

5-1-1951

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Recommended Citation

Furlong, Francis P. (1951) "Medico-Moral Notes," *The Linacre Quarterly*: Vol. 18 : No. 2 , Article 4.
Available at: <https://epublications.marquette.edu/lmq/vol18/iss2/4>

Medico-Moral Notes

Francis P. Furlong, S.J.

Morality in the *Journal of the American Medical Association*.

In these "Notes" I should like to go through a few of the very recent numbers of the *Journal of the American Medical Association*, and consider some of the moral implications of an occasional article, or note, or report, or answer to a query. I am more concerned about correction and clarification of points that might lead to error. Still, this will also afford a welcome opportunity to speak a word of praise when praise is due. References to the current volume 145 of the *Journal* will be made simply by page.

* * *

Unnecessary Surgery

Dr. Philip Thorek, for instance, in reporting the result of vagotomy for idiopathic ulcerative colitis and regional enteritis prefaces his article with: "One naturally assumes that before any form of surgical intervention is contemplated for this condition proper medical and psychiatric therapy have been given a thorough trial." (P. 140) In concluding the discussion in which less radical therapeutic measures had been emphasized the doctor repeated the above and made but one prudent request. "However, these patients must not be 'studied to death,' nor must they be conservatively treated to the point of surgical irreversibility. Vagotomy warrants further careful investigation." (P. 146)

We can agree, too, I believe, with the remarks of Dr. P. Robb McDonald in concluding the discussion of his article "The Dislocated Lens." "Dr. Whalman stated that we should have the patient under control. I also think that the surgeon should be under control and not try to do too much." (P. 226)

Again is not a right concern about what the patient has to gain or lose shown in the following? I quote from an abstract of R.N. Janes' article on "Lobectomy and Pneumonectomy for Pulmonary Tuberculosis":

"The results of the procedure can be regarded as reasonably satisfactory when it is realized that the group comprised patients in whom other types of treatment had failed and those in whom no other kind of treatment was likely to be effective. Excision should not be regarded as a substitute for the other types of therapy, particularly for thoracoplasty. The fact that the average mortality from 589 thoracoplasties done in the six-year period from 1942 to 1948 was one per cent illustrates the relative risk of the two procedures." (P. 523)

Lobotomy

This is just another example, really, of the general subject treated above as unnecessary surgery. Since it is mentioned frequently, however, it will be more convenient to treat it separately. L. Drubin in a "Preliminary Report of 62 Prefrontal Lobotomies on Psychotic Male Veterans" says: "Loss of agitated, self-destructive and disturbed behavior in chronic psychotic patients is the outstanding accomplishment of lobotomy in a substantial percentage of the cases." (P. 263)

In the *Journal* for 1950, (vol. 144, P. 1520) there is Dr. Stengel's report on his follow-up of 330 of 345 patients who were submitted to prefrontal lobotomy. He concludes:

"The limitations of leukotomy in the treatment of schizophrenic reaction types of disorder and paranoid states have again been demonstrated in these patients. Full remissions have been observed mainly in patients whose personalities and mental conditions had features that are generally regarded as assets from the point of view of prognosis. There is no general consensus as to whether such patients should be operated on. . . . Leukotomy, therefore, set in motion a process that might have taken place without it."

In management of intractable pain E. A. Smolik says: "Lobotomy was offered only as a last resort in all instances." (P. 589) Similarly of intractable pain Drs. Laine and Soots stress: "the pain did not disappear completely but lost its agonizing character in six of the seven patients reported on." They claim further that: "Leukotomy according to Popen's technic does not induce person-

ality changes and may be done more rapidly than topectomy." (P. 526)

After these considerations may we not cite as prudent the answer to a query on "Amputation Stump Pain and Lobotomy?" "Lobotomy has been used successfully for the relief of pain following amputation, but the results, as far as return to an effective social life and working ability are concerned, have not been good. Standard prefrontal lobotomy is too extensive. Too few patients have been treated by other psychosurgical means to permit a definite expression of opinion. Since there have been reports of relief of phantom limb pain following electro-shock therapy, this might be tried first, followed by transorbital lobotomy and further shock treatment if necessary." (P. 774)

I understand that some might have greater concern about possible bad effects from a transorbital lobotomy. What I should like to praise is the cautious conservative approach. Can we not see here a responsible member of the medical profession carefully working towards the solution of a difficult problem, much as a moral theologian painstakingly arrives at a tentative solution? For instance, Father Gerald Kelly, S.J. in *Hospital Progress* (February, 1950, P. 56) suggests: "we may apply to lobotomy for pain the same rule that is given in the code for lobotomy in the treatment of mental illness. In other words, the operation is permissible: a) as a last resort; and b) when there is solid hope that its beneficial results for the patient will outweigh its harmful effects."

