FIFTY YEARS AGO, AUGUST 1959

Alton Ochsner, MD, Director of Surgery, Ochsner Clinic and Ochsner Foundation Hospital, New Orleans, won the 76th Caleb Fiske Prize Essay, with “Bronchogenic Carcinoma – Presdisposing Causes.” The Journal printed the essay. Dr. Ochsner cited the soaring incidence of lung cancer in the United States: in 1920, lung cancers comprised 1.1% of all cancers; in 1930, 2.2%; in 1959, 10%. He predicted that “unless something is done to prevent it, approximately 25 years hence cancer of the lung will represent 30% of all cancers today.” In England in 1952, 26% of all cancers were lung cancer; but researchers ruled out smog as the key difference, because the incidence of lung cancer in Denmark was the same, yet Denmark had no smog. Dr. Ochsner blamed the American increase on cigarettes. Although Americans smoked more than the British, “we have done so for approximately only 9 years.” Before then, more Britons smoked. Several studies supported the “obvious” link between cigarettes and lung cancer; specifically, the American Cancer Society prospective study of 20,000 men ages 50 to 70 over 5 years (the death rate in heavy smokers was 800% higher than in non-smokers), and a similar Veterans Administration study.

Rudolph W. Pearson, MD, in “The Surgical Approach to Improvement in Hearing,” discussed the 15 year-old Stapes Mobilization procedure.

Robert W. Hyde, MD, Superintendent, discussed “The Butler Health Center – First Full Year of Operation.” Most patients were admitted directly from the community: 85% of outpatients, 64% of day patients, 85% of residential patients.

An Editorial, “Physician Support of Medical Schools,” noted that Rhode Island physicians contributed on average $43 annually to medical schools (either through alumni funds or through the American Medical Education Foundation), compared to a national average of $39.

Marc Woodward, Assistant Executive Director, Health News Institute, New York, addressed the 148th annual meeting, Rhode Island Medical Society. In “Detailing is also Public Relations,” Mr. Woodward deplored the climate of mistrust: “Are we, the members of the health team, going to leave it to the self-seeking politicians who instigate inquiries for their own aggrandizement, to explain to their constituents the complexities of medical care…are we going to leave it to a headline-seeking press to assess the costs of medication, hospitalization and doctors’ fees?” He traced the genesis of the Health News Institute, geared to giving a “true picture.” Given that 15,000 detail men, operating 5 days a week, making 5 calls a day, would make 18,750,000 contacts a year, Mr. Woodward praised their role in improving public relations.

TWENTY-FIVE YEARS AGO, AUGUST 1984

Annette J. Bicho and Richard A. Keenlyside, MBBS, in “Southeast Asian Refugees of RI: Health Screening,” reported: “This tiny population of immigrants on arrival is basically healthy and free of communicable disease.” Since 1981, 1650 Southeast Asian immigrants had settled in RI; 83% were screened. The most common findings were intestinal parasites (25.2% affected, 86% treated), a positive PPD (21.4% affected, 87% treated), and dental problems (16% affected, 38% treated).

William H. Hollinshead, MD, MPH, and John M. Migotsky in “Southeast Asian Refugees of RI: A Preliminary Analysis of Birth Records,” reported that of 737 live births from 1978 to 1982, 427 were to Hmong parents; 192 to Cambodian parents; 118 to Laotian and other Southeast Asian parents. Many parents were opting for home deliveries.

James M. Nyce, MA, and William Hollinshead, MD, MPH, in “Southeast Asian Refugees of RI: Reproductive Beliefs and Priorities among the Hmong,” noted: “…the lack of understanding of traditional beliefs and exclusion of family and clan may create difficulties with delivery of services.” For instance, parents feared the loss of their child’s soul; they preferred to deliver at home because “the infant’s soul tends to remain at the place of birth.” Anesthesia is “regarded as a poison…the longer the period of unconsciousness, the worse the memory loss will be.” Hospitals bar families from the labor and delivery rooms – another fearful step for Hmong parents. Also, Hmong parents rely on a wide spectrum of herbal remedies. The authors urged physicians to adapt to patients’ beliefs.

Michael A. Ingall, MD, in “Southeast Asian Refugees of RI: Psychiatric Problems, Cultural Factors and Nightmare Death,” discussed two cases of nighttime death, hypothesized in the literature as the sequelae of frequent nightmare psychiatric trauma, resulting from war, poverty and relocation. One patient died (the subsequent autopsy plunged the family into its own trauma); the other came to grips with his fears, using a combination of traditional beliefs and modern psychiatry.