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Modern X-ray Therapy

ISAAC GERBER, MD
PROVIDENCE, RHODE ISLAND

I have used the word “modern” in the title of this paper in order to emphasize the fact that x-ray therapy in practice today is radically different from that used as recently as four or five years ago. Immediately after the discovery of the Roentgen rays, over 20 years ago, many physicians began to apply them to the treatment of skin diseases. In this field the results were very frequently gratifying. In many instances, it is true, they were quite disappointing. In general, however, it can be said that the older methods, and purely superficial conditions, were fairly satisfactory.

...I shall now run over rather briefly some of the more important groups of conditions in which x-ray treatment has proved a value. It was in the treatment of skin diseases that the x-rays were first used.

...**The treatment of ringworm of the scalp** has been entirely revolutionized by the development of modern x-ray technique. This condition, which previously was considered incurable, is now treated by the exposure of the scalp to 5 massive doses, over separate areas. The hair falls out in about three weeks, and with them the organisms which had been deep down in the follicles. The hair begins to reappear in about three months. Often a single treatment of this sort is all that is necessary.

Keloids, more particularly those following on scars, react very favorably to the rays. Massive doses are given at fairly long intervals, and the necessity for excision is very rarely present. Keratosis, ordinary warts, especially the multiple variety, and moles, respond as a rule to one or two massive doses.

The problem of tuberculosis and its many forms has been one of the attractions to x-ray therapists for many years. The treatment of the ordinary tuberculosis glands of the neck



Dr. Isaac Gerber (1885–1952) was the first physician in Rhode Island to limit his practice to roentgenology. He was a consultant on the staff of most hospitals in Rhode Island and had an active private practice.

has been gradually developed to such an extent that some authorities, such as Boggs, feel that surgery is only needed in about 5 to 10% of these cases; chiefly those in which suppuration has actually taken place. He feels that not only is the operation with its later scarring avoided, but there's less danger of recurrence with the x-ray treatment.

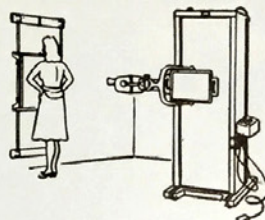
He also believes there is less danger of lighting up a pulmonary process. One of the reasons for the success is that the x-ray treatment in this condition has not alone a local action in causing the disappearance of the glands, but likewise the constitutional effect. The destruction and absorption of large amounts of tuberculous tissue, carried on slowly, results in the production of numerous antibodies in the body. The patient thus obtains active immunization, equivalent to the passive immunization

from the use of tuberculin. The early application of the rays will prevent the production of large suppurating masses.

The present European war has disclosed a number of novel and important applications of the x-ray treatment. It has been found in many of the base hospitals that obstinate, suppurating wounds, especially those following upon the treatment of osteomyelitis, may be made to heal very rapidly under the application of stimulating deep treatments of x-rays. Many cases of nonunion in bad fractures have been stimulated to the production of healthy callous. Sluggish granulating surfaces have been stimulated to proper healing. Skin grafts were made to take hold where otherwise they would have died. The application of massive filtered doses has been found very beneficial as an analgesic in cases of obstinate neuritis.

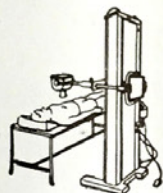
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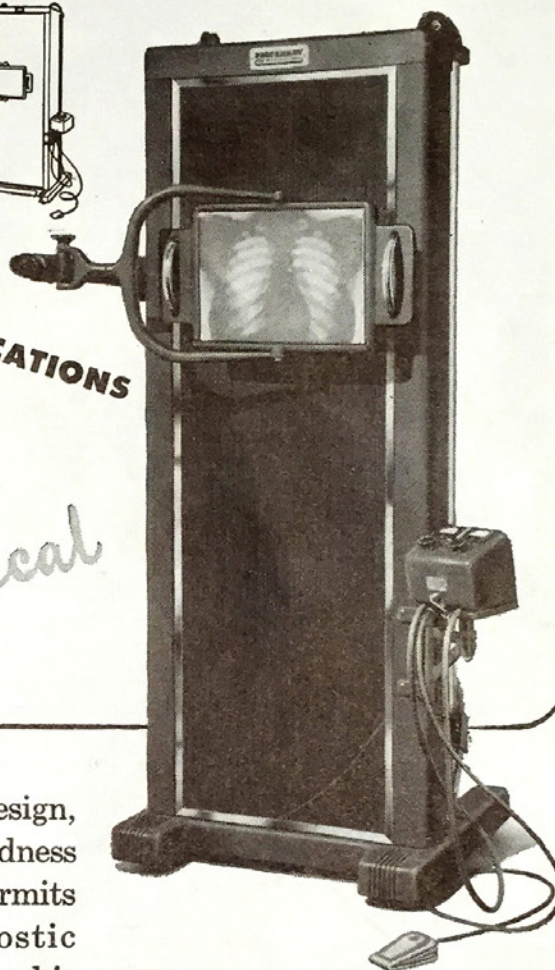


