

1936 ANNUAL MEETING PROGRAM



Monday Morning, May 4, 1936

9:00 a.m. Business Meeting. Assembly Room, 4th floor (old building), Mayo Clinic.

Monday Morning, May 4, 1936

9:30 a. m. Scientific Session. Plummer Hall, 14th floor, Mayo Clinic.

The Heart, Great Vessels, Esophagus

1. Wounds of the Heart. Report of Twelve Cases.

DANIEL C. ELKIN, Atlanta.

Twelve cases of stab wound of the heart are presented. The method of diagnosis and technique of operation are described. The causes of death are given and suggestions are made for lowering the mortality.

2. Further Data on the Production of a New Blood Supply to the Heart by Operation.

CLAUDE S. BECK, Cleveland.

Summary of the experimental work to date with colored lantern slide demonstration.

3. The Reduction of Cardiac Irritability by the Epi-cardial Application of Drugs as a Protection in Cardiac Surgery.

FREDERICK R. MAUTZ, Cleveland.

(By Invitation)

An experimental study has been made of a number of drugs with reference to their absorption through the epicardium. Certain of these drugs are readily absorbed and have a profound action upon a surface layer of myocardium without serious impairment of cardiac action as a whole. Certain of the drugs also affect nervous structures at the base of the heart. The use of drugs is suggested in surgical procedures on the heart as a means of reducing the number of extrasystoles and danger of ventricular fibrillation.

4. An Experimental Study of Intrapericardial and Extrapericardial Adhesions with Reference to Operation Upon the Heart.

ROBERT M. HOSLER and JOHN E. WILLIAMS, Cleveland.

(By Invitation)

Experiments were done upon dogs, and adhesions were established between the heart and pericardium; between pericardium and diaphragm; and between heart, pericardium, and diaphragm. These dogs were studied over a period of two and one-half years. Conclusions reached were: Intrapericardial or extrapericardial adhesions do not produce

circulatory embarrassment, nor does the combination of the two. These adhesions do not lead to hypertrophy of the heart. In no experiment did circulatory failure occur.

5. Obliteration of the Superior Vena Cava of Undetermined Origin.

ALTON OCHSNER and J. LEONARD DIXON, New Orleans.
(By Invitation)

Abst. Case report: Female, 23 years, with suffused face, prominent veins on chest and in neck; duration 3 years following trauma. Venous pressure, arms 35 cm. of water, legs 16 cm. Operation: Mediastinotomy with exploration. Superior vena cava found to be dense cord $\frac{3}{4}$ cm. in diameter. Recovery with improvement. Review of the literature.

6. Remarks on the Anatomical Structure of the Esophagus and Its Frailties.

WILLIAM LERCHE, Cable, Wisconsin.

7. Diagnosis and Treatment of Benign Ulcers of the Esophagus with Case Report.

H. R. DECKER, Pittsburgh.

Abst. Classification and symptomatology of ulcers of the esophagus are discussed. Diagnosis is established by endoscopic examination, and in doubtful cases by biopsy. Treatment by local applications to the ulceration combined with dietary measures are usually sufficient to accomplish healing. At times gastrostomy is needed, rarely esophagectomy may be indicated. Case reported in which esophageal ulcer developed following surgical treatment of duodenal ulcer. Gastrostomy required in course of treatment.

8. The Surgical Management of Congenital Atresia of the Esophagus with Tracheo-esophageal Fistula : Report of a Case.

N. L. LEVEN, Minneapolis.
(By Invitation)

Abst. The paper briefly reviews the literature, symptomatology, diagnosis, and previously proposed surgical treatments. Although 80% of cases of congenital atresia of the esophagus have associated tracheo-esophageal fistulae, only simple cases not complicated by fistulae have been successfully treated by surgery. In these complicated cases the prognosis has been considered hopeless, since no case has survived longer than four weeks. A surgical procedure is described which was used in a case of congenital atresia of the esophagus with tracheo-esophageal fistula that survived 95 days.

9. Bronchoscopic Aspects of Bronchial Tumors, with Special Reference to So-called "Bronchial Adenoma."

CHEVALIER L. JACKSON, Philadelphia.

