PROGRAM

of the

SOUTHERN MEDICAL ASSOCIATION

51st

Annual Meeting

MIAMI BEACH, FLORIDA

NOVEMBER 11-14, 1957

Miami Beach Auditorium

SOUTHERN MEDICAL ASSOCIATION

ORGANIZED IN 1906

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SUMMARY OF PROGRAM BY DAYS

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Gastroenterology, Section on, scientific session, 9:00 a.m.—page 43.

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Medicine, Section on, scientific session, 2:00 p.m.—page 57.

Neurology and Psychiatry, Section on, Joint Session with Southern Electroencephalographic Society, 9:00 a.m.—page 61.

Ophthalmology and Otolaryngology, Section on, scientific session, 2:00 p.m.—page 69.

Orthopedic and Traumatic Surgery, Section on, registration, 9:00 to 11:00 a.m., clinical session, 2:00 to 4:00 p.m.; cocktail party, 6:30-7:30 p.m.—page 75.

Pathology, Section on, scientific session, 9:00 a.m., scientific session, 2:00 p.m.—page 79.

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Anesthesiology, Section on, scientific session, 2:00 p.m.—page 35.

Dermatology and Syphilology, Section on, clinopathologic seminar, 1:00 p.m.—page 39.

Exhibits, Scientific, 8:00 a.m. to 5:30 p.m.—page 16.

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Gastroenterology, Section on, scientific session, 9:00 a.m.—page 43.

General Practice, Section on, Luncheon, 12:30 p.m.; scientific session, 2:00 p.m.—pages 46, 47.

Gynecology, Section on, scientific session, 9:00 a.m.; Color TV Program, 2:00 p.m.—pages 49, 50.

Louisiana State University School of Medicine, dinner—page 7.

Medical College of Alabama Alumni Association, banquet, 6:30 p.m.—page 6.

Medical College of Georgia, cocktail party—page 6.

Medical College of South Carolina, cocktails and dinner—page 7.

Medicine, Section on, scientific session, 2:00 p.m.—page 58.

Neurology and Psychiatry, Section on, scientific session, 2:00 p.m.; cocktail party, 6:00 to 7:00 p.m.—pages 62, 64.

Obstetrics, Section on, Color TV Program and Scientific session, 2:00 p.m.—page 67.

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Orthopedic and Traumatic Surgery, Section on, Color TV Program, 9:00 to 11:00 a.m.; scientific session, 11:30 a.m.; clinical session, 2:00 to 4:00 p.m.—page 75.

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Pathologists, American College of, Southeastern and South Central Regions, 9:00 a.m.—page 83.

Pediatrics, Section on, scientific session, 9:00 a.m.—page 85.

Proctology, Section on, operative clinic, 9:00 a.m.; Joint session with Section on Surgery, 2:00 p.m.—pages 92, 93.

Public Health, Section on, scientific session, 9:00 a.m.—page 96.

Radiology, Section on, luncheon meeting, 12:00 noon; scientific session, 2:00 p.m.—page 100.

Southern Flying Physicians, luncheon and scientific session, 12:00 noon—page 113.

Surgery, Section on, Joint Session with Section on Proctology, 2:00 p.m.—page 101.

Theta Kappa Psi Medical Fraternity, luncheon, 12:00 noon—page 7.

Tulane University School of Medicine, social hour 6:30 p.m., dinner 7:30 p.m.—page 7.

University of Arkansas School of Medicine, dinner-dance—page 6.

University of Louisville School of Medicine, cocktails and buffet dinner and dancing, 6:00 p.m.—page 7.

University of Maryland School of Medicine, social hour 6:30 p.m., dinner 7:30 p.m.—page 7.

University of Tennessee College of Medicine, cocktails and dinner, 6:30 p.m.—page 7.

University of Texas Medical Branch, cocktails and dinner, 6:00 to 7:30 p.m.—page 7.

University of Virginia Department of Medicine, dinner, 7:00 p.m.—page 7.

Urology, Section on, scientific session, 9:00 a.m.—page 105.

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Dermatology and Syphilology, Section on, scientific session, 9:00 a.m.; Color TV Program p.m.—pages 39, 40.

Exhibits, Scientific, 8:00 a.m. to 5:30 p.m.—page 16.

Exhibits, Technical, 8:00 a.m. to 5:30 p.m.—page 120.

General Session, President's Night, 6:30 p.m.—pages 11, 23.

Grand Rounds, scientific television program, 9:00 to 10:30 p.m.—pages 8, 23.

Gynecololgy, Section on, Joint Luncheon with Section on Obstretics, 12:00 noon; scientific session, 2:00 p.m.—page 50.

Industrial Medicine and Surgery, Section on, scientific session, 9:00 a.m.—page 53.

Johns Hopkins University School of Medicine, cocktail party, 5:30 to 7:00 p.m.—page 6.

Medicine, Section on, scientific session, 2:00 p.m.—page 59.

Neurology and Psychiatry, Section on, scientific session, 2:00 p.m.—page 64.

Obstetrics, Section on, scientific session, 9:00 a.m.; Joint Luncheon with Section on Gynecology, 12:00 noon—pages 67, 68.

Ophthalmology and Otolaryngology, Section on, scientific session, 2:00 p.m.—page 72.

Orthopedic and Traumatic Surgery, Section on, scientific session, 9:00 a.m.; clinical session, 2:00 to 4:00 p.m.—pages 76, 77.

Pediatrics, Section on, scientific session, 9:00 a.m.; Color TV Program, a.m.—page 86.

Physical Medicine and Rehabilitation, Section on, scientific session, 9:00 a.m.; luncheon 12:00 noon—pages 87, 88.

Surgery, Section on, Color TV Program, 9:00 to 10:30 a.m.; scientific session, 10:30 to 12:00 a.m.; scientific session 2:00 p.m.—pages 102, 103.

Urology, Section on, scientific session, 9:00 a.m.—page 106.

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Thursday, November 14

Exhibits, Scientific, 8:00 a.m. to 1:00 p.m.—page 16.

Exhibits, Technical, 8:00 a.m. to 1:00 p.m.—page 120.

Dermatology and Syphilology, Section on, scientific session, 9:00 a.m.; clinical section meeting, 2:00 p.m.—pages 40, 41.

Geriatrics Symposium, Problems of the Aging, 9:00 a.m.—pages 8, 115.

Gynecology, Section on, Joint Session with Sections on Obstetrics and Pediatrics, 9:00 a.m.—page 51.

Industrial Medicine and Surgery, Section on, scientific session, 9:00 a.m.—page 54.

Obstetrics, Section on, Joint Session with Sections on Gynecology and Pediatrics, 9:00 a.m.—page 68.

Orthopedic and Traumatic Surgery, Section on, scientific session, 9:00 a.m.—page 77.

Pediatrics, Section on, Joint Session with Section on Gynecology and Obstetrics, 9:00 a.m.—page 86.

Physical Medicine and Rehabilitation, Section on, scientific session, 9:00 a.m.—page 88.

Urology, Section on, scientific session, 9:00 a.m.—page 107.

WHO MAY ATTEND

All scientific activities, meetings and exhibits at the Miami Beach meeting will be available to physicians who are members in good standing of their local and state medical societies. Those who are not members of the Southern Medical Association will show membership card evidencing membership in their local and state societies. All scientific meetings and exhibits will be available to residents, interns, senior and junior medical students, technicians and nurses. *There is no registration fee at Southern Medical Association meetings.*

WHO MAY BE MEMBERS

MEMBERSHIP—The membership of this Association shall be limited to eligible members of the various state and local medical societies of the following states, viz.: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia and eligible medical officers of the United States Army, Navy, Public Health Service and Veterans Administration, and eligible American members of the Canal Zone Medical Association and the Puerto Rico Medical Association.

DUES—The dues of this Association (which include a year's subscription to the Southern Medical Journal) shall be $10.00 per year, payable annually.—Extract, Chapter VIII, By-Laws.

POSTGRADUATE CREDIT 30 HOURS

Members of the American Academy of General Practice may receive a maximum credit of 30 hours on their postgraduate requirements by attending this meeting.

CIVIC AND LUNCHEON CLUBS

The following clubs of Miami Beach extend a cordial invitation to all members who are members of any of these clubs in their home city to be their guests.

Elks Lodge #1601—Thursday, 8:00 p.m., 720 West Avenue.

Exchange Club—Wednesday, 12:15 p.m., Saxony Hotel.

Kiwanis Club (Miami Beach)—Thursday, 12:15 p.m., Delano Hotel.

Lions Club (Miami Beach)—Wednesday, 12:15 p.m., Roney Plaza.

Miami Beach Junior Chamber of Commerce—Monday, 8:30 p.m., Seville Hotel.

Optimist Club of Miami Beach—Tuesday, 12:15 p.m., Roney Plaza.

Rotary Club (Miami Beach)—Tuesday, 12:15 p.m., Delano Hotel.

WOMEN PHYSICIANS

Dr. Jean Jones Perdue, 6421 North Bay Road, Miami Beach, will entertain the Women Physicians of the Southern Medical Association at a buffet dinner at her home on Sunday evening, November 10, at 7:00 p.m.

Following the dinner, the forty-third business session of the Association will be held with Dr. Mary Margaret Nicholson of Washington, D. C., as the speaker.

The Miami Committee for Women Physicians is Dr. Ella M. Hediger, *Chairman;* Dr. Helen C. Dayton, Dr. Mary C. Patras, Dr. Jean Jones Perdue and Dr. Martiele Turner.

GENERAL HEADQUARTERS

Scientific Sessions

All scientific sessions of the twenty sections, the Color-TV programs and the Symposium on "Problems of the Aging" will be held in the Miami Beach Municipal Auditorium. The Auditorium will also house all of the technical and scientific exhibits—a big meeting under one roof.

Registration

The registration desk will be located in the foyer of the Miami Beach Auditorium. Registration hours will be 7:00 a.m. to 6:00 p.m. daily, November 10-14 inclusive.

Tickets

Tickets to all luncheons, alumni and fraternity functions, dinners, etc., may be secured in the foyer near the registration desk where each group will have a representative.

Executive Offices, di Lido Hotel

The office of the Executive Secretary and staff will be open from 6:00 a.m. to 8:00 p.m. daily, November 7-14 inclusive.

ALUMNI AND FRATERNITY REUNIONS

The following medical schools and fraternities have arranged for luncheons or dinners. Further information and tickets to these events may be obtained in the lobby of the Miami Beach Auditorium near the Association registration desk.

MEDICAL COLLEGE OF ALABAMA ALUMNI ASSOCIATION, Birmingham, Alabama, Tuesday, November 12, banquet, 6:30 p.m. Location of the meeting to be announced at time of sale of tickets. The program will consist of a movie of one of Alabama's football games. Alumni, family or any visitors or guests will be welcome. Dr. George C. Douglas, Secretary-Treasurer, Birmingham, Alabama.

UNIVERSITY OF ARKANSAS SCHOOL OF MEDICINE, Little Rock, Arkansas, Tuesday, November 12, dinner dance, Saxony Hotel, Miami Beach, Dr. Bernard Yesner, Local Chairman.

DUKE UNIVERSITY SCHOOL OF MEDICINE, Durham, North Carolina, Monday, November 11, dinner, Hickory House, Miami Beach, Dr. Robert F. Mikell, Local Chairman.

MEDICAL COLLEGE OF GEORGIA, Augusta, Georgia, cocktail party, Tuesday, November 12. Dr. Jesse C. McMillan, Local Chairman.

JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, Baltimore, Maryland, Wednesday, No-

vember 13, cocktail party, 5:30 to 7:00 p.m., di Lido Hotel.

LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE, dinner, Tuesday, November 12, Dr. Bernard Baer, Local Chairman.

UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE, Louisville, Kentucky, November 12, cocktails, buffet dinner and dancing, 6:00 p.m., Eden Roc Hotel.

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, Baltimore, Maryland, November 12, social hour 6:30 p.m., dinner 7:30 p.m., Roney Plaza Hotel, Miami Beach. Dr. James A. Vaughn, Jr., Local Chairman.

MEDICAL COLLEGE OF SOUTH CAROLINA, Charleston, South Carolina, Tuesday, November 12, cocktails and dinner honoring alumni in the Florida area, Delano Hotel, Fala Room. Speaker, Dr. Kenneth M. Lynch, President of the College. Dr. Thomas W. Hutson, Local Chairman. Dr. Jack C. Norris, Atlanta, Georgia, Secretary.

UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE, Memphis, Tennessee, November 12, cocktails and dinner, 6:30 p.m., Biscayne Terrace Hotel on Sky Roof, Biscayne Boulevard, Miami, Florida, Dr. O. W. Hyman, guest speaker, Dr. Homer A. Reese, Local Chairman, Miami.

UNIVERSITY OF TEXAS MEDICAL BRANCH, Galveston, Texas, November 12, cocktails and dinner, 6:00 p.m. to 7:30 p.m., Roney Plaza Hotel, Card Room.

TULANE UNIVERSITY SCHOOL OF MEDICINE, New Orleans, Louisiana, Tuesday, November 12, social hour 6:30 p.m., dinner 7:30 p.m., di Lido Hotel. Dean Maxwell H. Lapham, guest speaker. ALL attending please register as early as possible at table in registration area.

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE, Nashville, Tennessee, dinner, Monday, November 11, Eden Roc Hotel, Dr. Richard E. Strain, Local Chairman.

UNIVERSITY OF VIRGINIA DEPARTMENT OF MEDICINE, Charlottesville, Virginia, dinner, Tuesday, November 12, 7:00 p.m. at the Luau Restaurant on the 79th Street Causeway, Miami Beach. Dr. James J. Griffitts, Local Chairman.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, St. Louis, Missouri, cocktail party, Monday, November 11, 5:00 to 7:00 p.m., Nautilus Hotel on Eighteenth Street.

THE GRADUATE CLUB OF PHI DELTA EPSILON MEDICAL FRATERNITY, Miami Chapter, host to free cocktail party for all brothers attending convention, 5:30 to 7:30 p.m., November 11, Delano Hotel, Zodiac Room. Dr. Sanford Levine, Chairman, Miami.

THETA KAPPA PSI MEDICAL FRATERNITY will hold a good fellowship luncheon, Tuesday, November 12, 12:00 noon, di Lido Hotel. ALL attending please register as early as possible at table in regis-

tration area. Members of Grand Council will be present.

PREVIOUS MIAMI MEETINGS

The Southern Medical Association has met four times in Miami. 1929—Dr. Thomas W. Moore, Huntington, West Virginia, *President,* Dr. Roy J. Holmes, *General Chairman.* 1946—Dr. M. Y. Dabney, Birmingham, Alabama, *President,* Dr. Robert T. Spicer, *General Chairman.* 1948—Dr. Lucien A. LeDoux, New Orleans, Louisiana, *President,* Dr. Donald W. Smith, *General Chairman.* 1952—Dr. R. J. Wilkinson, Huntington, West Virginia, *President,* Dr. Edward W. Cullipher, *General Chairman.*

SOUTHERN FLYING PHYSICIANS

Luncheon and Program

The Southern Flying Physicians, organized in Houston in 1955, will hold a luncheon Tuesday, November 12, in the South Seas Hotel. A scientific program will follow. A block of rooms has been reserved at the South Seas for this group. Arrangements have been made for hangar service at the Miami Airport.

GERIATRICS SYMPOSIUM

Problems of the Aging

This special symposium, initiated at the Houston meeting in 1955 and continued at the Washington meeting in 1956, will be repeated again this year. The program, dealing with various problems of older people, will be presented in the Miami Beach Auditorium on Thursday morning, November 14. The committee which has prepared the symposium this year is: Dr. R. Lomax Wells, Washington, D. C., Chairman; Dr. Edward M. Krusen, Jr., Dallas, Texas; and Dr. Henry B. Mulholland, Charlottesville, Virginia.

GRAND ROUNDS

This popular, national scientific television program will be presented by Medical Radio and Television Institute Wednesday evening, November 13, between the hours of 9:00 and 10:30 p.m., Eastern Standard Time. The title of the program will be "Frontiers of Coronary Artery Disease." The program, originating in New York, will carry a special salute to the Southern Medical Association and will be screened in the ballroom of the di Lido Hotel as a part of the President's Night program. The panel presentation will discuss two key questions in coronary disease, (1) "What Is the Place and Value of Surgery?" and (2) "What Is the Role of Dietary Fats?" Panel members who will appear during the one and one-half hour presentation are:

Dr. Donald Brian Effler, *Moderator*
Chief, Thoracic Surgery Section
Cleveland Clinic
Cleveland, Ohio

Dr. Claude S. Beck
Professor of Cardiovascular Surgery
Western Reserve University School of Medicine
Cleveland, Ohio

Dr. Paul Dudley White
Clinical Professor of Medicine Emeritus
Harvard Medical School
Cambridge, Massachusetts

Dr. William Dock
Formerly Professor of Pathology,
Cornell, and Professor of Medicine,
State University of New York, now
of Palo Alto, California

Dr. J. H. Norris, Director
Social Medicine Research Unit
London Hospital
London, England

Dr. E. H. Ahrens, Jr., Member
Rockefeller Institute for Medical Research
New York City, New York

Dr. Clarence W. Lillehei
Professor of Surgery
University of Minnesota Medical School
Minneapolis, Minnesota

Dr. Charles P. Bailey
Professor of Thoracic Surgery
Hahnemann Medical College
Philadelphia, Pennsylvania

Dr. Ancel Keys, Director
Laboratory of Physiological Hygiene
University of Minnesota Medical School
Minneapolis, Minnesota

WOMAN'S AUXILIARY

The Woman's Auxiliary to the Southern Medical Association will hold its 33rd annual meeting in Miami Beach in conjunction with the Southern Medical Association.

The Auxiliary will have its headquarters at the Delano Hotel where all of their activities will be centered.

Registration will begin Monday morning, November 11, in the mezzanines of the Delano and di Lido Hotels. Features of the Auxiliary's program this year will be the popular Doctors' Day luncheon on Tuesday, 12:00 noon, a tour of Viscaya, exhibits by members of the Auxiliary which will be located in the foyer of the Delano along with special displays on the history and projects of the Auxiliary.

Business of the Auxiliary will include preconvention meetings of the Executive Board, general programs for the membership and a postconvention Executive Board meeting.

The sessions will be presided over by Mrs. O. W. Robinson, Paris, Texas, President. At the conclusion of the sessions Mrs. Walker L. Curtis, College Park, Georgia, will be installed as President.

SCIENTIFIC COLOR TV PROGRAMS

Through the courtesy of Smith, Kline & French Laboratories of Philadelphia, a total of six color television programs will be screened as a part of the regular scientific program of the Association. The huge screen for these programs will be located in a special

room of the Miami Beach Auditorium. The programs will originate at Jackson Memorial Hospital by leased wire.

The schedule of showings is as follows: Monday afternoon, November 11, a combined presentation by the Sections on Surgery and Anesthesiology. Local Chairmen for this program are Dr. Ralph S. Sappenfield and Dr. Donald W. Smith. Tuesday morning, November 12, Section on Orthopedic and Traumatic Surgery. Local Co-chairmen are Dr. Edward W. Cullipher and Dr. Robert P. Keiser. Tuesday afternoon, Obstetrics and Gynecology. Local Co-chairmen are Dr. Harvey Lozman and Dr. James H. Ferguson. Wednesday morning, November 13, Surgery and Pediatrics (1½ hours each). Local Chairmen are Dr. Donald W. Smith and Dr. Wesley S. Nock. Wednesday afternoon, Dermatology and Syphilology. Local Chairman is Dr. Harvey Blank.

PUBLIC TV COLORCAST—"Heart Surgery"

A special showing in color of some type of heart surgery will be carried to the general public over Station WCKT-TV on Sunday evening, November 10, from 10:00 to 11:00 p.m.

The program is sponsored by the Dade County Medical Association and the Southern Medical Association. The show will be produced by Smith, Kline & French Laboratories and is being prepared under the direction of Dr. Robert F. Dickey, Chairman of the Television Committee.

MEDICAL STUDENT REPRESENTATIVES

Continuing the successful project of last year, the Association will again invite representatives of the senior class of six medical schools to be its guests for the meeting. These fine young doctors of the future will have an opportunity to observe every phase of the operation of a Southern Medical meeting.

The agenda will include visits to the Section programs, exhibits and medical facilities in the Miami area. They will also participate in a special program on Monday evening, November 11, when representatives of national, regional, state and local medical societies will discuss the services of their organizations to physicians.

Schools and their representatives are as follow:

University of Miami School of Medicine—George W. Letchworth

University of Florida School of Medicine—Harry James Free

Medical College of Georgia—William Hubert Chew, Jr.

Emory University School of Medicine—Sid Callahan

Medical College of South Carolina—Saied Ameen

Medical College of Alabama—Paul Moffett

A SPECIAL SALUTE BY SCOPE WEEKLY

The Association is pleased to have *Scope Weekly,* published by the Upjohn Company, dedicate two issues to the meeting. The first issue, which will be mailed during the week of the meeting and distributed at the meeting, will contain pictorial and editorial

highlights. The second issue, which will be mailed to the physicians' homes, will carry special features of the meeting with a summary of events.

PRESIDENT'S LUNCHEON

A special luncheon honoring Dr. J. P. Culpepper, Jr., of Hattiesburg, Mississippi, will be held in the di Lido Hotel Monday, November 11, at 12:00 noon. There will be a very brief business session of the Association, and the entire membership is cordially invited (tickets available all day Sunday and Monday morning at the registration desk).

A highlight of the luncheon will be an address by the President's guest, Dr. George F. Lull, Secretary-General Manager of the American Medical Association, Chicago, Illinois.

PRESIDENT'S NIGHT—ANNUAL DINNER DANCE

The social highlight of the meeting will be held Wednesday evening, November 13, in the Cotillion Room of the di Lido Hotel. Following the annual dinner, a brief business session of the Association will be held which will include a report by the Chairman of the Council, Dr. A. Clayton McCarty of Louisville, Kentucky, and the election of officers. A feature of the program will be the President's Address by Dr. Culpepper. The audience will remain in the Cotillion Room for the special television show, "Grand Rounds." The evening will be concluded with professional entertainment featuring George DeWitt and dancing.

OTHER HIGHLIGHTS

Other scheduled functions include the past Presidents' dinner, the past Councilors' breakfast, Section luncheons and dinners, a fishing rodeo and opportunities for delightful experiences in dining and entertainment.

GOLF TOURNAMENT

The thirty-fourth annual golf tournament for men of the Southern Medical Association will be held, weather permitting, at the Bayshore Golf Club, Miami Beach, on Monday, November 11. Tournament play will consist of one eighteen hole round of medal play, and entrants are privileged to play any time Monday. The score cards for the tournament round will be obtained from the Committee and turned in after the tournament. It will facilitate handicapping if participants will bring a statement of their club handicap with them. Each golfer is requested to wear the official badge for identification when visiting the golf club.

The three major trophies to be played for this year, which must be won three times by the same golfer are the *Daily Oklahoman* and *Times* Cup, in play since 1938, for low gross, junior class (physicians under 50 years of age); the *Miami Daily News* Cup, in play for the fifth time, for low gross, senior class (physicians over 50 years of age); and the *Dallas Morning News* Cup, in play since 1925, handicap for low net.

All participants in this golf tournament must be

properly registered at the Southern Medical Association registration headquarters and wear the official badge to be accorded privileges of the Bayshore Golf Club. Greens fee complimented by Miami Beach Convention Bureau, Thomas F. Smith, Director.

Dr. Charles R. Burbacher, Chairman, Golf Committee; Dr. Herman Boughton, Dr. L. W. Dowlen, Dr. Walter C. Jones, Dr. Dominic A. Marion and Dr. Karl W. Vetter.

COMMITTEES ON ARRANGEMENTS, MIAMI BEACH

General Chairman—Dr. Donald F. Marion.

Executive Committee—Dr. Joseph S. Stewart, Chairman; Dr. Alfred G. Levin, Dr. Donald F. Marion, Dr. Hunter B. Rogers, Dr. Walter W. Sackett, Jr., and Dr. Nelson Zivitz.

Advisory Committee—Dr. Walter C. Jones, Chairman; Dr. Reuben B. Chrisman, Jr., Dr. Edward W. Cullipher, Dr. Franklin J. Evans, Dr. Ralph W. Jack, Dr. Homer F. Marsh, Dr. Homer L. Pearson, Jr., Dr. Warren W. Quillian, Dr. John M. Rumball, Dr. Donald W. Smith and Dr. Robert T. Spicer.

Alumni and Fraternity Meetings Committee—Dr. Sanford Levine, Chairman; Dr. Jack J. Falk, Dr. Truxton L. Jackson, Dr. Allan A. Kaplan, Dr. Louis C. Skinner, Jr., and Dr. Robert C. Welsh.

Inter-American Relations Committee—Dr. Carlos P. Lamar, Chairman.

Anglers Committee—Dr. John R. Hilsenbeck, Chairman; Dr. E. Hampton Bryson, Dr. John W. Dix, Dr. W. Tracy Haverfield, Dr. Robert P. Keiser and Dr. George Williams, Jr.

Golf Committee—Dr. Charles R. Burbacher, Chairman; Dr. Herman Boughton, Dr. L. W. Dowlen, Dr. Walter C. Jones, Dr. Dominic A. Marion and Dr. Karl W. Vetter.

Information Committee—Dr. L. W. Dowlen, Chairman; Dr. Jack Q. Cleveland, Dr. Thomas S. Gowin, Dr. Leonard I. Hodges, Dr. Sherman R. Kaplan and Dr. William Maxwell.

Ladies Entertainment Committee—Mrs. William P. Smith, Chairman; Mrs. Francis N. Cooke, Mrs. Robert F. Dickey, Mrs. John W. Dix, Mrs. Donald F. Marion and Mrs. C. Russell Morgan, Jr.

Membership Committee—Dr. George W. Robertson, Chairman; Dr. Raymond Breitbart, Dr. Malissa D. Browning, Dr. David R. Gair, Dr. Daniel O. Hammond, Dr. Allan A. Kaplan, Dr. Milton E. Lesser, Dr. Irwin H. Makovsky, Dr. Chauncey M. Stone, Jr., and Dr. S. Nelson Tippett.

Publicity Committee—Dr. Robert A. McNaughton, Chairman; Dr. Seymour L. Alterman, Dr. O. Whitmore Burtner, Dr. Alexander Libow, Dr. Francis A. Reed and Dr. Ralph Robbins.

Scientific Exhibits Committee—Dr. George F. Schmitt, Jr., Chairman; Dr. Martin S. Belle, Dr. Lawson C. Johnson, Dr. Philip Oransky, Dr. Benjamin G. Oren and Dr. E. Ernest Pierleoni.

Television Committee—Dr. Robert F. Dickey, Chairman; Dr. Harvey Blank, Dr. John W. Bolton, Dr. Edward W. Cullipher, Dr. John J. Farrell, Dr. James H. Ferguson, Dr. Kermit H. Gates, Dr. Robert P. Keiser, Dr. Harvey Lozman, Dr. Ralph S. Sappenfield, Dr. Donald W. Smith and Dr. Wesley S. Nock.

Women Physicians Committee—Dr. Ella M. Hediger, Chairman; Dr. Helen C. Dayton, Dr. Mary C. Patras, Dr. Jean J. Perdue and Dr. Martiele Turner.

HOST COMMITTEEMEN FOR THE SECTIONS

Allergy—Dr. Meyer B. Marks, Chairman; Dr. Herman Cohen, Dr. George Gittelson, Dr. James H. Putman and Dr. Jack A. Rudolph.

Anesthesiology—Dr. Ralph S. Sappenfield, Chairman; Dr. George C. Austin, Dr. Maurice P. Cooper, Dr. Roger J. Forastiere, Dr. William H. Forthman and Dr. H. Colquitt Pearson.

Dermatology and Syphilology—Dr. Wiley M. Sams, Chairman; Dr. Otto S. Dowlen, Dr. Hollis F. Garrard, Dr. Rothwell Lefholz, Dr. A. Buist Litterer and Dr. Frederick B. Zaugg.

Gastroenterology—Dr. Chester Cassel, Chairman; Dr. Edwin J. Jensen, Dr. Allan A. Kaplan, Dr. Benjamin G. Oren, Dr. John M. Rumball and Dr. Winston K. Shorey.

