Historian Robert McCaughey Evokes the Tumult and Lessons of Columbia in 1968

By Peter Rorke

E ven in the turbulent decade of the 1960s, the year 1968 stands out. The assassinations of Martin Luther King, Jr., and Robert Kennedy. The Tet Offensive in Vietnam. The riots at the Democratic National Convention in Chicago. The Soviet invasion of Czechoslovakia, ending the Prague Spring.

And some of that tumult, perhaps inevitably, hit Columbia, where for weeks some 600 student demonstrators took over five buildings. On April 30 some 1,000 police removed about 1,000 demonstrators from those buildings. Needless to say, the academic calendar was disrupted. There were competing commemorations.

In a new and final talk in the C250 series, “Our Past Engaged: Four Turning Points in Columbia’s Recent History,” the series moderator, Robert Mc- Caughey, delivered a fascinating portrait of those days. In putting the events of ’68 into an historiographic perspective, the very title of his talk, “Columbia ‘68: A Chapter in the History of Student Power,” makes it clear that the student demonstrations are the heart of his talk. And while many people recall those days as a time of protest and change, McCaughey makes the case that Columbia ultimately is a better place because of what happened afterward.

McCaughey, Ann Whitney Olin professor emeritus of history and the author of the University’s history, Stand, Columbia, said that only two other disruptions in Columbia’s history bear comparison. In 1775, King’s College, then only 22 years old, was shut down for two years of warfare. In 1965 there was the student takeover in Columbia, which began with opposition to ROTC graduation ceremonies in May. There were growing protests against military recruitment on campus, military research by faculty on campus, and off campus, limits on antiwar protests on campus, and plans for a gym in Morningside Park.

“There’s something in common about 1775 and 1917 and 1968,” McCaughey said, “all take place against the backdrop of a divisive war, divide on campus and divide in the nation in terms of a Columbia view versus a view of the rest of America.” But then King’s College was the divisive side of most of the wars that have been fought, the 12 Indian Wars, the Civil War, the moral of which, of course, occurred in the neighborhood, but not in the city. And, he said, the same thing. My teachers were devoted to the idea that culture is a living tissue, that the things that you read you bring into the prac- tice of life. So for me coming into the strike and pursuing the strike was not just being a Columbia and what I did at Columbia. They were part of the movement. They were devoted to the idea that culture is a living tissue, that the things that you read you bring into the prac- tice of life. So for me coming into the strike and pursuing the strike was not just being a Columbia and what I did at Columbia. They were part of the movement. They were devoted to the idea that culture is a living tissue, that the things that you read you bring into the prac- tice of life.

The first respondent to McCaughey was Lewis Cole, SOA professor of film, who was a Columbia student in 1968 and a member of a student strike Steering Committee. Cole said, “For complete transcripts and video of all the “Our Past Engaged” lectures, please visit c250.columbia.edu/250_new/symposia/history_vid_archive.html.

Eric Foner, history professor and the evening’s moderator, pointed out that she was born after the events of ’68. Still, she said that the spirit of ‘68 has not been for- gotten. “The memory of ’68 is alive and well in our student body. It’s that, when you come on campus, you’re reminded of it on Activities Day, when differ- ent groups kind of honor that tra- dition. It’s not so much a bad part of Columbia’s history or a betri- mental part to its history, but something that is a time-honored part of it.

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New Study Suggests Lower Breast Cancer Risk Among Aspirin-Takers

Women who regularly use aspirin seem to be at lower risk of the most common type of breast cancer than those who do not take aspirin, report researchers from Columbia University Medical Center, Weill Cornell Medical College, and New York-Presbyterian Hospital.

Specifically, aspirin may cut the risk of hormone receptor positive breast cancer, which makes up approximately 60 percent to 70 percent of all breast cancer cases. The study, which included nearly 3,000 women in Long Island, New York, was published May 26 in the Journal of the American Medical Association.

Michael Roberts of the Mail- man School of Public Health is the article’s lead author, with Alfred I. Neugut of the College of Physicians & Surgeons and Mailman School of Public Health, and Andrew Dannenberg of Weill Cornell Medical College as co-investigators.

The study suggests that the use of aspirin on a regular basis can reduce the risk of developing breast cancer. Neugut, a Columbia professor of medicine and epidemiology and codirector of the Program in Epidemiology and Biostatistics, said that aspirin was the first to suggest that aspirin may be more effective at preventing certain types of breast cancer than others.

The study results add further to our knowledge base regarding the potential anticancer proper- ties of NSAIDs, or nonsteroidal anti-inflammatory drugs,” said Terry, assistant professor of epi- demiology in the College of Physicians and Surgeons. “The study of the potential benefits of aspirin use are still primarily for heart disease prevention and arthritis, but aspirin does have side effects. In women who are using it for appropriate purposes, there may be addi- tional benefits in terms of breast can- cer prevention.”

An agent that is commonly used for cardiovascular protection seems to protect against another disease, hormone recep- tor positive breast cancer,” said Dannenberg, the Henry R. Efte- Roberts Family Professor on Medicine at Weill Cornell Med- ical College and codirector of the New York-Presbyterian Hospi- tal’s Cancer Prevention Program. “From a public health perspec- tive, this may represent addi- tional benefit to those who need to take aspirin for other reasons, such as cardiovascular disease or arthritis. It could be a widely accessible benefit, even in develop- ing countries, because aspirin is so inexpensive.”

The research team analyzed data from 1,442 breast cancer patients and 1,420 healthy women that were collected in 1996 and 1997. The women were asked about their use of aspirin, ibuprofen and acetaminophen (the active ingredient in painkillers like aspirin and ibuprofen) are NSAIDs. Acetaminophen is a pain reliever, but it has little or no protective benefit against cancer in the body. It’s that, when you come on campus, you’re reminded of it on Activities Day, when differ- ent groups kind of honor that tra- dition. It’s not so much a bad part of Columbia’s history or a betri- mental part to its history, but something that is a time-honored part of it.

Overall, 21 percent of breast cancer patients and 24 percent of healthy women used aspirin at least once a week for the past six months or longer. When the researchers compared women with breast cancer to women who were cancer-free, they found that those who took aspirin regularly had a 26 percent lower risk of hor- mone receptor positive breast can- cer compared with women who did not take aspirin.

The association was strongest in women who took seven or more aspirin tablets per week; and was greater in menopausal women than in their pre- menopausal counterparts. Aspirin users had the same risk of hor- mone receptor negative breast cancer as women who did not take the NSAID. And acetaminophen use was not associated with a reduced risk of breast cancer. Not enough women took ibuprofen to determine whether there was a benefit, according to the report. Overall, 12 percent of women with breast cancer and 14 percent of those without breast cancer took ibuprofen on a regular basis. Approximately 60 percent to 70 percent of all breast tumors con- tain hormone receptors and will grow when exposed to either estrogen, progesterone, or both. Hormone receptor positive breast cancer is easier to treat, because it can cut off the effects of estrogen—usually with the drug tamoxifen—can shrink the tumors.

However, it’s too early to rec- ommend that all women take aspirin to prevent breast cancer.

The study is retrospective, a design in which the researchers asked women to remember the details of their past aspirin use, which can be prone to error. And the researchers did not ask what dose of aspirin was taken.

The study was funded in part by grants from the National Cancer Institute and the American Institute for Prevention of Environmental Health.