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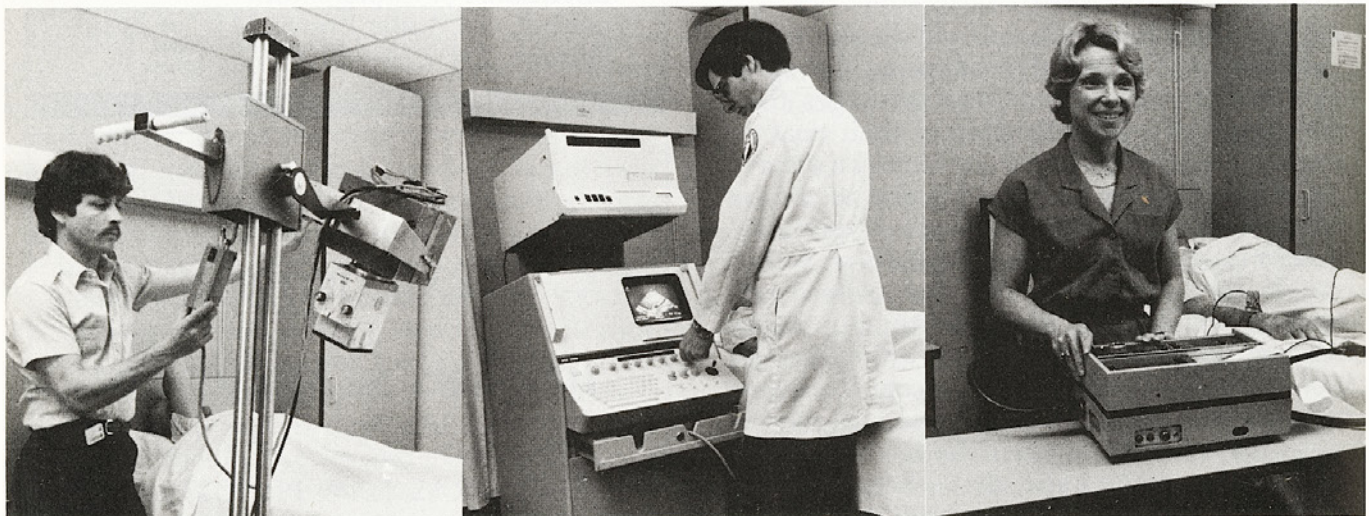
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Editorials

The Society for Ultra Scientific Research

John Smith thought he was getting too fat. A prosperous busy manufacturer, devoting all of his time to business and none to recreation, taking little exercise, for he found walking an exertion, he assumed that his increasing weight accounted for his shortness of breath. So John Smith consulted his physician, although he had not been ill for 40 years and his last dose of medicine had been castor oil administered by his mother after a too hearty indulgence in pie.

His story was soon told, a hearty breakfast, a ride to his office and close application to business for ten hours, broken only by a few minutes for pie and milk, serving as a lunch, a hurry home for a big dinner with an antiprindial cocktail and then evening spent at the office, in committee or church work, or some of the inevitable banquets. Why was he getting fat? Why was he short of breath?

It would seem that his physician, with years of experience, after satisfying himself that there was no organic lesion to account for his condition, would at once accept his fee and give the patient a bit of good advice, tempered perhaps with a dose of physic, but this physician had recently joined The Ultra Scientific Society, and so before venturing advice he must know more about his patient. The urine must be sent to the campus, in the early days of his practice he examined it himself, and his blood pressure taken; it was 165, this must be reduced, and John Smith was placed on K. I. and told to return in a month. K. I. in daily doses in two weeks knocked out his stomach and he returns now with real symptoms, but Oh Joy! His blood pressure was lowered. It was now 164. But now symptoms of appendiceal trouble with gastric ptosis were present. Straightaway he was sent for a bismuth meal and a picture, which cost him \$40 dollars and his heart action was consequently disturbed.

Next, he was sent for a tracing of the pulse, which was worth \$15 to the consultant, but not quite so much to the patient. By this time he was really ill and the physician learned by close questioning that 34 years previous he had a touch of syphilis, but for a score of years had neither aches nor pain. A Wassermann test was done for \$10, but was negative saving for the depletion of his purse, and in despair he saw again his physician, determined now to know the truth about his condition, ready to face the inevitable, yet fearful of the verdict.

