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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.

THE PROBLEM OF informing the patient, particularly when concerned with malignancy, continues to concern the profession. In a Swedish study based on 101 patients with inoperable tumors it appeared that those patients not told of their condition presented much greater problems to their families (Gerle, B., Lundén, G., and Sandblom, P.: The patient with inoperable cancer from the psychiatric and social standpoints; a study of 101 cases, *Cancer*, 13:1206-1217, November-December, 1960). Further data supporting the advisability of "telling" have been marshaled by Oken, who found that 90 per cent of 219 physicians indicated a preference for "not telling" the cancer patient. The reasons for such a preference reflected "inconsistencies, opinionatedness, and resistance to change and to research." Feelings of pessimism and futility about cancer were basic to this attitude. Unfortunately these responses tend to interfere with progress in cancer therapy. (Oken, D.: What to tell cancer patients: a survey of medical attitudes. *J.A.M.A.*, 175:1120-1128, April 1, 1961). In a third article a psychiatrist from the Mayo Clinic presents cogent reasons for informing the patient of a diagnosis of carcinoma in most instances. (Litin. E. M.: Should the cancer patient be told?, *Postgrad. Med.*, 28:470-475, Nov. 1960). Less extensive treatments of the problem have appeared in *Medical Economics* (When patients ask tough questions, 38:54-58, Jan. 2, 1961) and *Physician's Management* (When you have to break the bad news, 1:56-62, June 1961).

White, L. P., Linden, G., Breslow, L., and Harzfeld, Lois: Studies on melanoma; the effect of pregnancy on survival in human melanoma, *J.A.M.A.*, 177:235-238, July 29, 1961.

In 71 women with proved melanoma pregnancy data were studied. Although it could not be demonstrated statistically that pregnancy was deleterious to women with melanoma, the advisability of pregnancy in individual cases could not be evaluated. Therapeutic abortion is not indicated in the management of melanoma since it is not effective in causing regression of an established tumor.

Paniagua, M. E., Vaillant, H. W., and Gamble, C. J.: Field trial of a contraceptive foam in Puerto Rico, *J.A.M.A.*, 177:125-129, July 15, 1961.

A vaginal contraceptive foam was acepted by 69 per cent of 222 low-income urban women of child-bearing age to whom it was offered in Puerto Rico. There was no evidence that religion influenced their acceptance or rejection of the method. The method decreased the number of pregnancies from 80 per 100 couples per year of exposure to 29 and later to 17. The authors feel the method is practicable in Puerto Rico.

—R.J.C.

Bonnar, A. (O.F.M.): The priest and the psychopath, *Catholic Medical Quarterly*, 14:8-19, Jan. 1961.

The immediate goals of priest and psychiatrist are different: the one endeavors to restore the sick mind to its normal balance, the other promotes a closer union with God. The work of each will complement and overlap the other's; however, the priest must not assume the duties of the psychiatrist under the threat of real harm to the subject.

The priest and the neurotic: Two elements seem always to be present in neurosis, a sense of guilt and a sense of insecurity. When dealing with neurotic guilt, whether it is psychological guilt or moral blameworthiness, the priest must drive home with *authoritative* kindness, patience, and firmness the following truths:

1. There is no guilt but the moral guilt which comes with deliberate disobedience to God's will.
2. Feelings of shame from other sources should be seen in perspec-

tive as having no permanent import in our lives.

3. Everyone has something in his life which, though not always a moral fault, he would be ashamed that others should know.

However, the spiritual counselor should not expect this advice to have an immediate effect — it may take years.

These ideas can also temper the feelings of neurotic insecurity, which is often joined with attempts at personal expiation. However, the priest can attack this matter more directly by repeatedly insisting on these two truths:

1. There can be no insecurity for those who place themselves in God's hands with confidence based on an all-surrendering love.
2. Although good living and repentance for evil done are necessary, expiation and the removal of guilt come not from our activity but from the loving pardon of God.

The priest and the psychotic: Just as with neurosis, the priest is not professionally equipped to deal with psychosis as such — and he should not try to do so. The priest should not even try to persuade the psychotic that his delusions have no existence in fact, for then the psychotic would classify him as another who does not understand him. He can with sympathy give him spiritual assistance.

