

NINETY YEARS AGO, MAY 1920

Dennett L. Richardson, MD, in "Analysis of 100 Deaths from Diphtheria," noted that 17,114 patients died from diphtheria in 1917 in the US. "No matter how many cases of diphtheria a clinician may have seen, he cannot always pick out diphtheritic throats from physical appearance nor from the character of the symptoms." Dr. Richardson urged clinicians to take cultures of every sore throat. Both cultures and antitoxins had arisen at the same time, leading to an increase in reporting of diphtheria. He chronicled 100 consecutive deaths at Providence City Hospital from faucial or naso-faucial diphtheria (he excluded laryngeal diphtheria). Only one decedent was younger than one year; 43 were ages 1 to 4, 42 ages 5 to 9. Ninety percent of deaths happened in the first two weeks; very few patients had received antitoxin. "It is of much importance to be able to predict when called to treat a case whether the patient will recover or die." Death was usually due to circulatory failure.

An Editorial, "The Milk Campaign," warned of "...an attempt to evade the law by certain producers and to foist an unclean and dangerous product upon the innocent consumer." The Editorial also urged physicians to encourage their patients "to drink milk in spite of the prevailing price."

A second Editorial, "The Workings of the Maryland Plan," noted that the Washington County Medical Society had passed a resolution requesting each member to report to the Secretary on his financial relations with servicemen. At the start of World War I, most medical societies passed resolutions adopting the Maryland plan, so that physicians at home who treated the patients of physicians serving overseas would compensate those physicians.

FIFTY YEARS AGO, MAY 1960

Alex M. Burgess, Sr, MD, the Chair of the Conference on Aging for RI, had gone to Israel for a month as part of an exchange team of physicians from Miriam Hospital. He contributed "Care of the Aged in Israel." Specifically, he detailed the care of 5000 elderly immigrants, who were classified into one of four groups: able-bodied, infirm, needing non-skilled assistance, needing trained nursing, chronically ill patients needing hospitalization. From the start the social worker determined the capacity for work: "When accepted for care a person is studied to determine his work ability. If it is found that he is able to work, even for a short time each day, arrangements are made for him to do so."

Edwin Dunlop, MD, in "Experience with a New Psychic Energizer," described a study, with 77 patients, "to determine whether mild to severe depressions could be managed with drugs alone, as well as to compare, or combine imipramine and electroshock therapy in patients who had previously been treated with the latter alone." The researchers found: "Imipramine should not be confounded with tranquilizers nor is its mode of action

that of monoamine oxidase inhibition. It relieves the depressive condition but does not act as a stimulant..." After the study, twenty-two patients who had previously been treated with electroshock therapy were treated solely with medication.

TWENTY-FIVE YEARS AGO, MAY 1985

Paul J. M. Healey, MD, in "Medical Discipline and the Malpractice Crisis," noted that in 1976 the General Assembly created Rhode Island's Board of Medical Review as part of tort reform. Financial assessments from physicians and hospitals financed the Board. A March 21, 1986, *New England Journal of Medicine* article, however, ranked Rhode Island 45th in disciplinary actions against physicians (1982 data). That year, the Board applied sanctions against only 1 of the 1782 license-holders. Dr. Healey asked: "What do the physicians of RI have to show for the \$110,000 yearly assessment which they pay for the Board's operational costs?"

Elliot Lerner, ScB, and Tom J. Wachtel, MD, in "Thyrotoxic Periodic Paralysis, Case Discussion and Review," explained that the "...pathogenesis of the disorder is unclear, but is presumably secondary to hypokalemia.

Dianne N. Abuelo, MD, Judith Rosenstein, BA, MT (ASCP), and Michael Sheff, PhD, contributed "Tay-Sachs Disease: Knowledge and Attitudes of the Rabbinical Community." The RI Tay-Sachs Prevention Program had been operating since 1972: more than 2000 people had been tested, and 105 carriers identified. The Program sought to enlist rabbis in the outreach, since premarital counseling was an ideal opportunity to encourage screening.

