


November 2013

## Patents, 1945-1956

Lowell M. Hardy DO

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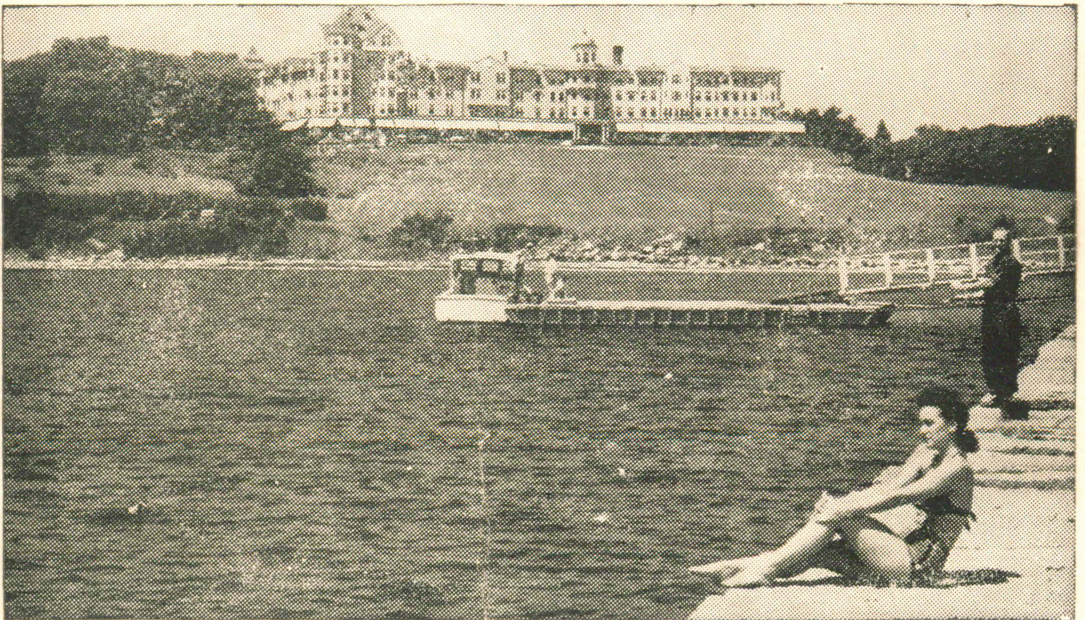
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*The  
News Bulletin—  
Convention Issue*



*THE SAMOSET, ROCKLAND*

*Fifty-second Annual Meetings  
of the  
Maine  
Osteopathic Association  
June 14-16, 1956*

Your presence at these sessions is a duty and an obligation.

You are privileged to be a stockholder in this non-profit organization, which investment pays you limitless dividends.

This Association needs and deserves the support of each of its members, to be as successful as you will help to make it. Attendance at the educational presentations, geared as they are to the most provocative demands of the day, helps you, and the public you are serving. Encourage your organizational leaders.

More opportunities to visit with the cooperating Exhibitors, who are themselves supporting your efforts, is afforded.

Following clearance on dues or registration by the Treasurer, you are required to register each of the two days with the Secretary, if you desire credit for each day with respect to the Maine re-registration statute.

Except for personal services rendered by hotel personnel, you will be taxed 10%, as a hotel guest, which covers gratuities in the dining rooms, as well as maid services in the rooms.

The Tri-County Osteopathic Society's thoughtful provision of corsages for our out-of-state speakers' ladies, is appreciated.



