The Linacre Quarterly

Volume 28 | Number 3 Article 7

8-1-1961

Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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.

(Editorial): Heroic treatment, *Med. Tribune*, 2:15, April 10, 1961.

From time to time we are criticized for the overly dramatic and desperate treatment of moribund patients — for so surrounding the poor soul with infusions, pressor amines, residents, and attendings that the relatives can barely have a glimpse of him amid a forest of equipment. The effort is sourly criticized as a "prolongation of death," not of life, and a plea is made for the dignity of a patient's last hours when he ought to be allowed to die in peace.

It is true there are patients who have gone irretrievably from bad to worse, as after a cerebral vascular accident, and on to a further crisis (say a myocardial infarction) when well-considered resignation might be correct. If more vigorous efforts are made and fail, then it was plainly all a mistake: *res ipsa loquitur*, as the lawyers say. And it is true there are patients with widespread metastatic carcinoma for whom well-conceived resignation may be the only rational view.

The trouble with the reasoning is that heroic treatment can also succeed — if not in this patient, perhaps in others. That is indeed the purpose of Intensive Care Units, which have been developed in many newer hospitals and which provide for surrounding the patient with precisely a forest of resources and people, rapidly and effectively. As a result, quite a few "moribund" patients afterward stride out of the hospital, fat and sassy, in defiance of any reasonable judgment at the time of admission. Some have lived until the next episode; some have obliviously gone on living.

No doubt some patients are better allowed to die quietly and in dignity because their dying is the implacable outcome of their illness: but it is a nice decision to make, neither easy nor obvious. (Reprinted with permission of the publisher, Physicians News Service, Inc.)

Belau, **P. G. and Rucker, C. W. Bloody tears; report of a case, *Proc. Staff Meet. Mayo Clin.*, 36:234-238, Apr. 5, 1961.**

A two-year old boy was seen because of "blood in his tears" for 3 months. This was determined to be due to fenestation of the eye with the pubic hair. An etiologic classification of bloody tears is presented, and the case of Theresa Neumann is discussed.

Souval, P. A.: Artificial insemination, *Medical Arts and Science*, 13: 119-125, September 1959.

There is much confusion and little definite opinion on the morality of artificial insemination. Most of the controversy deals with A.I.D. (artificial insemination by a donor). Only the Roman Catholic Church has stated a formal opinion: (1) there is no alternative for childless couples in which the husband is either impotent or sterile. Thus A.I.D. is condemned outright; (2) only those couples with the wife having a physical impediment may resort to artificial insemination, and then only within marriage, *post coitum*. The semen should not be removed from the vagina, but a doctor may use a syringe to collect the semen and deposit it at the entrance of the cervical canal.

As regards the medical-scientific opinion, there is wide variance of views: (1) most non-Catholic scientists feel there are no moral principles involved in artificial insemination other than those dictated by accepted general medical ethics, but recognize the unsolved legal problems of A.I.D.; (2) Catholic physicians are morally and ethically bound by the official Roman Catholic viewpoint.

Protestant and Jewish circles have provided only sporadic and uncoordinated decisions. Some Protestant concepts are: (1) Artificial insemination is morally lawful. Law, psychology, and social interest may claim that extrinsic factors are weighty enough to make A.I.D. inexpedient as a matter of prudence, but not of valid ethics; (2) there are no moral objections to A.I.H. (artificial insemination by husband); (3) artificial insemination is defensible on two primary points: marriage is a personal bond between husband and wife — not primarily a legal contract; and parenthood is a moral relationship with children — not merely a material or physical one. The claim that A.I.D. is immoral rests on the viewpoint that marriage is an absolute generative, as well as a sexual monopoly and that parenthood is essentially, if not solely, a physiological partnership. Neither of these views is compatible with Christian ethics which raise morality to a level of love (personal bond) above the determination of nature and the rigidity of the law as distinguished from love.

[For a more precise presentation of Catholic teaching as regards artificial insemination, cf. Gerald Kelly, S.J., *Medico-Moral Problems*, ch. 27.]

—D.P.M.

Edwards and Angell: Legal status of artificial insemination, *The Rhode Island Medical Journal*, 42:668-681, October 1959.

