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 EDSEL B. FORD INSTITUTE FOR MEDICAL RESEARCH


Atherosclerosis was induced in rabbits by means of dietary cholesterol. Administration of dihydrocholesterol to these animals increased the initial rate of plasma cholesterol regression, but hindered the regression of total liver cholesterol. Dihydrocholesterol did not promote the regression of either the aorta lipid fractions or plaque areas.

Dietary dihydrocholesterol, fed to normal rabbits for a seven month period, resulted in the formation of aorta plaques, and in a general increase in all of the lipid fractions. There are data to suggest that dihydrocholesterol is deposited in the aortas. Extensive liver damage was noted in these rabbits fed dihydrocholesterol. Histological examination showed advanced cirrhosis and chemical analysis revealed increased total lipid cholesterol and B-sterols.

B-sitosterol proved to be nontoxic. Its administration did not result in aorta plaque formation or changes in liver or aorta lipid fractions. Moreover, it was just as effective as dihydrocholesterol in lowering total plasma cholesterol.


While the public is looking at its own narcotics problem, the physician, the man nearest to the narcotic needle, should not overlook the menace in his own medical bag. The following hints, if observed, will do much to reduce the 100 new doctor-addicts lost from our profession each year. (1) You are human, subject to the temptations of laymen. (2) Never let easy access to narcotics be an excuse for your first “shot”. (3) Don’t get overly tired and fatigued. When you are worn out, take a vacation. It’s a lot safer, and a lot more fun. (4) Don’t drink. Alcoholism can lead to drug addiction. (5) If you have surgery or become ill don’t ever take narcotics on your own. Keep in mind what Benjamin Franklin said: “The man who treats himself has a fool for a doctor.” (6) As a monitor against easy escape from an emotional problem, always think of your family, your future, and your prestige. Best of all, breathe a prayer for God to keep your hand off any narcotic during time of stress. (7) Take time to relax each day and meditate on the many blessings God has given you. This will “up” your spirits. Only depressed doctors take dope. Keep a happy mental outlook, and you do much to prevent the world’s most insidious and most hopeless habit.


Variable degrees of lasting attenuation, relaxation, and other sequelae of trauma...
Abstracts

are hallmarks of parturition in the birth canal. By modern obstetrical standards, they signify the ransom price of pregnancy. How, and to what possible end, these changes affect the urethrovesicopubic relationship are questions which have fired the imagination of gynecologists for years. Of more fundamental importance are the subtle changes in urethrovesicopubic relationships which develop in married nonparous women as they approach and transcend the menopause. The comparison and demonstration of changes in urethrovesicopubic relationships by these influences are the intent of this study. Increasingly impressive sequelae are shown in the following groups. Group I, non-parous, Group II, normal, “parous patients, Group III, uterovaginal prolapse, Group IV urinary stress incontinence, Group V, urethrovesicopubic relationships and Guillian-Doleis uterine suspension.


The emergency room that functions as a temporary medical haven for free service is rapidly disappearing and in its stead is appearing an emergency unit designed for total medical care. In the wake of scientific progress in medicine has come strong public interest in total medical care. The hospital has become the center of medical activity in the community, and its emergency unit has become an essential public service. The emergency unit must, therefore, be able to provide exacting and complete diagnosis and therapy at all hours of the day and night. Often the reputation of the entire hospital depends upon the quality and the speed of the medical care rendered in its emergency unit. Because of the multiple types of medical problems and the various professional relationships with the public, the emergency unit provides an excellent training opportunity for the resident and intern.


Of 150 juvenile diabetics, 44 whose disease had existed more than ten years, were selected for special study. All had been on a fixed dietary prescription, deriving calories 15 percent from protein, 50 percent from fat, and 35 percent from carbohydrate. Of these 59 percent had some vascular complication, though this did not appear until the disease had existed for over eleven years. There was a significant correlation between the incidence of complications and the adequacy of control of the diabetes. One patient has died of tuberculosis and three of Kimmelstiel-Wilson’s disease. The caloric and insulin requirements of this group are plotted graphically to maturity. The sharp rise preceding, and the fall following, puberty are emphasized.


