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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 philosophical 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.

Barton, R. T.: Sources of medical morals. *J.A.M.A.* 193:133-138 July 12, 1965.

Historically, codes of medical ethics began with the shaman (or tribal leader) and continued with Imhotep (3,000 B.C.), Hammurabi (2,500 B.C.), Asclepius, Hippocrates (500 B.C.), Avicenna, and Maimonides. Modern science, perhaps dating from the time of Harvey, has stimulated Percival's Code (1800) and such contemporary codifications as the A.M.A. Code, Declaration of Helsinki, Geneva Declaration, and Nuremberg Code. In terms of ethical theory, there is a moral ellipse with two limbs, each originating in Mosaic law. One limb ("Christian ethic") progresses via Aristotle, Cicero, Aquinas, and Kant to the natural-law theory of morality. The other ("Talmud") evolves via Protagoras, Plato, Maimonides, and the Empiricists to the pragmatic theory of value, with a diversionary but parallel stream via the analytic philosophers to the existentialists. "The natural-law theory of morality contends that man has

through creation been given an insight into nature's purposes and values"; this theory has the following characteristics: it is *aprioristic*, *conservative*, *authoritarian*, *antiscientific*, and *absolutist*. The pragmatic theory of value, on the other hand, "restores man to the position of centrality in moral questions, rather than some higher code of divinity. . . . It is a *method* for living in this world rather than a doctrine for getting into another world." This theory has the following characteristics: it contends that our concepts of right and wrong are *acquired* through human experience, it is *liberal*, it is *pluralistic*, it demands *continued inquiry*, and it is *relativistic*. What is the influence of these ethical theories on modern day medical morals? Although these approaches seem divergent and antipathetic, they appear "to borrow from each other and often end up saying somewhat the same thing" and, indeed, tend to converge to complete the "moral ellipse" mentioned earlier.

"In essence, the present-day philosophers, religionists, and scientists are talking about three broad concepts: freedom, truth, and love; and it is on the basis of these three ideals that we should judge medico-moral questions. In making an ethical judgment (whether regarding capital punishment, abortion, sterilization, transplantation, etc.), the legislator, the physician, and the citizen should ask of themselves the following three questions: (1) Does my position permit the individual his personal freedom and his freedom to choose? (2) Is my position based on scientific probabilities, rather than on mere tradition or intuition? (3) Is my position consistent with an empathy and charity that I would expect from someone who truly loves me?"

Freund, P. A.: Ethical problems in human experimentation. *New Eng. J. Med.* 273:687-692 Sept. 23, 1965.

This is the George W. Gay Lecture upon Medical Ethics, presented at Harvard Medical School on April 2, 1965, and in common with its predecessors is virtually proof against abstracting. Perhaps Freund's peroration may substitute:

In closing, let me say that to me medicine and law and art have an essential affinity. As the artist himself finds his freedom in the constraints of his medium, in the canons of taste and in respect for the limitations of his material, so the judge and the physician too find their freedom in their fetters, in the symbolic codes that assign them their roles and render it tolerable to make judgments involving life and death—fetters that somehow make it possible to surmount the agony and the absurdity of human decisions.

[Cf. editorial, "Freund on Human Experimentation," same issue of *New Eng. J. Med.*, pages 714-715.]

Alvarez, W.: The disgrace of our abortion laws. (editorial) *Modern Med.* 33:107-110 Sept. 13, 1965.

Laws that prohibit abortion except where pregnancy would impair the health of the mother are archaic and should be amended. Precision should be made, for example, to permit legal abortion in cases of rape. Few people are concerned with the right of the unborn child not to be born if the chances are great that his life will be unhappy. It is a hopeless sign, however, that in some states efforts are being made to revise the abortion laws. "... and at last, many doctors are standing up and behaving more like kindly physicians and less like bigots—obeying the demands of their church."

[Cf. also ...: Abortion laws spawn a dispute; Swiss doctors criticize the flood of French women attracted by the lenient regulations. *Med. World News* 4:129-134 Oct. 11, 1963; ...: Abortions with no restrictions; in Japan, under present law, any woman may obtain a D & C on request for a fee as low as \$11. But the health ministry is expected to move toward tighter legal restrictions. *Med. World News* 4:135-139 Oct. 11, 1963.]

Tushnet, L.: Uncircumcision. *Med. Times* 93:588-593 June 1965.

