

November 1961

## Primary Carcinoma of the Lung in Nuns: A Preliminary Report of 48 Cases

J. T. Nix

Carolyn Villarrubia

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Nix, J. T. and Villarrubia, Carolyn (1961) "Primary Carcinoma of the Lung in Nuns: A Preliminary Report of 48 Cases," *The Linacre Quarterly*: Vol. 28 : No. 4 , Article 2.

Available at: <http://epublications.marquette.edu/lnq/vol28/iss4/2>

# PRIMARY CARCINOMA OF THE LUNG IN NUNS

## A Preliminary Report of 48 Cases

J. T. NIX, M. D., PH.D., AND CAROLYN VILLARRUBIA, B.A.

Scientific studies of occupational habits and environments in many fields of industry have shown that individuals and groups can acquire predispositions to some diseases, and relative immunities to others. In Catholic religious orders for women, as community rule prohibits the use of cigarettes, exposure to smoke is largely limited to that of kitchen ranges and vigil lights. This survey of carcinoma of the lung in nuns was undertaken to collect data of possible value to religious superiors and to the general public alike.

### METHODS AND PROCEDURES:

Nine hundred and eighty-six questionnaires were sent to Catholic general and surgical hospitals in the United States, Canada and Puerto Rico, requesting data on cases of carcinoma of the lung in nuns recorded over the preceding ten years. Four hundred and eighty-three answers were received and tabulated.

**RESULTS:** Forty-eight cases of primary carcinoma of the lung in nuns were collected. Forty-four of these were proven pathologically and 4 were diagnosed by x-ray. The pathological proof in the 44 cases was obtained at au-

topsy (5 cases), surgical exploration (22 cases), aspiration biopsy (5 cases), and bronchoscopic biopsy and cytologic study (12 cases). The lung malignancies were of a variety of pathological types, and were reported as bronchogenic carcinoma (14 cases), adenocarcinoma (9 cases), undifferentiated carcinoma (8 cases), alveolar carcinoma (7 cases), epidermoid carcinoma (2 cases), and unknown (8 cases). Additional clarifying pathological data regarding the 14 cases labeled bronchogenic carcinoma was unavailable. The lesions showed the following distributions: right lung, 25 cases; left lung, 17 cases; both lungs, 1 case; unknown, 5 cases. At the time of preparation of this report, only 10 of these nuns were known to be living.

The ages of 48 patients ranged from 27 years to 86 years. Twenty-one patients were between the ages of 60 and 70 years, 8 patients were between 70 and 80 years, 8 patients were between 50 and 60 years, 2 patients were between 40 and 50 years and 1 patient was noted in each of the age groups — 20 to 30 years, 30 to 40 years, and 80 to 90 years. The age of 6 patients was unknown.

COMMENT: It is estimated that this study embraces most admissions to Catholic hospitals (in 100,000 nuns) over a period of ten years. As the majority of lung malignancies covered by this survey were reported in elderly female religious, and as smoking was uncommon in women at the time of their entry into the novitiate, the results obtained may well represent lung carcinoma data from the last large group of female religious with no prior smoking experience.

The data collection methods employed do not warrant any statistical conclusion. Furthermore, no reports were received from 503 of the 986 Catholic hospitals addressed, and female religious diagnosed in community infirmaries and non-Catholic hospitals are excluded from this analysis.

The collection of 48 cases of primary carcinoma of the lung in nuns would seem to indicate that lung cancer can occur in women with little or no smoking experi-

ence. As female religious are a controlled group of the population with follow-up readily available, scientific appraisal of their occupational predispositions and relative immunities to various diseases can be of value to religious superiors and general public alike.

The superb cooperation of participating hospitals and the devoted and untiring services of their record librarians has made this pilot project possible. Experience gained in this study has resulted in improved methods and data collection procedures to be used in the establishment of a cancer registry for nuns, supplemented by annual surveys on lung, cervix and breast malignancies.

This study has been sponsored by the Committee on Medical Care of Clergy and Religious of the National Federation of Catholic Physicians' Guilds and the Catholic Hospital Association, and by the Louisiana Division of the American Cancer Society.

## Physicians' Overseas Service

An "energetic lady doctor" for Nigeria . . . a "surgeon willing to come to India" . . . a "general physician who will take over in Okinawa" . . . Tanganyika, Peru, Ghana, Mexico, Korea, Formosa, Kisantu . . . are undeveloped areas begging American professional assistance.

