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Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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Current Literature:

Titles and Abstracts



Bell, E. T. and Loraine, J. A.: Time of ovulation in relation to cycle length. *Lancet* 1:1029-1030 May 15, 1965.

In 31 subjects (45 menstrual cycles) the time of ovulation was studied in relation to cycle length. Urinary excretion of estrogen was used as the criterion of ovulation. The day of ovulation was found to be variable (4 days before to 6 days after midcycle).

de Bethune, A. J.: Rhythm—mathematical probability of success and failure. (editorial) *J. Internat. Coll. Surg.* 43:327-333 March 1965.

(Author's Summary) The rhythm method of child spacing has been subjected to the test of experience during the past 30 years. Pregnancy rates (per 100 woman-years' total time) have been reported as 30 (Latz and Reiner, as reanalyzed by Hartman), 21.7 and 68.7 (India-Singur Study), 32.8 (Rodriguez), 28 (Tietze) and 14.4 (Rock et al.). The author reviews the difficulties his wife and he have had with the calendar method and with the basal temperature method of rhythm during 15 years' experience. His family, and four other families with parallel experiences, have had a pregnancy rate of 66. The unprotected pregnancy rate is about 100. A medically acceptable method of child spacing should

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 comments usually follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

have a pregnancy rate not more than 10.

Pope Pius XII affirmed "the legitimacy of a regulation of births compatible with the law of God," based on "the taking advantage of natural temporary sterility." Let the monthly security factor q be the probability that a married woman can go through a single cycle without conception. The mathematical laws of compound probability show that a security factor of 93 per cent is needed for a probable spacing of 18 months between births (pregnancy rate 67). The security factor must be raised to 98 per cent to lengthen the spacing to 3 to 4 years (pregnancy rate 30) and up to 99.4 per cent, to bring the pregnancy rate down to the medically acceptable upper limit of 10.

The relation between the security factor q and coital frequency is variable. For couples who can successfully utilize the hyperthermic premenstrual phase of the cycle (Montreal "Serena" method), coitus should not affect q . For women who cannot be certain as to the timing of ovulation, the security factor q is decreased by a risk factor of at least 2 per cent for each unprotected coitus in the cycle. This risk factor makes spacings longer than 18 months between births unlikely, on

statistical grounds alone, at a coital frequency of 3 to 4. However, Latz and Reiner's rhythm patients (pregnancy rate 30 coital frequency 4 to 5) were able to reduce their risk factor to 1/2 per cent per coitus by a judicious use of the calendar method. This partial success of rhythm in reducing pregnancy rates is of little reassurance to the individual mother who is faced, here and now, with the need of avoiding pregnancy during the current and future cycles.

Pope Paul VI has promised a re-examination of the controversial anovulatory "pill." In the interim, he has reaffirmed the moral norms of Pius XII, which condemn a directly contraceptive, but permit a therapeutic, use of the pill.

Luteal phase therapy provides a non-contraceptive use of anovulants that is gaining favor among doctors in the treatment of Roman Catholic patients, by regularizing the menstrual cycle for both positive and negative uses of rhythm.

Roman Catholic moral norms also permit the utilization of natural temporary sterility in men. Research currently in progress on natural reversible oligospermia may well provide the assist needed to place natural methods on a secure foundation, in fulfillment of a hope expressed by Pius XII in 1951.

—: Patients can face hard truths, MD finds. *Med. World News* 6:64-65 Feb. 12, 1965.

The question of how much to tell the patient who has a poor prognosis is still undecided. However, Dr. Robert S. Schwab, a neurologist at Harvard Medical School, believes patients should be told the truth. In support of this thesis is his experience with 300 patients who had Parkinson's disease and to whom he presented full infor-

mation regarding diagnosis and prognosis. In reply to his query a year later as to whether such information had helped or hindered them, 299 stated that they were grateful for having been given the facts. "Difficult though it may be, the physician should always tell patients the truth. But we must temper frankness and honesty with optimism and hope."

—: Regulation at last? *America* 112:275 Feb. 27, 1965.

Use of the rhythm method of child-spacing imposes severe limitation on the woman whose menstrual cycle is irregular. A means of regularizing menstrual cycles is described in the February issue of LINACRE QUARTERLY. While there is no question about the morality of this approach, the medical aspects remain to be proven. "... our fingers are tentatively crossed. There have been articles like this before, and they have ended as false positives."

Schreiner, G. E. and Maher, J. F.: Hemodialysis for chronic renal failure: III. Medical, moral and ethical, and socioeconomic problems. *Ann. Int. Med.* 63:551-557 March 1965.

The limited success that has attended the use of chronic intermittent hemodialysis for renal failure has been responsible for a number of problems. In addition to the medical difficulties associated with hemodialysis there are significant moral and ethical aspects. Chronic dialysis is still in the investigative stage and patient selection should depend on the willingness of the individual to be a research subject after receiving adequate information (informed consent). Overt or subtle coercion must be avoided.

