

# Reflections in the Mirror of Chauvinism

The same "chauvinistic" attitudes which cause some men to refuse vasectomy may also be the cause of their marital difficulties.

That's the finding of Dr. James L. Nash, staff psychiatrist at the Durham VA Hospital and assistant professor of psychiatry at Duke.

Nash believes that recognition of

these attitudes and proper therapy may result not only in acceptance of the sterilization operation, but also in improvement in the marriage.

In fact, in a related study on the sexual aftereffects of vasectomy in 68 men, Nash found that "with proper pre-operative screening and counseling, the operation may be expected to have

a positive impact on the marital unit."

Twenty per cent of the men surveyed felt their sexual functioning was improved, 44 per cent felt their personal enjoyment of sex was increased and 55 per cent reported that their wives were more sexually responsive since the operation. Only 3 per cent said their enjoyment of sex decreased. Half felt

the operation had made their marriage better and the other half said there was no change. None said their marriage had worsened.

However, in the course of the studies, which were conducted at General Leonard Wood Army Hospital in Missouri, Nash encountered a number of married couples who wanted permanent birth control but in which the man was very strongly opposed to vasectomy.

He typically encountered these patients when the wife applied to the hospital's Sterilization Committee for tubal ligation. Because vasectomy for the man is considered an easier and safer sterilization procedure than tubal ligation for the female, Nash attempted to explore these negative attitudes towards vasectomy.

"The same answers were given again and again, and were felt to arise from attitudes within the man which not only made submission to a vasectomy impossible for him but also were at the heart of a marital disturbance," Nash said.

These are three of the characteristic reasons such men gave for refusing vasectomy:

—"Why should I have the operation? It's the woman who has the children. Let her have the female operation."

—"What if my wife should die?"

—"It'll make me less of a man."

Nash said the first statement implies that the man has no part or responsibility in the child-bearing process, and it communicates to his wife not only that she is a sex object but that "her identity in her husband's eyes is solely that of a procreator."

He said a psychiatrist in this case must also be concerned that, "should the woman obtain a tubal ligation, the husband may then reject her as having lost her femininity and being therefore of no further value."

The second attitude, Nash said, indicates that the man is unwilling to make a permanent commitment to his wife. He leaves open the possibility, perhaps even the unconscious wish, of starting over again with a new wife.

Nash said the wife will eventually realize that she could make the same statement—"What if my husband should die?" When she realizes that her husband is avoiding a permanent commitment, "the effects of this insecurity can be devastating."

The third attitude, Nash said,



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DURHAM, NORTH CAROLINA

### Study by Dr. Heyden Finds No Link Between Coffee and Heart Attacks

Coffee drinkers, relax. Have another cup.

A Duke researcher claims a recent Boston University study suggesting a relationship between heavy coffee drinking and heart disease is not valid. The study received wide publicity after it was reported in the Dec. 16 issue of *Lancet*, a British medical journal.

But Dr. Siegfried Heyden, professor of community health sciences at Duke, said his own studies confirm earlier findings that there is no link between heavy coffee drinking and a high incidence of heart disease. He also found no significant difference between the cholesterol, blood sugar and uric acid levels and blood pressures of heavy coffee drinkers and non-drinkers.

Heyden's study, conducted as part of an ongoing U.S. Public Health Service research effort in Evans County, Ga., was published in a German medical journal in December. A translation in English will be published soon by the International Coffee Research Congress. Heyden has no connection with the coffee industry group.

The Duke researcher said the whole idea of coffee as a direct or indirect factor in heart disease has been pretty much laid to rest until the *Lancet* article was published.

"There's common sense missing in that whole article," he said.

The Boston study compared 276 acute myocardial infarction patients with a group of 1,104 controls and found that the heart patients were bigger smokers and much bigger coffee drinkers than the controls.

The Boston researchers suggested there could be an indirect relationship between coffee and heart disease—people who are prone to heart disease may also be prone to drink coffee. Or there could be a direct causative link if coffee alters the cholesterol level in the body.

A direct relationship between caffeine and heart disease had to be ruled out, the researchers said, because there was no difference in the tea-drinking habits of the two groups, and a cup of strong tea has as much caffeine as a cup of coffee.

Heyden said his first criticism of the study is that 25 per cent of the control group had also suffered from heart disease similar to acute myocardial infarction and could not be used in a valid comparison.

Also, he said, the statistics were



DR. HEYDEN

based on too few people. The conclusion in the study that non-smokers who drink more than five cups of coffee a day have a four times higher risk of heart disease than non-smokers who don't drink coffee was based on answers given by only five of the heart patients and eight of the controls.

"This is stretching statistics to a completely undigestible point," he said. "It only helps to deepen the gap between statistics and clinical medicine."

Heyden also said there is no basis for the study to assume either a direct or an indirect link between coffee consumption and heart disease.

"An investigator must give some logical or biological basis for his findings of associations," he said. "You can compare hair style with the incidence of heart attack and perhaps come up with some significant differences."

The Boston researchers themselves had to rule out caffeine as a direct causative agent, he noted. And he said his own study on 2,500 people found heavy coffee drinking did not raise cholesterol levels.

"What else could be in the coffee?" he said. "Some acids that could irritate the stomach, but nothing else that could cause heart disease."

As for some psychological link, some personality trait that makes it likely that people with a high risk of heart disease are also coffee drinkers: "That is for the psychiatrists to study, but frankly I

don't buy it."

Heyden himself is a heavy coffee drinker who also smokes a pipe.

The suggestion by the Boston researchers that coffee seemed to have a stronger link with heart disease than cigarette smoking defies all common sense and past research, Heyden said.

A previous Public Health Service study of the same Georgia population which Heyden used found that cigarette smokers had twice as high an incidence of heart disease as non-smokers.

He said the statistics from the Boston study were based on too few people to be valid. Also, Heyden said, patients interviewed after suffering severe heart attacks typically tend to minimize their former smoking habits.

In his own study Heyden did find a significant connection between heavy cigarette smoking and heavy coffee drinking. Over half of the white male population studied used both coffee and cigarettes heavily.

Heyden is currently on leave of absence from Duke for two years doing community health work in Switzerland. He was in Durham recently to teach several classes.

—YVONNE BASKIN

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**'WELCOME, ROTARIANS'**—The medical center was host to the Durham Rotary Club's first "Getting to Know Your Community" meeting in February. Approximately 125 Rotarians came for a buffet dinner and program in the cafeteria annex. Here Dr. Edward Busse (right), chairman of psychiatry and president of Rotary, welcomes R. B. Davenport of Long Meadow Farms. In the center is Dr. William G. Anlyan, vice president for health affairs and a director of the club. Beside him is the club's chaplain, K.O. (Punch) Johnson of the Salvation Army. (Additional pictures on Page 3. Photos by David Williamson)