Since at least the second century B.C. attempts have been made to conceal the fact of circumcision (uncircumcision). In the case of the Jews (the most widespread group practicing ritual circumcision) uncircumcision has appeared in three periods, each time due to social and political pressures. In the Hellenistic period it was attempted in order to emulate the Greeks who were much admired. During the Roman period the stimulus was an effort to avoid civil disabilities

aimed at the Jews. And in modern times it was a matter of life and death for those living under Nazism. The earliest description of uncircumcision is that of Celsus (*The Medicina*, Book VII, Chapter 25). Even in modern times the operation is only infrequently successful.

Vernick, J. and Karon, M.: Who's afraid of death on a leukemia ward? *Am. J. Dis. Child.* 109:393-397 May 1965.

The care of the fatally ill child is one of the most difficult tasks in medicine but there has been no systematic study of the problem. Such questions as "Shall the child be told he has leukemia?" are irrelevant since the basic issue is not *whether* to talk to the child but rather *how* to do so. It is natural for personnel caring for fatally ill children to feel obliged to "protect" them from such knowledge. However, in order to establish an effective environment in which the child can cope with his serious problems it is important that the child be completely confident about receiving honest answers. On the basis of a study involving 51 children hospitalized for the treatment of acute leukemia it became apparent that most of the patients had some knowledge of the seriousness of their illness, that some knew exactly what was wrong, and that all worried. It was therefore possible to abandon the traditional position of "protecting" the patient by being secretive; instead, personnel could become actively involved in helping to cope with the serious concerns that are inevitable in this situation. "Who's afraid of death on a leukemia ward? Everyone—and the resolution of this fear is everyone's problem."

Abstracted in *Modern Med.* 30:176 July 5, 1965; commented upon in *Med. World News* 6:62-64 Sept. 3, 1965 un-

der heading "Truth Sustains Leukemic Children; National Cancer Institute Team Finds Secrecy Increases Anguish of Young Patients"; subject of editorial entitled "Death and the Child" in *J.A.M.A.* 192:993-994 June 14, 1965; a somewhat divergent opinion is expressed in an editorial headed "What Should the Child with Leukemia Be Told?" by J. H. Agranoff and A. M. Mauer in *Am. J. Dis. Child.* 110:231 Sept. 1965; for the related matter of parental behavior before the death of a child from a fatal illness, cf. Friedman *et al.* in *Pediat.* 32:610-625 1963.

Rosenberg, A. J. and Silver, E.: Suicide, psychiatrists and therapeutic abortion. *California Med.* 102:407-411 June 1965.

Efforts are increasing to broaden the indications for therapeutic abortion. In order to fulfill legal requirements in most states, it must be shown that continuation of pregnancy is a danger to the life of the mother. As strictly medical indications for termination of pregnancy have decreased there has been greater emphasis on psychiatric indications. The principal criterion for recommendation of abortion on psychiatric grounds is the likelihood of suicide as a danger to the life of the mother. Because there is a lack of reliable data about the subsequent course of women who had been evaluated for consideration of therapeutic abortion on psychiatric grounds, a pilot study was begun. This was based on the replies to a questionnaire submitted to 100 psychiatrists, of whom 69 responded. In general, the replies indicated a wide range of opinion with very little scientific objectivity. Statistically, the incidence of suicide in pregnant women is approximately one-sixth that for non-pregnant women in comparable age groups. It is unfortu-

nate that social forces have manipulated psychiatrists into assuming the role of decision-makers in the matter of abortion. Such decisions might preferably be taken from purely medical hands and be made the concern of a more representative body from the community at large. "From the point of view of psychiatrists, such a change might be welcome in that psychiatrists seem to be forced into the position of making decisions which are basically non-scientific and, in fact, often contrary to the spirit of other trends in psychiatry." [Reference kindly furnished by B. J. O'Loughlin, M.D., Los Angeles.]

Scanlon, E. F., Hawkins, R. A., Fox, W. W., and Smith, W. S.: Fatal transplanted melanoma: a case report. *Cancer* 18:782-789 June 1965.

Melanoma first noted in 1958 in a 50-year-old woman became widely disseminated in 1961. As the patient became terminal her healthy 80-year-old mother volunteered to receive a tumor transplant from the patient in the hope of adding to knowledge about cancer immunity and also of producing tumor antibodies that might be used to treat the patient. Although it was thought that there was little possibility of risk to the recipient, it was explained to her that the transplanted tumor might grow and metastasize. This did in fact occur, and the mother died of a disseminated melanoma 451 days after transplantation.

THE MARCH 1965 issue of *Maryland Medical Journal* is a testimony to the growing awareness of the complementary roles of religion and medicine, a relationship that has even achieved official recognition by the American Medical Association. Among the articles in *Maryland Medical Journal* are the following:

Borden, M. N. *et al*: What the doctor expects of the past. *MMJ* 14:25-28 March 1965.