The priest and the psychopathic personality: Since the psychopath has almost no sense of guilt and has a very short-term view of his actions, he will be a very poor subject for spiritual guidance.

The spiritual counselor should beware of practicing any kind of psychological analysis or amateur psychotherapy with the purpose of restoring mental health; another real mistake would be to stress fear rather than love in spiritual motivation. A possible serious error of a psychiatrist would be to mistake for a neurosis the mental tension which arises from the refusal to face up to a moral difficulty. — H.J.M.

Pridie, R. B. and Stradling, P.: Management of pulmonary tuberculosis during pregnancy, *Brit. Med. J.*, No. 5244, pp. 78-79, July 8, 1961.

A total of 103 pregnancies in 73 women with pulmonary tuberculosis active in the previous 5 years was analyzed. With adequate chemotherapy, the pregnant woman with pulmonary tuberculosis showing any sign of recent activity can undergo pregnancy and labor without relapse.

Mertens, C. (S.J.): Population and ethics: Pinpointing the problem, *Cross Currents*, 10:267-281, Summer 1960.

The reproduction of the species and the peopling of the earth, as well as fecundity itself, may fall under an obligation of control and regulation formerly unsuspected. Here are a few facts:

1. If the rate of fecundity is constant, the increase in population is accelerated not only by the low mortality rate (916 of 1000 reach the age of 40 in the advanced countries), but even more so by a considerable increase in the number of persons of reproductive age.

2. In economically advanced countries, there is a revolution of advancing and rising expectations. This requires capital.

3. The more advanced countries are compelled to consider the problem of misery in the rest of the world and the demographic revolution that this misery brings about.

4. Industrial civilization has brought with it a weakening of family ties. Today the proportion of unmarried adults has diminished radically.

Many non-Catholics are seeking grounds for understanding and agreement. They interrogate moralists, asking them to take cognizance of the situation in which the world finds itself, and eventually to adjust their teachings in the light of these facts.

Propaganda favoring birth control by contraception, and even abortion, is officially recognized in an increasing number of countries; it is no secret that it is practiced, even in lands where it is prohibited.

However, the slowing down of the birth rate brings with it its own serious problems: (1) a peril to the survival of the population. Families of four or more children cannot disappear if one wishes the population to grow, unless at the same time the number of one-child families is reduced due to physiological sterility; (2) an imbalance of age distribution and an aging of the population. According to qualified demographers, the existence of a country is endangered if the aged in a population goes beyond 24%. In fifty years, it is estimated that this will be Japan's problem; (3) it leads to attacks on life and the source of life. In countries where abortion and sterilization are legalized, the rate of illegal abortion is even higher than the legal rate; (4) there is an increase in conjugal infidelity, homosexuality.

Even now the world is incapable of consuming all the nourishment which it is possible to produce. Tomorrow this amount will be even greater if present policies in economics and commerce continue.

According to demographers, there must be in Catholic teaching the following emphases: (1) stress on personal responsibility in marriage on the legitimate regulation of procreation; (2) a struggle against incitements to eroticism which has overrun our life in society; (3) the obligation on those of greater wealth towards others, especially on the international level.

It is the duty of ecclesiastical authorities to face this problem and to see that competent laymen proceed with research which will permit them to cope with different situations, according to regions or social classes, and to adopt means which will reach a solution.

— P.F.B.

Hacker, F. J.: Scientific facts, religious values, and psychoanalytic experience, *Pastoral Psychology*, 11:24-32, June 1960.

Although in recent years the hostility between religion and science, in particular the psychological sciences, has grown less, there is still fear of too close contact. Psychiatry is capable of contributing toward the unification of scientific and religious pursuits because of its contributions to an understanding of man's nature. In particular it throws light upon the relation between faith and proof. Because psychiatry deals with human problems, it cannot neglect such philosophical and theological speculations as those concerned with freedom, morality, meaning and purpose of life. Any attempt to separate science and religion creates an artificial and untrue dualism.

