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# Practicing Medicine in 1917 Rhode Island

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## ABSTRACT

Using editorials published in the *Rhode Island Medical Journal's* inaugural year, this article examines what it meant to practice medicine in Rhode Island in 1917. One hundred years ago, the state's medical community was undergoing rapid transformation epitomized by a turn toward the germ theory of disease, ongoing education and hospital reform, and a growing sense of the profession's political and social role. In many ways, the social and professional concerns of Rhode Island physicians in 1917 continue to resonate today. Physicians writing in the *Journal* were excited by but concerned about technological advancement in medicine, debating how new institutions and sites of care would shape their interactions with patients. They were also influenced by broader social changes affecting the medical profession, expressing ambivalence toward regulation, debating the implications of social insurance and compulsory health insurance, and reflecting on their financial livelihood and the social prestige of their profession.

**KEYWORDS:** history of medicine, 1917, medical profession, *Rhode Island Medical Journal*

One hundred years ago, the Rhode Island population was a growing one, expanding from 542,610 to 604,397 between 1910 and 1920. It was also predominantly urban. Providence, whose population alone comprised approximately 230,000,<sup>1</sup> was both the political and medical capital of the state, housing more than half of the state's 799 physicians.<sup>2</sup>

These physicians, the great majority of whom were men, practiced medicine during a formative period. Using editorials published in the *Rhode Island Medical Journal's* inaugural year, this article examines what it meant to practice medicine in Rhode Island in 1917. The social and professional concerns of Rhode Island physicians a hundred years ago were remarkably similar to those faced by their counterparts today: in fact, many of the most prominent medical debates then continue to resonate, in some way, today.

## FIGHTING DISEASE

The most publicly recognizable physician in Rhode Island was Charles V. Chapin, Providence's long-serving superintendent of health (**Image 1**). By 1917, Chapin had been superintendent for 33 years, and he would remain in that position for another 15 years. Born and raised in Providence, Chapin graduated from Brown, studied medicine in New York City, and spent the entirety of his career in Providence. As one of the foremost public health officials in the United States, Chapin was a particularly effective communicator of the tenets of modern public health, particularly the germ theory of disease. His seminal texts, such as *The Sources and Modes of Infection* (1910), translated bacteriological principles and practices for both medical professionals and the broader public. In 1917, Chapin published *How to Avoid Infection*, a short, popular book in which he argued that greater attention to personal hygiene was more effective than municipal sanitation for preventing the spread of disease-causing microorganisms. As Chapin argued, "personal cleanliness is the cheapest insurance against infection."<sup>3</sup>

Chapin's local success as superintendent and national renown as an effective crusader for the germ theory epitomized how advances in bacteriology and immunology reinforced the social authority of physicians in early 20th-century America. By 1917, laboratory scientists and physicians had confirmed that specific microorganisms caused specific diseases such as diphtheria, gonorrhea, syphilis, and tuberculosis. This, in turn, led to the introduction of diagnostic tests such as the Schick test for diphtheria, the Wassermann test for syphilis, and the Widal test for typhoid fever. The development of effective agents such as diphtheria antitoxin and Neo-Salvarsan for syphilis further reinforced the notion that laboratory discoveries could lead to improved public health.<sup>4</sup>

As the germ theory transformed efforts to diagnose, manage, and treat infectious diseases, public attention and resources turned toward more chronic conditions. In Rhode

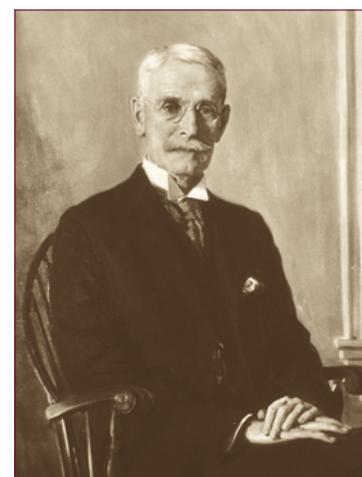


Image 1. Charles V. Chapin

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**Table 1.** Leading Causes of Death in Rhode Island, 1917.