Post-Mortem Cesarean Section

Dr. Kronick describes a "Successful Post-mortem Cesarean Section following Death from Pulmonary Tuberculosis." It is most unfortunate that: "No previous cases of post-mortem cesarean section done on patients who had died from pulmonary tuberculosis have been recorded." The unfortunate thing is not that they have not been recorded, but that likely they have not been performed. Catholic medical men above all should indeed keep in mind: "With an estimated 90,000 patients with active tuberculosis confined to sanatoriums and rest homes the incidence of pregnancy among the women patients might be significant, and the possibility of a

cesarean section at the time of death should be realized. There is no reason to suspect that the rescued infant may not prove healthy and normal in all respects whether the death of the mother was caused by pulmonary tuberculosis or other disease." (P. 933)

A question of life and death here! In that reported case even question of normal healthy life for this pilgrimage and exile on this planet earth. Yet even suppose the child was not to be normal and healthy, what about life eternal? In how many cases when it might be impossible to deliver a child that would live for any length of time, would it be possible for the zealous, competent, conscientious surgeon to provide for the eternal life of the fetus by extracting it for immediate Baptism? "*When a mother dies in pregnancy* and the fetus is judged to be at least probably alive, it should be immediately extracted and baptized. Before doing this, one should have the consent, at least reasonably presumed, of the proper relatives." ("An Instruction on Baptism," Gerald Kelly, S.J., *Medico-Moral Problems* I, 50.)

Vasectomy

On legal and medical grounds Dr. Vincent J. O'Connor argues well the case against vasectomy "as the easy and safe way to effect sterilization." He does so in a letter to the editor of the *Journal* (vol. 144, P. 1502). He remarks: "The surgeon that considers doing a vasectomy for any purpose other than the direct treatment of local disease must know that in practically every state in the Union this operative procedure is considered an illegal one."

As a member of the medical profession Dr. O'Connor appeals to his own experience. Since he is also a Professor of Urology his testimony is of greater value. "Making a man 'safe sexually' has often resulted in marital infidelity, domestic discord, separation and divorce. These experiences are frequent in our records in contrast with those quoted by the authors in their 50 cases."

Finally Dr. O'Connor argues from the experience of others. He is convinced that: "Most experienced urologists will agree that profound sexual neuroses and imaginative ills often follow vasectomy when it has been performed purely to prevent pregnancy."

Such a vasectomy, one done purely to prevent pregnancy, is a direct sterilization, and as such something bad and wrong in itself. When we point to its disastrous consequences, we are not arguing that it is bad because it is not expedient. It is just another instance of "Bad morals, bad medicine." Dr. O'Connor's arguments are valid, and likely of more force for many than any ethical or religious considerations of direct sterilization as the usurpation of the rights of God.

Abortion

Even here we can find something to praise, since we shall first consider threatened abortion. It is good to see how Dr. M. Dumont weighs with care the value and the risk of the use of neostigmine for pregnancy test. "Neostigmine is of definite therapeutic value in amenorrhea. It should be used cautiously in obstetric practice as a diagnostic test for early pregnancy, because it has been followed by abortion in a significant proportion of cases." (P. 766)

With that, though, our praise must stop. What about that ugly thing called therapeutic abortion? Now the *Journal* does state: "The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically stated in the reply." (P. 126) The "authority" discussing "Retinal Detachment during Pregnancy" may be most competent medically. Yet he is most certainly not competent to condemn to death the innocent child in its mother's womb. He may feel that medically: "the risk is so great that there is little difference of opinion as to proper action: Pregnancy must be terminated." (P. 128) Still the doctor, as every man, must recognize the limitations placed upon him by a higher authority. "Thou shalt not kill!"

In an abstract on the management of pregnancy during heart disease we are told coldly: "Indications for prevention of pregnancy and therapeutic interruption are presented and methods for their accomplishment discussed." (P. 593) I wonder how many of the doctors who would routinely recommend interruption of pregnancy because of heart disease will read Dr. C. Curtiss' report: "that of 99 patients referred to the antepartum cardiac clinic in

one year because of suspected heart disease, the diagnosis was confirmed in only 12, who had chronic rheumatic heart disease." Dr. Curtiss points out that: "it is easy to be misled by a loud systolic murmur, which is commonly heard in pregnant patients with normal hearts, or by a loud mitral first sound ordinarily suggesting mitral stenosis but also heard in normal hearts during pregnancy." (P. 760)

Is there not food for thought in this that: "In the management of most of the cases of rheumatic heart disease in this series interruption of pregnancy was not considered because of religious objections. Thus, in some cases, in which the pregnancy would ordinarily have been interrupted, it was found the patient fared better than had been expected." (P. 760) Is this another instance of "Good morality, good medicine?" Be that as it may, no matter what the circumstances, "Thou shalt not kill!"

Last year, too, among the *Journal's* solutions was a calm acceptance of therapeutic abortion as the way out of a distressing case of "RH Isosensitization by Pregnancy." (vol. 144, P. 1417) "Where the expectant mother is strongly sensitized to the RH factor and the husband is homozygous for the RH factor, a therapeutic abortion may be indicated, provided the pregnancy is not too far advanced. The abortion would be indicated not only because such a pregnancy would be futile but because it involves increased hazards for the mother, since toxemia and severe post-partum hemorrhage are not infrequently associated with hydropic stillbirths."