Stop by and check:

The Medical Clinics of North America

The Surgical Clinics of North America

The Pediatric Clinics of North America

and

The 1956 Current Therapy

Christopher's new Minor Surgery

Williamson: Office Procedures in General Practice

Cecil-Loeb: MEDICINE (new edition)

Flint: Emergency Treatment and Management

Rushmer: Cardiac Diagnosis

Dorland: American Illustrated Medical Dictionary

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inspect the 1955-1956 NEW editions—

and NEW BOOKS

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Your Maine SAUNDERS Representative

# PROGRAM



## Thursday, June 14

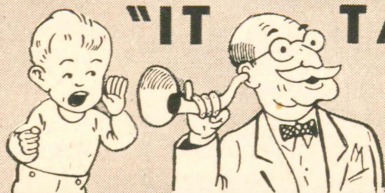
- 10:00 a.m.—Officers, Board of Directors. (All M.O.A. members in good standing urged to attend.)  
Recess for luncheon
- 2:00 p.m. Resume Business meetings  
Recess for dinner
- 8:00 p.m.—Resume business meetings  
Exhibitors will be setting up displays under the direction of Dr. Edward T. Newell, Exhibits Manager, and Dr. James Martin. Evening meeting of all Exhibitors with Dr. Newell will be announced as to time and place, in the hotel.

## Friday, June 15

Professional Educational Program—Dr. Lawrence Bailey, acting chairman

- 8:30 a.m.—“Acute Abdominal Problems,” 16 mm. kinescope, sound, presented courtesy of Upjohn Company. Dr. Donald Miller, assistant chairman. This film lasts nearly one hour, and has received wide recognition.
- 9:30-10:20—Fetal and Maternal Mortality Committee annual review, evaluation, and aid to the physician program. Dr. Edwin E. Morse, chairman, presiding.

(Continued on page 5)



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## PROGRAM

FRIDAY, JUNE 15 (continued)

10:20-10:30—Visit Exhibitors

Coffee break, courtesy of management of Samoset, Mr. Larry Borsten, resident manager.

10:30-11:20—"Manipulative Problems Encountered in a Geriatric Practice," presented by Dr. Robert B. Thomas, Huntington, West Virginia.

A graduate of KCOS, with an internship at Laughlin Hospital, Doctor Thomas has practiced in Huntington since 1928. He is a certified specialist in Physical Medicine and Rehabilitation, a Life Member of the American Osteopathic Association and of the Academy of Applied Osteopathy. His organizational activities include that of being a member of the A. O. A. Board of Trustees from 1941-1950, serving as national president in 1947-48, chairman for the past five years of the Bureau of Professional Education and Colleges, as well as presently heading the committees on General Practice Residencies and on Editorial Policy, along with a host of other assignments. In the West Virginia Society he is not only a past president, but has received that group's Distinguished Service Certificate. As an author, lecturer, and leader he is deserving of all of his past and present honors which now include listing in "Who's Who in America," a member of his college's Board of Trustees, and the receipt of a plaque for presenting the paper, in 1954, which paper best exemplified the concept of Osteopathy. He finds time to serve on the Governor's Advisory Committee to the Legislature on Health, Hospitals, and Sanatoria, while successfully operating the Thomas Osteopathic Clinic, since 1942.

11:20-11:30—Visit Exhibitors

11:30-12:20—"A Musculoskeletal Stress Pattern and Its Relationship to the Aging Process," presented by Dr. George W. Northup, Livingstone, N. J. Doctor Northup finds time to practice, teach, lecture, and participate most actively in many areas of osteopathic interest. He is now a member of the A. O. A. Board of Trustees, being chairman of the Committee on Mead Johnson Grants, active on several study committees, on General Practice Residency, and on Professional Liability Insurance. Last year he served his state of New Jersey association as its president, and holds many assignments, as well as being a Life Member of the Academy of Applied Osteopathy, a past president of that group, he is Vice President of the American Osteopathic Academy of Geriatrics, and an outstandingly successful teacher on the faculty of the Philadelphia College of Osteopathy (graduated in 1939) in the Department of Osteopathic Principles and Technique. Postgraduate studies at PCO, Seton Hall College, and in New York have found him more and more interested in the Neuro-endocrine systems and in Gerontology.

12:30—Luncheon

There will be special luncheons for alumni of the Kirksville College of Osteopathy and Surgery, Dr. C. Blanchard Robbins, organizer, and Dr. True B. Eveleth, speaker and for the Auxiliary to the Maine Osteopathic Association, Mrs. Robert Meehan, president. Other luncheon meeting announcements will be posted.