The existential aspect of man's being and his relation to the world, to others and to himself, is the subject matter of psychiatry and religion. A meeting of minds cannot take place on the basis of a division of labor which breaks up the totality of man's experience into two essentially unrelated, artificially separated spheres and creates specialists for values, morality, and faith and other specialists for facts, reality, and reason. There is no fact without value, no reality without morality, no reason without faith. Psychological science can shed much light on the genesis of faith, on the interpersonal relationships so vital to religious belief. Between fallacy of obscurantism that disguises the thought taboo with the dignity of religious faith and the fallacy of shallow rationalism that for the sake of progress denies the essentials of human experience, a new way of cooperation between psychiatrists and theologians must be devised. Every religious curriculum should include the study of psychiatry and vice versa, since both are dedicated, for humanitarian and divine reasons, to the alleviation of mankind's avoidable pains. — A.R.J.

Angrist, A. A.: A pathologist's experience with attitudes toward death, *Rhode Island Med. J.*, 63:693-697, 710 Nov. 1960.

(This essay, the 13th Annual Doctor Isaac Gerber Oration, was written by the Chairman of the Department of Pathology, Albert Einstein College of Medicine. The topic is discussed under the following headings: 1. Clinical observations; 2. Ideas concerning the afterlife; 3. Psychological factors in the individual; 4. Care of the dying; 5. Care of the dead body, and 6. Comments and recommendations.)

Reappraisal of eugenic sterilization laws, *J.A.M.A.*, 173:149-154, July 1960.

Since steriilization is a drastic remedy and generally a permanent infringement of the bodily integrity, those affected by laws authorizing it are entitled to every reasonable precaution. Thus far they have not been adequately protected. The sterilization of persons (1) without legal authorization, (2) before the constitutionality of the law is tested, (3) under unconstitutional laws, and (4) with lack of representation by counsel, are all clear illustrations of this disregard of rights.

The fact that scientific opinion differs as to the value of sterilization certainly indicates that the merits of this type of legislation should be reevaluated. Since court decisions have assumed that the conditions included in sterilization statutes are hereditary, the constitutionality of statutes is questionable if scientific opinion is divided concerning the effectiveness of this procedure. A study of sterilization statistics indicates that its use is steadily decreasing. However, it is not known whether this stems from doubts concerning the constitutionality of the laws, public reaction, or a change in medical opinion. — G.P.S.

O'Callaghan, D.: Fertility control by hormonal medication, *The Irish Theological Quarterly*, 27:332-339, October 1960.

In a previous article, "Fertility Control by Hormonal Medication," *ITQ*, 27 (1960). pp. 1 ff., the author shows that it can be morally justifiable for a married couple to administer synthetic hormones to correct an erratic menstrual cycle and thereby make the "safe period" more reliable. In a letter to the author, Doctor J. D. Acland maintains that it would follow from the author's principles that it is permissible for a married couple prudently to make regulation of their family more efficient by using inhibitors of ovulation in situations where the use of the "safe period" would be morally permissible.

In reply to Dr. Acland's letter, when hormonal medication is employed to suppress ovulation or to lengthen the natural sterile period, it constitutes a direct sterilization which can never be lawful. On the other hand, when these measures simply regulate ovulation by correcting an erratic cycle, it is lawful to employ them because in this case there is no suppression of function or curtailing of fertility. — J.L.B.

Ploman, L. and Wicksell, F.: Fertility after conservative surgery in tubal pregnancy, *Acta Obstetrica et Gynecologica Scandinavica*, 39: 1960.

In the years 1944 to 1955, 194 patients with tubal pregnancy were operated upon at the University of Lund, Sweden. The surgical technique was conservative whenever possible; the mortality rate was zero. Subsequent fertility was studied by a follow-up covering 99 per cent of the patients. The gross postoperative fertility was 48 per cent and the corrected postoperative fertility (sterilized cases subtracted) was 62 per cent. Three-fourths of the women who became pregnant produced living children, but conservative surgical treatment also is followed by a higher incidence of recurrence.

Total saving of the affected oviduct is recommended as the preferable surgical procedure in tubal pregnancy when postoperative fertility is desired. — R.J.T.

Neuberger, K. T.: Some neuropathological aspects of boxing, *Industrial Medicine and Surgery*, 29: 440-441, September 1960.

Because of serious brain damage, responsible parties should realize that professional boxing is a potentially very dangerous endeavor. Promoters should be put under strict obligation to inform their prospective candidates of the inherent dangers, emphasizing the fact that delayed mental deterioration may occur in an as yet unknown, but certainly significant, percentage of professional boxers. — J.P.S.

