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HOW TO KEEP WELL
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HOW TO KEEP WELL

by Dr. Theodore R. Van Dellen

To the limit of space, questions pertaining to the prevention of disease will be answered. Personal replies will be made when return stamped envelope is inclosed. Telephone inquiries not accepted. Dr. Van Dellen will not make diagnoses or prescribe for individual diseases.

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ENVIRONMENTAL FACTORS IN LUNG CANCER

THE INCIDENCE of cancer of the lung has risen sharply in the last 40 years. If it continues at its present rate that disease may displace cancer of the stomach as the No. 1 cancer killer in males. Virtually every irritant that we inhale has been blamed.



The problem arises: Is the increase real or apparent? Are more persons developing the disease or is it being diagnosed more readily? The answer is difficult because there is nothing concrete to go by. In my opinion both factors. In the past the physician rarely thought of cancer of the lung until the disorder was well advanced. There were no x-rays to help make the diagnosis nor had the bronchoscope been invented. Many cases of pneumonia and other respiratory diseases which failed to heal and ultimately proved fatal unquestionably were misdiagnosed as cancer. On the other hand, physicians who have practiced in the before and after periods are in general agreement that they see more patients nowadays with this type of malignancy. Much of this may be caused by the shift in the age of our population; more and more individuals are reaching the decades in life when cancer is more prevalent.

The cause of lung malignancy is not known but many irritants have been accused, all too often without proof. Tobacco is attacked more often than any other substance, probably because there are so many smokers. Fuel is added to the fire by the fact that more men than women become victims and that the same proportion holds insofar as smoking is concerned. On the other hand, positive proof still is lacking, despite the fact that many physicians are convinced in their own minds that a relationship exists between the two.

Various industrial irritants also have been implicated but in most instances the evidence is circumstantial. Coal smoke, dust from tarred roads, exhaust fumes from gasoline engines, sulfur dioxide in the air from burning sulfur-containing coal, and air pollution from various smelting operations have been One of the difficulties in deciding the question centers on the fact that no one knows how long a period passes between exposure and the development of cancer. This varies from five to 40 years. The inhalation of coal dust has been cleared as a factor but not the by-products such as tar, asphalt, pitch, lamp blacks, and coal tar. Considerable research is being done on this aspect at the present time and more definite information soon should be available.

A similar degree of uncertainty exists in regard to the inhalation of exhaust fumes. Because there is an increase in lung cancer among policemen, street car and bus drivers, mechanics, and automobile drivers, most authorities are skeptical about this source. However, the same cannot be said of fumes containing arsenic. Several researchers have noted a relationship between cancer in animals and the amount of arsenic fumes in the air. In our country, arsenical contamination of the air in connection with smelting operations has been studied. A comparison of the lung cancer deaths with those in an adjoining agricultural region shows a much higher percentage in the smelting area. Other inorganic chemicals that are being studied as possible environmental factors in lung malignancies are chromium, asbestos, and nickel.

TOMORROW: Plague: An old disease that crops up periodically.

DR. MURPHY

L. C. writes: A group of us were discussing the great Dr. John B. Murphy. What did he do to make him famous?

REPLY

Much of his renown rested on his ability as a surgeon and teacher. He devised several operations and invented the Murphy button which was used in the days to connect separated loops of the intestine after surgery. He also worked with bone grafts and pneumothorax. For those who are interested in reading about Dr. Murphy's career, there is a book on him by Dr. Loyal Davis called "Murphy: Stormy Petrel of Surgery." (Putnam).

BABY'S HEART DEFECT

Mrs. E. writes: In a blue baby, what part of the heart is involved?

REPLY

The bluish tint of the lips and epidermis occurs in children when circulation thru the lungs is interfered with, or when venous and arterial blood mingle thru an communication between two chambers. The two specific lesions which lend themselves to surgical treatment—patent ductus arteriosus and pulmonary stenosis—are located in the large channels just outside the heart.

MULTIPLE SCLEROSIS

L. W. writes: What is multiple sclerosis?

REPLY

A neurological disorder in which scleroticareas develop in the brain and spinal cord. Send a stamped, self-addressed envelope for leaflet on this disease.

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