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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.

Tredgold, R. F.: Psychiatric indications for termination of pregnancy. *Lancet* 2:1251-1254 Dec. 12, 1964.

The psychiatric indications for termination of pregnancy continue to be much debated. In addition to scientific aspects there are religious and ethical ones as well. These include such questions as: (1) Has the fetus a soul? (2) If it does, what happens to the soul if the fetus dies unbaptized? (3) At what stage does the fetus become a "person"? The most general answer to the last question seems to be at quickening. The state of English law regarding the general question is also somewhat uncertain. Consequently the psychiatrist's decision is often a difficult one. Remedies to improve the situation are urgently required, and these are both legal and medical.

[Cf. editorial comment on the above in the same issue of *Lancet* 2:1279-1280 Dec. 12, 1964 — "Termination of Pregnancy on Psychiatric Grounds." Also: Uhrus, K.: Some aspects of the Swedish law governing termination of pregnancy. *Lancet* 2:1292-1293 Dec. 12, 1964.]

—: Physician and philosopher studying medicomoral questions. *Med. Tribune* 5:8 Nov. 2, 1964.

The increasing complexity, success, and social facets of modern medicine are three important reasons for reconsidering the moral aspects of medicine. For the past three years a joint study

of medicomoral problems engendered by modern medicine has been carried out at Vanderbilt University, Nashville, Tennessee. The prime movers are a physician (Dr. Elliot V. Newman, Professor of Experimental Medicine) and a philosopher (Samuel E. Stumph, Ph.D., Chairman of the Department of Philosophy). Expanded discussions are planned.

Moser, R. H.: On speaking to patients. *Ann. Int. Med.* 61:588-591 Sept. 1964.

The sophisticated technics of diagnosis and treatment available to the modern physician tend to threaten the personal relationship that should exist between physician and patient. This is particularly evident in the area of communication, and yet communication between physician and patient is an important aspect of proper medical practice. There are many difficulties. For example, patients frequently fail to comprehend what is being said. "The properly oriented physician will have evaluated the intellectual and emotional capability of his patient," and he must avoid communication difficulties such as those related to his own semantic inadequacies or to the patient's lack of attentiveness. And for the patient "with a severe diagnosis and limited prognosis, the road ahead should be straight. Perhaps it will not be pleasant or comfortable, but it should be unobstructed and never dead-ended."

Klaus, E. J.: *Investigations on question of over-exertion in modern sports for women.* *Med. Welt.* pp. 2180-2185 Oct. 10, 1964.

The risks of over-exertion in modern sports for women have increased, largely because male standards of training and performance are used, with no regard to sex differences in the requirements for rest periods. Little regard is paid to differences in performance and to the predisposition to accidents during the pre- and intermenstrual phases, particularly in competitive sports. The use of hormonal agents, such as anovulants, to regulate menstruation in women athletes is potentially harmful and ethically wrong.

Fiore, W. M.: *The atomic cloud: a symbol of science.* (Presidential Address) *Ann. Surg.* 160:333-337 Sept. 1964.

Scientific and technologic progress — especially as typified by the ability to utilize nuclear energy — have made the last three decades unique in the history of mankind. Emphasis on science has put traditional values at hazard. "As members of a scientific community, let us not be so engrossed with our accomplishments and with the lure of the unknown that we forget to show to our students and patients that our profession is more than a scientific discipline. It is in fact a ministry of healing to the whole man. When a surgeon forgets this, he becomes a technician."

"As science is unravelling the fabric of the material universe and seemingly approaches the borders of time and space, a new mode of thinking has crept like a silent malignancy into many other areas of man's activity. This modern perspective has robbed western man of his awareness of super-nature. It is heresy to the scientific

mind even to consider the possibility of any realm of reality outside the objects and events observable in our three dimensional universe. Up until 200 years ago, and as far back as history extends, men thought that every experience had both a seen and unseen dimension. Both were equally real. Since the unseen, transcendent or supranatural realities cannot be studied by the tools of science, it has become popular to deny their existence. To deny categorically the possibility of these realities is sheer arrogance. This scientific mode of thought has affected art, literature, philosophy and religion. The modern artist no longer tries to communicate beauty, but aims to reveal himself and his concept of the real, and we are invited to discover his meaning in what seems to be some chaotic jungle of form and color. The modern scientific mode of thought has invaded theology. An Anglican bishop writes that if Bultmann is right then the entire conception of the supernatural order, which invades and perforates this one, must be abandoned. Either this so-called scientific approach frees mankind from superstition and imaginary reality, or it deprives man of access to ultimate reality."

