2-1-1960

Current Literature: Titles and Abstracts

Catholic Physicians' Guilds
The National Federation Honors Nun-Physicians

Dr. Eusebius J. Murphy, President of the National Federation, adjusts the microphone for Sister M. Celine, S.M.I.C., to acknowledge honorary membership in the organization. His Excellency, Bishop Thomas K. Germon, of Dallas, Texas made the presentation.

Honorary membership in the National Federation of Catholic Physicians’ Guilds was bestowed on 82 nun-physicians during the Executive Board Meeting held in Dallas, Texas, December 5, 1959. Present to receive a certificate in the name of Sisters who are practicing medicine, was Sister M. Celine, S.M.I.C., M.D., Holy Cross Hospital, Austin, Texas. A graduate of George Washington University Medical School in 1938, Sister Celine interned at Bon Secour Hospital, Baltimore, Maryland, for one year, and spent one year at Children’s Hospital, Washington, D.C. in pediatrics. Following this, she was at Morgan House Hospital, Jersey City for three months and came to Holy Cross Hospital, Austin, where she is engaged in general practice.

Sisters in the dual role of healer of the sick and comforter of the soul perform a great missionary work of the Church and the Federation is privileged to honor this vocation. Those serving in missionary lands comprise the largest number known to us at this time. Communities included are: Medical Mission Sisters of Philadelphia; Medical Missionaries of Mary, Winchester, Mass.; Maryknoll Sisters, Maryknoll, N.Y.; Missionary Sisters of the Immaculate Conception, Paterson, N.J. (Sister Celine’s Order); Sisters of Mercy, Hartford, Conn.; Marist Sisters, Framingham, Mass., and Sisters of Charity of Nazareth. Names will be welcome from other Communities. Send them to Dr. Eusebius J. Murphy, 3485 E. Tremont Ave., Bronx 65, New York. Addresses should be included so that membership certificates can be mailed.

Mother Anna Dengel, a nun-physician, and founder of the Medical Missionary Sisters of Philadelphia, was the first honored with Federation membership in 1957 on the occasion of the organization’s silver jubilee.

Current Literature: Titles and Abstracts

Abstracts appearing in this column are thought to be of particular interest to the Catholic physician by virtue of their moral, religious or philosophic implications. The medical literature is the most fruitful source for consideration but not limited thereto. When abstracts appear, they are intended to reflect the content of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Contributions from readers are invited.


Except for rubella the teratogenic role of virus diseases occurring in pregnancy is not definite. Since most studies are retrospective a valid estimate of the incidence of congenital defects in such circumstances has been difficult. The occurrence of an epidemic of Asian influenza made it possible to conduct a controlled prospective study of the relation of this virus disease to anomalies in the child. A group of 126 expectant mothers was divided into two categories depending upon the results of hemagglutination-inhibition titers for Asian influenza. Seventy-five with positive titers were considered to have had influenza and the remaining 51 had negative results. There was no significant difference in the incidence of defects among offspring of these groups. It was therefore concluded that Asian influenza occurring during pregnancy is not teratogenic.


The “surgical conscience” is a conditioned attitude of mind which has served as a guide for the surgeon throughout history. It is a dynamic and evolving norm greatly influenced by scientific, sociologic, and moral forces. “It has been in fact the ‘surgeon’s soul’ which, conditioned by the knowledge and problems of his time, has motivated him in search of the best treatment for the patient under his care.” It demands of the surgeon not only technical competence and mature judgment but also compassion and tenderness. Two frequent conflicts in surgical conscience are related to the patient with incurable cancer—should he be fully informed of the prognosis and should life be prolonged by heroic therapy under hopeless circumstances? Although there can be no all-inclusive answer to these specific problems, most often the surgical conscience will dictate a middle-ground approach.

As an aid to the formation of a surgical conscience adequately equipped to cope with the moral implications of these two conflicts, cf. G. Kelly, S.J., Medical-Moral Problems, chapters 5, 6, 16, 17. Catholic Hospital Association, St. Louis, Mo.


This paper details a definite program for the management of the pregnant cardiac patient as developed at the Boston City Hospital. Since its institution, 150 patients have been followed through pregnancy and parturition with no maternal mortality. The writer concludes “With proper medical management practically every patient, regardless of the severity of her heart disease, can be brought to a successful conclusion of her pregnancy.”