Abst. Although a positive biopsy will be obtained in 75% of cases of bronchial carcinoma, bronchoscopy is also of real value when no tissue is obtained. In the negative cases it is of importance to know that the larger bronchi are free from growth, while in the cases with positive biopsy findings bronchoscopy gives valuable additional information as to exact location and proximal extent of the lesion. "Bronchial adenomas" at first glance are nearly always considered to be adenocarcinomas. Further study has shown them not to be truly malignant. They are amenable to treatment by conservative broncho-scopic measures such as forceps removal, radon implantation and electrocoagulation.

Monday Afternoon, May 4, 1936

2:00 p. m. Plummer Hall, 14th floor, Mayo Clinic.

Surgery of the Lungs and Mediastinum

10. An Experimental Study of the Physiologic Changes Following Total Pneumonectomy.

B. N. CARTER and J. J. LONGACRE, Cincinnati.
(By Invitation)

Abst. These studies were carried out on dogs who had recovered from the operations for removal of one of their lungs. Especial attention was directed to the study of their response to exercise.

11. Experiences with One-stage Lobectomy for Bronchiectasis.

E. J. O'BRIEN, Detroit.

Abst. 14 consecutive lobectomies have been performed for bronchiectasis with only one death. A modification of the Brunn-Shenstone technique used. Suction drainage through 3 catheters has caused filling of the hemithorax with the remaining lobe within 24 hours. There have been no hemorrhage from the stump, no persisting fistulae and no empyemas except for small encapsulated ones.

12. Lobectomy and Pneumonectomy in Bronchiectasis and Cystic Disease of the Lung.

E. D. CHURCHILL, Boston.

Abst. Report based on 40 cases of completed lobectomies with a mortality rate of 5%. 38 cases performed by present methods had a mortality rate of 2.6%. Both one and two stage operations have been employed, 16 of the former and 23 of the latter. Two stage procedure differs from that of Alexander in several important points. Indications for the type of operation to be performed will be discussed. Both methods have their indications.

13. Compensatory Changes Occurring in the Thorax and Its Contents Following Total Ablation of One Lung.

WILLIAM F. RIENHOFF, JR., Baltimore.

An analysis is presented of the effects of the removal of one lung upon the thoracic cage and its contents. This analysis is based upon a series of 12 cases in which total pneumonectomy was performed, and two cases of post-traumatic atrophy of one lung. The absence of latent untoward physiological effects upon the cardio-respiratory systems is discussed and the mechanism of obliteration of the remaining dead space following total removal of the lung is described.

14. Tumors of the Chest Derived from Elements of the Nervous System.

W. DEW. ANDRUS, New York.

Abst. Since the "family tree" of the various elements of the nervous system has been worked out, it has become possible not only to classify their tumors according to the embryological derivation of the parent tissue, but to correlate their structure, and in many instances their degree of malignancy, with the various stages of embryological development represented by their component elements. Cases of chest tumors illustrating this point are presented, including neuro-epithelioma, neuroblastoma, ganglioneuroma, neurofibroma and neurinoma or schwannoma.

15. Intrathoracic Xanthomatous Neoplasms.

E. W. PHILLIPS, Rochester, N. Y.

Abst. Presentation of reports of two cases of intrathoracic xanthomatous tumors with a review of the literature.

4:30 p.m. Address by Geheimrat Prof. Dr. Med. Ferdinand Sauerbruch, Berlin, Germany.

"Tumors of the Lung."

5:30 p.m. Informal Reception. Clinic Library, 12th floor.

8:00 p.m. Smoker. University Club. Kahler Hotel.

Tuesday Morning, May 5, 1936

9:00-11:00 a. m. Scientific Session, Plummer Hall, 14th floor, Mayo Clinic.

Demonstrations of Experimental Work by Dr. F. C. Mann and His Associates

1. Studies on the Effect of Pneumonectomy.

ALBERT BEHREND.

2. Experimental Studies on Tuberculosis.

WILLIAM R. FELDMAN.

3. Mechanisms Involved in the Removal of Microscopic Foreign Particles from the Lung.

WILLIS S. LEMON and G. M. HIGGINS.

4. Effect of Anesthetics and Other Substances on the Liver.

J.L. BOLLMAN.

5. Effect of Anesthetics on the Blood.

PAUL W. SEARLES.

6. Coronary Blood Flow.

HIRAM E. ESSEX.

11:00 a. m. Tour of Inspection of Institute of Experimental Medicine.