"Finally, this address began by calling attention to the fact that our generation is living in a period which is unique in the history of mankind. This is true. Surely the insights which we have gained into the world of the atom, and into the measureless universe about us, should arouse in each thoughtful person a renewed and deep enquiry as to his concept of life. This is particularly poignant for us as surgeons who are confronted at every operation with the life of an individual, and possible death. The limitless expansion of science now going on, and in which we

are all involved, brings us face to face with the primary question: 'What is Man?' Is he merely a psychobiological mechanism — a part of the continuum of nature — or is he a being capable of discerning realities other than purely natural phenomena? To realize the truth of this second alternative enables one to rise above a world in which the atomic cloud is a fitting symbol of its science."

(For somewhat similar views, cf. Page, I.H.: *The problem of 'two worlds.'* *Modern Med.* 32:93-95 June 8, 1964.)

Robin, E. D.: *Rapid scientific advances bring new ethical questions.* *J.A.M.A.* 189:624-625 Aug. 24, 1964.

Morality as an abstraction is difficult to define. For the physician, the basis of morality must be "deep concern for the well-being and welfare of the individual patient." With regard to the specific instance of human homotransplantation, such concern requires consideration of the following principles:

- (1) The transplant should have some reasonable possibility of clinical success.
- (2) The transplant must only be undertaken with an acceptable therapeutic goal as its purpose.
- (3) There must be complete honesty with the patient and his family.
- (4) The patient must be given every benefit of available general medical knowledge and of specific information concerning transplantation.
- (5) Each transplantation should be conducted under a protocol which ensures the maximal possible addition of knowledge.
- (6) Careful, intensive, and objective evaluation of results of independent observers is mandatory.

- (7) A careful, accurate, conservative approach to the dissemination of information to public information media is highly desirable.

Acute though they are, the moral problems associated with human transplantation procedures are only a manifestation of the impact of rapid medical progress on traditional moral codes. Other pressing moral problems include the use of patients in clinical research, the use of human volunteers in studies concerned with pathogenesis and therapy, and the extent to which the physician is obligated to maintain life actively in the hopelessly ill. The traditional Hippocratic Oath is not adequate to the moral challenges of modern medicine. "Is it not time for a new moral code?"

Merrill, J. P.: *Clinical experience is tempered by genuine human concern.* *J.A.M.A.* 189:626-627 Aug. 24, 1964.

The points made by Robin [cf. foregoing abstract] are valid and well-considered. Although the homotransplantation of human organs has resulted in some fears and disappointments, "progress has made and will continue to be made if the problem is approached by scientific teams whose program is broadly based on a multidisciplinary laboratory experience tempered by a genuine concern for human welfare and the dignity of the patient."

Page, I. H.: *Responsibility for problem solving.* *Modern Med.* 32:85-87 Nov. 9, 1964.

The scientific aspects of medical progress have created innumerable problems of major magnitude that are not strictly scientific, medical, moral or political. Examples include the intricacies or "informed consent" to therapeutic trials, the laboratory growth of

human embryos, and the eugenic implications of genetic coding. The National Academy of Science is often suggested as the final arbiter of such problems. This solution, however, is unsatisfactory from many aspects, and it would seem preferable for such organizations as the AMA, AAAS, and Federation of Biological Societies to assume such a role. "While I recognize the need for concern with finance, politics, the support of research and education, and similar categories of problems, I must confess to disappointment with the failure of medicine to be in the forefront of discussion of problems concerned with our moral, ethical, humanistic, and social responsibilities in a modern society."