(Continued on page 7)

# CARCINOMA OF THE RECTUM

## INCIDENCE

Except for the stomach, the rectum is the most common site of malignant disease in the gastro-intestinal tract, approximately 30 per cent of all gastro-intestinal cancers occurring in the rectum. An accurate diagnosis can be made in nearly all cases in the doctor's office without the aid of X-ray or complicated examinations. If one appreciates the fact that the rectum lends itself particularly well to a surgical extirpation and 75 per cent of the patients operated upon for early, favorable lesions may be alive and well five years after operation, one better understands the importance of the careful history and thorough examination which are essential for early diagnosis and treatment.

## CLINICAL AND PATHOLOGICAL COURSE

Cancer of the rectum begins as a local lesion. In most cases the lesion is an adenocarcinoma, although squamous cell lesions may be seen at or near the mucocutaneous area. Carcinoma of the rectum varies. Some are large, proliferative, polypoid lesions, others are small firm ulcerating lesions.

Carcinoma of the rectum spreads in three ways:

1. Through the bowel to the adjacent structures, resulting in fixation and inoperability because of extensive local involvement.
2. By way of the lymphatics to the regional lymph nodes which, may be upwards along the superior hemorrhoidal vessels, laterally, or even to the nodes below the level of the growth.
3. Through the blood stream to the liver, less frequently to the lungs, and occasionally to the skeleton.

## SYMPTOMS

The symptoms associated with cancer of the rectum vary, depending upon the size and location of the growth. They are usually reflex in nature (constipation without obstruction) or are due to (1) ulceration, (2) irritation, (3) obstruction.

The symptoms most commonly noted are:

1. Change in bowel habits.
2. Bleeding
3. Tenesmus
4. Obstruction

**CHANGE IN BOWEL HABITS:** Any change in the bowel habit from those normal to an individual demands investigation. Not infrequently constipation without other symptoms, in which must be explained by some reflex action rather than obstruction, is the first symptoms of an early carcinoma of the bowel. The shape of the stool is

(Continued on page 8)

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## PROGRAM

FRIDAY, JUNE 15 (continued)

1:30-2:30—Visit Exhibitors

2:30-3:20—"The Elderly and the Aged as Important Members in Human Society," presented by Dr. Alexander Levitt, Brooklyn, N. Y. Doctor Levitt is certainly one of the profession's hardest and most sincere workers. Graduating from PCO, in 1925, he has served as President of the New York State Society, a Trustee of the American Osteopathic Association, now its Chairman of the Department of Public Affairs, a member of the Executive Committee of the association, an AOA representative to the National Health Council, serving also on the Committee on General Practice Residency, Mead Johnson Grant, Reorganization of Committees, Finance, and Duties of Committee on Ethics and Censorship. Also, presently he is a Director of the American Osteopathic Academy of Geriatrics, a Fellow of the New York Academy of Osteopathy, a Senior Member of the College of Internists. Of significance to his audience in Maine is his extensive research evaluation as to degenerative diseases, air pollution, syndromes affecting the aging. The distinction of receiving the award for his paper, "A Biologic Concept of Degenerative Diseases, including Cancer—With Special Consideration of the Osteopathic Lesion as a Major Causative Factor" is indicative of his value to the profession he represents so admirably.

3:20-3:30—Visit Exhibitors

3:30—General Assembly, President Dr. M. J. Gerrie, presiding.

The agenda includes passage or rejection of actions of the Board of Directors, election of officers, announcement of scholarship winner to an Osteopathic college, evaluation of essay contest, summarized reports of all committee activities, as requested by any member, such as Civil Defense, Public Relations, Veterans Affairs, Hospitals, Public Education on Health, Public Health, Alcoholic Rehabilitation, Selective Service, Diabetic Society, Hill-Burton financing, Secretary, Treasurer, Membership, Ethics, A. O. A. relations, O. P. F., Christmas Seals, Professional Education, Convention Arrangements, Fetal and Maternal Mortality, Insurance, Other Professions, Exhibitors, Manual of Procedure revisions, Historical, Osteopathic Board, and Special committees.

