“Before I became a doctor, I had more faith in medicine,” Butler Hospital staff psychiatrist Christine Montross writes in the prologue of her second book, *Falling into the Fire*.

That was when she was a poet and a teacher. Her background suffuses this account of often-harrowing patient encounters during her residency and early years as an attending psychiatrist with a lucidity and luminosity not often found in medical literature.

One case study is that of Lauren, 25, “the woman who needed a zipper,” who had ingested a light bulb and was in a hospital emergency room. Lauren was a repeat “offender,” having been admitted to the hospital 23 times over a four-year period. She had undergone multiple surgical procedures and endoscopies to remove the ingested objects, all of which she swallowed in times of great emotional stress. The human and medical costs of this one patient are staggering to read.

As Dr. Montross walks past the security guard and into her room, Lauren greets her:

“Let me guess, you’re the shrink, right? I can always tell you guys – you’re all nicey-nice handshakes and dipshit smiles...and unless you’re going to get me something for this pain, I’m not in the mood for conversation.”

Another chapter, “Fifty-thousand-dollar skin,” tells the story of Eddie, 34, a newcomer to Rhode Island who suffered from body dysmorphic disorder (BDD). He was convinced he had horrific acne scarring that made him repulsive to look at.

To Dr. Montross, his skin looked totally normal. Yet he had undergone 25 dermatological procedures to “repair” his face: laser dermabrasions, silicone injections, desiccation procedures and a face-lift in his 20s. He treated himself by scouring his skin with sandpaper and stared at his reflection in the mirror for eight hours at a time. It cost him his girlfriend and any semblance of normal life.

“I wrote the book not as a sequential exploration of patients I have encountered over these years but rather as a visiting and revisiting of hard questions that emerged for me about patients, medicine, and the mind,” she explains in the book.

Montross juxtaposes current case studies with historic examples. She also writes of the integral support provided by her physician mentors and colleagues and explores ethical and pragmatic questions, such as admitting patients against their will who are a danger to themselves and/or others.

A riveting read, it is a volume medical students and residents considering a career in psychiatry or neuropsychiatry, or on the front lines of emergency medicine, should read.
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I Got Rhythm (Numerical Kind)

STANLEY M. ARONSON, MD

Three English words that sound as though they are semantically related – algorithm, logarithm and cardiac rhythm – are in truth derived from wildly different ages, sources and languages.

Consider first the word, algorithm. In medical terminology, it defines a sequence of medically oriented questions which, if answered properly and in a stepwise fashion, will lead to the therapeutic intervention(s) or diagnostic conclusion(s) currently thought to be the closest to the truth. It is an eminently deterministic process often amenable to computer programming. The word took origin in the name of the eminent 9th-century Moslem mathematician from Uzbekistan who pursued his scholarly work in Baghdad (particularly the development of the decimal-positioning system and the solution to quadratic equations). His name was Musa al-Kwarismi [c.780–c.850] and its Latin transliteration, Algoritmi. And thus, in English, it yields the word, algorithm (with no relationship to a former vice president of the United States.)

Then there is the word, logarithm, a term that has perplexed and frightened generations of eager young students. The word was coined by the mathematician, John Napier (1550–1617), sixth Laird of Merchiston. Though Scottish, he received his formal education in Flanders. Napier devised a deceptively simple numerical system for numerical calculations based on exponential values. A formal definition of the Napierian system: “The logarithm of a number, \(x\), with respect to base, \(b\), is the exponent by which \(b\) has to be raised to yield \(x\).”

The word, logarithm, first appeared in Napier’s 1614 text, *Mirifici Lagarithmorum Canonis Descripio*, and was based on the fusion of the Greek, *logos* (meaning variously, words or thoughts) and *arithmos* (meaning number). The dual meanings of *logos* appear again in the Latin, *ratio*, variously meaning proportion (as with the English words, ratio and ration) and reason (as with the English word rational).

And finally, there is the word rhythm as seen in medical phrases such as cardiac arrhythmia. The word descends from the Greek, *rhythmos*, meaning a recurrent or persisting motion and is related etymologically to the Greek verb, *rhein*, meaning to flow, as in words such as diarrhea, rheum and sialorrhea. The Latin, *rhythmus*, was first used to define a predictable beat and gave rise, then, to both the English words, rhythm and rhyme.

To Americans growing up on the East Coast, there will always be the 1930 jazz song composed by the Gershwin brothers (George and Ira), “I Got Rhythm!” and in the depths of the Great Depression, “Who could ask for anything more!”
WEBINAR
August 15, 2013
1:00 PM - 2:15 PM (Eastern)
ICD-10-PCS: What Physician Coders Need to Know
1 CEU

ONLINE CME
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The Use of Mobile Devices and the Risks to Patient Information

How Physicians Can Save Time and See More Patients
The Pettis family oyster business opened during the mid 1800s in Providence, and became known for the size and plumpness of its oysters. Its oysters were shopped throughout New England and served in a fancy oyster “saloon” in downtown Providence.

A century ago, FREDERIC P. GORHAM, bacteriology professor at Brown University and sanitary expert for the Rhode Island Shellfish Commission, took umbrage at federal officials for denigrating Rhode Island oysters and “hauling some of the growers into court.”

In a 1913 article in the Providence Medical Journal, the scientist vetted his anger after “Dr. Wiley and his associates on the Board of Food and Drug Administration descended upon these Plantations and informed us that certain of our Rhode Island oysters must not be shipped out of the State because they were polluted with sewage.” 

Although the professor acknowledged the existence of pollution from the sewers into Narragansett Bay, he queried whether “typhoid germs are present in the sewage.” There has been no proof to date, he asserted, and quoted public health pioneer DR. CHARLES CHAPIN of the Providence Health Department, who stated: “Providence has a typhoid death less than half the rate of the average American city.”

Nevertheless, Gorham noted that dirty oysters with colon bacilli should not be sold in the marketplace. At the time the oyster industry was the third or fourth largest business in the state. Subsequently, the Shellfish Commission performed an extensive analysis of Narragansett Bay and concluded that the state must clean up the Bay in order for the oyster industry to flourish. “It may require moving the beds a certain distance from the sewer pipes which dump into the bay,” the report stated.

50 Years Ago: The ‘Fleet Is In’

A report on skin cancer in R.I.

DR. MALCOLM WINKLER, then chief of dermatology at The Miriam Hospital, reported on skin cancer in the July 1963 issue of the Rhode Island Medical Journal.

He noted the term, “the Fleet is in,” used by Dr. Thomas Murphy of the Health Department. “Dr. Murphy informed me it means an increase in reports of skin cancer from Newport. This is because that particular fleet has spent six months in the sunny Mediterranean. Moreover, some of those afflicted are in their twenties, a most premature age for skin cancer.” [At the time Newport was the site of the Fleet Training Center. It also housed a medical and dental facility.]

Dr. Winkler analyzed the prevalence rates of skin cancer per 100,000 in the white population nationwide and reported the highest incidences occurred in the South, six times as many reported cases as compared to Northern cities.

In the paper, he concluded that the sun was a major cause of skin cancer, even in Rhode Island, “particularly in those with light eyes, light skin and the inability to tan.”

100 Years Ago: In Defense of the R.I. Oyster

FDA stirs up controversy in Ocean State
100 Years Ago: Cod Liver Oil (without the grease!)

This advertisement extolling the virtues of a cod liver oil extract manufactured by the Katharmon Chemical Co. of St. Louis appeared in several 1913–1914 issues of the Providence Medical Journal. Later on, its use as a medicinal was decried by the nationwide chemistry society as bogus and false advertising.