THE AMERICAN MEDICAL Association through its House of Delegates has endorsed population control at its 18th Clinical Convention held in Miami Beach Nov. 29—Dec. 2, 1964. The new policy is based on the recommendations of a Committee on Human Reproduction, headed by Dr. Raymond T. Holden of Georgetown. The AMA revised its policies on population control in order to "conform to changes in society and medicine" and to "take a more positive position on this very important medical-socio-economic problem." ["AMA Revises Policy on Population Control." *J.A.M.A.* 190: A31-32 Dec. 21, 1964; "Delegates Back Birth Control." *Med. World News* 5:32 Dec. 18, 1964.]

Frenkel, M.: Treatment of myasthenia gravis by ovulatory suppression. *Arch. Neurol* 11:613-617 Dec. 1964.

Typically, young women with myasthenia gravis show an increase in weakness in the preovulatory stage. In three such patients, the use of norethynodrel (Enovid) to suppress ovulation eliminated the pre-menstrual exacerbation of symptoms and resulted

in enhanced strength throughout the entire month. There was no such effect in men so treated.

———: Conscience and the case-worker. *Massachusetts Physician* 23: 30 Dec. 1964.

The personal religious convictions of social service case-workers or physician may militate against fulfillment of public policy in such matters as the dispensing of birth control information. This has been noted in the June 1964 publication of the Community Service Society of New York under the title, "The Right to Birth Control Information in Family Planning." And in Maryland, a request by Cardinal Archbishop Shehan that a case-worker not be required to refer patients to birth control clinics if it conflicted with the religious convictions of the case-worker was rejected by the Welfare Board. The problems involved are thorny, but it should be possible to evolve a policy that would both protect the conscience of the case-worker (or physician) and yet permit equal availability of information of therapy to the individual client.

Chavez, I.: Professional ethics in medicine in our time. *J.A.M.A.* 190:226-231 Oct. 19, 1964.

Medical ethics (or medical morality) is a permanent source of concern for every physician, but medical progress has required an up-dating in the norms. Specific problems include the following: (1) The obligation to study and acquire knowledge, (2) Experimentation which implies risk for the patient, (3) Experiments with new drugs, (4) Experiments conducted on human beings to extend medical knowledge, not to cure the patient, (5) The moral responsibility of investigators, and (6) Medical secrecy. While it may be unfashionable and even uncomfortable to speak of medical ethics, "they nevertheless preserve basic values despite corrosion by some aspects of civilization."

McGowan, L.: Rubella and pregnancy: a current opinion. *Postgrad. Med.* 36:88-90 July 1964.

The incidence of malformation, either immediate or latent, among children born of mothers who had rubella in early pregnancy is about 10 per cent. Gamma globulin is effective in preventing rubella in most pregnant women exposed to this disease. Current medical opinion appears to favor treatment of the rubella-affected child rather than the performance of therapeutic abortion.

Ellison, R. M.: Psychiatric complications following sterilization of women. *Med. J. Australia* 2:625-628 Oct. 17, 1964.

Seventy-five women who had undergone hysterectomy or tubal ligation and who were admitted to a psychiatric unit form the basis of this study. Recommendation for tubal ligation is too frequently sought from psychiatrists solely on socio-economic grounds. Sterilization for contraception should be done only when it is absolutely necessary, i. e., when every other method has proven unsatisfactory.

Aldrich, C. K.: The dying patient's grief. *J.A.M.A.* 184:329-331 May 4, 1963.

The dynamics of anticipatory grief, usually applied primarily to prospective survivors, are equally applicable to the prospective deceased. The nature of a dying person's reaction to grief is determined by the extent and quality of his interpersonal relationships, his use of denial, and the extent of his regression secondary to his illness. Communication with the dying patient should be such as to permit him to deny or accept his prognosis according to his own readiness for same, rather than according to the physician's preconceptions.

———: Hopeless expenses. *Massachusetts Physician* 21:12 Aug.-Sept. 1962.

