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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 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.

Lees, J. C.: **Figures in medicine.** *Lancet*, 1:90-94, Jan. 13, 1962.

The misapplication of statistical methods to complex medical data may engender many fallacies. Principles of statistics and of causality are discussed. After treating the problems of animal experimentation and the interpretation of such results, human experimentation is considered. "There is the problem that human experiments, with or without the patient's consent, are illegal and immoral. It is ethical to say to a patient: 'Orthodox treatment has failed. May I give an untried treatment that may do good?' It is unethical to say, or worse still, not say: 'You have been made a control in the testing of a new drug so that if you die and some others live we will know that it was an effective treatment.'"

[This is an extreme view of the morality of human experimentation, and one to which few physicians or moralists would subscribe. It emphasizes, however, the need for a definitive moral study of newer approaches to human experimentation, particularly with reference to double-blind investigations. How, for example, can one eliminate patient-bias if the subject is *aware* that a treatment is being given, be it drug or placebo?]

Miller, H. J.: **Human evolution by voluntary choice of germ plasm.** *Science*, 134:643-649, September 8, 1961.

With contraceptives the future of eugenics is potentially bright although less well-equipped individuals are not likely to admit their defects and use contraceptives out of a spirit of self-sacrifice. Storing sperm in a glycerinized, deep frozen condition is one way of keeping a supply originating from males with good genetic qualities. The donor should be known to parents who are "pre-adopting" the child, and should be chosen by them. Double vasectomy, complemented by stores of sperm kept *in vitro*, would result in a

high degree of control over the process of procreation. [Cf. *Ethical and Religious Directives for Catholic Hospitals*, 839.]

— P.L.L.

Pius XII: **The art and science of plastic surgery.** *The Pope Speaks*, 7:270-279, 1961.

The aim of plastic surgery is to restore, sometimes functionally and at other times simply esthetically, the normal external morphology of the human body. But plastic surgery is also an art and can often cure psychological ills due to physical marks as well as curing injuries caused by accidents or burns. The morality of the actions that are involved in esthetic surgery depends on the concrete circumstances of individual cases. As an expression of the admirable progress made in recent times by medical science, plastic surgery, in a sense, crowns that beneficent work, restoring harmony and dignity to parts of the body and at times also to the spirit. The surgeon should be always aware that his mission can and must reach beyond tissues and shapes, to the soul, and that he is to teach appreciation for the interior beauty of the soul.

— J.A.M.

Baker, T. J.: **Cosmetic surgery for small breasts.** *American Journal of Nursing*, 77-78, June 1961.

The safety of the operation in which various plastic foams are used to enlarge the breasts is shown from the facts that less than five per cent of the patients could not tolerate the implants, no cases of malignancy arose, and lactation was not appreciably interfered with. A few undesirable effects of the operation are drainage which may occur and persist for several weeks, and cysts which may form in areas adjacent to the sponges.

— L.A.C.

Reimann-Hunziker, Rose and Wild, W.: Die Pregnanediolbestimmung als Mittel zur Empfängnisregelung. *Münch. med. Wschr.* 10:1264, 1961. (Pregnanediol determination as a means of conception control, abstracted in *Int. Abstr. Surg.* 114:168, February 1963.)

A post-ovulatory conception-free interval depends upon the existence of a functioning corpus luteum, which is reflected by the presence of pregnanediol in the urine. A new method for determining urinary pregnanediol is described. Contraceptive efficacy of periodic continence based upon this technic of demarcating the infertile interval was 98%, corresponding to that of tubal ligation.

Kennedy, F. R.: Legal aspects of sterilization. *Post-Graduate Medicine*, 30:A42-A46, November 1961.

The majority of states have no law relating to voluntary eugenic sterilization apart from mental cases. Authors dispute about the justification of this operation, although most feel it is warranted if in the physician's judgment it would be for the protection and well-being of the patient. Some court decisions have upheld this view. Those who dissent argue that the parties involved cannot consent to an act that is itself illegal. The operating physician must respect the rights of the spouse of a sterilized person and runs the risk of liability for tortious interference with these rights unless he obtains the prior written consent of the spouse. State laws in this area need clarification since they presently hinder beneficial use of sterilization techniques.

[Cf. *Directives*, §33.] —R.E.C.

Phadke, G. M.: Re-anastomosis of the vas deferens. *Journal Indian Medical Association*, 38:386-390, May 1, 1961.

Re-anastomosis of the vas after a vasectomy is a definite possibility. This correction can take place years after the vasectomy. Results of this operation on seventeen patients showed that fourteen had sperms in their semen and nine had actually impregnated their wives.

—L.A.C.

McReavy, L. L., Rev.: Use of steroid drugs to regularize menstrual cycles. *The Clergy Review*, 46:746-750, December 1961.

May a wife with sufficient reason take the "oral contraceptive" pills for the sole reason of regulating her menstrual cycle?