Parker, W. L. and Trifunov, J.: The sport of amateur boxing — good or evil? *The Canadian Medical Association Journal*, 83:432-435, August 27, 1960.

Boxing as a sport is unique in that the primary objective of the participants is to hit one another with their closed fists. There is a distinction between hitting and hurting, although in many instances the two are obviously synonymous. Nevertheless, serious injuries and fatalities are being reported more frequently, and although ocurring predominantly in professional fights, a distressingly large number are occurring in amateur fights. Most knockouts apparently result in only a temporary incapacity and are usually of short duration, but the long term accumulative effect of such experiences is a matter of some concern. There is ample evidence that tends to incriminate boxing as a sport, and which caused the Belgian Government to pass strong legislation against the sport, and Iceland to declare boxing illegal.

However, if supervised correctly, perhaps boxing can be used to strengthen a young man's character and make him a better citizen. But the relative merits of amateur boxing as a rigorous competitive sport should be weighed against its possible health hazards, bearing in mind that adequate supervision and regulation may entirely eliminate the latter. — W.K.S.

Del Vecchio, Giorgio: Natural law and the teachings of Pius XII, *The Jurist*, 20: 243-252, July 1960.

The proponents of the natural-law theory have defended their thesis with various methods and approaches. No avenue should be rejected, provided that the aim of these demonstrations is substantially the same, i.e., to establish the absolute value of law in its pure ideality, beyond the contingent and changeable manifestations of the human will.

Generally speaking, the methods used to defend natural law can be reduced to two. The first, which we may call "dogmatic," has as a point of departure faith in divinity, and conceives of law as having been dictated and imposed by God; the second, which we may call "critical," is based on an analytical examination of human nature. They both complete one another, and in the end both actually merge.

Those who have sought to define the universal principles of law by means of a critical analysis of human nature have been afforded great satisfaction in seeing the results of their labors valued by Pius XII, who solemnly declared that the norms of the new order of the world must rest on the "unshakeable rock of natural law." — P.F.B.

Thieffry, M. (S.J.): Sterilisation hormonale et morale chrétienne, *Nouvelle revue théologique*, 83: 135-158, February 1961.

The increasing use of hormones that produce temporary sterility gives occasion to the moralist to examine the liceity of using such medication. What complicates the moralist's judgment is the fact that such steroid hormones are legitimately used for treatment of certain disorders. The question is, under what circumstances is the temporary sterility resulting from such medication permissible, and what principles determine the legitimacy of this temporary mutilation of organic function.

The Church provides us with the principles of solution of the problem. In condemning eugenic sterilization, Pius XI enunciated the principle of totality, i.e., that mutilation is never permissible except when the good of the whole organism is unattainable by all other means. Pius XII reiterated this principle and emphatically denied that a healthy organ could be removed or its function suppressed so long as its continued functioning has no connection, either direct or indirect, with the cure of a pathological condition. On the question of sterilization by pill, Pius XII rejected any use that would be equivalent to direct sterilization, but recognized as licit the use of pills to cure a pathological condition. The indirect sterilization that accompanies such treatment may be permitted under the principle of double effect, so long as the good effect and not the evil is desired, and only if there is a proportion between the evil permitted and the good obtained. In any case, the sterilization can be neither the means nor the object of the treatment.

These principles may now be applied to certain cases involving the use of steroid hormones, the most common of which is the correction of irregularities in the menstrual cycle. The problem here is that not every irregularity is truly pathological or abnormal in the medical sense. The case that most frequently arises is whether a woman may avail herself of hormonal medication accompanied by temporary sterilization in order to regularize her cycle with the intent that she might thereby more reliably practice periodic continence as a means of avoiding pregnancy. Such a use of steroid hormones is legitimate only when it has for its object the correction of some physical discomfort resulting from the irregularity and not with a view to the contraceptive effect of the treatment. The circumstances and the intent of the agents are primary considerations in determining the liceity of such an action.

What are we to say of those cases in which cyclic irregularity that would render periodic continence unreliable as a method of birth prevention is accompanied by a grave or panicky fear of pregnancy? Would the use of progesterones be licit? An affirmative answer may be given *only if* sound medical reasoning can show that the medicines inhibiting ovulation really constitute the necessary and sufficient treatment of the psychological disturbance, or are an integral part of the elements that normally enter the psychotherapeutic treatment of such cases. The physician must take care never to prescribe a sterilizing agent simply as a means of avoiding an undesirable pregnancy, for this procedure falls under the ban upon *direct* sterilization.