Diseases of heart and arteries	1350
Pneumonia (all forms)	1111
Tuberculosis (all forms)	995
Cerebral hemorrhage	739
Chronic nephritis	655
Cancer (all forms)	599
Diarrhea (under 2 years)	340
Premature birth	322
Congenital debility	222
Senility	139
Total deaths, all causes	9605

Island, cardiovascular disease was the leading cause of death in 1917, joined by seven other non-infectious conditions among the top ten (**Table 1**).<sup>5</sup> This mirrored developments nationwide, with scientists and physicians forming new organizations like the American Association for Cancer Research and the Association for the Prevention and Relief of Heart Disease to combat these new threats. But even as these chronic diseases were on the rise, infectious conditions continued to exact a heavy toll in the pre-antibiotic era. In that same year, pneumonia and tuberculosis remained the second and third leading causes of death in Rhode Island.

## PROFESSIONAL MATTERS

Rhode Island medicine occupied an unusual spot on the Eastern Seaboard, with many physicians concerned they were practicing in the shadow of Boston's medical mecca. One March 1917 editorialist argued that the "unfortunate proximity of Boston...encourages local men to sit at the feet of their Massachusetts colleagues and gather from them new ideas and principles instead of working these out for themselves amid the wealth of materials presented by the clinics of the state."<sup>6</sup> In part, "local men" looked toward Boston because Rhode Island lacked one notable institution: a medical school. Although Brown University had offered medical training for 16 years, from 1811 to 1826, the university discontinued medical studies in 1827, leaving Rhode Islanders no other option for in-state medical training. Although editorialists called for the "unifying and stimulating influence of a local medical school" in 1917, Brown would not re-establish its medical school for another 55 years, in 1972.<sup>6</sup>

## Medical Education

Nevertheless, Rhode Island physicians participated in and were beneficiaries of wide-ranging reform in both medical education and clinical practice in the 1910s. Although they practiced in one of the few states that did not have a medical school when Abraham Flexner, a Hopkins- and Harvard-trained reformer of American higher education, published his influential 1910 investigation of medical education in the United States and Canada, medical education reform efforts both before and after Flexner's report nevertheless impacted newly minted medical graduates who trained out of state and returned (or in some cases, moved to) Rhode Island to practice medicine. Medical education reformers in the early 20th century decried the inconsistent, often minimal training given to most American medical graduates and argued that medical training should include two years of training in laboratory sciences followed by two years of clinical rotations in a teaching hospital, recommendations ultimately endorsed by the American Medical Association.

## Hospitals

The first decades of the 20th century were also an active period of change for hospitals, where reformers advocated incorporating principles of efficiency and scientific management into hospital administration.<sup>7</sup> By 1917, hospitals were moving away from their legacies as filthy repositories for the poor and becoming well-regarded centers for medical care, research, and teaching (**Images 2, 3**).<sup>8</sup> Most Rhode Island hospitals operating in 1917, including Rhode Island Hospital

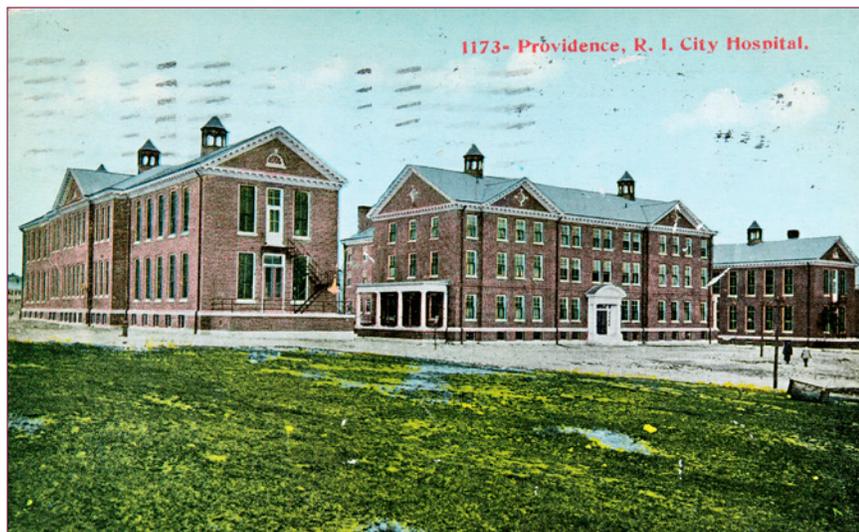
**Image 2.** Rhode Island Hospital, ca. 1912

