FOURTH ANNUAL SCIENTIFIC MEETING
of the
UROLOGICAL
ALLIED HEALTH PROFESSIONALS
of the
AMERICAN UROLOGICAL
ASSOCIATION, INC.

May 17-19, 1973
New York Hilton Hotel
New York City
FOURTH ANNUAL SCIENTIFIC MEETING
OF THE
UROLOGICAL ALLIED HEALTH PROFESSIONALS

PROGRAM COMMITTEE
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Karolyn K. Bruner, R.N.
Mary Ann Clark, R.N.
Katherine F. Jeter, E.T.
Frances R. Jones, R. N.

May 17, 1973

Members, Friends and Guests:

Even as a life begins, the body begins to wear. With the proper care and
nourishment, it will grow strong and it will serve. So it is with the A.U.A.
Allied. After just one year, the organization has grown, and it becomes
impatient to progress. Fortunately, there are many helping hands and dedi-
cated people to guide and nurture the organization.

The purpose of the A.U.A.A. is to unite the entire urological health care
team and to dedicate itself to improved patient care. The means by which
this can be accomplished are continued education and certification. The
A.U.A.A. offers both to you—NOW. However, each of you must be account-
able for his own actions and improvement. Self-improvement should not have
to be required by law. Make it so, because YOU want it so.

Obviously, those of you who are attending this meeting are aware of the
values of continued education—the value to the patient, the physician and
yourself. So, you must carry the message back home; you must tell others;
you must promote interest in the concept.

Therefore, as I welcome you to the Fourth Annual Scientific Meeting of
the A.U.A.A., on behalf of the faculty, the American Urological Association,
the contributing industries, and myself, I challenge each of you to accept
the responsibility to serve yourself even as you serve the needs of mankind.

Sincerely,

Russell Church, RN
President
Allied Health Professions Council
AMERICAN UROLOGICAL ASSOCIATION, INC.

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REGISTRATION

The registration desk, located on the Second Floor Promenade of the New York Hilton Hotel, will be open all day Thursday, May 17, Friday, May 18, and until 11 a.m. Saturday, May 19.

EXHIBITS

The scientific and technical exhibits of the American Urological Association's annual meeting will be open for viewing all day Thursday, May 17, and until noon Friday, May 18. Admission to the exhibit area will be by registration badge only. Exhibits will be located in the Rhinelander Gallery, Gramercy, Murray Hill and Nassau Suites and the South Corridor on the Second Floor.

The American Urological Association Film Library Exhibit, sponsored by Eaton Laboratories, located in the Nassau Suite, will be available for viewing motion pictures all day Thursday, May 17, and until noon Friday, May 18.

FRIDAY LUNCHEON

The meeting rooms for Friday luncheons are listed in the program (page 7) by A.U.A. Sections. Please have lunch in your geographic Section Room. This will afford an opportunity to meet fellow professionals from your area. Also, it will provide time for a Section business meeting and discussion of the development of local Allied chapters.

The Fourth Annual Scientific Seminar is being sponsored by the American Urological Association, Inc., with the assistance of:

ABBOTT LABORATORIES, Chicago, Ill.
DOW CORNING CORPORATION, Midland, Mich.
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MERRELL-NATIONAL LABORATORIES, Cincinnati, Ohio
TRAVENOL LABORATORIES, INC., Deerfield, Ill.
V. MUELLER, Chicago, Ill.
SCIENTIFIC PROGRAM

THURSDAY, MAY 17, 1973

8 a.m. - 5 p.m.  REGISTRATION, Second Floor Promenade

8 a.m. - 5 p.m.  EXHIBIT VIEWING, Scientific and Technical Exhibits, Rhinelander Gallery, Gramercy, Murray Hill and Nassau Suites and the South Corridor on the Second Floor

6:30 p.m. - 8 p.m.  WELCOMING RECEPTION, sponsored by the Kendall Company of Chicago, Ill., Grand Ballroom, West, Third Floor

FRIDAY, MAY 18, 1973

8 a.m. - 5 p.m.  REGISTRATION, Second Floor Promenade

8 a.m. - 12 noon  EXHIBIT VIEWING, Scientific and Technical Exhibits, Rhinelander Gallery, Gramercy, Murray Hill and Nassau Suites and the South Corridor on the Second Floor

SCIENTIFIC SESSION

Grand Ballroom East, Third Floor

8 a.m.  OPENING REMARKS
Dr. Wyland F. Leadbetter, President Elect of the American Urological Association, Inc., Boston, Mass.

8:15 a.m.  THE AMERICAN UROLOGICAL ASSOCIATION ALLIED WELCOMING ADDRESS
Dr. Arthur T. Evans, Chairman, AUA Allied Health Professions Committee, Cincinnati, Ohio

8:30 a.m.  BUSINESS MEETING
Mr. Russell T. Church, RN, President, AUA Allied Health Professions Council, Minneapolis, Minn.

9:15 a.m.  VIEWING SCIENTIFIC AND TECHNICAL EXHIBITS

Grand Ballroom, East, Third Floor

11 a.m.  ANATOMY AND PHYSIOLOGY OF THE UPPER URINARY TRACT
Embryology and Anatomy
Mr. Russell T. Church, RN, Minneapolis, Minn.
Physiology—Renal function and urine transport
Miss Norma Harris, RN, Durham, N.C.
Dr. David F. Paulson, Durham, N.C.