Rehabilitation is a helping process through which a physically or emotionally handicapped individual is enabled to achieve satisfaction and usefulness to himself, his family and his community. The attainment of these goals may require employment of the knowledges and skills of multiple professional disciplines working together and use
Abstracts

of appropriate resources within the community. Prevention of extension of disability and promotion of achievement of self care should also be considered as appropriate goals of the rehabilitation team. The medical social worker contributes skill to the evaluation of the patient through knowledge of his social situation, family relationships, personality, previous work history, educational background and particularly of the meaning of the illness and disability to each patient. Through contacts with the patient and his family during the course of illness, workers are enabled to utilize to the fullest possible extent the opportunities for medical treatment. Through knowledge of the needs of the family and the impact of the illness situation on them, appropriate community resources may be employed in an effort to minimize social dislocation. When the medical treatment has achieved its maximum goal in respect to physical improvement the patient is helped to utilize appropriate resources to reach and maintain a suitable vocational goal in respect to his handicap. The use of the social worker’s interpretation of the problems of the patient and his family may modify the attitudes of other members of the treatment team toward the patient on the basis of their increased understanding. Follow up studies by multi-discipline groups are needed in order to evaluate the longtime results of rehabilitation.


Senile spastic entropion of the lower lid can be easily and quickly corrected by a new operative technique. A tiny skin incision is made 3 mm. below the lash border and another skin incision is made temporal to the outer canthus. A silk suture, which is to remain permanently buried, is (1) tied about orbicularis fibers in the nasal lid incision, (2) passed subcutaneously across the lid, and (3) pulled taut and tied about orbicularis fibers and fascia in the temporal incision. The skin incisions are closed with interrupted sutures. By contrast with older temporary suture methods, this operation uses a permanent buried horizontal suture to tighten the orbicularis over the lower portion of the tarsus which everts the upper border of the tarsus. This method is especially useful in previously operated entropion cases with secondary scar tissue, since it avoids difficult dissection and excessive bleeding. Excellent results were obtained in an operative series of 23 cases.


The article is a detailed description of the management of Ménière’s disease. The vertigo and vomiting associated with Ménière’s disease can become so severe and so frequent as to be incapacitating. At this stage the patient is fearful of having attacks while at work or on the street, and when so afflicted is willing to make some sacrifice to obtain relief of symptoms. A rational therapeutic approach to incapacitating unilateral Ménière’s disease is surgical or medical ablation of the diseased inner ear. An effective surgical procedure is labyrinthotomy which may be accomplished through either a transmastoid or a trans-tympanic approach, the latter being preferred because of its simplicity. The medical method consists of injecting streptomycin sulfate solution into the middle ear through tubing of small caliber. This results in an equally effective
A bstracts

ablation of vestibular function in the treated ear. For incapacitating bilateral Ménière's disease the most effective treatment is the parenteral administration of streptomycin sulfate in amounts adequate to effect a nearly complete ablation of vestibular function.


Changes in activity of L-glutamic acid dehydrogenase (GAD) and glutamic-pyruvic transaminase (G1-Py) in liver, and of glutamic-oxalacetic transaminase (G1-Ox) in liver and muscle, were studied in groups of hypophysectomized rats injected with saline or growth hormone for 0, 2, 5, or 10 days, and in corresponding groups of sham-operated rats. Hepatic GAD activity was slightly but significantly higher in hypophysectomized rats than in sham-operated ones, and was not altered by growth hormone in either group. In sham-operated rats, hepatic G1-Py activity was unaffected by growth hormone in the dose employed (100 ug./day); in hypophysectomized rats, activity of this enzyme was progressively reduced in the groups treated with growth hormone for 2, 5, and 10 days, only a fourth of the initial activity remaining in the last group. In muscle, progressive reduction of G1-Ox activity from the high level in hypophysectomized rats to a normal level, previously reported by Bartlett and Glynn, was confirmed. In liver, the changes in G1-Ox activity were more complicated. Incorporation of N\textsuperscript{15} from labeled alanine into plasma fibrinogen; into proteins of liver, spleen, kidney, and heart; and into collagen from Achilles tendon or tail, was only slightly greater in hypophysectomized rats treated with growth hormone than in untreated ones. Incorporation of N\textsuperscript{15} into collagen was less than one-fifth as great as incorporation into fibrinogen. Transfer of N\textsuperscript{15} from labeled alanine to glutamic acid, tyrosine, and other amino acids was similar in untreated hypophysectomized rats and in those treated with growth hormone in doses (100 ug./day) sufficient to produce nearly maximal gain in weight.