(Transportation will be provided from the Clinic Building)

12:30 p. m. Luncheon. Kahler Hotel.

Tuesday Afternoon, May 5, 1936

2:00 p. m. Executive Meeting. Board of Governors' Room, 3rd floor, Mayo Clinic.

2:30 p. m. Scientific Session. Plummer Hall, 14th floor, Mayo Clinic. Presidential Address.

CARL EGGERS, M.D., New York.

Symposium on the Training of the Thoracic Surgeon

1. From the Standpoint of the General Surgeon.

EVARTS A. GRAHAM, St. Louis.

2. From the Standpoint of the Thoracic Surgeon.

JOHN ALEXANDER, Ann Arbor.

3. From the Standpoint of the Phthisiologist and Internist.

EDWARD PACKARD, Saranac Lake.

Suppurative Lesions of the Chest

16. Non-tuberculous Abscess of the Lung. Etiology, Treatment, and Results in 90 Cases.

ELLIOTT C. CUTLER and ROBERT E. GROSS, Boston.

(By Invitation)

Abst. The paper is a summary of 90 cases on the Medical and Surgical services of the Peter Bent Brigham Hospital during a 20-year interval, from 1914 to 1934. 95% of the cases have been followed for periods varying from 2 to 22 years. 46 of the 90 patients developed an abscess as a direct result of an operation. 13 of the cases developed a complicating empyema or pyopneumothorax with a mortality of 54% as compared to 35% in those who did not have the complication. 47 cases received surgical treatment with 42% mortality. 43 cases received only medical treatment with a mortality of 33%. In analyzing the cases in this report the present-day views regarding the development and treatment of pulmonary abscess is summarized.

17. The Treatment of Lung Abscess, Including an Analysis of 100 Consecutive Cases.

C. I. ALLEN, Detroit.

Abst. The various forms of treatment are evaluated. These include the use of postural drainage, evacuation through a bronchoscope, artificial pneumothorax, injections of neo arsphenamine, phrenic nerve operations, and open drainage by the two-stage operation. Composite charts of published series of cases are included to further aid in evaluating forms of treatment.

18. Four Cases of Resection of Calcified Pulmonary Abscess Simulating Tumor.

EVARTS A. GRAHAM and J. J. SINGER, St. Louis.

Abst. "We have had four patients with cough and expectoration of purulent sputum who have presented what seems to be a hitherto undescribed condition. These patients on x-ray examination showed definite evidence of a pulmonary tumor. In all four cases the removal of the tumor-like mass with different amounts of lung tissue around the mass has resulted in complete relief of the patient's symptoms. In three of the cases there was Extensive calcification with a collection of pus in the center of the mass, and in the fourth case calcification was in progress but had not advanced to the same extent as in the other three cases. A discussion of the pathogenesis of the condition will be given together with remarks on the diagnosis and points in treatment."

19. Suppurative Mediastinitis.

HAROLD NEUHOF, New York.

Abst. The lesion is not as uncommon as is generally assumed. Occasionally the first intimation of its existence is gained at autopsy. The cases on which the presentation is based all revealed well localized lesions. The prompt recognition of the existence of the lesion is the crux of the situation. Operation is indicated urgently as soon as the diagnosis is made. Cure can be achieved even when the patient is desperately sick. Operative technique and results are presented.

7:30 p. m. Annual Dinner. Kahler Hotel, Main Dining Room.

Wednesday Morning, May 6, 1936

9:00 a. m. Scientific Session. Plummer Hall, 14th floor, Mayo Clinic.

20. The Treatment of Pulmonary Tuberculosis by Means of Ambulatory Artificial Pneumothorax.

J. A. MYERS, Minneapolis.

Abst. The paper deals with two main groups of patients: one consists of those who had long periods of bed rest and artificial pneumothorax treatment; the other consists of those who had brief periods of bed rest not to exceed three months, or no period of strict bed rest and have been carried for the most part on ambulatory artificial pneumothorax treatment. The longest period of observation has been 10 years. The total number of patients is approximately 300. The patients are classified as to extent of disease, time of beginning treatment, duration of treatment, present working capacity, etc.