12:30 p.m.  LUNCH BY GEOGRAPHICAL SECTION
Mid-Atlantic Section—Beekman Room, Second Floor
New England Section—Mercury Ballroom Rotunda, Third Floor
New York Section—Mercury Ballroom, Third Floor
North Central Section—Sutton Ballroom, South, Second Floor
Northeastern Section—Regent Room, Second Floor
South Central Section—Grand Ballroom Foyer, West Third Floor
Southeastern Section—Morgan Suite, Second Floor
Western Section—Madison Suite, Second Floor

SCIENTIFIC SESSION

Grand Ballroom, East, Third Floor

1:30 p.m.  ANATOMY AND PHYSIOLOGY OF THE LOWER URINARY TRACT
Mr. Nicholas Butcher, Cincinnati, Ohio
Miss Mary Ann Clark, RN, Cincinnati, Ohio
ANATOMY AND PHYSIOLOGY OF THE MALE REPRODUCTIVE SYSTEM
Dr. David W. Goddard, Daytona Beach, Fla.

Grand Ballroom, East, Third Floor

3 p.m. - 5 p.m.  PANEL DISCUSSION
OBSTRUCTIVE UROPATHY: CONGENITAL AND ACQUIRED
Dr. John W. Coleman, Moderator, New York, N.Y.
Panelists:
Dr. Hugh C. Bredin, New York, N.Y.
Dr. W. Reid Pitts, New York, N.Y.
Dr. Robert S. Waldbaum, New York, N.Y.
Dr. Patricia H. Winchester, New York, N.Y.
5:30 p.m.  Grand Ballroom, West, Third Floor
INDUCTION CEREMONY FOR NEW
MEMBERS OF THE AUA ALLIED
(Insignia pins contributed by Eaton Laboratories,
Norwich, New York.)
INDUCTION ADDRESS, Dr. William B. Garlick,
AUA Secretary, Albany, N.Y.

6:30 p.m.  Trianon Ballroom, Third Floor
RECEPTION TO HONOR NEW AUA ALLIED
MEMBERS, sponsored by Abbott Laboratories,
of Chicago, Ill.

8 p.m. - 10 p.m.  Mercury Ballroom, Third Floor
RECEPTION TO HONOR AUA ALLIED
HEALTH PROFESSIONS COMMITTEE AND
THE ALLIED HEALTH PROFESSIONS
COUNCIL, sponsored by Dow Corning Corporation,

SATURDAY, MAY 19, 1973

8 a.m. - 11 a.m.  REGISTRATION, Second Floor Promenade

SCIENTIFIC SESSION

Group Discussions

The panels will discuss the various aspects of patient care, including
the patients' experience in the physician's office and in the hospital. The
hospital discussions will include the care of the patient in the cystoscopic
room, the operating room, and in the recuperating area. Preparation for
patient discharge will also be discussed. Each registrant will have the oppor-
tunity to sign up for two of the four groups.

8 a.m. - 10 a.m.  Beekman Room, Second Floor
CARE OF THE PEDIATRIC UROLOGIC
PATIENT WITH REFLUX AND BILATERAL
URETERAL REIMPLANTATION
Miss Connie Browning, RN, Cincinnati, Ohio
Dr. Rainer Engle, Baltimore, Md.
Miss Frances R. Jones, RN, Durham, N.C.

8 a.m. - 10 a.m.  Grand Ballroom Foyer, West, Third Floor
CARE OF THE PATIENT WITH SPINAL CORD
INJURY AND NEUROGENIC BLADDER
WITHOUT ILEAL CONDUIT
Dr. Pablo Morales, New York, N.Y.
Mr. John Whelan, RN, New York, N.Y.
Miss Jane Wipf, RN, New York, N.Y.

10:15 a.m. - 12 noon  Mercury Ballroom, Third Floor
CARE OF THE PATIENT WITH
BENIGN PROSTATIC HYPERTROPHY
Miss Karolyn K. Bruner, RN, Oklahoma City, Okla.
Dr. Arthur T. Evans, Cincinnati, Ohio
Miss Judy Johnson, RN, Cincinnati, Ohio

10:15 a.m. - 12 noon  Grand Ballroom, East, Third Floor
CARE OF THE PATIENT WITH BLADDER
NEOPLASM, CYSTECTOMY AND
ILEAL CONDUIT
Mr. Samuel A. Godley, RN, Bellflower, Calif.
Mrs. Katherine F. Jeter, ET, Santa Ana, Calif.
Miss Ann Kelaher, RN, New York, N.Y.
Dr. Willet F. Whitmore, Jr., New York, N.Y.
SCIENTIFIC SESSION

1:30 p.m. - 3 p.m.
Sutton Ballroom, Second Floor
PANEL ON THE PRACTICAL APPROACH TO UROLOGICAL PROBLEMS: HOW WE DO IT
Col. Frank E. Cecarelli, Moderator, Fort Sam Houston, Texas
Panelists:
Miss Elizabeth Andersen, LVN, Long Beach, Calif.
Mr. Frank Brown, UT, New York, N.Y.
Mrs. Vera Doetling, RN, Cleveland, Ohio
Mr. W. Leon Marcy, LPN, Memphis, Tenn.

SCIENTIFIC EXHIBITS

RUSSELL W. LAVENGOOD, JR., Chairman
Gramercy, Murray Hill and Nassau Suites, second floor
Hours—Monday, Tuesday, Wednesday and Thursday, 8 a.m. to 6 p.m.;
Friday, 8 a.m. to 12 noon

Booth No. 5-1
AMERICAN UROLOGICAL ASSOCIATION CYSTOSCOPY SUITE DESIGN
George R. Nagamatsu and Alice Morel, New York, N.Y.
Survey of the states, major cities, government sources and bibliography discloses no available standards for cystoscopy suite design. An indepth study has resulted in a practical approach to this priority area reflecting modern physical design and state-of-the-art equipment specifications. The study is presented in exhibit format showing the several categories suitable for the particular type of hospital, clinic or private office.

