

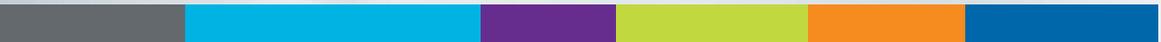
1917 2017



# RHODE ISLAND MEDICAL JOURNAL



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1917 2017

# THE RHODE ISLAND MEDICAL JOURNAL

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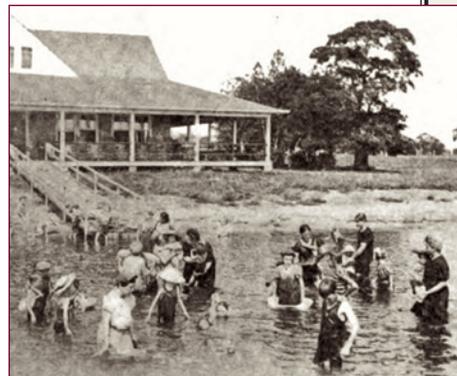
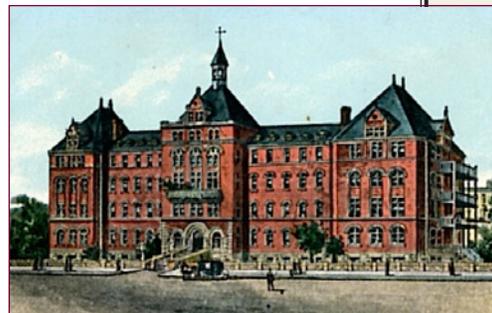
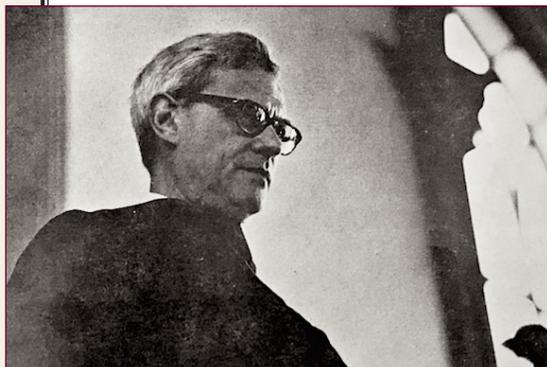
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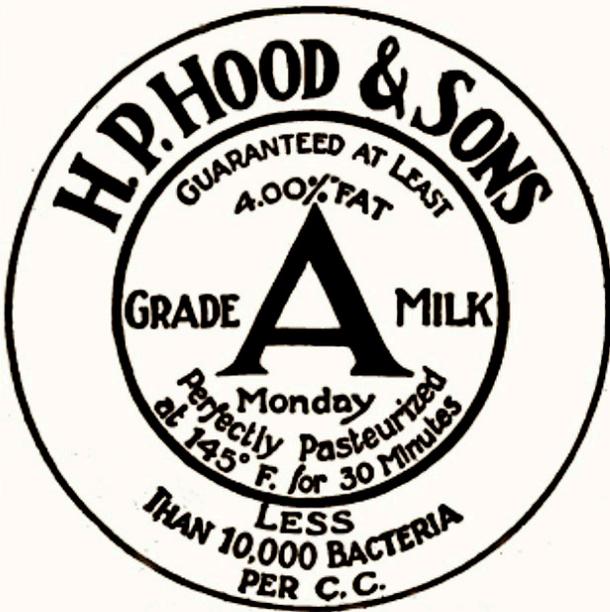
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## Centennial Thoughts

JOSEPH H. FRIEDMAN, MD  
joseph\_friedman@brown.edu

**I**N THE PAST FEW YEARS I have looked forward to this issue of the *Rhode Island Medical Journal* (RIMJ), the first in its second century of publication. When I took the position as editor-in-chief in January 1999, succeeding the late Stanley M. Aronson, MD, the fate of the journal was un-



certain due to cost concerns. It obviously has survived, a justifiable cause for celebration.

During this time, I've published columns that were written independent of the content of the journal. Most issues have a theme; for example, cancer updates, cardiovascular disease, hepatitis, etc., and, since the guest editors write an introduction, it obviated the need for an op/ed by me, who knows a lot less about the topic than these experts.

However, for this issue, I was asked to write something related to the symbolism of the 100th anniversary, perhaps looking back over the past century or looking forward to the next. While that might seem like an easy assignment, with lots of choices to focus on, it hasn't been easy for me. I am not a good predictor.

A few decades ago I confidently predicted that our insurance system couldn't get worse and would, at some point, have to improve. That prediction was miserably wrong as each year makes the last look better. At this time no one

knows what healthcare delivery will look like in the next year, let alone the next hundred. And while Martin Luther King famously noted that the arc of history "bends towards justice," I have been impressed that the arc of healthcare in the United States does not.

I do have some

thoughts on the science and practice of medicine, though, having practiced through almost four decades of it. The status of medicine in 2017 strikes me as being much like the opening of *A Tale of Two Cities*, being the best of times and the worst of times, although, to be honest, not really the worst. Since science never goes backwards, any moment in time that we choose will be the best scientifically. Our knowledge in the medical sciences is astounding, although translating many advances to useful, applicable treatments has lagged. For example, the gene for Huntington's disease (HD) was discovered over two decades ago. There is now only one treatment approved for HD, a drug approved only recently, that has been around for decades, is now extraordinarily expensive and helpful only for controlling the chorea, a problem that is fairly minor compared to the dementia and behavior problems, and, probably not much better than drugs an order

of magnitude or more less expensive.

A large number of other disorders have had their genetic etiologies found, yet none of these advances have yet led to treatments. We have learned a great deal about Alzheimer's disease, but have not found any drugs of significant benefit for the symptoms and none for the disease itself, although we may be close. On the other hand, for many years monoclonal antibodies were developed

**ORGANS, EVEN BODY PARTS, MAY WELL BECOME REPLACEABLE. NOT LONG AGO AN EAR WAS "GROWN" USING THE PATIENT'S OWN CELLS.**

that appeared initially to have little benefit but in recent times this technology has produced tremendous clinical advances and promises to deliver on the promise of "precision medicine."

Psychiatric medications have improved mildly over the past 6 decades but understanding of mechanisms has not. The greatest advances in stroke and heart disease have been the introduction of statins and the increasingly aggressive control of blood pressure and the use of low-dose aspirin. As always, public health investments produce the greatest rewards.

I believe that in the near future genetic technology will allow for precisely targeted treatments of inherited diseases such as Huntington's disease, various cancers, and other disorders that

have genetic etiologies. I expect that interventions will allow “bad” genes to be turned off, or “good” genes enhanced, depending on whether the disorder is a “gain of function” disorder (ie, the abnormal protein is toxic) or a “loss of function” disorder (ie, the abnormal gene leads to under-production of the necessary protein). Of course, I also worry about how the technology will be controlled, whether we will have rich people “ordering” genes for intelligence, appearance, personality, and creativity to be inserted into their baby’s genome.

While antibiotics have improved considerably, particularly for the treatment of viral disorders, the vast numbers of species of microorganisms and their rapid life cycle make their evolutionary speed a real challenge to the development of pharmacological interventions. The occurrence of HIV as a new disease, recent outbreaks of Ebola, or the memory of the great influenza epidemic of 1918 are reminders that we are likely to be attacked by new infectious disorders with novel implications.

Organs, even body parts, may well become replaceable. Not long ago an ear

was “grown” using the patient’s own cells. We might well enter an era when organ donations will be an historical footnote, a good idea, but primitive in its application.

I expect that we will get a lot better at making diagnoses. The increased resolution of imaging modalities, particularly magnetic resonance imaging (MRI), has been astounding. When I was in training, I can recall the famous chair of the radiology department joke about MRI, “the test of the future that will always be in the future.” That improvement is likely to continue although how that will alter our practice will have a limit. More important will be imaging modalities that will tell us about biochemistry and physiology. These are already here but are crude. Combined, these technologies may well produce the whole body scan from Star Trek, followed by computer-guided, robotic surgery or other treatments.

I don’t view this as a rosy future, however. Aside from the worries over genetic engineering, I have concerns about costs and their implications for healthcare, as well as what it will mean

to have an increasing and increasingly aged population. The threat of an overabundance of riches has Malthusian implications. The half full cup is also half empty.

The underlying concerns over the future of American medicine, and possibly the future of mankind, center on mankind itself. Our science is evolving at an ever-increasing pace, but humans are not. We are the same people, with the same limitations as our cave dwelling ancestors. ❖

#### Author

Joseph H. Friedman, MD, is Editor-in-chief of the *Rhode Island Medical Journal*, Professor and the Chief of the Division of Movement Disorders, Department of Neurology at the Alpert Medical School of Brown University, chief of Butler Hospital’s Movement Disorders Program and first recipient of the Stanley Aronson Chair in Neurodegenerative Disorders.