If so, may she have relations with her husband during this period? If the sterility effect is not directly willed and is not the means whereby the cycle is regulated, the principle of double effect can be used if the use of the pills is itself warranted by the principle of totality. Irregularity does not seem to be a malady, however, and hence the safer opinion would be that the pills *cannot* be used merely to regulate the cycle. If the principle of double effect properly applies, husband and wife need not abstain from their marital relations during the sterile periods.

[Cf. pp 168-75, of this issue for further explanation.]

Parks, A. S.: Biological control of conception. *Nature*, 191:1256-1257, September 23, 1961.

Biological control of conception involves measures preventing either the formation and release of germ cells, fertilization, or implantation. Pills inhibiting ovulation have been developed, but undesirable side effects and hazards from prolonged inhibition of the ovaries have yet to be eliminated. Inhibition of spermatogenesis by pill is not so far advanced but gives hope for future success. Little success has been achieved in preventing fertilization. Work on preventing implantation is being carried on along lines of inactivating the fertilized ovum or of preventing uterine changes prior to implantation. All such methods of fertility control are effective for curbing overpopulation only when the people are sufficiently instructed.

[Cf. *Directives* §33.] —W.F.D.

Miller, H. K.: Cancer of the breast during pregnancy and lactation. *Am. J. Obs. & Gyn.*, 83:607-611, March 1, 1962.

In pregnant women with carcinoma of the breast there is no proof that induced abortion is beneficial. The problem of the safety of pregnancy following definitive treatment for breast carcinoma remains unanswered, however.

Horty, J. F.: What courts have said about consent. *Modern Hospital*, 97:92-95, August 1961.

When a patient submits to a procedure, but without any clear-cut verbal or written expression of consent, consent will be implied from such a voluntary submission. If a patient expressly prohibits a certain medical or surgical procedure, an implied consent for such a

procedure cannot be shown. Any extension or modification must be reasonably related to the purpose of the original procedure, or if unrelated to the purpose because of a newly discovered condition, it must be closely related to the area of the original incision, and present no unreasonable additional risk to the patient.
—A.C.D.

Levisohn, A. A.: Voluntary mercy death: socio-legal aspects of euthanasia. *Journal of Forensic Medicine*, 8:57-79, April-June 1961.

The article concerns voluntary euthanasia and the need for social legislation in this matter. Principles for suitable legislation would be as follows: (1) any person beset by incurable suffering may petition for release; (2) a person in good health should be permitted to make a declaration in a prescribed legal form, that if he is ever in a condition that his physician considers him a fit subject for euthanasia, it should be administered without legal penalties; (3) safeguards must be provided against the misuse of the law.
[Cf. *Directives*, §21.] —L.A.C.

McMahon, T. F. (C.S.V.): 'Metrecal' and the fast, *The Priest*, 18:231-234, March 1962.

When a person substitutes a nutrient beverage for a meal he is still subject to prohibition of between-meal snacks. The manufacturers of Metrecal recommend four servings throughout the day. Those on a liquid diet should limit their servings to three — one for each meal — in order to safeguard the fast law. Those under a doctor's care or prescription have sufficient reason for following the four servings. In doubt, they might request a dispensation.
—C.E.W.

Grebe, H.: The physician and boxing. *The Journal of Sport, Medicine & Physical Fitness*, 1:16-22, June 1961.

Doctors consider boxing as extremely dangerous to health. Their main concern is blows to the head. Badly injured former professionals reveal a deterioration of personality. Accumulated injuries often cause acute collapse, after even comparatively light trauma, and in the course of time psychic and physiological disorders known as punch-drunkenness or boxer's dementia.
—F.E.K.

Kaplan, A., Smith, J. P., and Tillman, A. J. B.: Healed acute and chronic nephritis in pregnancy. *Am. J. Obs. & Gyn.*, 83:1519-1525, June 1, 1962.

Although patients with proteinuria are the only manifestation of chronic nephritis do well in pregnancy, if hypertension coexists the outlook is serious. In the latter group, therapeutic abortion is justifiable if the blood pressure exceeds 160/110 mm Hg. If nitrogen retention occurs, interruption of pregnancy is mandatory.
[Cf. *Directives*, §15.]

Harvey, J. F. (O.S.F.S.): Counseling the homosexual, *The Homiletic and Pastoral Review* 42:328-335, January, 1962.

The invert must find purpose in his life. This purpose should be oriented supernaturally; he must become capable of making some contribution to God's glory and society. A plan of life is essential. This plan should include a deep determination to redirect oneself towards God and to accept the values which lead to Him, plus the gradual formation of systematic practices to attain the objective.
—L.J.F.

Fields, H., Green, J. W., Jr., and Payne, F. L.: Indicated termination of late pregnancy, *Obstetrics and Gynecology*, 17:30-37, January 1961.