Booth No. 5-2
THE CYSTOSCOPY SUITE OF THE FUTURE
Harold P. McDonald, Jr., Memphis, Tenn.
New design, equipment and supplies of a future cystoscopy suite will show innovations not presently available. Exhibit shows tables, xenon light, a light-weight color television endoscopic camera for direct cystoscopic connection, automatic irrigation fluid system, cryosurgery machine, automatic rapid floor wash, electrosurgical units, x-ray unit, cabinets, sterilization trays, drapes, gowns and gloves.

Booth No. 5-3
COMBINED CRYOSURGERY AND TRANSURETHRAL RESECTION FOR PROSTATIC OBSTRUCTION
Harold P. McDonald, Jr., Memphis, Tenn.
In a controlled study, combined therapy (cryosurgery and transurethral resection of the prostate) showed a greater than 50 percent reduction in measured blood loss compared with transurethral resection alone. In clinical practice, the combined therapy patient's postoperative catheter time is usually one day and postoperative hospitalization 2 days. Late bleeding is not seen and infection incidence is reduced.

Booth No. 5-4
SPLENIC PEDICLE IMPLANTATION IN THE RAT
John B. Osmond,* Patricia K. Donahoe,* David E. Stewart* and W. Hardy Hendren, Boston, Mass.
The splenic pedicle of artery of vein was tunneled into the parenchyma in 200 rat kidneys. The formation of collateral vascular anastomoses from the pedicle implant was shown microangiographically.

Booth No. 5-5
REPAIR OF MEGAUROTETER IN CHILDREN
W. Hardy Hendren, Boston, Mass.
Surgical refashioning of the dilated and tortuous ureter in various clinical situations is shown. Stressed are the important technical points learned and complications encountered in the repair of 124 ureters in 84 patients, with representative cases shown.

Booth No. 5-6
TREATMENT OF THE HYPTONIC BLADDER BY PARTIAL CYSTECTOMY
S. R. Weinberg, B. Tanenbaum* and G. Bertoni,* Brooklyn, N.Y.
There has been a paucity of clinical reports concerning the efficiency of partial resection of the bladder for hypotonicity. The exhibit describes the rationale for the procedure as well as the pitfals that must be avoided to achieve success. Representative case histories will be presented.

*By invitation
Booth No. 5-7
1) CRYSTALLOGRAPHIC STONE ANALYSIS. 2) MgNHPO4 CALCULI
EXPERIMENTAL TREATMENT
D. P. Griffith,* D. M. Mushet,* and Charles Mansfield,* Houston, Tex.
1) Crystallographic stone analysis facilitates accurate identification of a stone's nucleus and its shell constituents.
2) Magnesium ammonium phosphate (struvite) stones form as the result of bacterial urease. Hydroxamate compounds inhibit urease and also have some bacteriostatic effect. In vitro and in vivo studies demonstrate that hydroxamate compounds can prevent and perhaps can dissolve struvite stones.

Booth No. 5-8
AN IMPLANTABLE PROSTHETIC URINARY SPHINCTER FOR TREATMENT OF URINARY INCONTINENCE
An implantable prosthetic urinary sphincter has been developed to provide incontinent male and female patients with volitional control of micturition. The prosthesis is a completely implantable device which can be controlled externally. Since the prosthesis does not come in contact with urine and depends partially upon the cushioning effect of the body tissue, it resembles a natural sphincter. The prosthetic sphincter represents the first treatment which does not obstruct urinary flow for selected patients with neurologic bladder disease and urinary incontinence.

Booth No. 5-9
TRANSILLUMINATION OF THE URETER
The transilluminated ureteral catheter provides a safe, easy, reliable method for ureteral identification during operative surgery. This method is especially useful in those selective operative procedures where abnormal anatomical relationships are anticipated.

Booth No. 5-10
ROENTGENOGRAPHIC MANIFESTATIONS OF SPONTANEOUS RENAL HEMORRHAGE
Non-traumatic renal bleeding may result from a variety of causes, the most important of which is tumor. This exhibit illustrates several of these causes, and their varied roentgenographic presentations, including intrarenal, subcapsular and perirenal hematomas.

Booth No. 5-11
VOLUNTARY STERILIZATION: REVIEW OF 1000 CASES
Hans J. Klaproth and Ilia S. Young, Annandale, Va.
The exhibit includes a review of the numerous procedures described in the world literature since 1899, an evaluation of postoperative complications, a chart of sperm disappearance rate, a description of recanalization, and literature references.

Booth No. 5-12
THE THERAPEUTIC VALUE OF FURACIN HC URETHRAL SUPPOSITORIES IN URETHRALPLASTY
Robert E. Reid and Harry R. Newman, New York, N.Y.
Thirty-one patients with urethral strictures were treated with Turner-Warwick urethroplasty. A significant number initially required repeat operations because of recurrent strictures. Once a regimen of Furacin HC urethral suppositories was introduced between the first and second stages, no further recurrent strictures were noted.

Booth No. 5-13
URETERAL STUDIES IN THE UNANESTHESIZED DOG
An in-depth study of a colony of conditioned dogs was made. The experimental models were subdivided into groups with nephrectomy, spinal cord section and dogs with or without anesthesia. Agents with known sympathetic and parasympathetic actions and several other drugs were studied.
*By invitation

Booth No. 5-14
PATCH GRAFT URETHROPLASTY FOR THE TREATMENT OF ANTERIOR URETHRAL STRICTURES
The patch graft urethroplasty is a simple and effective one-stage operation to permanently correct urethral strictures at or distal to the bulb of the urethra.