Obviously we cannot make an issue of therapeutic abortion in every number of the LINACRE QUARTERLY. The cases cited should suffice to direct the attention of Catholic doctors to the danger there is of their own moral resistance being worn away just by the constant repetition of a pagan policy. Drops of water, we know, falling ever so gently but steadily, wear away the hardest stone.

Contraception

Endless repetition of propaganda to make something morally foul, be accepted as convenient, as expedient, and therefore as

good, is characteristic of the advocates of race-suicide, the birth-controllers and those who live on the sin and the moral corruption of others. They can glory now in being acceptable to the *Journal of the A. M. A.*, and in being allowed to contribute not a little in the form of ads for contraceptive instruments and aids, ads often repeated and more often than not full-page spreads. Yet withal they are but promoting and encouraging sin. That outward show of soundness and serious concern for the well-being of the nation does but "film and screen the ulcerous spot whilst rank corruption mining all within infects unseen." Doctors should know enough to probe.

Would that the *Journal* had the courage to apply to its own advertising of contraceptive devices the very principles it expounds so well in an editorial on "Advertising for Home Remedies." "Responsibility for clean advertising copy rests with the manufacturer or distributor and his advertising representative, sometimes with his sales outlet and always with those who control the medium through which the advertising appeal is made. No one who engages in any part of the transaction can turn away with the thought that the promotion is not his problem. If he has any sense of moral obligation to those who turn to him in trust, he will not disclaim responsibility but instead will be eager to assume it." (P. 987)

Donor Insemination

On September 29, 1949 Pope Pius XII treated this point of donor insemination in his more general discourse to the delegates in Rome for the fourth International Convention of Catholic Doctors (LINACRE QUARTERLY, October, 1950). We read there on this precise point:

"Artificial insemination in marriage with the use of an active element from a third person is equally immoral and as such is to be rejected summarily. Only the marriage partners have mutual rights over their bodies for the procreation of new life and these are exclusive, non-transferable and inalienable rights. So it must be out of consideration for the child.

"By virtue of this same bond, nature imposes on whoever gives life to a small creature the task of its preservation and education.

Between the marriage partners, however, and a child which is the fruit of the active element of a third person — even though the husband consents—there is no bond of origin, no moral or juridical bond of conjugal procreation."

Modern paganism rampant is to be seen in the enthusiasm shown for donor insemination. We judge not the motives of the authors of "Sociologic and Psychological Aspects of Artificial Insemination with Donor Semen." (Pp. 1062-64) Nevertheless they are advocating something morally wrong for any human being no matter what his race or religion may be.

With regard to the conclusions of the above article we must simply deny that: "The medical indications for donor insemination are broader than is generally appreciated." Even though: "at present this procedure offers practically the sole hope of relief not only in cases of absolute male sterility but also in a much larger group of cases in which the male partner is only relatively infertile", still evil is not to be done that good may result. Even though: "The experience of hundreds of couples has proved that donor insemination can bring great happiness"; though: "there is a growing interest in the procedure among physicians, as well as a steadily increasing demand for it on the part of the laity"; though: "Donor insemination is undoubtedly destined to be employed more and more"; still evil is not to be done that good may result.

We should like to stress the conclusion: "But sociologic and psychological contraindications are numerous and important. Incalculable harm will be done if practitioners neglect these and start using donor insemination as a sort of assembly line technic aimed at mass production, as a routine manipulation of life or as an impersonal regimentation of the human reproductive powers." (P. 1064) Donor insemination is repudiated entirely, however, not because of its bad effects, but because in itself it is always brutally immoral.

Conclusion

We have gone through these recent issues of the *Journal* to note the moral implications of some of the matter there presented.

This we have done not to evaluate the publication as a professional journal, but to praise correct moral judgment, and on occasion to speak that sufficient word to Catholic doctors to put them on guard.

Doctors have consciences, it is true, and must form correct moral judgments for themselves. Indeed, many of the contributors to the *Journal* showed a fine sense of responsibility and good moral judgment. There are some, however, who take unto themselves the office of professional theologian, of teaching Church, of Almighty God Himself.



International Catholic Medical Congress

to be held in Paris, France

between July 6 and 9, 1951

Interested doctors are urged to contact The Federation of Catholic Physicians' Guilds, 1438 South Grand Boulevard, St. Louis 4, Missouri.



"Medical Chats," a regular feature of *The Pilot*, Catholic paper published in Boston, are prepared by members of the Guild of St. Luke of Boston. Considerable space is allotted these weekly articles by doctors who are members of the Guild.



Word comes from Tokyo that plans are being made for an all-Japan federation of Catholic physicians. Committees have been set up in key cities and a general meeting of representatives held.

The Chaplain of the Tokyo Federation of Catholic Physicians said a national organization would permit all members to be advised of the latest developments in medicine and surgery.