

“From the Brook to the Ocean”: A Hungarian Rural Doctor’s Observations and Findings in the Field of Alcohol-Related Problems from the Beginnings up to the Present Days

Arpad Peter*

“IATRIKA” Health Service Provider, Research and Training Limited Partnership, Felsoszentivan, Hungary

***Corresponding Author:** Arpad Peter, “IATRIKA” Health Service Provider, Research and Training Limited Partnership, Felsoszentivan, Hungary.

Received: April 10, 2017; **Published:** April 12, 2017

Endre Ady was the most significant lyricist of the 20th century Hungarian Literature as well as the pioneer of the symbolistic poetry. The closing poem of his volume “*New poems*” published in 1906, titled as “From the Brook to the Ocean” expresses his confession in poetry. He wanted to reach the Ocean through the Brook just like the water of a brook – “puddly water of a ditch” - gets to the Ocean through rivers. Finally, the poet, who was born in 1877 in Erdmindszent – a village in Transylvania which belonged to “Greater Hungary” prior to the Peace Treaty of Trianon – and raised in an impoverished nobiliary family, fulfilled his wish - by his poetry, he symbolically reached the Ocean from the Brook.

The first thing that needs to be said is that the symbolical language is the only one I dared to borrow here from my favorite poet, although I have a feeling that I made a journey in discovering alcohol-related problems similar to that Endre Ady made in the field of poetry. From the initial observations, I got to the Ocean of alcohol-related issues (including those patients who regularly had a bath in this ocean and the cancerous patients). The way I made this journey is described briefly below.

My father, Laszlo Peter, MD was the first GP in Csikeria. Csikeria established in the 1920s from a collection of villages and farms of a southern city, Szabadka that belonged to Hungary prior to the Treaty of Trianon signed on 4 June 1920. As a child, I used to accompany my father to his patients. Once, when I saw an old woman stumbling in the street with green and bluish bruises on her face, I asked my father: What happened to the old lady? My father answered briefly: “The lady is drunk”. That was my first horrifying alcohol experience that stuck in my mind. Then, the alcohol experiences gathered rapidly: sights of drunken men playing skittles in the pub on Sundays and suffering injuries in fights, and many other experiences mainly relating to men getting drunk. Over the years, as a primary school student, secondary school boy and then a medical student my observations were continually increased. In several cases, I also experienced the “feeling of drunkenness” when taking part in “house parties” and “school parties”. The medical university did not put special emphasis on teaching alcoholism and alcohol-related health issues. In other words, the training did not prepare me for the early diagnosis and management of alcohol-related health issues. I was a final year medical student when I first witnessed a fatal delirium tremens while spending my psychiatry practice. After receiving my medical degree on 13 September 1969, when I was working as a GP in industrial and mining areas, the encounters with alcoholic patients and patients (mainly men) suffering from alcohol-related health issues became usual. Due to my fathers’ retirement, between October 1972 and November 1986 (with some interruptions) I was working in my fathers’ vacant GP office in the second district of Bacsbokod in Felso-Bacska. I was also provided with the opportunity to work at the department of internal medicine for five years in the local hospital as a part time physician. In the 1970s I also put energy to carry out a five-year morbidity-epidemiologic study in my catchment area on the basis of the average patient numbers. Although, the results of my study had already paid my attention to the alcohol-related health issues, I obtained my most determining experience when I regularly performed paracentesis for half a year on my old primary school classmate (free him from excessive amount of ascetic fluid at each paracentesis) when he was 33 years old. He died of alcoholic liver cirrhosis at the age of 33. At that time, I was 33 too. It became clear that alcohol abusers endanger their lives. Thus, I became committed to fighting against alcoholism.

Citation: Arpad Peter. ““From the Brook to the Ocean”: A Hungarian Rural Doctor’s Observations and Findings in the Field of Alcohol-Related Problems from the Beginnings up to the Present Days”. *EC Gastroenterology and Digestive System* 2.4 (2017): 392-394.

The details of my work in the field of alcoholology exceed the framework of this document. Briefly: after I investigated my alcoholic patients according to a so-called extended alcoholic category in 1978, presenting my findings first at the congress of Scientific Society of Hungarian General Practitioners in 1979 and then publishing them in the paper of the Society, known as *Medicus Universalis* (N.B. my findings almost reinterpreted the official data published in the era of “existed” socialism), my new study aimed at monitoring the events of 8 years regarding my patients in 1978, who were categorized as suffering from alcohol abuse, heavy drinkers, and alcohol dependent patients and/or patients with chronic alcoholic disease.

