



NINETY YEARS AGO, SEPTEMBER, 1921

W. Louis Chapman, MD, discusses sialolithiasis, or calculi in the salivary glands or their ducts. The submaxillary gland or ducts appear to be the most frequent site for stones to form, and these are composed of phosphate and carbonate of calcium in varying proportions. The origin of accretion may be either organic in the form of bacterial masses, or inorganic such as “particles of oyster shell which some writers think may enter the duct orifice.” The primary purpose is to recognize them, acknowledging that they may be the cause of parotid and submaxillary tumors, and dealing with them when found.

Ocular tuberculosis is examined and presented by J. W. Leech, MD of Providence. He focuses on the more frequent manifestation of the disease in the anterior segment and in the fundus. He notes the difficulty in distinguishing tuberculosis sclerokeratitis from more common interstitial keratitis of luetic origin in the early stages, but notes in the case of tuberculosis sclerokeratitis that ciliary redness is more accentuated at one point on the limbus, and that the corneal infiltrate is more limited to one part of the cornea. He discusses treatment with “the usual tonic and hygienic measures,” and describes a treatment he uses involving a dilution of Old Tuberculin.

It is noted that the June issue of the Medical Review of Reviews was “a special radium number dedicated to Mme. Curie.” The issue consists exclusively of articles about radium and its uses, and is available upon request to any physician interested in the uses of radium.

FIFTY YEARS AGO, AUGUST 1961

MHRI editor Seebert J. Goldowsky, MD, examines some of the pioneering work of Rhode Island surgeon and physician John W. Keefe, MD (1863-1935). In particular, he looks at his work in pyloric stenosis and reprints a case report by Dr. Keefe in which an infant, only a few weeks old, suffers from dramatic weight loss and an inability to keep down milk—either from the mother or modified—and in which, after a thorough examination, is operated upon, and healthy weight gain begins to occur.

Frank Glenn, MD, looks at the past and present of cardiovascular surgery, different types of cardiovascular disease, valvular disease, tumors, myocardial ischemia, occlusive disease, trauma, and congenital cardiac anomalies. He identifies as some more amenable to surgery than others, and divides them into two groups: congenital and acquired.

Richmond S. Paine, MD, discusses the early diagnosis of cerebral palsy. He makes mention of conventional methods of neurological examination for adults being adapted for infants, but notes that early diagnosis of cerebral palsies depends relatively little on traditional localizing neurological signs. The earliest signs to the existence of a congenitally abnormal brain usually appear at six to eight weeks of age, when responsive smiling to

the mother is probably the first sign of the emergence of cortical function. Delayed interest is often mistaken for blindness, but more often turns out to be a reflection of mental deficiency. Dr. Paine goes on to discuss other symptoms and signs at later months of development.

In “Progress Notes,” Garfield G. Duncan, MD, observes that progress in the treatment of diabetes has complicated rather than simplified. He cites a wide variety of diets, each with their own advocates, eight insulins and a variety of mixtures to choose from, and three oral preparations which may be used singly, combined, and with or without insulin. Dr. Duncan attempts to bring the control of diabetes back into reasonable and effective procedures that have survived the test of time with proven results. While partial treatment may be better than no treatment at all, it is still a far cry from control of one's diabetes which is, of course, the physician's goal.

The town of New Shoreham on Block Island is looking for a doctor for general practice—not currently having one. While Block Island does not have a hospital or medical clinic, they make note of a close relationship with nearby mainland hospitals, and the availability of immediate transport for patients if necessary.

TWENTY-FIVE YEARS AGO, AUGUST 1986

In an editorial, Seebert J. Goldowsky, MD, talks about long-term care, the issues surrounding it, the availability of qualified staff and facilities. Much of the problem, too, comes from who pays for it. Medicare does not cover most long-term care, and health insurance coverage can vary.

A look is taken at epidural analgesia in community hospitals by J. J. O'Neill, MD, R. T. O'Neill, MD, M. Schwartz, MD, and R. P. Curhan, MD. When administered by trained, competent staff, the method is considered safe and effective. While side effects such as hypotension may arise in regional analgesia, this can be combated by trained hands in intravenous infusions, leg elevation, nasal oxygen, and—in rare cases—25 to 50 mg of ephedrine.

Ian Rockett, MD, MPH and Sandra Putnam, MSc examine the connection between alcohol ingestion and unintentional nonvehicular injuries. It's noted that injuries are the fourth leading cause of death in the United States after heart disease, cancer, and cerebrovascular disease, but are the leading killer of Americans between the ages of one and 44. They discuss how to differentiate between intentional and nonintentional injury, types of injury, and measuring alcohol consumption. More study is needed, and more data is required, nonetheless, passive countermeasures can be taken in modifications to the environment rather than behavior. Examples given include fire-resistant fabrics, fences around swimming pools, smoke detectors, and so forth. Education, too, should be emphasized and kept ongoing.