The Linacre Quarterly

Volume 21 | Number 2 Article 2

5-1-1954

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Recommended Citation

Carty, J. J. (1954) "General Administration," *The Linacre Quarterly*: Vol. 21 : No. 2 , Article 2.
Available at: https://epublications.marquette.edu/lnq/vol21/iss2/2

General Administration

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IT is axiomatic among gynecologists that there is no investigation more rewarding for both patient and physician than that of infertility problems. In response to a patent need for sterility investigation under Catholic auspices, a clinic for that purpose was established in 1948 at St. Elizabeth's Hospital, Boston, Mass. Prior to that time, many Catholic patients attended clinics in other hospitals with the obvious consequent moral risks. Many other patients had adopted a "laissez-faire" attitude with regard to their infertility. This was due either to reluctance to attend a non-Catholic clinic or to financial inability to seek the help of a private physician. The response to the clinic was, therefore, quite gratifying.

The infertility clinic at St. Elizabeth's Hospital was established as a separate entity. Since the service is located in the Out-Patient Department of the hospital, urological, medical and psychiatric consultants are immediately available. Hence, a thorough investigation of both the patient and her husband is assured. The proximity of the laboratories and roentgenological departments is also of obvious advantage in our investigations. The laboratories are accessible not only for routine blood counts and urinalysis, but for all blood chemistries, pregnancy tests, etc. The facilities in the radiology department for hystero-salpingography are likewise at our disposal, as is also a room in the operating suite equipped for the same procedure.

The routine investigation of each patient with an infertility problem is undertaken by the house staff under the close supervision of the visiting staff. The clinic meets weekly. At the first visit, a complete history is taken. While emphasis is, of course, placed on menstrual, marital and endocrinological reviews, the history of previous illnesses or operations is also investigated. If there is some doubt as to the diagnosis in a previous medical or surgical hospitalization, transcripts of records are obtained. We consider this especially valuable where previous abdominal surgery has been performed. A complete physical examination is then undertaken, with especial attention paid to evidences of endocrinopathy or chronic infection. The pelvic examination findings are corroborated by the members of the visiting staff present.

After the examination, a brief outline of the patient's positive findings are discussed with her and an outline of our investigation of her

problem is explained. The rationale of basal temperature charts in relation to ovulation is explained and the charts given to her. We believe it is desirable that she understand what the problem is, and what investigative procedures are to be undertaken. In no investigation is intelligent cooperation of the patient more mandatory than in infertility investigation.

At the first visit the patient is sent to the laboratory for complete blood count and urinalysis. If the history warrants, a B.M.R. is also done. It is usually after this first visit that an appointment is made with the urologist for the patient's husband to be investigated. A copy of the findings from the investigation of the husband is affixed to the patient's chart.

At the second visit, as at all visits, the temperature charts are reviewed and interpreted for the patient. At a succeeding visit, at the approximate time of ovulation, a Huhner's test is done.

Next, tubal insufflation is performed utilizing the usual technique. Especial care is taken to avoid excessive pressure in the tubes.

Then, later in the menstrual cycle, or more usually within the first twelve hours of the mensis, an endometrial biopsy is done and the tissue sent to the pathologist for interpretation. If there is a poor secretory response, or poor thermal shift, the endometrial biopsy may be late repeated.

At one of the visits, cervical smears for cytology and Schiller's test are done. These are followed by cervical biopsy if either is suspicious. Correction of any cervical or uterine cause of infertility is carried out as soon as practicable. A further investigative procedure in cases showing evidence of tubal obstruction is the hysteriosalpingogram. This is done in cases indicated not only for diagnosis but for whatever therapeutic effect may follow.

Not usually considered in the routine investigation and therapy of infertility, but often the dominant measures, are those directed toward the correction of any gynecological pathology. Brief mention of the most commonly encountered lesions in our clinic should suffice. Cervical erosions and obstructions are corrected as indicated. The obstructions often require dilatation and curettage under anesthesia. Occasionally leiomyomata of the uterus are encountered in such a position as to make them a factor in the sterility problem.

Patients requiring surgical correction of any gynecologic cause, are selected very carefully. In tubal obstruction, causes for salpingoplasty have to be selected with especial care since the results by no means can be guaranteed.

Since one unfavorable aspect of infertility investigation has always been the expense to the patient, the cost of investigation must be reasonable. Each clinic visit costs $1.50. CBS is $1.00; urinalysis, 25c; tubal insufflation, $3.00; endometrial biopsy, $1.25; hysterosalpingogram, $10.00.

For all other out-patient procedures, no charge is made except that for the clinic visit.

We feel that an infertility clinic is a most valuable adjunct to any Catholic hospital. In the first place, it obviates in large measure the common financial difficulty, by providing at relatively low cost all the services necessary for thorough investigation of this type of problem. In addition, and of even greater importance, it provides Catholic patients with the assurance that their fertility difficulties will be diagnosed and, if possible, remedied in strict accordance with the principles of sound morality. Thus are eliminated the two hazards most frequently envisioned by those Catholics who feel inclined to seek medical advice for the correction of infertility factors.

Since as Catholic doctors we are most eager to provide complete medical service, always in keeping with established norms of morality, it would seem no less than our medical and religious duty to take an active role in the establishment and continued function of infertility clinics in our Catholic hospitals.