Booth No. 5-15
VASOVASOSTOMY
Fletcher C. Derrick, Jr., William Yahrbruch,* Janine D'Agostino,* Ronald Kretkowski* and Jerome Johnson,* Washington, D.C.
A questionnaire regarding experience with vaso-vasostomy was sent to 2,775 members of the American Urological Association; 1,319 answered the query. Only 413 members had performed a vaso-vasostomy, of any type, in the past five years. Data will be presented noting type of repair and results.

Booth No. 5-16
THE ISCHIORECTAL FOSSA APPROACH TO THE PROSTATE
J. L. McCormack, A. W. Kretz, R. Tocantins* and Gerald M. Kenny, Seattle, Wash.
The indications for and the surgical technique of exposing the prostate through an incision in either ischiorectal fossa are demonstrated. The chief use for such an approach is to excise a suspicious prostatic nodule for biopsy.

Booth No. 5-17
CONGENITAL MEGACALYCELES—NOT A HYDRONEPHROSIS
The x-ray appearance of congenital megacalyces is emphasized to distinguish this entity from "intrarenal hydronephrosis" and discourage useless surgery in such cases. The histology and the clinical features of megacalyces will be shown.

Booth No. 5-18
PICTORIAL ESSAY ON HEMOSTASIS IN OPEN PROSTATECTOMY
John R. Herman and Lombardo Castro,* Bronx, N.Y.
Illustrations and cartoons are displayed of hemostasis in prostatectomy from early accidental myometromities to most recent methods, with special attention given to various hemostatic methods advocated.

Booth No. 5-19
THE CASTRATI SINGERS: THE UNIQUE EUNUCHS "CASTRATI" OF THE OPERA
Rolf G. Meller, New York, N.Y.
From 1600 to 1820 the castrati dominated choirs and opera. They were the "castronau-ta" of the opera: "heavenly" singers, possessing the chest and lungs of a man and the delicate vocal cords of a woman. As many as 4,000 children were castrated annually. How this came about, the effects it had on sexual behavior and the story of some of the great castrati are presented. A record of the last castrato in the Sixtine Chapel (1900) will be played on a cassette.

Booth No. 5-20
INDICATIONS FOR NITROFURAN?T IN URINARY TRACT INFECTIONS
H. K. A. Schirmer,* R. E. Engel* and H. Schwartz,* Baltimore, Md.
Three studies with nitrofurantoin are presented: 1) protective effect of intravenous nitrofurantoin during transurethral resection; 2) better tolerance of nitrofurantoin macrocrystal versus nitrofurantoin microcrystal with respect to gastrointestinal symptoms; and 3) efficacy of nitrofurantoin macrocrystal in chronic urinary tract infection. Differential absorption data on micro versus macro crystals are presented and the relationship between colonic and genito-urinary tract in chronic infections is shown.
*By invitation
Booth No. 5-21
TECHNIQUE FOR CADAVERIC DONOR NEPHRECTOMY
Igal Silber* and Donald G. Martine, Irvine, Calif.
Introductory statements and 11 color prints, accompanied by illustrative line drawings demonstrate techniques for cadaveric donor nephrectomy. A new technique to achieve quick, safe removal of the kidneys for use in transplantation is presented.

Booth No. 5-22
AUDIOVISUAL TEACHING METHOD FOR MEDICAL STUDENTS IN UROLOGY
Igal Silber,* Irvine, Calif.
With changing curricula in medical schools around the country, medical students are apt to have limited exposure to many branches of medicine. To overcome this handicap, our full-time and resident staffs devised a simplified audiovisual technique covering various subjects in urology which is made readily available to the medical student.

Booth No. 5-23
USE OF PROPHYLACTIC ANTIBIOTICS IN THE HIGH-RISK PATIENT UNDERGOING PROSTATECTOMY
Harry W. Herr* and Igal Silber,* Irvine, Calif.
A prospective controlled study of the effect of chemoprophylaxis in 100 patients subject to prostatectomy is presented. Judicious use of prophylactic broad-spectrum antibiotics reduced the incidence of postoperative sepsis and/or urinary tract infection and overall morbidity in patients with preoperative bacteruria and/or prior catheter drainage longer than 1 week.

Booth No. 5-24
UROLOGICAL APPLICATIONS OF CYTOGENETICS
David T. Mininberg and Nesrin Bingol,* New York, N.Y.
The exhibit shows the usefulness of the cyogenetic tissue culture. Laboratory studies are being made on the problems of congenital and developmental malformations, urological cancer and fertility and sterility. Newer techniques such as organogenesis in tissue culture histochemical identification of specific cell types will be emphasized.

Booth No. 5-25
URETHRAL RECONSTRUCTION IN THE DOG
Blowamy Ray* and William F. Whitmore, Jr., New York, N.Y.
A two-stage operation for reconstruction of the entire female urethra in dogs involves: 1) inversion of the anterior bladder wall over a plastic splint to form a full thickness muscular tube of bladder wall; and 2) after 2 months, the superior end of the tube is detached and evaginated through its inferior attachment thus creating a urethral substitute. Preliminary experiments have suggested both an anatomical and functional integrity for this procedure in urethral substitution.

Booth No. 5-26
OFFICE URINE CULTURE TECHNIQUE
The exhibit illustrates an available dip-paddle for office urine bacteriology will be demonstrated. The results of 196 cultures comparing the standard laboratory method and the dip-paddle method will be displayed. In addition, it will be possible for those attending the meeting to have their own urine cultured with this technique.