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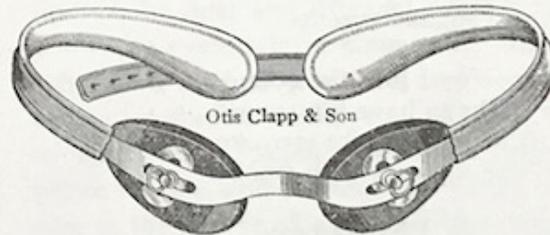
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## RIMJ Centennial: A personal reminiscence of a 20th-Century nurse

MARY KORR  
RIMJ MANAGING EDITOR

ON THIS CENTENNIAL OF of the *Rhode Island Medical Journal*, thoughts of my mother come to mind. She was born on January 18, 1918, one year after the Journal was first published.

A hospital and public health nurse in New York City, she lived much of what is described in this special edition: the maladies, miracles and medical war preparedness of the 20th Century.

Mom often said she became a nurse because of her oldest sister, Lillian, who contracted tuberculosis as young woman. Lillian was 20 and about to marry a young man named Joe. As her condition deteriorated, she was placed in a sanatorium. Mom would visit her every weekend, with her mother and Joe. Her desire to become a nurse stemmed from that experience.

When Lillian died of TB, and mom was old enough, she decided to go to nursing school, and three years later she graduated. It was during World War II, and she spent her post-graduate years working in hospitals in New York. There was a shortage of nurses and doctors, who were engaged in the war effort, and she often told me how strenuous it was, standing on her feet for 12-hour shifts, six days a week, taking the subway and bus home, and then going to volunteer at the Red Cross center to roll bandages and pack medical equipment



to be sent overseas.

Mom was dedicated to her profession, proud of her nursing school's distinctive cap and pin and Navy blue wool cape, which she wore to work every day that I can remember as a child. But she told me not to become a nurse. "You have to stand too much," she

said. "Do something with books, or writing, where you're not on your feet all day."

Eventually, after college, I decided on journalism and entered graduate school. On the first day of J-School Professor Taft asked each student, many pursuing second careers, to rise and explain what made us decide on a career in journalism, and who influenced us the most in this endeavor.

Answers flew: To travel the world as a foreign correspondent...to investigate corruption...Watergate...Walter Cronkite...Woodward & Bernstein...Gloria Steinem...

I said, "I like to write and my mom."

"Is she a newspaper journalist?" Professor Taft asked.

"No, a nurse. But she told me to be a writer or else something with books, where you

don't have to stand on your feet all day long for 12 hours at a time."

"Sit down, young lady," he said. He was very stern.

"Yes, sir," I said, "Mom would like that."

I know mom would enjoy reading this Centennial issue of the Journal, because the era covered within its pages was her era. She was a proud member of the medical community during those tumultuous times of wars and epidemics.

When she stopped working at the age of 70, she continued to volunteer in her



HERITAGE: SISTERS OF ST. DOMINIC, AMITYVILLE, NY

This photo of a nursing student appears in a history of Mary Immaculate Hospital in Jamaica, NY, and was taken when mom studied there, in the early 1940s. The hospital was run by the Sisters of St. Dominic, and served the needs of the sick and poor for more than 100 years.



New York nursing students in a classroom in 1943.

local community hospital. She wheeled a cart of books to patients' rooms, and asked if she could read to them. She finally got to sit down in a hospital.

During her retirement years, she would visit us more frequently in Rhode Island. Once when she and my sister came to visit, they decided to drive to Cape Cod for the weekend. As they walked past a church, mass was getting out and mom spotted him. Joe.

Her sister's fiancé. She walked up to the church steps where Father Joe was greeting his parishioners.

"Joe," she said. "I can't believe it's you."

"Jeanne," he said. My sister said he look stunned. They hadn't seen each other since 1940. From that point on, they corresponded.

And so, on this occasion of the Centennial of the Journal, I will conclude by saying, happy 100th birthday RIMJ

– long may you live – and happy 99th birthday to my mom, who passed away 11 years ago.

Somewhere, I know she is sitting with a cup of coffee and reading a book or newspaper or perhaps this issue of the Journal, if there is celestial connectivity, enjoying a well-deserved rest from a lifetime in the medical profession (and raising four children). ❖

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## At a Glance: RIMJ's Editors of Yesteryear

MARY KORR  
RIMJ MANAGING EDITOR

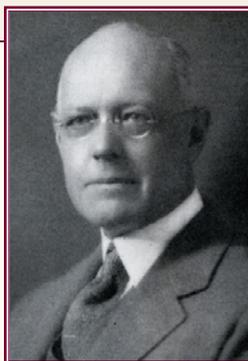
This edition celebrates the Centennial of the *Rhode Island Medical Journal* (RIMJ), first published in January 1917. It succeeded the bi-monthly *Providence Medical Journal*, which debuted in 1900.

In the inaugural edition, Editor Dr. Roland Hammond stated:

*"The King is dead. Long live the King! ... We wish all the medical interests of the state to collaborate in the production of a journal which shall truly represent the state in reality as it does in name. As our literary miss makes her bow under her new name, we bespeak for her a hearty support, believing that her sphere of usefulness is to be greatly increased."*

During RIMJ's history, there have been just eight editors. The following is a brief look at the seven physicians who preceded the current editor-in-chief, **JOSEPH H. FRIEDMAN, MD**. They shared a passion for their profession and the Journal's mission as stated by Dr. Hammond.

1



**ROLAND HAMMOND, MD**  
(1875-1957)

**YEARS AS EDITOR:** 1917-1920

**MEDICAL SCHOOL:** Harvard,  
Class of 1902

**SPECIALTY:** Roentgenologist,  
orthopedic surgeon at Rhode  
Island Hospital, Memorial  
Hospital (chief of surgery)

**TIMELINE:** Dr. Hammond hailed from Bellingham, Mass. A member of the U.S. Naval Reserve Force, he served in the Harvard Units in Ireland and London in WW II. The war forced the Journal, depleted of most of its editorial staff, to cease publication for 16 months, resuming in December 1920.

**EX MEDICO:** A Baker Street Irregular

In 1946, Dr. Hammond co-founded "The Dancing Men of Providence," a scion society of the Baker Street Irregulars (BSI), an organization dedicated "to perpetuate the myth that Sherlock Holmes is not a myth." He was invested under the name Silver Blaze, a horse in one of Conan-Doyle's mysteries.



Dr. Roland Hammond was present at the Baker Street Irregulars' dinner on January 3, 1947 held at the Murray Hill Hotel in New York. One of 70 present, the bespectacled surgeon is shown here in last row, fifth from right.

THE BAKER STREET IRREGULARS TRUST (BSI.ORG) AND BSI ARCHIVE/  
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2



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Maxwell automobile.

### FREDERICK N. BROWN, MD (1863–1942)

**YEARS AS EDITOR:** 1920–1936

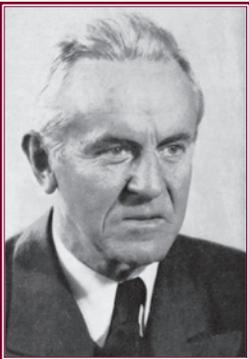
**MEDICAL SCHOOL:** Dartmouth Medical College, 1894

**SPECIALTY:** Internal Medicine. Described by a colleague as a physician of the old school who embodied “those virtues which have made medicine a noble and ennobling profession.”

**TIMELINE:** Born in Coventry, RI, Dr. Brown, to earn money for medical school, first worked as an oil salesman in Providence, and in poor circumstances after graduation from medical school, was employed by the Indo-American Co., in Calcutta, India, for three years.

**EX MEDICO:** One of the first physicians to use an automobile, rounding in his small Maxwell car.

4



### PETER PINEO CHASE, MD (1877–1956)

**YEARS AS EDITOR:** 1942–1956

**MEDICAL SCHOOL:** Harvard, Class of 1910

**SPECIALTY:** Surgeon, Rhode Island Hospital; served in the Harvard Units in WWI and WWII.

**TIMELINE:** Dr. Chase grew up on Cape Cod. In 1942, he became RIMJ’s editor-in-chief.

Wherever Rhode Island physicians served in World War II, Dr. Chase made sure the Journal was forwarded to them. He introduced two features, “Doctors at War” and “Calling all Battle Stations,” which reported news from the front. After the war, Dr. Chase traveled to Germany with the International Refugee Organization (IRO) to participate in displaced physicians’ retraining courses.

3

### ALBERT H. MILLER, MD (1872–1959)

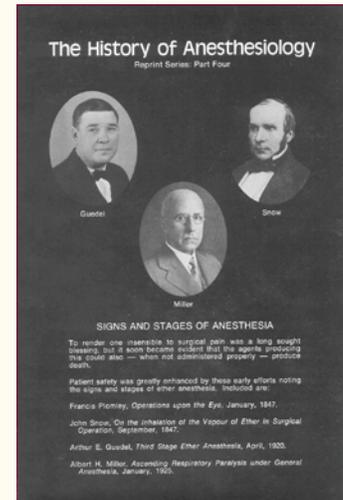
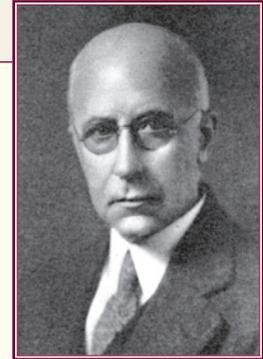
**YEARS AS EDITOR:** 1937–1942

**MEDICAL SCHOOL:** College of Physicians and Surgeons at Columbia in New York City, 1898

**SPECIALTY:** Anesthesiologist

**TIMELINE:** In 1898, the Lewiston, Maine, native came to Rhode Island Hospital to intern and graduated in 1901. A Department of Anesthesia was established with the appointment of Dr. Miller, who introduced induction of anesthesia with nitrous oxide prior to etherization.

