

NINETY YEARS AGO, JUNE 1920

James P. O'Hare, MD, in "Vascular Hypertension," recounted a case from the Medical Clinic of the Peter Bent Brigham Hospital. In 1915, on an insurance exam, a 37-year old man was found to have high blood pressure. "The examiner—and he was associated with one of our big companies—told the patient that he had chronic Bright's disease and would be dead in 6 months...Since 1916 this man has been under our observation many times and has at no time shown any evidence of nephritis. In a year he has been having ...myocardial disturbance and will probably die a cardiac death. But the insurance examiner and practitioners are not the only ones at fault. You will find the records of most of our hospitals show the same error." For treatment, "...we may send [the patient] to one of the numerous spas...I insist on all patients resting for an hour a day." For diet, the author recommended patients restrict "salt, condiments, alcohol and excessive tobacco."

Dennett L. Richardson, MD, submitted a case report. A 10-year old, ill for 5 weeks, was admitted March 2 and discharged April 3 "against advice." Most of the time, the patient was semi-comatose, with pains in the stomach, head, back, and legs. The diagnosis was lethargic encephalitis.

An Editorial, "Health Insurance," reported on the discussion at the AMA meeting: "It was the opinion of the majority of those who discussed the subject intelligently that health insurance would work ...hardships on both the patient and the medical profession."

FIFTY YEARS AGO, JUNE 1960

Alfred L. Potter, MD, President, Rhode Island Medical Society (1959-60), discussed "The Old Order Changeth." The RIMS was 150 years old in 1962, and the author was the Society's 100th president. Dr. Potter reflected on the horsecar era. A patient record from Providence Lying-In noted "Because of the Sunday horsecar delay the doctor was not present at the delivery of the patient, which was done by the matron." At that time, most hospitals were "hospices, houses of refuge for the indigent." Most deliveries, as well as most surgeries, were performed at home. In regard to the notion of a set fee scale, Dr. Potter deplored the "leveling of all doctors to a median payment...pernicious trend leading only to ...mediocrity."

W.C. Sealy, MD, Professor of Thoracic Surgery, Duke, presented "The Selection and Surgical Treatment of Some Types of Congenital Heart Disease," at the 1960 RI Scientific Session on Cardiovascular Disease. The Journal reprinted the talk.

Maurice L. Silver, MD, Carroll M. Silver, MD, and Stanley D. Simon, MD, in "Special Toxic Effects of Prochlorperazine [Compazine] on Cervico-Facial Musculature," reviewed the literature. "Even a single 10 mgm dose is capable of inducing this

reaction in a susceptible patient, and it is further apparent that many patients are susceptible." They continue: "These are not 'Parkinsonian' manifestations, but rather specific involuntary motor reactions in muscles innervated by brain-stem and upper spinal motoneurons." The authors discussed 4 cases.

Morgan Cutts, MD, in "Pneumonia Due to Gram-Negative Bacilli, tabulated data on 22 patients.

TWENTY-FIVE YEARS AGO, JUNE 1985

Wendy J. Smith contributed an editorial: "From Entrepreneur to Employee: The Changing Role of Physicians."

Herbert Rakatansky, MD, on the President's Page, described the "function" of the Medical Society: "...to assist honest and ethical physicians in their pursuit of the relief of pain and suffering." "As the only organization representing all of the doctors in the state, the RIMS should fight regulations established by government and other third party payers when they intrude into the relationship between the patient and his or her doctor."

Elliot J. Lerner, MD, in "Current Concepts in Premenstrual Syndrome," noted: "Neuroendocrine system emerges as a factor in the etiology of PMS."

Sunita B. Sheth and James Crowley, MD, in "Splenectomy for Felty's Syndrome," reviewed 63 reports from the literature, with follow-up of 265 patients: 76% of splenectomies were successful. The pre-operative mortality was 4.2%; each of the 11 deaths was due to infection.

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