



Physician's Lexicon

Causes, Cases and Casuistries

FROM ITS REMOTE BEGINNINGS AS AN independent profession, medicine has consistently doubted that tangible events might ever arise without a preceding cause. Whether it be a biologic characteristic, a disease or even a pregnancy, some antecedent stimulus, lesion or event must have been operative. And thus the concept of causality has become fundamental to the practice of medicine. Nothing arises, said the Romans, from nothing.

The noun, cause, descends directly from the Latin, *causa*, meaning purpose or reason. Its earlier origins are in doubt but some believe that it may have stemmed from the Latin, *caud-ta*, meaning to beat and hence related to the Latin, *cadere*, meaning to strike, to pound upon a surface. English words such as accusative, recusant and excuse are thus all indirectly related to *causa*.

But words such as caustic and causalgia (a burning pain) come from the Greek *causticus*, meaning corrosive or capable of burning. And the *-algia* suffix (as in neuralgia, myalgia or nostalgia) is also from the Greek, meaning to experience pain.

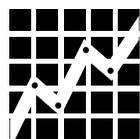
Case, the noun, (meaning an instance or finite occurrence as in the phrase "this is a case of leprosy") is from the Latin, *casus*, meaning a condition or an instance, and is further related to the Latin *cadere*, meaning to fall or to happen, as in the English, cadence. *Cadere* is also the basis for English words such as cadaver, cascade, decadence, occasion.

The Latin, *casus*, is also the antecedent to English words such as chassis, caisson, cash, capsule and casket. And an event causing a war is hence defined as a *casus belli* (which is morally distinguishable from *cause celebre*.)

Casual, as an adjective, is derived from the Latin, *casualis*, meaning fortuitous or accidental.

And then there is the variously employed word, casuistry, generally meaning the application of basic ethical principles to the unraveling of moral dilemmas. The word, casuistry, has taken on a pejorative sense since casuistic reasoning was/is often employed for less than moral purposes. And casuistry has currently come to signify clever but specious reasoning in confronting problems of law, religion or ethics.

— STANLEY M. ARONSON, MD



RHODE ISLAND DEPARTMENT OF HEALTH
MICHAEL FINE, MD
DIRECTOR OF HEALTH

VITAL STATISTICS

EDITED BY COLLEEN FONTANA, STATE REGISTRAR

Rhode Island Monthly Vital Statistics Report Provisional Occurrence Data from the Division of Vital Records

Underlying Cause of Death	Reporting Period			
	March 2011	12 Months Ending with March 2011		
	Number (a)	Number (a)	Rates (b)	YPLL (c)
Diseases of the Heart	242	2,358	223.9	3,532.0
Malignant Neoplasms	188	2,314	219.7	5,821.5
Cerebrovascular Diseases	34	449	42.6	704.5
Injuries (Accidents/Suicide/Homicide)	63	633	60.1	9,653.0
COPD	61	543	51.6	477.5

Vital Events	Reporting Period		
	September 2011	12 Months Ending with September 2011	
	Number	Number	Rates
Live Births	1,038	11,833	11.2*
Deaths	749	9,944	9.4*
Infant Deaths	(6)	(71)	6.0#
Neonatal Deaths	(2)	(64)	5.4#
Marriages	904	6,292	6.0*
Divorces	297	3,354	3.2*
Induced Terminations	372	4,049	342.2#
Spontaneous Fetal Deaths	46	666	56.3#
Under 20 weeks gestation	(37)	(576)	57.9#
20+ weeks gestation	(9)	(88)	7.4#

(a) Cause of death statistics were derived from the underlying cause of death reported by physicians on death certificates.

(b) Rates per 100,000 estimated population of 1,053,209. (www.census.gov)

(c) Years of Potential Life Lost (YPLL).

Note: Totals represent vital events that occurred in Rhode Island for the reporting periods listed above. Monthly provisional totals should be analyzed with caution because the numbers may be small and subject to seasonal variation.

* Rates per 1,000 estimated population

Rates per 1,000 live births