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

J. T. Nix

Carolyn Villarrubia

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Let Us Pray

O God, Whose love has no limits,  
for give Thy servant all his disobedience  
and grant for the sake of Thy holy will.  
Pour down Thy grace upon him.  
Thy servant from sickness, restore to him his health,  
raise him up by Thy right hand,  
strengthen him by Thy power, protect him  
and if it should please Thee to call him home,  
grant for the sake of Thy holy will.  
P u r e f o r the sake of Thy servant all his disobedience.  
Under the terms of assent.  
And pardon him all his sins.  
Grant a d i a t e b l e s s i n g, a supernatual rejuvenation  
given him back to Thy holy Church, with all that is needed  

For those who are about to die,  
extreme unction is unquestionably a terminal grace,  
a final and immediate preparation for eternity. For  
why should any doctor with even a modicum of faith hesitate  
to prescribe it when theologically indicated?  
It should be noted in conclusion that it is the prerogative  
and responsibility of the attending physician to determine  
the necessity of extreme unction. On the basis of  
this information — which without need of prompting should be  
communicated spontaneously by the doctor to the hospital chaplain  
or his locum tenens — it is then for the priest to decide whether  
the sacrament is to be administered and  
to attend with pastoral ministration  
to the patient’s preparation for its reception.

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, 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 autopsies (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.

The Executive Board of the National Federation of Catholic Physicians’ Guilds will meet December 1-2, 1961. Time: 9:30 a.m. Place: Brown Palace Hotel, Denver, Colorado. The officers of the National Federation and one delegate from each active constituent Guild comprising the Board will conduct business. Election of officers for 1962-63.
COMMENT: It is estimated that this study embraces more 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 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 may occur in women with little or no smoking experience. As female religious are a controlled group of the population with follow-up readily available, scientific appraisal of this occupational predispositions made to various immunities 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.

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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 humilities 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 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 "allayed 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 humanist, Johann Vanes, 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 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 stinging attack upon the beverage.

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

MORAL CONSIDERATIONS on AUTOPSY

Richard A. McCormick, S.J.*

The first autopsy on medical record occurred in 1341. From that time on the practice grew gradually until, in the last century, Rokitansky and Virchow brought the study of the human cadaver to a new dignity. Through the efforts of such masters, new and more precise knowledge has been made available and has brought enormous benefits to medicine and the clinical sciences. By now the practice is frequent enough in modern medicine that the words ‘‘autopsy’’ and ‘‘post-mortem’’ come easily to the lips of even the rankest medical amateur. However, if few are ignorant of the procedure, there are still many with distorted notions of its morality. Some wonder that moral considerations are operative at all when there is question of a cadaver—others, usually from mistaken religious conviction or an unenlightened and sentimental delicacy condemn the operations out of hand as brutalities. Both positions are, of course, extremist. This article will attempt to summarize the standard moral teaching on the autopsy.

The sources for such a presentation, besides the popular manuals of medical ethics, are two talks delivered by the late Pius XII, one a short summary (which did not deal with autopsies in particular but with the use of the human cadaver for scientific purposes in general), the other a very thorough analysis of the moral considerations. Furthermore, as the Pope has indicated, since only the most general points (scarcely sufficient to provide the detailed direction needed) emerge from natural law and dogmatic

*Father McCormick is Professor of Moral and Pastoral Theology at West Baden Springs, W. Va. Two terms are identified in popular usage: but there is a legitimate distinction. Post-mortem is the more general term and can be used to refer to any examination on a cadaver, whether cutting be involved or only palpation and manipulation. B. J. Ficarra, Newer Medical Ethics, 1957, 56-7; P. Finney and P. O’Brien, Moral Problems in Hospital Practice, 1956, 233-4; J. P. Kenny, O.P., Principles of Medical Ethics, 1952, 108; B. J. Ficarra, Medical Ethics, ed. 3, 1960, 408-9; B. J. Ficarra, loc. cit.; E. Healy, S.J., Medical Ethics, 1956, 142-3; C. J. McFadden, O.S.A., Medical Ethics, ed. 3, 1953, 276; Codin and O’Hanley, Hospital Ethics, 1957, 56-7; P. Finney and P. O’Brien, Moral Problems in Hospital Practice, 1956, 233-4; J. P. Kenny, O.P., Principles of Medical Ethics, 1952, 108; An excellent and thorough treatment of the subject is that of L.S. Smith, M.D., “The Dead Do Tell Tales,” Hospital Progress 36 (April 1954) 52-55.
