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And Calm of Mind All Passion Spent
STANLEY M. ARONSON, MD

The Latin, pati, meant suffering; and thus from the related noun, passio, in the Early Christian era, arose the specific sense of suffering in the act of religious martyrdom. The word passion then became part of a name to many formal expressions of piety such as odes, oratorios and choral pieces of religious intent.

The word passed through French as passion; and then, unchanged in spelling, as the English word, passion. Its meaning evolved, over the centuries, from a sense of pain and suffering, to an expression of religious faith, then to an intensity of feeling [any feeling], and more recently to signify heightened sexual attraction. Inevitably, there are some, for a variety of reasons, who would avoid passion. “Give me that man that is not passion’s slave,” Hamlet murmured.

The medical derivatives of the Latin, pati, include the English word, patient, indicating someone in the act of suffering; and in a broader sense, someone bearing affliction with calmness (and thus its obverse derivatives, impassive and impatient). The word, passive, has also taken on the clinical meaning of something or someone not visibly reacting, recessive, quiescent, or a patient enduring pain without complaint or resistance.

Passion has also infiltrated the medical pharmacopeia. The dried petals of the passion-flower (passiflora incarnata), a climbing herb of the sub-tropics, had been widely used by physicians, through the 19th Century, for the treatment of minor burns, dysmenorrhea and chronic limb pains.

A frequent synonym for passion is enthusiasm. The word comes to us from the Greek, entheos, meaning enthralled or encouraged by god; and therefore, as with passion, was often expressed to convey the sense of divine inspiration.

William Osler (1849–1919), the eminent Canadian physician, once observed: “Natural man has only two primal passions: to get and to beget.”
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Twin Perils of September 1918: The Great War and the Influenza Pandemic

‘The police have been ordered strictly to enforce the anti-spitting laws in all public places.’

BY MARY KORR
RIMJ MANAGING EDITOR

Ninety-five years ago, World War I and the Great Influenza Pandemic, also known as the Spanish flu, took its terrible worldwide toll. At first, in September 1918, after a milder outbreak the previous winter, Rhode Island health officials stated there was no evidence the outbreak was anything more than the familiar grippe and issued the standard precautions.

State Board of Health Secretary DR. BYRON U. RICHARDS, in local newspaper accounts, urged the general populace: “When you send for your doctor, put in your call early in the morning, for our doctors can only stand a certain amount of work, and a high percentage of our physicians have already gone into the service.”

He explained that the prevalence of the disease in the Army and Navy training camps throughout the area resulted from the conditions there that were favorable for contact infection.

However, the death from the flu of JOHN STANLEY HARDMAN, a Brown University student and a medical assistant in the U.S. Naval Reserve Force, in Newport on Sept. 21, 1918, was still unusual enough to be reported in the daily newspapers. According to influenza archives at the U.S. Dept. of Health & Human Services (HHS), Hardman was nursing two men suffering from influenza, and then contracted the disease. Within 36 hours, he succumbed, his fiancé by his side. They were to be married Oct. 1.

Flu breaks out on troop transport
For one physician, the twin perils of war and disease would prove equally deadly. Rhode Island Hospital pediatrician and infectious disease specialist DR. WILLIAM HENRY BUFFUM, 41, a lieutenant in the Naval Reserve Force, boarded the troop transport Oxfordshire in New York City on Sept. 25, 1918, bound for Liverpool, England.

According to the 1919 publication, Brown University in the War (Dr. Buffum was an 1898 alumnus), influenza broke out on the crowded transport. He tended to the sick soldiers on the two-week stormy voyage.

When the ship arrived in Liverpool on Oct. 8, Dr. Buffum became symptomatic. Two days later, he developed pneumonia and was sent to the Great Army and Navy Hospital in Liverpool, “where he died after several hours of unconsciousness on Oct. 13,” according to the Brown remembrance.

A colleague from Dr. Buffum’s days at Harvard Medical School, class of
1902, later recalled his friend. “He had a scientific type of mind which deemed satisfactory proof, and his conclusions, given only after he was convinced, were soon found to be accurate and reliable … to the day of his death he remained to his friends the same steady, likeable and dependable fellow.”

**Home front**

Meanwhile on the home front, the Sept. 26, 1918 Providence Daily Journal reported that the Spanish influenza situation is “considered serious,” and that 168 cases were being treated in Providence, according to the figures released by the city’s superintendent of health, DR. CHARLES V. CHAPIN.

The numbers indicated fewer admissions to the Newport Naval Hospital, but also noted the severity of the patients there with pneumonia.

The Journal also reported that “15 nurses at St. Joseph’s Hospital are ill with the disease and DR. DENNETT L. RICHARDSON, superintendent of the City Hospital, has it, and two of Westerly’s 10 physicians were confined to bed.”

The good news was that “vigorous steps have been taken by the State and city authorities. The police have been ordered strictly to enforce the anti-spitting laws in all public places.”

As the number of influenza patients swelled area hospitals, Dr. Chapin and other health officials worked to increase the number of beds. According to the Oct. 6, 1918 issue of the Journal, Rhode Island Hospital added 75 beds, St. Joseph’s added 25, with the ability to add 40 more if the situation warranted. The John W. Keefe Surgery “tendered the use of that institution,” and stipulated that it had 40 beds but “the city must supply the nurses.”

Within a few days the Rhode Island Hospital had admitted nearly 300 influenza patients.

Physicians reported over 6,700 cases during the period from Oct. 3-9. During that same week, the death rate in the city was 159: 61 from influenza and the remainder from pneumonia.

As the second wave of the influenza crisis deepened in the fall of 1918, Providence city officials closed schools, theaters, motion picture houses and banned public meetings. One event, however, was allowed to proceed. Former President Theodore Roosevelt was the planned speaker at a Liberty Loan rally, to be held on Oct. 17, 1918, at the Billy Sunday tabernacle in downtown Providence, a temporary structure erected near Union Station for a series of revivalist meetings.

While Dr. Byron Richards and a majority of the members of the state board of health urged Gov. Robert L. Beeckman to cancel the event, Dr. Charles V. Chapin, Providence superintendent of health, disagreed and said he saw no reason for not holding the meeting, as long as those who felt sick did not attend. The Liberty Loan committee and the governor agreed with Dr. Chapin and the rally took place.

At the event, Roosevelt appealed to the man of moderate means to subscribe to Liberty Bonds. He roused the Providence crowd with fighting words and said: “We will accept no peace save the peace that follows unconditional surrender and we will get that peace with the machine gun and not with the typewriter. Germany needn’t bother about terms. She is not going to be consulted. We will settle on terms with our allies. Germany’s part will be limited to saying ‘yes, sir.’ ”

The armistice to end the war was signed the following month but the third wave of the influenza epidemic continued into 1919. More people died from what was decades later determined to be the H1N1 flu strain than from fighting in World War I.
Although the pandemic tapered off during the late fall in Rhode Island and nationwide, influenza remained a threat until the summer of 1919. The pandemic killed an estimated 675,000 Americans and between 20–40 million people worldwide and was unusual in that it was deadliest for those aged 20 to 40 years old.

According to the HHS archives, a year after the pandemic, “Dr. Richards asked the Public Health Service for access to an experimental influenza vaccine. This request for a vaccine was not unusual; many state health departments begged the PHS for access to a vaccine both during and immediately after the pandemic. There were, however, no effective vaccines at this time.

Artist's rendering of the lungs of Pvt. HD Cauvel, who died Oct. 8, 1918, from influenza and pneumonia. The picture shows the red lung type of pneumonia, which was peculiar to the pandemic.