General Practice—Dr. Vincent P. Corso, Chairman; Dr. Leon R. Feldman, Dr. Philip M. Greenberg, Dr. John V. Handwerker, Dr. Matthias P. Meehan and Dr. Leo A. Zuckerman.

Gynecology—Dr. John D. Milton, Chairman; Dr. Raymond T. Anderson, Dr. Rupert E. Arnell, Dr. Judd R. Breakstone, Dr. Richard C. Forman and Dr. R. Spencer Howell.

Industrial Medicine and Surgery—Dr. P. J. Manson, Chairman; Dr. James E. Fischer, Dr. Martin Mangels and Dr. Thomas N. Ryon.

Medicine—Dr. William M. Straight, Chairman; Dr. Edwin P. Preston, Dr. Reuben Rochkind, Dr. Morris N. Silverberg, Dr. Nicholas A. Tierney and Dr. Walter R. Tobin.

Neurology and Psychiatry—Dr. Paul S. Jarrett, Chairman; Dr. James L. Anderson, Dr. Bernard Goodman, Dr. Albert Jaslow, Dr. Theodore J. Von Storch and Dr. Edward H. Williams.

Obstetrics—Dr. Norman W. McLeod, Jr., Chairman; Dr. Henry H. Caffee, Dr. Edward F. Fox, Dr. Daniel O. Hammond, Dr. Frank W. Hewlett and Dr. Richard F. Stover.

Ophthalmology and Otolaryngology—Dr. Kenneth S. Whitmer, Chairman; Dr. Andrew G. Brown, Dr. Ralph E. Kirsch, Dr. George E. McKenzie, Dr. Collins W. Swords, Jr., and Dr. Robert C. Welsh.

Orthopedic and Traumatic Surgery—Dr. Francis W. Glenn, Chairman; Dr. John E. Burch, Dr. Forrest H. Foreman, Dr. Claude D. Holmes, Dr. Robert P. Keiser and Dr. G. T. Samartino.

Pathology—Dr. Maxwell M. Sayet, Chairman; Dr. W. A. D. Anderson and Dr. Theodore C. Keller.

Pediatrics—Dr. Gunnard J. Antell, Chairman; Dr. Ralph E. Baxter, Dr. Philip J. Chastain, Dr. Howard A. Engle, Dr. Robert F. Mikell and Dr. Karl W. Vetter.

Physical Medicine and Rehabilitation—Dr. Kenneth Phillips, Chairman; Dr. Daniel Kindler, Dr. S. B. Kleinman, Dr. Leon H. Mims, Jr., and Dr. Elwin G. Neal.

Proctology—Dr. Matthew A. Larkin, Dr. Claude G. Mentzer, Dr. Samuel Neustein, Dr. Alexander E. Rosenberg and Dr. George Williams, Jr.

Public Health—Dr. T. E. Cato, Chairman; Dr. E. C. Brunner, Dr. James J. Griffitts and Dr. John T. Smedley.

Radiology—Dr. John C. Ajac, Chairman; Dr. E. Hampton Bryson, Dr. Maurice M. Greenfield, Dr. Gerard Raap, Dr. Richard D. Shapiro and Dr. Oliver P. Winslow, Jr.

Surgery—Dr. H. Clinton Davis, Chairman; Dr. J. Raymond Graves, Dr. George D. Lilly, Dr. Donald W. Smith, Dr. William L. Wagener, Jr., and Dr. Arthur W. Wood, Jr.

Urology—Dr. Milton M. Coplan, Chairman; Dr. Willard L. Fitzgerald, Dr. Jack A. McKenzie, Dr. Perry D. Melvin, Dr. James J. Nugent and Dr. Frank M. Woods.

SCIENTIFIC EXHIBITS

Exhibits will be open Monday, Tuesday, Wednesday and Thursday, November 11, 12, 13 and 14.

1. JAMES D. HARDY and JAMES C. GRIFFIN, JR., University of Mississippi Medical Center, Jackson, Mississippi: Surgery of the Heart and Aorta.

2. S. WILLIAM SIMON, Brown General Hospital, VAC, Dayton, Ohio: The Use of a New Respiratory Index for the Evaluation of Xanthine Drugs in Pulmonary Disease.

3. LEONARD J. RABHAN, Savannah, Georgia: Rectal Polyp.

4. BERNARD M. NORCROSS and SALVATORE R. LaTONA, Buffalo, New York: Connective Tissue Diseases.

5. RUSSELL J. VASTINE, JR., Buchanan, Michigan: Flying Patients.

6. LESTER S. BLUMENTHAL and MARVIN FUCHS, George Washington University Hospital, Washington, D. C.: Headache Clinic.

7. W. A. SIMRIL, Shriner's Hospital for Crippled Children, St. Louis, Missouri: Hip Disease in Children.

8. ROBERT E. RYAN, St. Louis, Missouri: Vascular Headache Management.

9. VERNELLE FOX, Georgian Clinic, Atlanta, Georgia: A New Tool in the Management of Alcoholism.

10. HARRIET E. GILLETTE, Physical Medicine & Rehabilitation Clinic, Veterans Administration, Atlanta, Georgia: Total Management of Muscle Dysfunction.

11. C. H. SLOCUMB, H. F. POLLEY, L. E. WARD and J. G. MAYNE, Mayo Clinic and Mayo Foundation, Rochester, Minnesota: Hypercortisonism in Patients with Rheumatoid Arthritis.

12. L. MAXWELL LOCKIE and JOHN TALBOTT, Buffalo, New York: Does Your Patient Have Gout?

13. HERSCHEL S. MURPHY, ERNEST C. LOWENSTEIN, FLOYD D. GINDHART and ARCHIBALD K. MANESS: Evaluation of Synthetic Oxytocics in Obstetrics.

14. FRANK J. AYD, JR., and IRVING J. TAYLOR, Franklin Square Hospital and Taylor Manor Hospital, Maryland: A Comparative Study of Phenothiazine Tranquilizers.

15. WILLIAM R. CHAMBERS, ARTHUR M. PRUCE, Atlanta, Georgia and SAMUEL VARCO, Buffalo, New York: Traction—Cervical and Lumbar.

16. RALPH V. FORD, CHARLES L. SPURR, JOHN H. MOYER, CARROLL A. HANDLEY and J. B. ROCHELLE, Baylor University College of Medicine and Veterans Administration Hospital, Houston, Texas: Diuretic Therapy.

17. DARRELL C. CRAIN, Georgetown University Hospital, Washington, D. C.: The Hands in Arthritis and Related Rheumatic Conditions.

18. J. HAROLD CONN and RUSH E. NETTERVILLE, University of Mississippi Medical Center and Veterans Administration Center, Jackson, Mississippi: Diagnosis of Obscure Thoracic Lesions.

19. JOHN S. ATWATER and JAMES M. CARSON, Atlanta, Georgia: An Evaluation of Anticholinergic and Tranquilizing Agents in Peptic Ulcer Therapy.

20. REHABILITATION CENTER FOR CRIPPLED CHILDREN AND ADULTS, Miami, Florida: Rehabilitation—Declaration of Independence.

21. DANIEL A. SHERBER and MURRAY M. LEVITES, Fordham Hospital, Bronx, New York: Hypercholesteremia: Incidence, Physiology and Treatment.

22. PHILIP WEINSTEIN, University of Miami School of Medicine, Miami, Florida: Comparative Study of the Olfactory System in Man and Other Mammals.

23. H. O. SINGHER, R. V. CHAPPLE, D. S. PATTISON, Raritan, New Jersey and J. S. STEWART, Miami, Florida: The Use of the Enzyme Plasmin in Clinical Therapy.

24. ALEXANDER KUSHNER, St. Francis Hospital, Miami Beach, Florida: Pull-out Pins for Fractures of the Tibia.

25. RICHARD W. LEONG, Houston, Texas: Skeletal Manifestations Noted in Sickle Cell Patients.

26. DANA M. STREET, Veterans Administration, Kennedy Hospital, Memphis, Tennessee: Medullary Nailing in Forearm Fractures.

27. MAURICE I. EDELMAN, Mount Sinai Hospital, Miami Beach, Florida: Otorhinologic Plastic Surgery.

28. CHARLES W. HOCK, Augusta, Georgia: A New Psychomotor Approach to Gastrointestinal Disease.

29. PHIL C. SCHREIER, H. P. AGERSBORG, JR., HENRY B. TURNER and MARTHA A. LOVING, University of Tennessee College of Medicine, Memphis, Tennessee: The Enigma in Obstetrics. Toxemia of Pregnancy.

30. G. DEKLE TAYLOR, Baptist Memorial Hospital, Jacksonville, Florida: Middle Ear and Mastoid Complications Despite Antibiotics.

31. WILLIAM D. DAVIS, JR., STANLEY REICHMAN, JOHN P. STORAASLI, RICHARD GORLIN and HUGH M. BATSON, JR., Ochsner Clinic, New Orleans, Louisiana: Intrasplenic Approach to the Portal Circulation.

32. J. BROWN FARRIOR and ROBERT LEVINE, Southern Foundation of Better Hearing, Tampa, Florida: The Fenestration Operation and Stapes Mobilization.

33. JOHN D. SCHULTZ, Washington, D. C.: The Ataractics in General Hospital Practice.

34. GUS G. CASTEN and ROBERT J. BOUCEK, Miami Heart Institute, Miami Beach, Florida: The Use of Relaxin in the Treatment of Scleroderma.

35. LOUIS A. BREFFEILH, Shreveport, Louisiana: Internal Strabismus.

36. ROBERT GRAYSON, Miami Beach, Florida, Florida Pediatric Society, Florida State Board of Health and Florida Chapter American Academy of Pediatrics, Jackson Memorial Hospital: Florida Poisoning Control Program.

37. BERNARD M. ANDERMAN, NORTON CANFIELD, G. DONALD CAUSEY, RAYMOND T. CARHART and A. B. C. KNUDSON, Veterans Administration, Washington, D. C.: Audiology in the Veterans Administration.

38. HERBERT H. THOMAS, Medical College of Alabama, Birmingham, Alabama: Office Conization of the Cervix by Multiple Biopsy Technique.

39. JACK WICKSTROM, ROBERT D. RAY, CHARLES BECHTOL, ALBERT FERGUSON and CARL D. MARTZ: Biomechanics of Surgical Implants.

40. WILLIAM S. HATT, Sarasota, Florida: The Role of X-rays in the Analysis of the Infant Foot.

41. RALPH R. LANDES, CHARLES L. RANSOM and ROBERT McLELLAND, The Memorial Hospital, Danville, Virginia: A New Method of Presacral Retroperitoneal Pneumography Utilizing Carbon Dioxide.

42. C. J. O'DONOVAN, A. A. FORIST, C. LEWIS, W. L. MILLER, JR., W. E. DULIN and E. J. LARSON, Kalamazoo, Michigan: Tolbutamide—Oral Control of Diabetes Mellitus.

43. JASPER H. ARNOLD, Houston, Texas: The Importance of Bacteriologic Methods in Diagnosis of Urinary Tract Infections.

44. GEORGE T. HARRELL, University of Florida College of Medicine, Gainesville, Florida: University of Florida Health Center.

45. RICHARD A. DILLARD, JOE W. DENSON and PAUL P. SALTER, Veterans Administration Hospital, Birmingham, Alabama: Marsupialization Technique in Pilonidal Disease.

46. G. GORDON McHARDY and ROBERT McHARDY, New Orleans, Louisiana: Bowel Normalization.

47. JAMES A. MARTIN and CHARLES L. MARTIN, Dallas, Texas: Low Intensity Radium Therapy.

48. ARNOLD H. GOULD, Georgetown University Hospital, Washington, D. C.: Therapy of Seborrheic Conditions with Sodium Sulfacetamide.

49. WILLIAM O. BARNETT, University of Mississippi, Jackson, Mississippi: The Auerbach Ganglion Cells—Human Digestive Tract.

50. L. W. DIGGS, DOROTHY STURM and ANN BELL, University of Tennessee College of Medicine, Memphis, Tennessee: Morphology of Human Blood Cells.

51. PATRICK H. HANLEY, MERRILL O. HINES and JOHN E. RAY, Tulane University School of Medicine, New Orleans, Louisiana: Evaluation of 2,000 Proctologic Examinations.

52. DADE COUNTY TUBERCULOSIS ASSOCIATION, Miami, Florida: Missed Diagnoses.

53. G. F. SCHMITT, JR., University of Miami, Miami, Florida: What do I Want to do in a Medical Meeting.

54. ROBERT C. WELSH, Miami, Florida: Cataract Lenses—I. Important Points in Prescribing and Fitting; II. A "Utopian" Postoperative Cataract Lens Process.

55. MURRY M. ROBINSON, Washington, D. C.: Dermabrasive Surgery.

56. RICHARD G. CONNAR and LEFFIE M. CARLTON, JR., Tampa, Florida: Prescalene Biopsy.

57. GEORGE S. HACKETT, Canton, Ohio: Low Back Pain.

58. AUGUSTUS GIBSON, KARL H. BEYER, ELMER ALPERT and CHARLES E. LYGHT, Rahway, New Jersey: Chlorothiazide, A Saluretic Agent.

59. WILLIAM J. FITZGERALD, Albany, New York: A Seven Year Evaluation of Oxytocics in the Third Stage of Labor in 2,400 Patients.

60. McCARTHY DeMERE, Memphis, Tennessee: Plastic Surgery Problems.

61. NEAL OWENS, ROBERT J. MEAD and RUSSELL C. HADLEY, The Owens-Mead Clinic, New Orleans, Louisiana: Reconstructive Surgery.

62. MALCOLM L. BARNES and GEORGE S. ALLEN, Louisville, Kentucky: Cervicitis in Office Practice.

63. J. T. DAVIS, Corinth Hospital, Corinth, Mississippi: Surgery of the Hand.

64. RAYMOND F. GRENFELL, University Medical Center, Jackson, Mississippi: Treatment of Essential Hypertension.

65. C. GORDON JOHNSON, CHARLES F. MOLL and ANNE C. STRICKLAND, New Orleans, Louisiana: Cytologic Diagnosis of Cervical Malignancy—Routine Smears in Private Practice.

66. WILLIAM J. DIECKMANN and NICHOLAS W. FUGO, University of Chicago, The Chicago Lying-in Hospital, Chicago, Illinois: The Use of Oxytocics at the Delivery of the Anterior Shoulder.

67. JACK ZUCKNER, ARCH M. AHERN and OTAKAR MACHEK, St. Louis University School of Medicine, St. Louis, Missouri: Phenylbutazone Therapy in Patients with Rheumatic Disease and Associated Hypertension.

68. HARRY M. ROBINSON, JR., EUGENE S. BERESTON and LOUIS E. HARMON, University of Maryland, Baltimore, Maryland: Epidemiology of Tinea Capitis due to *M. Audouini.*

69. W. E. HENRICKSON, Poplar Bluff, Missouri: The Generalist Looks at Constipation.

70. J. R. MAXFIELD, JR., and JACK G. S. MAXFIELD, Dallas, Texas: The Role of Medicine in the Responsibilities of the Atomic Age.

71. MARGARET S. KLAPPER, University of Alabama Medical School, Birmingham, Alabama: Disseminated Coccidioidomycosis—Treatment with Amphotericin B.

72. JAMES W. BURKS, JR., and JOHN D. KRAFCHUK, Tulane University School of Medicine, New Orleans, Louisiana: Wound Healing.

73. ROBERT FORD NEAL, Greenville, Mississippi: Intramuscular Iron-Dextran in Pediatric Practice.

AMERICAN RHEUMATISM ASSOCIATION and ARTHRITIS AND RHEUMATISM FOUNDATION, Consultation Booth, "Do You Have a Question, Doctor?" attended by John W. Sigler, L. Maxwell Lockie and Donald F. Hill.

MEMORANDA

THE PRESIDENT'S LUNCHEON

(First General Session)

Florentine Room — di Lido Hotel

Monday, November 11, 12:15 p.m.

J. P. Culpepper, Jr., *President,* presiding.

Invocation.....Dr. Ronald S. Wilson, *Pastor,* Westminster Presbyterian Church, Miami

Address of Welcome.....WALTER W. SACKETT, JR., *President,* Dade County Medical Association

Introduction of Distinguished Guests...DR. CULPEPPER

Introduction and Address by the President's Guest GEORGE F. LULL, *Secretary-General Manager,* American Medical Association

Award of Citations.....DR. CULPEPPER

The Southern Medical Association will give a citation to Dr. Ramon M. Suarez, San Juan, Puerto Rico; posthumously to Dr. Guillermo Garcia Lopez, Havana, Cuba; and to Dr. Tom D. Spies, Birmingham, Alabama, as an expression of appreciation for the great contribution they have made in tropical medicine. The citations will be received by Dr. Suarez for the group.

Brief Business Session — Announcements

Adjournment

PRESIDENT'S NIGHT

(Second General Session)

Wednesday, November 13, 6:30 p.m.

Cotillion Room di Lido Hotel

Donald F. Marion, *General Chairman,* presiding

Invocation.....Monsignor Barry, St. Patrick's Cathedral, Miami

Annual Dinner.....6:30-7:30 p.m.

Music by Bernie Mayerson Trio

Introduction of Distinguished Guests.....DR. MARION, Miami

Presidential Address.....J. P. CULPEPPER, JR., Hattiesburg

Report of the Council.....A. CLAYTON MCCARTY, *Chairman,* Louisville

Report of the Nominating Committee

Election of Officers

Installation of the President, W. Kelly West, Oklahoma City

AWARDS

Presentation of the Past President's Medal

Presentation of the Distinguished Service Award

Presentation of the Research Medal

Presentation of Scientific Exhibit Awards

Presentation of Golf Tournament Trophies

9:00 P.M.—GRAND ROUNDS—10:30 P.M.

SHOW TIME

Variety Revue

Presenting George DeWitt

Holley Warren Ricki Dunn, M.C.

and

The Eddie Green (Fontainebleau) Orchestra

MEMORANDA

HOME BUILDING FUND SUBSCRIPTION
to the
SOUTHERN MEDICAL ASSOCIATION

1020 Empire Building, Birmingham, Ala.

SINGLE PAYMENT PLAN

As my contribution to the cost of constructing a Home Office Building for the Southern Medical Association, I enclose my check for . . . . . $_____

MULTIPLE PAYMENT PLAN

And in addition to the above payment, I hereby promise to pay . . . . . $_____ according to the following schedule:

$_____ _____ _____ _____
(month) (day) 1958

$_____ _____ _____ _____
1959

_____
Date

Your contribution is deductible for Federal income tax purposes

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Signed

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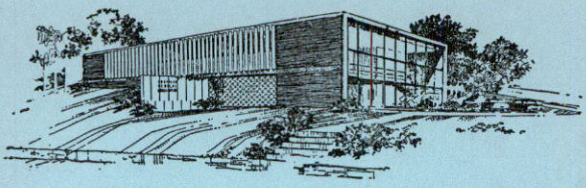
Address



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For your convenience and information about this $225,000 monument to "Southern Medicine," special booths are located in the Municipal Auditorium and in the lobbies of the Delano and diLido Hotels where you may make your contribution.

Booth Attendants

MR. C. P. LORANZ, Secretary
Home Building Finance Committee and
members of the SMA staff

***It's deductible!**

POSTCONVENTION TOURS!

—By Plane

Puerto Rico Air Cruise	4 days
Puerto Rico and Virgin Islands	6 days
Caribbean Air Cruise Puerto Rico, Dominican Republic, Jamaica, Cuba	11 days

(All flights leave Miami late afternoon, Thursday, Nov. 14)

For further information wire our official Air Tour Agency—

International Travel Service
Palmer House
119 S. State Street
Chicago 3, Illinois

—By Ship, The Yarmouth Castle

Havana and Nassau, Friday, Nov. 15, 6:00 P.M.	4 days
Havana, Nassau, Haiti, Jamaica, Dominican Republic, Curacao-Netherlands West Indies, Tuesday, Nov. 19, 4:00 P.M.	10 days

Sailings from Pier 3, Biscayne Blvd. and 9th St., Board after 2:00 P.M.

For further information call our official Steamship Agents—
FR 3-8311

Eastern Shipping Corporation
Pier 3, Box 882
Miami 6, Florida

For last minute arrangements, see
Representatives of Both Tour Agencies in
Miami Beach — Municipal Auditorium

Southern Medical Association — Application for Membership

I desire to be enrolled as a member of the Southern Medical Association (which includes subscription to the Southern Medical Journal) for which I enclose $10.00 to pay the first year's dues, membership to continue until otherwise instructed (dues payable in advance).

I am a member in good standing of the.....County and.....State Medical Societies.

Name..... Street or Office Address.....

City.....Zone.....State..... Date of Birth.....

School..... Specialty.....

Former member of Southern Medical Association? Yes ☐ No ☐

MEMBERSHIP—The membership of this Association shall be limited to eligible members of the various state and local medical societies of the following states, viz.: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and white Medical Officers of the United States Army, Navy, Public Health Service and Veterans' Bureau on active duty, and eligible American members of the Canal Zone Medical Society and the Puerto Rico Medical Association.

DUES—The dues of this Association (which include a year's subscription to the Southern Medical Journal) shall be $10.00 per year, payable annually.—Extract, Chapter VIII, Sec. 7, By-Laws.

If you would like information on the Association's Group Disability Insurance, check here ☐

Signed_____M.D.

Date_____

Fill out and mail with check to Southern Medical Association, Empire Bldg., Birmingham 3, Ala.

P-11-57

DISTINGUISHED GUEST SPEAKERS OF THE SECTIONS

Tuesday a.m. — Section on Allergy

Arthur C. Curtis, M.D., Ann Arbor, Michigan

Dr. Curtis, Professor and Chairman of the Department of Dermatology at the University Hospital, University of Michigan, was graduated from the University of Michigan Medical School in 1925. In 1928 he was appointed dean of the Medical School, and from 1931 to 1935 he served as Secretary of the Medical School. Dr. Curtis is a past president of the Society for Investigative Dermatology, the American Academy of Dermatology and Syphilology, the Detroit Dermatologic Society and the American Board of Dermatology and Syphilology. He holds membership in several clinical and research organizations related to his specialty including the Society for Investigative Dermatology. He belongs to the following fraternities: Phi Sigma, Alpha Omega Alpha, Galens, Sigma Xi, Alpha Kappa Kappa and Gamma Alpha.

Wednesday p.m. — Section on Anesthesiology

Manuel Martinez Curbelo, M.D., Havana, Cuba

Dr. Curbelo, president of the Sociedad Nacional de Anestesiologia, Cuba, and vice-president of the World Federation of Societies of Anesthesiologists, received his M.D. degree from Havana University in 1929. Dr. Curbelo did postgraduate work at the University of Tennessee in Anesthesiology and Obstetrics in the capacity of Assistant Professor in 1947. An international lecturer, Dr. Curbelo has appeared in Boston, Rochester, Madison, Hartford, New York, Washington, Memphis, Mexico City, Sao Paulo, Rio de Janeiro, Buenos Aires, Bogota, Caracas and Paris. He has addressed the Annual Congresses of the International Anesthesia Research Society, the American Society of Anesthesiologists, the Mexican Society of Anesthesiologists, and the Second and Third Latin American Congresses of Anesthesiologists. Dr. Curbelo holds membership in the "Associación Argentina de Anestesiologia," the American Society of Anesthetists, Inc., the American Society of Anesthesiologists, the "International Anesthesia Research Society," the "Association of Anaesthetists of Great Britain and Ireland," and "Sociedade Brasileira de Anestesiologia."

Wednesday a.m.
Section on Dermatology and Syphilology

J. Walter Wilson, M.D., Los Angeles, California

Dr. Wilson received his M.D. degree from the University of California School of Medicine in 1933. He is now Clinical Professor of Medicine, Dermatology, University of Southern California, and is Director of Mycology Course for the American Academy of Dermatology. He is a member and a Director of the American Board of Dermatology. Dr. Wilson is a past chairman of the Section on Dermatology of the American Medical Association and the author of "Clinical and Immunological Aspects of Fungus Diseases." He is also the co-author of "Introduction to Medical Mycology."

Monday a.m. — Section on Gastroenterology

Everett D. Kiefer, M.D., Boston, Massachusetts

Dr. Kiefer, presently Physician in the Department of Gastroenterology of the Lahey Clinic, is an Associate Staff Member of the New England Deaconess and New England Baptist Hospitals in Boston. He was graduated in medicine from the Harvard Medical School in 1926. He is a member of the American Gastroenterological Association and is at present the Chairman of the Section on Gastroenterology and Proctology of the American Medical Association.

Tuesday p.m. — Section on General Practice

Irvine H. Page, M.D., Cleveland, Ohio

Dr. Page, now Director of Research and Member of Governing Board of the Cleveland Clinic Foundation, is a native of Indiana. He took his M.D. degree at Cornell Medical College in 1926. He also holds an LL.D. degree from John Carroll University and a D.Sc. from Boston University. Prior to his association with the Cleveland Clinic, Dr. Page was Director of the Lilly Laboratory for Clinical Research. Dr. Page is the author of "Chemistry of the Brain," "Neurochemistry," "Hypertension, A Manual for Patients," "Arterial Hypertension: Its Diagnosis and Treatment" and "Experimental Renal Hypertension." He is a past president of the American Society for the Study of Arteriosclerosis and the American Heart Association. He is a former chairman of the Section on Experimental Medicine of the American Medical Association and a former member of the Scottish Rite Research Committee. He is a past member of the National Advisory Heart Council of the U. S. Public Health Service. Dr. Page is a member of the Editorial Boards of Circulation, Circulation Research, Journal of Laboratory and Clinical Medicine, and Physiological Reviews. He is presently vice-president of the American Association for the Advancement of Science and chairman of the Governing Board of "Methods in Research." Dr. Page holds membership in the Commission of Consultants on Medical Research and Education, the National Research Council Committee, the Executive Committee of the American Heart Association, the American Academy of Arts and Sciences, and he is Secretario-Tesorero Adjunto, Sociedad Inter-Americana de Cardiologia.

Tuesday a.m. — Section on Gynecology

John I. Brewer, M.D., Chicago, Illinois

Dr. Brewer, Professor, Obstetrics and Gynecology of Northwestern University Medical School, and Chief, Obstetrics and Gynecology, Passavant Memorial Hospital, holds the following degrees from the University of Chicago: B.S., Ph.D., and M.D. Dr. Brewer is the author of numerous scientific articles and has published "Textbook of Gynecology." Dr. Brewer is a past president of the Central Association of Obstetrics and Gynecology and Chicago Gynecological Society. He is also a past secretary of the American Gynecological Society. He holds membership in the South Atlantic Association Obstetrics and Gynecology, the American Association of Obstetrics and Gynecology, the American College of Obstetrics and Gynecology, and American Anatomists.

Wednesday a.m.
Section on Industrial Medicine and Surgery

Arthur B. Duel, M.D., Long Island, New York

Dr. Duel is Ophthalmologist at the Medical Center at Roosevelt Field, Roosevelt Field, Long Island. He is a Fellow of the American College of Surgeons and the American Academy of Ophthalmology and Otolaryngology. Dr. Duel holds membership in the New York Academy of Medicine, Pan American Association of Ophthalmology, and Nassau Ophthalmological Society.

Tuesday p.m. — Section on Medicine

Jackson A. Smith, M.D., Omaha, Nebraska

Dr. Smith is now Professor of Neurology and Psychiatry and Associate Director of Research at The University of Nebraska College of Medicine. He received his M.D. degree from the University of Oklahoma School of Medicine in 1943. Dr. Smith holds membership in the Society of Biological Psychiatry, the AMA Committee on Alcoholism and the APA Committee on Academic Education. He is a Fellow of the American College of Physicians and the American Psychiatric Association.

Tuesday p.m. — Section on Neurology and Psychiatry

Walter Freeman, M.D., Los Altos, California

Dr. Freeman is a native of Philadelphia, Pennsylvania. He received his degree in medicine from the University of Pennsylvania in 1920. He also holds an A.B. degree from Yale College and an M.S. degree from Georgetown University and a Ph.D. from the same institution. In subsequent years he studied neurology in Paris and Rome. He is a former Senior Consultant in Neurology to Walter Reed and Mt. Alto Hospitals and was Professor of Neurology at George Washington University School of Medicine from 1927 to 1955. Dr. Freeman, now in private practice in Los Altos, California, will lecture in Venezuela and other South American countries in addition to his lecture at this meeting. Dr. Freeman is a member of the National Board of Medical Examiners and of the American Board of Psychiatry and Neurology, the American Medical Association, American Neurological Association, American Psychiatric Association, American College of Physicians and the American Academy of Neurology.