"Why," the doctor said, "you seem to be all right, there is no organic disease. Suppose you eat a little less, take more time for your meals and fewer hours for business, cut out your banquets and walk a few miles each day."

"And this," said John Smith, "is what I get for my \$60? Why in hell didn't you say so at first?" But he took the advice and in a fortnight was as right as ever.

This is not a story or fable. It occurred in Providence in the year 1916. The Society for Ultra Scientific Research and the Obliteration of Common Sense and Things Taught by Experience is still in existence.

Fees

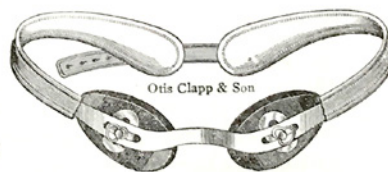
Within the past two years the cost of living has risen beyond all precedent in this country except that period immediately following the Civil War. Accompanying this increase in the cost of living there has come a wage increase for most laborers, and of late the salaries of many fixed wage earners has been raised. In this prosperity the physician, in common with most professional men, has not shared. Our cost-of-living has greatly increased and we have felt the burden also in the higher price of nearly all medical and surgical supplies. Professional fees are practically the same as they were a generation ago, the only difference being in the case of special work and the fees charged for laboratory examinations. The time is not too far distant when, in simple justice to ourselves, there must be a general increase in professional fees.

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Brown donates ambulances to France; Floating Hospital seeks funds; Bill on TB isolation

PROVIDENCE – The following news items were reported in the February 1917 edition of the *Rhode Island Medical Journal*.



An American Field Service ambulance in France during World War I.



Logo of the field service.

BROWN UNIVERSITY has contributed three ambulances to the American Ambulance Field Service in France. In addition, Miss Ellen D. Sharpe and Mrs. Jesse Metcalf have each given one ambulance.



Providence Floating Hospital circa 1917.

At the January meeting of the **Rhode Island Medical Society**, a communication was read from the **PROVIDENCE FLOATING HOSPITAL ASSOCIATION, INC.**, asking for endorsement of its work and its campaign to raise \$10,000. It was referred to the Standing Committee.

People

DR. F.T. ROGERS is entertaining **DRS. JOHN CHAMPLIN, E.D. CHESEBRO** and **W.A. RISK** on a yachting trip in Florida.

CHARLES E. CONNOR, MD, on the staff of Rhode Island Hospital, who graduated Jan. 1, 1917, has left for a short vacation at his home in Terre Haute, MD, after which he will take up special work in the diseases of the eye and ear.

Necrology

DR. EDWARD F. WALKER, Superintendent of the Providence Lying-In Hospital for three years, died of heart trouble at the hospital Dec. 12, 1916. He was born Feb. 4, 1846, in New York City; graduated from the College of Physicians and Surgeons, Columbia, in 1876, and commenced to practice in this city three years later, continuing until his death, having been connected with the Lying-In Hospital for thirty years.

Dr. Walker was a member of the Rhode Island Medical Society, the Central Congregational Church and also a Mason.



Who watched his securities today?

The doctor above has spent his day *working*. No one would expect him to take even an hour out of his schedule to devote to his securities. Because today's investment picture is many times more complex than it was even five years ago, he'd need much more time than that in order to do a thorough job.

That's why our Supervisory Investment Service is enjoying a growing popularity with busy doctors. By utilizing our services, a doctor frees himself from *all* investment duties and responsibilities. By having the bank act as agent, he enlists the services of a professional staff of investment men. They follow the market fluctuations for him — read financial reports and analyze business cycles. They collect dividends and interest, watch for called securities, collect and

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If you feel your securities may be suffering, or if you simply want to be relieved of growing financial work, why not talk to one of our trust officers or the manager of your nearest branch office. He'll be glad to explain our services in detail. The fee is moderate, and is deductible from your taxable income.



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Unique hospitals dotted RI medical land and seascapes in 1917

MARY KORR
RIMJ MANAGING EDITOR

In addition to the larger hospitals in Rhode Island, there were a number of smaller private hospitals and dispensaries in operation during the first year of the *Rhode Island Medical Journal's* publication in 1917. Among them were:

THE JOHN W. KEEFE SURGERY

at 262 Blackstone Boulevard on Providence's East Side contained an operating room, sterilizing area, and dressing room, with 30 beds.

Dr. Keefe (1863–1935), a consulting surgeon at several hospitals, founded the hospital in 1913. The staff included consulting surgeons and physicians associated with the larger hospitals, as well as an oral surgeon, Albert L. Midgely, MD.

It was in existence until 1937, when it became a monastery.