Hopeless expenses are those that result from the intensive treatment of

patients with hopeless diseases. Such expenses may work an undue hardship on the family and community. The family physician is the individual best able to face reality and by conferring with the family to prevent the extravagance of "hopeless expenses."

———: Anti-alcohol campaign in the Netherlands. *J.A.M.A.* 191:153 Jan. 11, 1965.

The campaign against alcoholism in the Netherlands is an active one, and the establishment of medical centers for its treatment and prevention dates from 1909. Among the 22 current independent institutions for the care of alcoholics, six are under Catholic auspices. Both the Catholic and other institutions are members of the National Federation for Mental Health. Services of psychologists, sociologists, and clergymen are available when needed. A monthly periodical facilitates communication between the groups.

ADDITIONAL ITEMS of interest include the following:

Lister, J.: By the London post — Population explosion. *New Eng. J. Med.* 271:951-952 Oct. 29, 1964.

———: Pamphlets are offered to the public on "the pill," other contraceptives. *Med. Tribune* 524 Nov. 16, 1964.

Sax, K.: The world's exploding population. *Perspect. Biol. & Med.* 7:321-330 Spring 1964.

Roberts, Catherine: Some reflections on positive eugenics. *Perspect. Biol. & Med.* 7:297-307 Spring 1964.

Abbott, E. (Very Revd.): "What shall the doctor's image be?" *Brit. Med. J.* 2:1062-1063 Oct. 24, 1964 (The Winchester Address given in Winchester Cathedral on St. Luke's Day, Oct. 18, 1964, by the Dean of Westminster.)

