

FEBRUARY 1919, NINETY YEARS AGO

The Rhode Island Medical Society suspended publication of the Journal until 1920 because key staff members were serving in World War I.

FEBRUARY 1959, FIFTY YEARS AGO

Paul C. Colonna, MD, Professor of Orthopedic Surgery, University of Pennsylvania School of Medicine, delivered the Second Dr. Murray S. Danforth Oration, "The Un-United Hip Fracture." The Journal reprinted his talk.

Alton McPaull, MD, in "Toxic Reactions to Iodine," summarized details on 3 patients he had treated, and 4 who had been treated at the Veterans Administration Hospital in Providence. The sources of the iodine were either inorganic (e.g., potassium iodide), organic (e.g., Organidin and Amend's solution), or a mixture with other drugs (e.g., Quadrindal). The treatment was to discontinue the iodine. The author reassured readers: "Iodine is rarely fatal." Cortisone may alleviate symptoms.

Joseph G. Williams, MD, President, the Providence Medical Society, gave the Presidential Address to that group: "The Telephone That Never Sleeps." He described the Medical Bureau, established in 1949 in the basement of the Medical Society headquarters at Francis Street. Up to 5 switchboard operators could work at one time; in sum, the Bureau employed 17 operators, serving 383 physicians. The Bureau averaged 2750 calls a day, including referrals, questions, incoming messages. Dr. Williams reported that it took one year to train an operator; applicants came with experience at the telephone company.

Warren W. Francis, MD, and Jorge Benavides, MD, in "Traumatic Rupture of the Spleen," reported on the 30 cases admitted to Rhode Island Hospital from January 1946 to August 1958 with that diagnosis. Splenectomy was the "treatment of choice." Twenty-five patients had a splenectomy; 3 had repair of the injury. Two patients (not among those to undergo surgery) died.

FEBRUARY 1984, TWENTY-FIVE YEARS AGO

J. Joseph Garrahy, Governor of the State of Rhode Island, contributed an editorial: "The Importance of Public Involvement in Organ Procurement," to introduce this issue. He noted that 20,000 potential donors died each year; 90% did not donate organs.

On the Presidential Page, Charles P. Shoemaker, Jr, MD, contributed "Public Awareness Campaign and Long-Range Planning," focusing on scarce donated organs.

Judith Shaw Lucien, RN, James W. Bradley, and Sang I. Cho, MD, in "Organ Procurement: The Role of the New England Organ Bank," hoped that the NEOB, established in 1968 as a collaboration among the 13 renal transplant centers in the region, would "serve as a model for a national procurement system."

Charles E. Millard, MD, in "The NIH Consensus Development Conference on Liver Transplantation," reported: "The Panel finds liver transplants to be beneficial under appropriate circumstances for some patients." Specifically, the American Liver Foundation had estimated that "of 1 million hospital admissions and 50,000 deaths in 1983, attributable to liver disease...only 5,000 of these patient would be suitable candidates for the procedure."

Paul S. Koch, MD, in "Corneal Transplantation: Current Concepts and Priorities," reported: "Success rates for the operation are nearly as high as for cataract surgery."

Robert A. ReNoble, MBA, reported on "Development of the Protocol for Organ Procurements at Rhode Island Hospital."