Gouch, W. J.: The explanation in the large hospital. *MMJ* 14:33-36 March 1965.

Hanson, I. R.: Medical-religious program in Wicomico County. *MMJ* 14:31 March 1965.

Krause, L.: Treatment of the whole man. *MMJ* 14:23-26 March 1965.

Manrodt, M.: The Maryland Council of Churches and its relation to the practice of medicine. *MMJ* 14:41-43 March 1965.

Nofziger, W. D.: The chaplaincy program in a small hospital. *MMJ* 14:37-39 March 1965.

Popp, H.: What the clergyman expects from the doctor. *MMJ* 14:25-28 March 1965.

Additional references documenting this development include:

———: "Medicine and Religion" meeting will be held November 16. *J.A.M.A.* 181:A26 April 25, 1962.

———: Religious advisory committee named. *AMA News* 5:10 June 11, 1962.

———: MD urges aid of clergy for cancer patients. *Med. Tribune* 3:20 Nov. 26, 1962.

———: A pilot project will acquaint clergy with psychiatry. *Med. Tribune* 4:20 May 20, 1963.

———: Clergy on coast decry ignorance on facts of sex. *Med. Tribune* 4:5 Oct. 4, 1963.

———: Religious faith held aid in care of functional ills. *Med. Tribune* 5:22 April 27, 1964.

———: Better MD-clergy relations thought to benefit patient. *Med. Tribune* 5:22 April 27, 1965.

———: Distance between psychiatry, religion is reported as beginning to diminish. *Med. Tribune* 5:27 Feb. 3, 1964.

Crenshaw, C. P.: Medicine and religion: today's enlightened care. *Mississippi Med. Assn. J.* 4:383-385 Sept. 1963 (abstracted as: Medicine and religion, *J.A.M.A.* 187:A110 March 7, 1964).

———: Psychiatrist, rabbi agree on importance of warm physician-patient relationship. *J.A.M.A.* 189:A27 July 6, 1964.

———: Report of AMA Committee on Medicine and Religion. *J.A.M.A.* 186:358 Oct. 26, 1963.

———: AMA seeks closer ties with clergy. *AMA News* 5:3 Feb. 5, 1962.

———: Clergy, MDs unite for more effective treatment and care. *Med. Tribune* 4:11 April 22, 1963.

———: (AMA) Medicine and religion program set. *J.A.M.A.* 188:59 April 20, 1964.

———: Medicine-religion program has psychiatrist, theologian. *AMA News* 7:7 Apr. 27, 1964.

———: Church and clinic: medicine and religion at the AMA. *MD* 7:84 July 1963.

Fishbein, M.: Close relationships between medicine and religion. (editorial) *Med. World News* 4:120 Aug. 2, 1963.

———: Clergyman lightens MDs' case load; pastor at Johns Hopkins explores 'ministry of medicine.' *Med. World News* 6:67 June 25, 1965.

Verwoerd, A.: Communication with the fatally ill. *CA* 15:105-111 May-June 1965 (abridged and reprinted from *Southern Med. J.* 57:787-793 1964).

The problem of communication between the physician and his patient who is fatally ill continues to be debated. In large measure this is due to the many aspects of the subject—medical, religious, philosophical, sociologic, and forensic. From the standpoint of *the patient's situation* the certainty of impending death may be unbearable because it interferes with the sense of future time and the prospect of pleasure. *Informing the patient of his condition* is another problem area, although the real issue is not *whether* to tell but *how* to tell. In assessing how and what to tell a patient, the physician should be guided by: (1) the patient's ego strength, (2) the nature of the organic illness, (3) the meaning of the illness, (4) evidence of denial, (5) the patient's age, (6) the role of the family, (7) previous and current experience with hospitalization, and (8) the vicissitudes of the doctor-patient relationship. *The management of hopelessness and helplessness* involves further problems. In this situation the doctor-patient relationship can be disrupted by the physician's insecurity and resultant withdrawal, and by the patient's regression. If, however, a favorable physician-patient relationship is established, the physician can resort to the following technics to deal with hopelessness and helplessness: (1) the use of regression, (2) continuing palliative therapy, (3) counteracting adverse effects from hospitalization, (4) anticipating the patient's needs, and (5) providing an "ego prosthesis."

(For additional insights into the problem of informing the fatally ill patient, cf. "Patients Know More than

MDs Think," *Med. World News* 6:61 Sept. 17, 1965.)

