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## Abstracts Of Recent Publications Of The Professional Staff Of The Henry Ford Hospital And The Edsel B. Ford Institute For Medical Research

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## ABSTRACTS OF RECENT PUBLICATIONS OF THE PROFESSIONAL STAFF OF THE HENRY FORD HOSPITAL AND THE EDELS B. FORD INSTITUTE FOR MEDICAL RESEARCH

INTERSTITIAL CYSTITIS: AN ADJUNCT IN ITS TREATMENT. A. WAITE BOHNE AND ROBERT J. FETZ. Arch. Surg. 69:831, 1954.

Interstitial cystitis is a disease with a primary predilection for the female. It begins insidiously in the third decade of life. By the fourth to the sixth decade the syndrome is at its height, adding wretchedness to the already nervous, uncertain and depressed menopausal woman. The symptoms, frequency and suprapubic pain are the result of gradual fibrosis and contraction of the bladder. To relieve these, a device has been developed, consisting of an 18 F. whistle-tip, straight, rubber catheter, to the end of which is attached a distensible, 1/5,000-in.-thick, condom-type, rubber bag. The bag has a capacity of 1,000 cc., so that the danger of rupture is minimal and reflux of the distending medium nonexistent. Using sterile precautions, the catheter bag is inserted into the empty bladder. The bag is then gradually distended with water until the desired capacity is reached. In none of the patients with reflux so treated has there been evidence of upper tract infection following distention. The use of this device certainly seems indicated to prevent further complications in these already wretched and unhappy people.

OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS. DWIGHT C. ENSIGN AND JOHN W. SIGLER. GP 11:62, 1955.

Much can be done for individuals with osteoarthritis and rheumatoid arthritis. Osteoarthritis is the "wear and tear" type usually developing with aging local joint injury and excessive strain. It is always advisable to correct obesity and faulty posture. Numerous measures are given in detail which may be useful in controlling symptoms in the knee and hip. This condition in the spine must be approached with a diagnostic study to include nerve compression, herniation of the nucleus pulposus, rheumatoid spondylitis and osteomatous lesions. Rheumatoid arthritis is a systemic, crippling joint disease. Joint involvements are multiple, usually symmetrical, and fluctuate in intensity. In the acute phase there may be fever, lymph adenopathy and joint effusion. In the chronic case, weakness, atrophy, loss of joint motion and ankylosis are present. Special medication may include gold salts, steroids or a combination of these. Phenylbutazon must be considered. Every detail of the patient's physical, psychological and spiritual life must be considered and enlisted for a successful outcome.

A NEW ILEOSTOMY-COLOSTOMY DEVICE WITH A DISPOSABLE PLASTIC BAG AND NO CEMENT. J. DEWITT FOX AND BROCK E. BRUSH. J.A.M.A. 156: 1398, 1954.

The Royal Ileostomy Appliance, a device for artificially collecting the fecal stream after ileostomy or colostomy, has met with complete patient acceptance. It has been successfully used on 300 patients ranging in age from 18 months to 85 years. It meets the ideal criteria for such a device: it is convenient, cementless, odorless, disposable, lightweight, nonallergenic to skin or mucosa and fits body contours smoothly. This device is presented as an advance in the postoperative care of the patient who has undergone ileostomy or colostomy which should make this type of operation a minimal handicap and inconvenience to the patient.



THE EFFECT OF ACTH ON THE INTEGRITY OF ANASTOMOSES OF THE COLON. THOMAS GEOGHEGAN AND BROCK E. BRUSH. *Surg., Gynec. & Obst.* 100:30, 1955.

There has been considerable interest in the relationship of treatment with ACTH and cortisone to the healing of wounds since the first reports of retarded wound healing in patients on ACTH therapy. Investigations with granulating wounds in rabbits and mice indicate that ACTH retards the healing of wounds. Experiments on skin wounds, healing *per primam* in guinea pigs and rats, and on skin wounds and cardiovascular suture lines in dogs, failed to demonstrate significant differences in the healing of wounds of control animals and those treated with ACTH and cortisone. The effect of ACTH and cortisone on anastomoses in the gastro-intestinal tract is important for obvious reasons. Suture line leakage was not observed in a series of 10 dogs given large daily doses of ACTH following end-to-end anastomoses of the colon. The strength of the suture lines was not significantly altered by ACTH administration, as compared with nontreated controls. The histologic characteristics of the anastomoses of treated and nontreated animals did not differ. No correlation was evident between the amount of ACTH given and the strength or appearance of the anastomoses.

STIMULATION DEAFNESS: A STUDY OF HEARING LOSSES RESULTING FROM EXPOSURE TO NOISE OR TO BLAST IMPULSES. S. E. LINDQUIST, W. D. NEFF AND H. F. SCHUKNECHT. *J. Comp. & Physiol. Psychol.* 47:406, 1954.