Visit Exhibitors

6:30—Social Hour

7:00—President's Banquet

Speaker, Dr. True B. Eveleth, Executive Assistant of the American Osteopathic Association, Chicago  
Dancing, Entertainment

(Continued on page 9)



# Auxiliary to the Maine Osteopathic Association

## PROGRAM

FRIDAY, JUNE 15

8:45 a.m.—Registration

Business meeting, Mrs. Robert Meehan, Rockland, president  
General meeting, reception of reports, action on proposed Bylaw amendments.  
Special guests will include Mrs. True B. Eveleth, Illinois; Mrs. Robert Thomas, West Virginia; Mrs. Alexander Levitt, New York; Mrs. George Northup, New Jersey; Message from the Maine Osteopathic Association.  
Friday noon Luncheon, special corner of Main Dining Room reserved for Auxiliary.

6:30 p.m.—Social Hour

7:00—President's Banquet, followed by dancing

Saturday noon—Maine Seafood Luncheon out of doors, Samoset special.

Saturday evening—Doctor and Mrs. Eveleth banquet

Awarding of two top major prizes to Osteopathic Essay Contest winners.  
POLYNESIAN FUN NIGHT—EXTRAVAGANZA—the highlight of the year.

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### CARCINOMA (continued)

dependent upon its consistency and the degree of tightness of the sphincter and is much less important than the number and character of movements.

**BLEEDING:** A careful history will be of great help in anticipating the source of bleeding by rectum. The most common cause is hemorrhoids; the most important is cancer. Both may be present.

Bleeding associated with hemorrhoids is usually bright, most frequently comes at the end of a movement, may drip into the water of the bowl and color it pink and is most commonly noted on the paper. It is only rarely seen independent of a movement. Simple uncomplicated hemorrhoids bleed without other symptoms than prolapse. Only when hemorrhoids are associated with thrombosis, strangulation or a fissure are they associated with local discomfort.

Blood from a carcinoma of the rectum may be bright or dark, is frequently associated with a feeling of fullness in the rectum and may be mixed with mucous. There may be frequent small movements which are explosive in character and usually consist of a mixture of stool, blood, and mucous. Occasionally the blood is noted on the outside of a formed stool.

**TENESMUS:** Tenesmus is more commonly associated with a low growth. It is characterized by a recurrent or persistent desire to defecate, usually resulting in the passage of a small stool mixed with blood and mucous and considerable gas.

**OBSTRUCTION:** It is more commonly seen in lesions of the upper rectum, it is a late symptom characterized by lower abdominal cramps increasing in distention and often frequent small movements. If unrecognized, the typical clinical picture of a complete bowel obstruction finally develops.

### OBJECTIVE EXAMINATIONS

Diagnostic errors in the recognition of organic lesions of the rectum are both of omission and commission. Failure to make a proper examination for these lesions results in more failures in the diagnosis, or at least the failure to recognize them until their late stages, than any other single factor. In the examination of a patient of the presenting symptoms a definite routine should be established for the patient for the suspicion of having a carcinoma of the rectum. The following have been most satisfactory:

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## PROGRAM (continued)

SATURDAY, JUNE 16

- 9:00 a.m.—Film, "Local Anesthesia with Cyclaine in Office and Clinic Practice," 16 mm., sound, color, presented courtesy of Sharp & Döhme,—Dr. D. Miller, presiding.
- 9:30-10:20—"The Hypoglycemic Syndrome—Its Importance in Rural Practice," Dr. George Northup.
- 10:20-10:30—Visit Exhibitors  
Coffee Break
- 10:30-11:20—"Cardio-Vascular Diseases and Circulatory Impairment in the Aging and the Aged," Dr. Alexander Levitt.
- 11:20-11:30—Visit Exhibitors
- 11:30-12:20—"Management of the Physical, Social, and Economic Problems of a Rural Practice, Particularly Emphasizing Malignancies," Dr. Robert Thomas.
- 12:30—On the Samoset Lawn, Maine Seafood Luncheon, (always a hit)
- 1:30-2:30—Visit Exhibitors
- 2:30—(Continuing indefinitely, interest in the subjects being the determining factor.) Moderated by Dr. M. C. Pettapiece, assisted by Doctors Eveleth, Thomas, Levitt, and Northup, discussants will include all of the members of the Maine association's Special committee on developing the profession, including Doctors Hardy, Gerrie, Bates, Thomas, Miller, Stevens, Morey, and Gephart

