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The Global Family of the Halogens

STANLEY M. ARONSON, MD

The Swedish chemist, Jons J. Berzelius (1779–1848), sought a novel name for four (and later, five) nonmetallic elements which he believed, constituted most of the soluble elements of sea water. He chose the Greek word, halos [meaning ‘the sea’ and earlier, ‘salt-producer’] and added the Greek suffix, -genos [meaning ‘to produce’] to yield the word, halogen. Some related words include: halomancy, halophyte, halophile (growing in salt water) and haloid [but not the word, halo, which comes from a Latin term meaning a cosmic disk.] The new word, halogen, now defines five chemical elements: chlorine, bromine, iodine, fluorine and astatine.

Chlorine, from the Greek, chloros, meaning pale-green, is the origin of such cognate words as chloroform, chlorophyll, chloromycetin, chlorosis [an older term for anemia] and Chloris, the Greek goddess of flowers.

Bromine, the word, was coined by the French chemist, Antoine Balard (1802–1876), from the Greek word, bromos, meaning an offensive smell. Related words of medical import include: bromide, bromazepam, bromhidrosis [offensive sweats], bromomania and bromidrosiphobia [a fear of body odor].

Iodine, with its violaceous fumes, was given its name by the English chemist, Humphrey Davy (1778–1829), deriving it from the French, iode, and earlier, the Greek, ion, meaning violet, and oidez, a suffix meaning ‘in the form of.’

Fluorine is yet another halogen discovered and named by Humphrey Davy from the Latin, fluor, meaning a flowing. The element was first isolated from the mineral, fluorspar. Related words include fluid, fluent, fluctuant, influence and fluorescence, named by the English physician, George Stokes (1819–1903).

And the fifth halogen element is astatine, deriving its name from the Greek, astatos, meaning unstable, and is the etymologic source of such terms as stasimorphia, hemostasis, status epilepticus and statics.

The five halogen elements are variably poisonous [cf. chemical warfare] but have some practical uses as disinfectants. They all perform some demonstrated physiologic function except for astatine, as yet.
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1901–1910 Harvard alums in RI report on their profession

Salaries ranged from $1,000 to $5,800 per year

BY MARY KORR
RIMJ MANAGING EDITOR

In 1914, Harvard Medical School (HMS) published the results of a questionnaire sent to its 1901–1910 graduates, who answered the inquiries shown on Figure 1, relating to their “preparation, training, and practice.”

The following are responses from six unnamed Rhode Island physicians, who described their current situations and offered advice to the medical school and to new physicians.


Comments: “An unsatisfactory aspect of this profession is the lack of opportunity to put (quickly) into practice what one has been learning for six years. The medical profession is overcrowded at the present day and competition is very keen. This is only one of several factors which should discourage a young man from seriously considering this means of earning his bread and butter. There is little attempt to limit the number of physicians in proportion to the population.”


Comment: “My practice is satisfactory, on the whole, except for the ingratitude of people when they have no reason to complain and are merely unreasonable.”


Comments: “In contemplating this profession one tends toward pessimism when one’s ideals have been broken through medical…political cliques…All general hospitals should be under the direct dominance of the whole profession in a community, with service demanded of all the men, so that the lack of a position on the staff is not a barrier to all other men to rise.”

HMS ‘05. 2 years hospital. General practice in city in Rhode Island. Income, 1913: $2,100. Favors “a judicious mixture of arts and sciences for general practice.” Lack: “practical treatment, prescription writing, and knowledge of drugs” [many changes since ’05]. Practice: satisfactory.

Comments: “The advice given to me on starting was to find a place I wanted to live in and to go there and...”
stick, and success would eventually come along. It took practically six “stick” years to get on my feet, and only an unusually favorable opportunity was the cause of my leaving my first location.”


**Comments:** “I should like to make the statement that a man should never go into the practice of medicine with the idea of making money. He will make the better physician who has plenty of money to start with and who does not depend upon his practice for his entire income, particularly if he contemplates going into a specialty.”

**HMS ’10.** 27 months in hospital. General practice in city in Rhode Island. Income, 1913: $1,000. Favors arts. Lack: “methodical habits on my own part.”

**Comments:** “I am dissatisfied with the small extent of my private practice. In this part of the country openings are scarce. If a place has but few doctors it is because the place does not need doctors. So find the place you want to live. There will be competition, and you will be placed according to what you can deliver. Methodical habits and industry always make good. Marked ability will help them out.”

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Harvard Medical School faculty and students in 1901.