(Today's Drugs): Capreomycin. (report of symposium on capreomycin held Jan. 15, 1965). *Brit. Med. J.* 1:240 Jan. 23, 1965.

According to Professor J. G. Scadding of London, the clinical evaluation of

new antituberculosis drugs such as capreomycin presents a considerable ethical problem. Since current therapy is so effective and standardized, it is difficult to find ethical justification for resorting to new drugs as initial therapy and hence clinical evaluation of such agents is impeded.

Medawar, P. B.: Do advances in medicine lead to genetic deterioration? *Mayo Clinic Proc.* 40:23-33 Jan. 1965.

Because of environmental improvements, of which medical progress is one facet, "there arises a well-founded fear of building up in the human population a huge and increasing genetic liability like the national debt. I myself am not dismayed by this prospect. . . . The point is that the rate of genetic deterioration brought about by the methods I have just described is extremely slow. . . . Solutions will be found. They might take the form, as many people have suggested, of direct genetic intervention, a sort of genetic repair process of a kind known to be able to cure certain genetic shortcomings of bacteria. At any rate, the point I want to make is that we must not at this time arrogate to ourselves the task of trying to find solutions for all the problems that may afflict mankind in the future."

[Cf. also: "Wrestling the Genetic Dilemma," *Med. World News* 5:101 Oct. 23, 1964, which reports Medawar's provocative views expressed at the Mayo Clinic symposium.]

de Bethune, A. J.: Natural oligospermia and rhythm. *Cosmos* (science journal of the College of Arts and Sciences of Boston College) 7:113-134 Spring 1965.

[A thoughtful study of the subject,

buttressed by frequent reference to pertinent papal pronouncements.]

Page, I. H.: Man's need for reassurance. (editorial) *Modern Med.* 33:75-77 May 24, 1965.

The advances of science seem to have made man self-assured in his ability to control his destiny. However, there is ample evidence of a persisting dependence on things spiritual, particularly in times of stress. Man is beginning to find that science alone can fetter his beliefs just as rigidly as religion alone." I suspect man is aware of his inborn limitations and dependence but that the sophistication of modern science makes it unpopular to acknowledge them."

SPEAKING at a symposium on the Problems and Complexities of Clinical Research (sponsored by the Upjohn Company, Kalamazoo) Henry K. Beecher, M.D., of Massachusetts General Hospital, urged that "valid, informed consent" be obtained from any person involved in clinical experimentation. He cited several examples of deviations from this ethical norm. The concept of "valid informed consent" derives largely from the Nuremberg Code, but its practical application is difficult. ("Valid, informed consent asked with clinical experimentation." *J.A.M.A.* 192:A43 April 19, 1965: "Tests in man: ethics termed often ignored." *Med. Tribune* 6:1, 18 April 7, 1965; Exner, F. B.: Ethics and tests. correspondence. *Med Tribune* 6:15 May 3, 1965.)

Levin, M.: Sex freedom—and truth and beauty. *Current Med. Digest* 32:31-33 Jan. 1965.

A new era of sexual "freedom" has been proclaimed, but the freedom of promiscuity is not true freedom. "Sex is more than a mechanism for procreation, and it is more than an avenue

for sensual gratification. It is a function that promotes the growth of character." A false concept of truth and beauty is engendered by those who equate sex with a self-indulgence, and beauty with what is merely physically pleasing. "A beautiful life is achieved only by the man and wife who share an unselfish love, who fulfill each other sexually, and who gladly abide by their vows to remain true to each other to the end of their days."

ADDITIONAL ITEMS of interest include the following:

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—: Ethics in clinical research. *Med. J. Australia* 2:309-310 Aug. 22, 1964.

Cavanagh, John R. (M.D.): *The Popes, the Pill, and the People.* Bruce: Milwaukee 1965. \$3.95.

Pickering, Sir George: Physician and scientist. *Brit. Med. J.* 2:1615-1619 Dec. 26, 1964.

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—: Medicine-religion role to be expanded. *AMA News* 8:2 Feb. 1, 1965.

—: Clergyman doubling as MD held danger. *Med. Tribune* 6:22 Feb. 8, 1965.

(Editorial): How many angels on the point of a pin? *J.A.M.A.* 191:493-494 Feb. 8, 1965.

Doxiadis, C. A.: On the measure of man. *Mayo Clinic Proc.* 40:71-89 Jan. 1965.

Bean, W. B.: The way things are. (editorial) *Arch. Int. Med.* 115-121-123 Feb. 1965.

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- : Move to revamp abortion laws gaining support of MDs. *Med. World News* 6:38-39 March 5, 1965. (Activity in New York state.)
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