Discussions may include such as organizational strengthening, our hospitals—other hospitals, geriatrics, rehabilitation, rural practice opportunities, attracting more doctors to Maine, insurance examinations, civil defense participation, posture, osteopathic principles, concept, policing the re-registration law, liaison with the parent body and with other societies, federal and state legislation, voluntary help, paid help, A.O.A. Progress Fund, a Maine Progress Fund, public relations, conventions.

### First Meeting 1956-1957 Board of Directors

Warren Lee Schildberg is this year's winner of the annual MOA Scholarship award. He has been accepted at the Kirksville College of Osteopathy and Surgery this coming fall, thus returning to the very town where he was born on November 1, 1930.

Warren is the son of Dr. Alvin O. Schildberg of Rangeley, and also has two uncles and a cousin who are osteopathic physicians. Following schooling at Three Rivers, Michigan, Rangeley, and Fryeburg Academy, he entered the University of Maine, but after two years there he entered the medical corps of the U. S. Army, again entering the University of Maine in the fall of 1954. As a high ranking pre-med Zoology Major he received his degree this week.

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## CARCINOMA (continued)

1. With the patient on his back the groins are palpated for enlarged nodes; the presence or absence of distention is noted and the abdomen is carefully examined for possible masses or nodularity of the liver.
2. The patient is then turned on the left (or right) lateral position; the leg is flexed on the body and at the knee. If a female, the posterior vaginal area is examined for a possible mass behind the cervix or for evidence of involvement of the vagina by a rectal mass. The finger and peri-anal area are thoroughly anointed by a good commercial lubricant, or with white vaseline. The patient is asked to strain, and the finger gently introduced into the rectum. The entire circumference of the bowel is carefully palpated and the finger reaches higher into the bowel. At times it may take considerable

(Continued on page 12)



## PROGRAM (continued)

7:00 p.m.—Banquet honoring Dr. and Mrs. True B. Eveleth, with special guests. Doctor Eveleth is honored in every portion of the osteopathic world, but his roots, early education, private practice, army career, and hospital affiliations are identified with the state of Maine. He is a holder of the MOA Distinguished Service Certificate, a co-founder of the Maine Diabetic Society, from 1946 to 1952 chairman of the state's committee on Public Education on Health, formerly medical director of the Osteopathic Hospital of Maine, and an honorary life member of the O. H. M. Staff, and the M. O. A., and formerly a member of the Maine Osteopathic Board. Following graduation from Kirksville College of Osteopathy and Surgery, he practiced in Maine until this practice was interrupted by his service in the U. S. Army, with rank of Lieutenant Colonel, as executive officer of the 240th Coast Artillery, Fort Commander at Fort William, and Liaison Officer for Army-Navy Operations of the New England Sector Command.

Returning to private practice in 1945 he served Maine well in many most challenging assignments, until, in 1952 he accepted the post of Executive Assistant of the American Osteopathic Association. His wife, Dot, has ever exemplified the helpmate as a companion in every sense of the word, and True has often paid tribute to her so much so that every forward step taken by either one has been through the combined efforts and understanding of each.

Each and every member of the Maine Association pauses to recognize these achievements, and to honor True and Dot, as he becomes Executive Secretary of the national association on September 1, 1956.

On this occasion the Association presents the two top awards in the Essay Contest, sponsored by this group, on the subject, "Osteopathic Medicine—a Career in Public Service." We salute the six prize winners, especially, but commend each and every contestant, from fifty-five Maine high schools, parochial schools, and academies, as well as the cooperating agencies which endorsed this contest, the contestants' parents, school principals, guidance counselors, and faculty members.