Booth No. 5-27
THE PROSTATE PALPATION SIMULATOR
Arthur T. Evans and A. David Beck,* Cincinnati, Ohio
The Prostate Palpation Simulator is welcomed as a major innovation in medical education. This new teaching device closely duplicates the texture and detail of human tissues and the tactile qualities of clinical prostate palpation. It accurately portrays various stages of prostatic carcinoma and helps the student learn to distinguish clinically between the benign gland and malignancy.

*By invitation

Booth No. 5-28
RETROGRADE BRUSHINGS: A TECHNIQUE FOR OBTAINING HISTOLOGIC AND CYTOLOGIC MATERIAL FROM URETERAL, RENAL PELVIC AND RENAL CALYCEAL LESIONS
W. B. Gill,* H. M. Diamond,* C. G. Lu,* S. Thomsen* and M. Bibbo,* Chicago, Ill.
As an aid in establishing the etiology of radiolucent filling defects in the ureter, renal pelvis, and renal calyces, a brushing technique has been developed for obtaining material directly from the lesions. An open tip ureteral catheter is positioned adjacent to the lesion by conventional retrograde urography or image-intensified fluoroscopy. A small brush with nylon or steel bristles is passed through the ureteral catheter and the lesion is directly brushed. The material entrapped in the brushes is easily removed and examined histologically and cytologically. This exhibit presents the technique and experiences with retrograde brushing in over 20 patients.

Booth No. 5-29
URETHRAL REACTION TO SHORT-TERM URETHRAL CATHETER
M. Ray Painter and C. K. Wanebo,* Grand Junction, Colo.
A clinical study compares the evaluation of urethral reaction to catheters of pure silicone with previous evaluations of teflon, silastic and latex. Presentation includes photographs of urethral changes seen cytologically and histologically which occur. Urethral reaction has been graded further according to the degree of urethral discharge.

Booth No. 5-30
TREATMENT OF INCONTINENCE IN THE MALE
Joseph J. Kaufman, Los Angeles, Calif.
Technical features of a new device and operation to correct post-prostatectomy incontinence are demonstrated.

Booth No. 5-31
SILICONE CATHETER
Victor A. Polizotto, Hermann Carrion* and Robert Lankford,* Miami, Fla.
A comparative study was made of the silicone elastomer catheter with conventional latex catheters. Parameters used for comparison were: physical characteristics of the catheter, patient acceptance and tolerance, urethral and bladder irritation, infection, and urethral discharge.

Booth No. 5-32
TUBELESS PYELOPLASTY
Lester Persky and Peter Tyngberg,* Cleveland, Ohio
The exhibit shows the technique of pyeloplasty without catheters, tubes or proximal decompression. Alternative operative routes and methods will be described.

Booth No. 5-33
A REVOLUTIONARY NEW SKIN BARRIER
R. B. Turnbull,* Frank L. Weakley,* Don G. Traul,* Clarence B. Hewitt and Norma N. Gill, Cleveland, Ohio
The exhibit demonstrates effectiveness and the application of 2 new products which have qualities not found in other products for sealing of urinary appliances and skin care. Mrs. Gill, interventional therapist, will be available at exhibit to discuss skin care.

Booth No. 5-34
THE ILEAL CONDUIT: STOMAL PREPARATION AND CARE
C. B. Hewitt, A. A. Strafonoff, B. H. Stewart, W. S. Kiser, R. B. Turnbull, Jr.,* F. L. Weakley* and N. N. Gill, Cleveland, Ohio
The operative technique of the ileal conduit is illustrated in detail, including a new method of water-tight intestinal anastomosis. An innovative stoma construction using multiple mycrostomy is emphasized. The management of stoma problems and complications is presented.

*By invitation
Booth No. 5-35
EXPERIMENTAL URETERAL TRAUMA—LIGATION WITH AND WITHOUT DELIGATION
Alex M. Raney, Wilmington, Dela., and Paul D. Zimkind, Philadelphia, Pa.
With unilateral ureteral ligation for 1 to 7 days, deligation resulted in marked recovery
from hydronephrosis. After ligation for 14 to 21 days, deligation yielded substantial re-
covery in upper ureteral ligation. Ureters permanently ligated with absorbable material
exhibited strictures and hydronephrosis. Clinical implications are cited.

Booth No. 5-36
SYSTEMATIZED APPROACH TO THE ROENTGENOGRAPHIC DIAGNOSIS OF ASYMPTOMATIC SPACE-OCCUPYING LESIONS OF THE KIDNEY
Erich K. Lang*, Eugene B. Martin, Hoyt Chance*, Raymond Turner, B. E. Trichel
and Don McCormick*, Shreveport, La.
A systematic sequential approach to the diagnosis of asymptomatic renal mass lesions
is developed. The relative merit of intravenous urography, nephrotomography, ultrasono-
diography, and the cyst puncture and aspiration test complex are ascertained within
this system. Appropriate deployment guarantees diagnosis by an adequate confidence
level at minimum cost in expense and risk to the patient.

Booth No. 5-37
THE COLLABORATIVE TEACHING OF HUMAN SEXUALITY
A collaborative effort is made to train residents in psychiatry, gynecology and urology
in human sexuality by rotating them through a Sexual Dysfunction Clinic for a period of
10 weeks. This rotation consists of a three week training period in human sexuality
followed by 7 weeks of direct treatment of a couple using a modified Masters-Johnson
approach.

