

ANNOUNCEMENT CONCERNING EXHIBIT

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To the Members of the American Urological Association:

Mr. President and Gentlemen: At the annual meeting of the American Urological Association held in Toronto, Canada, in June, 1932, the Society voted to sponsor an Exhibit at the Century of Progress Exposition in Chicago.

Shortly after this meeting a Committee was appointed by President Livermore. After several meetings of the local members of the Committee, letters were sent to all the members of the Committee asking for suggestions and recommendations.

Various topics were suggested and the original plan was to invite each member of the Association to send in a personal contribution in the form of interesting specimens, instruments, etc.

After this general plan was set up, the Committee met with Dr. E. J. Carey, who was in charge of the Medical Division of the Century of Progress. Dr. Carey outlined the general program of the Fair with reference to the Medical Exhibits. He stressed the fact that the Exhibit should, if possible, represent a Century of Progress in Urology, that the Exhibit should have a distinctly educational value, and finally that it must be simple, so that it could be understood by the layman. It was Dr. Carey's opinion that the plan as outlined by the Committee was far too technical for the average visitor.

The Committee then had several meetings with Mr. Tom Jones who was in charge of planning and executing the exhibits of the American Medical Association, the American College of Surgeons, and others. Finally, after several meetings with Mr. Jones, a definite plan was outlined and an architect and a contractor were engaged. Mr. Jones was unable to carry out this work and suggested that we have Mr. W. C. Shepard of the Art Department of Rush Medical College carry out the plans.

The Committee at this time wishes to thank both these gentle-

men for their many suggestions in devising, planning and executing the Art side of the Exhibit.

After due consideration it was decided to select the following subjects: Blood in the Urine, Pus in the Urine, Stone, Tuberculosis and Tumors of the Urinary Organs, and Disease of the Prostate Gland.

The question of whether or not an Exhibit of this kind should include a panel for Venereal Diseases was thoroughly discussed and the Committee was of the opinion that the exhibit should be limited to subjects in urology proper.

Never before has the American public been so keenly interested in medicine as it is today. That this statement is true is evidenced by the large number of people who visit the Exhibit every day. And even late in the evening, a casual visit to this Exhibit by various members of your Committee always finds a large number of visitors present. If the number of visitors is an index of public interest in urology, then one may state that the interest is quite out of the ordinary. Of course, it is difficult to state what the actual attendance is, but as near as can be estimated the number of visitors daily at the Exhibit averages between six and seven thousand.

The question of having a demonstrator present was carefully considered by the Committee, and was discussed with Dr. Carey who was of the opinion that, since this exhibit was self-explanatory, a demonstrator was not necessary, and we started out without one.

During the recent meeting of the Association in Chicago, the matter of engaging a demonstrator was discussed with many of the members after they had seen the Exhibit, and the prevailing opinion was that the great educational value of the Exhibit would be much enhanced by the presence of a demonstrator, who would be an invaluable asset in answering questions and explaining the various subjects.

Thereupon a demonstrator was engaged (a senior medical student) and the Committee are convinced that this was a wise decision, as evidenced by the number and variety of questions asked.

The members of the Committee feel that the benefits which will accrue to the public and also to urology in general need no mention at this time; and that the Exhibit will make the public urologically-minded and call attention to the fact that urology comprises more than the subject of venereal disease, is a foregone conclusion.