These winners are:

1. Diane Marie Carlisle, Ellsworth
2. Elaine Margaret Libby, Portland
3. Glenys Maxine Miller, Waldoboro
4. Bernice K. Lebares, Portland
5. Marcia T. Carsley, Harrison
6. Barbara T. Goodwin, Portland

Public acknowledgment of the sincerity and conscientiousness of the contest, judges, Supreme Court Justice Walter M. Taapley, Mrs. Jean Gannett Williams, and John Fitzgerald, Esq., is most surely in order.

Following the Banquet and Festivities, by special cooperation of the Samoset management—

## POLYNESIAN NIGHT

Hawaiian menu, hula-hula dancers, orchids, leis, Polynesian atmosphere, Fun Night. Invite your friends,—Hospital Lay Board members—nursing personnel. This is a highlight, this cannot miss being one of the more memorable occasions in the history of our state's profession.

## CARCINOMA (continued)

manipulation to follow the course of the lumen. With increasing pressure and asking the patient to strain down, the examiner may often reach a growth located surprisingly high in the bowel. Never conduct this operation in a hurried and haphazard manner.

3. The patient is now put in the lithotomy position and a careful bimanual examination is made. Not infrequently a mass may be felt in a loop of bowel above the direct reach of the rectal finger.
4. The patient is now placed in the knee chest position for sigmoidoscopic examination. This position is not satisfactory for digital examination of the upper rectum and should never be used in lieu of the lateral position described above. Sigmoidoscopic examination of the rectum is not a difficult maneuver nor is it particularly dangerous, if one uses reasonable care.

A 25 centimeter sigmoidoscope should be used in examining a patient under suspicion of having a lesion in the lower part of the large bowel. A shorter proctoscope does not reach sufficiently high, and many lesions will be missed which should and can be seen through the longer instrument. The use of this instrument is not complicated, and interpretation of the findings so far as the presence or absence of malignant disease is concerned is not difficult.

**PREPARATION OF THE PATIENT:** The method of preparing the bowel for sigmoidoscopic examination will vary with different examiners. Probably one-third to one-half of the patients can have a reasonably satisfactory sigmoidoscopic examination without preliminary preparation. For those whose lower rectum contains too much fecal material, satisfactory preparation is usually assured by cleansing the lower bowel with soapsuds enema followed by an enema of plain water at least three hours before examination is to take place. If the cleansing is done too near the time of examination excess fluid will be troublesome. If the interval is too long additional material may come down from above and obscure the view. A cathartic the night before examination is not necessary, it may result in too much large bowel activity.

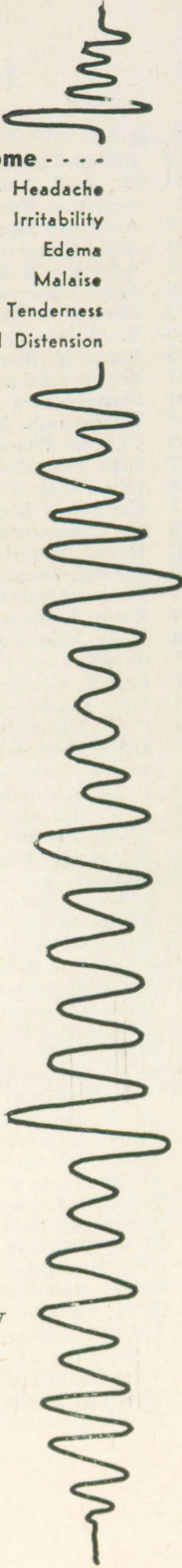
**POSITION:** The knee-chest position is the most satisfactory position for sigmoidoscopic examination and is used to advantage except for the occasional patient who finds the position too difficult to assume. For these the Sims' position will frequently prove to be satisfactory. A special table is not necessary.