Dr. John W. Keefe, who founded a small private surgery on Blackstone Boulevard, was a member of the U.S. Army's Medical Reserve Corps and was a physician on the staff of Gov. R. Livingston Beecman. In 1917 he was appointed chairman of the Red Cross Committee to organize medical resources for the state in the event of war.

THE PARADE STREET HOSPITAL at 37 Parade Street in Providence's West End first opened on Broadway. In 1917, it had a capacity of 16 beds and was under the direction of Jennie C. Ross and Sophie A. Grant. Later, it became The Miriam Hospital.



The Parade Street Hospital at 37 Parade Street, Providence.



The John W. Keefe Surgery at 262 Blackstone Boulevard, Providence.



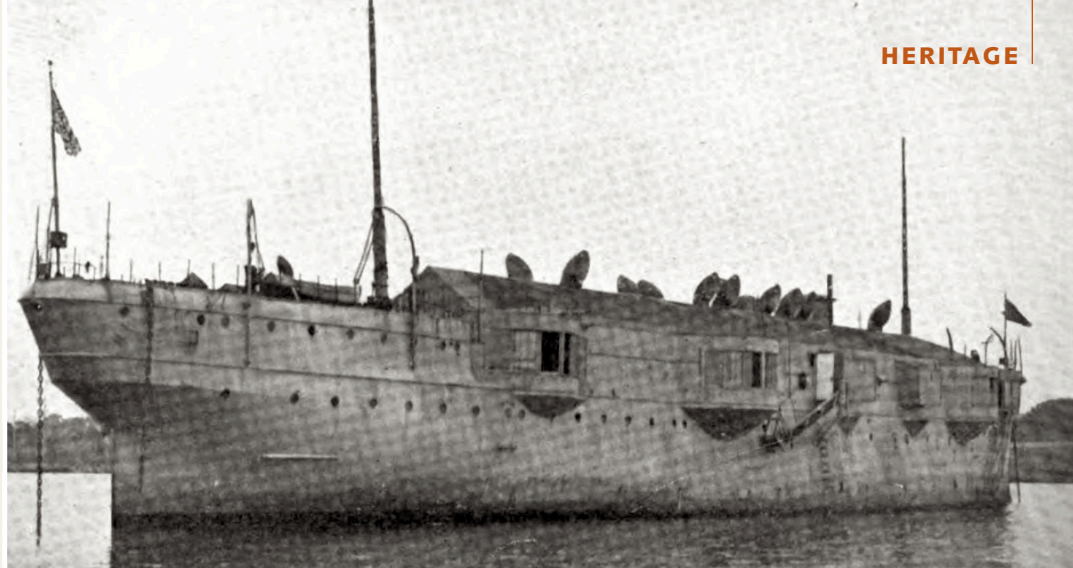
The Hope Private Hospital at 1 Young Orchard Avenue.

THE HOPE PRIVATE HOSPITAL, a former mansion at 1 Young Orchard Avenue on the East Side of Providence, opened in 1913 for medical/surgical patients, with 34 beds under the supervision of Maude Culton, RN.

The former USS *Newark* became a floating hospital and quarantine station in Providence from 1912–1926, except for a brief stint during World War I when it served as a unit for the Newport Naval Hospital.

RHODE ISLAND QUARANTINE STATION

The United States Naval vessel USS *Newark* became a floating hospital and quarantine station in the Port of Providence in 1914 when it was transferred to the Public Health Service. In 1918, it served as an annex to the Naval Hospital in Newport until 1919, when the ship returned to Providence, where it remained until 1926.



PROVIDENCE MAGAZINE 1916

Medical registries of the era also list the following hospitals:

PAWTUCKET PARK PLACE HOSPITAL, Park Place, 30 beds, founded in 1905 by WH Helmer, MD

PAWTUCKET-BLACKSTONE HOSPITAL, Miller and Broad Sts., founded 1912, 60 beds

PROVIDENCE NORMANDY HOME AND HOSPITAL FOR INFANTS, 171 Indiana Ave., 20 beds, Herbert Partridge, MD, chief physician

PROVIDENCE PARK HILL HOSPITAL, 107 Park St.

PROVIDENCE SURGICAL HOSPITAL, 16 Bridgham St., Henry A. Lange, MD, chief physician

DR. WALL'S PRIVATE HOSPITAL, 11 Wood St., Warren, 1905, NR Wall, MD, 7 beds

BROWN HOSPITAL, Providence, 1907, for surgical cases, 9 beds, Jane L. Brown, Supt.

CHANNING HOSPITAL, 73 Common St., Providence, 1898, 20 beds, Channing Hospital Company, Louis Allen Crocker, MD, supt., 1902

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