On the finding list of my study, there were some data suggesting that cancer and cancer-related death were more common in the “more serious alcoholic categories” compared to the abstinent patients and social drinkers. From 1986, I presented the findings of my alcohol-epidemiological studies in the form of lectures (at invitation every time) at several international events, mostly at congresses and conferences of the ICAA (International Council on Alcohol Addictions) such as the 37th Conference of Alcoholism and Drug Dependence which was organized in Sand Diego, California in August 20-25, 1995. After I received an honorary degree in addictology in 1992, solely among Hungarian general practitioners, I was invited to participate in several WHO professional meetings. One of these meetings was the EURECA, which was a European-scale meeting targeted at creating a cancer preventive action plan by investigating the issue from the aspect of addictology.

From December 1, 1986 – after the general practitioner of a village called Felsoszentivan that bordered Bacsbokod regarding its agricultural land, asked me to handle his district following his heart attack, I moved my residence to Felsoszentivan. Here, I had already started my work as a „trained” professional in the field of alcohol-related problems. As a result of my alcohol-epidemiological studies in Felsoszentivan, the lecture that I presented at the Fourteenth Congress of the International Association of Agricultural Medicine and Rural Health organized in Pecs, in May 25 - 27 was already given the following title: Relationship between alcohol-related mortality and cancer mortality: results of an investigation of over 13 years in a Southern Hungarian village. The findings of the 13 years were published in the Hungarian Medical Journal (*Orv. Hetil.*, 2001.142.497-502.), and then results of a further 12-year study were published in the same journal with the following title: Connection between cancer – and alcohol-related mortality in a rural practice of a South-Hungarian village (*Orv. Hetil.*; 2013 May 5; 154 (18): 700-706.). Based on the summarized results of these two publications, 829 deaths occurred over an investigational period of a quarter of a century in a medical practice with 1750 patients (men 445 = 54%, women 384 = 46%). The average number of annual deaths was 33. 278 cases of death (34% of total mortality) were classified as death associated with alcohol abuse. 241 of these cases were men and 37 were women. Death from cancer occurred in 211 cases, from which 140 were men and 71 were women. Within the cancer-mortality, 34,1 % (72 cases) derived from the malignant tumors of the digestive organs (ICD 10 C30-C39). Cancer mortality associated with alcohol abuse accounted for 82 deaths (of which 76 were men and 6 were women). From these 24 cases (29,3 %) were gastrointestinal tract tumors. Oral cavity and or pharyngeal cancers (21 cases) were proved fatal exclusively among men and developed on the ground of alcohol dependence (accompanied by smoking in almost each cases). Closing sentences of the two publications were put into words as follows: “The study confirms the most important conclusion drawn from the epidemiological investigations: “Fighting alcoholism is of key importance in terms of preventing cancerous diseases especially in reducing death rate in certain types of malignancies”.

In conclusion, when I studied medicine in the 1960s at the university which now carries the name of the noble-prize winner Albert Szent-Gyorgyi, (as I have already mentioned) I was not prepared for the early diagnosis and management of alcohol-related health issues. Furthermore, I did not receive education regarding the carcinogenic effect of alcohol (I could not receive, since these observations, concerning breast cancer at first, were made later in the 1970s). As a result of having a defining experience associated with alcohol abuse in my childhood – as a son of a rural doctor – and then also as a doctor when I lost one of my old classmates because of alcoholic liver cirrhosis, furthermore my investigational findings that drew my attention to deaths and health hazards relating to alcohol abuse, I also became a “self-taught” alcoholology specialist.

In addition, I happened to take part in an “Alcoholology Trainer” special course organized by the American National Institute on Alcohol-Abuse and Alcoholism together with the Hungarian Association on Addictions on November 27- December 1, 2000, Budapest. On the basis of my affinity with the issue and my acquired knowledge, I can say with conviction that my skills and abilities in diagnosing alcohol-related health problems are the same as my competences in diagnosing hypertension, diabetes or malignant tumors (of course with the help and support of laboratory equipment, imaging exams and professional consultants).

My mortality results are also based on these competences and my long-term observations. I hope that my observations on the “relationship between cancer-related mortality and alcohol-related mortality” - based on post-mortem reports that I was collecting in a separate folder for decades -may provide useful information for those cancer researchers who study in other fields of oncogenesis which has not been clarified. For those, who want to get “From the Brook to the Ocean” in a manner, different from mine.

Volume 2 Issue 4 April 2017

© All rights reserved by Arpad Peter.