(PC7120, Rhode Island Postcard Collection, Providence Public Library, Providence, RI)



**Image 3.** Providence City Hospital, ca. 1912

(PC7125, Rhode Island Postcard Collection, Providence Public Library, Providence, RI)



and St. Joseph Hospital, and later, The Miriam Hospital, which opened its doors in 1926, traced their origins to the voluntary hospital movement, which was based on the philanthropic provision of clean, ordered, and dignified care for the “worthy poor.” Many served specific religious groups; St. Joseph Hospital first opened its doors to the “poor and suffering sick of Rhode Island” in 1892 under the auspices of the Roman Catholic Diocese of Providence, while The Miriam Hospital traces its origins to 1902, founded by a small group of Jewish women who collected \$1,000 in coins to fund a down payment to establish a hospital for the “care of indigent Jews.”<sup>9,10</sup> Two notable Rhode Island facilities dedicated to infectious disease opened their doors after 1900: in 1905, the Rhode Island State Sanatorium opened in Burrillville to treat tuberculosis patients, and in 1910, Providence City Hospital opened as an infectious disease facility (and is now the eastern part of the Providence College campus).

### Organized Medicine

Founded in 1812, the Rhode Island Medical Society (RIMS) represented the interests of any Rhode Island physician who was licensed in the state and was granted membership upon application. In January 1917, the Society purchased and re-launched the *Providence Medical Journal* as the *Rhode Island Medical Journal*. The state medical society's new ownership stake transformed a local publication into a statewide one, allowing the *Journal* to receive advertising and financial support from the American Medical Association (AMA).<sup>11</sup> The decision to re-brand also reflected the AMA's rapid consolidation of power and influence: between 1900 and 1920 the organization's membership grew more than tenfold and represented sixty percent of the nation's physicians.<sup>12</sup>

### Fees and Taxes

Early editorialists also addressed the pressing economic matters of physician fees and income taxes. As was custom, Rhode Island physicians charged relatively modest fees for the care they provided.<sup>13</sup> But in 1917, the economics of care were in flux. Technological innovation shifted care into hospitals and educational reform led to fewer, albeit more highly trained, physicians entering the profession. Together, these trends increased the cost of care. Some physicians felt they deserved more, however. As one editorialist argued, “professional fees are practically the same as they were a generation ago...The time is not far distant when, in simple justice to ourselves, there must be a general increase in professional fees.”<sup>13</sup>

The December issue of the *Journal* even included a sample tax return in order to demonstrate how the War Revenue Act of 1917 would impact physicians.<sup>14</sup> The Act increased federal income tax rates, particularly for those in higher income brackets, to which some physicians objected. As one editorialist noted, “the present taxes are designed particularly to gouge the professional man. While we believe that the medical profession desires patriotically to bear its burden, we know that there is a limit.”<sup>15</sup> One way to alleviate the added tax burden, the editorialist concluded, was to voluntarily increase physician fees.

While it is unclear if Rhode Island physicians ever collectively agitated in opposition of these tax increases, most likely continued to do very well for themselves. Advertisements included in numerous issues of the *Journal* shed light on their status as high-class consumers (**Images 4–7**). Those for Michelin tires or automobile manufacturers like Cadillac promoted the automobile as an integral adjunct to medical practice and an arbiter of professional prestige. Other advertisements were more professionally directed. While the Victor Electronic Corporation touted its new x-ray equipment, the Rathskeller restaurant near Providence City Hall offered “gastrological replenishment” to physicians. Numerous pharmacies and device manufacturers also promoted their wares.

### THE SPECTERS OF WAR AND SOCIAL INSURANCE

Rhode Island physicians grappled with two important social concerns in 1917: wartime medical preparedness and social insurance legislation. After the United States officially declared war on Germany in April 1917, physicians and state medical societies across the country anticipated that physicians would be called into medical service during wartime. Several issues of the *Journal* took up the issue,

Images 4-7. Selected Rhode Island Medical Journal advertisements, 1917.