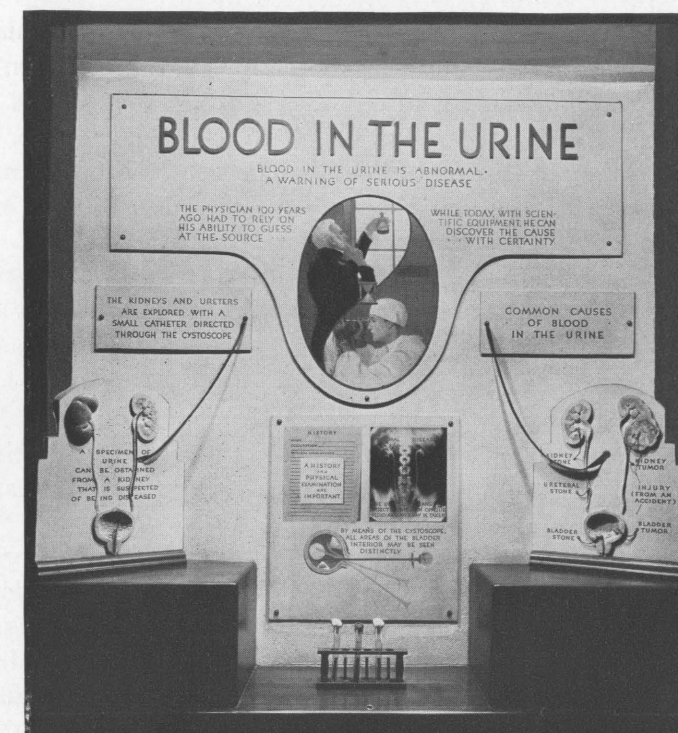


FIG. 1

DESCRIPTION OF PANELS

Hematuria

This panel (fig. 1) is headed by a caption stressing the fact that blood in the urine is a sign of serious disease. An attempt is made to show in a simple and clearly understandable manner, by models and drawings, the common causes of hematuria due to pathology

within the urinary tract. Models showing ureteral catheters passed to the renal pelvis through the bladder demonstrate the segregation of clear urine from a normal kidney and bloody urine from one depicted as containing a neoplasm.

A model of a bladder which is the seat of a neoplasm is shown with the cystoscope held in place, so as to demonstrate the ease with which the tumor may be visualized.

In an attempt to illustrate progress two sketches are placed below the caption. The first shows an elderly physician examining a bottle of bloody urine. The puzzled look on his face indicates that he does not know the source of the bleeding. The modern contrast to this picture is in the second sketch where the surgeon is peering through a cystoscope and determining accurately the source of the hematuria.

On the stand below the panel, test-tubes of solutions colored to illustrate the appearance of normal urine and bloody urine may be seen.

Pyuria

The plan of the whole Exhibit is based upon a general scheme which is easily discernible at a glance, i.e., an outlined diagram of the whole urinary tract.

As pyuria is the most common of all urological conditions, it was thought advisable to start the exhibit with a description of some of the most frequent conditions that cause pyuria. (Fig. 2.)

Age as a predisposing factor has been stressed, especially in regard to infections in children. The question of urinary drainage as a predisposing cause of infection is illustrated beautifully by the artist, Mr. Shepard.

The utilization of the cystoscope and ureteral catheter as a means of diagnosing urinary infections has been especially prepared to give the layman a comprehensive idea of what pus in the urine really means.

Stone

The exhibit of urinary stone stresses the point that stone may be located clinically in the kidney, ureter or urinary bladder. It

further demonstrates, by means of drawings, models, and by actual urinary stones, that they vary in size, shape and chemical composition. (Fig. 3.)

An effort is made to emphasize the importance of pain as a warning signal of the presence of stone, and, by the use of a sec-

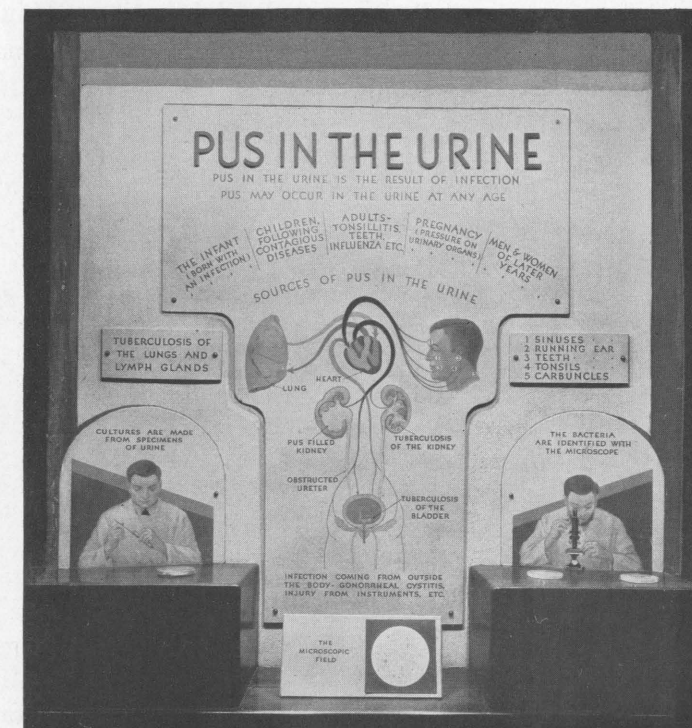


FIG. 2

ondary model, to indicate the pain areas resulting from each type of stone.

A second point emphasized is the value of x-ray in the diagnosis of urinary stone. Actual films are presented and immediately adjacent thereto are drawing reproductions of the same representing what the urologist sees in the film.

Obviously this exhibit must be in close association with the

ones on pyuria and hematuria; hence it is geographically located so that this close relationship may be made clear to the visitor.

