

The Rhode Island Medical Society's 200th Anniversary

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ON APRIL 21ST 2012 THE RHODE ISLAND MEDICAL SOCIETY (RIMS) will celebrate its 200th anniversary as an organization. The milestone is noteworthy due to the significant impact of RIMS on the lives of Rhode Island residents.

The Society was formed at the old Court House in Providence in 1812 (eighth oldest in the United States) and Dr. Amos Throop was elected as its first President. It was on February 25, 1812, that the Rhode Island General Assembly granted a charter for the creation of the Rhode Island Medical Society. In the timeless words of that charter, "The medical art is important to the health and happiness of society, and medical societies have been found conducive to this end." It was a time of apprenticeship medicine, with a few medical schools in the United States (University of Pennsylvania, Columbia, Harvard and Dartmouth) and Europe, no germ theory, anesthesia, imaging or antibiotics. Infection was thought to be caused by "bad air" or "miasma." It was Louis Pasteur, fifty years later who identified bacteria as one cause of infection. It was a time of sooth-sayers, snake oil salesmen, water cure practitioners and soothing syrups full of morphine. A primary motive to form the Society was to educate and bring some standardization to the practice of medicine.

RIMS fought hard to raise the standards of practice, register births, deaths and marriages and helped create the American Medical Association in the middle of the 19th century. RIMS promoted sanitation; combated epidemics; promoted occupational health; and disciplined the ranks of physicians, and those who pretended to be physicians. RIMS was not monolithic in its efforts; as one member stated "it is an inalienable right of the people to be humbugged if they so choose." Fortunately, this became an increasing untenable position with advances in bacteriology, immunology and physiology. In 1910 the Flexner report was published. The report called for the practice of medicine based in science. It called for universities to found more medical schools and raise the standards and the ethics of the profession. Johns Hopkins and the University of Michigan had been recently formed and by the 1920's the care of patients was based in scientific knowledge applied to individual patients. It would still be several decades before the advent of controlled clinical trials and the advances in surgery and pharmaceuticals.

In 1917 RIMS published Rhode Island Medicine (now Rhode Island Medicine and Health) and has continuously published the journal for nearly one hundred and fifty years. For most of the 20th century, the Society's library and lecture hall at the corner of Hayes and Francis Streets in Providence was the premier center for continuing medical education in Rhode Island. Through the 20th century RIMS promoted campaigns to improve milk quality, eliminate the common drinking cup, abate air and water pollution, regulate work hours for women and children and make cancer and infectious disease reportable to a registry.

In 1939 and 1949 RIMS helped to form Blue Cross and then Blue Shield of Rhode Island. In 1978 RIMS established

the Physicians Health Program to assist physicians with mental and substance abuse health problems. This program has saved countless careers and lives through the past three decades.

Medical professional liability crises occurred in the United States in 1975 (a "crisis of availability"), 1985 and 2003/4 ("crisis of affordability") and in 1994 a crisis of insolvency in Rhode Island was averted by the availability of NORCAL Mutual Insurance Company, who accepted the complete book of business without underwriting. RIMS helped to form Quality Partners of Rhode Island (Healthcentric Advisors) to improve the quality of patient care. In 2004 the Society helped found the Office of the Health Insurance Commissioner, which has resulted in reform and improved regulation of the health insurance market.

Today, the Rhode Island Medical Society remains strong with over 1,700 members, including physicians, medical students and allied health professionals. The Council and Committees of the Society represent all medical and surgical specialties. Most importantly the Society maintains close relationships with all the health plans, the Office of the Health Insurance Commissioner, the Department of Health and major health care systems in the state, with the mission to advocate for fair and transparent treatment of patients and physicians.

The Rhode Island Medical Society is active in promoting health information technology through the adoption of electronic health records and the health information exchange (currentcare), works tirelessly with the legislature on public health issues such as seat belt laws, a sugared beverage tax and ignition interlocks to prevent drunk driving. The Society has promoted an anti-smoking campaign in schools for years and will combat the epidemic of obesity with education about a healthy lifestyle of diet and exercise. The society continues to advocate for professional liability reform with "Apology" legislation (early, complete and empathetic disclosure of medical errors), decreasing interest rates on claims and promoting a merit review board for potential malpractice cases. The Society also provides a series of professional educational opportunities for health care providers.