Booth No. 5-38
GENITOURINARY INFECTIONS ERADICATED WITH CEPHALAZIN
C. Eugene Carrollton, Gary W. Smith*, and Alan D. Friedman*, Houston, Tex.
Results will be presented of our study with Cephalazin administered intramuscularly
in 24 patients with moderate to severe genitourinary infections. Excellent to good results
(ereadication of the pathogen) were obtained in over 90 percent of the patients. Preliminary
results with a twice daily dosage schedule will be presented.

Booth No. 5-39
LOCATING THE PEDIATRIC STOMA SITE PROPERLY—
A CHALLENGE AND A RESPONSIBILITY
Katherine F. Jeer, John D. Birchort*, Leonard Rudin* and John K. Lattimer,
New York, N.Y.
Selecting a urinary stoma site for the pediatric patient requires attention to minute
details of growth potential, family tendency toward obesity, pre-existing scars, abdominal
folds and other physical or anatomical deformities. The stoma site should be selected well
ahead of the procedure. Our recommendations and methods for determining the ideal site
are presented.

Booth No. 5-40
AMERICAN UROLOGICAL ASSOCIATION FILM LIBRARY
David A. Culp, Chairman; William Breinan, Vice-Chairman; Russell Scott, Jr., Con-
sultant; P. D. Beach, C. E. Carlson, Jr., C. E. Cox, C. J. Devine, Jr., C. B. Hewitt,
The exhibit displays a series of basic, non-controversial color, sound teaching motion
pictures designed for graduate and postgraduate medical education in the field of urology.
Films are divided in the 8 mm cartridge-loaded format for use in the self-contained
Fairchild Mark IV projector and in the 16 mm format as well.

Booth No. 5-41
SPIRAL FLAP PROCEDURE FOR URETERAL LENGTHENING
Twenty-two animals divided into 4 groups demonstrate the efficacy of the spiral flap
to bridge large ureteral defects, resulting in successful ureteral regeneration in 81.7 per-
cent of cases. Success in the experimental animal would suggest its consideration for
clinical trial. A short spiral may be beneficial where there is tension on a ureterouterine
anastomosis.

Booth No. 5-42
URINARY CARCINOEMBRYONIC ANTIGEN IN BLADDER CANCER
Patrick Guinan*, Hassan Barakat*, Thomas John*, Nader Sadoughi* and
Irving M. Bush, Chicago, Ill.
Thirty patients with bladder cancer and 20 normal controls were studied for urinary
carcinoembryonic antigen. The mean urinary CEA level for the cancer patients was 8.90
ng/cc. For the controls, the value was 2.51 ng/cc. This test seems to have anctive value
in the diagnosis and follow-up of patients with bladder cancer.

Booth No. 5-43
URETERORENOSCOPY IN UPPER URINARY TRACT INFECTION
Irving M. Bush, Irving Garovsky*, Nader Sadoughi*, Thomas John* and
Patrick Guinan*, Chicago, Ill.
Ureterorenscopy reveals that a normal appearing intravenous or retrograde pyelogram
does not always indicate the absence of significant inflammation, infection, or residual
necrotic debris of the epithelial lining of the renal pelvis or ureter. The exhibit demon-
strates this phenomenon and suggests that these areas may be too for persistent or
recurrent infection.

Booth No. 5-44
COMPLICATED URINARY TRACT INFECTION: HISTORICAL AND MODERN CONCEPTS
Meltscher* and Irving M. Bush, Chicago, Ill.
Complicated urinary tract infections have plagued man through history. The exhibit
will highlight this problem by presenting a double blind study of 90 patients comparing the
effect of oral indanyl carbencillin, ampicillin and cephalaxin, and present historical
sketches of conditions—tumor, stone, congenital anomaly, obstruction, etc.—which underlie
these infections.

Booth No. 5-45
TUBERCULOSIS OF THE URINARY TRACT
John W. Barnard, B.S., and Arthur T. Evans, Cincinnati, Ohio
Various stages of renal tuberculosis along with its treatment by drug therapy is pre-
sented. Pathology of the kidneys and ureters along with bladder pathology is shown in
a diagrammatic manner.

Booth No. 5-46
SEMEN ANALYSIS
Pranod R. Roop*, Edward J. Booth* and Arthur T. Evans, Cincinnati, Ohio
The technique for routine semen analysis plus illustrations of abnormal sperm mor-
phology and video tape of sperm motility will be included.

Booth No. 5-47
PATHOLOGY OF PROSTATE AND KIDNEY TUMORS
Arthur T. Evans, William B. Momin*, Donald D. Castellanos, Alan L. Freeman*
and Edward J. Booth,* Cincinnati, Ohio
A review of benign and malignant lesions of the prostate will be presented with gross
and microscopic illustrations. Tumors of the kidney will also be covered.

Booth No. 5-48
CULTURE TECHNIQUES FOR THE DETECTION OF GONORRHEA
Edward R. Elicker*, Richard G. Wendel and Arthur T. Evans, Cincinnati, Ohio
The detection of the asymptomatic gonorrheal carrier is of great importance if we are
to be successful in controlling the current crisis. Culture techniques for use in office
practice are presented as well as various forms of therapy.

*By invitation
Booth No. S-49  
THE BLADDER LYMPHATICS: A STUDY OF DRUG TRANSPORT  
E. J. G. Milroy,* A. T. C. Cockett and A. P. Roberts,* Rochester, N.Y.  
A technique has been developed for cannulating the canine bladder lymphatics. The exhibit demonstrates the technique and presents results of the study of the movement of antibiotics and cytotoxic drugs out of the bladder.