The Professional Service Desk of the C M M B will be glad to provide information on openings overseas for medical and paramedical personnel willing to serve for one, two, three years or shorter terms. Please write

Professional Services  
Catholic Medical Mission Board  
10 West 17 Street  
New York 11, New York

THAT INSPIRING CUP OF DARK,

DELICIOUS COFFEE WAS PRIZED

AS A MEDICINE IN ANCIENT TIMES . . .



Early in the eleventh century, a Mohammedan physician named Avicenna wrote the praises of a strange new potable. "It fortifies the members," quoth he. "It cleans the skin and dries up the humidities that are under it, and gives an excellent smell to all the body." He called the beverage *bunchum*. We call it coffee.

Avicenna was not the first to write of *bunchum*. Around 900 A.D., another Mohammedan physician, Rhazes by name, proclaimed that it was "hot and dry and very good for the stomach." His was faint praise compared to Avicenna's later comments. Rhazes' words, however, were especially important because they were entered in the first medical encyclopedia.

Rhazes and Avicenna may well have been the first to publicize the beverage. Nevertheless, the man who did most for coffee's early medical fame was a religious leader, not a medical man. In 1454, Sheik Gemaleddin Abou Muhammad Bensaid, mufti of Aden, became acquainted with coffee while visiting in Abyssinia. Upon his return to Aden, Gemaleddin became ill and immediately called for some of the coffee he had tasted.

Whatever the great man's illness was, it disappeared as soon as he took to drinking coffee. The brew was given full credit for his recovery. Gemaleddin was also so impressed by coffee's stimulating effect that he suggested the dervishes "might spend the night in prayers or other religious exercises with more attention and presence of mind" if they had cups of hot coffee to warm their insides. Such a ringing endorsement from this learned man gave coffee-drinking new vogue.

Coffee's alleged medicinal "miracles" were to accompany it for a long time to come. A later Arabian physician asserted that coffee "allays the ebullition of the blood, is good against the small pox and measles."

### COFFEE'S FAME REACHES EUROPE

News of this marvelous bean arrived in Europe during the 1500's. By coincidence, it was a German physician, Leonhard Rauwolf, who returned from a visit to the Levant in 1576 and was the first European to tell of the new beverage. Within ten years, coffee beans were part of the cargo Venetian traders brought to western Europe from their eastern trading jaunts.

As the taste for coffee spread, European doctors perpetuated the medical claims of Mohammedan physicians. Coffee's "virtues" were soon incorporated into Europe's materia medica. The German anatomist, Johan Vesling, wrote: "The first step it [coffee] made from the cabinets of the curious, as an exotic seed, was into the apothecaries' shops as a drug."

When coffee reached Marseilles, it ran into its first real opposition from the medical profession. Not only did the good doctors dislike coffee's complete acceptance, they went to the opposite extreme and called it poison!

To support their contention, in 1679 they invited a young medical student to recite a thesis as to whether or not coffee was harmful. Since the young man was eager to be admitted to the College of Physicians, it is hardly necessary to state his position. He launched a blistering attack upon the beverage.

The effect of the speech was *not* what the doctors ordered. People had already developed a great fondness for the pleasant new beverage. Moreover, they were unimpressed by the unfounded charges against it. Instead of curtailing coffee's use, the publicity sent coffee consumption soaring. For the first time in history, merchants imported coffee by the shipload.

While the French physicians of Marseilles were condemning coffee, English physicians were prescribing it for a long list of ailments. The consensus of opinion in England seems to have been that coffee was good for the brain, heart and digestion. It was also prescribed for such illnesses as dropsy, consumption and the King's Evil.

Until the 1700's, most English physicians regarded coffee mainly as a medicine. But there was an earlier British doctor who foresaw coffee's future, not in the medical kit, but on the dining table. William Harvey, who discovered the circulation of the blood, left a legacy of enlightenment when he died in 1657. With the statement, "This little bean is the source of happiness and wit!", he bequeathed fifty-six pounds of coffee to the London College of Physicians, directing that his friends should gather once a month to drink coffee in his memory.

Nowadays, we rarely consider coffee's medical past. The medical claims gradually subsided as doctors learned what the man in the street discovered centuries ago. That is, simply, that coffee has a place in the scheme of things because it pleases our palates and lifts our spirits.

Anyone for a cup — black or with cream?

★ ★ ★

We include this story of coffee's medical past with the kind permission of *Coffee Newsletter*, August, 1961 issue, published by the Pan-American Coffee Bureau, New York. Sources for the material gathered by Dorothy Hopkins, Publicity Assistant of the Consumer Services Dept., are *All About Coffee*, by William H. Ukers, and *The Saga of Coffee* by Heinrich Eduard Jacob.