Ninety Years Ago, June 1921

Dr. P.E. Truestage of Fall River, MA, discusses gall bladder disease following a review of 650 operations on the bile passages within his clinic. While he states that he has not uncovered anything new, he feels his observations go far in making clear certain guide posts in the knowledge of gall bladders and bile passages, and that these will help clear up misunderstandings, and move toward a clearer picture of gallstone disease and its treatment.

For the second time in two years, the medical profession has had to take steps in blocking the legislative recognition of chiropractors. “It is humiliating to say the least, for physicians who spend long years in study and hospital experience to be obliged to defend themselves against such quackery... However, for all time doubtless quacks will flourish, for the gullible are always with us.”

A small note in the editorials makes mention of a printers’ strike, and an “enforced quiescence.” Production of the journal has resumed, and one might suppose this is the reason for the relative sparseness of the June issue, and why the next issue encompasses July, August, and September, collectively. Rhode Island Hospital ordered a supply of radium with the expectation of delivery by June.

Fifty Years Ago, June 1961

Joseph Oren, MD, Raymond F. McAteer, MD, and Robert E. Serfling, PhD, discuss the Rhode Island poliomyelitis epidemic of 1960, the state’s first outbreak in five years. A majority of the 121 cases of diagnosed or suspected poliomyelitis appeared in crowded and low socio-economic areas—particularly housing projects. Studies were conducted on Salk vaccinations in Providence and Pawtucket, and various sewage samples were taken in order to demonstrate the prevalence and spread of enteroviruses in epidemic situations. It’s noted that the areas most affected by poliomyelitis were, indeed, lower socio-economic regions which were less well-vaccinated than the upper areas. After looking at the numbers of cases, the areas in which they appeared, and vaccination records, the authors note that the distribution of cases was atypical from previous outbreak patterns, and shorter lived—most likely due to vaccination procedures, although it is also noted that improvement needs to be made to immunize the more susceptible population.

Michael G. Pierik, MD, discusses a number of cases in which Vitamin C deficiency is erroneously referred as arthritis. “A cure of ‘arthritis’ was possible by a belated recognition of an early symptomatic stage of Vitamin C deficiency. A negative capillary fragility test and absence of gingivitis were noteworthy features.

The American Psychiatric Association releases a statement regarding the practice of hypnosis, noting that it a specialized psychiatric procedure with some value in other areas of medical practice and research, but that little is known of the nature of the hypnotic state and that few reports of controlled experiments into the nature of hypnosis have been published. They follow this with a seven-point list of recommendations in how to regard hypnosis.

Twenty-Five Years Ago, June 1986

Anita B. Lasswell, MS, RD, and Tricia Leddy, MD, RD, take note of the rise of fad diets and nutritional “quackery” and misinformation. The authors discuss strategies in protecting patients from bad information and advice, and what the physician’s obligation is in alerting patients to potential dangers such as vitamin and mineral overuse, ergogenic aids, and perilous weight loss plans.

From a speech presented to the Rhode Island Chapter of the American Academy of Family Physicians in April, Senator Claiborne Pell discusses the role of the family practitioner in the modern world. The senator cites the rise in specialization, and the ever-present health care crisis, and praises improvements in health care access to lower-income areas in Rhode Island. One role of the family physician is to contribute to attitudinal changes in the populace toward more healthy lifestyles.

The American College of Emergency Physicians has called for “right to know” laws that will provide workers, communities, and emergency medical personnel with information about poisonous materials in their working or living environment. They note that the majority of health care professionals, including emergency response teams, have little training in the detection of diseases from poisonous or toxic exposure.