**TECHNIQUE OF EXAMINATION:** With the patient in the proper position, the peri-anal region is freely anointed with a soft vaseline or a good commercial lubricant. The instrument is also well lubricated. The patient is asked to strain down, and the end of the sigmoidoscope is then gently passed through the sphincter. The patient is then allowed to relax, and as soon as the instrument has passed the sphincter, the obturator should be removed. Passage is then carried out under direct visualization. With the patient in the knee-chest position, air will usually go in through the open instrument and automatically inflate the rectum. Only occasionally is it necessary to use the inflating mechanism of the sigmoidoscope. As the instrument is carefully passed, great care must be taken to smooth out each one of the valves so that any lesion on the upper surface may be visualized. In most instances the course of the lumen can be visualized and the instrument made to follow the various curves of the bowel. An important part of the sigmoidoscopic examination is some available mechanism for wiping the mucous membrane. A long sponge forceps with a grasping mechanism in which a small square of gauze can be firmly held affords an excellent instrument for this important procedure. Failure to properly wipe the mucous membrane frequently results in an unsatisfactory examination.

If a lesion is seen, it may be wiped and a Papanicolaou smear may be made for pathological examination. If it is seen, and an instrument is available a punch biopsy should be made.

In recording the results of sigmoidoscopy, the following notations should be made: (1) The distance which the instrument passed, (2) the appearance of the mucous membrane, (3) the presence or absence of blood on the bowel wall, particular note being taken as to whether such blood came down from above the end of the

(Continued on page 15)



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34, 35 A. S. Aloe Co., St. Louis 3, Missouri  
11 American Ferment Co., Inc., 1450 Broadway, New York 18, N. Y.  
10 American Hospital Supply Corp., 2020 Ridge Avenue, Evanston, Illinois  
44 Ames Company, Inc., Elkhart, Indiana  
37 Anderson & Briggs, Inc., 24 Court St., Auburn, Maine  
69 Ayers Laboratories, 340 Hudson St., Hackensack, New Jersey  
75 Chester A. Baker Laboratories, Inc., 295 Huntington Avenue, Boston 16, Mass.  
68 Beech-Nut Packing Co., 217 West 19th St., New York 11, N. Y.  
65 Elmer N. Blackwell, 207 Strand Building, Portland, Maine  
57 Borden's Prescription Products Division, 350 Madison Ave., New York 17, N. Y.  
64 Bristol-Myers Products Division, 630 Fifth Avenue, New York 20, New York  
62 Buffington's, Worcester, Massachusetts  
66 Chicago Pharmacal Company, 5547 No. Ravenswood Avenue, Chicago, Illinois  
67 Ciba Pharmaceutical Products, Inc., 556 Morris Avenue, Summit, New Jersey  
36 Otis Clapp & Son, Inc., 439 Boylston Street, Boston 16, Mass.  
7 Coca-Cola Bottling Plants, Inc., 650 Main Street, So. Portland 7, Maine  
20 Cy Laboratories, 22 Lawton Street, New Rochelle, New York  
26 DePuy Manufacturing Co., Inc., 407-411 West Market Street, Warsaw, Indiana  
60 Desitin Chemical Company, 70 Ship Street, Providence 2, R. I.  
74 Doho Chemical Corp., 100 Varick Street, New York 13, N. Y.  
9 Eaton Laboratories, Norwich, New York  
22 C. B. Fleet Co., 921-927 Commerce St., Lynchburg, Virginia  
15, 16, 17 Geo. C. Frye Company, 116 Free Street, Portland, Maine  
71 Otis E. Glidden & Co., Inc., Waukesha, Wisconsin  
53 Gray Pharmaceutical Co., Inc., 50 Hunt St., Newton, Mass.  
59 G. F. Harvey Company, Saratoga Springs, New York  
58 Hill Laboratories Company, Lincoln Highway, Malvern, Penn.  
32 Jenkins Laboratories, Inc., Box 58, Auburn, New York  
2, 3 Lederle Laboratories Division, Pearl River, New York  
19 E. F. Mahady Company, 851 Boylston Street, Boston 16, Mass.  
13 Maine Fidelity Life Insurance Co., 83-87 Exchange Street, Portland, Maine  
24, 25 Maine Surgical Supply So., 233 Vaughn Street, Portland, Maine  
47 Mallard, Inc., 3021 Wabash Avenue, Detroit 16, Michigan  
61 Milex of New York, 45-45 44th St., Long Island City 4, N. Y.  
28 Moore & Co., Inc., 326 Chandler St., Worcester 1, Mass.  
43 National Drug Company, Philadelphia, Penn.  
39, 40 Nelson & Small, Inc., 68-78 Union St., Portland, Maine  
70 Nettleship Company, 1212 Wilshire Blvd., Los Angeles 17, California  
41 Pfizer Laboratories, 630 Flushing Ave., Brooklyn 6, New York  
27 Professional Foods, 219 First St., Cedar Rapids, Iowa  
63 Roberts Office Supply Co., 233 Middle St., Portland, Maine  
6 A. H. Robins Co., Inc., 1407 Cummings Drive, Richmond 20, Virginia  
23 J. B. Roerig & Co., 536 Lake Shore Drive, Chicago 11, Illinois  
73 W. B. Saunders Co., West Washington Square, Philadelphia 5, Penn.  
1 Schering Corporation, Bloomfield, New Jersey  
21 Sealy Mattress Co., 38-42 Everett St., Allston 34, Mass.  
8 G. D. Searle & Co., Box 5110, Chicago 80, Illinois  
4 Sherman Laboratories, 5031 Grandy Ave., Detroit 11, Michigan  
31 Martin H. Smith Co., 131 East 23rd St., New York 10, N. Y.  
56 E. R. Squibb & Sons, 745 Fifth Ave., New York 22, New York  
30 R. J. Strassenburgh Co., Rochester, New York  
14 Tailby-Nason Co., 49 Amherst St., Boston 42, Mass.  
72 U. S. Vitamin Corp., 250 East 43rd St., New York 17, N. Y.  
38 Upjohn Company, 11 Deerfield St., Boston 17, Mass.  
5 Veico Products, Inc., 470 Commonwealth Ave., Boston 15, Mass.  
18 Vitaminerals, Inc., 1815 Flower St., Glendale 1, Calif.  
45 Vitamins Products Co., 2023 West Wisconsin Avenue, Milwaukee 3, Wisconsin  
46 Wyeth Laboratories, Philadelphia 1, Penn.