Wednesday a.m.—Section on Obstetrics

Thaddeus L. Montgomery, M.D.
Philadelphia, Pennsylvania

Dr. Montgomery is the Professor of Obstetrics and Gynecology and Chairman of the Department at the Jefferson Medical College. Dr. Montgomery holds membership in a large number of scientific organizations including the American Medical Association, the American College of Surgeons, the American College of Obstetricians and Gynecologists, the American Gynecological Society and the American Association of Obstetricians and Gynecologists of which he is a recent past president.

Wednesday a.m.
Section on Orthopedic and Traumatic Surgery

Joe B. Davis, M.D., Portland, Oregon

Dr. Davis received his M.D. degree from the University of Oregon Medical School in 1934. After two years of general practice, Dr. Davis completed his residency in Orthopedics, University of Iowa, 1937-1940. He then returned to private practice in Portland where he has remained except for a four year tour of active duty with the U. S. Navy in 1942-1946. Dr. Davis is Assistant Professor of Orthopedic Surgery at the University of Oregon Medical School and Attending Orthopedist at St. Vincent's and Providence Hospitals. He is the Orthopedic Consultant at the U. S. Veterans Hospital, Portland, and is the Area Orthopedic Consultant to the Veterans Administration. He holds membership in the American Orthopedic Association, American Academy Orthopedic Surgeons, Western Orthopedic Association, North Pacific Orthopedic Association, 20th Century Orthopedic Club, Portland Academy of Medicine and the American Medical Association. He is a Diplomate of the American Board of Orthopedic Surgery.

Wednesday a.m. — Section on Pediatrics

Richard Day, M.D., Brooklyn, New York

Dr. Day was graduated from the Harvard Medical School in 1931. At present he is the Frank L. Babbott Professor of Pediatrics at the State University of New York College of Medicine. He is also Professor and Chairman of the Department of Pediatrics at State University. He is a member of the Medical Society of the County of Kings, the American Academy of Pediatrics, American Pediatric Society and the Society for Pediatric Research.

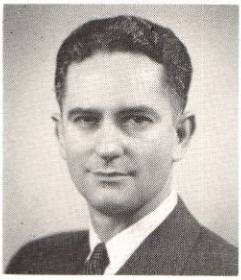
Wednesday a.m.
Section on Physical Medicine and Rehabilitation

Frank H. Krusen, M.D., Rochester, Minnesota

Dr. Krusen is a graduate of Jefferson Medical College, 1921, and was Associate Dean and Director of Physical Medicine at Temple University Medical School from 1929 to 1935. Since 1935 he has been Head of the Section of Physical Medicine and Rehabilitation at the Mayo Clinic and is also Professor of Physical Medicine and Rehabilitation in the Mayo Foundation Graduate School, University of Minnesota. Dr. Krusen is a Fellow of the American College of Physicians, past president of the American Congress of Physical Medicine and Rehabilitation, past president of the American Academy of Physical Medicine and Rehabilitation, former chairman of the American Board of Physical Medicine and Rehabilitation, past president of the International Federation of Physical Medicine and president of the International Congress of Physical Medicine. He is the author or senior editor of seven textbooks dealing with various phases of physical medicine and rehabilitation and has published over 400 articles dealing with his specialty.

Tuesday p.m. — Section on Proctology

Rupert B. Turnbull, M.D., Cleveland, Ohio



Dr. Turnbull was graduated from McGill Medical School in 1940. He was a resident in surgery at Gorgas Memorial Hospital in Panama, Canal Zone, 1941-1942, later serving in the United States Marines for three years and nine months, 1943-1946, being discharged with the rank of Lt. Commander. Following a Fellowship in Surgery at the Cleveland Clinic, 1946-1949, he became a member of the surgical staff of the Cleveland Clinic. He is a member of the American Surgical Association, the American College of Surgeons, the A.M.A. and the American Proctologic Society, and is a diplomate of the American Board of Surgery.

Tuesday p.m. — Section on Radiology

Benjamin Felson, M.D., Cincinnati, Ohio

Dr. Felson, Professor and Director of Radiology, University of Cincinnati, is Director of the Departments of Radiology, Cincinnati General Hospital, Drake, Children's and Dunham Hospitals. He is Chief Consultant in Radiology and member of Dean's Committee of the Cincinnati VA Hospital, is also Consultant to the Dayton VA Hospital. Dr. Felson received his M.D. degree from the University of Cincinnati College of Medicine in 1935 and is a diplomate of the American Board of Radiology. During World War II he served as Chief of Radiology, 28th General Hospital, European Theater of Operations. After returning to the States, he was Assistant Professor of Radiology, University of Cincinnati, and Associate Director of Radiology, Cincinnati General Hospital. He holds membership in his local specialty societies, the Radiological Society of North America, the Association of University Radiologists and the American College of Radiologists. His nonprofessional societies include the Torch Club, the American Jewish Physicians Committee and American Friends of Hebrew University (member of National Board of Directors and Chairman, Cincinnati Chapter). His honorary societies include Alpha Omega Alpha and Pi Kappa Epsilon. He is the author of twenty-five scientific articles, principally in the field of diagnostic roentgenology.

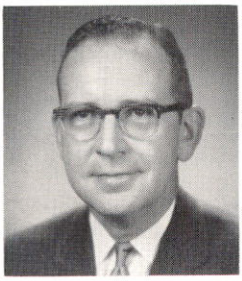
Tuesday p.m. — Section on Surgery

R. K. Gilchrist, M.D., Chicago, Illinois

Dr. Gilchrist is Clinical Professor of Surgery at Rush Medical College, University of Illinois College of Medicine, having received his M.D. degree from the same College in 1931. He is Attending Surgeon at Presbyterian-St. Luke's Hospital, Chicago, and Attending Surgeon, Cook County Hospital, Chicago.

Tuesday a.m. — Section on Urology

Ormand S. Culp, M.D., Rochester, Minnesota



Dr. Culp is a native of Toronto, Ohio. He received his M.D. degree from Johns Hopkins University in 1935. Dr. Culp was on active duty with the U. S. Army Medical Corps 1942-1946, leaving the service with the rank of Lieutenant Colonel. He has been Consultant in Urology at Mayo Clinic since 1950. He is a member of the American Medical Association, the American College of Surgeons, the North Central Section of the American Urological Association, the American Urological Association, the American Association of Genito-Urinary Surgeons, the International Society of Urology, the Central Surgical Association, the Clinical Society of Genito-Urinary Surgeons, Urologic Forum for Clinical Investigation, the Pan-Pacific Surgical Association and is a Diplomate of the American Board of Urology. He is presently Associate Professor of Urology at Mayo Foundation, University of Minnesota.

SECTION ON ALLERGY

Officers

Chairman—Cecil Mayor Kohn, Kansas City, Mo.

Vice-Chairman—Thomas G. Johnston, Little Rock, Ark.

Secretary—George J. Stuart, Washington, D. C.

Hosts from the Dade County Medical Association

Meyer B. Marks, Chairman
Herman Cohen, George Gittelson
James H. Putman, Jack A. Rudolph

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 9:00 a.m.

Municipal Auditorium, Room 5

1. **Medihaler in Asthma (Lantern Slides),** WILLIAM C. GRATER AND CHARLES B. SHUEY, DALLAS, TEX.

The Medihaler was evaluated as a method for the aerosolization of epinephrine and isoproterenol Hcl. A double-blind label study was conducted using a placebo, isoproterenol Hcl and epinephrine. Pulmonary function of vital capacity, ½ second vital capacity and breath holding time was determined using a Collins vitalometer and a stop watch. The results revealed both drugs effective with no effect from the placebo. It was concluded that the Medihaler is a good method for aerosolizing medication.

Discussion opened by Whitney Boggs, Shreveport, La.; Thomas G. Johnston, Little Rock, Ark.

2. **Preventive Allergy,** CARROLL M. POUNDERS, OKLAHOMA CITY, OKLA.

Allergic disturbances are more common during the first few years of life than would be indicated by the general over-all figures. Many of these are fairly mild and do not tend to last beyond the stage of rapid growth and maturation of the immunity processes. Some will result in lifelong suffering unless something can be done by way of prevention. A new classification is suggested and a new descriptive term is offered.

Discussion opened by Meyer Marks, Miami Beach, Fla.

3. **Chairman's Address: Clinical Allergy: Past and Present,** CECIL M. KOHN, KANSAS CITY, MO.

Intermission—Visit Exhibits

4. **Infectious Asthma,** OSCAR SWINEFORD, JR., CHARLOTTESVILLE, VA.

1. Asthma is thought to be due to nine types of causes. Infection is one of them. 2. Infectious asthma has characteristic clinical features. 3. Infection may be the primary cause of asthma or it may elicit or intensify asthma due to allergy and the other types of causes. 4. Infectious asthma is apt to be severe and resistant to sympathomimetic and xanthine drugs. It usually responds to cortisone-like steroids plus appropriate antibiotics. 5. Infectious asthma usually requires more prolonged antibiotic administration than comparable respiratory infections in nonasthmatics. 6. Three case reports illustrate some of the common problems of infectious asthma. 7. Antihistamines alone are seldom helpful in asthma. They may help to reduce the severity of the cough when combined with oral sympathomimetics

and expectorants. 8. The mechanism by which infection causes asthma is not known.

Discussion opened by Woods A. Howard, Lakeland, Fla.

5. **PANEL DISCUSSION: Chronic Rhinitis**

MODERATOR: Walter Winkenwerder, Baltimore, Md.

PANEL MEMBERS:

John Bordly, Baltimore, Md.
Walter Burrage, Boston, Mass.
Mason Lowance, Atlanta, Ga.
Nelson Zivitz, Miami Beach, Fla.

Luncheon: Bamboo Room, Roney Plaza
Mr. Bill Baggs, Editor of
Miami Daily News, Speaker

Business Session.

Tuesday, November 12, 9:00 a.m.

Municipal Auditorium, Room 3

6. **Psychic and Somatic Changes Observed in Allergic Children After Prolonged Steroid Therapy (Lantern Slides),** G. ESTRADA de la RIVA, HAVANA, CUBA

An analysis is made of the physiological and therapeutic activities of the steroid hormones in the allergic child, with special reference to psychic reactions. Statistics are studied demonstrating the inadequacy of indiscriminate therapy with steroid hormones now being indulged in by many practitioners endeavoring only the relief of the allergic crisis with a complete lack of regard for the specific management of the disease, inducing, on its continuance, changes and alterations that often will be of an irreversible character. A casuistics of fifty-five patients studied over a period of three years is being reported.

Discussion opened by Lawrence J. Halpin, Cedar Rapids, Ia.

7. **Fluid and Electrolyte Therapy in the Management of Asthma (Lantern Slides),** JOHN P. McGOVERN, HOUSTON, TEX.

A major factor in the management of asthma is the effort to keep bronchial secretions liquefied to prevent inspissation and bronchial plugging. The infant or child with severe asthma frequently vomits, refuses fluids by mouth, and has increased extrasensory fluid losses from fever and pulmonary exertion. Resultant rapid dehydration promotes increased inspissation of mucus. Expectorants are of little value. A practical concept and method for prophylactic and restorative hydration will be presented.

Discussion opened by Susan C. Dees, Durham, N. C.; Vincent J. Derbes, New Orleans, La.

Intermission—Visit Exhibits

8. **The Allergic Manifestations of the Deep Mycoses (Lantern Slides),** ARTHUR C. CURTIS, ANN ARBOR, MICH., Guest Speaker.

This paper will deal with the clinical differences between the lesions produced by the deep mycoses when inoculated into the skin, or obtained by inhalation, and/or ingestion, since many infections due to the deep mycoses are obtained by inhalation. The characteristics of the former type of infection has only been recently recognized, for many deep mycotic infections, with the ex-

ception of sporotrichosis, are relatively uncommon forms of the disease. In infections due to the deep mycoses where skin antigens and complement fixation test have been developed, a knowledge of the type of reaction obtained by both of these tests in a particular deep mycosis will give one two tests, the interpretation of which will allow one to prognosticate in many instances the course of the disease and its prognosis. Generally speaking in those deep mycotic infections where the skin test is negative, and the complement fixation test high, the prognosis for dissemination of the disease is great, and it is in this group that the disease may be fatal.

Discussion opened by Edward Cawley, Charlottesville, Va.

9. **PANEL DISCUSSION: Atopic Eczema**

MODERATOR: Arthur C. Curtis, Ann Arbor, Mich.

PANEL MEMBERS
Edward Cawley, Charlottesville, Va.
Vincent Derbes, New Orleans, La.
Walter Winkenwerder, Baltimore, Md.
Walter Burrage, Boston, Mass.

MEMORANDA

SECTION ON ANESTHESIOLOGY

Officers

Chairman—William E. Bageant, Washington, D. C.

Secretary—John T. Stage, Jacksonville, Fla.

Hosts from the Dade County Medical Association

Ralph S. Sappenfield, Chairman
George C. Austin, Maurice P. Cooper
Roger J. Forastiere, William H. Forthman
H. Colquitt Pearson

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 2:00 p.m.

Municipal Auditorium, TV Room
Color TV Program with Section on Surgery

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 4

1. **Chairman's Address:** WILLIAM E. BAGEANT, WASHINGTON, D. C.

2. **The Anesthetic Management of the Severely Burned Child (Lantern Slides),** D. LeROY CRANDELL, WINSTON-SALEM, N. C.

   The severely burned child taxes his physiological reserves to the utmost. The proper application of pharmacological and physiological principles in the anesthetic management of the burned child may mean the difference between life and death. A thorough understanding of the vascillating biological and biochemical responses to thermal injuries is essential in order to maintain the physiological balance of the patient during anesthesia.

   Discussion opened by David A. Davis, Chapel Hill, N. C.

3. **Comparison of Toxic Effects of Local Anesthetic Drugs Through the Utilization of Cultured Human Respiratory Epithelium,** GUNTER CORSSEN and CHARLES R. ALLEN, GALVESTON, TEX.

   Phase-contrast, time-lapse cinematography of cultured ciliated respiratory epithelium of man allow comparative cytotoxic studies with different local anesthetics at various concentrations. The ciliary beat serving as the index of cellular activity responds with acceleration, depression or disturbance of coordination. The effect is either reversible or results in permanent injury. Novocaine and Xylocaine show a significantly lower toxicity and a considerably broader spectrum of effectiveness as compared to Pontocaine and Nupercaine.

   Discussion opened by Charles R. Allen, Galveston, Tex.

Intermission—Visit Exhibits

4. **Fluothane, Incidence and Significance of Hypotension (Lantern Slides),** M. BOURGEOIS-GAVARDIN, J. H. LAWRENCE, L. W. FABIAN, S. J. DENT and C. R. STEPHEN, DURHAM, N. C.

   A new fluorinated compound, Fluothane, has been used in over 1,500 cases and is considered a worthwhile addition to the anesthesiologist's armamentarium. Its effects

on the cardiovascular system are the subject of much controversy. A comparative study of these effects is attempted on two series of 100 cases each of open chest surgery. In one series Fluothane was the main anesthetic used. In the other, ordinary agents were employed.

Discussion opened by H. M. Ausherman, Charlotte, N. C.; D. LeRoy Crandell, Winston-Salem, N. C.

5. **Respiratory Stimulants,** M. KERR, NEW ORLEANS, LA.

Discussion opened by Ralph S. Sappenfield, Miami, Fla.

6. **The Succinylcholine Reaction Time—A New Diagnostic Test,** NATHAN GLOVER, MIAMI, FLA., and PHILLIP S. MARCUS, BOSTON, MASS.

The concept of drug reaction times for use as diagnostic aids during anesthesia is introduced. A method utilizing succinylcholine is described. The succinylcholine fasciculation time is the interval between its intravenous injection and the onset of fasciculations. The results obtained in twenty-six adult surgical patients are presented. In fourteen patients both succinylcholine and fluorescein circulation times were determined.

Business Session.

Wednesday, November 13, 2:00 p.m.
Municipal Auditorium, Room 4

7. **Lumbar Sympathetic Block by Continuous Peridural Anesthesia as Treatment of Lower Extremity Vascular Disease,** MANUEL MARTINEZ CURBELO, HAVANA, CUBA, Guest of Honor.

8. **Pitfalls in Management of Anesthesia for Cesarean Section,** HUGH J. FORTHMAN, CINCINNATI, O.

Discussion opened by Joseph Rudnick, Miami, Fla.

9. **Fluothane: Clinical Observations of a New Nonexplosive Volatile Anesthetic—1,000 Cases (Lantern Slides),** HOWARD M. AUSHERMAN and ANIBAL ADAN, CHARLOTTE, N. C.

This is a preliminary report on the clinical observations of 1,000 anesthetics in which a new nonexplosive volatile agent—Fluothane—is used as the principal drug. This unselected series includes all types of surgical procedures on all ages with varied technics. We believe after this preliminary study that Fluothane has tremendous possibilities as an anesthetic agent but of course should have further study.

Discussion opened by J. G. Robson, Montreal, Can.; M. Bourgeois-Gavardin, Durham, N. C.

Intermission—Visit Exhibits

10. **The Use of Promethazine (Phenergan) for Preoperative Sedation (Lantern Slides),** LAWRENCE D. EGBERT, PHILADELPHIA, PA.

There have been numerous favorable reports on the use of promethazine for preoperative sedation. In our preliminary work a high incidence of restlessness was noted when the drug was combined with barbiturates. A blind study to compare the use of promethazine alone and in combination with different sedatives was therefore undertaken. Also, a study of the effects of promethazine upon respiration has been completed. Promethazine tends to potentiate the depressant effects of narcotics. Other results of our study will be reported.

Discussion opened by William E. Bageant, Washington, D. C.

11. **Facial Pain (Lantern Slides),** C. MacKENZIE BROWN, TAMPA, FLA.

The necessity of proper diagnosis of facial pain is emphasized. The regional anatomy is presented on diagrams. Slides also are included of nerve block technics. Among the various face pains discussed are, tic douloureux, sinusitis, iritis, glaucoma, tongue malignancy, disseminated sclerosis, gummatous meningitis, periostitis, tabes dorsalis, herpes zoster, cheilosis, tumors near the foramen ovale and foramen rotundum, trauma, erysipelas, muscle spasm, pons hemorrhage or sclerosis, sphenopalatine ganglion neuralgia, emotional stress, mental disease and allergy.

MEMORANDA

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Officers

Chairman—Herbert S. Alden, Atlanta, Ga.
Vice-Chairman—James G. Thompson, Jackson, Miss.
Secretary—Edward P. Cawley, Charlottesville, Va.

Hosts from the Dade County Medical Association

Wiley M. Sams, Chairman
Otto S. Dowlen, Hollis F. Garrard
Rothwell Lefholz, A. Buist Litterer
Frederick B. Zaugg

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Tuesday, November 12, 1:00 p.m.

Clinicopathologic Seminar
Memorial Room, Mt. Sinai Hospital
Miami Beach

The fourth annual meeting of the Zola Cooper Memorial Clinicopathologic Seminar, under the direction of James W. Burks, Jr., will have J. Walter Wilson of Los Angeles, Calif., as moderator. Panel members will include Harvey Blank, Miami, Fla.; Joseph M. Hitch, Raleigh, N. C.; John M. Knox, Houston, Tex.; John D. Krafchuk, New Orleans, La.; Earl B. Ritchie, Galveston, Tex.; and Morris Waisman, Tampa, Fla. Registration has been limited to 22 cases, but participation in the seminar is open to all dermatologists in attendance at the meeting. Demonstration slides will be available from 1:00 to 2:00 p.m. preceding the seminar for all those who are interested.

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 7

1. **Chairman's Address: Medicine on Trial,** HERBERT S. ALDEN, ATLANTA, GA.

2. **Immunologic Aspects of Fungus Diseases (Lantern Slides),** J. WALTER WILSON, LOS ANGELES, CALIF., Guest Speaker.

   Many fungous diseases are resisted by the human body through the development by natural processes of a specific type of immunity. However, no method has as yet been discovered whereby such immunologic resistance can be induced by the injection of materials derived from the causative organisms. Recent developments indicate that fungous diseases are immunologically much less complicated than other infectious diseases, and might serve well as tools in the study of the latter.

3. **Comments on Over 1,000 Cases of Cutaneous Mycoses (Lantern Slides),** V. PARDO-CASTELLO and FERNANDO TRESPALACIOS, HAVANA, CUBA

   The authors report on the cutaneous mycoses observed in Cuba during recent years, including ringworm of the scalp, the nails and the cutaneous surface, their causative agents and their treatment. Deep mycoses such as Chromoblastomycosis, Maduromycosis, Sporotrichosis and other rare entities are fully considered and illustrated; giving preference to clinical aspects as well as to mycological species found in their cases. Therapeutics will also be considered.

Intermission—Visit Exhibits

4. **The C-Reactive Protein Test in Dermatology (Lantern Slides),** LAMAR S. OSMENT, BIRMINGHAM, ALA.

The C-reactive protein test is based on the appearance of a nonspecific protein in human serum within 14 to 26 hours following inflammation or tissue injury. It has proven to be a simple and valuable adjunct to such classical tests as the leukocyte count, the erythrocyte sedimentation rate, and the patient's temperature. Approximately 100 dermatological patients were studied using all of the aforementioned diagnostic methods simultaneously. The results have been tabulated for comparison. Also a group of hospitalized patients were studied with serial C-reactive protein determinations.

Discussion opened by Joseph M. Hitch, Raleigh, N. C.

5. **The Use of Intravenous Procaine in the Management of Collagen Diseases,** JOSEPH FARRINGTON, JACKSONVILLE, FLA.

Discussion opened by Robert O. Lauderdale, Birmingham, Ala.

6. **X-ray Therapy in the Treatment of Hemangiomas —A Review of Fifteen Years Experience (Lantern Slides),** WESLEY W. WILSON, TAMPA, FLA.

An evaluation of this method in the treatment of 500 patients with a 10 year follow-up of many of these cases is presented. The interval of time between treatments, the dosage of each treatment, the number of treatments, the total dosage of x-ray therapy given, the ideal age for beginning therapy, and the average age at which involution of the lesion was complete will be outlined. The detailed technic of voltage, filtration, target distance, and shielding will be presented.

Discussion opened by David G. Welton, Charlotte, N. C.

Business Session.

Wednesday, November 13, afternoon
Color TV Program
Municipal Auditorium

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 7

7. **The Histopathology of Cutaneous Wound Healing after Dermal Abrasion (Lantern Slides),** JOHN D. KRAFCHUK and JAMES W. BURKS, JR., NEW ORLEANS, LA.

A study of cutaneous wound healing following dermabrasion revealed a sequence of events differing fundamentally from standard descriptions, which indicate that granulation tissue is formed initially to serve as a bed upon which epidermal growth occurs. In the present study, it is demonstrated that epidermal proliferation occurs as an initial process in healing, followed by a period of almost epitheliomatous hyperplasia, which subsides as the connective tissue is restored to a normal morphology.

Discussion opened by Francis A. Ellis, Baltimore, Md.

8. **Control of Emotional Tension in Dermatoses** (Lantern Slides), RAYMOND C. V. ROBINSON, JOHN F. STRAHAN and HARRY M. ROBINSON, JR., BALTIMORE, MD.

In view of the generally accepted role played by emotions in the production of some dermatoses, a series of approximately 2,000 patients have been treated with vari-

ous sedatives and tranquilizing drugs in an effort to determine their effects on these dermatoses. The results are compared with a series of control patients who were treated by conventional methods.

Discussion opened by William T. Watkins, Jr., Newport News, Va.

9. **Senear-Usher Disease,** V. MEDD HENINGTON and C. BARRETT KENNEDY, NEW ORLEANS, LA.

Discussion opened by M. F. Engman, Jr., St. Louis, Mo.

Intermission—Visit Exhibits

10, 11, 12. **A Symposium on Mycology**

MODERATOR: Wiley M. Sams, Miami, Fla.

PANEL MEMBERS:
J. Walter Wilson, Los Angeles, Calif.
V. Pardo-Castello, Havana, Cuba
J. Lewis Pipkin, San Antonio, Tex.
William L. Dobes, Atlanta, Ga.
Frank J. Roth, Jr., Miami, Fla.

Thursday, November 14, 2:00 p.m.

Clinical Section Meeting, Out-Patient Clinic Building, Jackson Memorial Hospital, Miami.

MEMORANDA

SECTION ON GASTROENTEROLOGY

Officers

Chairman—Tate Miller, Dallas, Tex.

Vice-Chairman—Chester Cassel, Miami, Fla.

Secretary—James O. Burke, Richmond, Va.

Hosts from the Dade County Medical Association

Chester Cassel, Chairman
Edwin J. Jensen, Allan A. Kaplan
Benjamin G. Oren, John M. Rumball
Winston K. Shorey

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 9:00 a.m.
Municipal Auditorium, Room 4

1. **Further Experience on Chronic Regional Enteritis in Cuba,** LAUREANO FALLA ALVAREZ, HAVANA, CUBA

2. **Regional Ileitis,** EVERETT D. KIEFER, BOSTON, MASS., Guest Speaker.

3. **The I^{131}-Tagged Lipid Absorption Test: Reproducibility and Factors Affecting Blood Levels,** W. CROCKETT CHEARS, JR., DURHAM, N. C.

   The I^{131}-tagged lipid test has had sufficient clinical evaluation to warrant its acceptance as a measure of lipid absorption. Knowledge of its limitations and sources of error is necessary for the intelligent application of the test. A standardized technic, the results of which are reproducible within a smaller range of deviation than those heretofore reported, is described. The effect upon lipid absorption of delayed gastric emptying, recent change in body weight, emaciation, obesity, variation in dietary fat intake, age and psychic states has been investigated and is reported.

   Discussion opened by Julian M. Ruffin, Durham, N. C.

Intermission—Visit Exhibits

4. **PANEL DISCUSSION: Advances in Therapy**

   MODERATOR: Everett D. Kiefer, Boston, Mass.

   PANEL MEMBERS:
   John S. Atwater, Atlanta, Ga.
   Irving B. Brick, Washington, D. C.
   Charles M. Caravati, Richmond, Va.
   G. Gordon McHardy, New Orleans, La.

5. **Chairman's Address:** TATE MILLER, DALLAS, TEX.

Business Session.

Tuesday, November 12, 9:00 a.m.
Municipal Auditorium, Room 4

6. **Manifestations of Sliding Hiatal Hernia,** E. LEONARD POSEY, JR., JACKSON, MISS.

   It is increasingly apparent that esophageal hiatus hernias of the sliding type become symptomatic by disruption of esophagogastric physiology with resultant erosive esophagitis. Current attitudes regarding the function of this region will be summarized. The complaints registered by our patients with this disorder have varied considerably.

We have observed regurgitation, heartburn, dysphagia, episodic aphagia, postural retrosternal pain, anginoid distress, and bleeding. Nausea has been a frequent secondary complaint. Apparently symptom free hernias are not uncommon, but their potential hazard, especially in the older patient, is emphasized. Severe symptoms have been encountered as early as the third decade of life. Since conservative therapy satisfactorily controls the symptoms of the majority of individuals who do not have advanced pathology, early diagnosis is essential.

Discussion opened by James Borland, Jacksonville, Fla.

7. **Chronic Pancreatitis and Pancreatic Insufficiency,** TIM J. MANSON, CHATTANOOGA, TENN.

We propose to discuss symptoms, signs, physical and laboratory findings, stressing the difficulties encountered in making definite diagnosis, and the difficulties of dietary and medical management.

Discussion opened by William A. Knight, Jr., St. Louis, Mo.

8. **A Clinical Evaluation of Percutaneous Splenoportal Venography,** ALLAN A. KAPLAN, JOSE CARBALLO and JOHN M. RUMBALL, CORAL GABLES, FLA.

A series of percutaneous splenoportal venograms were done to evaluate the safety and diagnostic efficacy of the procedure. Many conditions of the splenoportal venous system, heretofore undiagnosable, are elucidated by this technic. The main value of the procedure is that it demonstrates the presence of portal hypertension and collateral, anastomotic channels, and the patency of the vessels involved in shunting procedures. Considering that the procedure is a blind one, the diagnostic efficacy is good, and the risk to the patient is small in terms of mortality and morbidity.