Booth No. S-50  
UROLOGICAL ASPECTS OF THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY  
John K. Lattimer, New York, N.Y.  
President Kennedy had a lesion of his adrenals. Lee Harvey Oswald was shot through the renal area (among others), and Jack Ruby had an occult carcinoma of the prostate (among others). These lesions will be illustrated with drawings and photographs and specimens.

Booth No. S-51  
BACTERIAL PROSTATITIS IN PROSTATITIS: INCIDENCE, RELATIONSHIP TO BACTERIURIA AND RESPONSE TO THERAPY  
Unir and prostatic chips were cultured for bacteria in 163 successive transurethral resections. Only those with systemic manifestations of infection received preoperative antibiotics. The incidence of bacterial prostatitis in acerbateric and bacteriuric patients who either received or did not receive preoperative antibiotics will be compared.

Booth No. S-52  
TISSUE TYPING FOR KIDNEY TRANSPLANTATION  
N. B. Hodgson, T. J. Doyle* and H. M. Kaufman,* Milwaukee, Wis.  
Human tissue typing has gained acceptance as an adjunct to organ transplantation in the past several years. The exhibit displays the primary techniques for antigen identification, and the genetic basis of familial antigen inheritance and their clinical application and reliability in transplantation.

Booth No. S-53  
IMMUNOLOGY AND THE UROLOGIST  
Joseph E. Davis and Sidney Shulman,* New York, N.Y.  
Immunologic problems of interest to the urologist including the immunologic state of cancers of the bladder, prostate and kidney; post-transplantation conditions of the problem of male infertility and the immunologic response to vasectomy will be presented. Detailed studies of immunologic problems of the infective male and the antibody response following vasectomy will be presented. Future collaborations between urology and immunology will be outlined.

Booth No. S-54  
ANDROGENS AND BENIGN PROSTATIC HYPERPLASIA  
The exhibit depicts studies of both the kinetics of testosterone uptake and metabolism in normal and hyperplastic prostate glands and the endogenous levels of testosterone, dihydrotestosterone, and estrogen in prostatic tissue from normal and hyperplastic glands.

Booth No. S-55  
A NEW APPROACH TO THE PHYSIOLOGY OF EXCRETORY UROGRAPHY—IS DEHYDRATION OBSOLETE?  
Peter Dure-Smith* and Michael Simonhoff, Philadelphia, Pa.  
Physiological and radiographic evidence challenges the present day concept of the mechanism of the nephrogram and cytoplagram and questions the necessity for preliminary dehydration before excretory urography.

*By invitation

Booth No. S-56  
FIBER OPTIC CALCULI DETECTOR  
D. W. K. Rawn*, New York, N.Y.  
This new approach to calculus detection uses principles of transilluminated light. Normal tissue, scar or tumor, will transilluminate light. However, a calculus, opaque or nonopaque, black, brown or white, will not transilluminate and thus bounces light back to signal its presence. This instrument can be used in both urologic open and closed surgery, biliary duct and salivary duct surgery.

Booth No. S-57  
COLOR TELEVISION FOR ENDOSCOPES  
Ronald Schrock,* San Francisco, Calif.  
A television monitor will show examples of work video taped during endoscopic procedures. A television camera, connected to an endoscope will be demonstrated using a model specimen. The camera is approximately one-half cubic foot in size, weighs less than 10 pounds and produces color pictures with less than .1 foot candle of light available.

Booth No. S-58  
TRANSURPHIC REPAIR OF MEMBRANOUS URETHRAL STRURESURES  
A simultaneous approach to the perineum and abdomen with the removal of the pubis allows a direct undeviation anastomosis of the urethra. Fourteen patients have had operations with 13 satisfactory results.

Booth No. S-59  
INTERMITTENT BLADDER IRRIGATION WITH KANAMYCIN SULFATE FOR PREVENTION OF CATHETER-INDUCED BACTERIURIUM  
J. J. Seebode and M. H. Kamat,* Newark, N.J.  
Effectiveness of intermittent bladder irrigation with kanamycin sulfate in preventing catheter-induced bacteruria was evaluated in 53 patients requiring indwelling catheters. The treatment was effective for 3 days in 86 percent, 5 days in 60 percent, and 7 days in 50 percent. Intermittent irrigation is more effective than a continuous drip.

Booth No. S-60  
THE ROLE OF ANGIOGRAPHY IN THE MANAGEMENT OF HEMORRAGE FOLLOWING PELVIC TRAUMA  
Arthur C. Wallman,* Christos Athanassoulis, Stanley Baum,* Ernest Ring* and Walter S. Kerr, Jr., Boston, Mass.  
Arteriography was performed on 6 patients massively hemorrhaging following pelvic trauma and 2 patients following hip surgery. The bleeding points were localized and hemostasis was produced by infra-arterial techniques.

Booth No. S-61  
THE HISTOPATHOLOGY OF NONMALIGNANT TESTICULAR LESIONS  
Donald J. Mench, St. Louis, Mo.  
The exhibit graphically displays by visual production with recorded messages, 8 testicular lesions of a nonmalignant nature. The Kleinfeidt syndrome, Sertoli cell only syndrome, the cryptorchid, mumps orchitis, primary testicular atrophy, stromalcyctic arrest, the tubule of the varicocele, and the dysgenetic testicle, will be portrayed. In addition to the slides, a recorded summary of the current diagnosis and therapeutic techniques will be presented.
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<td>Bard Hospital Division—C. R. Bard, Inc.</td>
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<td>Electro Medical Systems, Inc.</td>
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PARTICIPANTS