**EX MEDICO:** A skilled illustrator and photographer, Dr. Miller photographed surgical procedures as a medical student at “P. and S.” Devised a camera that could capture photographs at different stages of an operation without a pause by the surgeon.



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**EX MEDICO:** For many years, Dr. Chase also wrote a health column in the daily press. On June 30, 1952, *Time* magazine described his column as “never stuffy, often irreverent, it reflects the Yankee horse sense of its author, Dr. Peter Pineo Chase. Dr. Chase’s horse sense comes out, literally, in his answer to a woman who wrote in recently about chlorophyll pills as deodorants. ‘You should have been with me in my school days, when I took my horse, Pilot, in from the field where he had been cropping chlorophyll-laden grass and drove him on a hot day until he reeked with sweat. He stank.’ ”

EDITOR PORTRAITS: RHODE ISLAND MEDICAL SOCIETY

5



**JOHN E. DONLEY, MD (b. 1880)**

**YEARS AS EDITOR:** 1956-1960

**MEDICAL SCHOOL:** University of Pennsylvania, 1902

**SPECIALTY:** Neuropsychiatry; a pioneer in the field of hypnosis; medical director of the RI Curative Center for disabled workers, established in 1943 (now the John E. Donley Rehabilitation Center on Blackstone Blvd.); consulting physician to St. Joseph's Hospital, Providence City Hospital, and Pawtucket Memorial Hospital; assistant editor of the *Journal of Abnormal Psychology*, Boston.

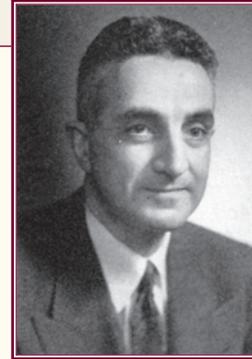
**TIMELINE:** A Providence boy, son of a jewelry manufacturer.

**EX MEDICO:** Cited in 1953 by President Eisenhower's Committee on National Employ the Physically Handicapped Campaign for his "outstanding service to the disabled" in Rhode Island.

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6



**SEEBERT J. GOLDOWSKY, MD (1907-1997)**

**YEARS AS EDITOR:** 1961-1989

**MEDICAL SCHOOL:** Harvard, Class of 1932

**SPECIALTY:** General surgery, Rhode Island Hospital, director of peripheral vascular disease clinic; The Miriam Hospital, chief of surgery

**TIMELINE:** Born in Providence, the son of a detective. Attended college and medical school during the Great Depression. During World War II, Capt. Goldowsky was a surgeon in the Pacific Theater.

**EX MEDICO:** Author of seminal biography of Rhode Islander Usher Parsons, MD, who served as naval surgeon on a ship under Commodore Oliver Hazard Perry at the battle of Lake Erie. (*Yankee Surgeon: The Life and Times of Usher Parsons, 1788-1868*).



Usher Parsons

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7

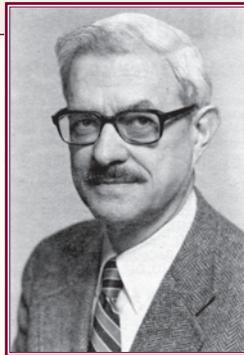
**STANLEY M. ARONSON, MD (1922-2015)**

**YEARS AS EDITOR:** 1989-1998

**MEDICAL SCHOOL:** NYU College of Medicine, 1947

**SPECIALTY:** Neuropathologist. Key to the establishment of diagnostic laboratory test for Tay Sachs Disease and Muscular Dystrophy.

Director of Pathology, Miriam Hospital. Founding dean of Brown Medical School (1972-1981); co-founder of Hospice Care of Rhode Island and the Interfaith Health Care Ministries.



Numerous honors, awards, professorships, NIH Commissions, author of 15 textbooks and 400+ published scientific papers.

**TIMELINE:** Born in Brooklyn. Served in the U.S. Army 1942-1947. Went to medical school on the GI Bill.

**EX MEDICO:** Described as a polymath. Painter, cabinet-maker, gardener, newspaper columnist, author, medical historian.



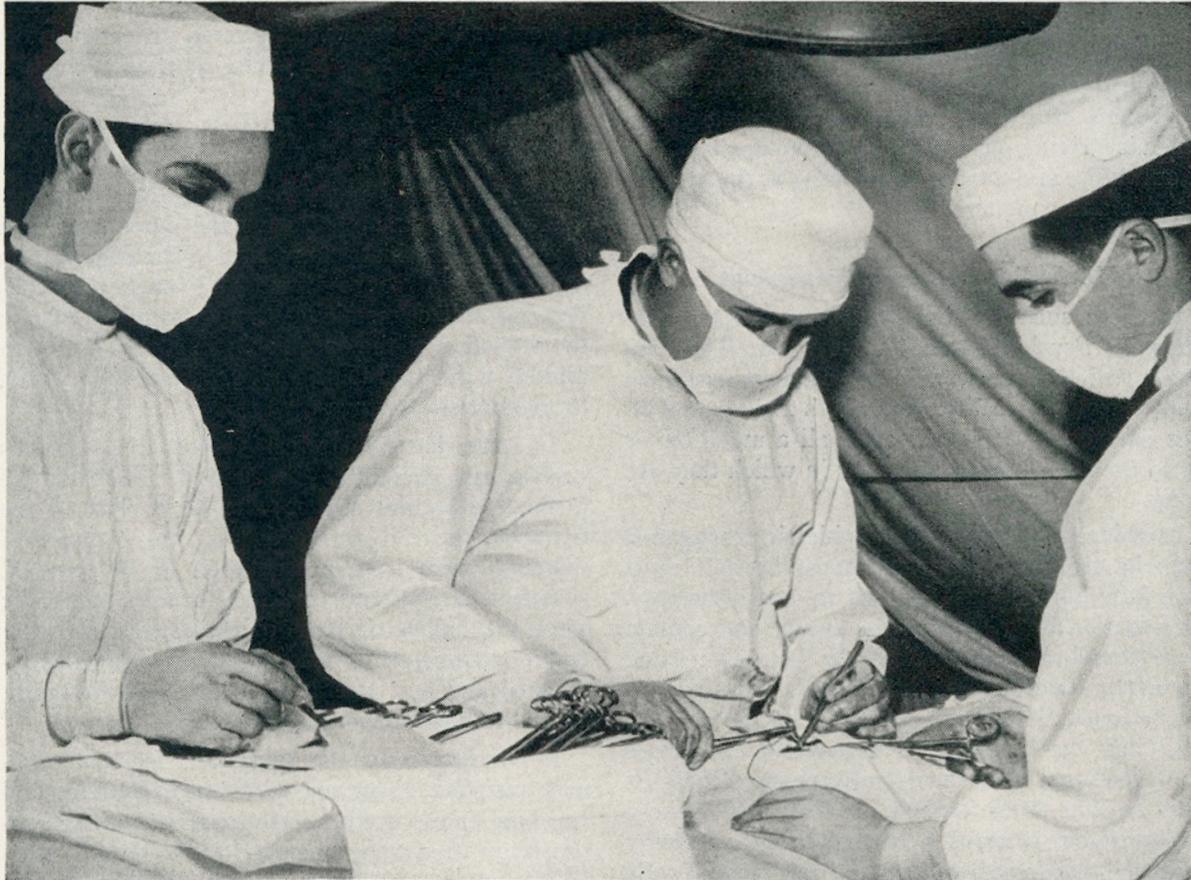
Dr. Aronson during his tenure as founding dean of Brown Medical School.

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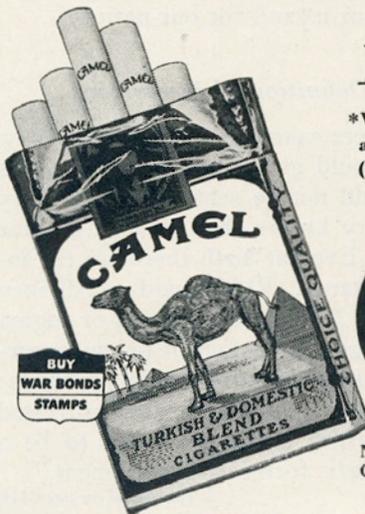
More delightful because their cigarette is likely to be a Camel . . . the milder, more flavorful brand favored in the armed forces.\*

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New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

# From the Pages of RIMJ

## Excerpts Depict a Century of Medical Milestones, Maladies and Musings

### 1917

The **Committee of American Physicians For Medical Preparedness** urged the state's physicians to contribute \$1 each to secure medical and surgical supplies for the war effort. The group thanked **Butler, Rhode Island** and **Memorial** hospitals, druggists and individual physicians for donating old and discarded instruments for use in the battlefield hospitals in France.



electrocardiograms, fluoroscopy and chest films. He reported a dire need for a facility to accommodate chronic heart disease patients.