## Non-Commercial Exhibitors

Dairy Council of Maine, State House, Augusta, Maine  
Maine Cancer Society, Inc., Federal and Green Streets, Brunswick, Maine  
Maine Heart Association, Inc., 234A Middle St., Portland, Maine  
Maine Osteopathic Association Auxiliary  
Osteopathic Hospital Guild, Portland, Maine

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### CARCINOMA (continued)

instrument, was due to local trauma or might have been pushed up from below, (4) the presence or absence of a polyp or carcinoma.

#### X-RAY

X-ray examination should only be carried out after digital and sigmoidoscopic examinations have been completed. It should be recognized that roentgenological examination of the rectum and rectosigmoid is unreliable and should never be depended upon to take the place of the examinations already described. Even if the diagnosis of carcinoma of the lower rectum is obvious, X-ray examination should be made, because of the possibility of a second lesion at a higher level. If the rectal lesion is an obstructing one, it may then be desirable to avoid examination of the upper colon.

It is also important to recognize the necessity of cooperation between the clinician and roentgenologist, if the best results are to be obtained. All possible information should be made available to the radiologist before examination is carried out. A negative report does not exclude the presence of carcinoma.

#### IN CONCLUSION

Nearly every instance, the diagnosis of carcinoma of the rectum is readily made, if a proper history is taken and examinations are carefully and completely carried out. There will be an occasional case when the lesion in the upper rectum will not be within reach of the finger and the sigmoidoscope cannot be passed to the level of the growth and when a barium enema is negative, however, if such a patient is under suspicion and is carefully and repeatedly examined, the diagnosis should not be too long postponed.

MICHAEL A. LONGO, D. O.

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