Congratulations to the *Rhode Island Medical Journal* for 100 years of advancing healthcare in our state.

At Blue Cross & Blue Shield of Rhode Island, we’re proud to support the *Rhode Island Medical Journal* and work with the Rhode Island Medical Society in making healthcare accessible, affordable, and of the highest quality.

We are partnering with healthcare providers across the state to establish accountable care organizations that combine innovative payment models, patient data, and improved coordination of care to ensure our state continues to remain a healthcare leader for the next century.

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The Good News is . . .
that Thousands More Rhode Islanders, Formerly Ineligible, May Now Enjoy the Protection of Blue Cross

As recommended by many Rhode Island physicians, Blue Cross now extends protection to Self-employed, unemployed, retired, or other persons employed in establishments having five or less employees. Opportunity for this new individual enrollment is open to October 18th only.

This new, widespread Blue Cross service, bringing the important protection of prepaid hospital service to the vast majority of Rhode Island citizens, will undoubtedly have your active support through recommendation to all eligible people within your sphere of professional and social contacts.

Farmers, fishermen, domestic employees, professional people, small businessmen—are among those who may now join. The age limit is 65 years and the usual Blue Cross health statement is required. The waiting period for maternity cases will remain at 9 months.

Prospective applicants may obtain full information and enrollment blanks by applying to Blue Cross headquarters. You will help this greater Blue Cross plan to complete success by requesting and using descriptive folders for your outgoing mail and a small display cut-out in color for your waiting room.

BLUE CROSS
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Editorial

The State Board of Health

The members of the State Board of Health must not forget that as public officials they are subject to criticism which does not necessarily apply to them personally and that commendation of their official acts is not meant as a compliment to the individuals even though their official action is influenced or effected by the energy or activity of a few men. There should be no Star Chamber proceedings, no official action which is not duly spread upon in records, and no feeling that they are being persecuted if their actions are questioned or criticized.

It is known to everybody that there has been clashes of interest in the board, that the elements of discord still exist, that the good which has been accomplished during the past two years is minimized by a lack of unity and it is believed by many that this unsatisfactory condition of affairs is largely due to the activity of one or more members. The editorials of the Providence Medical Journal have contained both praise and criticism of the State Board of Health.

It is currently believed that a small clique is responsible for much, if not all, of the dissension, and should be held responsible for the discredit which has attached to the Board. If we are in error, and the Board as a whole assumes responsibility for all of its actions, we believe that the Board has been guilty or cognizant of things which do not redound to its credit.

The methods used in the Legislature to unseat Dr. Swarts as a member of the Board were unfair, unjust, and disgraceful and were both parts of a long continued and persistent campaign to discredit his valuable services. The failure to reelect him as secretary was the culmination of personal attacks and was made possible, we are informed, only by the absence of one member and the introduction of the technicality regarding proxies. The charge that other duties interfered with his secretarial work is absurd. The new incumbent at the time this is written had not resigned his position as health officer of a neighboring city and the state is deprived of valuable services of the man recognized as an expert of national reputation, and this recognition of Dr. Swarts’ ability does not deny the worth of the present and current holder of the office, but it is yet to be proven.

The establishment of the pathological library was an innovation and its worth was at first questionable. The Board is entitled to great credit for its action in creating and establishing this department, which is now the greatest value to the physicians and to the state, but once having placed at its head a pathologist of reputation, it should not interfere with its management.

We have no fault to find that those who have had an opportunity to feed a little at the public crib, but in our opinion the methods by which the recent appointments to the pathological staff were unworthy of the Board and would not look well in print.

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uphold the confidence of your patients in your advice . . .

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70 YEARS AGO – JUNE 1947
Meetings

Medical Review Society
June 28, 1917

Regional anesthesia
After a brief discussion of the history of local anesthesia and a discussion of the action of cocaine and its various substitutes, the paper described the method of nerve blocking as applied to various parts of the body and the operations that may be performed under this type of anesthesia. Special stress was laid upon the method of paravertebral injections for the production of anesthesia of the regions supplied by the spinal nerves, and a description of the technique of Dr. EO Jones of Washington was presented. Novocaine was advocated as the anesthetic of choice because its action is less toxic than that of cocaine. The method of producing anesthesia of the perineum by nerve blocking was also described in detail.