In May 1955, a RIMJ editorial reported on the results of vaccinating 1,830,000 schoolchildren, ages 6 to 8, in 44 states, for polio, and concluded the vaccine was "60-90% effective."

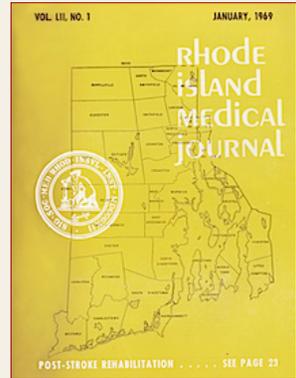
### 1920s

Surgical lessons of the 'Great War' were reported. It was noted that "probably no department of the army was hit harder than the medical; for the great principle on which its work was based was proved in a few weeks to be useless when applied to conditions incident to trench warfare. Asepsis fell down." **Dr. Murray Danforth** wrote about advancements in the surgery of the extremities from his experiences in France.

very popular with listeners. In July 1942 **Dr. Kathleen Barr** spoke on the role of the women physician. In December of that year **Dr. Charles Bradley** spoke on bombs and children.

### 1960s

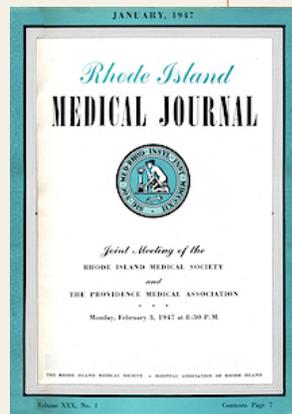
In January 1966, two **End Measles Sundays** were held in Rhode Island. Despite severe snowstorms, almost 35,000 children were vaccinated. In 1967, **Dr. James E.**



### 1930s

In 1936, **Dr. Meyer Saklad** read a paper on the "Important Aspects of Anesthesia" to the **Pawtucket Medical Association**. He explained the use of cyclopropane in anesthesia, hypnotics in local anesthesia, and the uses of helium gas in asthma attacks and in newborn infants.

On January 20, 1943, members of the **U.S. Army's 48th Evacuation Hospital** from Rhode Island Hospital left for the China-India-Burma (CBI) Theater of World War II to establish a 750-bed semi-mobile evacuation hospital along the Ledo Road, an overland route to China. By 1945, the 48th unit in Burma had admitted slightly more than 37,500 patients: 7,500 Americans; 2,000 Indians and 28,000 Chinese.



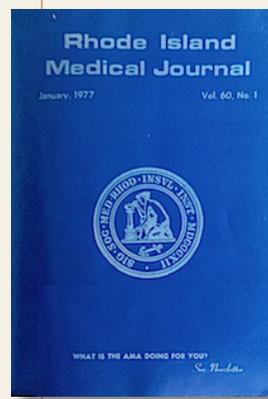
**Bowes**, director of the division of epidemiology at the RI Dept. of Health, reported the campaign reached 67 percent of an estimated 52,000 susceptible children aged 1-12 years. The single-dose, further-attenuated live virus measles vaccine was used at 37 clinics. During 1966, only 75 cases of measles were reported in Rhode Island, in contrast to a median of 3,652 cases for the previous 5 years, a reduction of 97 percent, **Dr. Bowes** reported.

In August 1936 **Dr. Cecil C. Dustin** of Providence reported on the **Heart Clinic of Rhode Island Hospital**, established in 1926. He reported 8,000 visits in 10 years; many patients were children with rheumatic and congenital heart disease. All patients received



### 1950s

In July 1953, **Louis Weinstein, MD**, (Associate Professor of Medicine, Boston University School of Medicine) spoke in Rhode Island on "What the Practitioners Should Know About **Poliomyelitis**." He discussed diagnosis, paralytic and non-paralytic cases, poliomyelitis, and treatment.



### 1970s

On March 27, 1976, **Hospice Care of Rhode Island** was formally established. Acceptance by the medical profession was slow. **Bruno Borenstein, MD**, observed: "To most doctors, hospice represent-

ed a whimsical, pseudo-religious voluntaristic thing without real shape, without real substance or form."

In the early years, only patients with advanced cancer were accepted; but by 1997 patients with stroke, dementia and other organic disorders, no longer amenable to therapy, were being accepted.

**Stanley M. Aronson, MD**, one of its founders, later said: "Help one struggling person to reach some peace of mind, even for a few fleeting days, and you will have enriched the world."



## 1980s

**Dr. Richard A. Carleton** started **The Pawtucket Heart Health Program** on August 1, 1980, a research program funded by the NIH, to "induce behavioral change in entire popula-

tions" to reduce cardiovascular disease.

In August 1987, RIMJ reported that **The Miriam Hospital** had appointed **Charles C.J. Carpenter, MD**, physician-in-chief, previously Chairman of the Department of Medicine at Case Western Reserve University School of Medicine. It noted he was a prominent international figure in the study of the pathophysiology of enteric infections.

**The AIDS Epidemic** was the subject of many articles in this decade. The January 1987 issue focused on AIDS and the blood supply, prevention, clinical manifestations and public health strategies.

## 1990s

The July 1992 issue focused on women's health. **Joanne F. Liutkus, MSW, MD**, and **Karen Rosene Montella, MD**, wrote: "Women's health is in vogue as a "new" specialty in medicine. Why is this happening now? The history of women's health care has been one of neglect and indifference by

the traditional medical and funding establishments...Two separate but related themes have been present throughout this history: women striving for positions of power as doctors and nurses, and women striving for power over their bodies and health care choices."

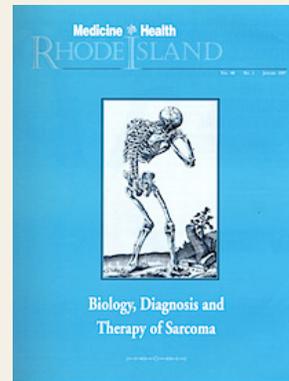
### The VA Computerized Patient Record

**System (CPRS)** was launched in 1995 by the VA that included better use of information technology, measurement and reporting of performance, and integration of services; it was implemented nationally throughout the VHA in 1999, including at the **Providence VA Medical Center**.

## 2000: The Millennium

In July 2003, **Robert Woolard, MD**, prepared two issues on **disaster preparedness**. He wrote: "After 9/11/01, physicians, health care workers, public officials and the public at large want to know whether we are prepared for other foreseeable terror-related disasters. This issue describes many of the pre-hospital and emergency medicine efforts that have made us prepared in RI. Many of these efforts will continue into the next few years. No doubt we are better prepared than before 9/11/01

and will be even better prepared over the next two years as an anticipated \$11,000,000 flows into R.I. from Homeland Security and other sources."

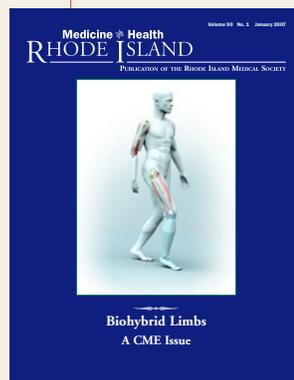
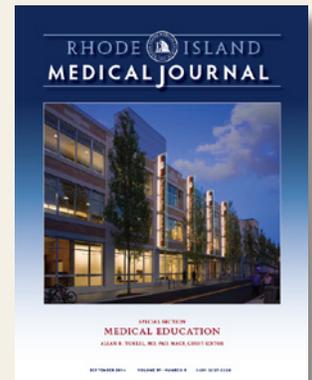


## 2010-Present

**Elaine C. Jones, MD**, wrote a commentary on the **2010 Health Care Reform Act** and stated, "Dramatic changes are being proposed in health care delivery in the United States and the main driver is reducing costs. Numbers can be debated, but everyone understands that the rising cost of health care cannot

be maintained. What people can't agree on is how to make changes that will contain cost while maintaining quality."

**Philip A. Gruppuso, MD**, wrote in an issue on medical education that on April 26, 2010, a groundbreaking ceremony celebrated the start of construction that will culminate in the opening of a new **Alpert Medical School** building in August 2011. "This project will represent the first dedicated space for Brown's medical school since its founding thirty-five years ago. The facility is being constructed within an existing building at 222 Richmond Street in Providence's Jewelry District."



## Appointments

### Providence City Hospital

The clinic for the diagnosis and treatment of syphilis has recently been placed under the direction of **Drs. H.W. Kimball** and **Niles Westcott**. The clinic is open for men on Tuesday evening and for women on Thursday evening. Intravenous treatment is administered three times a week, on Tuesdays, Thursdays and Saturdays in the morning. From 50 to 60 such treatments are given in a week.

### Rhode Island Hospital

**Delos T. Bristol, MD**, has accepted an appointment at the Boston Lying-In Hospital.

**A. K. Hanchett, MD**, has returned to his home in Honolulu, Hawaii, where he will confine his practice to internal medicine.