**Physicians  
are Gluttons  
for Work**

and so are called upon to renew their  
physical and mental energies by means of

**Good Food  
Carefully Cooked**

Probably that's the reason you see so  
many of them come here for their gastro-  
nomical replenishment.



**Rathskeller**

Alongside City Hall




**VICTOR**

THE first consideration in the selec-  
tion of your x-ray equipment is the  
machine itself—its dependability.  
The service you receive goes with that  
dependability.

The name Victor stands squarely  
behind the service you expect—the  
service you can depend upon.

Give us an idea as to the scope of  
your work (without any obligation on  
your part) and let us suggest the par-  
ticular type of apparatus best suited for  
your needs.

There's a Victor direct representative within a  
few hours ride from your office—if you need him.  
*Descriptive literature sent upon request.*

**VICTOR ELECTRIC CORPORATION**  
Chicago New York Cambridge  
Address all inquiries to 236 So. Robey Street, Chicago

**No Man can afford to Ignore the Doctor  
No Doctor can afford to Ignore the Cadillac**

The prestige, the standing, the good service and satisfactory results  
confidently expected from the visits of the doctor are all represented in  
full measure by the performance of the

**Eight Cylinder Cadillac**

No car on earth compares with it. Demonstration at your convenience

**Cadillac Auto Co. of Rhode Island  
9 Federal Street**

**ARTHUR J. FELTHAM, Manager**



**“There! That’s what I call  
a good Cigar”**

The old doctor is right. The **B & B**  
is a good cigar.

And a good many other doctors here-  
abouts have made the same discovery.  
The **B & B** pleases the smoker because it  
is good.

Havana Filler—Sumatra Wrapper

4 Sizes { 3 for a quarter, 10 cents straight  
100 for \$7.50, \$8.00, \$9.00

**BLANDING & BLANDING**



**DOCTOR :**

Dependable tires like dependable medicines  
are best in the long run. Our lines include tires  
and tubes which our years of experience have proven  
worthy of our recommendation and include

**Combination**

**Michelin  
United States Revere**

**Waite Auto Supply Co.**  
*Rhode Island's Largest Exclusive Auto Supply House*  
Established 1907 64 Exchange Place

emphasizing medical preparedness as a patriotic duty. The RIMS was “unhesitatingly in favor” of a medical draft, and proclaimed that “the profession of this state must wake up to the fact that they have a duty to perform.”<sup>16</sup> Although a medical draft did not take place during World War I, the Army Medical Department did rely on the American Medical Association and other professional organizations to help encourage physicians to volunteer for medical service.

The *Journal* simultaneously paid considerable attention to the local impact of an ongoing national debate about social insurance. In 1912, the Rhode Island General Assembly enacted the Workmen’s Compensation Act, which required employers to provide medical services to injured employees for two weeks after an injury. By 1917, the General Assembly revisited the law, with the state’s physicians playing an integral role in debating the measure.

Editorialists argued that injured employees and the physicians who cared for them shared a common interest: while injured employees had an “ancient right to choose his own physician,” physicians had an economic right to be fairly compensated for their services. One editorialist argued that physicians should not be compelled to concede to “a dictatorial insurance company.”<sup>17</sup> In May, the state’s physicians declared victory: not only did the General Assembly permit injured employees to select their physician, but physicians had legal standing to sue for disputed fees.<sup>18</sup>

In one sense, the Rhode Island medical community’s response to worker’s compensation legislation was tied not to a clear defense of social legislation, but rather the perceived impact upon the professional autonomy and financial livelihood of the state’s physicians. This tension was also apparent in the ongoing national debate about compulsory health insurance, with one later editorial urging physicians to oppose “vicious legislation” for compulsory health insurance that would surely impose upon their professional autonomy.<sup>19</sup>

## CONCLUSION

In 1918, Rhode Island’s medical community was harshly tested by the influenza pandemic. The pandemic had a striking impact on Rhode Island, which saw deaths from influenza skyrocket from 128 in 1917 to 2306 in 1918.<sup>20</sup> The state’s medical community, transformed by ongoing education and hospital reform, a growing sense of the profession’s political and social role, and a turn toward the germ theory of disease, would stumble in the face of this global pandemic. Ultimately, however, it grew stronger in its wake, and continues to grapple with many of the same issues its predecessors faced a hundred years ago.

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