Ninety Years Ago, April, 1922

H.P. Lowell, MD, opens the May issue with a talk on medicinal plants native to Rhode Island. He discusses over 300 plants within the state known to have some medicinal use, citing particularly the lore and traditions of the native American population. He also notes a 1783 study by Johan David Schopf in which, as part of a study of American plants, he learned much on the subject from Indian tribes in Rhode Island and Connecticut. The author goes on to provide a number of highlights (including uses) of Rhode Island plants such as: golden club, star grass, adder’s tongue, Amrican hel-lebore, wild spikenard, leatherwood, cranesbill, blood-root, black snake-root, poke-weed, red-root, American senna, and pipisseea. He also notes the presence of poison hemlock which is native to Europe and Asia, but has become naturalized in Rhode Island.

Chiropractic comes under fire again in an editorial decrying the public’s faith in the practice and its lies. Serious medical conditions stand the risk of going undiagnosed by the practices and assurances of chiropractors and, thus, it is important to educate the public on the dangers involved.

In a related editorial, the topic of specialization comes up. When a general practitioner sends a patient to a specialist it is assumed that the GP has good knowledge of the specialist’s abilities and knowledge in order to best help the patient. While the state of Rhode Island licenses general practitioners, there is no system in place for monitoring the quality of specialists and no system to keep someone from advertising themselves as a specialist. The editorial states: “Young men are flocking into specialties, some are properly trained, many are not. Likewise, older men are turning to them because the work is not so arduous or the remuneration is better. The result is that much poor work is being done in the name of surgery and will, if unchecked, lessen the repute in which doctors are now held. Some such is necessary in justice to the public and properly trained specialists, and works no hardships on physicians in general, for it does not prevent them from treating any disease they feel themselves qualified to treat.

Fifty Years Ago, April, 1962

In the President’s Message, noting the 150th anniversary of the Medical Society, Arthur E. Hardy, MD, touches on both the past and future. He writes, “During the next twelve months the answers to questions concerning medicine’s continued freedom in this country will further unfold. Will we be caught asleep in a blanket of indifference, or will we be wide awake, keeping abreast of the times and truly advancing the art and science of medicine and the health and welfare of our people? If we can learn from some of our mistakes and take positive action where we have been inactive or neutral; become informed instead of remaining uninformed; if through individual example we restore the image of the physician with the public, we will defeat the present challenge to our freedom.”

Thomas McOsker, MD, looks at neck injuries and rear-end collisions, noting that in the violent work of traffic today, such injuries are booming much more common. He discusses types of injuries as well as related injuries to the head and arms. In an overall study, the author mentions that about three quarters of patients who are injured in a rear-end collision have symptoms referable to the neck, but an extremely low percentage of these individuals will have any X-ray evidence of injury to the bony structure of the neck.

A study from the Public Health Service makes mention that hospitals in the United States are becoming increasingly dependent upon graduates of foreign medical schools to help fill out their house staff positions. In 1951, 2,100 graduates of medical schools outside the United States were serving as hospital interns and residents; by 1960, this figure had reached 9,500.

Twenty-five Years Ago, April, 1987

John M. Wiecha brings up the topic of holistic health and its implications for physicians in a changing world. He suggests that the rise in interest in holistic health may come from a growing dissatisfaction with conventional medicine, and that two-thirds of Americans are losing faith in doctors who they believe are too interested in simply making money. Less than half Americans feel that doctors explain things well. While not encouraging or even listing the practices of holistic health specialists, the author does underscore one particular concept—that of encouraging, when appropriate, a patient’s independence and responsibility. In this context, the physician is a guide, a facilitator, and, most importantly, an educator. Many reports encourage physicians to pay particular attention to their communication skills as this correlates with patient satisfaction and compliance. The author recommends The Holistic Health Handbook from the Berkeley Holistic Health Center as an excellent overview on holistic health.

H. Denman Scott, MD, MPH, addresses the need for long-term care solutions in relation to the baby boomer generation which has entered middle age and which, in thirty years time, will become senior citizens. He points out a need to develop a wide array of long-term care services which can be provided for the patient at the right time and the right place. Currently, the long-term care options, such as home care and nursing home care, are too narrow. Dr. Scott also notes that 75 percent of the people in nursing homes are women. Thus, the issue of long-term care is primarily a women’s health issue. He states, “We can only hope that organized women’s groups will take an active interest in the long-term care issue. If this happens, long-term care is more likely to receive the social attention which it deserves.”