Pregnancy appeared to be a precipitating factor in the onset of some cases of systemic lupus erythematosus. However, once the disease was established, and in the absence of renal disease, pregnancy was safely undertaken with reasonable expectation of delivery of normal babies. Steroids should be used when the disease is not fully controlled by aspirin or chloroquin.

—R.J.C.
The problem of overpopulation is a real and pressing one. As yet there is no effective and reliable method for inducing temporary or permanent sterility in both males and females. The possibility of control of fertility by immunologic means suggested itself. The writer presents a comprehensive study of contraception, including a review of the literature. The problem is considered both from a moral and religious point of view and from a scientific standpoint. The writer presents a critical analysis of the results achieved in several countries where contraception is common. He reviews the significance and application of the Catholic position in a social and educational context. The problem is considered both from a general aspect and as posed in specific undeveloped areas. Considerable recent evidence is marshaled to indicate that contraception is an unsatisfactory or even dangerous procedure. It is hoped that the present study may be a valuable contribution to the debate on the moral, social, and political implications of contraception.


Clinical trials were conducted with 830 women in Haiti and Puerto Rico, using a progestin-estrogen combination as an oral contraceptive. The medication was dispensed as a tablet containing 10 mgm. of norethynodrel and 0.15 mgm. of ethinyl estradiol, 3-methyl ester, one tablet being taken daily from the fifth through the 24th day of the menstrual cycle. On this regimen there was a 96% reduction in the pre-treatment rate of pregnancy. The oral contraceptive had no untoward effect on general health, the reproductive tract, normal sexual activity, or subsequent fertility. Side effects were minimal.

Linacre Quarterly

[For a moralist's consideration of this subject, see "Linacre Quarterly, 25: 93-99, Aug., 1958.


In a group of 69 women infertility due to tubal pathology was treated by various types of tuboplasty. Pregnancy subsequently occurred in 15 (26%). Salpingoscopy was performed in 35 patients of whom 14 became pregnant. Although tubal patency resulted in nine cases and pregnancy occurred in four. Surgery for infertility secondary to tubal abnormalities is most successful when the damage is limited to peritubal adhesions.


A 19-year-old girl had severe rheumatic aortic insufficiency with congestive failure. A Hufnagel valve showed no hematologic management operation was performed and a Hufnagel valve inserted in the aorta. One month after operation she was able to perform housework. She refused tubal ligation, married, became pregnant, and proceeded through gestation under careful medical supervision. There was no dyspnea or chest pain and the patient was able to perform housework. She refused tubal ligation, married, became pregnant, and proceeded through gestation under careful medical supervision. There was no dyspnea or chest pain and the patient was able to perform housework. She refused tubal ligation, married, became pregnant, and proceeded through gestation under careful medical supervision. There was no dyspnea or chest pain and the patient was able to perform housework.

Artificial insemination by donors other than the husband has become a matter of great interest. While such legal aspects as legitimacy and paternal determination, the basic problems are moral, social, and religious. Undue emphasis on the moral aspects of AID has been responsible for failure to appreciate the importance of people's willingness to accept the procedure.


This article summarizes with exceptional clarity and objectivity the differences of opinion among moralists relative to several aspects of the Fifth Commandment forbidding direct killing of the innocent and unwarranted mutilation. Portions of the article are of a highly speculative nature and would be of prime concern only to theologians. Of special interest to doctors, however, is Fr. Guzetti's analysis (pp. 169-177) of the current state of theological dispute regarding organ transplantation in general.

Differences of theological opinion exist not only with regard to the very licitness of organic transplantation from living donors, but also with regard to the choice of moral principle to be invoked in support of either side of this controversy. Indeed, the very controversy itself is a pressing problem and requires the promulgation of specific laws by both civil and ecclesiastical authorities.

[Cf. Directive 39, Ethical and Religious Directives for Catholic Hospitals, above.]


