



## **NINETY YEARS AGO, MARCH, 1922**

George Matteson, MD, FACS, of Providence examines the treatment of peptic ulcers. He begins by noting the back and forth between internist and surgeon in regards to whose domain it mainly falls. While surgical treatments had enjoyed some success around 1905, there were still instances in which cases failed to respond satisfactorily. Nonsurgical treatments are discussed as well as proposed limits to surgical treatments to certain types of cases. While surgeons question purely medical measures, they acknowledge that early ulcers may benefit from such treatment assuming the condition is discovered while it is truly early. As surgeons and internists continue to debate best practices, concessions have, at least, been made to avoid extreme positions. One such concession is recognizing the importance of dietetic supervision after an operation and ceasing to point with pride at post-operative patients who "can eat anything" even before they leave the hospital.

The question as to whether or not chiropractors practice medicine or not is revisited in an editorial. In this case, a legislative bill was introduced that would establish a special board to license chiropractors in Rhode Island. The definition of "medicine" is discussed and whether or not chiropractic practice falls within that definition. A supporter of the legislation, a professor in one of the chiropractic schools, contended that chiropractors should not come under the State Board of Health because chiropractics was not the practice of medicine, but an entirely new branch of science different from the practice of medicine. This does not appear to stop some chiropractors from making diagnoses and recommending their own brand of treatments for such. The editorial concludes with noting a recent decision by the Utah Supreme Court which reads: "The right given to the board of medical examiners is not for the benefit or protection of the members of the medical fraternity, but rather for the creation of a method of procedure to protect the health of the community."

## **FIFTY YEARS AGO, MARCH, 1962**

J. John Yashar, MD presents a paper on lung biopsy and begins with a look at past usages of lung biopsy for diagnosis including its benefits and risks. He then goes on to discuss technique and case histories involving lung biopsies and the various results. While noting that for some groups of patients, lung biopsy offers a quick and efficient method of establishing the diagnosis and may avoid prolonged and costly hospitalization, it is more recommended only where the usual measures have failed to establish the diagnosis.

A program for the Sesquicentennial Meeting of the Rhode Island Medical Society is presented. Among the scheduled events are: "One Hundred and Fifty Years of Medical Practice in Rhode Island – a Symposium of the History of the Rhode Island Medi-

cal Society," "Chronic Bronchitis and Emphysema," and the Fisk Prize essay entitled "Current Status of Open Heart Surgery."

The Federal Trade Commission launches a broad investigation of cold remedies to determine whether their advertising overstates their effectiveness. 24 major manufacturers (list undisclosed) were sent questionnaires. The answers will enable the Commission to make a comprehensive review of problems throughout the entire field and will assist in evaluating scientific evidence claimed for the medicinal preparations, and whether any advertising is in violation of the Federal Trade Commission Act.

## **TWENTY-FIVE YEARS AGO, MARCH, 1987**

George K. Boyd, MD, S.G. Chamberlain, RN, and B.A. Howard, BSN, look at the efficacy of purified venom therapy for hymenoptera allergy and review their recent experience in elevating 299 patients for apparent anaphylactic reactions to stinging insects. The go over definitions, demographics, patient selection, and using anaphylaxis as a basis for early selection of candidates for venom immunotherapy, divided them into four grades ranging from local reaction of severity to total vasomotor collapse, shock, and possible cardiac arrest. The authors conclude by making several recommendations based on their review. Among those conclusions are the recommendation of patients with Grade 2, 3, or 4 reactions should always have an emergency epinephrine kit available, that expected systemic reaction prevention for venom-treated patients now approaches 98 percent, and that the eventual discontinuation of all immunotherapy after four or five years of therapy will probably be possible in the future for a large number of patients.

David B. Abrams, PhD, looks at new behavioral treatments for controlling tobacco addiction which prompt a sense of cautious optimism. He studies various treatment strategies and methods of evaluation for patients looking to quit smoking. Cases of self-help or minimal intervention only have meager success rates, although he notes that certain self-help materials, such as those provided by the American Cancer Society, are more effective than others. Hypnosis, acupuncture and brief commercial interventions are difficult to evaluate because of the lack of objective data. Repeated programs, even those involving hypnosis or interventions, are likely more effective than "one shot" programs. Formal behavioral-based treatment programs must address, in addition to quitting smoking, coping with acute withdrawal and relapse prevention. The author notes that even a small amount of physician time can make a large impact in helping patients to become motivated for quitting and then to take action, quit, and resist relapse. Helping patients to quit smoking will, over the next 30 years, make the single largest impact on reducing chronic disease and disability in the United States. A smoke-free America by the year 2000 is a worthy goal.