In the cat as in man, after exposure to wideband noise at high intensity or to explosive sounds such as produced by small arms fire, the frequency range for which hearing losses occur is centered around 4000 c.p.s. and extends one or two octaves above and below this frequency, depending upon the degree of exposure. When the hearing loss is permanent and severe, degeneration of sensory cells in the upper basal and lower middle turns of the cochlea may be found upon post-mortem, histological examination. When hearing losses are less severe (30 to 40 db or less), clear damage to sensory elements in the cochlea cannot always be detected. Some disruption of supporting cells of the organ of Corti may occur and the hair cells may appear slightly distorted and less well defined than in the normal ear. In the present study, individual differences were not systemically studied, but the evidence obtained suggests that there is considerable variability among animals in susceptibility to and recovery from temporary and permanent hearing losses, which may be produced by intense acoustic stimuli. From a practical standpoint, a most important problem is to determine the effects of repeated exposures to sounds which do not produce permanent damage to the ear at a single exposure. The fact that we have in the clinical literature such terms as "boiler-maker's deafness" and "aviator's notch" is, in itself, evidence that permanent hearing losses are common in occupations where repeated exposure to high noise levels occurs. But we do not know whether the losses are the result of repeated exposure to sounds at a "sub-damaging" level or of occasional exposure to peaks of sound at intensities above the ordinary level. Nor do we know how important the factor of recovery between repeated exposures is. Our experiments with cats do not provide direct evidence bearing upon these problems, but they suggest that similar intracochlear changes underlie both reversible and irreversible hearing losses.

MEDICAL AND SURGICAL MANAGEMENT OF DIVERTICULITIS IN GERIATRIC PATIENTS. ROBERT J. PRIEST, BROCK E. BRUSH, AND LOUIS J. GREGORY. *J. Am. Geriatrics Soc.* 3:55, 1955.

In a review of a ten-year experience at the Henry Ford Hospital there were found 2162 patients with diverticula of the colon. In 169, diverticulitis was diagnosed and 124 treated medically, 45 surgically. Surgical intervention was indicated for perforation, abscess formation, obstruction, fistula formation, hemorrhage, diagnosis of malignancy and, in some cases, for failure to respond to medical treatment. The incidence of diverticulitis has increased with the changing age pattern of the population. Conservative medical management is recommended for uncomplicated diverticulitis in geriatric patients. The intestinal obstruction noted in 26 per cent of the patients responded to conservative therapy, including intubation and antibiotics. The complications of diverticulitis which required surgical intervention are discussed and the operative procedures outlined. The procedure recommended for most geriatric patients with surgical complications of diverticulitis is a three-stage resection of the involved segment of colon.

THE CONTROL OF CERTAIN CARDIAC ARRHYTHMIAS WITH ISOPROPYLNOREPINEPHRINE. E. E. SCHUMACHER, JR., AND C. L. SCHMOCK. *Am. Heart J.* 48: 933, 1954.

For many years sympathomimetic substances have been studied in an attempt to establish their role in the management of cardiovascular disorders. Recently, a new member, isopropylnorepinephrine (I. P. N., Isuprel), has joined the group and is now being subjected to intensive evaluation. I. P. N. differs from the parent compound, epinephrine, in that an isopropyl group has been substituted for the methyl group in the chemical structure. The new amine has been found to possess many pharmacologic similarities as well as important differences from epinephrine. In our series of 28 patients treated with I.P.N. certain consistent results have been observed. There has generally been a rise of 10 to 20 mm. Hg. in the systolic blood pressure and a similar drop in diastolic pressure. In cases of complete auriculoventricular block, the rate of the pacemaker has always increased considerably and has, with one exception, relocated in the vicinity of the auriculoventricular node. When dissociation persists both the auricular and ventricular rates have increased simultaneously, although not always to the same degree. In cases without complete heart block I.P.N. exerted its primary effect upon the sinus area, although a definite action on the auriculoventricular node was also observed. In no case was ventricular fibrillation or ventricular tachycardia induced by I.P.N., although the latter was abruptly halted in two patients. Some depression of the S-T junction was noted in Cases 5 and 6. The etiology of this change has not been definitely established. No definite changes were noted in the T waves. Several patients developed palpitation with 0.2 mg. of I.P.N. subcutaneously, but no patient experienced feelings of air hunger or substernal oppression. The use of I.P.N. in patients having ventricular tachycardia in connection with Morgagni-Stokes-Adams syndrome is reported. One of these patients, as well as those with hyperactive carotid sinus syndromes, has been maintained on sublingual I.P.N. for period for three or four months with good results. I.P.N. would now appear to be the drug of choice in these conditions.



SEGMENTAL AORTO-ILIAC AND FEMORAL ARTERIAL OCCLUSION;  
TREATMENT BY RESECTION AND ARTERIAL GRAFT REPLACEMENT. D.  
EMERICK SZILAGYI AND PAUL R. OVERHULSE. J.A.M.A. 157:426, 1955.

During the past two and one-half years, 27 cases of insidious segmental arterial aortic-iliac and femoral occlusion were observed. Segmental arterial occlusion, unassociated with diffuse arteriosclerosis, has distinguishing clinical features that often make possible its differential diagnosis on clinical grounds alone. Angiography is important in the clinical study and especially in the preoperative investigation of segmental arterial occlusion. During a follow-up observation of from three weeks to 11 months in 14 cases of segmental arterial occlusion involving 19 operative procedures, resection and homograft replacement yielded good results (functionally patent grafts and relief of symptoms) in 76% of the instances. Even when this form of treatment was not successful the condition of the affected limb was not made worse by the operation. Resection with arterial homograft replacement thus appears to be a promising method of treatment of segmental arterial occlusion. Graft material was procured from routine autopsies, chemically sterilized with beta-propiolactone and stored up to 28 days in Hank's solution.