Discussion opened by William D. Davis, Jr., New Orleans, La.

Intermission—Visit Exhibits

9. **Primary Adenocarcinoma of the Ampulla of Vater,** WILLIAM deGRAFFENREID HAYDEN and NICHOLAS C. HIGHTOWER, JR., TEMPLE, TEX.

Sixteen cases of primary carcinoma of the ampulla of Vater will be presented. Initial signs and symptoms, laboratory data, and radiological findings will be tabulated. The difficulties of correct preoperative diagnosis will be discussed. The importance of transduodenal exploration for establishing the presence of ampullary carcinoma will be stressed. Survival after operation will be correlated with palliative and radical surgical treatment.

Discussion opened by Howard Mahorner, New Orleans, La.; Milford O. Rouse, Dallas, Tex.

10. **PANEL DISCUSSION:** The Management of Liver Disease

MODERATOR: David Cayer, Winston-Salem. N. C.

PANEL MEMBERS:
William D. Davis, Jr., New Orleans, La.
Donald F. Marion, Miami, Fla.
John R. Neefe, St. Petersburg, Fla.
William A. Knight, Jr., St. Louis, Mo.
Malcolm P. Tyor, Durham, N. C.
Robert I. Carlson, Nashville, Tenn.

Section Dinner, Tuesday Evening, November 12
Algiers Hotel

SECTION ON GENERAL PRACTICE

Officers

Chairman—J. O. S. Holt, Jr., Dallas, Tex.
Vice-Chairman—E. Paul Knotts, Denton, Md.
Secretary—H. B. Goodwin, Jr., Ft. Pierce, Fla.

Hosts from the Dade County Medical Association

Vincent P. Corso, Chairman
Leon R. Feldman, Philip M. Greenberg
John V. Handwerker, Matthias P. Meehan
Leo A. Zuckerman

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, Room 5

1. **Chairman's Address: The Value of Clinical Work-Up in the Diagnosis of Chest Lesions (Lantern Slides),** J. O. S. HOLT, JR., DALLAS, TEX.

   Pathological lesions of the chest have characteristics as to size, shape and location, yet other diseases may produce identical findings. Diagnosis therefore must be made by correlating the information obtained from the x-ray examination with that obtained from the history, physical examination and laboratory tests. Slides will be shown that will illustrate the confusion that may result when one attempts to make the diagnosis from x-ray findings alone.

   Discussion opened by Major Edward Jahnke, U. S. Army; N. H. Barekman, Dallas, Tex.

2. **Diabetes Mellitus and Leukemia: Report of Four Cases (Lantern Slides),** ANGEL REAUD, HAVANA, CUBA

   Report of four cases of combined diabetes mellitus and leukemia. The types of leukemia and the number of each is as follows: Chronic lymphocytic (with pulmonary tuberculosis), 1: acute myoblastic, 2: acute lymphoblastic (a leukemic type), 1. Results of treatment with insulin and diet and 6-mercaptopurine and prednisone in three cases are presented.

   Discussion opened by Moises Chediak, Havana, Cuba

3. **Management of Masses in the Neck (Lantern Slides),** WILLIAM H. PICKETT, DALLAS, TEX.

   The mass in the neck may be congenital, developmental or acquired, inflammatory, or tumor, either benign or malignant. The location and the age at which the mass appears offer diagnostic clues. These will be outlined and a working classification both as to age group and location offered. Embryology and pathogenesis will be referred to but emphasis will be placed on the approach, proper diagnostic procedures, exactness of diagnosis, and indications for treatment. The most important neck mass is the malignant one where improper or delayed diagnostic methods seriously hazards the patient's chance for cure.

   Discussion opened by W. A. Shoecraft, Dallas, Tex.

Intermission—Visit Exhibits

4. **The New Role of the General Practitioner in the Treatment of Mental Cases with the New Tranquilizing Drugs (Lantern Slides),** CLYDE BROOKS, TUSCALOOSA, ALA.

The general practitioner has a greater and more effective role in the treatment of mental cases because the new tranquilizing drugs can be used successfully by the general practitioner in many mental cases. The present paper reports the successful use of the new tranquilatives over a three year period on various cases found in a large mental hospital. Practical use of these drugs by the general practitioner is discussed.

Discussion opened by Charles Watkins, New Orleans, La.; Festus E. Kitchens, Coral Gables, Fla.

5. **Does the General Practitioner Deserve Hospital Privileges (Lantern Slides),** LOWRY H. McDANIEL, TYRONZA, ARK.

The speaker does not wish in any way to appear that he condones or is willing to permit any physician or surgeon to be lax in the all-out care for his patient. The demands of a forward surging twentieth century requires that every physician ever press forward, whether it be in diagnosis, treatment either medical or surgical or the wise follow-up care. It is our belief that neither the majority of the profession nor the public knows of the continued and increasing discrimination by many hospitals against the G.P. To withhold hospital treatment by a conscientious, efficient, experienced G.P. is even a greater hardship to the patient than it is to the affected physician and after all the patient is the reason for all hospitals, medical schools, medical supply houses, nursing schools, etc. The public has ample reason to wonder whether the hospital administrators are captives of the Board Members of their staff or vice-versa. The problem calls for realism and can be solved.

Discussion opened by Richard F. Sinnott, Ft. Pierce, Fla.

6. **Iatrogenic Hyperinsulinism and Iatrogenic Hypercholesterolemia as Complications of the Conventional Treatment of Diabetes Mellitus,** WALTER W. SACKETT, JR., MIAMI, FLA.

Conventional treatment of diabetics with sufficient insulin to control hyperglycemia and high fat diets can cause iatrogenic hyperinsulinism and iatrogenic hypercholesterolemia. Depancreatized humans have been maintained on 35-40 units of insulin a day. Maintenance doses greater than this are *ipso facto* overdosage. In many clinical cases hyperinsulinism is evident even at hyperglycemic blood sugar levels. Feeding high fat diets with inadequate protein can cause atherosclerosis in primates and hypercholesterolemia even in non-diabetic humans.

Discussion opened by B. E. Lowenstein, Miami, Fla.

Tuesday, November 12, 12:30 p.m.

Section Luncheon—di Lido Hotel, Florentine Room

Address: Educational Programs of General Practice in Respective Medical Schools, HOMER F. MARSH, Ph.D., Dean, University of Miami School of Medicine, and O. W. HYMAN, Ph.D., Dean, University of Tennessee School of Medicine

Presentations limited to 30 minutes—Question and Answer period to follow

Tuesday, November 12, 2:00 p.m.
di Lido Hotel, Cotillion Room

7. **Fundamental Research on Connective Tissue as it May Apply to the Problem of Aging and Atherosclerosis (Lantern Slides),** ROBERT J. BOUCEK, MIAMI, FLA.

It is in the connective tissue which lines and supports the arteries that aging and atherosclerosis are seen. By studying connective tissue obtained from humans and laboratory animals these problems may be attacked at a very fundamental level. It has been shown that connective tissue is rich in lipids and that it has a strong avidity for cholesterol. It has also been shown that the fibroblasts can synthesize cholesterol and that this synthesis is under the influence of certain hormones. The fibers of connective tissue, collagen, have properties which in many ways resemble a plastic. Following the changes in collagen with age suggests that there is a sex and race effect upon these fibers. An attempt will be made to point out the significance to the practitioner of general medicine of these investigations.

8. **Diagnosis and Management of Arteriosclerotic Heart Disease (Lantern Slides),** THOMAS M. BLAKE, JACKSON, MISS.

Arteriosclerotic heart disease is a much-used term which usually is not defined very closely. The basic disorder implied, though, is atherosclerosis of the coronary arteries. While much is known of the pathologic anatomy of this disease, its accurate diagnosis in the living patient is not yet possible and measures designed for its control are, almost without exception, controversial. Some views pertinent to these aspects of the problem will be discussed.

9. **Arteriosclerosis: Surgical Treatment (Lantern Slides),** FRANCIS N. COOKE, MIAMI, FLA.

Although arteriorsclerosis is a systemic disease, clinical manifestation in many instances is segmental in extent. Recent advances in vascular surgery has demonstrated that segmental arterial disease can be successfully treated and the long-term results are very satisfactory. Arteriosclerotic aneurysm, segmental obliterative arterial disease, and in selected cases, coronary artery disease respond well to surgical treatment. Indications for operation in these cases and the results for surgical therapy will be discussed.

Intermission—Visit Exhibits

10. **Atherogenesis As It Appears Today,** IRVINE H. PAGE, CLEVELAND, O., Guest Speaker.

Many facets of varying importance appear to underlie atherosclerosis. Heredity, high-fat diet with associated rises in blood lipids occurring in some patients, the nature of the dietary fat, protein and carbohydrates as well as their proportions, the average height of the blood pressure, are but a few of the important background factors of atherosclerosis. Greater concern is being directed toward the fibroblastic response to noxious influences which constitute a portion of the degenerative changes in the blood vessels. This response results in an overgrowth of the living cells, particularly in the arterial intima, resulting in a narrowing of the lumen. This is a much more important source of narrowing than fat deposition. In the future, I am sure we will look back on this period as one of orientation only and it is encouraging that we have, in addition to the pathologists, a vast array of biochemists, physicists and nutritionists studying this disease.

11. **PANEL DISCUSSION: Questions and Answers.** (Questions to be handed in during the afternoon.)

MODERATOR: Irvine H. Page, Cleveland, O.

PANEL MEMBERS:
Robert J. Boucek, Miami, Fla.
Thomas M. Blake, Jackson, Miss.
Francis N. Cooke, Miami, Fla.

Business Session.

SECTION ON GYNECOLOGY

Officers

Chairman—Robert H. Barter, Washington, D. C.
Secretary—Robert N. Creadick, Durham, N. C.

Hosts from the Dade County Medical Association

John D. Milton, Chairman
Raymond T. Anderson, Rupert E. Arnell
Judd R. Breakstone, Richard C. Forman
R. Spencer Howell

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Tuesday, November 12, 9:00 a.m.
Municipal Auditorium, Room 7

1. **Hysterectomy for Benign and Malignant Disease: Ten Year Experience with 2,285 Cases (Lantern Slides),** GEORGE T. SCHNEIDER, NEW ORLEANS, LA.

   Experience with 2,285 consecutive hysterectomies performed at Ochsner Foundation Hospital from Jan. 1, 1947, to Jan. 1, 1957, is discussed. There were 190 hysterectomies for malignant disease, including 80 Wertheim operations and 15 pelvic exenterations. The 0.04 per cent operative mortality rate (1 case) is attributable to complete preoperative medical clearance, induction of anesthesia by anesthesiologists and specialized postoperative recovery room care. Complications are discussed and follow-up observations ranging from one to ten years are given.

   Discussion opened by James Henry Ferguson, Miami, Fla.

2. **The Debated Indications for Vaginal Hysterectomy (Lantern Slides),** JAMES M. INGRAM, ROBERT W. WITHERS and HENRY L. WRIGHT, TAMPA, FLA.

   The pros and cons of the disputed indications for vaginal hysterectomy are discussed, and the essayist presents his own views. These indications include employment of vaginal hysterectomy for carcinoma in situ, endometrial carcinoma, sterilization, young multiparas with relaxation, symptomatic retroversion, resistant cervical erosion and other conditions.

   Discussion opened by Buford Word, Birmingham, Ala.

3. **Carcinoma in Situ of the Endometrium (Lantern Slides),** JOHN I. BREWER, CHICAGO, ILL., Guest Speaker.

   Certain glandular epithelial changes in the endometrium have been described in the past to which the name "carcinoma in situ" has been recently applied. These changes will be depicted and differentiation from other glandular changes, both normal and atypical, will be made. The evidence for the existence of this lesion and its relation to endometrial adenocarcinoma will be elaborated upon. Methods of management will be discussed.

Intermission—Visit Exhibits

4. **Certain Aspects of the Practice of Medicine Among Females of Primitive and Modern Societies,** JOSEPH L. SELDEN, JR., FORT MYERS, FLA.

A discussion of customs, taboos, obstetrical practices and gynecological problems in a primitive West African community, where frustrations, anxieties and fears existed, but on a basic level and were not converted into psychosomatic complaints; hence an absence of allergies, asthma, peptic ulcers, etc. A comparison is made with the practice in modern society, where too often the basic emotional conflict is almost completely obscured by signs and symptoms simulating organic disease. A plea is made for more careful and conservative handling of these problems.

Discussion opened by Courtlandt D. Berry, Orlando, Fla.

5. **Patient and Physician Delay in the Diagnosis and Treatment of Carcinoma of the Female Genitalia (Lantern Slides),** CHARLES E. FLOWERS, JR., ROBERT A. ROSS and NANCY PRITCHETT, CHAPEL HILL, N. C.

Two hundred patients with cancer of the female genitalia have been interviewed at the North Carolina Memorial Hospital. An alarming incidence of patient delay in reporting obvious symptoms of cancer and physician delay in establishing the diagnosis of cancer have been noted. The cause of these delays is presented and possible methods of correction discussed.

Discussion opened by W. Norman Thornton, Jr., Charlottesville, Va.

Tuesday, November 12, 2:00 p.m.

Color TV Program
Municipal Auditorium

Wednesday, November 13, 12:00 Noon
Delano Hotel, Blue Room

Joint luncheon with Section on Obstetrics. John I. Brewer, Chicago, Ill., and Thaddeus L. Montgomery, Philadelphia, Pa., guests.

Wednesday, November 13, 2:00 p.m.
Municipal Auditorium, Room 5

6. **In Memoriam: Dr. James M. Brockman,** WALTER A. RUCH, MEMPHIS, TENN.

7. **Chairman's Address: Changing Concepts in Gynecologic Practice,** ROBERT H. BARTER, WASHINGTON, D. C.

8. **Urinary Tract Injuries During Cancer Surgery (Lantern Slides),** J. KEITH CROMER, WASHINGTON, D. C.

In this paper, the author takes the stand that the increasing incidence of urinary tract injuries accompanying radical hysterectomy for Stage 1 and Stage 2 carcinoma of the cervix will, in the long run, discredit the use of surgery as an elective procedure in the treatment of this disease. An attempt is made to better elucidate the very real nature of the problem by presenting a series of case histories of patients who suffered urinary tract injuries at the time of radical hysterectomy.

Discussion opened by Charles H. Peete, Jr., Durham, N. C.

Intermission—Visit Exhibits

9. **Preliminary Reports: (1) Joint Accreditation Committee for Hospitals,** JOHN I. BREWER, CHICAGO, ILL. (2) **Treatment of Functional Bleeding with Long-Acting Steroids,** HERBERT H. THOMAS, BIRMINGHAM, ALA.

Instead of the ritualistic and complicated treatment that usually is necessary for functional uterine bleeding, a combination of Delalutin and Delestrogen may be used to stop functional uterine hemorrhage and also to initiate the subsequent withdrawal bleeding. Subsequent injections of the combined steroids at monthly intervals will control and regulate the menses.

Discussion opened by C. G. Sutherland, Jackson, Miss.

Business Session.

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 6

Joint Session with Section on Obstetrics and Section on Pediatrics

10. **Foreign Bodies in the Vagina and Leukorrhea in the Young Female,** CHAMP TAYLOR, JACKSONVILLE, FLA.

11. **The Role of the Federal Government As It Relates to Medicine,** AIMS C. McGUINNESS, WASHINGTON, D. C.

Intermission—Visit Exhibits

12. **PANEL DISCUSSION: Resuscitation of the Newborn Infant**

MODERATOR: Nelson K. Ordway, Chapel Hill, N. C.

PANEL MEMBERS:
Richard Day, New York City, N. Y.
Thaddeus L. Montgomery, Philadelphia, Pa.
Gerard Converse, Miami, Fla.

MEMORANDA

SECTION ON INDUSTRIAL MEDICINE AND SURGERY

Officers

Chairman—Robert A. Wise, Houston, Tex.
Vice-Chairman—R. Leon Bourland, Memphis, Tenn.
Secretary—Mac Roy Gasque, Pisgah Forest, N. C.

Hosts from the Dade County Medical Association

P. J. Manson, Chairman
James E. Fischer, Martin Mangels, Jr.
Thomas N. Ryon

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 1

1. **Problems of Nutrition in Industrial Workers,** TOMAS ARAMBURU, HAVANA, CUBA

A very important phase of the periodic physical examination is to make possible a thorough investigation of the nutritional status of the employee through a detailed questionnaire of his eating habits. Many of the degenerative diseases are caused or perpetuated solely by poor eating habits, consequently, the periodic physical examination is a splendid means of conveying to the worker the idea of maintaining a proper diet to prevent or check the development of such ailments. To achieve maximum success from a nutritional campaign, all our efforts are concentrated in the following aspects of the program: (1) personal advice to the employee; (2) divulgation of information on nutrition to their children in the schools; and (3) instruction to their wives at home. Deficiencies in nutrition may cause deficiencies at work and absenteeism.

2. **The Education of Physicians in an Industrializing South,** GEORGE T. HARRELL, GAINESVILLE, FLA.

The traditional small farm family agriculture of the South is being replaced by large mechanized farms and increased processing of food. Industries have increased greatly in size and complexity. Accidents have become more severe and different in character. Chemical hazards are a new medical problem. Abundant medical opportunities in industry lie in the prevention of home and industrial accidents and health maintenance. Physicians should understand the social background of medical care plans, prepaid insurance programs, pension and welfare programs. Short work weeks and part-time employment permit workers to live on small farms but family stresses are often increased.

3. **Care of the Eyes in Industrial Medicine,** ARTHUR B. DUEL, LONG ISLAND, N. Y., Guest Speaker.

Injuries and diseases of the eye are frequently encountered in industrial medical practice. This discussion will include the signs and symptoms of diseases which should be referred for specialized management. Simplification of approach with a deliberate effort to emphasize down-to-earth, practical office management by industrial physicians of these troublesome eye conditions will be the predominating mood of the discussion.

4. **Chairman's Address: Coronary Occlusion: Is It Feared Excessively?** ROBERT A. WISE, HOUSTON, TEX.

In an industrial dispensary a common symptom is chest pain and the employee fears a "heart attack." In an extremely high percentage, it is a manifestation of skeletal pain or some manifestation of anxiety. An informal inquiry of several doctors in private practice indicated that the estimate of risk of coronary disease was unrealistically high. It is thought that cardiologists and internists are likely to over estimate the statistical hazard of coronary thrombosis. The incidence statistics for white males in industry are believed to be more typical of the real incidences of first coronary attacks than those based on practice or hospital information. The frequency is less than most doctors believe. This should be a measure of reassurance to their patients. The detailed statistics will be presented.

Intermission—Visit Exhibits

5. **PANEL DISCUSSION: Coronary Artery Disease: Medical and Industrial Considerations.**

Sociological Considerations, SAMUEL PRESTON MARTIN, Professor of Medicine, University of Florida, GAINESVILLE, FLA., Moderator.

Treatment Considerations: Evaluation of Residual Defects, EDWARD STERLING NICHOL, Director, Miami Heart Institute, MIAMI, FLA.

Legal Considerations, WILLIAM S. FRATES, President of the Law Science Academy and a Practicing Attorney in MIAMI, FLA.

Management Attitudes and Difficulties with the Coronary Artery Employee, MR. DAVID L. HUGHES, President, Hughes Seed Company, MIAMI, FLA.

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 1

6. **Disability Evaluation,** W. G. THUSS, SR., BIRMINGHAM, ALA.

Permanent changes both in structure and in function resulting from on-the-job injuries require physician evaluation. In attempting to formulate any system it must be recognized that one of the difficulties lies in the approach of the examining physician who many times hesitates to reduce what may appear to be intangible factors to a definite percentage formula. Controversial issues may arise and the opinion of one physician may not always agree with that of other physicians and frequently not with the desires and interests of the injured person. Nevertheless, the evaluating physician must be objective and unbiased in reaching a decision and steadfast in the face of pressures from whatever source.

Discussion opened by Joe Bosworth, Atlanta, Ga.

7. **Office Management of Industrial Orthopedic Disorders,** ARTHUR M. PRUCE, ATLANTA, GA.

The office management of troublesome industrial orthopedic disorders will be discussed. Rationale in the selection of physiotherapeutic aids will be reviewed, and proper judgment in selecting a combination of medical and physical agents is to be included.

Discussion opened by Darius Flinchum, Atlanta, Ga.

8. **Smoking Habits and Mortality Rates Among Workers in Cigarette Factories (Lantern Slides),** HARVEY B. HAAG and HIRAM R. HANMER, RICHMOND, VA.

The smoking habits and mortality rates of the entire working population in nine tobacco processing plants have been compared with that of the general population. The heavier-than-average cigarette smoking in the group studied does not operate to effect a higher-than-average death rate from all causes, from lung cancer, or from heart disease but is instead associated with an average or lower-than-average death rate from all causes and from these specific causes. This is at variance with the statistical correlation recorded in previous surveys where samples, rather than a whole population, have been studied.

Discussion opened by R. H. Rigdon, Galveston, Tex.

Intermission—Visit Exhibits

9. **Independent Industrial Medical Practice,** JAMES FRENKIL, BALTIMORE, MD.

In many communities it is necessary for some physicians to practice part-time industrial medicine. In addition, there is a definite need for specialized industrial medical clinics in the more concentrated industrial areas. This paper will bring together some of the more important aspects of this type practice, including methods of operation of the office, ethical channels by which management can be approached, etc.

10. **An Analysis of Executives Surveyed Annually for Eight Years,** H. CHARLES BALLOU, WHITE SULPHUR SPRINGS, W. VA.

Two hundred and fifty executives from one company were studied annually for eight years. This study was done to determine what findings were made on initial examinations as compared to follow-up examinations. An attempt was made to find what studies are necessary, as well as which ones are superfluous. The over-all background value of serial examinations will be evaluated.

Business Session.

MEMORANDA

SECTION ON MEDICINE

Officers

Chairman—Howard L. Holley, Birmingham, Ala.
Chairman-Elect—Robert M. Bird, Oklahoma City, Okla.
Secretary—Ellard M. Yow, Houston, Tex.

Hosts from the Dade County Medical Association

William M. Straight, Chairman
Edwin P. Preston, Reuben Rochkind
Morris N. Silverberg, Nicholas A. Tierney
Walter R. Tobin

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes and Current Medical Progress Speakers allowed thirty minutes. Discussion limited to five minutes.

THEME—Current Medical Progress

This program theme for the Section on Medicine will be highlighted by the presentations of our nationally and internationally known speakers who will review recent progress in various aspects of internal medicine. Your officers are pleased to present at these sessions: Lawrence Kyle, Washington, D. C.; Jackson A. Smith, Omaha, Nebraska, and Edward D. Freis, Washington, D. C.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, Room 3

1. **Considerations on True Hermaphroditism: Presentation of Case,** JULIO F. SCHUTTE, VINCENTE BANET, RAPHAEL MOLINA SABUCEDO and DANIEL SOTO CACERES, HAVANA, CUBA

2. **The Differential Diagnosis of Hirsutism (Lantern Slides),** CHARLES D. McMILLAN, TEMPLE, TEX.

   This is a didactic paper concerning the abnormal growth of hair in the female. The four major types include: hirsutism caused by pathological alterations in (1) the pituitary, (2) the adrenal, and (3) the ovarian glands, and (4) the idiopathic type. The clinical features of each type of hirsutism with the appropriate methods for clinical and laboratory diagnosis and treatment are stressed. Ten lantern slides illustrate the presentation.

   Discussion opened by William C. Thomas, Jr., Gainesville, Fla.

3. **Studies on Spinal Fluid and Serum Protein Electrophoretic Pattern in Patients with Diabetes Mellitus (Lantern Slides),** WILLIAM J. HAMMACK, WILLARD R. STARNES and S. RICHARDSON HILL, JR., BIRMINGHAM, ALA.

   Because of the elevated spinal fluid protein levels and abnormal serum protein patterns present in some patients with degenerative complications of diabetes mellitus, studies have been undertaken to characterize further the serum and spinal fluid protein in forty such patients. Electrophoretic studies performed on serum and spinal fluid drawn simultaneously and concentrated will be reported.

   Discussion opened by Wayne Rundles, Durham, N. C.

Intermission—Visit Exhibits

4. **The Clinical and Pathological Diagnosis of Amebic Colitis (Lantern Slides),** KERRISON JUNIPER, JR., VOLNEY W. STEELE, ELEANOR CRABTREE, HILLIARD F. HARDIN and CLARENCE L. CHESTER, LITTLE ROCK, ARK.

Fifteen cases of amebic ulceration of the rectum and one cutaneous amebic lesion have been found in our clinics during a 12 month period. Trophozoites of E. histolytica were found in the specimen in all of the 13 patients on whom rectal biopsies were performed. This paper will present details of technics used for demonstration of trophozoites of E. histolytica at sigmoidoscopy and in rectal biopsies.

Discussion opened by G. Gordon McHardy, New Orleans, La.

Current Medical Progress

5. **The Use of Corticoids in Systemic Diseases,** LAWRENCE KYLE, WASHINGTON, D. C.

Cocktail Party — Reception, di Lido Hotel, Mezzanine 6:00-8:00 p.m., honoring the officers, hosts and participants on the program for the Section.

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 3

6. **Chairman's Address: The Heart in Rheumatoid Arthritis,** HOWARD L. HOLLEY, BIRMINGHAM, ALA.

7. **Pitfalls in the Differential Diagnosis of Patients with Hypercalcemia (Lantern Slides),** W. C. THOMAS, JR., GAINESVILLE, FLA., H. G. MORGAN and T. B. CONNOR, BALTIMORE, MD.

In recent years the response to intravenous administration of calcium, measurement of the tubular reabsorption of phosphorus, and changes in the concentration of serum calcium during cortisone administration have been advocated as procedures of value in the differential diagnosis of patients with hypercalcemia. Data to be reported indicate that these procedures do *not* serve to differentiate the patient with hyperparathyroidism from those with hypercalcemia of other etiology.

Discussion opened by John J. Farrell, Miami, Fla.

8. **Effects of Smoking Upon the Respiratory System in Normal Individuals (Lantern Slides),** KELLY T. McKEE, CHARLESTON, S. C.

A review of pertinent literature on the effects of tobacco smoke upon the respiratory tract of normal persons will be presented, plus a brief comment on our observations on vital capacity, and maximal breathing capacity in a group of healthy young smokers and nonsmokers.

Discussion opened by Charles F. Tate, Miami, Fla.

Intermission—Visit Exhibits

9. **Unusual Infections In Diabetics,** HARRY S. LIPSCOMB, HOUSTON, TEX.

Surgical and nonsurgical infections continue to occur with greater frequency and with longer convalescence periods in diabetics, despite improvements in diagnostic methods, culture technics, and antibiotic therapy. While the common infections pose fewer problems than in the pre-antibiotic era, certain less-commonly encountered, and thereby more often hazardous conditions are

overlooked or are not clearly understood. Such conditions will be discussed, and a therapeutic approach suggested.

Discussion opened by George T. Harrell, Gainesville, Fla.

10. **Hyperparathyroidism and Other Hyperphosphaturias,** A. GORMAN HILLS and JANICE M. BURR, Miami, Fla.

Discussion opened by John A. Owen, Jr., Augusta, Ga.

Current Medical Progress

11. **The Indications and Contraindications for the Use of Tranquilizers,** JACKSON A. SMITH, OMAHA, NEB., Guest Speaker.

Business Session.

Wednesday, November 13, 2:00 p.m.
Municipal Auditorium, Room 3

12. **Study of Treatment of Essential Hypertension,** RAYMOND F. GRENFELL, JACKSON, MISS.

In January, 1956, a double-blind study was begun employing four different ampoules containing normal saline and a mixture of .1 mg. dihydroergocornine, .1 mg. dihydroergokryptine and .1 mg. dihydroergocristine (Hydergine). Those patients who were in stages 1, 2 and 3 (Schroeder) were used. To date, 53 patients have been under treatment varying from 6 to 55 weeks. A statistical evaluation (P greater than 0.05) at 55 weeks has shown the only significant drop in blood pressure to be in the diastolic blood pressure of the drug treated group. During the first 33 weeks of placebo administration there was a significant decrease in the systolic and diastolic blood pressure.

