

NINETY YEARS AGO, OCTOBER, 1921

This month sees the return of a whole monthly publication following a printers strike which rolled the previous three months into one issue. To begin with, Arthur Harrington, MD, as read before the Rhode Island Medical Society the previous month, outlines the history and layout for the State Hospital for Mental Diseases of which he is superintendent. He discusses various facilities under the umbrella of the hospital, and reports a round number of 1,400 patients overall—only slightly above their maximum capacity. He also discusses current and planned projects for future facilities, while noting financial commitments. He states: “This Hospital should be able to serve the medical profession and the community in a manner which keeps pace with all the scientific advances of our times, but without proper financial support the functions of this Hospital are bound to be curtailed.”

In a separate piece, Dr. Harrington discusses psychoses following head injury. He divides common clinical types of traumatic psychoses into three varieties: traumatic delirium, traumatic constitution, and post-traumatic mental enfeeblement. He then presents case examples and notes that in some instances, cases of traumatic delirium which appear to concluded with complete recovery may still involve edema of the brain tissue and possible degeneration of cellular and other brain structures over a long period of time.

George Coon, AM, MD of the State Hospital for Mental Diseases asks “Who should we commit?” He examines the history of mental illness and cases for committal. Noting crowded conditions, Coon also looks at the process and criteria for discharge, and makes use of case studies as examples.

An editorial suggests that the State Board of Public Roads should pay greater attention to the licensing of “persons defective either physically or mentally” than it has in the past. Instances of motor vehicle accidents were pointed out in which drivers with physical handicaps that made it difficult to safely operate motor vehicles were nonetheless legally licensed.

FIFTY YEARS AGO, OCTOBER 1961

Julian Johnson, MD, looks at cancer from a surgical perspective. He discusses various cancers and surgical removal of tumors, mastectomies and gastric resections. He notes the development of anesthesia as opening the door for surgical treatments. He notes certain challenges in dealing with cancer—such as the mistake to think of it as merely one disease. Cancer manifests itself in a variety of ways, and sometimes takes unexpected turns. Johnson concludes with a hope for a future for chemotherapeutic treatments that may improve control over the spread of cancers in the patient.

Francis L. McNelis, MD, makes an argument for endoscopy as a tool best suited for the otolaryngologist. He states, “In some areas, there is a tendency to assign the pre-operative diagnostic workup to the surgeon if chest surgery is anticipated, with only the occasional foreign body removal being directed to the otolaryngologist. If we continue to tolerate such a situation, we shall find a rapid deterioration in our proficiency and thus lessening in the caliber of work in this field. Historically and by basic training, endoscopy belongs to the otolaryngologist.” Also, “The endoscopic and thoracic surgeons should be able to work harmoniously as members of a team dedicated to offering the very best possible service and treatment to the patient.

Laurence A. Senseman, MD, shares his thoughts and observations based on a recent tour of medical facilities in the Philippines, Hong Kong, and Japan.

TWENTY-FIVE YEARS AGO, AUGUST 1986

Stanley Aronson, MD, introduces a journal devoted “in its entirety to the forensic, preventive, epidemiologic, and clinical features of teenage suicide.

Carolyn Drew, Executive Director of The Samaritans, leads up a piece describing a pilot program on suicidal awareness, identification, and prevention in area high schools with the help of a grant from the National Conference of State Legislatures. It involved teacher training, curriculum, and work with local educators with an plan adaptive to regional needs.

William Q. Sturner, MD, Chief Medical Examiner of the state, summarizes his experiences concerning adolescent suicide over the past ten years, noting a disturbing rise nationwide in suicides involving firearms which are often immediately lethal and preclude attempts at rescue or reversibility.

Andrew Slaby, MD, PhD, MPH, looks specifically at the role of the non-psychiatric physician in the recognition and prevention of potential teenage suicides. He notes that nearly three-fourths of all teenagers who have committed suicide had seen a practicing physician at some point within four months of the fatal event. He looks at some possible factors in suicidal likelihood, emphasizes a goal of early detection and prevention.