At the present time there is no law on artificial insemination in Rhode Island, but several crimes can be a by-product of such a procedure, at least in the case in which the semen is that of a third party. These would be adultery, forgery (the name of the husband is placed on the birth certificate), and accessory (doctor, nurse, husband, or donor could be prosecuted).

Possible civil consequences: illegitimacy and its consequences, negligence, and malpractice (not serious in case of husband's semen: doctor could be liable in case of a donor, if the child is deformed or mentally retarded), and divorce (husband would have grounds for divorce if there is a donor, but not if he lives with his wife after knowing of the insemination).

Since it creates grave legal problems, few of which have been answered, artificial insemination, either by the husband or a donor, is a calculated risk.

—F.E.K.

IT IS OF CONTINUING INTEREST that advances in medical science may obviate medico-moral difficulties before the final word is in from the moralists. A noteworthy example would be the precipitously declining number of accepted medical indications for therapeutic abortion due to improved therapy. The latest instance concerns the problem of "extraordinary means" as applied to open-chest cardiac massage for cardiac arrest occurring outside the hospital. As recently as February 1961 the literature has described circumstances in which open thoracotomy for cardiac arrest might properly be considered "extraordinary means" (Editorial: *J. Indiana Med. Assn.*, 54:210, Feb. 1961). Similar considerations have been presented in this column (*LQ*, 26:102, May 1959 and 27:32, Feb. 1960). However, it is now more than a year since a method of closed-chest cardiac massage has been reported (Kouwenhoven, W. B., Jude, J. R. and Knickerbocker, G. G.: Closed-chest cardiac massage, *J. A. M. A.*, 173:1064-1067, July 9, 1960). Subsequent clinical experience has amply demonstrated the practicability and efficacy of this approach. Consequently it would seem that further discussion is unnecessary regarding thoracotomy as an "extraordinary means" of treating cardiac arrest occurring outside the hospital since closed-chest massage is fast becoming an accepted "ordinary means" of therapy.

Galen, R.: **"Mental health" v. religion, *The Priest*, 17:604-612, July 1960.**

In 1933 a group calling themselves "religious humanists" drew up a document called "A Humanist Manifesto" in which they stated their belief that the end of man's life was "complete realization of the human personality" and renouncing the "old attitudes involved in worship and prayer," they affirmed their faith in *man*. In the ensuing years we find much evidence that humanism and mental hygiene have walked the same path.

In 1947 the eminent priest-psychiatrist, Father Otis F. Kelley, warned his colleagues that though the clergy can learn from psychiatry, still they must be on guard lest psychiatry become a substitute for religion, and the goal of life be not God, but self-expression.

There is little indication that psychiatry recognizes man as a creature, composed of body and soul, whose purpose in being is to love and serve God. Below are the views of some psychiatrists and psychologists who hold places of prominence and who influence the mental health movement, both in the United States and throughout the world.

In his book, *The Human Mind*, Dr. Karl Menninger lists the stories of Moses and Jesus with the mythical lives of Hercules, Oedipus, and others. As an example of perverse pleasure in pain he quotes from the *Imitation of Christ*. Though he sees religion as illusory, he is tolerant because "some co-called illusions are necessary to life."

Dr. G. Brook Chisholm of Canada, onetime Director-General of the World Health Organization, would get rid of all certainty and away from the thinking and attitudes of our forebears, including dependence on religion and respect for the Ten Commandments. In another place he deplores belief in an after-life. He advocates freeing children's minds from the "certainty of 'rightness'" and from the convictions of their parents. In an address to the Mental Health Society of Northern California he maintained that no ethical or moral system, no system of dogma or orthdoxy, is applicable in the world today. Teachers of the world must tight all absolutes and certainties.

Dr. John R. Seeley, who has directed a study in child rearing and mental health, has said that psychiatry is moving into the power vacuum left by the obvious passing of the dominance of the Church; and we are now moving from "preoccupation with salvation to preoccupation with adjustment or peace of mind." More important, the mental health movement occupies or seeks to occupy the heartland of the old territory in that the mental health practitioners are being called upon to give pronouncements on questions formerly regarded as moral.