### St. Joseph's Hospital

**Dr. Isaac Gerber** has been appointed consulting Roentgenologist.

**Dr. Roland Hammond** has resigned as Assistant Orthopedic Surgeon, and has been appointed Consulting Orthopedic Surgeon.

## Miscellaneous

By invitation of **H. P. Hood & Sons** the members of the Rhode Island Medical Society visited the Model Milk Plant of that firm in West Lynn, Mass, on December 14, 1916.

### Memorial Hospital

The new Outpatient Building has been completed and is in use, and a central heating plant with oil-burning system has been installed.

### WWI: Harvard Unit

**Dr. Lucius C. Kingman** has recently returned from France, where he has been serving as a member of the Harvard Surgical Unit.

**Drs. George A. Matteson** and **Herman C. Pitts** are at present with the Harvard Unit, and **Dr. P. P. Chase** sails for France February 17 to join the Unit.

**Dr. Charles F. Gormly** sailed for England, January 19th, to engage in hospital work.

**Dr. James V. Ricci** leaves for England February 15. He will engage in medical work for the British Government.

## Necrology



### Civil War Veteran

**Dr. Albert E. Ham**, for many years prominent in the medical fraternity and a Civil War veteran, died at The Minden January 24, 1917, after several weeks' illness. He was born in this city July 23, 1843; graduated from Brown University and the College of Physicians and Surgeons in New York.

After a year of study in Paris, he commenced to practice in this city. He was house physician, surgeon, pathologist and librarian, also visiting and consulting physician and surgeon at various times for the Rhode Island Hospital; consulting physician and surgeon at St. Mary's Orphanage and the Providence Dispensary.

In 1862 he enlisted for three months in Company D, Tenth Regiment, Rhode Island Volunteers, and since 1876 had been examining surgeon for pensions.

Dr. Ham was at one time President of the Providence Medical Association, a member of the Rhode Island Medical Society, the Rhode Island Hospital Club, the American Academy of Medicine and the American Medical Association.

## Letter To The Editor

### On license reciprocity

To the Editor:

I was very glad to see your article in the November issue of the *Providence Medical Journal* calling attention to the need for reciprocity between Rhode Island and the other States. I am in very much the same position as Dr. A., to whom you refer. I have been in practice over 30 years, a Fellow in good standing of the Rhode Island Medical Society and of one of the District Societies, and licensed to practice under the State law. Some years ago on account of ill health I was obliged to give up my practice and go to sea, sailing from the port of New York.

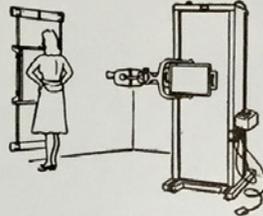
I should like very much to be licensed to practice in New York, but while I feel perfectly competent to practice successfully, I know it is out of the question to pass an examination intended for recent graduates, up to date on all recent theories, etc., etc.

I hope you will continue to urge through your publication the need of reciprocity, and would gladly aid such a movement in any way I could.

Yours very truly, T.

# An Indispensable Diagnostic Aid

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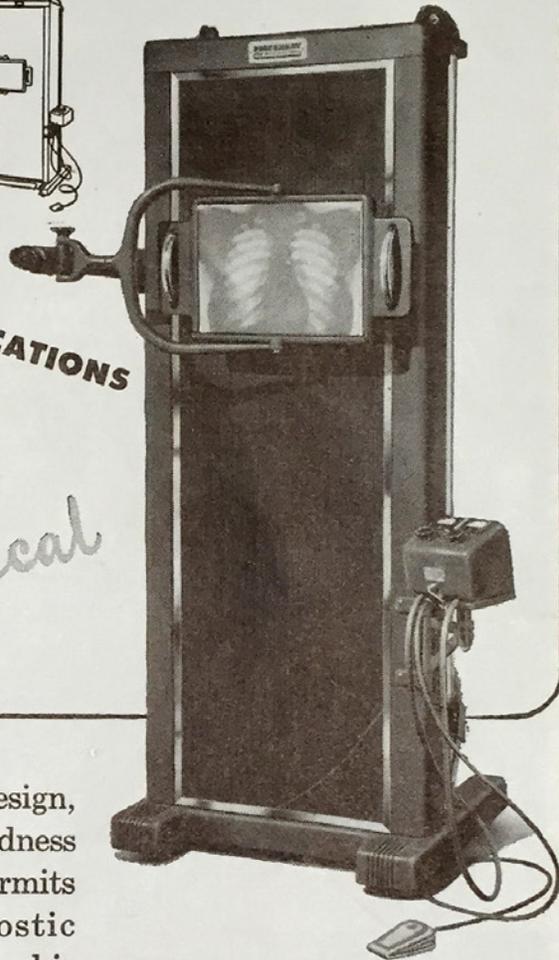


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## **S** MITH-HOLDEN **N** INC.

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624 BROAD STREET • PROVIDENCE

# A Chronology of Rhode Island Hospitals

**1847**

**BUTLER HOSPITAL**

In 1844, Nicholas Brown declared that he wished to construct an asylum for the mentally disturbed "where any person regardless of class or religion could better themselves." For this laudable purpose, his will provided \$30,000. A request was sent to Cyrus Butler, who agreed to donate \$40,000. Architects William Tallman and James Bucklin designed a Victorian Gothic structure in a park-like setting on Providence's East Side off Blackstone Blvd., with the landscaping designed by Frederick Law Olmsted, who also designed New York's Central Park. The trustees of the institution chose a physician, Isaac Ray, as the first superintendent of the hospital.



total of \$305,000 was eventually subscribed and construction was begun in December of 1864. The building consisted of a central unit housing the administration, chapel, auditorium, library,

kitchens and central apothecary; and two wings extending in a north-south direction. The wards were spacious 24-bed units with adequate ventilation and sunlight. The board authorized the opening of about 70 beds to serve the immediate medical needs of the Providence population, then about 70,000.

**1873**

**NEWPORT HOSPITAL**

Chartered in 1873, a site was purchased on Friendship Street; the hospital opened November 22, 1873. During 1895-1896 four new wards were added to the hospital; the Vanderbilt ward for men, the Ledyard ward for women and children, the Carey ward for paying patients, and the Vanderbilt surgical building. Departments for treatment of eye and ear diseases opened in 1896.

**1878**

**ROGER WILLIAMS HOSPITAL**

Founded in 1878 as a homeopathic facility; moved to Chalkstone Avenue in 1925 and built a school of nursing soon after.

**1884**

**RHODE ISLAND HOMEOPATHIC HOSPITAL**

Located in the castellated English style granite mansion once home to Charles and Isabelle Nichols on Morris and Hazard Avenues on the East Side. A new surgical building was subsequently erected and the stable reconstructed for use as a contagious cottage. Closed in 1900.



**1885**

**PROVIDENCE LYING-IN HOSPITAL, NOW WOMEN & INFANTS**

Opened July 15 on Slocum Street in the former General James estate in Providence; relocated two years later to 96 State Street. The first house physician was Dr. E. Flood, admitting physician, Dr. K. II. Carver; matron, Elizabeth Huggins. At the time of the first report, in 1887, 54 children had been born and no mother's death had occurred.

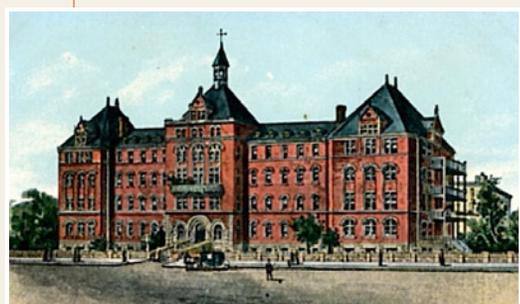
In 1926, the hospital moved to 50 Maude Street, and remained there for 60 years. In 1986, Women & Infants Hospital was built as its successor in a new facility on Dudley Street in Providence.



**1888**

**WOONSOCKET HOSPITAL**

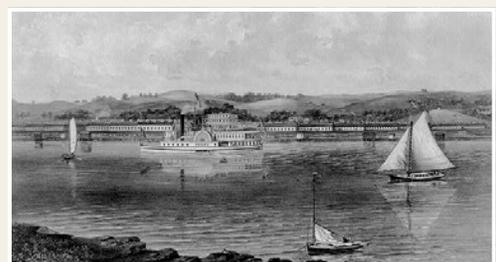
Chartered in 1873, the hospital opened in September of 1888 with six consulting physicians and surgeons, three nurses and 26 beds.



**1892**

**ST. JOSEPH'S HOSPITAL**

[Above] Opened by the Roman Catholic Diocese of Providence in the old 3-story Harris Estate along Broad Street between Peace and Plenty Streets for the "sick, poor and suffering." Shortly replaced by a 175-bed hospital building designed by Gilbane and Brothers on adjacent land.



**1862-'65**

**LOVELL GENERAL HOSPITAL**

In Portsmouth Grove, served as a hospital for Civil War veterans.