- : St. Luke's service at Winchester: pageantry and worship. *Brit. Med. J.* 2:1063-1064 Oct. 24, 1964.
- O'Sullivan, J. V.: The pill. *Catholic Med. Quart.* 17:151-156 Oct. 1964.
- Pole, K. F. M.: The Catholic doctor and the Church. *Catholic Med. Quart.* 17:156-160 Oct. 1964.
- Boorer, D.: Brothers in nursing over 450 years. *Nursing Times* 60:961-964 July 24, 1964.
- : Social, economic basis for abortion upheld; more than half of physicians in country-wide survey back such reasons, while others vary in opinion. *Med. Tribune* 5:21-22 Oct. 31, 1964.
- Erikson, Erik H.: *Insight and Responsibility: Lectures on the Ethical Implications of Psychoanalytical Insight*. W. W. Norton Co.: New York 1964 256 pp. \$5.00 (Reviewed by Marjorie C. Meehan, M.D. in *J.A.M.A.* 190:860 Nov. 30, 1964.)
- : International Planned Parenthood Federation meets *J.A.M.A.* 189:979 Sept. 21, 1964.
- Couch, N. P., Curran, W. J., and Moore, F. D.: The use of cadaver tissues in transplantation. *New Eng. J. Med.* 271:691-695 Oct. 1, 1964 (Emphasis on humanitarian and medico-legal aspects.) [cf. also: Lower R. R.: Affairs of the heart—correspondence—*New Eng. J. Med.* 271:1273-1274 Dec. 10, 1964.]
- : Adult upheld by court in refusing transfusion even at risk of death. *Med. Tribune* 5:23 Dec. 16, 1964.
- : Abortion: 'The medical profession should be alerted'; New York City study reveals alarming increase in deaths from criminal operations and a steady decline in hospital-sanctioned procedures. *Med. World News* 5:52-53 Oct. 2, 1964.
- : Euthanasia: Is it possible? *J.A.M.A.* 189:977 Sept. 1, 1964 (New Swedish regulations on euthanasia.) [Cf. also: "Swedish Health Board Sanctions Euthanasia" *M.D.* *Med. World News* 5:56-57 Nov. 20, 1964.]
- Walker, K. F.: Unlimited people—unlimited misery. *Harvard Med. Alumni Bull.* 39:20-23 Christmas 1964 (Legalized abortion in Japan.)
- : Cremation and change. *America* 110:842 June 2, 1964 (The Church's new regulations on cremation.)
- : Invasive carcinoma of the cervix is not worsened by pregnancy, surgeon concludes from study of 12. *Med. Tribune* 5:2 July 10, 1964.
- : Transfusion refusal: parental refusal can end custody. *Med. Tribune* 4:31 July 1, 1963.
- : Theologians now face debate over 'the pill'; differing views on birth control are held within Vatican circles; discussion of subject would have to consider medical facts. *Med. Tribune* 5:7 Sept. 19, 1964.
- Ingle, D. J.: Racial differences and the future. ("Racial differences in intelligence and ability should be investigated rather than assumed not to exist.") *Science* 146:375-379 Oct. 16, 1964 (Conception control and eugenics, especially the increased use of artificial insemination, are important measures available to improve the condition of underprivileged minority groups such as the Negro, whose problems will only be partly solved by achieving full civil rights.)
- : Rhythm technique accented for family planning. Catholic experts at international symposium urge physicians not to underestimate effectiveness of cyclical method of control. *Med. World News* 5:52-53 Nov. 20, 1964 (Report on the International Symposium on Rhythm held in Washington, D. C.)
- Cooley, D. A. et al.: Open heart surgery in Jehovah's Witnesses. *Am. J. Cardiol.* 13:779-781 June 1964.
- Schumacher, M. E.: The Christian nurse's role. *Canadian Nurse* 60:774-775 Aug. 1964.
- Bronner, A.: Psychotherapy with religious patients. *Am. J. Psychotherapy* 18:475-477 July 1964.
- Ritey, H. J.: The common grounds between psychiatry and religion. *Mental Hygiene* 48:351-355 July 1964.
- Pellegrino, E. D.: Ethical implications in changing practice. *Am. J. Nursing* 64:110-112 Sept. 1964.
- Buxton, C. L.: Birth control problems in Connecticut: medical necessity, political cowardice, and legal procrastination. *Conn. Med.* 28:581-584 Aug. 1964.
- Beeson, P. B. et al. (Panel Discussion): Moral issues in clinical research: articles of the Nuremberg Tribunal. *Yale J. Biol. & Med.* 36:455-476 June 1964.
- Jackson, B. T. and Egdahl, R. H.: Consideration of the fetus in surgery of the pregnant female. *Surgery* 52:165-173 July 1962.
- Bazelon, D. L.: The interface of law and the behavioral sciences. *New Eng. J. Med.* 271:1141-1145 Nov. 26, 1964.
- Potter, Van R.: Society and science. *Science* 146:1018-1022 Nov. 20, 1964 (Can science aid in the search for sophistication in dealing with order and disorder in human affairs?)
- Bean, W. B.: Book Review (*Doctor and Patient: Ethics, Morale, Government*. by Sir Robert Platt, Bt. Whitefriars Press: London. 87 pp. 1963) *Arch. Int. Med.* 114:853-854 Dec. 1964.
- St. John-Stewas, Norman: *Law and Morals* Hawthorn Books. 123 pp. 1964. \$3.50 (Reviewed in *America* 111:809-810 Dec. 19, 1964. Includes chapters on birth control, artificial insemination, euthanasia, and sterilization.)
- Anderson, I. S.: Mushroom crowd: social and political aspects of population pressure. *Canadian Med. Assn. J.* 91:1213 Dec. 5, 1964.
- : *Saints for Those Who Serve the Sick* Catholic Hospital Assn: St. Louis (Enlargement of *Patron Saints of Catholic Hospitals*, 1955) 32 pp. 1964.
- : No sanctuary from serum lipids; follow-up investigation on Trappist monks confirms that despite a strict vegetarian diet their cholesterol levels are not significantly lower than the American average. *Med. World News* 4:125 Oct. 11, 1963 (cf. also: Caceres, C. A. et al.: Evaluation of clinical and laboratory findings in male subjects on long term, low fat, low protein diets. *New Eng. J. Med.* 269:550 Sept. 12, 1963; Groen, J. J.: *Am. J. Clin. Nutrition* 10:456 June 1962).

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