Tuberculosis

The purpose of the exhibit on urogenital tuberculosis is to visualize the well-known medical fact that tuberculosis in every shape and form is essentially a generalized infection. (Fig. 4.)



FIG. 3

That there may be definite tuberculous lesions of the urogenital tract is shown—lesions which are secondary to other tuberculous ones within the body, usually primarily in the lungs. The drawing clearly demonstrates the direct vascular connection between all the organs of the body, and emphasizes these structures as the source of dissemination of the infection.

A caption is prominently placed, denoting the fact that a common early manifestation of genito-urinary tuberculosis is frequency of urination, both day and night. The purpose of the caption is to direct the layman's attention to the importance of immediate medical consultation to ascertain the cause of the continuation of this symptom.

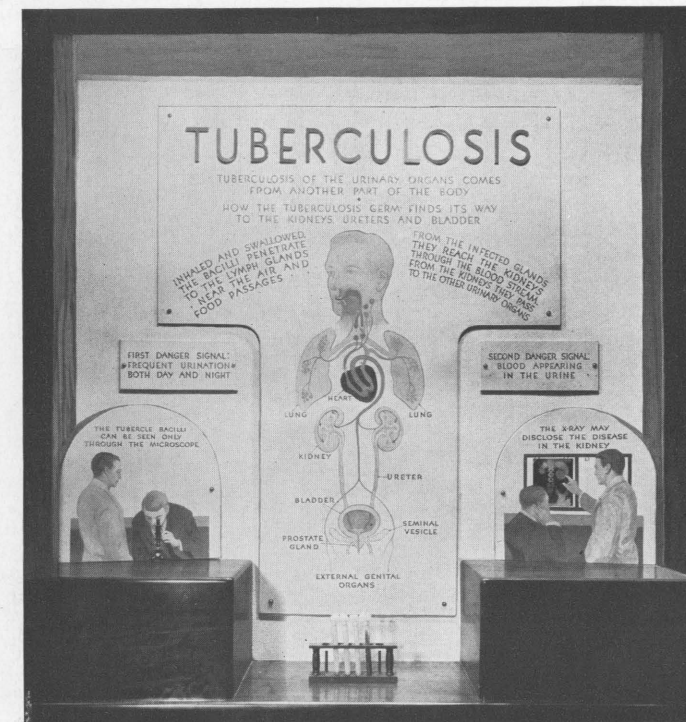


FIG. 4

Tumors

In the panel on tumors of the urinary organs is a statement that these tumors may appear at any time of life but are most frequently found about the age of fifty. (Fig. 5.)

By means of a picture of the cystoscope and x-ray machine an attempt has been made to illustrate the present-day accuracy of diagnosis and treatment.

A legend on each side calls attention to the importance of the symptom of blood in the urine and the importance of early diagnosis.

Below, on either side, is a model. The one on the left side shows a tumor of the bladder in the process of fulguration, and on the right is a model of the bladder showing how the tumor has been completely destroyed.

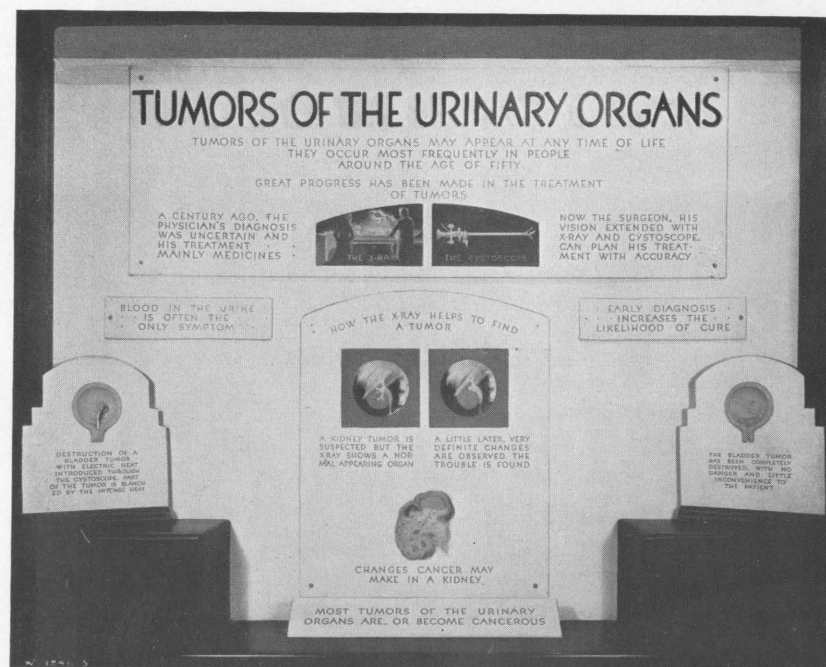


FIG. 5

In the middle of the lower part of the panel is a reproduction of pyelograms showing the normal pelvis, and the changes in the contour of the pelvis produced by tumors of the kidney. One figure illustrates the changes produced in the kidney by malignancy.