**1868**

**RHODE ISLAND HOSPITAL**

Opened on October 1, through the generosity of the community, beginning in 1857 with a bequest by Moses Brown Ives to establish a fund for a general hospital in Rhode Island. The Ives family provided \$75,000 for construction of the hospital. A

## 1909

### NAVAL HOSPITAL

Built in 1909 in Newport. Closed circa 1990; patients then sent to the newer nearby naval clinic.



## 1910



### MEMORIAL HOSPITAL

[Above] The Pawtucket hospital was funded by a \$200,000 gift from William F. Sayles, after his death in 1894. Located on a 10-acre Prospect Street site, with a memorial hall, red-tiled roof and dome. The first patients were seen in October 1910. There were two 8-bed wards, for men and women, and private rooms.

## 1925

### WESTERLY HOSPITAL

[Below] Opens as a community hospital. Previously some surgical patients were sent to the Westerly Sanatorium, opened in 1910 by a Dr. John Champlin, a member of the Westerly Medical Society, in the hopes it would be a precursor to a general hospital. The second floor operating room was open for use by any surgeon.



### THE MIRIAM HOSPITAL

[Right] Funded by the Jewish community, opened on November 15, 1925 in a converted apartment building at 31 Parade Street with 63 beds and 14 bassinets. In 1944, purchased the former Jewish Orphanage of Rhode Island on Summit Avenue; opened there in 1952 with 150 beds.



### NOTRE DAME HOSPITAL

Opened on Broad Street in Central Falls funded by public subscription of members of the French-Canadian parishes throughout the Blackstone Valley.

## 1931

### BRADLEY HOSPITAL

Located in the Riverside section of East Providence, founded in 1929 and opened



two years later as the nation's first neuropsychiatric hospital for children; funded by George and Helen Bradley, and named after their daughter, Emma Pendleton Bradley.



## 1948

### PROVIDENCE VA MEDICAL CENTER

Constructed for veterans after World War II.

## 1951

### KENT COUNTY MEMORIAL HOSPITAL

The Warwick hospital was chartered by the State in 1946, and opened in 1951 with 90 beds.

## 1954

### OUR LADY OF FATIMA HOSPITAL

Opened by the Diocese of Providence in North Providence with 175 beds for chronically ill patients; became a general hospital in 1955. By the end of the 1960s, St. Joseph and Fatima hospitals merged.

## 1962

### JOHN E. FOGARTY MEMORIAL HOSPITAL

Iconic circular building, named after Congressman John E. Fogarty, a healthcare champion, opened in Exeter on the grounds of the Ladd School. Later demolished.

## 1988

### LANDMARK MEDICAL CENTER

Created as a merger between Woonsocket Hospital and Fogarty Hospital of North Smithfield.

## 1994

### HASBRO CHILDREN'S HOSPITAL

The hospital opened on Valentine's Day 1994 in Providence, funded by the Hasbro Charitable Trust and other foundations and corporations.



### PROVIDENCE CITY HOSPITAL

[Above] Opened to treat patients with contagious diseases; later renamed the Charles V. Chapin Hospital. The building is now part of the campus of Providence College.

## 1919

### SOUTH COUNTY HOSPITAL

The hospital was founded in 1919 in a small, private home. A new facility was built in 1925 on 6 acres in Wakefield.

## 1922

### HOMEOPATHIC HOSPITAL OF RHODE ISLAND

[Right] Breaking ground on May 12, 1922. A series of smaller homeopathic hospitals existed in Providence from the late 1800s on. In 1904, there was both a hospital and dispensary on Jackson Street, Providence.



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facilitates the management of the patient and the treatment of skin disorders. The patient becomes less insistent and frantic, and accepts her affliction philosophically. 'Thorazine' does not cure skin diseases but, according to Cornbleet and Barsky,<sup>1</sup> is a "most useful adjuvant to dermatologic therapy" in patients with an emotional background of tension, apprehension, excitement, anxiety and agitation.

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**"can be to the dermatologist what the anesthesiologist is to the surgeon."<sup>1</sup>**

*Smith, Kline & French Laboratories, Philadelphia*

1. Cornbleet, T., and Barsky, S.: The Role of the Tranquilizing Drugs in Dermatology, presented at 115th Annual Meeting of Illinois State Medical Society, May 19, 1955.

\*T.M. Reg. U.S. Pat. Off. for chlorpromazine, S.K.F.

## Rhode Island's First Hospitals

STANLEY M. ARONSON, MD



The late Stanley M. Aronson, MD, the founding dean of Brown Medical School, served as the editor-in-chief of the Rhode Island Medical Journal from 1989–1998.

*Newport constructed a small infirmary on an offshore island... this primitive house of contagion was Rhode Island's first hospital.*

Seaports were colonial America's first great centers of commerce and industry. But because of their maritime traffic, they were also America's sites of entry for the devastating contagions of the 17th and 18th centuries. Each new epidemic of smallpox in Boston, for example, began with a sailing vessel disembarking someone in the acute, communicable phase of smallpox. And thus Boston experienced sustained epidemics of smallpox in 1677, 1689, 1702, 1721, 1751 and 1775.

Newport, in the early years of the 18th century, was Rhode Island's leading port as well as its commercial center. Smallpox first entered the community in 1716 via an arriving merchant vessel. In addition to the customary quarantine measures for those stricken with smallpox, Newport constructed a small infirmary on an offshore island. This modest undertaking represented Rhode Island's first attempt at providing its very sick

with both isolation and rudimentary protection from the elements; this primitive house of contagion was Rhode Island's first hospital.

In 1752, Providence established its own smallpox hospital. And in the next five decades the city at the head of Narragansett Bay built two more so-called fever hospitals consisting of little more than dormitories and attached kitchens.

Yet another epidemic scourge invaded Providence in 1798, a puzzling disorder called yellow fever. Under the mistaken presumption that the disease was directly communicable, the city hastily constructed a two-story house on the western shore of the mouth of the Providence River to isolate victims of the disease. The yellow fever epidemic abated rapidly and the city, left with an empty fever house, designated it as a marine hospital solely for the care and housing of disabled shipboard personnel.

In the years immediately preceding the Civil War, Rhode Island relied almost exclusively on the home for the care of its very sick.

There also was an institution, built in 1828, called the Dexter Asylum for Paupers. This was an ill-conceived institution which, in the words of one local physician, was an overly crowded dwelling for the city's paupers, the victims of debauchery, the uncontrollably

insane, homeless women in labor, and the many malnourished immigrants recently arrived from Europe. There was, in addition, the excellent Butler Hospital, built in 1847, but it confined its admissions to the mentally ill.

Since hospitals are sometimes constructed as adjuncts to medical schools, Rhode Island had an opportunity to establish a general hospital of its own when Brown inaugurated New England's third medical school (Harvard, 1782; Dartmouth, 1798). It was a modest effort with a faculty of three and a small campus building housing an anatomy amphitheater, a pathology museum, a small library and a few classrooms. The faculty maintained private practices and some of their patients were sometimes used for didactic purposes. But until medical students had access to a hospital ward, their education would remain a bloodless sequence of blackboard exercises. The Brown medical school accepted its first students in 1811, trained almost 100 physicians in the next 16 years, but then closed its doors in 1827 because of a dispute between faculty and administration. And thus a possible stimulus for the establishment of a general hospital in Rhode Island was lost.

The practicing physicians of Rhode Island had repeatedly appealed both to the state legislature and the philanthropic community for funds to construct and maintain a hospital within the state, but to no avail. During the early decades of the 19th century Providence citizens identified the grim Dexter Asylum as its sole inpatient facility, but more in shame than pride.

**THOMAS POYNTON IVES**

A Brown University graduate, Thomas Poynton Ives (class of 1854), was the initiating force which finally accomplished the task of building a fine general hospital for Providence. Ives had been trained at the College of Physicians and Surgeons in New York and was then apprenticed to Dr. J. Ely, a prominent Providence practitioner.

The economic disaster of 1857, with the closing of many of the local textile factories, and the Civil War of 1861 effectively aborted any efforts to build a local hospital. Prodded by the Ives family, the Rhode Island legislature finally incorporated the Rhode Island Hospital in 1863 and donated the 12 acres of the old marine hospital for its site. The Ives family provided \$75,000 for construction of the hospital.

A total of \$305,000 was eventually

subscribed and construction was begun in December of 1864. This effort represented the largest single charitable drive in the state's history. The architects envisioned a handsome dark brick building, some three stories high in the Italian Gothic style with two distinctive and imposing steepled towers. The building consisted of a central unit housing the administration, chapel, auditorium, library, kitchens and central apothecary; and two wings extending in a north-south direction. The wards were spacious 24-bed units with adequate ventilation and sunlight. The board authorized the opening of about 70 beds to serve the immediate medical needs of the Providence population, then about 70,000. The original hospital had an eventual capacity of about 120 beds.