(Cf. also: Oppenheim, A. and Rossman, I.: Continuity of care for the cancer patient. *J. Chronic Dis.* 17: 89-99 1964.)

—: The physician and the prevention of war. *Lancet* 2:177-179 July 24, 1965.

This is a report of an international conference held at Cambridge July 9-11 sponsored by the Medical Association for the Prevention of War in association with the United World Trust. Among the papers summarized are "Population Problem and War" by Dr. Cicely Williams (Family Planning Association, Great Britain) and "War and Medical Ethics" by Dr. Ignacy Wald. (Poland).

SOME OF THE pertinent papers read at the Third Asian Congress of Catholic Doctors, Bombay, November 1964 have been made available in the *Medical Forum*, the official journal of the Catholic Physicians' Guild of the Philippines. Among them are the following:

Alimurung, M. M.: A challenge to Catholic Doctors. *Med. Forum* 8:15-17 Jan.-March 1965.

Diaz, J. (O.P.): "Planned parenthood" and the moral law. *Med. Forum* 8:18-23 Jan.-March 1965.

Bacala, J. C.: Parental responsibility toward sex education. *Med. Forum* 8:24-30 Jan.-March 1965.

Tan, J. M.: "Mater et Magistra" and the Philippine birth rate. *Med. Forum* 8:31-39 Jan.-March 1965.

Rosales, V. J. A.: The urgency of perfecting rhythm as a technique of conception control. *Med. Forum* 8: 40-46 Jan.-March 1965.

ADDITIONAL POINTS of interest include the following:

(Editorial): Nuremberg and Hippocrates. *Am. Family Physician* 8:31-32 Jan. 1965 (Features of clinical research).

Abad Martínez, L.: Las nuevas drogas anticoncepcionales. Puntos de vista deontológicos. *Rev. Esp. Obstet. Ginec.* 23:317-326 Sept.-Oct. 1964. (New contraceptive drugs. Deontological points of view.)

Moore, J. L., Jr.: Religion and blood transfusions. *J. Med. Assn. Georgia* 53:304 Sept. 1964.

Booth, H.: God and man suffering. *Nursing Times* 61: Jan. 1, 1965.

Barnikel, W.: Barmherzige Lüge und ärztliche Aufklärungspflicht. *Deutsch. Med. Wochschr.* 90:621-622 April 2, 1965. (The charitable lie and the physician's duty to inform his patient.)

Darby, P.; Kidd, H. F.: Abortion law (correspondence) *Br. Med. J.* 1:1312 May 15, 1965.

Pertschuk, L. P. et al.: The physician's responsibility in "hopeless cases." *J. Amer. Osteopath. Assn.* 64:618-619 Feb. 1965.

Borglin, N. E.: Oral contraceptives and liver damage. *Brit. Med. J.* 1:1289-1290 May 15, 1965.

Leake, C. D.: A triumph of organ-grafting technique and its moral problems. *Minnesota Med.* 48:197-203 Feb. 1965.

Rock, J.: Sex, science and survival. *J. Reprod. Fertil.* 8:397-409 Dec. 1964.

—: Medicine-religion symposium. *Illinois Med. J.* 126:641-650 Dec. 1964.

Knoll, E.: Recht und Pflicht des Arztes zum Schweigen oder zur Offenbarung erlangter Geheimnisse. *Med. Klin.* 60:273-276 Feb. 12, 1965. (The right and duty of the physician for professional secrecy or for disclosure of confidential matter acquired in the line of duty.)

(Editorial): Homosexuality as a crime. *Lancet* 1:1151-1152 May 29, 1965.

Ayre, J. E.: Human precarcinogenic cell manifestations associated with polyethylene contraceptive device. *Industr. Med. & Surg.* 34:393-403 May 1965. (cf. editorial comment "Intra-uterine contraceptive devices," *Med. Tribune* 6:15 June 21, 1965.)

Siguier, F. et al.: Lupus erythematosus and pregnancy. *Sem. Hop.* 41:1069-1075 April 14, 1965 (in French).

Caspary, E. A. and Peberdy, Mary: Oral contraception and blood platelet adhesiveness. *Lancet* 1:1142-1143 May 29, 1965.

(Editorial): Birth control decision. *America* 112:875-876 June 19, 1965 (Comment on the U. S. Supreme Court decision declaring the Connecticut birth control law unconstitutional).

—: Court proclaims couples' rights to birth control. *Med. Tribune* 6:1, 24 June 21, 1965. (The Supreme Court decision in the Connecticut case.)

—: Medical profession is urged to act in changing laws on birth control. *Med. Tribune* 6:4 June 21, 1965.