Discussion opened by John H. Moyer, Philadelphia, Pa.

13. **Atrial Septal Defects (Lantern Slides),** C. GLENN SAWYER and FRANK JOHNSTON, WINSTON-SALEM, N. C.

A rather characteristic clinical picture is presented by the patient with an atrial septal defect. With present surgical skills it is important that the internist be able to meet this diagnosis and, at the proper time, refer the patient for surgical correction. Experiences with atrial septal defects, particularly emphasizing the clinical features, will be reviewed. Our indications and contraindications for surgical intervention will be defined. Surgical results in patients ranging in age from 4 to 48 years will be discussed.

Discussion opened by Leonard S. Sommer, Miami, Fla.

14. **Current Problems in the Management of Congenital Heart Disease in the Adult (Lantern Slides),** RICHARD S. ROSS, BALTIMORE, MD.

The internist is concerned with a group of acyanotic congenital malformations of the heart frequently presenting for the first time in adult life. The diagnostic features common to this group of anomalies characterized by high pulmonary blood flow will be illustrated by aspects of selected cases. The pathogenesis, physiological importance and therapeutic significance of the pulmonary hypertension which so often develops in these patients will be discussed.

Discussion opened by Frank A. Hernandez, Miami, Fla.

Intermission—Visit Exhibits

15. **Serum Lactic Dehydrogenase in Myocardial Infarction (Lantern Slides),** EMERY C. MILLER, WINSTON-SALEM, N. C.

Serum lactic dehydrogenase determinations (LDH) have been performed in more than one hundred patients, and have proved to be of considerable value in the differential diagnosis of myocardial infarction and coronary insufficiency without infarction. The determination is more reliable for this purpose than serum glutamic oxaloacetic transaminase (S-GOT). Normal range is 90 to 130 units; values of 130-180 units are equivocal. Values exceeding 180 units are diagnostic of infarction in the presence of an appropriate clinical picture.

Discussion opened by George F. Schmitt, Miami, Fla.

Current Medical Progress

16. **Treatment of Hypertension,** EDWARD D. FREIS, WASHINGTON, D. C.

SECTION ON NEUROLOGY AND PSYCHIATRY

Officers

Chairman—Charles Watkins, New Orleans, La.
Chairman-Elect—Martin L. Towler, Galveston, Tex.
Secretary—Robert H. Groh, Washington, D. C.

Hosts from the Dade County Medical Association

Paul S. Jarrett, Chairman
James L. Anderson, Bernard Goodman
Albert Jaslow, Theodore J. Von Storch
Edward H. Williams

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 9:00 a.m.
Municipal Auditorium, Room 3

JOINT SESSION WITH SOUTHERN ELECTROENCEPHALOGRAPHIC SOCIETY

1. **Simplified Electromyography as an Aid in the Diagnosis of Neuromuscular Diseases (Lantern Slides),** SIMON MARKOVICH, MIAMI, FLA.

   This paper will summarize the experience obtained with conventional equipment in an EEG laboratory used to record muscle potentials. The value of this technic is stressed as a real aid to the diagnosis of neuromuscular conditions and compared with the current findings from expensive ultra-specialized technics.

   Discussion opened by Benedict Nagler, Washington, D. C.

2. **EEG Findings in Pseudohypertrophic Muscular Dystrophy (Lantern Slides),** DON L. WINFIELD, LOUIS P. BRITT and ROBERT RASKIND, MEMPHIS, TENN.

   This is a preliminary report of the EEG sleep findings in patients with pseudohypertrophic muscular dystrophy. It would appear that 6 and 14 per second positive spikes are the most frequently appearing EEG abnormality. Independent unpublished data of the Gibbses and Perlstein are in agreement. The findings would indicate central nervous system involvement (primary or secondary?). Its ramifications in terms of medical therapy will be discussed.

   Discussion opened by Gene M. Lasater, Memphis, Tenn.

3. **Electroencephalography, Pneumoencephalography and Cerebral Arteriography in the Diagnosis of Cerebrovascular Disease (Lantern Slides),** C. D. HAWKES and WILLIAM S. OGLE, MEMPHIS, TENN.

   Newer knowledge of the nature and pathogenesis of thrombotic cerebrovascular disease and advances in the surgical treatment of intracranial aneurysms, cerebral arteriovenous anomalies, and intracranial hematomas have made more necessary exact diagnosis of lesions involving the cerebral circulation. There are definite indications for the use of electroencephalography, pneumoencephalography and cerebral arteriography in such cases from a practical standpoint in relation to appropriate medical or surgical treatment which can be employed. Illustrative examples will be shown.

   Discussion opened by Donald S. Bickers, Atlanta, Ga.

Intermission—Visit Exhibits

4. **Metastatic Disease of the Nervous System (Lantern Slides),** JAMES ASA SHIELD, RICHMOND, VA.

The clinical picture and the pathological findings of two cases with metastasis to the brain without clinical or pathological evidence of localized pathology will be presented. The disseminated cellular infiltration of carcinomatous cells in the blood vessel walls, in the meninges and in the brain, without metastatic tumor formation will be shown by means of slides. Comments about the differential diagnoses will be made.

Discussion opened by George S. Fultz, Jr., Richmond, Va.; James L. Anderson, Miami, Fla.

5. **Intracranial Mechanism of Headache,** T. J. C. VON STORCH, MIAMI, FLA.

Intracranial mechanisms of headache are discussed from the anatomic, physiologic, pathologic and therapeutic points of view. Certain particular considerations are discussed.

Discussion opened by Martin L. Towler, Galveston, Tex.

6. **EEG Classification of Epilepsy Beginning in Adulthood (Lantern Slides),** W. T. SMITH and W. P. WILSON, DURHAM, N. C.

A survey of epilepsy with its onset in adulthood was undertaken to determine the frequency of occurrence of brain tumors in patients with purely epileptic EEG's. As well, the electroencephalographic type of epilepsy, frequency of seizures, presumed etiology, habitual seizure pattern, and admitting diagnosis was determined. Seven per cent of the patients were found to have brain tumors. Seventy per cent had temporal foci. Sixty per cent of the entire group had idiopathic epilepsy.

Discussion opened by Richard Paddison, New Orleans, La.; Peritz Schienberg, Miami, Fla.

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 2

7. **The Role of Psychotherapy in Medicine Today,** NORTON L. WILLIAMS, CHARLESTON, S. C.

Insufficient emphasis is evident, it seems to the author, as to how much psychotherapy can be practiced subtly and continuously on the everyday patient. There is some doubt as to full understanding of the mechanics of psychotherapy (the effective elements); an understanding how to use psychotherapy by the nonpsychiatric practitioner of medicine would not only enlarge the horizon of the practitioner's field, but would also help him to come to know how his own emotional reactions interfere at times with a more effective therapeutic handling of patients.

Discussion opened by Norman R. Shulack, Miami, Fla.

8. **The Treatment of Myasthenia Gravis by Carotid Sinus Denervation (Lantern Slides),** GEORGE W. SMITH, JACK GRIFFIN and MALCOLM SAYRE, AUGUSTA, GA.

The early reports on cortisone and ACTH showed favorable results in the treatment of myasthenia gravis. Based on this favorable response, the French as early as 1943 first attempted to influence the course of myasthenia gravis by denervating the carotid sinus. The rationale for the operation included animal experimentation which showed carotid sinus denervation to produce adrenocortical hypertrophy. Two series of cases have been reported; Mertens in Germany and Thevenard of France in 1954. The procedure has not been reportedly performed in this country. Approximately nine months ago this procedure was performed on a young negro female. Her

condition was progressive and refractory to the usual doses of antimyasthenia drugs. Following bilateral carotid denervation, she has shown sustained and progressive improvement and no longer requires antimyasthenic drugs. The sustained favorable influence of carotid denervation on the course of myasthenia gravis from the reported literature is 61.5% as compared with a 35.5% favorable result after thymectomy and 28.5% pharmacological response.

9. **Prefrontal Lobotomy: Final Report on 500 of the Freeman and Watts Cases Ten to Twenty Years After Operation (Lantern Slides),** WALTER FREEMAN, LOS ALTOS, CALIF., Guest Speaker.

Long-term follow-up shows that it takes at least two years for the lobotomized patient to become stabilized. A few patients relapse even ten years after operation, but others continue to improve even beyond the ten year period. Indolence and tactlessness, signs of extensive operation, give way gradually to more satisfactory social adjustment. Residual schizophrenic defects account for the great majority of failures.

Discussion opened by James W. Watts, Washington, D. C.

Business Session.

Intermission—Visit Exhibits

10. **A Project for the Creation of Better Understanding of Psychiatry by the General Practitioner,** CHARLES E. GOSHEN, WASHINGTON, D. C.

The American Psychiatric Association has been making a study, known as the General Practitioner Education Project, of methods by which a better understanding of mental health principles can be conveyed to the physician in general practice. The findings of this study and an outline for future progress will be presented.

Discussion opened by I. Phillips Frohman, Washington, D. C.

11. **Hereditary and Environmental Basis of Nervous and Mental Disease (Lantern Slides),** MASON TRUPP, TAMPA, FLA.

To test the hypothesis that the loss of a highly mobile tail in man's evolutionary development predisposed him to serious disturbances in loco-motor control and other neurological disabilities, the author has released the filum terminale in 175 patients who voluntarily submitted to the procedure. These patients had previously sustained disturbances of the nervous system which had been uninfluenced by accepted medical and surgical treatment. The preliminary results and a new theory of biological elaboration are reported.

Discussion opened by John H. Pinholster, Savannah, Ga.; Samuel R. Warson, Sarasota, Fla.

12. **Methodological Problems in Studying the Effects of Tranquilizers in Children with Special Reference to Meprobamate (Lantern Slides),** IRVIN A. KRAFT, IRWIN M. MARCUS, WILMA WILSON, DELMAR SWANDER, NANCY RUMAGE and EDITH SCHULHOFER, HOUSTON, TEX.

An attempt is made to evaluate the effect of meprobamate (Equanil) on a group of 60 children with diagnoses of behavior disorders, enuresis, stuttering, and schizophrenia. Some of the methodological and procedural difficulties in such a symptom study are discussed. Suggestions are made on procedures most likely to afford sufficient objectivity and controls for the proper evaluation of the drugs.

Discussion opened by Robert B. Lawson, Coral Gables, Fla.

"Dutch Treat" cocktail party for the Section on Neurology and Psychiatry, 6:00-7:00 p.m., Mezzanine Lounge, di Lido Hotel.

Wednesday, November 13, 2:00 p.m.
Municipal Auditorium, Room 2

13. **Spontaneous Spinal Epidural Hematoma—Recurrent (Lantern Slides),** THOMAS E. SCOTT, JR., DAYTONA BEACH, FLA.

A case is presented of sudden paraplegia occurring in a nine year old white female with upper dorsal radicular pain. No antecedent injury or illness was associated. At surgery a well-organized and recent hematoma was found in the epidural space in the upper dorsal region. A complete recovery followed removal. The case is of interest from a diagnostic viewpoint as well as the rarity of such a lesion.

14. **Prochlorperazine in Mentally Defective Children (Lantern Slides),** CHARLES H. CARTER, GAINESVILLE, FLA.

We have administered prochlorperazine to 75 mentally defective children; their conditions range from moderately severe emotional disturbance to schizophrenia and paranoia. Dosage has ranged from 30 mg. to 600 mg. a day. These children have been treated for periods of two weeks to 16 weeks. Results have been consistently good, except in one catatonic schizophrenic. The best results have been seen in the disturbed mental defectives. On high doses, the schizophrenic and paranoid patients have become much more cooperative and much quieter than they were prior to treatment with this drug.

15. **Chairman's Address: The Practitioner as Scientist (Lantern Slides),** CHARLES WATKINS, NEW ORLEANS, LA.

The author discusses the role of the practitioner as scientist and medical writer. The relationship between practice and research is examined and the position of each in the scientific schema is clarified. Examples of scientific contributions by the practitioner in the general field of psychiatry and neurology are introduced, in addition the material presented at previous meetings of this Section is covered in some detail from the above viewpoint. The author proposes that the practitioner has a legitimate role as scientist and points out the need for him to assume the responsibilities for such a role.

Intermission—Visit Exhibits

16. **Mental Health Education with a Professional Group: Some Implications for the Medical Profession,** HERBERT A. OTTO, ATHENS, GA., and RIVES CHALMERS, ATLANTA, GA.

This paper is based on six years of experience in mental health education, conducting in-service training workshops, study groups and seminars with school systems, faculties, teachers and administrators and public health nurses in many parts of Georgia. Teaching philosophy, resource materials and individual group reactions will be presented with follow-up. The paper is an effort to stimulate and guide the development of training programs in mental health for medical practitioners.

Discussion opened by Charles Watkins, New Orleans, La.; Trawick H. Stubbs, Atlanta, Ga.

17. **Decompression of the Gasserion Ganglion for Trigeminal Neuralgia (Lantern Slides),** ROBERT DEAN WOOLSEY, ST. LOUIS, MO.

Seventy-five patients have been operated upon for typical trigeminal neuralgia by a modification of the decompression procedure of Taarnhaj. Two patients have had no relief whatever. This paper discusses reoperations in some detail for those patients who have developed recurrences. This author feels that decompression of the posterior root of the fifth nerve is the procedure of choice in patients with typical trigeminal neuralgia. The author's modification of the operation procedure is demonstrated.

Discussion opened by Robert Watson, Little Rock, Ark.

18. **Consideration of Some Factors Complicating Psychotherapy on a General Hospital Ward,** BERNARD BRESSLER, DURHAM, N. C.

The usual resistances encountered in psychotherapy are frequently complicated when the patient must be treated in a general medical ward. The additional problems encountered are described and discussed with the view of trying to minimize them. Although these "extra curricular" resistances are recognized, frequently they cannot be resolved but instead must be incorporated into the total planning for the patient.

MEMORANDA

SECTION ON OBSTETRICS

Officers

Chairman—Robert A. Ross, Chapel Hill, N. C.
Vice-Chairman—Robert F. Monroe, Louisville, Ky.
Secretary—Simon V. Ward, New Orleans, La.

Hosts from the Dade County Medical Association

Norman W. McLeod, Jr., Chairman
Henry H. Caffee, Edward F. Fox
Daniel O. Hammond, Frank W. Hewlett
Richard F. Stover

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Tuesday, November 12, 2:00 p.m.

Color TV Program
Municipal Auditorium

1. **Chairman's Address:** ROBERT A. ROSS, CHAPEL HILL, N. C.

2. **Personality in Pregnancy and Labor (Lantern Slides),** JESSE CALDWELL, GASTONIA, N. C.

   Great progress in maternal care has been made in the past two generations with resulting marked improvement in mortality and morbidity rates. The profession is now looking more into the behavior reactions of individuals in order to find the etiology of some remaining problems. Hyperemesis, uterine inertia, toxemia and other conditions are considered and discussed in order to create interest in the possibility of personality as an etiological "agent."

   Discussion opened by Lawrence L. Hester, Jr., Charleston, S. C.; William H. Grimes, Jr., Atlanta, Ga.

3. **The Reduction of Obstetric Operative Incidence by Intravenous Pitocin (Lantern Slides),** SIDNEY D. JONES, PHIL C. SCHREIER and H. E. ATHERTON, MEMPHIS, TENN.

   This report presents the experience with intravenous Pitocin at the City of Memphis Hospital. In 1954, intravenous Pitocin drip was begun at this institution for the induction and augmentation of labor. A three year period immediately before Pitocin was used is compared with the past three years during which time intravenous Pitocin was frequently used. There has been a percentage reduction in operative deliveries, as well as maternal deaths, neonatal deaths, and stillbirths.

   Discussion opened by Thad H. Doggett, Miami, Fla.

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 2

4. **Myomectomy in Pregnancy (Lantern Slides),** J. RICHARD SOSNOWSKI, CHARLESTON, S. C.

   Indications and contraindications for myomectomy are reviewed. Surgical technic in both the non-pregnant and the pregnant uterus is discussed with comments based on the author's experience. Methods of delivery following myomectomy are discussed. Short case reports, with lantern slides, are presented to illustrate myomectomy in the pregnant and the nonpregnant states, and the respective methods of delivery in each case.

   Discussion opened by Herbert H. Thomas, Birmingham, Ala.; Charles E. Flowers, Chapel Hill, N. C.

5. **(Title to be announced),** THADDEUS L. MONTGOMERY, PHILADELPHIA, PA., Guest Speaker.

6. **Reflections on the Management of 2,500 Breech Presentations (Lantern Slides),** JACK FEALY, T. J. M. MYLES and ROBERT H. BARTER, WASHINGTON, D. C.

This is a statistical paper in which the delivery of 2,500 consecutive breech presentations is analyzed. A correlation of fetal survival with the type of anesthesia and the method of delivery of the breech is probably the most important part of the analysis. Salient improvement in the technique for breech delivery during the course of the 2,500 patients delivered will be outlined.

Discussion opened by Jack E. Savage, Baltimore, Md.

Intermission—Visit Exhibits

7. **(Title to be announced),** HECTOR VALLE PINEDA, HAVANA, CUBA

The author reports the results obtained by him on elective induction of labor, by using the method developed by Mexican Doctor Alfonso Alvarez Bravo. This method consists in digital separation of membranes and oral administration of an Ergonovine Maleate Compound. (Ergonovine Maleate, Quinine Hydrochlorate, Papaverine Hydro-Chlorate and Atropine Sulphate). The results are considered good and worthy of being amply experimented because there are no "maternal-foetal" complications to be attributed to this method.

8. **Prematurity and the Ruptured Marginal Sinus (Lantern Slides),** JOHN S. FISH, ATLANTA, GA.

The problem of premature labor cannot be rationally approached without knowledge of the causes of premature labor. This paper is an analysis of these causes with especial consideration of rupture of the marginal sinus, which proves to be a prominent factor to which little attention has heretofore been paid.

Discussion opened by James H. Ferguson, Miami, Fla.

Business Session.

Wednesday, November 13, 12:00 noon
Delano Hotel, Blue Room

Joint luncheon with Section on Gynecology: John I. Brewer, Chicago, Ill., and Thaddeus L. Montgomery, Philadelphia, Pa., guests.

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 6

Joint Session with Section on Pediatrics and Section on Gynecology

9. **Foreign Bodies in the Vagina and Leukorrhea in the Young Female,** CHAMP TAYLOR, JACKSONVILLE, FLA.

10. **The Role of the Federal Government As It Relates to Medicine,** AIMS C. McGUINNESS, WASHINGTON, D. C.

Intermission—Visit Exhibits

11. **PANEL DISCUSSION: Resuscitation of the Newborn Infant**

MODERATOR: Nelson K. Ordway, Chapel Hill, N. C.

PANEL MEMBERS:
Richard Day, New York City, N. Y.
Thaddeus L. Montgomery, Philadelphia, Pa.
Gerard Converse, Miami, Fla.

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Officers

Chairman—Sherman B. Forbes, Tampa, Fla.
Chairman-Elect—V. Eugene Holcombe, Charleston, W. Va.
Vice-Chairman—George E. McKenzie, Miami, Fla.
Secretary—G. Slaughter Fitz-Hugh, Charlottesville, Va.

Hosts from the Dade County Medical Association

Kenneth S. Whitmer, Chairman
Andrew G. Brown, Ralph E. Kirsch
George E. McKenzie, Collins W. Swords, Jr.
Robert C. Welsh

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, Room 7

FLORIDA DAY

1. **Development of a Successful Technic of Cataract Extraction (Lantern Slides),** CURTIS D. BENTON, JR., FORT LAUDERDALE, FLA.

   This paper traces how various new manipulations, technics, drugs, instruments and methods have been applied to the intracapsular cataract extraction routine of an average ophthalmic surgeon. Some technics have been retained and others rejected in the continuing effort toward better results. The types and frequency of various complications are reviewed and analyzed. The present operative routine is described and a short film presented.

   Discussion opened by Marion W. Hester, Lakeland, Fla.

2. **Middle Ear and Mastoid Complications Despite the Antibiotics (Lantern Slides),** G. DEKLE TAYLOR, JACKSONVILLE, FLA.

   Middle ear and mastoid complications continue despite antibiotics. In recent years a false sense of security has developed in medical circles, pertaining to the diagnosis and management of middle ear and mastoid infections. The mistaken idea, that the antibiotics will replace the time-honored surgical principles, in the management of these diseases, is an erroneous one. Should such an attitude persist, the instance of complications of ear disease, in the future, will probably increase.

   Discussion opened by Y. A. Staton, West Palm Beach, Fla.

3. **Chairman's Address:** SHERMAN B. FORBES, TAMPA, FLA.

Intermission—Visit Exhibits

4. **The Clinical Laboratory as a Diagnostic Aid to the Ophthalmologist (Lantern Slides),** JAMES N. PATTERSON, TAMPA, FLA.

   The patient with ophthalmologic problems is no different from any other patient in the sense that the eye problem cannot be divorced from the patient as a whole. This is especially so since many ophthalmologic conditions are secondary to or a manifestation of systemic diseases. The paper is intended to cover those laboratory procedures of particular importance in the diagnosis of specific eye diseases, and those laboratory procedures which will unveil general systemic diseases having a secondary impact upon the eyes.

   Discussion opened by Sherman B. Forbes, Tampa, Fla.

5. **Ethmoid Sinusitis in Children,** WILLIAM H. TURNLEY, OCALA, FLA.

When a mother brings her child into your office and says, "Doctor, my child has had the sniffles ever since she was born." . . . I think the first running nose a baby has at the age of six weeks is his first ethmoid sinusitis, and from then on he has it. A discussion on the embryology, anatomy and function of ethmoid sinus, along with my own clinical observations, treatment and opinions will be given. Complications and sequelae, with special reference to pathology of eye, ear, upper respiratory and systemic conditions will be presented.

Discussion opened by Warren W. Quillian, Coral Gables, Fla.; Charles C. Grace, St. Augustine, Fla.

6. **The Prevention of Cardiac Arrest During Ocular Surgery (Lantern Slides),** RALPH E. KIRSCH, MIAMI, FLA.

In an attempt to investigate clinically some of the possible etiologic factors contributing to cardiac arrest during ocular surgery, electrocardiography has been performed in the operating room on a series of patients undergoing muscle surgery under general anesthesia and intraocular surgery under local anesthesia. It has been observed that in most cases there is no significant change in the electrocardiogram. However, in a number of cases there is produced by muscle traction a marked bradycardia, in several cases not only profound bradycardia but a conversion from sinus rhythm to nodal rhythm (i.e., the appearance of a new cardiac pacemaker), and in two cases temporary cardiac arrest. These changes disappear instantly upon release of the muscle, are reproducible after waiting a few seconds and are completely abolished by an anesthetic retrobulbar injection. It is thus recommended that a retrobulbar injection be made a routine safeguarding procedure in every case of strabismus surgery and operation for retinal detachment.

Discussion opened by William Y. Sayad, West Palm Beach, Fla.

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 7

7. **Surgical Approach to the Nasopharynx (Lantern Slides),** HAROLD G. TABB, NEW ORLEANS, LA.

The numerous approaches advocated for performing surgery in the nasopharynx are testimony to the difficulty encountered when operating in this region. A brief review of the history of surgery of the nasopharynx, and a description of two basic approaches which the author feels are superior will be given. These require no external incisions. Illustrative cases utilizing these technics will be shown.

Discussion opened by Mercer G. Lynch, New Orleans, La.

8. **Some Practical Aids in Ocular Surgery (Lantern Slides),** ALBERT C. ESPOSITO, HUNTINGTON, W. VA.

With the lone ophthalmologist or at best the ophthalmologist-nurse team doing the majority of the eye surgery in the South, this paper proposes several modifications in technic in cataract, glaucoma and enucleation surgery which should be of assistance to the lone operator. The use of a nylon bridal suture, a modified Erisophake, the round pupil, a modified conjunctival flap, routine air in the anterior chambers, an orbital compressor, etc., will be discussed.

Discussion opened by James W. Jervey, Jr., Greenville, S. C.

9. **Radiation Therapy for Benign Conditions in the Upper Respiratory Tract of Children (Lantern Slides),** GEORGE COOPER and JAMES A. CRANFORD, JR., CHARLOTTESVILLE, VA.

The indications and contraindications for radiation therapy will be reviewed, the technics and dosages employed will be described, and the hazards and possible sequelae discussed.

Question and Answer Period.

Intermission—Visit Exhibits

10. **A Review of Orbital Tumors (Lantern Slides),** GUSTAV C. BAHN, NEW ORLEANS, LA.

The essayist presents a review of the orbital biopsy and exenteration material examined at the New Orleans Eye, Ear, Nose and Throat Hospital over a ten year period. The incidence of various orbital tumors in this area are compared and contrasted with those reported from the New York area. Special note is made of neurogenic tumors, two particularly interesting cases being reported.

Discussion opened by Albert N. Lemoine, Jr., Kansas City, Mo.

SYMPOSIUM ON STAPES MOBILIZATION
Question and Answer Period

11. **Indications and Technic (Lantern Slides),** JOHN W. DABBS, FLORENCE, ALA.

Indications are:
1. Otosclerosis—including all indications for fenestration with such additional ones as incipient otosclerosis and those patients who have physical conditions preventing the major surgery of fenestration.
2. To free the ossicular chain of adhesive bands secondary to adhesive otitis which prevent the vibration of the ossicles when stimulated by sound waves.
3. Technic—premedication with special attention given to prevention of bleeding. Sterilization of operative field. Description of local anesthesia. Actual technic of mobilization surgery, down to and excluding foot plate.

12. **Results and Personal Observations (Lantern Slides),** HOUSTON L. BELL, ROANOKE, VA.

An attempt is made to correlate results with the various modifications of the stapes mobilization procedure including the indirect and direct approaches. A brief survey of results of leading otologists is made. Personal observations from experience of the author's own series of operations are set forth regarding certain aspects on stapes mobilization, including postoperative results as compared with the fenestration operation.

13. **Surgical Pathology of the Stapedial Foot Plate in 3-D,** J. BROWN FARRIOR, TAMPA, FLA.

This presentation demonstrates the anatomical and pathological variations in the otosclerotic involvement of the stapedial foot plate. A flat blue foot plate with anterior white otosclerosis is most favorable for mobilization surgery. When the foot plate shows more than 50% involvement by otosclerosis, it is regarded as inoperable and a fenestration operation necessary to restore hearing. The deeply placed foot plate or the stapes with tilted crora are less favorable in mobilization surgery.

Discussion opened by the Moderator, J. Brown Farrior, Tampa, Fla.

Business Session.

Tuesday, November 12, 6:30 p.m.
Seacomber—Surfcomber Hotel, Surfcomber Room

Joint Dinner Meeting with Association for Research in Ophthalmology, Inc., Southern Section.

Wednesday, November 13, 2:00 p.m.
Municipal Auditorium, Room 7

14. **Traumatic Hyphema,** JULIUS HOWARD STOKES, FLORENCE, S. C.

Treatment of this condition is considered in relation to clinical evidence of severity of injury. Cases are divided into three groups and care of each group is outlined. Surgery is indicated in some of these cases but the indications must be definite and the surgeon must be prepared to do major ocular surgery and often repeat the procedure.

Discussion opened by Braswell E. Collins, Macon, Ga.

15. **Bronchial Adenoma (Carcinoid Type) and Solitary Metastasis with Associated Carcinoid Syndrome (Lantern Slides),** SETH G. HOBART, JR., W. R. STANFORD, J. U. GUNTER and JAMES E. DAVIS, DURHAM, N. C.

A brief review of carcinoid tumors as to origin, metastasis, and the "hormonal" effects produced in the so-called carcinoid syndrome is given. Discussion of bronchial adenomas as to their classification is made and the carcinoid type singled out for specific discussion. The medical literature is reviewed, noting the cases reported with metastasis from bronchial adenomas. A case of bronchial adenoma, carcinoid in type, in a 67 year old female who subsequently developed the clinical picture of carcinoid syndrome is reported. A search of the medical literature finds only one other similar case reported that had been diagnosed at autopsy.

Discussion opened by W. R. Stanford; Will C. Sealy, Durham, N. C.

16. **Pseudoglioma in Children: Aspects of Clinical and Pathological Diagnosis (Lantern Slides),** JAMES R. DUKE, BALTIMORE, MD.