Among the psychologists, Dr. H. A. Overstreet deplores the "goodness-badness" theory, and advocates replacing it with the "maturity-immaturity" theory. The religion taught by the Church is quite different from the "invitation to maturity" extended by Jesus. Unity can be achieved only "among religions that accept the maturing of man as the central aim of life."

Dr. Erich Fromm sees the necessity for ethics and the need for faith, but he proposes a system of humanist ethics, and faith in *man*. And humanist ethics hold that "only man himself can determine the criterion for virtue and sin, and not an authority transcending him."

Dr. Lawrence Frank holds that modern science has made the older theological beliefs untenable. Since parents cannot be convinced that they should abandon their outmoded manner of rearing children, he hopes for ways in which to *"immunize"* the children.

Dr. J. L. Moreno looks toward a new type of religion, improved by insights of Marxism and psychoanalysis. His brain-child, psychodrama, consists in the dramatization of situations where conflict is involved, and sees it as a form of nudism in which the patient bares his soul. Thus it should be clear that psychodrama is a "loaded" and potentially dangerous technique, one warned against by the late Pope Pius XII.

It is to be noted that the dependence on psychiatric or psychologic help has paralleled the decline of dependence on religion. When people fail to get the needed answers to their problems from clergymen, they turn to psychiatrists in the hope of finding relief for their emotional stress.

According to the sociologist Sebastian De Grazia, the swing toward secular healing has not occurred because psychotherapy is more successful, but because *it removes guilt by toleration*, which assures the patient that his moral failures are not sins. He compares the actions of the materialistic psychiatrist — for a fee — makes almost all irregularities become "normal" to the fabled sale of indulgences.

Little attention has been given to the attitudes that prevail in psychiatry and the fact that the mental health movement is pushing its way in everywhere. Priests carelessly send their parishioners to non-Catholic — even non-religious — psychiatrists for treatment of nervous or emotional troubles. *Avant-garde* Catholic psychiatrists adopt, on occasion, the techniques developed in an atheistic school. Catholic teachers use "psychodramas" in the classroom and guidance books that include suggestions for public criticism of parents in the classroom. The mental health movement has indeed made progress in doing what Dr. Seeley predicted: in taking over the heartland of the Church.

It is long past time that we engage in some careful investigation of what goes on in the name of "mental health," and particularly of its influence in Catholic circles.

[For critical comment on this article, cf. *Theological Studies* 22 (June, 1961) 229-30.] —M.A.B.

Walters, O. S.: The psychiatrist and Christian faith, *The Christian Century*, 847-849, July 20, 1960.

The psychiatrist may be able fully to utilize scientific method, but he cannot be only a scientist. His patient has, perhaps, a strong sense of guilt. Is the guilt real or neurotic? Was the deed proportionate to the guilt that followed? Was the act good or bad? Does the patient need psychotherapy for neurosis, or forgiveness for sin? Is he, in fact, a patient or a sinner? Does he need a psychiatrist or a spiritual counselor? Making such discriminations obviously requires value judgments on the part of the therapist. As long as he functions as a scientist, the psychiatrist can claim with validity to be ethically neutral, for science has no concern with values. When he begins to make value judgments, as he must in dealing with the complexities of human autonomy, the therapist forfeits a neutral status.

Having decided to treat neurosis, the psychiatrist must elect a therapeutic method. Since therapeutic method is likely to be determined by the concept of personality, and there are many theories of personality, there will be a wide choice in modes of treatment. The therapist's choice of a theory of personality and an attendant system of psychotherapy can hardly be made on purely scientific grounds. Each system has its empirical base and its postulates. Each invokes a modicum of evidence and mass of theory in support of its claims. Obviously, where hypothesis makes up a large part of each option, the choice is not scientific but philosophical. The psychiatrist's doctrine of man is likely to be consistent with if not determined by his personal world view.

So the psychiatrist is more than scientist; he is healer and philosopher as well. Beneath and beyond all three, he is a rational finite human being. Deeply implicit in all these roles is an obligation to examine and to understand the Christian faith.

The psychiatrist should acquaint himself with the Christian faith because, as a scientist, he is a seeker after truth. Christian theology claims to know the way to an important aspect of reality. As a truth seeker, the psychiatrist cannot arbitrarily exclude or refuse to consider the evidence of such a claim. He cannot stand in judgment upon the reality-testing of his patients without having an adequate acquaintance with the reality of Christian experience.

