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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.

Hardin, G.: The ghost of authority. *Perspect. Biol. & Med.* 9:289-297 Winter 1966.

The century-long controversy on the propriety of contraception seems close to being settled, and in a way that will be fairly satisfactory both to Catholics and non-Catholics. When the problem is resolved it will lose its sharp intrinsic interest, but study of the factors involved in obtaining the final settlement will be helpful in approaching other problems that threaten public peace, such as abortion, sterilization, and artificial insemination. "Dipping into the rather large literature on this subject (contraception) I have been forcibly struck by the remarkable and (to me) unexpected change that has taken place in the attitude of practicing Roman Catholics toward the concept of authority." Shaw's Joan of Arc, John Rock, St. George Mivart, and Dr. Anne Biezanek are all examples of the fact that the final criterion by which one acts is not external authority but the judgment of individual reason. The inescapable conclusion is that *Authority does not exist*. Both individuals and institutions have a strong interest in perpetuating the fiction of authority. It seems reasonable to ask whether "the most successful institution ever devised by man, the Church of Rome, has to

any extent suppressed (or at any rate failed to publicize) thoughtful discussions of authority." New ethical problems are constantly appearing and more powerful methods of analyzing them are needed. Their solution would proceed faster if man could be convinced that authority is a ghost.

(Cf.: Meany, J.: The use of authority. *America* 114:409-411 26 March 1966; Johann, R. O.: Authority and fellowship. *America* 114:591 23 April 1966; Milhaven, J. G.: Loyal opposition in the Church. *America* 114:622-624 30 April 1966.)

Elkinton, J. R.: Medicine and the quality of life. (editorial) *Ann. Int. Med.* 64: 711-714 March 1966.

The availability of chronic hemodialysis as a method of treatment for patients with chronic renal disease has raised several important ethical and sociomedical problems. Among these is the question of whether quality of life as sustained by chronic dialysis is satisfactory. Although kidney transplantation may resolve some of the difficulties, it is still not a complete answer. A further problem concerns the choice of patients to undergo dialysis in view of their large number and the relative paucity of available facilities. At the present time only two

alternatives are possible to resolve the problem: (1) improve the technical quality of current measures (dialysis, transplantation) and increase their availability, and (2) prevent the diseases responsible for chronic renal failure. The latter has been neglected.

(Cf. also: Merrill, J. P. and Hamper, C. L.; Hemodialysis in the home: thirteen months' experience. *Ann. Int. Med.* 64:276-283 Feb. 1966; Pendas, J. P.: Hemodialysis: a successful therapy for chronic uremia. *Ann. Int. Med.* 64:293-311 Feb. 1966.)

Beecher, H. K.: Some guiding principles for clinical investigation. *J.A.M.A.* 195: 1135-1136 28 March 1966.

There are several areas in which human experimentation takes place, and the most difficult problems arise in the situation where experimentation is performed for the benefit of others and not for the patient involved. Inflexible codes governing this area are necessarily incomplete and are to be avoided. As far as possible, the informed consent of the subject is mandatory, although in the strict sense this may not be possible. A certain safeguard can be expected when at least two physicians are involved in the experiment, but if difficult ethical problems arise they should be submitted to the investigator's peers for discussion and advice. The anticipated gain from an experiment should always be commensurate with the risk involved. While useful work on civil prisoners can be accomplished in an ethical context, military prisoners are never appropriate subjects. "A study is ethical or not at its inception; it does not become ethical because it succeeds in producing valuable data. Ends do not justify means." When publishing the results of such investigations it must be made plain that ethical bounds have been observed in their conduct;

furthermore, under ordinary circumstances data that are found to have been obtained unethically are not to be published.

(Cf. also: Bondurant, S. Ethics of clinical investigation. — Editorial — *Clin. Research* 14:193-194 April 1966.)

(also: Weston, J. K.: Therapeutic nightmare. *J.A.M.A.* 195:1057-1059 21 March 1966.)

CURRENT PRACTICES at Catholic medical schools are included in the following report: Tietze, C., Kohl, S., Best, S., and Eliot, J.: Teaching of fertility regulation in medical schools: survey in the United States and Canada, 1964. *J.A.M.A.* 196: 24 4 April 1966.

