



### **NINETY YEARS AGO, APRIL, 1922**

Herman C. Bumpus, MD, of the Mayo Clinic presents an article on the relation of focal infection to diseases of the urinary tract. He identifies the presence of oral sepsis in a large percentage of patients with urinary tract infections and suggests the possibility that such sepsis might be the focus from which the urinary infection originated. However, the presence of colon bacillus in most chronic urinary infections and the absence in cultures from tonsils or abscessed teeth makes it difficult to explain the relationship. He mentions that the proximity of the colon to the kidneys and the apparently direct lymphatic connection suggests urinary infections originate in the colon rather than in the mouth.

An editorial criticizes the use of mail-delivered advertisements—particularly ones which contain phrases such as “Just a moment of your valuable time...” or “Read this and save money.” The author derides the glut of advertising and the ever-increasing volume taking up the physician’s valuable time. “How much can a doctor read?” The editorial suggests that advertisers instead consider making use of local medical journals to ply their trade.

An “Associate-at-Large”, known as F. T. R., writes his colleagues in Rhode Island from the deck of the *S.S. Adriatic*. The piece replete with colorful descriptions of various sights and peoples from his travels. On January 24, he writes: “‘See Naples and die,’ someone said, and I don’t wonder at it. It is the dirtiest city of a progressive race that I ever saw—some of the Chinese cities would put it to shame. Never again will I eat Neapolitan spaghetti. I have seen it made and I am not fussy, either.”

A short piece discusses the state of scarlet fever, noting specific statistics for reported cases in the United States and its mortality rates. He also notes of more mild strains being reported despite popular thought that more severe cases were more infectious.

### **FIFTY YEARS AGO, APRIL, 1962**

Arseno C. Pascual, MD, John R. Stuart, MD, and Waldo O. Hoey, MD, present a piece discussing pneumatosis intestinalis—commonly known as gas cysts of the intestines, but also called pneumatosis cystoides intestinalis, pneumatosis coli and emphysema of the intestines. They discuss the original theories of neoplastic and bacterial etiologies, as well as later chemical theories and pH levels of the intestinal wall. The mechanical theory, at the time of writing, becomes the generally accepted most plausible etiology in which intestinal gas penetrates the gastrointestinal mucosa through a defect, either large or small, then dissects submucosally, subserosally, or into the mesentery.

In a piece entitled “Jungle Hospital,” Meyer Saklad, MD, writes a vivid piece on his visit to a 28-bed hospital located in the Andes mountains of Peru which serves the local tribespeople.

He describes the small staff of four, its facilities, routines, and patient population. There are numerous obstacles to overcome including trust issues, hygiene, cultural differences, nutrition, equipment, medical supplies, and difficulty of terrain. Dr. Meyer gives high praise to the staff and mission of the hospital and is thankful for the opportunity he has been provided in spreading the word regarding such.

A report is given on the Medical Education Loan Guarantee Program of the American Medical Association. Medical students, interns and residents have a new financial support available to them. A loan plan which has been under consideration within the American Medical Association for a number of months has now been accepted by the Board of Directors of the American Medical Association Education and Research Foundation as one of the programs of the Foundation. The loan plan will assist students who need financial help at any stage of their medical education—including first-year medical students.

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

In an editorial, Seebert J. Goldowsky, MD, writes more on the subject of tobacco noting recent developments in the war on smoking. Berkeley, California and Cambridge, Massachusetts, both university towns, have adopted highly restrictive ordinances limiting smoking in public places. Similar legislation had just become effective in New York state. While much remains to be done on both the local and national scenes, the current trend in smoking restriction appears to be moving in the right direction.

Virginia Attanasio, PhD, Joanne L. Fowler, PhD, Michael J. Follick, PhD, and Richard J. Perry, MD, discuss issues in the management of recurrent headaches—particularly non-pharmacological treatments. After reviewing classifications and medical treatments, the authors focus on non-pharmacological intervention strategies such as relaxation training, biofeedback, and cognitive coping skills.

Francis B. Sargent, MD, examines the beginnings of the “Malpractice Crisis in Rhode Island” beginning with an event in 1953 in which an otologist was sued by a patient, and in which another otologist testified for the plaintiff who was then awarded \$25,000. Following this was a shake up in the insurance community over matters of malpractice policies. A similar situation occurred a few years later. Insurance companies offered group plans, but retained the right to cancel individual doctors within the group. As premiums rose over the next decade, medical societies and physicians balked at some of the policy arrangements being offered by certain insurance companies and cancelled.