On the first day of October 1868, the Rhode Island Hospital opened its



doors. On October 6 John Sutherland, a local shoemaker, was the first patient to be admitted. He suffered from a deep abscess of his jawbone. Surgery was successfully undertaken and within two months he walked out of the hospital. Rhode Island Hospital has kept its doors open, without interruption now, for almost a century and a half. ❖



Circa 1915: Rhode Island Hospital – The Crowded Out-Patient Building

## Butler Hospital: A Tradition of Empathy

STANLEY M. ARONSON, MD

*“How unjust and absurd it is to deprive them of their liberty and seclude them from their customary scenes and enjoyments before they have violated a single human law.”*

– Dr. Isaac Ray

Butler Hospital, on Providence’s East Side, received its first patient in 1847 and has been serving the region ever since. By studying the societal perception of mental disease during that era and then understanding the circumstances that prompted two Rhode Island philanthropists to initiate its construction, one can best appreciate the uniqueness of this Rhode Island institution.

In the early 19th century there were institutions (often called alms houses) for the confinement of the mentally ill. But these institutions, essentially human warehouses, were designed more to segregate the allegedly insane than to provide for their compassionate treatment. Insanity was thus classified with criminal and violent behavior as a threat to the tranquility of the community.

What were the stated goals of those institutions? First, to ensure the security of the urban community. Second, since aberrant mental behavior was considered to be a departure from normal morality, it stood to reason that interventions within the asylum should be designed to correct, or at least nullify, these moral anomalies, beginning with physical restraint and punishment. And further, since mental derangement was considered primarily hereditary, another



Isaac Ray, MD

function of the 19th-century asylum was to prevent pregnancy in its female inmates.

Voices for enlightened care of the mentally ill were tragically few. There was the indomitable Dorothea Dix begging legislature after legislature: “Have pity upon them; for their light is hid in darkness, and trouble is their portion.” And a Massachusetts physician, R.C. Waterston: “Disease should be met with pity, not with punishment; and of all diseases, surely there is none more worthy of compassion than that under which the lunatic suffers.”

In 1844, Nicholas Brown of Rhode Island declared that he wished to construct an asylum for the mentally disturbed “where any person regardless of class or religion could better themselves.” For this laudable purpose, his will provided \$30,000. A request was sent to Cyrus Butler, who agreed to donate \$40,000 for such an institution.

The architects William Tallman and James Bucklin then designed a Victorian Gothic structure in a park-like setting, with the landscaping designed by Frederick Law Olmsted (1822–1903), who also designed New York’s Central Park. The trustees of the institution chose a physician, Isaac Ray, as the superintendent of the hospital.

### DR. ISAAC RAY

Dr. Ray was born in Beverly, Massachusetts, on January 18, 1807, during the Jefferson presidency. The Rays (sometimes spelled Wray or Rae) were New Englanders since Daniel Ray emigrated from England to Massachusetts in 1630. Isaac was an unusually scholarly youngster and instead of pursuing the maritime trades of his ancestors, he went to Phillips Academy in Andover, Mass. It was then a highly religious institution where students’ waking hours were fashioned “to correct and improve their bodies, minds and souls.”

Ray then returned to Beverly for an apprenticeship in medicine with Dr. Samuel Hart, a local physician. After further studies in Boston and lectureships at Harvard, he enrolled in Bowdoin College’s medical school. Dr. Nathan Smith of Rehoboth, Mass., who made a hobby of founding medical schools, having also created them at Dartmouth, Yale and Vermont, was its founder.

Ray continued his medical education in Paris and then settled in Eastport, Maine, where he established a private practice. In 1840 Maine opened its first hospital for the insane, with Ray as its superintendent.

The visionary philanthropists of



Rhode Island, realizing the morally corrupt nature of most asylums for the mentally ill, sought the guidance of Dr. Luther Bell, then superintendent of McLean Hospital, in Belmont, Mass. He recommended that Ray be appointed to head the new hospital in Providence. Ray accepted the invitation and, with Bell, returned to Europe to inspect the institutions for the care of the insane in England, France and Germany.

Ray returned to Providence to devote the rest of his professional life to the administration of Butler Hospital and the humanitarian care of the emotionally disturbed. He declared: "How unjust and absurd it is to deprive them of their liberty and seclude them from

their customary scenes and enjoyments before they have violated a single human law." Accordingly, his hospital encouraged a home-like atmosphere with such amenities as supervised walks in a lovely park, occasional music and other environmental comforts to encourage serenity rather than inner turmoil and "innocent pleasures rather than ascetic constraint." He decried how other insane asylums acted as prisons. "The patient is as effectually cut off from the world as if laboring under a contagious disease for which a lifelong quarantine is required."

Ray wrote extensively on the many forensic and environmental factors that encouraged derangement, including

social stress, excessive alcohol use and exhaustion. Much of his research pertained to the causes of mental disease. He urged suspension of judgment rather than facile explanation. "The less that is really known, the more obscure and mysterious this seems...the more disposed we are to accept the suggestion of the imagination, rather than a candid confession of ignorance."

In 1866, Ray retired because of failing health. In his three decades of labor in Rhode Island, he had fashioned a great institution that acknowledged the innate humanity of all patients and operated on the simple premise that compassion rather than punishment is a more effective therapy for the mentally ill. ❖



## "All Interns are Alike"

It stands to reason. They all go through the same training; they all have to pass the same tests; they all have to measure up to the same standards; they all are underpaid, too. Therefore, all interns are alike.

That's utter nonsense, of course. But it's no more nonsensical than what some people say about aspirin. Namely: since all aspirin is at least supposed to come up to certain required standards, then all aspirin tablets must be alike.

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So next time you hear someone say that all aspirin tablets are alike, you can say, with confidence, that it just isn't so.

You might also say that all interns aren't alike, either.



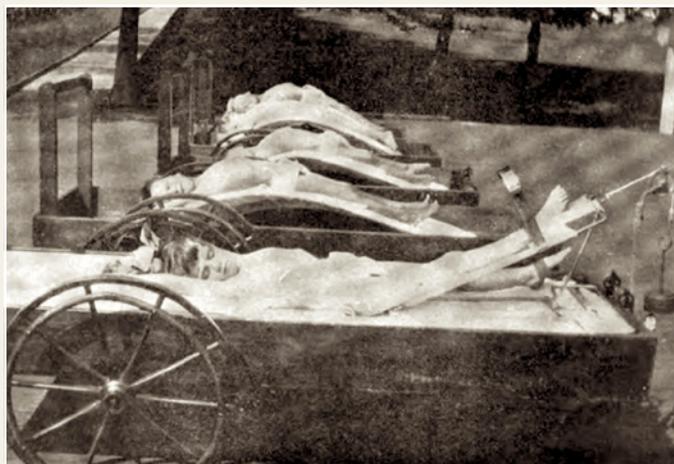
# Crawford Allen Memorial Hospital: Helping Children Heal by the Sea

*Early 20th-century hospital served children with bone and joint TB, other crippling infections*

MARY KORR  
RIMJ MANAGING EDITOR

The Crawford Allen Memorial Hospital in North Kingston, a seashore branch of Rhode Island Hospital, opened in 1907 under the direction of superintendent **JOHN M. PETERS, MD.**

Located on 106 acres overlooking Narragansett Bay, in the area of Quidnessett, the property history traces back to the Narragansett Indians. Here tribal families spent the warm days and cool evenings of summer, camping along the coves and inlets, and fishing in the clear, warm waters in the place they called *Cocumcussoc* or *Aquidesit*, meaning at the small island or park.



Crippled children were stretched out on platforms and rolled into the sea by nurses. The salty sea baths were only done when the water temperature reached 70 degrees.

**'...any time spent in freeing their distorted little bodies from suffering is time well spent.'**

—Dr. Albert Miller

with hip braces, spent the entire day outside and in a wooden pavilion by the shore. The bungalow-style seaside space had a living and dining room, kitchen, a porch used as an out-

door classroom, and a large uncovered platform where the children who were unable to leave their cots spent the day.

Whenever the water temperature rose to 70 degrees, the children bathed in the sea; nurses wheeled those unable to walk into the water on adaptive platforms or carried the littlest ones in baskets.

and joint tuberculosis, as well as other infectious bone diseases. There were a few medical cases as well.

The seashore hospital, rooted in a French experiment 50 years prior, with similar institutions in Baltimore, Atlantic City and Coney Island, was open from May to November. The children, in wheelchairs, on crutches, or



Children shown making baskets. Outdoor activity and sports for the ambulatory, such as baseball and swimming, was encouraged.

In 1907, Anne Allen Brown, widow of John Carter Brown and daughter of Rhode Island textile merchant and shipping magnate Crawford Allen, donated the site to Rhode Island Hospital in memory of her father. At the time, the donation was worth \$140,000.

The John Carter Brown estate on the Allen property, an elaborate, three-story brick home with carriage house, served as the hospital and dormitory for the 40 young patients, most of whom were afflicted with polio, bone



Children in 1908 waded in the water by the hospital pavilion.

PROVIDENCE MAGAZINE, PROVIDENCE CHAMBER OF COMMERCE, 1916

RHODE ISLAND HOSPITAL ANNUAL REPORT

The John Carter Brown Estate in Quidnessett, donated by Mrs. Brown in 1907, served as the hospital and dormitory.