All enucleated eyes of children 12 years of age or younger collected in the files of the Wilmer Institute pathology laboratory during the past 10 years were reviewed. Particular interest centered in the group of eyes removed for suspected retinoblastoma, which on pathological examination fell into the broad category of pseudoglioma. Analysis of the various types of cases comprising this category is made and their differential diagnosis clinically is briefly discussed.

Discussion opened by J. Jack Stokes, Atlanta, Ga.

Intermission—Visit Exhibits

17. **Vocal Cord Strain (Lantern Slides),** NEIL CALLAHAN, NORFOLK, VA.

In the majority of cases of chronic disphonia, emotional stress and insecurity are in the immediate background, and the audible voice thus becomes immediately the projected evidence of current and past difficulties. The patient's ability to gain insight into the relationship of his emotional problems and his speech production will serve as a guide to his probable course in response to treatment.

Discussion opened by Edward W. Stevenson, Birmingham, Ala.

18. **Accommodative Convergent Strabismus (Lantern Slides),** WILLIAM J. G. DAVIS, WASHINGTON, D. C.

Although purely 100% accommodative convergent strabismus is relatively uncommon, the proper diagnosis and treatment are essential. A typical case measures the same for distance and near without glasses and is completely corrected by glasses. The atypical case with glasses is straight for distance but crossed for near. Bifocals and/or orthoptic training are necessary. Miotics may be of help. Treatment is time consuming and selective, but the results are well worth the trouble.

Discussion opened by W. Jerome Knauer, Jr., Jacksonville, Fla.

19. **Nasal Injuries in Children (Lantern Slides),** C. J. HEINBERG, PENSACOLA, FLA.

The paper describes chronologically the injuries to the nose prenatally—during birth, preadolescent and post adolescent with sequelae of neglect and newer surgical procedures amenable to correction of nasal deformities in children for prevention of sequelae. Slide presentation will illustrate these points.

Discussion opened by Ashton Thomas, New Orleans, La.

MEMORANDA

SECTION ON ORTHOPEDIC AND TRAUMATIC SURGERY

Officers

Chairman—Milton C. Cobey, Washington, D. C.
Vice-Chairman—J. Leonard Goldner, Durham, N. C.
Secretary—Daniel C. Riordan, New Orleans, La.

Hosts from the Dade County Medical Association

Francis W. Glenn, Chairman
John E. Burch, Forrest H. Foreman
Claude D. Holmes, Jr., Robert P. Keiser
G. T. Samartino

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11

9:00-11:00 a.m. Registration
2:00- 4:00 p.m. Clinical Session—Chartered bus service to hospital courtesy of Southern Medical Association.
6:30- 7:30 p.m. Cocktail Party for Orthopedic Section, Seville Hotel.

Tuesday, November 12
Municipal Auditorium

9:00-11:00 a.m. Color TV—Topic to be announced
11:00-11:30 a.m. Visit Exhibits

1. **The Use and Abuse of the Jewett Nail Plate in the Treatment of Fractures of the Hip (Lantern Slides),** MAXWELL H. BLOOMBERG, ELKINS, W. VA.

   This paper is based on a study of 46 operative cases performed by the author. Pitfalls in the technic are discussed, such as poor reductions, failure to consolidate the fragments prior to nailing, tension of nail plate, attempt to correct angle of plate by bending and thereby weakening plate, proper size of nail plate and failure to hold the fracture when reduced to allow for proper pinning. Author recommends early ambulation; limited use of narcotics.

   Discussion opened by Eugene L. Jewett, Orlando, Fla.

2. **Failure of Two Piece Nail Plate Fixation for Intertrochanteric Fractures of the Hip,** MARVIN M. GIBSON, WASHINGTON, D. C.

   This paper is a presentation of a collection of mechanical failures in the use of multiple fixation devices in fractures about the hip. Mechanical failures of both the McLaughlin and Thornton type combination nail plates are presented. Failures were due to dissolution of the units by loosening of the combining screw and also breakage of the nail plate at its junction. It is maintained that the single unit drop-forge nail plate, such as the Jewett nail plate, is much stronger, more mechanically sound, and free of the tendency of bursal formation at the junction of the nail plate.

   Discussion opened by Eugene L. Jewett, Orlando, Fla.

3. **A Critical Review of the Evolution of Methods of Treatment of Medial Fractures of Femoral Neck (Lantern Slides),** ALBERTO INCLAN, HAVANA, CUBA

After 42 years of orthopedic practice, the author reviews the progressive changes in the methods of treatment of medial fractures of the neck of the femur analyzing the results and causes of failures. The necessity of considering the biological aspects of this fracture alongside of the mechanical problems of fixation involved in its treatment is emphasized. Recent studies on viability of the head of the femur and circulatory changes are summarized. Important points on the technic followed and results obtained are graphically demonstrated as contrasted to the tendency toward early resection of the head and substitution with internal prosthesis as method of choice in recent fractures.

2:00-4:00 p.m. Clinical Session—Chartered bus service to hospital courtesy of Southern Medical Association.

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 3

4. **Paralytic Hip Dislocation (Lantern Slides),** DARIUS FLINCHUM, ATLANTA, GA.

External femoral torsion is often present in paralytic hip dislocation. It is believed that the dislocation should be detected early by clinical examination and this torsion corrected. An increase in stability is noted and the procedure should be done before so much laxity develops about the hip joint. Muscle imbalance should be corrected if possible. Review of cases and illustrations will be given.

Discussion opened by C. R. Burbacher, Coral Gables, Fla.

5. **Femoral Head Replacement as a Salvage Procedure,** P. F. FAGAN and A. N. TAYLOR, ANNISTON, ALA.

Discussion opened by L. S. Leinbach, St. Petersburg, Fla.

6. **Bone Reaction to Stainless Steel Fixation Material,** JOHN E. BURCH, MIAMI, FLA.

A report of two cases which show definite electrolytic reaction in bone as a result of using metallic appliances for internal fixation which were definitely labeled stainless or rustless steel. The effects of this electrolytic reaction resulted in chronic pain, evidence of increased local heat, and necessitated the removal of the internal fixative material.

Discussion opened by R. P. Kelly, Emory, Ga.

Intermission—Visit Exhibits

7. **Central Dislocation Arthroplasty of the Hip (Lantern Slides),** HANES H. BRINDLEY, TEMPLE, TEX.

I will present a brief review of the other mechanical surgical procedures about the hip and then discuss Mr. Charnley's central dislocation procedure. I will also discuss my personal experience with this central dislocation arthroplasty of the hip. Lantern slides will be used to demonstrate the various surgical procedures of the hip, including central dislocation arthroplasty.

Discussion opened by P. B. Wright, Orlando, Fla.

8. **Pathological and Clinical Aspects of Osgood Schlatter's Disease,** IRA RAPP, CHARLOTTE, N. C.

Discussion opened by J. F. Lovejoy, Jacksonville, Fla.

9. **Muscle Pedicle Bone Grafts in Orthopedic Surgery (Lantern Slides),** JOE B. DAVIS, PORTLAND, ORE., Guest Speaker.

The transfer of viable bone by way of muscle pedicled grafts is applicable to orthopedic surgery in a number of locations. Muscle belly origins from cancellous bone grafts transmit sufficient blood supply to these grafts to maintain normal nutrition and heal fractures in these grafts. It is also possible to transfer a muscle pedicle bone graft from one muscle belly to another and still maintain nutrition.

Intermission—Visit Exhibits

10. **Dynamic Roentgenography of the Low Back (Lantern Slides),** ALLEN M. FERRY, ARLINGTON, VA.

Discussion opened by H. W. Virgin, Miami, Fla.

11. **Lumbar Fasciotomy,** ELIAS MARGO, OKLAHOMA CITY, OKLA.

Discussion opened by Edward W. Cullipher, Miami, Fla.

12. **Sacroiliac Changes Associated with Dysfunction of the Spine (Lantern Slides),** HENRY L. FEFFER and JOHN P. ADAMS, WASHINGTON, D. C.

In one short generation we have witnessed the sacroiliac joints descending into oblivion as a prime cause of back pain. Roentgenographically visible changes in these articulations, however, are commonly associated with inflammatory lesions in the spine above; and are, in fact, considered pathognomonic in rheumatoid spondylitis. Their specificity never has been demonstrated convincingly, however, and the assumption that the spinal and sacroiliac lesions have a collateral etiology may be open to question. In view of the vital role these joints play in the diagnosis and the treatment of rheumatoid spondylitis, these facts suggest a need for the further investigation of their pathology in this disease.

Discussion opened by A. H. Weiland, Coral Gables, Fla.

Business Session.

2:00-4:00 p.m. Clinical Session—Chartered bus service to hospital courtesy of Southern Medical Association.

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 3

13. **Supracondylar Fractures of the Elbow in Children,** C. J. FRANKEL, P. S. DERIAN, C. BORZELLARI and B. COUGHRAN, CHARLOTTESVILLE, VA.

Discussion opened by F. L. Fort, Jacksonville, Fla.

14. **Radial Nerve Injuries (Lantern Slides),** JAMES M. KELLEY and J. LEONARD GOLDNER, DURHAM, N. C.

The records of a group of patients with radial nerve-muscle paralysis due to trauma have been reviewed. Of the 62 patients whose injuries were analyzed, 33 had fracture of the humerus, and 29 had penetrating crushing, stretching, contusion or other injury which caused radial nerve paralysis. Treatment was either nonoperative or operative with neurolysis, nerve suture or humeral shortening with nerve suture. Tendon transfer procedures were utilized for irreparable nerve lesions and for inadequate muscle recovery following nerve surgery. The indications for surgery and the results of the operative and nonoperative treatment will be discussed.

Discussion opened by Robert P. Keiser, Coral Gables, Fla.

15. **Medullary Nailing of Fractures of the Forearm,** S. J. RITCHEY, J. P. RICHARDSON and M. S. THOMPSON, WASHINGTON, D. C.

Discussion opened by F. Stelling III, Greenville, S. C.

16. **Shotgun Wounds of the Forearm (Lantern Slides),** LEE MILFORD, MEMPHIS, TENN.

Medical literature is rather sparse in the description of care and management of shotgun wounds of the extremities in contrast to a very voluminous production of papers dealing with high velocity single missile wounds of the extremities. This paper cites several cases of shotgun wounds of the wrist and hand, resulting in massive damage. Color slides of the original wound will be presented in the majority of these cases.

Discussion opened by E. C. Harris, Mobile, Ala.

17. **Chairman's Address: The Flat Foot,** MILTON C. COBEY, WASHINGTON, D. C.

Intermission—Visit Exhibits

18. **Epiphyseal Fractures of the Tibia and Femur,** H. R. BRASHEAR, CHAPEL HILL, N. C.

Discussion opened by Wood Lovell, Atlanta, Ga.

19. **Rupture of the Long Head of the Biceps Brachii (Lantern Slides),** E. F. BUTLER, ST. JOSEPH, MO.

The subject is reviewed along with a discussion of 12 cases. It will be shown that while diagnosis is comparatively easy, a high percentage of cases are misdiagnosed. The authors list various methods of treatment and describe one of tenodesis of the tendon to the humerus which they have carried out on six cases without complications and with good end results.

Discussion opened by Dana M. Street, Memphis, Tenn.

20. **The Treatment of Coccygodynia with Cortical Steroid Injections,** ROBERT E. WELLS, ATLANTA, GA.

The troublesome problem of coccygodynia will be briefly discussed. The literature will be reviewed. A series of 46 patients with a primary complaint of coccygodynia including 27 who received one, two, or three injections of cortical steroids in the sacrococcygeal articulation and lateral ligaments will be reviewed. A follow-up of immediate results will be presented. This has proven to be a most helpful procedure.

Discussion opened by R. A. Worsham, Jacksonville, Fla.

SECTION ON PATHOLOGY

Joint Meeting with the Southeastern and South Central Regions of the College of American Pathologists.

Officers

Chairman—Gretchen V. Squires, Pensacola, Fla.
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Hosts from the Dade County Medical Association

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W. A. D. Anderson, Theodore C. Keller

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 9:00 a.m.
Municipal Auditorium, Room 2

1. **Cerebellar Lesions: Incidence and Significance,** JOHN A. WAGNER, BALTIMORE, MD.

In a series of approximately 4,000 consecutive autopsies, the cerebellum was examined grossly and microscopically with a uniform procedure. Review of the pertinent primary and secondary cerebellar lesions is compared with a statistical study of the disease processes found in the above series. The study shows that the cerebellum is very frequently involved in a large number of systemic disease processes, most of which pass unnoticed clinically.

2. **Lethal Midline Granuloma—Granuloma or Neoplasm,** ROGER D. BAKER, FRANK THOMPSON and RALPH ARNOLD, DURHAM, N. C.

3. **Ultraviolet Television Technics for the Study of Living Cells (Lantern Slides),** P. O'B. MONTGOMERY and W. A. BONNER, DALLAS, TEX.

The past several years has witnessed two important advances in the technics for cell study which utilize ultraviolet absorption principles. These technics give great promise of extending considerably the basic observations in cell physiology founded largely on the work of the Casperson group. First is the technic of closed circuit television microscopy in which the vidicon camera is sensitive to ultraviolet light. Utilizing this technic, Dr. G. Z. Williams at the National Institutes of Health has been able to obtain T.V. absorption images of living cells in monochromatic ultraviolet light. The second technic consists of the development in this laboratory of an ultraviolet flying spot television microscope. This instrument utilizes an ultraviolet flying spot cathode ray tube as a light source and an ultraviolet sensitive photomultiplier tube for light collection. The electrical impulse from the photomultiplier tube is utilized for image conversion and monitored on a radar tube. By means of this technic, ultraviolet time lapse motion pictures of living HeLa cells have been obtained. The paper will consist of a discussion and comparison of the above technics together with the showing of a time lapse motion picture of the absorption images of living HeLa cells at 2,600 Angstroms. The study will demonstrate the normal ultraviolet absorption images of cells including cells in mitosis, as well as different types of ultraviolet induced cellular damage.

Intermission—Visit Exhibits

4. **Trauma and Cancer: A Review of the Problem (Lantern Slides),** R. H. RIGDON, GALVESTON, TEX.

The progressive increase in the age of man and the increase in the frequency in which he may receive traumatic injuries creates a major problem involving economics, law and medicine. It would seem to me advantageous for us in pathology at this time to review some of these problems. During the last ten years considerable data have been published referable to chemicals, viruses, hormones, irradiation, ultraviolet light as well as physical trauma as a cause of cancer. The role of cocarcinogens long recognized as a factor in experimental induced cancers now must be carefully evaluated in certain types of cancer occurring in man following mechanical trauma. Mutations, the significance of which has been recognized for many years in fields other than neoplastic, now must be evaluated in this problem of the etiology of a specific cancer in man. Trauma and cancer today is more complex than merely stating that cancer cannot result from a cut in the skin. Recent literature will be reviewed referable to trauma and cancer as related to the above factors.

5. **Experience with a Simple Screening Test for Serotonin (Lantern Slides),** HOWARD C. ELLIOTT, ALBERT E. CASEY, MARY DRYDEN, ROSEMARY HARDY and BETTIE RUTH KYNERD, BIRMINGHAM, ALA.

Because the serotonin level is so closely related to autonomic and central nervous system function and to the function of various blood and tissue cells, it was decided to use the simple qualitative test described by Sjoerdma, et al, for the detection of 5-hydroxy-3 indoleacetic acid in urine samples obtained on routine hospital admissions. Positives were checked by the quantitative method of Udenfriend, et al. This report is concerned with the findings concerning the stability of the metabolite in urine, the significance of positive findings, and the incidence of false positives.

6. **Current Problems of the College of Pathologists,** W. A. D. ANDERSON, MIAMI, FLA.

7. **Chairman's Address: The General Practice of Pathology,** GRETCHEN V. SQUIRES, PENSACOLA, FLA.

Business Session.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, Room 2

8. **Clinical Studies of the Gastrointestinal Tract Utilizing Radioisotopes (Lantern Slides),** E. RICHARD KING, R. P. SPENCER, W. S. MAXFIELD, R. W. MATLOCK and B. L. SHULZ, BETHESDA, MD.

The opinions or assertions contained herein are the private ones of the writers and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large.

The inaccessibility of the gastrointestinal tract to conventional technics of investigation has led to the search for additional modalities. The use of radioisotopes is proving to be one of the more valuable methods, since the progress of tagged metabolites may be easily followed, even though the gut itself is not visualized. This laboratory is currently evaluating three tests of gastrointestinal function, which employ radioactive markers.

1. Absorption of triolein—I^{131} and oleic acid—^{131}, as an indication of the presence of pancreatic lipase and the competence of intestinal absorption.
2. Urinary excretion of an oral dose of Vitamin—B_{12}—Co^{60} (Schilling test) in the diagnosis of pernicious anemia and malabsorption states.

3. Uptake of radioiron (Fe^{59}) from the gut, as an index of absorption, and of body iron stores.

Triolein—I^{131} is a fat that is hydrolyzed by the pancreatic enzyme lipase. Normal individuals excrete less than 2.6 per cent of an ingested dose. In pancreatic insufficiency, or malabsorption, increased radioactive fat appears in the stool. To differentiate between a pancreatic defect, and an error of intestinal absorption, oleic acid—I^{131} is used. Absorption of this fatty acid is not dependent upon the pancreas.

Absorption, and hence urinary excretion, of tagged vitamin—B_{12} is deficient in pernicious anemia (lack of intrinsic factor), and some malabsorption syndromes. Cases will be shown where both the triolein—I^{131} test and the Schilling test are abnormal. The absorption of radioiron is not an entirely satisfactory test for the evaluation of iron uptake from the gut, and reasons for this will be discussed. Done as a battery of tests, these three studies may aid in delineating the competence of gastrointestinal function.

9. **Evaluation of the Radioactive Iodine Uptake Test of Thyroid Function (40 minutes),** MARSHALL BRUCER, OAK RIDGE, TENN.

10. **The Use of Radioisotopes in the Clinical Study of Urinary Tract Functions (Lantern Slides),** JULIAN D. BOYD, CORAL GABLES, FLA.

A new clinical test of renal function determines clearance rates of I^{131} tagged Diodrast through two scintillation counters placed over the kidneys, with continuous graphic recording of activity. Only minute amounts of Diodrast are used, and tissue radiation is negligible. The test can be repeated as often as desired. Unilateral differences in function are shown, as well as successive changes through the course of disease. Observations to date will be reviewed.

Discussion opened by Benjamin E. Schwarcz; Leslie A. Morgan, Coral Gables, Fla.

Intermission—Visit Exhibits

11. **Use of Fe^{59} in Hematologic Diagnosis,** C. BARRIE COOK, WASHINGTON, D. C.

Fe^{59} has been used in the diagnosis of various hematologic disorders in the past. It has been found to be a useful and practical means of diagnosing anemias in particular. The author would like to report results in various anemias utilizing oral iron absorption, plasma clearance and red cell utilization tests. Also to be discussed will be some of the limitations of these methods, both practical and technical.

12. **Use of Large Sized Plastic Scintillator for Measuring Liver Uptake of Co^{60} Vitamin B_{12},** P. C. JOHNSON, W. L. SCAFF and R. M. BIRD, OKLAHOMA CITY, OKLA.

Scintillation counting over the liver has several advantages over other methods used as measures of intestinal absorption of Cobalt-60 Vitamin B_{12}. Since the amount of the orally administered vitamin reflects the adequacy or lack of gastric intrinsic factor, its measurement helps in differentiating pernicious and nutritional anemias from other anemias. An accurate estimate of liver storage would avoid the need for measuring fecal or urinary excretion. The small amounts of radioactivity which can be administered as Cobalt-60 Vitamin B_{12}, the liver size and the lack of uniform distribution of the labeled vitamin, all introduce technical difficulties into the methods previously proposed for liver counting. Our experience will be presented with a large sized scintillator detector for liver counting which has solved most of these difficulties and which gives both a rapid and accurate estimate of the intestinal absorption of labeled Vitamin B_{12}.

13. **The In Vivo Preoperative Localization of Intracranial Space Occupying Lesions Using a New Technic of Photoscanning,** HERBERT C. ALLEN, JR., HOUSTON, TEX.

A new method of detecting gamma-emitting isotopes that concentrate in space occupying lesions in the brain using gamma ray spectrometry technics as well as a new method of recording the results will be presented. Intracranial tumors which concentrate radioactive iodinated serum albumin in ratios of 1.5 to 1 of that of normal brain tissue have been detected. Results of this method will be correlated with the clinical findings, EEG, arteriograms and pneumography.

14. **Improved Treatment of Infiltrating Bladder Tumors with Cobalt-60 Nylon Sutures and P^{32}—a Coordinated Effort of Urologist, Pathologist and Radiologist (Lantern Slides),** J. R. MAXFIELD, JR., JACK G. S. MAXFIELD, WILLIAM S. MAXFIELD and VINCENT VERMOOTEN, DALLAS, TEX.

This paper will deal primarily with the evaluation of bladder tumors into the three groups. The group in which this particular technic is ideally suited is the group in which actively growing, solitary, infiltrative cancer is present in the bladder. This includes the sessile tumor, the flat and rapidly growing infiltrative type, and the superficial ulcerating squamous cell type. Any tumor, invading the tunica propria or the muscularis muscosae, is included in this group. The use of radioactive phosphorus as a diagnostic aid, together with the pathological evaluation, an excellent urological approach, and adequate radiological help, utilizing interstitial radioactive cobalt can achieve the same result as a total cystectomy in the treatment of infiltrating carcinomas of the bladder, with the great advantage that the patient is left with a normal urinary tract instead of becoming a 'walking urinal' with the necessity of wearing some 'device.'

Discussion opened by W. A. D. Anderson, Miami, Fla.; Lloyd Lewis, Washington, D. C.

15. **Setting Up An Isotope Laboratory in an Average Hospital,** GEORGE J. CARROLL and HERMAN MIZE, SUFFOLK, VA.

The establishment of an isotope laboratory in a hospital of 150 beds first met with some resistance because of the patient load, number of physicians for referred work, and community size. After analysis, it was felt that radioactive iodine studies alone might not be sufficient. Consultation with the hospital Board of Directors led to an appropriation of $4,200 the first year for equipment and establishment of the program. This fund was sufficient to purchase all necessary equipment desired except a body scanner. License from the A. E. C. Commission on an individual practice basis was obtained in I^{131}, Risa, Fe^{59}, Cr^{51}, Co^{60} and P^{32}. Clinical studies are now being performed in all categories. Clinical investigative studies are being conducted with Risa and Cr^{51} in order to help establish for our staff criteria for transfusion and fluid therapy. Fe^{59} studies are being conducted on severely anemic patients, to study the metabolism of iron in the body. Work is anticipated in the near future using I^{131} Triolein and I^{131} Rose Bengal. Contrary to the belief of some authorities, it is felt that a radioactive isotope laboratory in a smaller hospital is a very useful tool which will become more essential with time. It is felt that since nearly all the diagnostic work involved at the present time parallels the clinical laboratory, the clinical pathologist should become acquainted with, and involved in the management of such a laboratory in his hospital.

Tuesday, November 12, 9:00 a.m.
Municipal Auditorium, Room 2

Joint Meeting with the Southeastern and South Central Regions of the College of American Pathologists.

16. **PANEL DISCUSSION: Role of the Laboratory in the Diagnosis of Endocrine Diseases**

MODERATOR: L. W. Diggs, Memphis, Tenn.

PANEL MEMBERS:
A. Gorman Hills, Miami, Fla.
Joseph E. Rall, Bethesda, Md.
Dempsie Morrison, Memphis, Tenn.

MEMORANDA

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Howard A. Engle, Robert F. Mikell
Karl W. Vetter

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Tuesday, November 12, 9:00 a.m.
Municipal Auditorium, Room 6

1. **The Effect of Prednisone in the Prevention of Stricture of the Esophagus Following the Ingestion of Lye,** W. W. CLEVELAND, N. THORNTON, J. G. CHESNEY and ROBERT B. LAWSON, MIAMI, FLA.

   Twenty children have been seen during the past 18 months who ingested lye and suffered burns of the mouth and esophagus. Most of these children have been treated with prednisone over a period of 3 weeks with the hope that the eventual stricture and scarring would be reduced. A report will be given of the clinical and esophagoscopic findings during the course of observation. Complications of the prednisone therapy will be discussed.

2. **Duodenal Ulcers in Children,** HAROLD P. JACKSON, GREENVILLE, S. C.

   A report of a number of cases of duodenal ulcers in children of various ages is given. The clinical picture is described and some of the psychosomatic aspects are discussed.

3. **Treatment of "Colic" When Associated with Family Tension,** WILLIAM H. KISER, JR., ATLANTA, GA.

   The transfer of tension from adult to infant has been regarded as one of the factors in the etiology of the symptom complex known as "colic." A group of cases is presented in which emotional tension in the mother was prominent. The family situation and treatment are discussed.

Intermission—Visit Exhibits

4. **Problems of Poliomyelitis in the Post-Vaccine Era,** HARRIS D. RILEY, JR., and RANDOLPH BATSON, NASHVILLE, TENN.

   Although poliomyelitis vaccine has been demonstrated to be an effective agent in the prevention of paralytic poliomyelitis, many new and old problems relating to poliomyelitis exist. The differential diagnosis of poliomyelitis will be discussed as follows: (1) Non-paralytic poliomyelitis and aseptic meningitis syndrome. (2) Spinal paralytic poliomyelitis (osteomyelitis, scurvey, etc.). (3) Other causes of respiratory failure (Guillan-Barre Syndrome, etc.). Studies relative to the establishment of a practical immunization program by incorporation of poliomyelitis vaccine into the routine schedule will be presented. Research problems still unsolved are (1) Live versus killed vaccine. (2) Persistence of immunity. (3) Indications for boosters, and (4) Extent and significance

of alimentary tract infections in an immune population. Some of the complications encountered in the management of the severely involved poliomyelitis patient with respiratory failure will be discussed. The management of cardiovascular, urological, gastrointestinal, and pulmonary complications will be outlined. Results of the treatment of patients with respiratory failure will be outlined.

5. **Chairman's Address: From Innocence to No Sense —Vignettes from the First Fifteen Years,** NELSON K. ORDWAY, CHAPEL HILL, N. C.

Business Session.

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 6

6. **Our Position in the Problem of Cerebral Palsy,** FELIX HURTADO and MARIO STONE, HAVANA, CUBA

7. **Stumbling Blocks to Truth,** RICHARD DAY, NEW YORK, N. Y., Guest Speaker.

Bacon set forth four stumbling blocks to truth: (1) The influence of fragile or unworthy authority; (2) Custom; (3) Imperfection of Undisciplined Senses; (4) Concealment of Ignorance by Ostentation of Seeming Wisdom. These factors will be modernized with special reference to an analysis of errors which have led to certain recommendations concerning therapy, etc., made to practitioners but which have been found to be either harmful or useless.

Intermission—Visit Exhibits

Color TV Program
Municipal Auditorium, TV Room

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 6

Joint Session with Section on Obstetrics and Section on Gynecology

8. **Foreign Bodies in the Vagina and Leukorrhea in the Young Female,** CHAMP TAYLOR, JACKSONVILLE, FLA.

9. **The Role of the Federal Government as it Relates to Medicine,** AIMS C. McGUINNESS, WASHINGTON, D. C.

Intermission—Visit Exhibits

10. **PANEL DISCUSSION: Resuscitation of the Newborn Infant**

MODERATOR: Nelson K. Ordway, Chapel Hill, N. C.

PANEL MEMBERS:

Richard Day, New York, N. Y.
Thaddeus L. Montgomery, Philadelphia, Pa.
Gerard Converse, Miami, Fla.

SECTION ON PHYSICAL MEDICINE AND REHABILITATION

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S. B. Kleinman, Leon Mims, Jr.
Elwin G. Neal

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 4

1. **Chairman's Address: Physical Medicine and Rehabilitation: Precision Attack on Disability,** A. B. C. KNUDSON, WASHINGTON, D. C.