Skin grafting
BY ARTHUR M. SHIPLEY, MD
(International Clinics, June 1917)
Shipley describes the excellent results he has obtained in the treatment of chronic leg ulcers by the use of skin grafts, as described by John Davis in the Journal AMA of September 19, 1914. He recommends this method for the following reasons: first, the ease and the simplicity of the procedure; second, its uniform success if the proper precautions are taken in the preparation of the surfaces of the application of the grafts; third, the robust surface that is formed by the grafts; fourth, the fact that the operation can be done without a general anesthetic; fifth, the very rapid and remarkable filling up of the base of the ulcer to the level of the surrounding tissues.

Rhode Island Medical Society
Organization of dispensary services of the Second Naval District
DN Carpenter, Medical inspector, United States Navy:
“I have been asked to speak to you today on the organization and work of the medical department of the Second Naval District. This is a subject that should interest the members of the Rhode Island Medical Society, whose coast is entirely included within this district, extending from Chatham, Mass., to New London, Conn.

At Block Island, it is contemplated to use a private house that has been offered to the government, and this will be equipped as a small hospital. As Block Island is 26 miles at sea, there will be some days during the winter when it will be difficult or impossible to send patients to the Naval Hospital, and therefore, this dispensary must be able to care for its own emergency cases.

So far I have only spoken on the organization of the medical department on shore. There is also the organization for dispensary service afloat; but as yet there has been no need to send medical officers to the smaller boats used for patrols.”

‘Red Cross Tag Day’
On June 22, 1917 the Retail Merchants’ Division of the Providence Chamber of Commerce assembled 7,000 collection boxes tagged for the American Red Cross Tag Day. With the assistance of the Boy Scouts, the donation boxes were distributed to retail outlets throughout the city. In short order, almost $10,000 was raised. The City of Providence’s total donations from myriad groups raised approximately $600,000 for the Red Cross.
Hospitals

The St. Joseph’s Hospital Staff Association to the number of about 40 men participated in the annual outing at the Warwick Club. Field sports and a baseball game were enjoyed.

Dr. HP Jordan, assistant superintendent of the Providence City Hospital, has recently left for training at Fort Benjamin Harrison, Indiana, with the Medical Reserve Corps. Dr. Henry J. Connor will assume the position of assistant superintendent beginning July 1.

State Hospital for the Insane
In the 1860s, Rhode Island purchased more than 400 acres to use for a state farm. Later on the general hospital, a prison, and a mental institution, the State Hospital for the Insane, were built in the Howard complex and opened in 1870. Dr. Arthur H. Harrington served as superintendent in the first half of the 20th century.

Dr. Joseph F. Hawkins has been appointed oculist to the state institutions.
AN EXPERIMENT IN MEDICAL NOMENCLATURE
INTRODUCING THE TERM:

“cell examination for uterine cancer”

The exfoliative cytological examination is called by some doctors the *cytologic cervical test*—by others the “Pap” smear test. In urging all women to have this test annually, we are calling it the *cell examination for uterine cancer*.

Here are our reasons:

*Cytologic cervical test* is a term which seems complicated to many women.

“Pap” smear test is simple, but women we have talked to find the word “smear” unpleasant and disturbing, and it may add to their anxieties about pelvic examinations.

Public relations advisors say that broadcasters and editors will dislike “smear”—and TV, radio and the press will be essential to the success of this educational project.

We have considered other terms but have at last agreed on *cell examination for uterine cancer* as the term which simply and accurately describes the keystone of this vitally important program.

This test can help save thousands of women each year. In many parts of the country it is becoming widely accepted as a part of a routine checkup. As fast as county medical societies approve, our local Units will urge women to go to their physicians annually for a *cell examination for uterine cancer.*