The psychiatrist should examine the Christian faith because he is a healer. Long before psychology and psychiatry began to coin nomenclatures for personality ills, religion was satisfying the spiritual hunger and healing the moral ills of mankind. The Christian faith professes to deliver from the anxiety of guilt. It professes to deliver from the anxieties of fate, death, and meaninglessness. These are strong claims. If they are true, they deserve full exploration. No physician should deny any important remedy to his patients without investigating it.

The psychiatrist should examine the Christian faith because he is a philosopher. When the therapist leaves science behind, his philosophy must compete with the Christian philosophy on an equal basis. Among the diverse and conflicting doctrines of man, none explains as much as the Christian view. In marked contrast to the freshly-minted theories of human nature, the Christian doctrine of man enjoys a coherence and maturity that has withstood centuries of the severest attack and criticism without essential change.

The psychiatrist should examine the Christian faith because he is a person. He too is a sinner and needs forgiveness, reconciliation with God. He too has guilt, anxiety, conflict.

When the psychotherapist's science has penetrated to the core of his patient's conflict and finds there, as he often will, a moral dilemma, he may be well advised to enlist the collaboration of a minister-colleague. As the psychiatrist and the minister join in such a division of labor, each can avoid the peril of superficiality that must result from inadequate grounding in the other's discipline. The patient may then find himself the beneficiary of the best that science can provide and, if he will, the redemptive and life-transforming grace of God. —J.W.K.

AS NOTED PREVIOUSLY, the "Questions and Answers" section of *J. A. M. A.* frequently contains material of medico-moral interest. Some of the more recent subjects include "Therapeutic Sterilization" (April 29, 1961), "Marriage of Relatives" (Dec. 31, 1960), "Biblical Reason for Forbidding Use of Milk and Meat" (May 6, 1961), "Corticosteroids and Pregnancy" (May 6, 1961), and "Routine Contraception" (May 6, 1961).

THE FOLLOWING are additional items of interest:

Weisman, A. D. and Hackett, T. P.: Predilection to death; death and dying as a psychiatric problem, *Psychosomatic Med.*, May-June 1961.

.....: When is it right to tell a patient's secret?, *Med. Econ.*, 38:200-201, 19 June 1961.

Jolly, H.: Co-operation between doctor and hospital chaplain, *Lancet*, 1:761-763, (April 8), 1961.

Williams, D. N. and Hyatt, G. W.: The tissue bank of the Naval Medical School and you, *Mil. Med.*, 126:407-416, June 1961. (Includes a discussion of the religious and moral aspects of tissue donation.)

Lack, D.: The conflict between evolutionary theory and Christian belief, *Nature*, 187:98-100, July 9, 1960.

O'Donnell, T. J. (S.J.): Moral concepts of progestational therapy, *Georgetown Med. Bull.*, 14:330-333, May 1961.

Jakobovits, I.: The dissection of the dead in Jewish Law, an historical study (Part I), *Hebrew Med. J.*, 1-210-222, 1960.

Beere, L. O.: St. Luke's Day sermon, *New Zeal. Med. J.*, 60:7-8, Jan. 1961.

Steinberg, W.: Gynecology and obstetrics in the Old Testament and the Babylonian Talmud, *Int. Rec. Med.*, 173: 756-769, Dec. 1960.

McAllister, R. J. and Vanderveldt, A. (O.F.M.): Factors in mental illness among hospitalized clergy, *J. Nerv. & Ment. Dis.*, 132-80-88, Jan. 1961.

MacLeod, J., Sobrero, A. J., and Inglis, W.: In vitro assessment of commercial contraceptive jellies and creams; positive correlation between laboratory tests and clinical use awaits further investigation, *J.A.M.A.*, 176:427-431, May 6, 1961.

Hauser, Philip M.: Population Perspectives, Rutgers University Press. 1961: 183 pp. $3.50. (Reviewed in *America*, 105:428, June 10, 1961, by Wm. J. Gibbons.)

Veeder, B. S.: A pediatric ethical question, *J. Pediat.*, 58:604-605, April 1961.

Bowen, D. E.: Religion and [illegible]dicine, *Newton-Wellesley Med. Bull.*, Mass.) 13:1-10, May 1961.