There is probably little doubt that the single largest group of American Catholics trained in science is composed of physicians, many of them graduates of Catholic colleges. For this reason, the article, "Humanism and Science," by Father Joseph F. Mulligan (America, 102:41-43, Oct. 10, 1959) may prove of interest. The writer feels that an exclusive literary conception of humanism is common among scientists. Seventeenth-century scholars saw science as an issue. Under a London dateline, John Beavan writes of "The Patient's Right to Live and Die," New York Times Magazine, pp. 14, 21, 22, August 9, 1959) and describes the activities of the 25-year old Euthanasia Society. Although professional and community measures are stated, the author's bias is obviously with the Society, as when he discusses "these cool and rational proposals" for legalizing euthanasia: by implication opponents of euthanasia must be emotional and irrational. At any rate, several competent replies appeared in the Letters section of the August 23 issue (p. 75) of this magazine. (See these remarks: by Mr. Theodore Kondoleon and others.)

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the risk that the pharmaceutical industry may lose the sense of responsibility that has characterized it in the past. New drugs are frequently promoted with little knowledge of long-term toxicity or actual utility. Methods of advertising may range from the merely distasteful to the actually dishonest. Medicine, government, and industry must share the responsibility for maintaining ethical standards in such matters.


The writer, who is Associate Professor of Religion at the University of Chicago School of Medicine, discusses the evolution of the present-day trend of including hospital experience in the training of theology students. He believes that the advantage of such experience both to the student and to the hospital is great.


In this George W. Gay Lecture delivered at the Stanford Medical School on May 13, 1959, Dr. Means reviews existing codes of medical ethics, and follows with pertinent discussions of medical education, research, pharmaceutical advertising, patents, and public relations. Regarding the recurrent problem of whether to tell the entire truth to a patient with an incurable disease, the lecturer is opposed to intentional deceit but also rejects the practice of complete and abrupt disclosure of such information. Regarding terminal management he states, “Euthanasia... is a hotly debated matter. Whether it may or may not be practiced is for society, not for the medical profession, to decide. It is within the doctor’s prerogative, however, to determine what treatment he will or will not use, and if under the type of circumstances I have indicated, he elects not to use the life-prolonging methods, can any honest and reasonable person say he has done wrong?”

[It is unfortunate that the distinction between euthanasia and the avoidance of extraordinary means of preserving life was not made by the lecturer.]

Cf. Directives nn. 21 and 22, Ethical and Religious Directives for Catholic Hospitals, above.

(21) Euthanasia (‘mercy killing’) in all its forms is forbidden.
(22) The failure to supply the ordinary means of preserving life is equivalent to euthanasia.

Additional references of interest:

[Hillsdale states, ‘A reasoned but popularly written analysis of the position of the Church in permitting periodic continence while prohibiting artificial contraception.’]


Moore, Thomas Verner: Heroic Sanction and Insanity. (Book) 343 pp. New York: Grune & Stratton, 1959. $5.00

[The most recent publication of the scholarly Carruthers, who was formerly head of the Department of Psychology and Psychiatry at the Catholic University of America.]

CONTRIBUTORS:
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LINACRE QUARTERLY

Catholic Physician of the Year

The National Federation of Catholic Physicians’ Guilds has named Dr. John J. Masterson, of Brooklyn, New York, Catholic Physician of the Year. The Award was made at the winter meeting of the national organization held in Dallas, Texas — December 5.

Dr. Masterson is a native of Brooklyn, born in 1881. He is the dean and elder statesman of Medicine in Brooklyn. Since 1926 he has been a member of the Board of Trustees of the Medical Society of the County of Kings and chairman of the board since 1934, as well as a past president of the Society. During 1949 and 1950 he served as president of the New York State Medical Society. Dr. Masterson is a Fellow of the American College of Radiology, a Diplomat of the American Board of Radiology, and a past-president of the New York and Brooklyn Roentgen Ray Societies. For nearly 25 years he served New York in the House of Delegates of the American Medical Association.

Missions and seminaries have long been the object of his personal charity and Catholic Action on the part of physicians a principal concern. He has held the office of president of his local Physicians’ Guild and the national organization. His term of office in the latter was during World War II when activities were limited and he was a leading influence in its reorganization under the auspices of The Catholic Hospital Association of the United States and Canada.

It is not without significance that Dr. Masterson has been called to many responsible posts as presiding officer and trustee. They mark him both as a leader of men and worthy of public and professional trust. It may be truly said that he has not had one, but many vocations. To the calls of his Faith, his family, his profession and his country, he has always been most responsive. Thus, his distinguished career has prompted the National Federation of Catholic Physicians’ Guilds to choose Dr. Masterson for its 1959 Catholic Physician of the Year Award.