21. A Control Group for Studying the End Results of Thoracoplasty; an Analysis of Those Patients Refusing Operation.

S. O. FREEDLANDER and S. E. WOLPAW, Cleveland.

(By Invitation)

Abst. In the period between 1932 and 1934 at the Chest Clinic conferences of the Cleveland City Hospital 156 thoracoplasty recommendations were made for patients with pulmonary tuberculosis who did not have empyema. Of this number 87 were operated upon, 61 refused operation, and 8 were operated upon more than one year after their original refusal. All recommendations were made without any knowledge of whether the patient would refuse or accept. Since the only difference between the groups was that of operation, those patients refusing operation form an excellent control group for comparison of results. With a few exceptions, every patient surviving has been examined personally and checked roentgenologically within the first three months of 1936. The groups have been analyzed from the point of view of therapeutic result, functional result, and the effect of delaying operation. They have also been separated into the good and bad "chronics."

22. Studies on Tuberculin Hypersensitiveness. I. The Relation of Hypersensitiveness to Tuberculin to the Post Thoracoplasty Mortality.

W. M. TUTTLE, Detroit.

Abst. "This work has been done following out the premise that post-thoracoplasty reaction and post-thoracoplasty deaths are intimately related with the individual patient's sensitiveness to tuberculin. It offers proof that autotuberculinization, which is frequently spoken of in the literature, actually exists."

23. Diagnosis, Treatment, and Prognosis in Tuberculous Tracheobronchitis.

PAUL C. SAMSON, Ann Arbor.

(By Invitation)

Abst. The term "tuberculous tracheobronchitis" refers to a specific tuberculous infection of the mucosa and submucosa of the trachea or bronchi or both, occurring almost entirely as a complication of pulmonary parenchymal tuberculosis. During the last six years data on a series of 45 patients have been collected. 24 have been observed for a period of more than a year and 17 of these have had the ulcerative or stenotic type of the disease. In the latter group over half are dead and none have yet returned to complete health. The results of treatment of the pulmonary parenchymal disease in these patients have apparently been equally poor whether or not active collapse therapy has been instituted. Roentgen-ray treatment of the ulcerative cases seems to offer some promise.

24. Paraffin Pack and Thoracoplasty in the Treatment of Large Apical Cavities.

JEROME R. HEAD, Chicago.

Abst. The end results of a series of sixty cases of tuberculosis treated by extrapleural pneumolysis with paraffin pack are given. Particular attention is given to a group of sixteen cases with large apical cavities in which the pack was used as a preparation for thoracoplasty. It is contended that a primary paraffin pack will cure a certain percentage of cases. In those in

which it fails it so decreases the size of the cavity and so stabilizes the mediastinum that a secondary thoracoplasty is much more likely to be effective.

25. Some Errors in Technique and Mistakes in Judgment Made in the Course of 1000 Thoracic Surgical Operations.

NORMAN BETHUNE, Montreal.

Abst. Twenty-five "howlers" have been collected and will be frankly discussed.

26. Skeletal Deformities in Children Resulting from Empyema and Methods of Prevention.

J. DEWEY BISGARD, Omaha, Nebraska.

Abst. The paper will discuss (1) the deformities in ribs overlying empyema cavities and the mechanism by which these changes are brought about; and (2) empyema or pleurogenic scoliosis. Under the latter heading will be: (a) an analysis of the mechanics involved in the production of the deformity, (b) The influence of age of the patient, or duration of the empyerna, etc., upon the incidence of scoliosis and the severity of the curvature, (c) Symptoms, morbidity, and mortality resulting directly from scoliosis. (d) Methods used in the prevention of scoliosis.

27. Operating Room Infections with Special Reference to Thoracic Surgery.

DERYL HART, Durham, North Carolina.

12:30 p. m. Luncheon. Kahler Hotel.

2:00 p. m. Clinical Demonstrations. Plummer Hall, 14th floor, Mayo Clinic.

1. Primary Carcinoma of the Bronchus.

P. P. VINSON.

2. Dry Clinics.

LEMON, KIRKLIN, CAMP, HARRINGTON, CRAIG and GRAY.

3. Congenital Cystic Disease of the Lung.

HARRY WOOD.

4. Essential Hypertension: the Rationale and End Results of Extensive Sympathectomy.

A. W. ADSON.

4:30 p. m. Operative and Bronchoscopic Clinics, 6th floor, Colonial Hospital.

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