness of the jury sentence, the penalty of death being wholly within their discretion.

—D.A.D.

ADDITIONAL ITEMS of interest include the following:

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(Editorial): *First things first. Brit. Med. J.* 1:1299-1300 May 18, 1963.

Mears, Eleanor: *A new type of oral contraceptive. Brit. Med. J.* 1:1318-1320 May 18, 1963.

(Annotation): *Research on fertility control. Brit. Med. J.* 1-1303 May 18, 1963.

Jorgensen, H. L.: *It's time to write a new Hippocratic oath. Med. Economics* 40:270-276 June 17, 1963.

Himes, Norman E.: *Medical History of Contraception*. 512 pp. New York: Gamut Press, 1963 \$7.50

Gerald, Sister: *Religious personnel policies. Hosp. Prog.* 44:57-59 March 1963.

Greenberg, D. S.: *Birth control: Catholic opinion varies widely on Rock's new book. Science* 140:791-792 May 17, 1963.

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(Correspondence): *Abortion and the laws. Columbia Univ. Forum* 6:45-47 Spring 1963.

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Gutstein, R. A.: *Hindu medicine: Ayur-Veda. New York J. Med.* 63:451-458 Feb. 1, 1963.

O'Neill, E.: *Destructive obstetric operations. Obst. & Gynec.* 21:725-729 June 1963.

(Editorial): *The hour is late. New Eng. J. Med.* 268:1415-1416 June 20, 1963. (Commentary on *The Time Has Come.*)

Schroeder, O. C., Jr.: *The laws on reproduction: abortion, sterilization and insemination. Postgrad. Med.* 33:A-64 ff. May 1963.

Greenberg, D. S.: *Birth control: National Academy issues report calling for major effort in population planning. Science* 140:281-282 April 19, 1963.

Giudici, E.: *The sterilization of humans and its most recent medico-moral aspects. Minerva Ginec.* 11:564-567 July 15, 1959 (in Italian).

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O'Donnell, T. J. (S.J.): *Artificial resuscitation: a moral evaluation. Georgetown Med. Bull.* 14:242-244 February 1961.

Ochoa, E.: *Moral limits of human therapeutics (clinical practice). Prensa Med. Argent.* 46:1525-1529 June 12, 1959 (in Spanish).

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