

NINETY YEARS AGO, OCTOBER, 1922

Read before the quarterly meeting of the RI Medical Society at Woonsocket on September 7th, 1922, John J. Baxter, MD, shares reminiscences of surgery for the last 36 years of his professional career and notes that all should be thankful for the marvelous advances made in both surgery and internal medicine in that time. He focuses a significant portion of the discussion to the antiseptic revolution and the changes in the operating room. He also discusses the founding of Woonsocket Hospital and its surgical team trained in the latest techniques.

Superintendent of Health, Charles V. Chapin, MD, looks at the problems of the health officer in the state of Rhode Island. The most serious problems are the fundamental ones of the cause of disease and its prevention. Few medical men, and few health officers, have had sufficient scientific training in establishing a basis for promoting preventative medicine. Even though much has been learned about infectious disease, there is also much that is still not known. While many causative germs for disease have been discovered, comprehensive knowledge of germs of scarlet fever, measles, smallpox, and influenza remain illusive. While containment is possible despite lack of knowledge regarding the causative germ, discovery would be of great benefit. Exact knowledge of the manner of spread of contagious disease is often of as much practical value as the knowledge of the germ which causes it. Thus far, the greatest triumph of medicine has been the control of insect-born diseases.

An editorial looks at vitamins, diet and nutrition with "The study of vitamins has helped make clearer why a variety of foods is so essential to well being, and how danger may follow when diet becomes restricted from either necessity or caprice."

FIFTY YEARS AGO, OCTOBER, 1962

Orland F. Smith, MD, and Thomas J. Holland, Jr. discuss the cost of doing business. "Up to now, no one has ever tried to determine or discuss such cost as given locality from the point of view of either the doctor or the economist. The subject of the doctor and the money he is paid for his services has always been surrounded by a great deal of mystery. As medical care gets ever closer to being classified as a commodity through the medium

of the fee schedule, it seems logical that we combine the efforts of the economist and the doctor in an effort to shed a little more light on the subject."

Edward H. Smith, MD, and Edward V. Famiglietti, MD, present a case report on "Hernia of the Linea Semilunaris (Spigelian hernia)." A 65 year-old woman is entered with a three-year history of constipation requiring the frequent use of laxatives. Several days before admission, she noted obstipation and abdominal distension with cramps, and she also experienced an episode of "bilious" vomiting. There was also a past history of intestinal trouble and "intestinal obstruction due to constricting bands." Physical examination revealed a "well-developed, obese, hypertensive, white female in mild discomfort." The abdomen was markedly distended and tympanitic with hyperactive peristaltic sounds. A moderately tender left lower quadrant "prominence" was noted. A 180-degree clockwise volvulus of the sigmoid was found incarcerated in a left Spigelian hernia. On the day of discharge, an incarceration of the cecum in a right Spigelian hernia necessitated readmission. Both herniae were treated successfully by surgical intervention.

TWENTY-FIVE YEARS AGO, OCTOBER, 1987

Julie G. Beitz, MD, and Alan B. Weitberg, MD, present the first part of a report on cancer control in Rhode Island and the value of screening with the statement that more intense cancer screening and education will reduce cancer mortality and morbidity. They also note that "the rationale for screening for breast, colorectal, or cervical cancer is detection and treatment of the disease at an early stage prior to the development of metastases, in order to reduce mortality. This is particularly true for lung cancer. Thus, cancer control efforts related to lung cancer have focused instead on prevention of the disease, that is, on reduction of smoking incidence." The authors further note that the National Cancer Institute has set a goal of 50 percent reduction in the age-adjusted cancer mortality rate by the year 2000.

Yusef Barcohana, MD, examines precautions for obstetrical teams in regard to Acquired Immune Deficiency Syndrome. He discusses the history of the disease, its transmission, and its manifestation. He lists eight major precautions that should be taken including masks, gloves, gowns, and eye coverings—especially for cesarean section surgery, disposable items, care when using sharp instruments, disposable needles and syringes, disposable anesthesia equipment (mask, breathing circuit, laryngoscopes, and self-contained disposable CO₂ single use absorbers), placing reusable items in a biohazard container for repeated cleaning and sterilizing, thoroughly washing hands and gloves with antiseptic agents, and addressing mouth-to-mouth resuscitation with mouth pieces and resuscitation bags placed strategically in all areas of the hospital.