Day, E.: The patient with cancer and the family. *New Eng. J. Med.* 274:883-886 21 April 1966.

The management of the patient who has cancer, and of his family, continues to pose serious difficulties to the physician. The emotional factors associated with the disease render it unique. The patient whose cancer can be considered to have been controlled or cured requires appropriate reassurance. The care of the patient with advanced cancer is associated with additional problems, important among which is whether to impart diagnostic and prognostic information. In general, the answer to this is not whether or not to tell, but how and when to do so. "There is no place for deceit." Specific prognoses as to time, however, are frequently incorrect and should be avoided. When the patient becomes terminal, he may become psychologically isolated, and it is imperative to maintain the channels of communication. At this stage the patient needs care in addition to strictly medical treatment of his disease.

(Cf. also: Hoerr, S. O.: What should

the physician tell the patient with cancer? *Geriatrics* 20:961-963 Nov. 1965.)

(Additional related items include the following: Abrams, Ruth D.: The patient with cancer—his changing pattern of communication. *New Eng. J. Med.* 274:317-322 10 Feb. 1966; letters concerning this article by H. R. Seidenstein and by F. O. Graeber, *New Eng. J. Med.* 274:802 7 April 1966; Woodbridge, P. D.: Telling the truth about the necessary end. correspondence. *J.A.M.A.* 194:311-312 18 Oct. 1965; —: Repression of truth magnifies fear; psychiatrists say frankness can help dying patient cope with feelings of despair. *Med. World News* 7:75 28 Jan. 1966.)

THE ATTENTION of the reader is invited to *Medico-Moral Newsletter*, a monthly publication of medical news items chosen for their relevance to moral issues, published by Dr. Frank J. Ayd, 912 W. Lake Ave., Baltimore, Maryland 21202.

The Pharos of Alpha Omega Alpha, Vol. 28, No. 3, July 1965, is devoted to a symposium on "The Population Problem." Included are the following contributions:

Katsch, S.: The population problem in outline: an introduction.

Aldrich, R. A.: Research in reproductive biology in a federal agency.

Guttmacher, A. F.: The role of Planned Parenthood.

Segal, S. J.: The role of the Population Council.

Tietze, C.: Current status of intra-uterine contraception.

Katsch, S.: Perspectives in control of conception.

Fleming, R. B.: Contraception and a working public policy.

Dreiffuss, F. E. and McKinney, W. M.: Wilson's disease (hepatolenticular degeneration) and pregnancy. *J.A.M.A.* 195:960-962 14 Feb. 1966.

Successful pregnancy occurring in the course of Wilson's disease has been rare. In such cases as have been observed, however, there has been significant clinical improvement during and following pregnancy. A case is described in which a patient with longstanding Wilson's disease had two successful pregnancies while on BAL therapy.

THE SUBJECT of sex education, and the closely linked problem of attitudes toward sex, continue to interest the physician, as witness the spate of letters (The "sexual revolution," *New Eng. J. Med.* 274:408-410) stimulated by the article by Dr. Max Levin under the same title in an earlier issue. In other pages the following have appeared: Shaffer, T. E.: The role of the school and the community in sex education and related problems. *J.A.M.A.* 195:667-670 21 Feb. 1:66; Sheeley, W. F.: Sex and the practicing physician. *J.A.M.A.* 195:195-196 17 Jan. 1966; —: MD's testimony helps ban erotic film. *Med. World News* 7:120-121 4 Feb. 1966.

Lister, J.: By the London post: abortion. *New Eng. J. Med.* 274:957-958 28 April 1966.