In earlier years the modalities of this field of medicine were frequently applied on an empirical basis. As in many other medical specialties where this has also been true, the physiatrist has taken positive steps to define and refine rehabilitation procedures and technics on the basis of basic research. In addition to quantitative research, carefully recorded and studied, clinical observations have contributed to the factual information now available to the physiatrist in prescribing for his patient. Although each patient upon referral by consultation is examined and prescribed for, individually, the armamentarium of proven effective measures has expanded considerably and will continue to do so because of the increasing amount of research in this field. Evaluation clinics, medical rehabilitation boards, complete progress notes by qualified therapists, exploration of the patient's ability and tolerance in pre-vocational test situations, and effective follow-up methods, have brought about promising results with the patient able to work in selectively placed employment, without relapse. This precision attack on disability by the physiatrist permits us to face the future with optimism, and we believe there will be an ever enlarging regimen of rehabilitation measures to overcome the challenge of chronicity and the ravage of disability.

2. **The Progress, Present Status and Future Potential of Physical Medicine and Rehabilitation (Lantern Slides),** FRANK H. KRUSEN, ROCHESTER, MINN., Guest Speaker.

The complex specialty of physical medicine and rehabilitation has made remarkably rapid progress during the past two decades. During this period, a small group of dedicated physicians has brought this specialty to full recognition and the number of physicians who are being qualified in this field is now increasing rapidly. Today, increasing numbers of governmental and civilian hospitals have well-organized, well-equipped, and well-housed departments of physical medicine and rehabilitation and physician specialists, who are not only experts on the applications of physics to medicine but also capable clinicians, are directing these departments. The future of this field will depend on development of still further programs of laboratory and clinical research, on further perfection of clinical skills of physiatrists, and on still further expansion of the employment of physical agents and rehabilitative procedures in medicine.

Discussion opened by A. B. C. Knudson, Washington, D. C.; Oscar O. Selke, Houston, Tex.

Intermission—Visit Exhibits

3. **Chemical Control of Hyperhydrosis in Amputation Stumps,** FREDERICK E. VULTEE, JR., RICHMOND, VA.

Excessive and uncontrolled sweating of amputation stumps may lead to eventual limitation of prosthetic use because of tissue maceration. Systemic agents for control of sweating are generally not entirely satisfactory, especially in children. Utilization of local agents for topical application to the stump is reported with good results and no undesirable side effects, both in adults and children, with either congenital or surgical amputations.

Discussion opened by O. F. von Werssowetz, Gonzales, Tex.

4. **SAE (Electrical Stimulation and Assistive Exercises) in Hemiplegia (Lantern Slides),** HARRY T. ZANKEL, DURHAM, N. C.

In the treatment and rehabilitation of hemiplegia most of us are inclined to ignore the paralyzed arm and pay exclusive attention to the uninvolved upper extremity and the paralyzed leg. Recently increasing focus has been devoted to the involved upper extremity. This paper deals with a preliminary report of the use of persistent sinusoidal stimulation (S) to the paralyzed muscles as an assistive (A) to Re-education Exercise (E). A demonstration will be given, and a movie will be shown.

Discussion opened by Edward M. Krusen, Jr., Dallas, Tex.

5. **Rehabilitation of Chronically Ill Patients: The Influence of Complications on the Final Goal (Lantern Slides),** FLORENCE I. MAHONEY, BALTIMORE, MD.

This paper presents the experiences in rehabilitation of the first group of patients, largely unselected, in one State Chronic Disease Hospital. A simplified method of evaluation, the Barthel Index of Independence, is utilized. An analysis of the type and number of complications correlated with the initial goal and the final result of therapy is made.

Discussion opened by Bathurst B. Bagby, Oteen, N. C.

Wednesday, November 13, 12:00 noon
Luncheon

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 4

6. **Residual Sensory Changes in Chronic Poliomyelitis,** ARTHUR PASACH, WARM SPRINGS, GA.

Although pathologists have described inflammatory changes and their sequelae in the sensory portions of the central nervous system of subjects with anterior poliomyelitis, and although residual motor deficiency confers a degree of sensory deficit, permanent sensory changes have rarely been described in the living patient. Groups of subjects with residual upper extremity paralysis were searchingly examined in an effort to determine the areas and degrees of sensory aberration. The speculative nature of the findings is discussed.

Discussion opened by Louis P. Britt, Memphis, Tenn.

7. **Medical Experiences in the Near East (Lantern Slides),** A. F. MASTELLONE, WASHINGTON, D. C.

An oral presentation centered around a series of slides of experiences in Saudi Arabia in connection with the treatment of Prince Mashhur is given. The presentation will deal with impression of the country, its people and customs, medical practices and facilities.

Discussion opened by Harriet E. Gillette, Atlanta, Ga.

8. **Conference of Rehabilitation Centers,** NILA KIRKPATRICK COVALT, WINTER PARK, FLA.

The Conference on Rehabilitation Centers, organized in 1952, set up a long-range study, educational and guide program, designed to assist in defining and setting standards for the development of Rehabilitation Centers. Liaison with medical groups, community agencies, personnel policies, center directorship, are but some of the problems under continuous study. This comprehensive program serves as an excellent clearing house and resource organization for all who are concerned in rehabilitation of the physically handicapped.

Discussion opened by Emmett M. Smith, Fort Sam Houston, Tex.

9. **Management of Painful Shoulder in Quadriplegics,** WILLIAM C. FLEMING, RICHMOND, VA.

Most patients with traumatic quadriplegia develop shoulder girdle pain in the early months following injury. Etiological factors have been searched for and are discussed here. Prompt management with the usual physical medicine modalities has given good results and has generally prevented severe sequelae. Observations on new admissions to a paraplegic center in one calendar year (18 quadriplegic patients) are presented.

Discussion opened by Charles Shields, Washington, D. C.

10. **Electric Stimulation and Psychological Treatment of Hemiplegia,** FERDINAND F. SCHWARTZ, BIRMINGHAM, ALA.

The problem of hemiplegia offers a challenge to the medical profession in its daily management. Electric stimulation of the entire muscles from the origin to its insertion helps in maintaining muscle tonus. The psychological aspects demand as much treatment as the physical. These patients need mental security as well as a carefully laid plan for the future. The whole patient must be treated in order to accomplish certain results. There is no room for false hope.

Discussion opened by George D. Wilson, Asheville, N. C.

11. **Motion Picture (15 minutes), Observations on the Use of Robaxin for the Relief of Skeletal Muscle Hyperactivity,** HERBERT W. PARK and NORMA HAJEK-NICHOLS, RICHMOND, VA.

MEMORANDA

SECTION ON PROCTOLOGY

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Secretary—Francis J. Burns, St. Louis, Mo.

Hosts from the Dade County Medical Association

Matthew A. Larkin, Claude G. Mentzer
Samuel Neustein, Alexander E. Rosenberg
George Williams, Jr.

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 9:00 a.m.
Municipal Auditorium, Room 6

1. **Para Anal Cutaneous Lesion (Excluding Pruritus),** MARVIN A. LUCAS and JAMES E. RYAN, LOUISVILLE, KY.

The symptomatology associated with rectal cutaneous lesions as well as diagnosis and therapy is discussed. The paper covers the common pararectal lesions and many of the less frequently encountered conditions that are seen by the proctologist.

Discussion opened by Mark M. Marks, Kansas City, Mo.

2. **Basal Cell Carcinoma of the Anus,** PATRICK H. HANLEY, MERRILL O. HINES, JOHN E. RAY and MAX BRAILLAIR, NEW ORLEANS, LA.

The extreme rare occurrence of basal cell carcinoma in the anus is evidenced by the paucity of case reports in the literature. This report calls attention to the possibility of this entity, discusses its diagnosis and treatment, and presents 4 cases. The insidious development of basal cell carcinoma with absence of symptoms in the early pre-ulcerative stage is responsible for the patient's delay in consulting a physician. Because small, nondescript lesions of the anal canal may be basal cell carcinoma, the surgeon is urged to perform total surgical excision of such lesions. This permits the pathologist not only to make an accurate diagnosis but also to determine if adequate excision was accomplished. Total surgical excision is adequate for early tumors. Large destructive rodent ulcers require more radical therapy.

Discussion opened by J. Wade Harris, Houston, Tex.

Intermission—Visit Exhibits

3. **Chairman's Address: The Future of Proctology as a Specialty,** J. WADE HARRIS, HOUSTON, TEX.

Proctology as a specialty is facing a crossroad. It has to go forward or become extinct and fall into the hands of those outside organized medicine who are less prepared to render skilled service. There are three ways to go forward: 1—Teaching, 2—Reducing the years of training necessary to those of like specialties, and 3—Research.

4. **Pseudo-epitheliomatous Lesions of the Perirectal Tissues (Lantern Slides),** JULIUS E. LINN, BIRMINGHAM, ALA.

Recent interest in perirectal adenocarcinoma arising from extrarectal tissue has focused attention on perirectal granulomas. A pathologic report of epidermoid carcinoma in perirectal areas is uncommon. This paper directs attention to blastomycosis producing a histologic picture often thought initially to be epidermoid carcinoma, but found to be due to blastomycosis producing epidermoid changes.

Business Session.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, Room 6

5. **The New Treatment for Pruritus Ani (Lantern Slides),** CLIFFORD C. WILSON, KANSAS CITY, MO.

Until the topical hydrocortisone preparations were made clinically available there was no satisfactory treatment for intractable pruritus ani except radical surgery. Surgery is still indicated, but only for associated disease such as hemorrhoids, fissures, fistulas and cryptitis. Newer and more potent drugs are being made available and some still in the experimental stage, have proven so far to offer quicker and more permanent relief from anal and ano-genital pruritus.

Discussion opened by Matthew A. Larkin, Miami, Fla.

6. **Strangulated Hemorrhoids: Deep Radiotherapy or Surgical Treatment (Lantern Slides),** ENRIQUE FIGARES, HAVANA, CUBA

Strangulated hemorrhoids is the most serious and painful of all complications caused by hemorrhoids. Rapid results are best obtained when the anti-inflammatory radiotherapy treatment has been applied within 48 hours. After this period surgical measures are advised. The surgical treatment is the incision and dissection of the hemorrhoidal mass. The postoperative period is not painful, healing is rapid and final results satisfactory.

Discussion opened by Claude G. Mentzer, Miami, Fla.; Dean W. Hart, St. Petersburg, Fla.

Intermission—Visit Exhibits

7. **A Retrograde Operation for Prolapsing Hemorrhoids (Lantern Slides),** MARK M. MARKS, KANSAS CITY, MO.

Prolapsing hemorrhoids with redundant mucous membrane are likely to give further trouble if inadequately corrected. The surgery required must remove not only the obvious abnormalities but all concomitant disease. By ligating the excess mucosa and removing the hemorrhoid by retrograde dissection, good functional results can be obtained with greater assurance as to permanence.

Discussion opened by C. S. Drummond, Winston-Salem, N. C.

8. **The Colostomy: Technic, Management and Complications (Lantern Slides),** A. F. CASTRO, WASHINGTON, D. C.

The different surgical technics of making a colostomy are discussed with special emphasis on mucocutaneous suture to speed up maturation of the new stoma. The management of the stoma immediately postoperatively, in the hospital and by the patient at home, with daily irrigation, is considered. Postoperative complications, with particular discussion of self-induced perforation, will conclude this presentation.

Discussion opened by Edgar Boling, Atlanta, Ga.

Meeting with Southeastern Proctologic Society and a Dry Clinic given throughout the remainder of the afternoon.

Tuesday, November 12, 9:00 a.m.

The entire morning will be occupied with operative clinics by the Section members in Miami.

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 6

Joint Session with Section on Surgery

9. **The Surgical Problems in Carcinoma of the Rectum and Lower Colon (Lantern Slides),** R. K. GILCHRIST, CHICAGO, ILL.

10. **The Clinical Diagnosis of Minimal Nonspecific Ulcerative Colitis (Lantern Slides),** RUPERT B. TURNBULL, CLEVELAND, O., Guest Speaker.

11. **Diagnosis and Management of Massive Bleeding from the Colon and Rectum (Lantern Slides),** ALLEN E. GRIMES, LEXINGTON, KY.

    Discussion opened by William H. Pennington, Lexington, Ky.; Arthur I. Chenoweth, Birmingham, Ala.

Intermission—Visit Exhibits

12. **Analysis of a Study of Over 500 Patients Receiving Repeated Injections of an Anesthetic Agent into the Caudal Canal (Lantern Slides),** WALTER H. GERWIG, JR., SEYMOUR ALPERT, BRIAN BLADES and CHARLES COAKLEY, WASHINGTON, D. C.

    Discussion opened by Seymour Alpert, Washington, D. C.

13. **PANEL DISCUSSION: Ulcerative Colitis**

    MODERATOR: R. K. Gilchrist, Chicago, Ill.

    PANEL MEMBERS:
    Arthur M. Freeman, Birmingham, Ala.
    Charles S. Jones, Atlanta, Ga.
    Rupert B. Turnbull, Cleveland, O.

MEMORANDA

SECTION ON PUBLIC HEALTH

Officers

Chairman—Walter P. Gardiner, New Orleans, La.
Vice-Chairman—Gerald E. McDaniel, Columbia, S. C.
Secretary—William W. Schottstaedt, Oklahoma City, Okla.

Hosts from the Dade County Medical Association

T. E. Cato, Chairman
E. C. Brunner, James J. Griffitts
John T. Smedley

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 9:00 a.m.
Municipal Auditorium, Room 1

1. **Chairman's Address: Practical Public Relations,** WALTER P. GARDINER, NEW ORLEANS, LA.

The program as set up and developed was predicated on an effort to obtain closer and better liaison and public relations and goodwill relationship between the practitioners of medicine in the community and to dispel the stamp of disapproval that prevailed in the presumption that Public Health had to be a prodromal symptom of Socialized Medicine.

2. **The Rapid Diagnosis of Communicable Disease (Lantern Slides),** RALPH B. HOGAN, ATLANTA, GA.

The use of antibiotics has brought to focus the need for more rapid identification of agents causing disease. At present the identification of most viral agents requires one to three weeks or more. This delay actually restricts the laboratory technics to providing confirmation and epidemiologic information. Refinements in serologic technics, the specific phages, and fluorescent antibody technics are promising approaches to shortening the time required for identification of viral and bacterial agents.

3. **Pulmonary Disease Caused by Atypical Acid-Fast Bacilli (Lantern Slides),** ALBERT G. LEWIS, JR., TAMPA, FLA.

During the past 18 months atypical mycobacteria have been isolated from 68 patients admitted to Florida Tuberculosis Hospitals with a diagnosis of pulmonary disease. The organisms differ from tubercle bacilli culturally, and are nonpathogenic for guinea pigs. Nonphotochromogens, photochromogens, scotochromogens were identified. In 35 of these cases, history, physical, x-ray, therapeutic response are analyzed. Pathological reports are available in 10. Epidemiological data, problems relating to diagnosis, isolation, treatment, and discharge are presented.

Intermission—Visit Exhibits

4. **The Significance of Agammaglobulinemia and Other Nonimmune States in Public Health (Lantern Slides),** GERALD R. COOPER, CHAMBLEE, GA.

A deficiency of gamma globulin has been found in some patients with repeated severe infections. This condition arises congenitally or is acquired from an insult apparently to the reticuloendothelial system. Serologic diagnostic technics and attempts toward immunization are ineffective in these patients. Studies on patients with high susceptibility to infections reveal that gamma globulin is only one of the factors involved in host resistance. Public health significance will be illustrated with selected clinical cases.

5. **Implications of the Newer Viruses on Public Health (Lantern Slides),** THOMAS H. HAIGHT, OKLAHOMA CITY, OKLA.

Several new viruses have been described and their etiologic relationship to clinical syndromes established. Criteria for diagnosis and confirmatory laboratory tests have become more available. Herpangina may be delineated from other pharyngeal afflications, and adenovirus infection is not a "common cold." Public health personnel have participated greatly in isolating and identifying these viruses. Continuing responsibility of public health workers and subsequent advantages accruing to them and the whole population will be discussed.

Business Session.

Tuesday, November 12, 9:00 a.m.
Municipal Auditorium, Room 1

6. **Some Points on Lazear Camp,** PEDRO NOGUEIRA, HAVANA, CUBA

This paper presents a brief history of Lazear Camp in Marianao, Cuba, emphasizing the work done to preserve it as a National Historical Shrine. The activities of Dr. Philip Hench of Mayo Clinic in identifying the Camp in 1941 will be traced and a discussion will be presented of his proposal to establish a private organization to cooperate with the Cuban Government in its preservation and improvement.

7. **The Arthropod Control Program in Florida (Lantern Slides),** J. A. MULRENNAN, JACKSONVILLE, FLA.

Florida's Arthropod Control Program operates under the State Board of Health. The Board under the State Aid Law disburses $3,500,000.00 to Mosquito Control Districts and Boards of County Commissioners that make local funds available for control on a matching basis. Funds may be expended for the control of any arthropod which bites or annoys man. A Research Center is administered by the Board for furnishing the answers for the over-all control operations.

Intermission—Visit Exhibits

8. **How Public Health Can Reinforce the Practitioner in Caring for Older People (Lantern Slides),** S. D. POMRINSE, WASHINGTON, D. C.

The major health problem of older people is that of long-term illness. The solo physician is handicapped in caring for his patients unless he can draw upon a wide range of community services. The development of these services so that the practitioner will have these resources is the responsibility of Public Health. Detailed examples will be given.

9. **A Poison Information Center as a Statewide Service to Physicians,** T. R. PFUNDT, OKLAHOMA CITY, OKLA.

The origin, functioning, and anticipated development of the Oklahoma Poison Information Center will be briefly presented. In contrast to many municipal poison Centers, Oklahoma has a 24 hour telephone service to physicians of the entire state operated through the University Medical Center. The philosophy of such service to patients indirectly through their private physicians, its educational value and its research possibilities will be discussed in the light of its 18 month experience.

10. **The Value of Photofluorograms in Detection of Heart Disease,** JOHN F. HACKLER and WILLIAM B. THOMPSON, MUSKOGEE and OKLAHOMA CITY, OKLA.

Through the cooperation of the Oklahoma Heart Association, the Muskogee County Medical Society, and the Oklahoma Department of Public Health, routine chest films were read by a radiologist and cardiologist for evidences of heart disease to determine whether such a procedure would find enough cases to make it practical as part of a cardiac program. Referrals were made to local physicians who filled in a questionnaire giving signs and symptoms discovered, examinations done, diagnoses, and comments on need for rehabilitation. The results of this survey will be presented.

MEMORANDA

SECTION ON RADIOLOGY

Officers

Chairman—Jesshill Love, Louisville, Ky.
Vice-Chairman—John Day Peake, Mobile, Ala.
Secretary—Ted F. Leigh, Emory University, Ga.

Hosts from the Dade County Medical Association

John C. Ajac, Chairman
E. Hampton Bryson, Maurice M. Greenfield
Gerard Raap, Richard D. Shapiro
Oliver P. Winslow, Jr.

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, Room 1

1. **Skeletal Manifestations of Parent-Induced Trauma in Infants and Children (Lantern Slides),** SAMUEL H. FISHER, GREENVILLE, S. C.

   Cases of parent induced trauma in infants and children are presented. Three of these were in children accidentally injured in stable home environments and three were in children whose parents were emotionally ill. Two cases resulted in the death of the child and the imprisonment of the parent or parents. One of the cases presented shows roentgen changes which are unusual and which represent a relatively new concept of bone changes as a result of repeated parental trauma.

2. **Fractures of the Anterior-Superior Process of the Os Calcis (Lantern Slides),** J. M. DELL, JR., GAINESVILLE, FLA.

   This paper deals with a review of the literature and an analysis of 10 cases. Reports on this fracture are not numerous and it is one easily missed and/or neglected. Long-time follow-up on several cases is reported.

3. **Chairman's Address: Superficial X-Ray Therapy (Lantern Slides),** JESSHILL LOVE, LOUISVILLE, KY.

   Low voltage x-ray therapy without added filtration continues its important role in office practice of general radiology. The presentation is an examination of the surface and underlying tissue of the treated area. Several modes of therapy were examined. The fundamental physical findings are leveled to a practical reporting that might be useful.

Intermission—Visit Exhibits

4. **Translumbar Aortography (Lantern Slides),** OWINGS W. KINCAID, ROCHESTER, MINN.

   Translumbar aortography has become a valuable diagnostic aid in the study of patients with a variety of conditions. The present status of this method of examination will be evaluated. The technic of aortography, its various indications, and its complications will be discussed. The material presented is based on the experience of the author and his associates in performing 1,000 aortograms by the translumbar method.

5. **Ureteritis Cystica and Pyelitis Cystica (Lantern Slides),** SEYMOUR OCHSNER and EDGAR BURNS, NEW ORLEANS, LA.

Clinical and urographic data on 8 cases of pyeloureteritis cystica encountered at the Ochsner Clinic are presented. Symptoms are usually those of urinary infection. The radiographic appearance is usually one of clusters of small, smooth, round filling defects. These must be differentiated from stones, papillary tumors, blood clots, tuberculous pyeloureteritis, and air bubbles. The value of roentgenographs of good technical quality is stressed. In treatment, the control of infection, urinary calculi and obstructive lesions is important.

Business Session.

Tuesday, November 12, 12:00 noon

Luncheon Meeting

Address: Some Fundamentals of Cardiac Roentgenology (Lantern Slides), BENJAMIN FELSON, CINCINNATI, O., Guest Speaker.

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 1

6. **Benign and Malignant Lesions of the Stomach (Lantern Slides),** SAM B. CHAPMAN, KANSAS CITY, MO.

The differential diagnosis of benign lesions of the stomach is of the utmost importance to the patient and the referring physician. The decision is still one of the most difficult to make, particularly when considering lesions of the pre-pyloric region. We believe the radiologist with careful observation is best suited to make this differentiation and the decision as to whether or not surgery is indicated. The illustrations presented serve to point out differential features and pitfalls of diagnosis.

7. **Treatment of Cancer of the Floor of the Mouth and Its Cervical Metastases by Irradiation (Lantern Slides),** JAMES A. MARTIN and CHARLES L. MARTIN, DALLAS, TEX.

Over a period of 22 years a total of 61 patients were treated for carcinoma of the floor of the mouth, employing low intensity interstitial radium sources as primary therapy to the oral lesion and the cervical metastasis. Analysis of this experience reveals a 5 year salvage rate of 46% with a scarcity of significant radiation sequelae. Regression and healing of the primary lesion was obtained in over 75% of the cases without the necessity of producing disfigurement or loss of function.

8. **Pulmonary Hodgkin's Disease (Lantern Slides),** W. F. RUBEL, LOUISVILLE, KY.

Pulmonary involvement in Hodgkin's disease has been recognized with increasing frequency in recent years. With advances in technics of radiotherapy and thoracic surgery, pulmonary lesions have assumed greater therapeutic significance. Various examples of pulmonary Hodgkin's disease are presented and therapeutic approaches and results are discussed. The combined roles of radiotherapy and surgery are evaluated.

Intermission—Visit Exhibits

9. **Unusual Roentgen Manifestations of Granulomatosis Diseases of the Lung (Lantern Slides),** BENJAMIN FELSON, CINCINNATI, O.

The commoner roentgen patterns of many of the chronic granulomatous diseases of the lung have been adequately described and clearly depicted in the literature. However, many cases do not reveal these more or less typical findings. The present report deals with some interesting but less familiar roentgen manifestations of these diseases which may, at times, suggest a specific diagnosis.

SECTION ON SURGERY

Officers

Chairman—Robert W. Bartlett, St. Louis, Mo.
Vice-Chairman—Murray M. Copeland, Washington, D. C.
Secretary—Arthur I. Chenoweth, Birmingham, Ala.

Hosts from the Dade County Medical Association

H. Clinton Davis, Chairman
J. Raymond Graves, George D. Lilly
Donald W. Smith, William L. Wagener, Jr.
Arthur W. Wood, Jr.

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Monday, November 11, 2:00 p.m.
Municipal Auditorium, TV Room

Color TV Program with Section on Anesthesiology

Tuesday, November 12, 2:00 p.m.
Municipal Auditorium, Room 6

Joint Session with Section on Proctology

1. **The Surgical Problems in Carcinoma of the Rectum and Lower Colon (Lantern Slides),** R. K. GILCHRIST, CHICAGO, ILL., Guest Speaker.

2. **The Clinical Diagnosis of Minimal Nonspecific Ulcerative Colitis (Lantern Slides),** RUPERT B. TURNBULL, CLEVELAND, O.

In most patients with nonspecific ulcerative colitis the disease starts in the rectum and ascends into the colon. In the earliest stages the disease is limited to the mucosa with the typical Lieberkuhn crypt abscess, but no other structural changes. The disease may be so minimal that a simple enema in preparation for sigmoidoscopic examination may wash away the exudate lying on the surface of the mucosa, leaving no visible trace. In addition, the colon x-ray does not reveal any changes, even though the sigmoid portion may be the site of minimal disease of the mucosa; consequently there may be little help from the radiologist. Patients with minimal nonspecific ulcerative colitis often present themselves for examination with a complaint of bleeding, both mixed and separate from the bowel movement. There may or may not be systemic symptoms. Proctoscopic examination should therefore be carried out in patients (who are diagnostic problems in respect to bleeding) without enema preparation. A little pus and mucus in the ampulla of the rectum, particularly in the region of the crypts, together with slight friability of the mucosa, is suggestive of this. The case histories of several patients are presented, to show that under these circumstances proctosigmoidoscopic examination, together with biopsy of the rectal mucosa, will make a definite diagnosis of nonspecific ulcerative colitis.

3. **Diagnosis and Management of Massive Bleeding from the Colon and Rectum (Lantern Slides),** ALLEN E. GRIMES, LEXINGTON, KY.

Much has been written about massive upper gastrointestinal bleeding but comparatively little concerning similar bleeding from the colon and rectum. A complete history, careful physical examination, gentle digital rectal examination and blood studies can be done while preparations are made to combat the shock. In the majority of cases the bleeding subsides within 48 hours. When the patient's condition has been stabilized your diagnostic search may be started. With few exceptions and variations concerning the age groups, sigmoidoscopy and barium x-ray studies of the colon and upper gastrointestinal tract are done. If the diagnosis is made, definite measures of treatment are usually known. The cases of obscure bleeding, however, often present a problem. If explored, the source of bleeding may still remain obscure. In such cases I explore for recurrent or exsanguinating hemorrhage.

Discussion opened by William H. Pennington, Lexington, Ky.; Arthur I. Chenoweth, Birmingham, Ala.

Intermission—Visit Exhibits

4. **Analysis of a Study of Over 500 Patients Receiving Repeated Injections of an Anesthetic Agent into the Caudal Canal (Lantern Slides),** WALTER H. GERWIG, JR., SEYMOUR ALPERT, BRIAN BLADES and CHARLES COAKLEY, WASHINGTON, D. C.

Studies of over 500 patients to determine the efficiency and establish the safety of repeated instillations of an anesthetic agent into the caudal canal, form the basis of this report. The method consisted of implanting a vinyl catheter through the sacral hiatus into the caudal canal. An anesthetic drug was then introduced into the canal through the catheter at frequent intervals. The procedure is evaluated as to safety, efficiency, pain relief and ease of employment.

Discussion opened by Seymour Alpert, Washington, D. C.

5. **PANEL DISCUSSION: Ulcerative Colitis**

MODERATOR: R. K. Gilchrist, Chicago, Ill.

PANEL MEMBERS:
Arthur M. Freeman, Birmingham, Ala.
Charles S. Jones, Atlanta, Ga.
Rupert B. Turnbull, Cleveland, O.

Wednesday, November 13
Color TV Program 9:00-10:30 a.m.
Municipal Auditorium, TV Room

Wednesday, November 13, 10:30 a.m.-12:00
Municipal Auditorium, Room 6

6. **Failures of Inguinal Hernia Repair and Methods for Their Avoidance (Lantern Slides),** WILLARD BARTLETT, ST. LOUIS, MO.

The various reasons for failure to achieve primary operative cure of an inguinal hernia are rarely obscure if the findings at secondary exploration are accurately evaluated. These are even more illuminating if the previous findings and operative details are available. Practically all failures can be ascribed to (1) incomplete diagnosis, (2) selection of a plan of repair which is anatomically inadequate, (3) insufficient familiarity with the facts of wound healing. Illustrative examples and the technical aspects of correct principles will be given.

Discussion opened by Howard Mahorner, New Orleans, La.; George D. Lilly, Miami, Fla.