.....: Second round in [illegible]ontroversy on medical care, *Ame[illegible]*, 104: 375-377, Dec. 10, 1960.

Holt, J. G. H.: Marriage and [illegible]eriodic Abstinence, Longmans, Greet[illegible]nd Co., Inc.: New York. 1961. $1.9[illegible]

Pillsbury, S. G.: 32,465 deliv[illegible]es with only one mother's death—d[illegible]g a 15-year period which included [illegible]0 cesarean sections, *J.A.M.A.*, 174:[illegible]1-2152, Dec. 24, 1960.

Ingle, D. J.: Living philosoph[illegible] (editorial), *Pharos of Alpha Om[illegible] Alpha*, 24:120-121, April 1961.

Whitaker, L. H.: Oestrogen a[illegible] psychosexual disorders, *Med. J. A[illegible]tralia*, 2: 547-549, Oct. 17, 1959.

Behney, C. A.: Cesarean secti[illegible] delivery after death of the mother [illegible]*A.M.A.*, 176:617-619, May 20, 1961

Grant, R. N.: Scientific contr[illegible] and cancer controls, (editorial), [illegible], 11:40, Jan.-Feb. 1961. (Human e[illegible]perimentation in cancer research.)

Mehta, B. R.: Pregnancy an[illegible] tuberculosis, *Dis. Chest.*, 39:505-511. May 1961. (If appropriate modern th[illegible]apy is employed pregnancy has no deleterious effect on tuberculosis.)

Modell, W.: The ethical obligations to the nonsubject, (editorial), *Clin. Pharmacol. & Therap.*, March-April 1960.

Calvin, M.: The origin of life on earth and elsewhere, *Ann. Int. Med.*, 54:954-976, May 1961.

Chri, B. B. and Jhaver, P. S.: Sterilization by vasectomy, *Indian J. Surg.*, 20: 480-484, 1958.

.....: Legalization increases abortions in Eastern Europe, *Med. Tribune*, 2:3, March 27, 1961.

.....: Cooperation of MD and clergy stressed, *A.M.A. News*, 4:5, March 6, 1961.

Report of the Conference on Surgical Birth Control, *HBAA News*, Human Betterment Association of America, Inc., June 1961.

Tietze, C. and Lehfeldt, H.: Legal abortion in Eastern Europe, *J.A.M.A.*, 175: 1149-1154, Apr. 1, 1961.

Provonsha, J. W.: Ethical implications of medical hypnosis, *Medical Arts & Sciences*, (Journal of the College of Medical Evangelists, Los Angeles, Calif.), 14:122-130, Fourth Quarter, 1960

Hirsh, B. D.: Informed consent to treatment; medicolegal comment, *J.A.M.A.*, 176:436-438, May 6, 1961.

Ayre, J. E. and Scott, J. W.: Carcinoma in situ in pregnancy, *J.A.M.A.*, 176: 102-105, Apr. 15, 1961.

(Editorial): Mauritius and Malthus, *Lancet*, 1:542-543, March 11, 1961. (The population problem.)

Krause, L. A.: Medicine and the bible, *West. Va. Med. J.*, 55:432-437, Dec. 1959.

Murphy, E. L.: The saints of epilepsy, *Med. Hist.*, 3:303-311, Oct. 1959.

Gaudebroy, M.: "Birth control" [illegible] the face of Catholic morals, (in F[illegible]nch), *J. Sci. Med. Lille*, 77:567-578, Nov. 1959.

Burghardt, W. J.: "The beloved physician," *Georgetown Med. Bull.*, 13:174-176, Feb. 1960.

Towne, Janet E.: Premarital counseling, *Med. Clin. N. A.*, 45:53-62, Jan. 1961.

CONTRIBUTORS:

The following contributors are theological students at Alma College, Los Gatos, California: D.P.M. (Daniel P. Meyer, S.J.), F.E.K. (Francis E. King, S.J.), M.A.B. (Michael A. Brands, S.J.), and J.W.K. (James W. Kaufer, S.J.).

Readers interested in submitting abstracts, please send to:

Eugene G. Laforet, M.D.
170 Middlesex Rd.
Chestnut Hill 67, Mass.