In England at the present time therapeutic abortion is covered by the Offences against the Person Act of 1861. It was under the provisions of this Act that the celebrated Bourne case of 1936 was tried. In 1939 the Birkett Committee recommended that the Act be amended in such a way that therapeutic abortion to preserve a mother's life might be legally recognized. However, no action was taken on the recommendation. Lord Silkin

has now introduced a bill which would legalize abortion in four situations: (1) when the physical or mental health of the mother would be endangered by permitting the pregnancy to continue; (2) when the child would be likely to be abnormal (mentally or physically); (3) when the woman is inadequate to be a mother; (4) when the mother is defective, or has conceived under the age of 16, or is pregnant as a consequence of rape. The bill has been debated at considerable length, with support from medical, legal, and church groups. In the view of a "progressive Anglican" (Rev. Anthony Bridge) the matter involves the two Christian principles of the sanctity of life and of compassion; while anything undermining the sanctity and value of human life must be examined very carefully, he feels that some liberalization of the abortion law is desirable as long as its purpose is to foster the progress of man's value. In the view of the *Times* there are two extremes on the question, one holding that the human fetus holds full status under the moral law as an individual human being with a right to life, and the other holding that abortion is merely an extension of contraception; "the general moral view" presumably lies between these extremes. "The profession would surely subscribe to any measures that would put the backstreet abortionist out of business, but at the same time the profession must be vigilant lest any changes bring harmful consequences in their wake."

(Cf. also: —: Legalized abortion: report by the Council of the Royal College of Obstetricians and Gynaecologists. *Brit. Med. J.* 1:850-854 2 April 1966, and editorial comment on subject, "Abortion, Contraception, and Sterilization," same issue, page 815.)

ADDITIONAL ITEMS of interest include the following:

- Block, S. L.: St. Augustine: a grief and other psychological matters. *Am. J. Psychiat.* 122:943-946 Feb. 1966.
- Hubble, D.: Medical science, society and human values. *Brit. Med. J.* 1: 474-477 19 Feb. 1966 (Abridged from an Inaugural Lecture given to the Faculty of Medicine of the University of Leeds on 14 Oct. 1965.)
- Glaser, Barney G. and Strauss, Anselm L.: *Awareness of Dying*. Avine Publishing Co.: Chicago 1966. 305 pp. \$6.95 (reviewed by W. F. Ossefson in *Arch. Int. Med.* 116:473-474 March 1966.)
- Ritey, H. J.: The common grounds between psychiatry and religion. *Mental Hygiene* 48:351-355 July 1964.
- : Lords reconsider Lord Silkin's Abortion Bill. *Brit. Med. J.* 1:430-432 12 Feb. 1966.
- Samuel, T. J.: The development of India's policy of population control. *Milbank Memorial Fund Quart.* 44: 49-67 Jan. 1966.
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- Perkin, G. W.: Intrauterine contraception. *Canadian Med. Assn. J.* 94: 431-436 26 Feb. 1966.
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- McGovern, K. F.: The right of the patient to die with dignity. *Trans. Med. Guild St. Luke Australia* 5:20-26 1964-1965.
- Gallagher, J. P.: The co-ordination of the work of priest and doctor in general practice. *Trans. Med. Guild St. Luke Australia* 5:52-56 1964-1965.
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- Durkin, J. T. (S.J.): *Hope for Our Time: Alexis Carrel on Man and Society*. Harper & Rowe: New York 1965. 199 pp. \$4.95.
- : MDs seek abortion law change; California physicians vote for liberalizing of stringent 1872 regulations. *Med. World News* 7:56-57 15 April 1966.
- : Failure to obtain medical assistance because of religious beliefs (Legal Review). *Surgeon's Management* 1:37 April 1966 (People v. Arnold, 47 Cal. Rep. 525, Dist. Ct. App. 1965.)
- Siegel, Rabbi Lawrence M.: A bar to conversion. *Psychoanal. Rev.* 53:16-23 Spring 1966.
- Smith, J. L.: A physician looks at faith in Christ. *J.A.M.A.* 196:A-289-A-290 18 April 1966.
- Hodgins, E.: Listen: the patient. *New Eng. J. Med.* 274:657-661 24 March 1966.

- : Medical ethics meeting. *J.A.M.A.* 196:307-308 18 April 1966 (report of the Ciba Foundation symposium on ethical problems of medical progress with special reference to transplantation, London, 9 March 1966).
- Covington, R. N.: Moral and legal responsibilities of surgical nurses. *Nurs. Forum* 4:19-26 1965.
- Moberg, D. O.: Religion in old age. *Geriatrics* 20:977-982 Nov. 1965.
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