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Ninety Years Ago, November, 1922

Lincoln Davis, MD, looks at cancer of the uterus while stressing an overall importance to early recognition and treatment to the point of calling for a nationwide, and worldwide, campaign. He goes on to note that many exploratory laparotomies are being done and the abdomen closed without any attempt at removal of any growth on account of its widespread dissemination. Lack of early detection is to blame, and the author deplores the frequency with which inoperable carcinoma is found. In an average surgical clinic, about one third of cases of cancer of the cervix are suitable for operation. Operative mortality should not be over eight and a half percent—and in some hands below five percent. Five-year "cures" could be obtained in about forty percent of cases operated on, but early detection would lead to much better results in the rate of operability, primary mortality, and number of definite cures due to the ample pathological evidence of cancer being a local disease in its early stages.

Noting the arrival in a few days of biennial elections, it is discussed whether or not the physician realizes the responsibility as well as the opportunity which he possesses to further any piece of effective legislation and at the same time help to quash any piece of vicious legislation. "As the doctor goes on his daily rounds, he passes the time of day with many and varied sorts and conditions of people. The conversation naturally turns upon subjects of greatest interest and as the time of the election approached, more and more attention and conversation will be directed to the men who are up for office and to the platforms of the different parties. Here is an opportunity to put in a good word for a man who has interested himself in problems of public health and the protection of the people against contagious diseases and the prevention of illness. There is also the opportunity, by the same token, to call attention to the man who has neglected to stand up for these public safety guards."

Fifty Years Ago, November, 1962

J. John Yashar, MD, and Stephen J. Hoye, MD present a paper on two-team colon transplant and esophagectomy noting that while the procedure is not difficult technically in experienced hands, the problem of esophageal replacement has intrigued surgeons for many years. Every method of transplant thus far utilized has at least one major disadvantage and usually several minor ones. Ideal substitutes for the esophagus should be resistant to peptic juices to avoid ulceration, stricture, and bleeding. It should also be a satisfactory conduit for food without encroaching on pulmonary tissue. Furthermore, its transplantation must be technically feasible, and there should be an adequate blood supply to both anastomoses. Restoration of esophageal continuity by colon transplant after resection for benign or malignant disease is a safe and practicable procedure. The two-team approach, where possible, contributes significantly to reducing operative time and trauma.

Herbert A. Selenkow, MD, discusses the management of common thyroid problems. Despite the relative abundance of dietary iodide in the New England area, goitrous enlargement, both diffuse and nodular, occurs frequently in association with normal thyroid function as well as with myxedema or hyperthyroidism. Fortunately, current knowledge of the physiologic and biochemical pathways incident to thyroid hormonogenesis permits a sound, scientific therapy. In the summary, the author points out that most disorders of thyroid size or function are clinically recognizable and, if properly diagnosed, respond well to relatively simple therapeutic programs. The author further urges that use of all laboratory and diagnostic facilities on hand with prudence and careful deliberation.

Allan J. Ryan, MD, stresses the importance of properly fitted protective equipment in sports. "No matter what care is exercised, it is impossible to protect the athlete against every possible injury. We know by experience, however, that many minor injuries can be prevented by the use of protective equipment. Once this equipment enters the picture several new factors are introduced into the injury situation. First, the equipment may not be sufficiently strong or protective to do the job required. Second, the equipment must be properly fitted and applied to the athlete in order to afford the protection for which it is designed. Third, the equipment must be kept in place as it is initially applied. Fourth, the equipment may satisfy the first three requirements but yet because of its nature or effect in action pose an additional hazard to the athlete wearing it or to another competitor." The most expensive piece of athletic equipment may offer only poor protection if it is not properly fitted.

Twenty-five Years Ago, November, 1987

Jonathan Goldstein, MD, Augustine Manocchia, MD, and Wayne Trotter, MD, offer an evaluation in "CPR: Ready or Not? A Rhode Island Perspective," noting that more trained persons and programs in retraining are both desirable. Since 1973, citizen-initiated cardiopulmonary resuscitation has been established as a key first link in the community's emergency response team. For this scheme to work, some segment of the population must be taught CPR, and must be confident enough to use it and to use it with some degree of competency. Their study uncovers several shortcomings in the present implementation of community-based CPR program in Rhode Island including a lack of involvement of the over-40 age group, decreased participation by those less well educations, lack of proportional increase in CPR training among those having household members at increased risk of sudden death, and poor compliance with the American Heart Association's recommendations regarding certification one year after training.