A Look Back: The Rhode Island Medical Journal in 1925, 1950, 1975

MARY KORR RIMJ MANAGING EDITOR

Looking back in time through the *Rhode Island Medical Journal's* (RIMJ) archival editions(https://guides.library.harvard.edu/c.php?g=947422&p=7661408), the following is a snapshot of medical issues and pivotal events reported 100, 75 and 50 years ago.

1925: Diphtheria Immunization

The September 1925 edition featured an article by **DR. CLARENCE L. SCAM-MON**, Deputy Supt. of Health, titled "Diphtheria Immunization in Providence: A Progress Report." He reported that New York City was the first city in the world to offer immunization to school children in the spring of 1921, after the

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Reliable aid to digestion

Figure 1. The cover of the Septem-

ber 1925 issue of RIMJ.

development of the Schick test and toxin-antitoxin mixtures [Figures 1,2].

"Since then,

over 600,000 school children have been tested for immunity to diphtheria and nearly half of this number have received the protective injections," he wrote. In 1919, there were 1239 deaths from diphtheria in New York City, but

in 1924, there were 714, a 43 percent drop, which he attributed to the immunization.

In Providence, DR. H.J. CONNOR was in charge of

a clinic at the Atwells Avenue School, and began the immunization program there in 1921. The program continued and in the following years expanded to four other sites in the city

"Considerable publicity of this work has been given by the press, the radio broadcasting stations and the moving picture houses," Dr. Scammon wrote. Talks were given to parent-teacher associations and other organizations, and circulars sent to physicians, suggesting testing and treatment to babies and children aged six months to six years. The article stated immunity is usually achieved at six months, after three treatments given a week apart. If immunity was demonstrated, a certificate was given.



Figure 2. Posters such as this one were created by health departments nationwide. [LIBRARY OF CONGRESS]

A health audit showed that in the fall of 1924 testing and immunizations were administered to over 10,000 students who were shown to be susceptible, of the approximately 40,000 students in every public and parochial school in the state, excepting high school students.

The results were conclusive. Dr. Scammon reported that, in 1924, "we have had no diphtheria in any child who, six months after being immunized, showed a negative Schick test."

1950: Crippled Children and Easter Seals campaign

The March 1950 cover image is of the Easter Seals stamp, depicting a child, crutches, and the iconic words, "Help Crippled Children." There is also a reminder of a rehabilitation seminar the following month, not only to address polio, but also the rehab issues facing post-

World War ll veterans [Figure 3].

The history of the Easter Seals stamp is rooted in a tragic case of an Ohio businessman, **EDGAR ALLEN**, [**Figure 4**], who lost his son in a streetcar accident. A lack of medical services in his hometown of Elyria, Ohio,

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"Your life and mine shall be valued not by what we take but by what we give." —Edgar Allen

Figure 4. Edgar Allen,
Easterseals founder.
[EASTERSEALS WEBSITE,
HTTPS://WWW.EASTERSEALS.
COM/ABOUT-US/HISTORY]

led him to launch

a fundraising campaign to build a hospital there. After the hospital opened, he noticed how children with disabilities were isolated from public view. This led him to found the National Society for Crippled Children in 1919, later to become Easter Seals, and now Easterseals.

According to the Easterseals website, in the spring of 1934, the organization launched its first Easter "seals" fundraising campaign. Donors showed their support by placing these seals on envelopes and letters.

J.H. DONAHEY, a cartoonist at the Cleveland Plain Dealer, designed the first seal, inspired by the right to live a "normal" life [Figure 5].



Figure 3. The cover of the March 1950 issue of RIMJ.



Figure 5. The first Easter Seals stamp, created in 1934. [EASTERSEALS WEBSITE]

Following World War II, The National Society for Crippled Children expanded its mission to provide services for adults and veterans re-entering civilian life. "These programs addressed employment opportunities, physical rehabilitation, and community reintegration, offering critical support to people who had dedicated themselves to the nation's service. This expansion not only highlighted the organization's adaptability but also underscored

its commitment to fostering independence and dignity for all individuals during a pivotal moment in American history."

This sentiment is clearly reflected in the March 1950 issue of RIMJ, which dealt with many of these same issues.



Figure 6. The first White Coat ceremony of the 1975 Brown Medical School class.

The May 1975 issue was devoted to the graduating class of Brown Medical School, the first class to receive a medical degree since 1827 [Figure 6]. It was conceived and compiled by guest editors who were members of the graduating class. They included: ANTHONY CALDAMONE, ARTHUR HORWICH, PETER LEWITT, GLENN MITCHELL,

as well as JEANNE ELAINE MAGUIRE,

coordinator for Medical Alumni Affairs.

1975: Medical School Graduation

graduating class, articles by its members, and original cartoons depicting their journey.

The cover image [Figure 7] and Letter from the Dean, STANLEY M. ARONSON, MD, [Figure 8] captures the hopes and aspirations for these medical students during this pivotal and highly personal event.

Figure 7. The cover of the May 1975 issue of RIMJ.

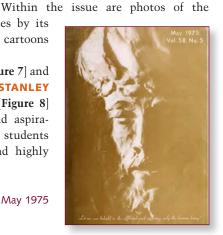




Figure 8. Stanley M. Aronson, MD, inaugural dean of Brown Medical School.

Letter from the Dean

We have shared in the birth of a new medical school founded in the belief that competency in the fundamental sciences, humane behavior, and skill in the arts of health care delivery are not antagonistic goals; and as a class you are indeed unique in both aiding the gestation of our medical program as well as being its first conception.

In the years ahead I hope that each of you will achieve a personal covenant with medicine, practicing your profession in a climate of commitment and responsibility, giving to your patients your most authentic abilities. The beauty of our profession is not so much that it classifies and records, or even predicts, but that it cherishes this commitment while encouraging insight and heightened sensitivity in both its practitioners and patients.

Buber tells the story of Susya who lamented shortly before his death, saying, "When I get to heaven they will not ask me, 'Why were you not Moses?' but they will ask, 'Why were you not Susya? Why did you not become that which only you could become?'" I pray that each of you will reach your genuine destiny. Be well and go well.

Stanley M. Aronson, MD Dean of Medical Affairs