The induction of labor can be safely accomplished in such cases as diabetes and cardiac and renal disease without being as detrimental as cesarean section. If induction is attempted and fails, subsequent cesarean is not catastrophic. In many instances the induction of labor is a valuable and safe procedure in the management of complications that require the termination of late pregnancy with the hope of infant survival.
—F.E.K.

Leake, C. D.: Aging and moral judgments, *Geriatrics*, 16:499-501, October 1961.

As people age, their moral judgments on economic, social, and interpersonal relations increase in severity. Studies made from questionnaires sent to alumni of 1932, 1942, and 1952 of a large state university show that with increasing age there is an increase against any kind of criminal activity, together with signifi-

cant increase in a sense of responsibility for political decency, for respect for religion, and in regard for the sanctity of human individuals.

—R.G.

Krogman, W. M.: A human biologist looks at the contemporary scene. *Child Development*, 32: September 1961.

There are four reactions to the biological fact of race that must be laid to rest before we can solve our race problems: (1) race differences are fixed, immutable, unassailable; (2) so-called racial traits are genetically entrenched; (3) the greater the degree of seen difference, the greater the separation in a superiority-inferiority hierarch; (4) hybridization can only result in biological deterioration.

With respect to the population explosion, the only solution, with a full realization of the ethical and moral issues, is controlled breeding, i.e., world-wide contraception. The dignity of the individual must not be swallowed up in numbers.

[Cf. *Directives*, §30.] —D.S.O.

(Editorial): The changing state of medical ethics. *Singapore Medical Journal*, 1:1-2, March 1960.

The Geneva convention on medical code leaves no uncertainty as regards the impropriety of euthanasia, sterilization, and abortion on grounds other than to save a life. Right and wrong are not considered. If there is to be euthanasia, abortion, or sterilization, society must look elsewhere for its executioner; for the doctors' avowed aim is to save or prolong life and not to terminate it.

—T.H.G.

Snoek, J. (C.S.S.R.): Justification of organic transplants. *Theology Digest*, 10:59-62, winter 1962.

In organic transplants a problem arises with the mutilation of the donor. The principle of totality does not justify the mutilation of the donor since it is not for his own bodily good but for that of his neighbor. In those situations in which an organic transplant could save another's life, the operation is in content a charitable act and contributes to the growth of the virtue of the donor. The mutilation of the donor is not intrinsically evil. Since in organic transplantation it functions as a charitable act and directly increases the moral good of the donor, such transplantation is licit in principle.

—C.E.G.

(Anonymous): Euthanasia, *Lancet*, 2: 351-352, August 1961.

If doctors think legislation of induced euthanasia undesirable, they might press harder for extension of means towards euthanasia in its derivative sense, "an easy, happy death." If the known means to make death, when it comes, easy and happy were applied to individual and collective effort with intelligence and energy, all but a few deaths could be made at least easy, if not also happy.

—A.C.D.

O'Donnell, T. J. (S.J.): Definitive pelvic surgery; a moral evaluation, *Theological Studies*, 22:652-660, December 1961.

The question has arisen whether after the removal either of the uterus or of the ovaries because of pathology, it is permissible to remove the remaining generative organs which are not presently diseased but which are a source of possible future complications. The general liceity of excision of non-pathological organs for medical reasons is beyond doubt. In the cases under consideration in which the generative function has already been suppressed, there is no question of applying the principle of double effect but rather the principle of totality. So judged, elective removal of a healthy uterus following oophorectomy presents no moral difficulty. Because of the not fully understood endocrine function of the ovaries, medical opinion is split as to the value of elective removal of these organs following hysterectomy. In general this procedure is morally contraindicated except in those cases where sound clinical judgment recognizes a positive indication of future serious complications.

—C.E.G.

ADDITIONAL ITEMS of interest include the following:

(Annotation): Aftermath of sterilisation. *Lancet*, 1:87-88, Jan. 13, 1962.

O'Leary, C. G.: Catholic views on cosmetic surgery. *Eye Ear Nose Throat Monthly*, 41:60-61, January 1962.

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Retrospect and Prospect — An Accounting, Acknowledgment, and Invitation

This issue of THE LINACRE QUARTERLY concludes the fourth year in which the "Current Literature" section has appeared. In this interval there have been 335 abstracts: an additional 280 items have been listed by title. Grateful acknowledgment is due Reverend John J. Lynch, S.J. of Weston College, Weston, Mass., for his continuing interest and assistance. Appreciation is also expressed to Reverend John R. Connery, S.J., formerly of West Baden College, West Baden Springs, Indiana and to Reverend Joseph J. Farragher, S.J., of Alma College, Los Gatos, California. A particular word of gratitude goes to the theological students of Alma College, Los Gatos, California, from whose publication, *Alma Studies*, has come much of the material to appear in this section. Finally, an invitation is again proffered to the reader to submit pertinent abstracts or references.

—E.G.L.