

medical sciences

Gathered at a meeting of the American College of Surgeons in Washington, D.C., last week.

ALLERGY

Middle ear effusion

Chronic middle ear disease with effusion is common in children between the ages of 3 and 10. With the condition, fluid collects behind the eardrum where it can remain for a long time, causing the children to become hard of hearing.

The cause of the disease, however, remains vague and controversial. Enlargement of the tonsils and adenoids has been one of the prime suspects, but removing excess tissue has not successfully controlled the majority of cases. Neither has application of radium in the nasopharyngeal region to remove the lymphoid tissues in the Eustachian tube.

Reporting on a study of 123 cases, Dr. Raymond E. Jordan of Pittsburgh, Pa., advances the theory that chronic middle ear effusion is caused by the membranes of the nose, Eustachian tube and middle ear becoming sensitive or allergic. He explains that the sensitization or allergy of these areas can be caused by inhalants, food or bacteria. The area first swells, then fluid forms.

After the allergen has been identified, the most successful long-term treatment of these cases has occurred in those patients where the allergen was removed or treated with proper medication, Dr. Jordan says.

CANCER

Surgery for microinvasive carcinoma

For purposes of treatment, cancers are divided into two general groups, surface carcinoma and invasive carcinoma. Cancer of the squamous cells of the cervix, where it does not extend more than 5 millimeters into the underlying structure, is a borderline stage that is called microinvasive.

Over the past 20 years, therapy for microinvasive cervical cancer has run the gamut from ultraconservative biopsy and radiation alone to extreme radical hysterectomy with lymph-node dissection.

According to Dr. Jeremiah Keith Cromer of George Washington University in Washington, D.C., the best approach is somewhere between the two extremes. Reporting on a study with 30 patients, he says that total abdominal hysterectomy, lying between ordinary and radical hysterectomy, where a generous cuff of vaginal mucosa is taken and the ureters isolated, prevented recurrence in all of the 30 patients.

GASTROINTESTINAL SURGERY

Complications of vagotomy

Increasingly in operations for gastric and duodenal ulcers, surgeons perform a vagotomy—the cutting of the vagus nerve to prevent an increased flow of gastric juices. But a postoperative complication occasionally arises in which food remains in the stomach without becoming digested. The condition usually appears in a patient whose recovery may otherwise be going well. But it prevents him from eating and leaving the hospital.

Dr. Daniel W. Elliott of Western Pennsylvania Hospital in Pittsburgh analyzed more than 600 ulcer operations involving more than 400 vagotomies and found serious delay in stomach emptying to take place in about five percent of the patients. In about half of these a second operation was performed to correct the situation.

But, says Dr. Elliott, doctors are performing the second operation too soon. To test a theory that non-operative procedures are sufficient, he treated 15 patients medically. The stomach was emptied regularly by suction, the patients fed intravenously and the necessary monitoring for intravenous feeding was done.

Dr. Elliott reports that this treatment for 30 days produced a good recovery and long-term favorable results in all of the patients.

ARTHRITIS

Treating the rheumatoid hand

The joints that attach the fingers to the palm are the first involved in a high percentage of rheumatoid arthritis cases and therefore are highly susceptible to deformities if the disease continues.

But before treating the rheumatoid hand, says Dr. Margaret M. Kenrick of Georgetown University Hospital in Washington, D.C., physicians should realize that the hand difficulty is only one aspect of a systemic disease in a constant state of flux. The hand should first be evaluated from the standpoint of abnormal range of motion, weakness and function.

Dr. Kenrick studied 1,000 patients and achieved excellent results by such methods as the paraffin bath, where a glove of heated paraffin covers the hand to make the skin soft and pliable. Other methods used were moist and dry heat, ultrasound and exercises.

If surgery is used, the rheumatoid hand poses a problem different from that of the ordinary hand with a local injury. For her patients, Dr. Kenrick applied cold to relieve pain.

LUMBAR DISK DISEASE

Surgery to relieve pain

During World War II, a large number of men entering military service either harbored lumbar disk disease or developed it during war service, probably through trauma. The disorder has complex symptoms, including back and leg pain, limited spine movement and changes in reflexes.

At the end of the war the Veterans Administration undertook a detailed follow-up study of men with the disease. Of 1,123 veterans, reports Dr. Blaine S. Nashold Jr. of Durham, N.C., about half were treated with surgery, and the others were given more conservative treatment such as bedrest, heat, muscle relaxants and analgesics.

Surgery, reports Dr. Nashold, relieved the pain in almost every patient. Of those who were treated conservatively, however, about 25 percent later required surgery.