Yet another case where the use of steroid hormones has been widely discussed concerns the time of lactation. In many cases ovulation is naturally suppressed by a bodily mechanism, at least during the first few months of lactation. Should ovulation and menstruation revive during lactation, may the mother use steroid hormones to suppress ovulation and thereby remove the possibility of conception during the postpartum period? Although the question is still moot, such an action does not appear permissible until the advance of medical knowledge can establish that ovulation during the time of lactation truly constitutes an abnormal or pathological state. At present, the medical evidence does not seem to admit of such a view. — C.E.G.

O'Connor, V. J.: Surgical correction of male sterility, *Surgery, Gynecology, and Obstetrics,* Vol. 110, No. 6:649-657.

The mechanical causes of male sterility, as found in a series of 156 patients subjected to surgical exploration, are reviewed. The different procedures which have been used in an attempt to re-establish a satisfactory channel for the passage of spermatozoa have been thoroughly investigated and the results analyzed as carefully as possible.

While the results obtained have produced both pessimistic and optimistic phases of opinion, continued and more widespread work along these lines seems warranted in the hope of restoring fertility to more of these patients.

— R.A.G.

THE FOLLOWING are additional items of interest:

Exton-Smith, A.N.: Terminal illness in the aged, *Lancet,* 2:305-308, Aug. 5, 1961.

de Lestapis, S. (S.J.): *Family Planning and Modern Problems.* Herder and Herder, New York. 1961. $6.50. (A Catholic analysis of the problem. Original edition in French reviewed in this journal, 27:30, Feb. 1960).

Suenens, Leon-Joseph: *Love and Control — A Contemporary Problem.* (Translated by George J. Robinson.) Newman Press, Westminster, Maryland. 1961. $3.25.

Leyse, R., Ofstun, M., Dillard, D. H., and Merendino, K. A.: Congenital aortic stenosis in pregnancy, corrected by extracorporeal circulation — offering a viable male infant at term but anomalies eventuating in his death at four months of age — report of a case, *J.A.M.A.,* 176:1009-1012, June 24, 1961.

(Editorial): Clash of symbols, *America,* 105:502, July 8, 1961. (Discussion of the recent U. S. Supreme Court decision regarding Connecticut's birth control law.)

Allemang, W. H.: Pregnancy in the absence of adrenocortical function, *Canadian Med. Assn. J.,* 85:118-122, July 15, 1961.

Glass, D. V.: Population growth, fertility and population policy (abstract), *Nature,* 187:849-850, Sept. 3, 1960.

Déchanet, J. M. (O.S.B.): Christian Yoga. Burns & Oates, London. 1960.

Edsall, J. T.: The physician and the scientific revolution of our time, *Pharos of Alpha Omega Alpha,* 24:62-169, July 1961. (Includes a discussion of the population problem.)

O'Connor, J. I. (S.J.): The location of hospital chapels, *Hosp. Progress,* 42:24, March 1961.

Stephanie, Sister M. (S.S.C.): Chaplain-hospital relationship, *Hosp. Progress,* 42:152, May 1961.

Aubuchon, Marie T.: Sister-nurses in the Civil War, *Hosp. Progress,* 42:182, May 1961.

Harrington, P. V. (Rev.): The "Catholic" hospital, *Hosp. Progress,* 42:68-70, June 1961.

Futcher, P. H.: William Osler religion, (editorial) *Arch. Int. Med.,* 107:475-479, April 1961.

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Gordon, B. L.: Biblical and Talmudic medicine, *Hebrew Med. J.,* 3:223-231, 1960.

Kohoutek, M. and Kolár, J.: Pregnancy and delivery after commissurotysis, *Zeitschr. f. Geburtsh. u. Gynaek.,* 156:343, 1961.

Fox, W. G.: Spiritual needs of older persons, *New Physician,* 10:207-209, July 1961.

Whitehorn, J. C.: The doctor's image of man (Shattuck Lecture) *New England J. Med.,* 265:301-309, Aug. 17, 1961.

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