



NINETY YEARS AGO, JANUARY, 1922

Noting that acute appendicitis is the most common surgical disease of the abdomen, Charles O. Cooke, AM, MD, further points out that no paper on the subject has been presented to the medical society in the past fifteen years. He urges all physicians to have a thorough understanding of the diagnosis, having observed an increase in the number of neglected cases coming under observation—particularly in hospital practice. He goes on to discuss early diagnosis. He concludes with a summary of suggestions and a plea for more careful study of acute abdominal cases.

George W. Gardner, MD, discusses surgery in diabetics, dividing the subject into two classes. The first including all surgical conditions not due to the disease, although often influenced by it, and the second being conditions commonly believed to be due to the disease. He highlights traumatism and infection in the first case, and carbuncles and gangrene in the second.

Arthur T. Jones, MD, FACS, presents a case report on traumatic rupture of the urinary bladder. The case involved a fifteen year old girl involved in a traffic accident in whom an x-ray revealed (in addition to several lacerations along the anterior bladder wall) a complete fracture of the horizontal portion of the left pubic bone; a fracture of ramus of the ischium, and a fracture of the ilium straight down to the great sacrosiatic foramen. While recovery was slow following surgery, the patient eventually showed signs of improvement with the aid of catheters and gauze packing in the pre-vesical space. The patient was able to walk out of the hospital approximately 60 days later. Among the points which the author credits the recovery are allowing patient to get over initial shock, rapid operation, and establishing constant drainage through self-retaining catheter and quickly controlling hemorrhage from the front of the bladder with gauze packing.

This issue of the journal contains a questionnaire which was also sent out to over 40,000 physicians regarding the use of alcohol as a therapeutic agent. The second question reads: "A.) Do you regard whisky [sic] as a necessary therapeutic agent in the practice of medicine? Yes. No. B.) If "yes," in what diseases or conditions to you regard whisky as necessary?"

FIFTY YEARS AGO, JANUARY, 1962

This issue is largely devoted to the publication of various papers presented at the New England Blue Shield Professional Relations Seminar held on September 22, 1961. The editors state: "While this Journal may take strong issue with some of the views expressed, these essays are nevertheless sufficiently provocative to justify making them available to the profession at large. We are doing so for the information of our readers and as a service to them. We urge that they be read carefully and thoughtfully."

Pascal F. Lucchesi, MD, of the Albert Einstein Medical Center in Philadelphia discusses the uses and abuses of Blue Cross.

Among the small abuses he has observed is the tendency of Blue Cross patients to stay in the hospital longer than non-Blue Cross patients, and while this may seem a small matter, it adds up in cost which have an impact on rates and care for all.

This issue includes the first of a two-part analysis the Reverend Stanley Parry, CSC, PhD, of the University of Notre Dame regarding the King-Anderson Bill (H.R. 4222) brought before Congress which addresses financing certain limited medical care for the aged through Social Security. He examines whether or not the indigent aged qualify as a class or group, and then looks at how indigent dependency is defined. He concludes this part of the analysis by offering that the indigent and dependent aged are not a large enough group to justify a widespread policy, and that the poverty approach is not tenable. He suggests that "the evidence in favor of a change of policy is so meager as to compel the conclusion that the desire to change is rooted in a sheer option, in a stark will to handle the matter this new way instead of the old way.

TWENTY-FIVE YEARS AGO, JANUARY, 1987

This issue opens with an editorial discussion on the AIDS epidemic—particularly the history of reports starting with the first published identification of the acquired immune deficiency syndrome found in the June 5, 1981 issue of *Morbidity and Mortality Weekly Report* prepared by the US Centers for Disease Control, followed by another report a month later in the *MMWR* connecting AIDS to the presence of Kaposi's Sarcoma. The piece goes on to look at the increasing cases over the next five years, noting that in addition to homosexual victims, AIDS also appeared among intravenous drug abusers and infants of women who were intravenous drug abusers. By the end of 1985, the CDC registry of AIDS patients included 16,227 adults and 231 children.

The Rhode Island Blood Center's Ronald A. Yankee, MD, and Charles P. Mosher discuss how blood banks unwittingly become vectors in the transmission of HIV. They further discuss methods of antibody testing and of characteristics of donors positive for HIV. They conclude with an outline of current procedures to safeguard the blood supply from AIDS and the need for a test that would recognize HVI antigen rather than antibody.

Alvan E. Fisher, MD, presents a patient-oriented review of clinical manifestations of AIDS. He presents four patients—three homosexual white males and one bisexual white male) and presents a timeline of symptom manifestation for each along with information on complications, opportunistic infections, and secondary malignant tumors.

Additional articles in this issue discuss possible therapeutic strategies, the absence of a vaccine, and methods of control of the spread of HIV.