The Affordable Care Act of 2010 has resulted in health insurance reform and will continue to change the delivery of health care through 2014 and beyond. A reformed health care system will further focus on increased quality and cost conscious care. Its center is primary care and the Patient Centered Medical Home model of care, which will provide chronic, complex and acute disease management, preventive health, performance measurement, cost control and a coordinated care delivery system between primary care physicians, specialists, hospitals, laboratories, imaging centers and long term care facilities. The Medical Society supports the above initiative, the Health Benefits Exchange and other efforts to provide affordable, high quality health care for all Rhode Island residents.

While the agenda for RIMS has changed through two centuries, the mission remains unchanged: "the Society advocates for all Rhode Island physicians in their effort to provide the best

possible care to their patients.” The Society provides education to physicians and patients, represents the values of the medical profession and promotes enlightened public policy in the field of health care.

There are a series of planned commemorative events through the year including a series of public lectures on “Neuroscience and Society”. The series will draw upon recent discoveries in the biology of the human brain, which is transforming fields as diverse as medicine, criminal justice, philosophy and theology. A Presidential lecture series is also underway, focusing on contemporary topics in the practice of medicine. There will be a grand celebration on April 21st 2012 in Newport Rhode Island. Please join your friends and colleagues and celebrate the history of medicine in Rhode Island.

Disclosure of Financial Interests

The author and/or their spouse/significant other do not have financial interest to disclose.

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Introduction: Arthritis and Joint Replacement – The Upper Extremities

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ARTHRITIS IS THE MOST COMMON MUSCULOSKELETAL JOINT CONDITION, affecting over 27 million Americans. Although it is most commonly seen in the hip and knee, arthritis also frequently affects the upper extremities (shoulder, elbow, wrist and hand) and spine. The shoulder accounts for 30 percent of all patients presenting with chronic joint pain, and it is the third most common large joint to require surgical reconstruction, after the knee and the hip.

The most common types of arthritis include osteoarthritis, rheumatoid arthritis and other inflammatory arthropathies. However, arthritis may also occur as a secondary process after trauma, infection, or avascular necrosis. Patients with arthritis typically present with pain, loss of motion, and mechanical symptoms such as catching and locking. Radiographic features of osteoarthritis include sclerosis, subchondral cyst formation, loss of joint space and architecture, and osteophyte formation.

Standard non-operative treatment measures for arthritis include oral medications (nonsteroidal anti-inflammatories, acetaminophen, narcotic pain medications), injectable medications (corticosteroids, methotrexate, etc.) and physical therapy. When these treatments fail, joint replacement is a successful option for these patients.

Joint replacement surgery in the upper extremity has increased dramatically in numbers and variety of procedures available in the past decade. From 1998 to 2008 there was a 2.5 times increase (from 19,000 to 47,000) in the number of shoulder arthroplasties performed in the United States. With the advancing age of the population, and with new materials and technologies available, joint replacement is expected to continue its increase in the next decade and beyond.

In this issue of *Medicine & Health/Rhode Island*, we present articles on the most current treatment alternatives available for arthritis affecting the upper extremities and cervical spine. The most common joint replacement procedures are described, and some of the newer cutting-edge replacement procedures are presented. Many of these procedures were designed, developed, or advanced by our own physicians and orthopedic surgeons in Rhode Island. It is hoped that the dissemination of this information will benefit the patients and physicians of Rhode Island by sharing the many successful joint replacement procedures available to them in the treatment of arthritis.

Dr. Theodore Blaine was formerly Associate Professor of Orthopaedic Surgery at the Warren Alpert Medical School of Brown University. Currently, he is Chief of Shoulder and Elbow Surgery at Yale Orthopaedics and Rehabilitation and Associate Professor of Orthopaedic Surgery at the Yale School of Medicine.

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