ELIZABETH ANDERSEN, L.V.N.—Office of Dr. Walter F. Welton, Long Beach, California
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WILLIAM B. GARLICK, M.D.—Secretary, AUA, Albany, New York
DAVID W. GODDARD, M.D.—Daytona Beach, Florida, Member—Allied Health Professions Committee
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Willet F. Whitmore, Jr., M.D.—Chief, Urologic Service, Memorial Hospital for Cancer and Allied Diseases, New York, New York

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Jane Wippler, R.N.—Department of Urology, New York University Medical Center, New York, New York

CANDIDATES FOR ELECTION TO ALLIED MEMBERSHIP—1973

The following have applied for Allied Membership in the American Urological Association and will be considered by the Association’s Membership Committees, Executive Committee and members present and voting at the annual business meeting for election to Allied Membership in 1973:

Adams, L., Merle, Tech., 1904 N. Orange Grove Ave., Pomona, Calif. 91767

Aguila, F., P., RN ........................................... 155 Dean St., Brooklyn, N.Y. 11217

Altringer, Richard M., Tech, 5256-27th Ave., S., Minneapolis, Minn. 55417

Baker, Martha K., RN ...................................... Rte. 3, Box 142A, Mooresville, N.C. 28115

Bates, Patricia, RN .......................................... 9431 S. W. 12th Dr., Portland, Ore. 97219

Beaufieu, Ellen D., Tech. 165 Shady Crest Dr., East Hartford, Conn. 06118

Boland, Donna, RN ............................................ 302 Polk St, Dewitt, N.Y. 13224

Bolz, Michael, Tech ............................................ RR 2, Box 317A, Hugo, Minn. 55038

Booth, Leonard, Jr., RN ...................................... 29 Clarendon St., Stratford, Conn. 06617


Bridwell, Nadine P., RN ..................................... 1000 Delta Dr., Columbia, S.C. 29209

Brumfield, Betty Jo, RN .................................... 1040 Main St., Danville, Va. 24541

Burket, Edith G., RN ........................................ RD 3, Box 3368, Monongahela, Pa. 15063

Cauthen, Katherine, LPN .................................. 70 Cedar Heights Rd., Stamford, Conn. 06901

Champion, Victoria L., RN ................................ 4026 Gateway Ct., Indianapolis, Ind. 46254

Cherry, Mary E., LPN ........................................ 13 N. 54th St., Philadelphia, Pa. 19139

Chialofo, Mary, RN .......................................... 54 Old Broadway, Garden City Park, N.Y. 11040

Childers, Ben D., Tech ...................................... Rte. 3, Columbia, Mo. 65201

Cook, Gerald W., Tech ..................................... 883 Tweed, Cincinnati, Ohio 45226

Coombs, Mary P., RN ........................................ 444 W. 70th Terr., Kansas City, Mo. 64113


Darnell, Lou, Tech ............................................ 910 Madison Ave., Suite 512, Memphis, Tenn. 38103

Davison, Claudia J., Tech .................................. RR 1, Craigville, Ind. 46731

Del Bene, Susan, RN ......................................... 10 Woolsey Ave., Trumbull, Conn. 06611

Dornak, Agnes, RN .......................................... 2701 Bellefontaine, B25, Houston, Texas 77025

Dorsch, Jean, LPN ............................................ 2532 Delmar, Granite City, Ill. 62040

Draper, Ruth Anne, RN ..................................... 3806 Portal Ave., Washington, D.C. 20031

Fields, Barbara, RN ......................................... 5534 Cinti-Dayton Rd., Middleburg, Ohio 45042

Filosa, MaryAnne, RN ...................................... 7114 Valley Ave., Philadelphia, Pa. 19128

Fischer, Michele G., Tech .................................. 12803 Clovis Ave., Los Angeles, Calif. 90059

Fisher, Dorothy S., Tech .................................... 910 Madison Ave., Suite 512, Memphis, Tenn. 38103
Uher, Frank, LPN........................3302 Kenilworth Ave., Berwyn, Ill. 60402
Vann, Guyla, LPN........................9901 - 114th St., S.W., Tacoma, Wash. 98498
Vidal, Sharon J., LPN......................3723 Nebraska Dr., Hammond, Ind. 46323
Vincent, Steven M., Tech...................4244 Lakewood Blvd., #8,
                                        Long Beach, Calif. 90808
Walters, Dorothea, RN.....................1469 G-3 Alphada Ave., Akron, Ohio 44308
Welty, Patricia Lynne, RN.................800 N.E. 13th St., Oklahoma City, Okla. 73103
Westbay, Betty, RN........................517 Mobile Dr., Pasadena, Texas 77506
Whitmire, Angela, RN........................1127 Wilshire Blvd., Suite 1400,
                                        Los Angeles, Calif. 90017
Whitner, Harry O., RN.................... 409 Brook Hollow Rd., Nashville, Tenn. 37205
Wickware, Lorraine D., RN.................1260 Cambridge Ave., Plainfield, N.J. 07062
Williams, Judith G., RN.................. 4 Prospect St., North Grafton, Mass. 01536
Williams, Karen F., RN...................4123 D Townhouse Rd., Richmond, Va. 23228
Williams, Muriel E., Tech...................(6 Coach Lane, Newburgh, N.Y. 12550
Wilson, Binnie E., Tech....................Rte. 4, Box 270, Ada, Okla. 74820
Wilt, Virginia T., RN....................Carriage House B9, Woodbury, N.J. 08096
Woodson, Belle M., RN.....................Box 107, North Garden, Va. 22959
Yost, Agnes, RN.........................3 Georgetown Square, Euclid, Ohio 44143

TOTAL: 128 candidates