Below these illustrations is a legend which states that most tumors of the urinary organs are, or become, cancerous.

Disease of the prostate gland

The panel (Fig. 6) describing disease of the prostate gland calls attention to the frequency of enlargement after the fifth decade of life and illustrates how the enlarged gland obstructs the free passage of urine from the bladder.

In the upper part of the panel are legends which state how the methods of treatment of prostatic obstruction have progressed.

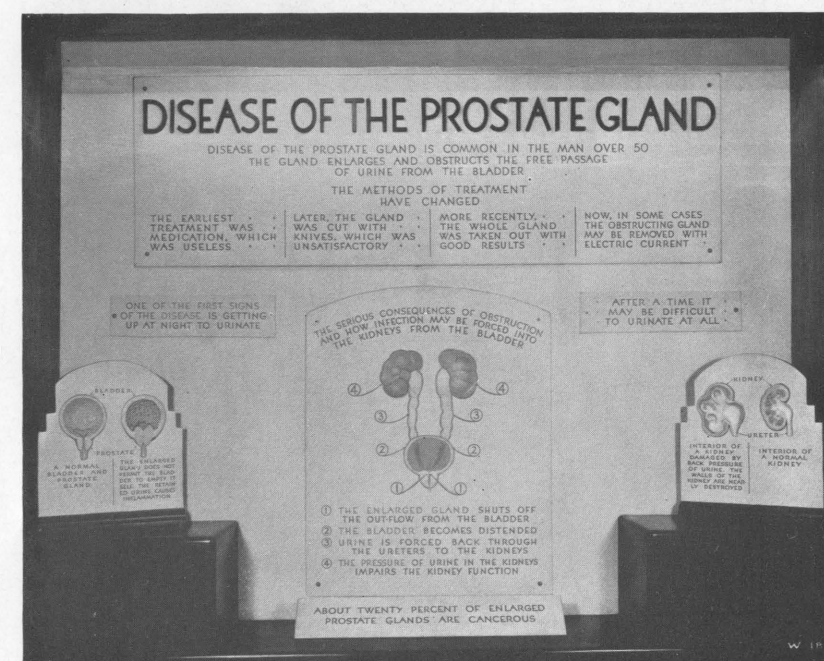


FIG. 6

Below this are models showing the normal bladder and prostate and how the enlarged prostate intrudes into the bladder and obstructs the outflow of urine. Here also is shown the effect of back pressure on the ureters, kidney pelvis and calyces, with a model of the normal kidney beside it. A final statement calls attention to the fact that about twenty per cent of enlarged prostate glands are malignant.

During the past two months there has been an average of six to seven thousand people per day passing through the exhibit.

