



### FIFTY YEARS AGO, JULY 1959

Leonid S. Snegireff, MD, Associate Professor of Cancer Control, Harvard Medical School, and co-author of "The Report of the US Public Health Mission to the USSR," contributed "Survival Medicine in the Soviet Union." He explained: "The Russian state and the Russian people are so organized that they can go from peace to war and war to peace with very little shift in their medical economy...All members of the medical services are basically capable and would think nothing of it if they were obliged, under certain circumstances, to drop the medical services in which they were participating and fill in in industry or in agriculture for a required period." He noted three classes of physicians: sub-professional "feldschers," rank and file graduates with a physician's diploma, and graduates with a degree in Medical Services. About 400 schools trained feldschers, analogous to America's corpsmen.

The Journal printed several presentations from the 148<sup>th</sup> annual meeting of the Rhode Island Medical Society.

John B. Blalock, MD, Kenneth Meyer, MD, and W.F. Dukes, MD, all from the Ochsner Clinic and Foundation Hospital, New Orleans, presented "Treatment of Thromboembolic Disease by Ligation of the Inferior Vena Cava."

Edwin B. Gammell, MD, Chief, Department of Otolaryngology, The Memorial Hospital, presented "The Obstructed Ear." He discussed the incidence of hearing deficits, as found in school hearing testing programs. In Pawtucket, of a school population of 15,204, a total of 8,002 children were tested; 405 showed hearing loss.

Joseph Song, MD, Herbert Fanger, MD, and Thomas H. Murphy, MD, presented "The Women's State Cytology Program: A Progress Report." The National Cancer Institute was researching the incidence of genital tract cancers in different age groups. In Rhode Island, 360 physicians and 10 clinics participated, collecting 2 smears (vaginal and cervical) from 25,000 women. The results showed 1.1% positive, and 84% negative. Biopsy was recommended in the 288 positive cases: 148 had cancer-in-situ; 28 had squamous cell cancer; 19 had adenocarcinoma of fundus; only 21 were negative. The authors concluded: "...cervical cone biopsy is not satisfactory as a therapeutic procedure since there were a considerable number of residual cancers...found in hysterectomy specimens."

An Editorial, "Been for a Walk Lately?" urged readers to resume the practice of walks, "not just to reach a destination, but for the pleasure and healthy exercise gained."

### TWENTY-FIVE YEARS AGO, JULY 1984

On The President's Page, Paul J.M. Healey, MD, marked the 9<sup>th</sup> anniversary of *Barry et al. v. St Paul, et al*, a lawsuit that eight Rhode Island physicians (including Dr. Healey) brought against St. Paul, Aetna, Traveler's, and Hartford Insurance Companies, after the unilateral withdrawal of the private insurance industry from the malpractice market in Rhode Island. The case was initially dismissed in US District Court in Providence, but on appeal (ultimately to the US Supreme Court), the physicians won. The Court "upheld the right of physicians to challenge these insurance grants in the highly complex area of antitrust law." In 1982, the physicians accepted \$1.2 million settlement. But Dr. Healey asks: "Who won what?" The rates continued to rise; 600 cases were backlogged in the courts; one in 3 Rhode Island physicians was a defendant in a malpractice claim; and the "tort reform legislation of 1976 introduced by a gubernatorial malpractice commission has been declared unconstitutional."

This issue focused on Southeast Asian Refugees in Rhode Island.

An editorial explained that the state had welcomed 6600 Southeast Asian refugees, more than 1% of the total number of Southeast Asian refugees to this country. The Editorial also alerted physicians to a 24-hour interpreter service.

Lyn Kao August, MS, Consultant to the Office of Refugee Resettlement, Rhode Island, in "A Demographic and Health Profile," noted: "Progress is being made in establishing patient liaison services." She lauded the health of the population: "...the Southeast Asian group is not unhealthy...as they often are portrayed. Many of their health problems stem from a harsh life in tropical climates. They...have endured starvation, walked for days through jungle terrain, and swum across the Mekong Delta. The mere presence of the Southeast Asians in this country attests to their emotional and physical strength."

John Finck, MS, another Consultant to the Office of Refugee Resettlement, discussed "Cross-Cultural Issues in Medical Care," referring specifically to blood draining (refugees do not understand that the body replenishes blood that is drawn), medications for asymptomatic conditions, surgery (many refugees considered surgical scars as signs of diminished life), and autopsies (souls cannot be reborn in another body).

Youa Thao, Brown '84, a member of the '88 Brown-Dartmouth Program in Medical Education, discussed "The Hmong Perception of Illnesses," stressing refugees' reliance on shamanism and herbal medicine.