Ravitch, M. M.: Let your patient die with dignity. *Med. Times* 93:594-596 June 1965.

Tietze, C. and Taylor, H. C., Jr.: Progress report: Intrauterine contracep-

tion. (editorial) *Med. Tribune* 6:11 June 30, 1965.

Häring, B. (C.S.S.R.) and Grisez, G. G.: Of life and love. *America* 113:21-22 July 3, 1965 ("Right Reason and Natural Law" in the context of contraception—opposing viewpoints).

Rock, J.: Science and charity to the rescue of humanity. *Pacif. Med. Surg.* 73:25-27 Feb. 1965.

Knight, J. A.: Sex in today's culture—a concern of religion and medicine. *Med. Ann. D. C.* 34:161-165 April 1965.

—: Kirunadomen i sin helhet. *Lakartidningen* 62:500-504 Feb. 17, 1965. (Indictment for euthanasia dismissed.)

Bancroft, P. M.: Population control. *Nebraska Med. J.* 50:169-171 April 1965.

Hoffmann, J. L.: Mental retardation, religious values, and psychiatric universals. *Am. J. Psychiat.* 121:885-889 March 1965.

Hes, J. P. et al.: The attitude of the ancient Jewish sources to mental patients. *Israel Ann. Psychiat.* 2:103-116 April 1964.

Davis, C. T.: The crucifixion of Jesus. The passion of Christ from a medical point of view. *Arizona Med.* 22:183-187 March 1965.

Mallory, J. R.: Are you meeting your patients' total needs? *Illinois Med. J.* 127:51-52 Jan. 1965.

Rosales, V. J. A.: Doctors on strike: moral and ethical considerations. *Med. Forum* 8:60-64 Jan.-March 1965.

Barglow, P., Gunther, M. S., Johnson, A., and Meltzer, H. J.: Hysterectomy

- and tubal ligation: a psychiatric comparison. *Obstet. & Gynec.* 25: 520-527 1965.
- (Editorial): Law and homosexuality. *America* 113:71 July 17, 1965.
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- Rubin, B.: Psychological aspects of human artificial insemination. *Arch. Gen. Psychiat.* 13:121 Aug. 1965.
- Nicol, T. S.: A medical missionary society of our own—Can we form one? *Catholic Med. Quart.* 18:83-88 July 1965.
- : Spiritual needs of patients. *U. S. Navy Med. News Ltr.* 46:14 Aug. 27, 1965.
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- : Luke's legates. *MD* 9:225-230 Sept. 1965 (Illustrated survey of medical missionary activities).
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- Diaz, J. (O.P.): The moral grounds of professional fees. *Med. Forum (Manila)* 8:135-140 April-June 1965.
- : The ethical basis of medical practice. *Canad. Med. Assn. J.* 92: 782-783 April 3, 1965.
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- Cobb, S.: Machines, medicine and morals. *Am. J. Psychiat.* 121:1212-1213 June 1965.
- Schmitt, F. O.: The physical basis of life and learning. *Science* 149:931-936 Aug. 27, 1965.
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- : Birth control pills not a primary cause of thrombosis, study shows. *Med. Tribune* 6:3 Sept. 29, 1965.
- : Induced abortions estimated to reach 30,000,000 per year. *Med. Tribune* 6:2 Sept. 27, 1965.
- : Indian physicians oppose abortion as births curb. *Med. Tribune* 6:2 Sept. 27, 1965.
- : UNICEF ponders family planning. *Med. World News* 6:133 Sept. 17, 1965.
- : Family planning barriers fall; Eastern and Western nations report birth control gains at international conference. *Med. World News* 6:109-110 Sept. 17, 1965.
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- Shindell, S.: Legal and ethical problems in the provision of medical care. (I. & II.) *Yale J. Biol. & Med.* 37:379 & 37:394 1965.
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- : Medical morality: a search for guidelines. *J.A.M.A.* 193:A40 July 12, 1965.
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- (Law-Medicine notes) *New Eng. J. Med.* 273:322-323 Aug. 5, 1965. (The Supreme Court decision on the Connecticut statute.)
- : The Church and the pill; no early resolution, no easy solution is seen in Catholic controversy over the use of oral contraceptives. *Med. World News* 5:21-23 July 31, 1964.
- : Psychological effect of vasectomy. *Modern Med.* 32:71 June 8, 1964. ("Men who have had elective vasectomy may show significant psychiatric disturbances for many years following the operation." . . . reported at 120th Annual Meeting of American Psychiatric Association in Los Angeles.)

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