Business Session.

7. **Contrast in the Management of Inguinal and Umbilical Herniae in Infancy and Childhood (Lantern Slides),** FRANK T. KURZWEG, MIAMI, FLA.

In the management of inguinal hernia the change from non-operative to operative is discussed. The reason for the change is the high incidence of complications from inguinal hernia in infants and children. Mention is made of the type of inguinal hernia found, its association with hydrocele and the embryological defect in its development. In contrast, the management of umbilical hernia in infancy and childhood is usually watchful waiting. The defect at the umbilicus will close spontaneously in most cases.

Discussion opened by John J. Farrell, Miami, Fla.

8. **Benign Lesions of the Breast (Lantern Slides),** JAMES W. HENDRICK, TUSCALOOSA, ALA.

The incidence, pathology, diagnosis, and treatment of benign breast tumors is discussed. This group includes cystic diseases of the breast, adenosis, mammary duct ectasia, fat necrosis, adenofibroma, intraductal papilloma, and lipoma. A 5 to 18 year follow-up study of 90 per cent of a group of patients with these diseases demonstrates that there is no greater likelihood of these patients developing carcinoma of the breast than a similar group of patients of the same age.

Discussion opened by Murray M. Copeland, Washington, D. C.; Arthur I. Chenoweth, Birmingham, Ala.

Wednesday, November 13, 2:00 p.m.
Municipal Auditorium, Room 6

9. **Chairman's Address: Problems Associated with Obstructions of the Extrahepatic Bile Ducts,** ROBERT W. BARTLETT, ST. LOUIS, MO.

10. **Wounds of the Pancreas (Lantern Slides),** MORRIS J. FOGELMAN, DALLAS, TEX.

An analysis and review of approximately 35 cases of penetrating wounds of the pancreas is given. The importance of early suspicion of pancreatic injury and early definitive surgery is presented. The high mortality which ensues following pancreatic injury is often due to inadequate early definitive surgery. Debridement, pancreatic resection and adequate drainage coupled with physiologic management in the postoperative period is a necessary theme for reducing the morbidity and mortality of pancreatic injuries.

11. **Carcinoma of the Stomach (Lantern Slides),** JOSE S. LASTRA y CAMPS, HAVANA, CUBA

The only treatment for carcinoma of the stomach is surgical. Results are still very poor. Diagnosis is made late in most of the cases and the surgeon cannot eradicate in the majority of cases all malignant cells. Up to now it has not been demonstrated that total gastrectomy is the operation indicated in all cases of carcinoma of the stomach. The amount of stomach removed is less important to know than the quantity of tissue eradicated beyond the lesion.

Discussion opened by Walter C. Jones, Miami, Fla.

Intermission—Visit Exhibits

12. **Semiradical Resection for Carcinoma of Lung (Lantern Slides),** RAYMOND C. RAMAGE, GREENVILLE, S. C.

In the past five years the most common carcinoma of man, bronchogenic carcinoma, is being diagnosed earlier. The surgical cure of patients in the past by simple pneumonectomy has been frightfully poor. With earlier diagnosis, can we now improve the salvage rate by more extensive surgery? This paper does not offer accurate or conclusive evaluation, but is presented to stimulate discussion and thought on this vital area in hopes of improving the present abysmal outlook.

Discussion opened by Richard G. Connar, Tampa, Fla.

13. **Ischemia of the Lower Extremity: The Selection of Patients and Type of Operation (Lantern Slides),** HOWARD MAHORNER, NEW ORLEANS, LA.

Since 1951 the replacement of large vessels has been repeatedly done for aneurysms and for obstructing lesions such as the Leriche syndrome. The conditions which will be benefited by excision and graft therapy are recognizable by clinical findings. Detectability of pulses at Scarpa's triangle, temperature gradients and oscillations at various leg and thigh levels give most essential data for evaluation on clinical evidence alone. Arteriograms though helpful may not be essential. If the ischemia is due to obstruction in sizeable vessels with open segments below, vascular grafts are indicated. They do not help when the iliacs and femorals are open and the major obstruction is diffuse involvement of smaller arteries below. Then lumbar sympathectomy remains a helpful procedure. This latter group comprises at least 50% of cases of severe ischemia of the extremities.

Discussion opened by W. Sterling Edwards, Birmingham, Ala.

14. **Management of Massive Venous Occlusion (Lantern Slides),** W. STERLING EDWARDS, BIRMINGHAM, ALA.

Five cases of massive venous occlusion endangering the leg and the life of the patients have been seen in the last five years and treated with various procedures. A continuous pressure recording of the saphenous venous pressure has allowed evaluation of these various procedures and led us to the following conclusions. The best change of salvage of both the patient and his leg would seem to follow high elevation of the leg, spinal anesthesia as a complete and effective sympathetic block, immediate intravenous heparin drip. If these three conservative measures do not rapidly lower venous pressure or improve the symptoms, a thrombectomy should be carried out to remove as much of the clot as possible from the iliac and femoral vein.

Discussion opened by George D. Lilly, Miami, Fla.

SECTION ON UROLOGY

Officers

Chairman—Charles Rieser, Atlanta, Ga.
Vice-Chairman—William P. Herbst, Washington, D. C.
Secretary—H. King Wade, Jr., Hot Springs, Ark.

Hosts from the Dade County Medical Association

Milton M. Coplan, Chairman
Willard L. Fitzgerald, Jack A. McKenzie
Perry D. Melvin, James J. Nugent
Frank M. Woods

Presentations limited to twenty minutes, including time required for lantern slides and/or motion pictures; the Chairman and out-of-territory essayists to be allowed thirty minutes. Discussion limited to five minutes.

Tuesday, November 12, 9:00 a.m.
Municipal Auditorium, Room 5

1. **Reno-Colic Fistula: A Review of the Literature and A Case Report (Lantern Slides),** RALPH A. DOWNS, FORT SMITH, ARK.

   This is a general discussion of a very rare condition. A review of the literature and an analysis of the condition as to incidence, symptomatology, diagnosis, and treatment is presented. A report of an unusual case in which intestinal complications were produced by the passage of a large staghorn calculus into the colon is given.

   Discussion opened by Edwin Brown, West Palm Beach, Fla.

2. **Retrocaval Ureter: Case Report,** RAYMOND F. MAYER and GORDON L. MATHES, MEMPHIS, TENN.

   Discussion opened by James L. Campbell, Orlando, Fla.

3. **The Management of Prostatic Nodules,** ORMOND S. CULP, ROCHESTER, MINN., Guest Speaker.

Intermission—Visit Exhibits

4. **The Emergency Intravenous Pyelogram,** BENEDICT R. HARROW, MIAMI, FLA.

   A right ureteral obstruction and a retrocecal acute appendicitis often present the identical clinical picture, including the CBC, urinalysis and temperature. An excretory urogram performed immediately without preparation will solve the diagnostic problem. Three short summaries are presented showing three errors of clinical judgment which were corrected in time by means of the excretory urogram, either preventing an unnecessary operation or causing a necessary operation to be performed. The value of the stat excretory urogram in differentiating left renal colic from an expanding or ruptured aortic aneurysm, in demonstrating an intermittent hydronephrosis occurring only during acute pain, and in other bizarre clinical situations is also presented briefly.

   Discussion opened by David W. Goddard, Daytona Beach, Fla.; Abel J. Leader, Houston, Tex.

5. **Common Radiological Errors in Urology: Their Prevention and Correction (Lantern Slides),** JOHN B. HAMSHER, MEMPHIS, TENN.

Urological radiographic technic and interpretation along with cystoscopy are fundamental methods of urological diagnosis. Frequently simple errors, either of omission or commission, lead to an erroneous diagnosis and therefore mismanagement of the problem. Some of the common radiological errors, both from a technical and an interpretative aspect, will be pointed out and illustrated with slides demonstrating the means for the prevention.

Discussion opened by E. Park Niceley, Knoxville, Tenn.; William Morse, Memphis, Tenn.

Award of Door Prizes

Wednesday, November 13, 9:00 a.m.
Municipal Auditorium, Room 5

6. **Transurethral Ureterolithotomy (Lantern Slides),** B. H. BLOCKSOM, TULSA, OKLA.

Urinary calculi arrested in the intramural portion of the ureter constitute a unique problem in urology. Instrumentation by catheters and conventional stone dislodgers is frequently denied by inability to sufficiently engage the tip of the instrument so that it can pass the stone. The alternative is open transcystic ureterolithotomy. The criteria that constitute the indication for transurethral ureterolithotomy are discussed and illustrative cases presented.

Discussion opened by Harold McDonald; Thomas J. Florence, Atlanta, Ga.

7. **Primary and Secondary Malignant Melanoma of the Urinary Tract (Lantern Slides),** BENJAMIN S. ABESHOUSE, BALTIMORE, MD.

The incidence, pathogenesis, histiogenesis, and metastases of malignant melanomas in general are discussed. The incidence of primary and secondary malignant melanomas in the various parts of the genitourinary tract is presented. Case reports of a primary malignant melanoma of the female urethra and a secondary melanoma of the male bladder are presented in detail.

Discussion opened by Milton M. Coplan, Miami, Fla.; F. K. Mostofi, Washington, D. C. (read by William P. Herbst, Washington, D. C.).

Intermission—Visit Exhibits

8. **Hormonal Influences of Renal Function,** WALTER BLOOM, ATLANTA, GA.

9. **Problem Case Hour,** LLOYD LEWIS, WASHINGTON, D. C., Moderator

Business Session.

Award of Door Prizes

Thursday, November 14, 9:00 a.m.
Municipal Auditorium, Room 5

10. **Experiences with the Bradford Young Operation on the Bladder Neck,** VERNON H. YOUNGBLOOD and EDWIN M. TOMLIN, CONCORD, N. C.

Since the introduction of the Bradford Young bladder neck plastic operation in 1953, urologists throughout the country have accepted it and used it widely on bladder neck contractures primarily in children but also in adults. A series of more than fifty cases done by the authors were analyzed and certain indications, opinions, and conclusions are drawn from this experience.

Discussion opened by Peter L. Scardino, Savannah, Ga.; Meredith Campbell, Miami, Fla.

11. **Clinical Analysis of Bacteria Found in 2,000 Bladder Cultures (Lantern Slides),** JASPER H. ARNOLD, HOUSTON, TEX.

Presented first is a very short comment on cultural methods used, and statistical material (brief) to support the method. Slides follow to demonstrate the incidence of different types of organisms occurring in pure culture and those occurring in mixed cultures. General conclusions are drawn and pointed out on the basis of incidence. Occurrence of types of bacteria in pure culture and in certain combinations are then related to symptoms. Slides are shown to support this conclusion. Finally, therapy, based on sensitivity tests and correlated to incidence of bacterial types and severity of symptoms, is commented upon using slides to present the supporting statistics.

Discussion opened by Charles Dean Duke, Houston, Tex.

Intermission—Visit Exhibits

12. **Prostatic Stones,** ABEL J. LEADER, Houston, Tex.

13. **Retropubic Prostatectomy: Pre- and Postoperative Care,** LUIS F. RODRIGUEZ MOLINA, HAVANA, CUBA

14. **Chairman's Address: The Unique in Urology,** CHARLES RIESER, ATLANTA, GA.

Award of Door Prizes

MEMORANDA

SCIENTIFIC GROUPS MEETING CONJOINTLY WITH SOUTHERN MEDICAL ASSOCIATION

AMERICAN COLLEGE OF CHEST PHYSICIANS SOUTHERN CHAPTER

National Hotel—Headquarters

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Sunday, November 10

National Hotel, Card Room

9:00 a.m. Registration

9:25 a.m. Introductory Remarks, ROBERT E. SCHWARTZ, President, Southern Chapter.

9:30 a.m. Scientific Session, HURST B. HATCH, NEW ORLEANS, LA., presiding.

1. **A Novel Approach to the Diagnosis of Pleural Effusion,** A. H. RUSSIKOFF, BIRMINGHAM, ALA.
2. **Emphysema as Studied by Microradiography,** C. P. ODORR, NEW ORLEANS, LA.
3. **Cancer of the Lung Simulating Other Pulmonary Diseases,** M. M. MOROLLA, NASHVILLE, TENN.
4. **Bronchial Asthma as a Manifestation of Fibrocystic Disease of the Pancreas,** ROY WHITE, NEW ORLEANS, LA.
5. **(Title to be announced),** AUGUSTO FERNANDEZ CONDE, HAVANA, CUBA

12:00 noon. Adjourn to luncheon—Medallion Room

12:15 p.m. **SURGICAL PANEL: Problems Associated with Surgery of Congenital Cardiac Defects**
E. H. Drake, Detroit, Mich.
Daniel Downing, Philadelphia, Pa.
J. Gerard Converse, Miami, Fla.
Paul deCamp, New Orleans, La.
Louis Bosher, Richmond, Va.

1:55 p.m. Afternoon Session, DeWITT DAUGHTRY, MIAMI, FLA., presiding.

Introduction of Daniel E. Jenkins, Second Vice-President, Southern Chapter.

6. **A Subminiature Intracardiac Manometer for Infants and Adults,** E. H. DRAKE, DETROIT, MICH.
7. **The Place of Surgery in Pulmonary Mycotic Infections,** TIMOTHY TAKARO, OTEEN, N. C.
8. **Unsuspected Bronchogenic Carcinoma,** JAMES W. PATE, ROGER E. CAMPBELL and FELIX A. HUGHES, MEMPHIS, TENN.
9. **Coin Lesions of the Lung,** J. W. POLK, CARLOS TAQUECHEL and JOSE A. CUBILES, MT. VERNON, MO.

10. **The Tracheal Bronchus,** BURNETT SCHAFF, CORAL GABLES, FLA.

11. **Surgical Treatment of Pulmonary Emphysema,** WILLIAM A. HOPKINS, M. BEDFORD DAVIS and WILLIAM C. WANSKER, ATLANTA, GA.

6:00 p.m. Cocktail Party, National Hotel Cocktail Lounge—By the courtesy of the Florida Chapter and Southern Chapter.

Monday, November 11

National Hotel, Card Room

8:45 a.m. Registration.

8:55 a.m. CLARENCE M. SHARP, JACKSONVILLE, FLA., President, Florida Chapter, presiding.

Introduction of Joseph S. Cruise, First Vice-President, Southern Chapter.

12. **Hypothermic Anesthesia for Cardiac Surgery—Experimental and Clinical Observations,** W. STERLING EDWARDS, BIRMINGHAM, ALA.

13. **Unusual Diseases of the Pericardium,** OSLER A. ABBOTT and WILLIAM E. VAN FLEIT, ATLANTA, GA.

14. **Chronic Occlusion of Aortic Arch Branches,** E. CONVERSE PIERCE II, KNOXVILLE, TENN.

15. **Topography of the Human Coronary Arteries Considered in Relation to Cardiotomy,** THOMAS N. JAMES, NEW ORLEANS, LA.

16. **FOURTH PAUL TURNER MEMORIAL LECTURE: Physiopathology in Pulmonary Tuberculosis,** JOHN McCLEMENT, NEW YORK CITY, N. Y. Sponsored by Southern Chapter, ACCP.

12:00 noon. Luncheon and business meeting—Medallion Room

2:00 p.m. Afternoon Session, Medallion Room, DANIEL E. JENKINS, HOUSTON, TEX., presiding.

17. **Ventilatory Response to Inhaled Carbon Dioxide,** P. SAMET, WILLIAM H. BERNSTEIN and H. TURKEWITZ, CORAL GABLES, FLA.

18. **Pulmonary Function in Patients with Rheumatoid Spondilitis,** LEWIS H. TOLBERT, NEW ORLEANS, LA.

ASSOCIATION FOR RESEARCH IN OPHTHALMOLOGY, INC. SOUTHERN SECTION

Officers

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Secretary—A. E. Meisenbach, Dallas, Tex.

Joint Dinner Meeting with the Section on Ophthalmology and Otolaryngology, Southern Medical Association.

Tuesday, November 12, 6:30 p.m.
Seacomber—Surfcomber Hotel, Surfcomber Room

1. **Effects of Retrociliary Cyclodiathermy Versus Retrociliary Cycloelectrolysis on the Normal Rabbit Eye (Lantern Slides),** L. BENJAMIN SHEPPARD, RICHMOND, VA.

   A controlled study upon a series of 53 normal rabbits, whose eyes were subjected to retrociliary cyclodiathermy on the right eye and retrociliary cycloelectrolysis on the left eye is presented. A reduction in intraocular pressure occurred after each procedure. The historical background, technic, intraocular mechanisms and gross and histopathological findings and intraocular pressure changes are presented. Tables of complications of intraocular pressure changes and figures of histopathological changes are presented.

2. **Modern Concepts in Preparing the Diabetic for Eye Surgery (Lantern Slides),** B. E. LOWENSTEIN, MIAMI, FLA.

   In pre- and postsurgical care of diabetics, the chief concern should be maintenance of positive protein balance. Both ketosis and hypoglycemia must be avoided because they cause protein wastage. Hyperglycemia is desirable as it minimizes both risks. If protein balance is achieved, there is little danger of postoperative infection or delayed healing even though extreme hyperglycemia is encouraged during operative stress and moderate hyperglycemia maintained throughout. Intravenous fructose infusions are recommended during surgery.

3. **Prophylactic Beta Irradiation for the Prevention of Recurrence of Pterygium,** SEYMOUR B. GOSTIN, DALLAS, TEX.

   A series of 103 eyes treated with the Illif or Strontium-90 Applicator was previously reported with a recurrence rate of 3 per cent. A longer period of follow-up revealed dosage recommended for the Illif Applicator in early reports to be much too high. Cataract formation has been observed. Results of another 100 eyes treated prophylactically with lesser dosage to be evaluated. An apparent pterygiogenic effect noted with 1,000 REP dosage of Strontium-90.

4. **Corneal Ulcers Produced by Cell-Free Extracts of Pseudomonas (Lantern Slides),** EARL FISHER, JR., and JAMES H. ALLEN, NEW ORLEANS, LA.

   Investigations concerning the mechanism by which Pseudomonas aeruginosa causes extensive damage in corneal infections are reported. We are attempting to characterize invasive properties of the Pseudomonas organism. Rabbit corneas were infected; the animals then sacrificed at varying stages of infection. The cornea and surrounding tissue were removed, sectioned and stained to observe progressive tissue destruction. In addition, Pseudomonas aeruginosa has been fractionated to determine what portions are responsible for the invasive properties of the organism.

5. **Anaerobic Actinomyces Bovis Corneal Ulcer,** WENDELL D. GINGRICH and MARY E. PINKERTON, GALVESTON, TEX.

Anaerobic organisms are seldom demonstrated as the primary cause of corneal ulcer. A 53 year old white male presented himself with a large central corneal ulcer of the right eye. Cultures revealed no bacteria or aerobic fungi but growth of organisms in thioglycolate broth which was identified as Actinomyces bovis. Daily iontophoresis with sodium sulfacetimide yielded cure of both the keratitis and iritis within ten days. An adherent leucoma remained in an eye with useful vision.

6. **The Use of Gelfilm in Cyclodialysis Clefts,** R. A. SCHIMEK and DAVID BARSKY, DETROIT, MICH.

A common practice today is to maintain a cyclodialysis cleft by an air bubble the first few days postoperatively. Sometimes the cleft tends to close despite this procedure. Many types of foreign material have been introduced in an attempt to maintain patency. This paper describes the use of gelfilm strips in cyclodialysis of rabbits. Microscopic sections revealed clefts to be open with absence of giant cell reaction around the gelfilm but some lymphocytic reaction.

SOUTHERN FLYING PHYSICIANS

South Seas Hotel—Headquarters

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President—W. G. Robinson, Long Beach, Fla.
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The Southern Flying Physicians, organized in Houston in 1955, will hold a luncheon Tuesday noon, November 12, at the South Seas Hotel. Following the luncheon will be a scientific session. Dr. Russell J. Vastine, Jr., Buchanan, Mich., will present an exhibit, "Who Should Fly."

Tuesday evening the Association will have a cocktail party and banquet at the South Seas.

MEMORANDA

SYMPOSIUM—"PROBLEMS OF THE AGING"

Thursday, November 14, 9:00 a.m.

Municipal Auditorium, Room 2

Presentations limited to thirty minutes with fifteen minutes for discussion. Members of the audience are requested to write out questions indicating to which essayist the question is directed and to pass the question to the Moderator.

R. LOMAX WELLS, WASHINGTON, D. C.
Moderator

1. **Principles of Medical Care for the Aged as Seen in a Geriatric Clinic,** SAMUEL GERTMAN, MIAMI, FLA.

   The University of Miami School and the Jackson Memorial Hospital of Miami have been operating a special Geriatric Clinic for patients 65 years and over for two years. Certain questions basic to the successful care of this age group have arisen. What are the goals of therapy to be sought in this age group? What is health in the aged? What are the special diagnostic and therapeutic problems in this age group? What role do the social and psychological stresses play in the quest for a feeling of well-being in the aged? What effect does the negative attitude of our culture play towards the elderly in this quest for good health? The answers to these questions are gradually developing into a body of principles of medical care for the aged.

2. **Alterations in Collagen: The Focal Point of the Aging Process,** ROBERT J. BOUCEK, MIAMI, FLA.

   The aging process results in the appearance of new collagen in the arterial tree and parenchymal tissues such as liver, kidney and lung. In the arterial tree, collagen formation occurs principally in the intima and media and results in a reduction in the elastic properties of the vessel. Collagen is a 3-stranded polypeptide held together by hydrogen bond and salt linkages. Not only is the amount of collagen increased with aging but the internal structure of the fiber is altered thereby affecting its physical properties. The effect of aging on the collagen fiber appears to be one of polymerization of the polypeptide strands. Some of the results obtained by our laboratories in the investigation of the effects of aging on the collagen formation and upon collagen will be presented and discussed.

3. **The Employment of the Aged (Lantern Slides),** HAROLD E. YUKER, Albertson, N. Y.

   Abilities, Inc., is a manufacturing firm which employs only disabled people. Approximately 10 per cent (30) of its employees are over-age. These employees are hired on the basis of ability and work at most of the jobs in the plant. Studies have indicated that over-aged persons are efficient and productive employees with good attendance and safety records. They are able to learn new jobs and perform them as adequately as other workers.

Intermission—Visit Exhibits

4. **Trends in Research on Morphological Changes in the Aging Nervous System,** WILLIAM BONDAREFF, BETHESDA, MD.

   The morphology of the aging nervous system has been considered in the light of recent concepts of submicroscopic morphology. Intracellular pigment, which accumulates as a function of aging and is perhaps our most reliable criterion of aging in the nervous system, has been studied with the light and electron microscopes. Data have been presented which indicate that this pigment is not derived from mitochondria and a mechanism is suggested whereby pigment originates in association with the Golgi complex.

5. **Age is Opportunity,** IRVING L. WEBBER, GAINESVILLE, FLA.

From one point of view aging may be seen as a sociological phenomenon arising from the extension of life, physical vigor, and mental acuity and from the relatively earlier completion of the traditional adult roles of parenthood and career employment. As a consequence American communities are finding that they have scores or hundreds of middle-aged and older people with increasing amounts of free time which they wish to fill in meaningful ways. Communities are challenged to provide opportunities which will enable these people to render useful services and to gain a sense of life fulfillment. Program examples will be given.

MEMORANDA

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Thirty-Third Annual Meeting

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Exhibits.....Mrs. Robert P. Keiser

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MEMORANDA

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PLACES OF MEETING AND PRESIDENTS

Here follow the year of each annual meeting, the place held and the president who presided at that meeting, having been elected at the close of the preceding meeting:

1906, Chattanooga, Tenn., organization meeting.
1907, Birmingham, Ala., *Dr. H. H. Martin, Savannah, Ga.
1908, Atlanta, Ga., *Dr. B. L. Wyman, Birmingham, Ala.
1909, New Orleans, La., *Dr. G. C. Savage, Nashville, Tenn.
1910, Nashville, Tenn., *Dr. W. W. Crawford, Hattiesburg, Miss.
1911, Hattiesburg, Miss., *Dr. Isadore Dyer, New Orleans, La.
1912, Jacksonville, Fla., *Dr. James M. Jackson, Miami, Fla.
1913, Lexington, Ky., *Dr. Frank A. Jones, Memphis, Tenn.
1914, Richmond, Va., *Dr. Stuart McGuire, Richmond, Va.
1915, Dallas, Tex., *Dr. Oscar Dowling, New Orleans, La.
1916, Atlanta, Ga., *Dr. Robert Wilson, Charleston, S. C.
1917, Memphis, Tenn., *Dr. Duncan Eve, Sr., Nashville, Tenn.
1918, Influenza pandemic; no meetings that year.
1919, Asheville, N. C., *Dr. Lewellys F. Barker, Baltimore, Md.
1920, Louisville, Ky., *Dr. E. H. Cary, Dallas, Tex.
1921, Hot Springs National Park, Ark., *Dr. Jere L. Crook, Jackson, Tenn.
1922, Chattanooga, Tenn., *Dr. Seale Harris, Birmingham, Ala.
1923, Washington, D. C., *Dr. W. S. Leathers, Nashville, Tenn. (then of Jackson, Miss.)
1924, New Orleans, La., *Dr. Charles L. Minor, Asheville, N. C.
1925, Dallas, Tex., *Dr. Stewart R. Roberts, Atlanta, Ga.
1926, Atlanta, Ga., Dr. C. C. Bass, New Orleans, La.
1927, Memphis, Tenn., *Dr. J. Shelton Horsley, Richmond, Va.
1928, Asheville, N. C., *Dr. William R. Bathurst, Little Rock, Ark.
1929, Miami, Fla., Dr. T. W. Moore, Huntington, W. Va.
1930, Louisville, Ky., *Dr. Hugh S. Cumming, Washington, D. C.
1931, New Orleans, La., Dr. Felix J. Underwood, Jackson, Miss.
1932, Birmingham, Ala., *Dr. Lewis J. Moorman, Oklahoma City, Okla.
1933, Richmond, Va., *Dr. Irvin Abell, Louisville, Ky.
1934, San Antonio, Tex., *Dr. Hugh Leslie Moore, Dallas, Tex.
1935, St. Louis, Mo., *Dr. H. Marshall Taylor, Jacksonville, Fla.
1936, Baltimore, Md., Dr. Fred M. Hodges, Richmond, Va.
1937, New Orleans, La., *Dr. Frank K. Boland, Atlanta, Ga.
1938, Oklahoma City, Okla., *Dr. J. W. Jervey, Greenville, S. C.
1939, Memphis, Tenn., Dr. Walter E. Vest, Huntington, W. Va.
1940, Louisville, Ky., *Dr. Arthur T. McCormack, Louisville, Ky.
1941, St. Louis, Mo., *Dr. Paul H. Ringer, Asheville, N. C.
1942, Richmond, Va., Dr. M. Pinson Neal, Columbia, Mo.
1943, Cincinnati, O., Dr. Harvey F. Garrison, Jackson, Miss.
1944, **Dr. W. T. Wootton, Hot Springs National Park, Ark.
1944, St. Louis, Mo., Dr. James A. Ryan, Covington, Ky.
1945, **Dr. Edgar C. Ballenger, Atlanta, Ga.
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1946, Miami, Fla., Dr. M. Y. Dabney, Birmingham, Ala.
1947, Baltimore, Md., *Dr. Elmer L. Henderson, Louisville, Ky.
1948, Miami, Fla., Dr. Lucien A. LeDoux, New Orleans, La.
1949, Cincinnati, O., *Dr. Oscar B. Hunter, Washington, D. C.
1950, St. Louis, Mo., Dr. Hamilton W. McKay, Charlotte, N. C.
1951, Dallas, Tex., Dr. Curtice Rosser, Dallas, Tex.
1952, Miami, Fla., *Dr. R. J. Wilkinson, Huntington, W. Va.
1953, Atlanta, Ga., Dr. Walter C. Jones, Miami, Fla.
1954, St. Louis, Mo., Dr. Alphonse McMahon, St. Louis, Mo.
1955, Houston, Tex., Dr. R. L. Sanders, Memphis, Tenn.
1956, Washington, D. C., Dr. W. Raymond McKenzie, Baltimore, Md.
1957, Miami Beach, Fla., Dr. J. P. Culpepper, Jr., Hattiesburg, Miss.

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*Deceased.

**Deceased in office.

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