Ninety Years Ago, March 1920

James T. Gwathney, MD, read “Anesthetic Problem in Lung Surgery,” at the Joint Meeting of the Providence Medical Association and the Providence Society of Anesthetists. He based his discussion upon 80-100 animal experiments performed in the Central Medical Department Laboratories, AEF, Dijon, France, and upon a large experience with surgical teams in the advanced zone of the American Army. He suggested morphin, nitrous oxide, and oxygen, instead of ether and chloroform, allowing for patients who had been gassed or were bleeding. Dr. P. E. Truesdale, Fall River, who also served at the French front, noted that French physicians considered morphin dangerous. Dr. Albert Muller, Providence, was concerned with shock after anesthesia. Dr. William B. Cutts, Providence, recalled operating on 60 cases of acute empyema after the pneumonia epidemic, at the US Army General Hospital in Baltimore. “...it was found in all of these cases where the operation was done early before the empyema had had time to become localized and before pus had formed that the operation did not give relief, and that the patients all practically died.” The patients received no general anesthesia, just novocaine.

Charles Fenner Peckham, MD, in “The Thilerium Hominis,” discussed “a preliminary report on a hematozoic parasite found in mucous colitis.”

An Editorial, “Federal Aid to Soldiers,” noted that the War Risk Insurance Bureau’s chain of “reconstruction bases” offered veterans free treatment, with attention to vocational, recreational and social needs. Physicians should be aware of this program.

Fifty Years Ago, March 1960

Philip D. Wilson, MD, Emeritus Professor of Clinical Surgery (Orthopedics), Cornell University Medical College, delivered the Third Dr. Murray S. Danforth Oration: “Low Back Pain and Sciatica due to Lesions of the Lumbar Discs: A Study of the Results of Surgical Treatment.” Dr. Wilson had studied the topic with Dr. Danforth, starting in 1921. The two had presented a paper at 1924 at the American Orthopedics Association; the paper subsequently was published in the Journal of Bone and Joint Surgery. Drawing on 1200 patients diagnosed with herniation at the Hospital for Special Surgery in New York, Dr. Wilson discussed the benefits of surgery.

John B. Mitchell, Anne Theinert, George F. Moore, Jr, in “Patients and Proprietary Nursing Homes in Rhode Island, 1954,” described the 908 patients who lived in 78 of the state’s 79 proprietary homes. The average age of residents was 78; chronic diseases or disabilities were “almost universal;” 384 residents had not been examined by a physician or visited a clinic within 30 days preceding the survey. The facilities employed 576 persons: 60 graduate nurses, 141 licensed practical nurses, 160 other nursing staff, 142 “others.” Half the patients or their families paid the entire bill.

An Editorial, “Emotionalism,” described the state’s reaction to a newspaper headline: “Vets Hospital Unnecessary, RI Medical Group Reports.” The House of Delegates of the RI Medical Society had suggested that veterans with service-connected disabilities at the VA Hospital in Providence could be absorbed at Newport Hospital and Quonset Dispensary. The report drew political ire from city and state officials. “The Society was immediately the target of abuse by veterans organizations and labor groups for its audacity to suggest that the taxpayers of this country take a second look at the costs of the veterans hospital system and that the veteran with a non-service-connected disability be more carefully screened for admission to free care at the expense of the general public.” The Editorial added: “Have our leaders...lost contact with the art of reflection which in turn calls for complete understanding of the subject?”

A second Editorial, “Why an Auxiliary?” described this organization for members’ wives, asking readers: “Does your wife belong?”

Twenty-Five Years, March 1985

Thomas D. Romeo, Director, Rhode Island Department of Mental Health, Retardation and Hospitals, contributed “A Revolution in the Management of Alcohol Abuse in Rhode Island.” In 1980 the General Assembly mandated third party coverage of treatment. He calculated 54,000-68,000 Rhode Islanders were “alcohol troubled.” The Department of Mental Health Retardation and Hospitals distributed $7.9 million to 28 licensed community providers.

In an Editorial, “The Hazards of Boxing,” Seebert J. Goldowsky, MD, noted that the House of Delegates of the RI Medical Society had voted to ask the General Assembly to ban boxing.

Herbert Rakatansky, MD, President-elect of the Rhode Island Medical Society, described “The Committee on Impaired Physicians of the RIMS.”

Michael J. Liepman, MD, Ted D. Nirenberg, PhD, William T. White, RN, MSN, in “Family-Oriented Treatment of Alcoholism,” noted that family therapy “helps to prevent relapses.”

Carol N. Williams, PhD, David C. Lewis, MD, John Femino, MD, Lorraine Hill, RN, CS, Kathy Blackburn-Kilduff, Ruth Rosen, MSW, and Carl Sanella, CAC, contributed “Overcoming Barriers to Identification and Referral of Alcoholics in a General Hospital Setting: One Approach.”