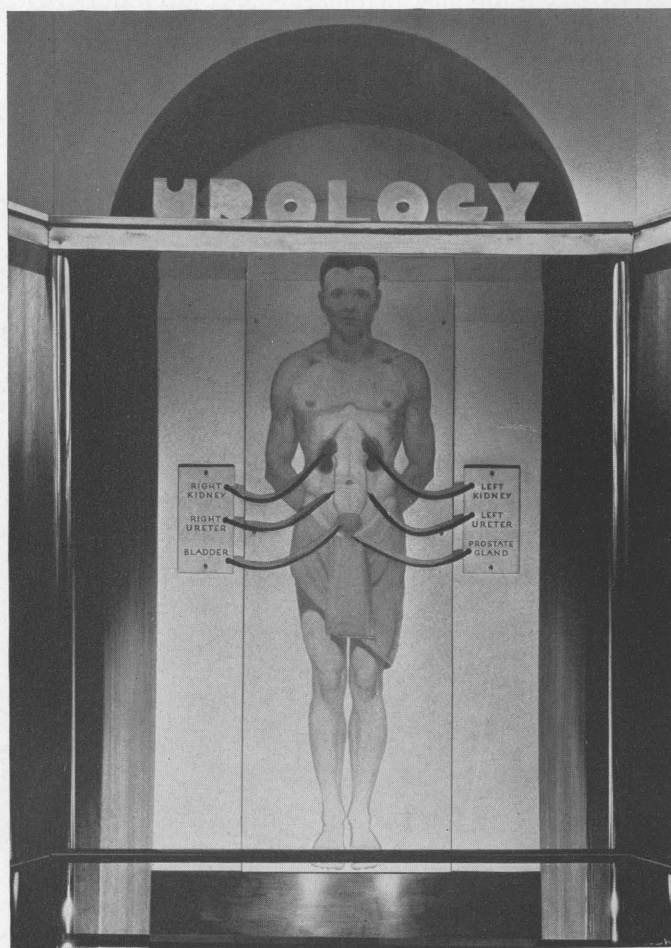


FIG. 7. THE CENTRAL PANEL SHOWING THE ANATOMY OF THE URINARY ORGANS AND PROSTATE, THIS PANEL BEING FLANKED ON EITHER SIDE BY THE PREVIOUSLY DESCRIBED PANELS

Of these, the majority were merely onlookers who spent two to three minutes looking at the charts, but many were intensely interested in some phase of urology, and a goodly number

per day had notebooks and were jotting down notes about the various panels. The peak of the crowd came between 3 and 4 o'clock in the afternoon, when various counts showed over sixty people in the booth at one time. The exhibit was popular at other hours, but a marked drop was noted in the evening after 6 or 7 o'clock.

The panel on the prostate gland attracted no inconsiderable interest, due, no doubt, to the widespread radio publicity given to the subject. The questions asked dealt mainly with the etiology of the enlargement, the time of hospitalization in case the entire gland was removed or a transurethral resection done, the mortality of the operation, the function of the gland, and whether or not sexual desire or ability ended with the operation.

Kidney stones ranked second in interest, the questions being on the etiology, composition, mode of formation, per cent of recurrences, relation of diet and drinking water, and the ever-recurring question as to whether or not stones once formed could be dissolved.

Tumors of the urinary organs received their share of attention, the questions being mainly whether or not trauma played any part in their production, the number of treatments necessary for removal with electric current, how the burning was controlled, the time of convalescence, choice of anesthesia, and per cent of recurrences.

The matter of pus and blood in the urine caused many questions to be asked as to how serious the condition was and how it reacted to treatment.

Tuberculosis of the urinary system was a surprise to many visitors who thought that tuberculosis occurred only in the lungs. The questions asked included the prognosis in bilateral renal involvement, method of treatment, length of life when one kidney was removed and whether or not a person could live a normal life under such conditions.

There were questions on the related fields of medicine, cancer ranking high in interest. A considerable number of persons, after stating their symptoms, desired a diagnosis and suggestions as to treatment. They were told that, although a "story" of

the symptoms was essential in every case, a history alone was an incomplete basis upon which to rest a proper diagnosis, and, until a proper diagnosis was established by other means, no treatment could possibly be effectual.

Medical men from all parts of the country dropped in and introduced themselves at the rate of about five a day. These varied from members of the Association who had stopped to see the Exhibit, to the country doctor who wished to see the re-

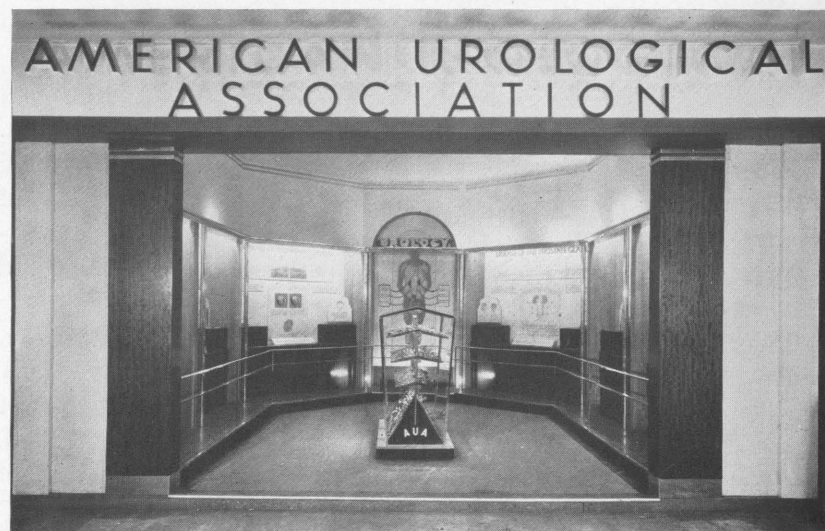


FIG. 8. THE GENERAL VIEW OF THE EXHIBIT

sectoscope, or the general practitioner who wished information on the rôle vitamins A and D play in the production of renal calculi.

The type of question varied, naturally, with the medical knowledge of the individual.

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