NORTH KINGSTON LIBRARY ARCHIVES

The surgical cases were under the care of **DRS. FRANK E. PECKHAM, ROLAND HAMMOND, ALBERT W. ROUNDS** and **MURRAY DANFORTH**. Physicians from the outpatient department of RIH oversaw the medical cases.

### Salutary benefits of seashore

In 1911, the first editor of RIMJ, Dr. Roland Hammond, published an article on the treatment of bone tuberculosis in children at the Crawford Allen in the *Boston Medical and Surgical Journal*. He concluded that the treatment was beneficial to the children, of whom only two had to return to the hospital when the season ended.

He noted, "in addition to the outdoor life and the good food, we would emphasize the sea bathing as an important factor in the treatment of these cases. It is a most valuable tonic and as the children improve in health, apparatus can be dispensed at an earlier date than was formerly supposed."

He reported that weight and mobility increased and after a single season, 10 out of 12 young patients were out of their wheelchairs; only two had to return to RIH.

In Volume 10 (1912) of *The American Journal of Orthopedic Surgery*, Dr. Hammond presented several case reports on children at the seashore hospital in 1910.

The first case reported on a 9-year-old

boy, identified as J.F., who was run over by a wagon on Sept. 1, 1909, and sustained a compound fracture of the right tibia and fibula. Surgery was performed, but the following spring there was "considerable forward and inward bowing of the tibia with a long irregular scar over anterior surface and two discharging sinuses [with] marked dermatitis."

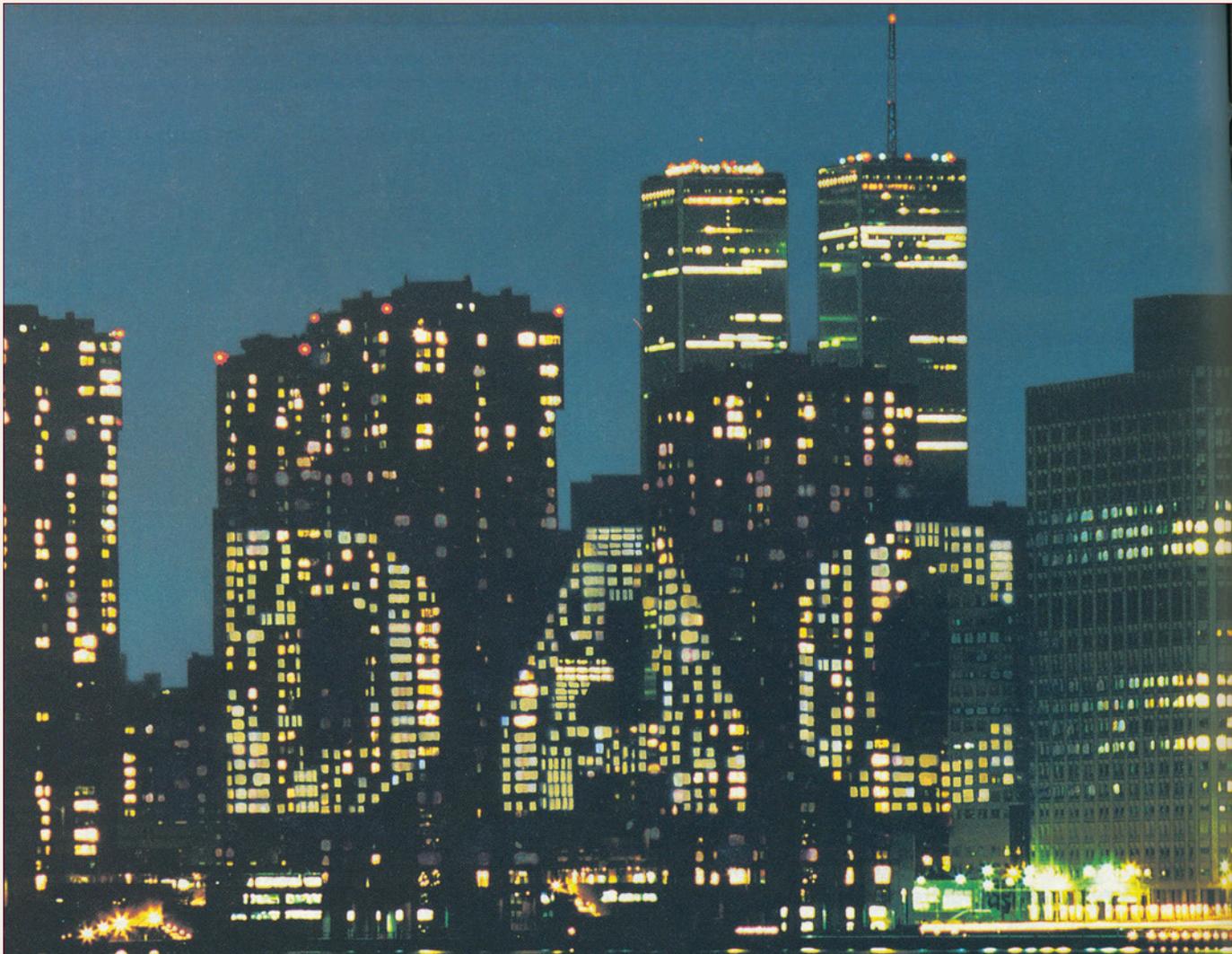
The boy was sent to Crawford Allen and the sinuses closed; he gained 7 pounds, and walked without pain. A subsequent x-ray showed healthy bone and sinuses. (see Table)

Another physician of the era, Dr. Albert Miller, reported the seashore treatment alleviated the "acute pain of burrowing abscesses and of muscular spasm." He further noted, "any time spent in freeing their distorted little bodies from suffering is time well spent."

The hospital continued serving children for more than 50 years, and closed in the late 1950s. ❖

TABLE.	1907.	1908.	1909.	1910.
Total number treated,	37	47	61	54
Number staying over sixteen weeks,	8	27	25	36
Weeks of sea bathing (five days a week),	13	14	13	15
Average age of patients (years),	9.1	6.7	8.3	7.5
Average gain in weight (pounds),	6.8	5.3	5.1	5.1
Patients with sinuses,	15	14	12	8
Total number of sinuses,	41	48	58	38
Sinuses healed during season,	12	16	18	2*

\* Nearly all of the sinuses in three patients in the height of the disease, which explains the low percentage of healed sinuses. Also in previous years, many of the sinuses were in abdominal cases, which healed quickly, and raised the general average.



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# 20<sup>th</sup> Century Signs of Infectious Times

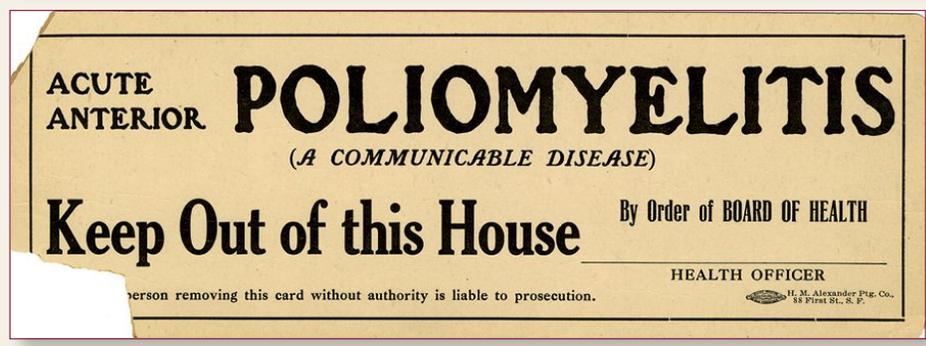
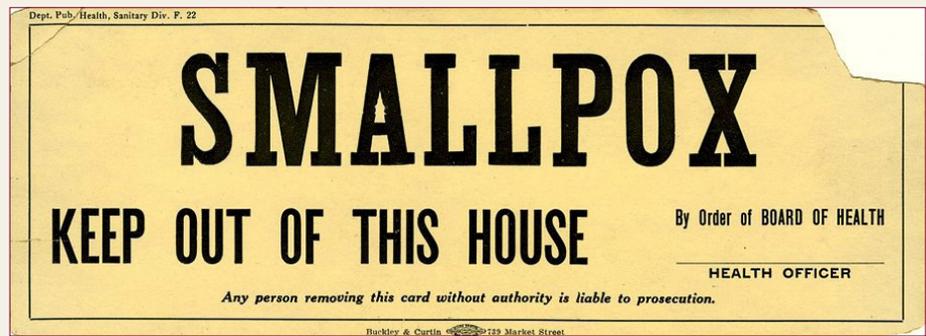


RHODE ISLAND STATE ARCHIVES, PROVIDENCE BOARD OF HEALTH PHOTOS

Image of a nurse posting a scarlet fever warning sign on a Rhode Island home in 1939.

Scarlet fever and diphtheria warning signs issued by the Providence Board of Health, circa 1935.

Quarantine signs such as these were prevalent nationwide during the first half of the 20th century, warning visitors away from homes with smallpox, polio and other infectious diseases.



QUARANTINE SIGNS: NATIONAL LIBRARY OF MEDICINE

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