



NINETY YEARS AGO, JUNE, 1922

Eric Stone, MD, and James McCann, MD, discuss the significance of bladder symptoms in women following various clinical studies at the instigation of the Gynecological Staff at Rhode Island Hospital. They looked procedures and methods of examination as well as catheterizations and microscopic examinations. Among their discoveries was that 38% of cases with a diagnosis already made were found to be incorrect, and that one in five were presented as a cystitis when the bladder masked a more important condition in the upper urinary tract or in the pelvis. Furthermore, urological exams saved five patients surgical attack on appendix or tubes, and finally the importance of the cystoscope in the armamentarium of the gynecologist is clearly proven. The authors likewise state that the feasibility of this work in office or out-patient is demonstrated. As for symptoms discussed, they are pain in the region of the bladder, frequency and burning of micturition, sense of residual urine, retention of urine, and incontinence of urine.

John J. Gilbert, MD talks about the treatment of ear infections in contagious diseases. He begins by stating: "All members of the profession, and particularly those interested in otology, are aware of the incidence of middle ear infection in the course of the acute infectious diseases of childhood. In the long discharging ears of adults, a careful history shows, in most cases, that the original ear infection began during on of the exanthemata of childhood. In many cases, the ear discharged continuously; some have discharged periodically; and the neglected cases show extensive destruction of drum membrane and ossicles. When polypi and cholesteatome are present in addition, the ear becomes a very dangerous one, and besides the loss of hearing that results, a radical mastoid with its dangers, difficulties, and disadvantages, is necessary often to save life."

FIFTY YEARS AGO, JUNE, 1962

In "The Doctor's Image — Past, Present, and Future" by Samuel Adelson, MD, the image of "The Doctor"—a popular calendar illustration by Sir Luke Fildes—is summoned. "Whatever the outcome, the doctor is still their trusted friend. They consult him on all matters—not only health. They seek his advice concerning business ventures, children's education, marriage, and all other intimate matters." How has that image changed? That is Adelson's question. Medications are different, as are procedures. Likewise, mortality rates since the time of the classic image have plummeted. Has the doctor's image risen even further to reflect this?

Glidden Brooks, MD, looks at medical education and Brown University. One hundred and fifty years previous when the Rhode Island Medical Society was chartered, there were students pursuing studies at the infant medical school established only a year before at Brown. Brooks looks at the history of medical education at Brown, acknowledging the already detailed work

on the subject by the current journal editor Seebert Goldowsky, MD, and offers up a few additional significant features.

Jay Orson, MD, presents a case study under his article "Transient Dysproteinemia in Infants." A term first used in 1956, it is described as a syndrome in infants consisting of edema, pallor, and marked irritability due to hypoproteinemia of unknown etiology. There have been several reported cases of this condition in children and infants, and rather extensive studies of what appeared to be a similar but more serious condition in adults.

TWENTY-FIVE YEARS AGO, JUNE, 1987

In an editorial regarding the benefits and risks of physical exercise, a shift in exercise is noted—partly moving from an observed activity to one with greater participation. Decades previous, only young or middle-aged males regularly participated. Now the majority of the population engages in some form of exercise. A jogging grandmother is no longer an object of astonishment. In 1961, 24% of adults regularly exercised. By 1984 the number had risen to 59%. In 1985, over 100,000 Americans had registered for organized marathons. While the benefits of exercise are obvious, risks should be noted as well. A casual review of professional journals yield a list of problems arising during recreational physical activity including hypoglycemia and exaggerated rise in plasma epinephrine, a rise in creatine kinase MB isoenzyme serum concentrations in swimmers, elevation in the blood levels of beta-endorphin and norepinephrine in marathon runners, nephroptosis and radial nerve palsy in joggers, ulnar nerve palsy (and road accidents) in bicyclists, and cases of sciatica among unicyclists.

Edward Akelman, MD, provides an overview in upper extremity injuries in athletes and how the proper treatment of injuries depend upon careful evaluations. The rise of increased interest in the topic coincides with the rise in sports activity among the populace. Dr. Akelman's article focuses on common injuries in each area of the fingers and thumb, the hand, the wrist, and the elbow. Prompt recognition and specific diagnosis allows for a specific treatment and rehabilitation plan. Treatments should be individualized, with an ultimate goal to return the athlete to his or her previous level of competition.

Continuing the theme of sports injuries, Ira J. Singer, MD, looks at sports related knee injuries in the pediatric and adolescent athletes. Noting that significant increase in injuries in juvenile athletes participating in organized sports is not surprising, in some areas, there has been a tenfold increase in the number of these injuries in just the past decade. Adequate understanding of the anatomic nature of sports injuries and their etiologies can aid the physician involved with the care of adolescent athletes. Injury prevention by appropriate conditioning and competition levels along with quality coaching and supervision should reduce the frequency and severity of injuries to the child athlete.