Discussion

CHAIRMAN. Twenty-five years or so ago, when Dr. Comarr and I first knew each other, we seldom got to a meeting without having a good scrap. As we've got older and mellower we now agree on almost everything, sometimes so much that I get suspicious!

The papers we have heard this afternoon are now open for discussion.

If I might usurp the prerogative of the chair in the hope of starting this discussion and turn our thoughts again to the problem of what Dr. Comarr refers to as the Bricker—I prefer to describe the operation as the ileal conduit diversion—the ureteral iliostomy. It just so happens that in the eight months or so previous to my retirement, four ileostomies were performed in my hospital, one of which was during my absence so I know nothing about it. It is a very interesting thing that although the group of veteran patients which have been so well indoctrinated by Drs. Comarr, Bors and, perhaps, a little less by me, the organisation immediately asked why there had been so many ileal loops performed in a short period of time. It wasn't too difficult, although it was a valid question, to explain that in our opinion the indication had existed.

The point I want to make is the one that Dr. Comarr made; this is not an operation that we can simply and categorically say should never be done. It is an operation which has its place, but to find this place is rather difficult, and as I said in the October meeting there are very few absolute indications pro or con in medicine and surgery. People may ask what the indications are for an ileal loop, but you cannot give them. You have to say —tell me about the patient and we will see what the indications are.

I should like to leave the thought with you that those people who have been in favour of the conservative treatment of the patients concerned and who have found particularly satisfying results in what I consider to be the treatment of choice—that is, management by intermittent catheterisation, which enables us to preserve the urinary tract from infection in, certainly, a large group. In view of this it seems to me that there is no justification for those people who say that this is an operation which should not only be performed but one which should be done universally and early. There is a level of opinion as extreme as that.

With that last point I hope I might have stirred up some opinions among you, pro or con, so that we may have some discussion.

Dr. D. BURKE (*Australia*). I would like to agree with Dr. Comarr's views on the place of the ileal diversion, but I would also like to hear from him how females cope for 30 years with diaper.

CHAIRMAN. Before we go on to that, are there any other questions anyone might wish to put to Dr. Comarr or any of the other speakers?

I should like to express my own interest and gratification about Dr. Settle's report on the importance of the occasional problem of acute renal failure in the acute injury. It is something that we have encountered and which, I think, we have not been watching out for with sufficient care. I was very glad to hear his paper because, in my opinion it gives us a good clue to the future observations and care.

Dr. E. COMARR (*U.S.A.*) (*In reply to Dr. Burke*). As you might anticipate we who started and have been with the Veterans Administration saw few females and those we did see were nurses and the like who from the onset, had catheters. But, I'll tell you about something that happened when I went to my first clinic at Rancho Los Amigos (about 1953) to take over the urology, and there I noted a female secretary there who was a T1. I became acquainted with her and obviously asked questions about her and the subject arose as to how she was getting along with her catheter. But she replied that she had no catheter. I then enquired how she emptied her bladder. 'Oh, automatically,' she answered. That was my first experience of a female with a diaper but I couldn't believe it. I asked the nurses to put her into bed so I could take a look at her—I expected to see nothing but excoriation—she had been using diapers for some 30 years. But when I examined her skin I found it to be as good as any female skin I've ever seen and I can

assure you I was thorough. And what of her technique? She was a secretary—so she blocked in the opening of her desk so no one could look and periodically she'd just feel with her hand—she wore absorbent pads and plastic panties. And that was the beginning of it. And as Dr. Burke knows there was a very authoritarian G.U. nurse at the clinic who knew that she would get the girls to use diapers so she asked me to give permission to try, and with the T1 secretary as an experience we proceeded. Now we must have at least 20 females from the clinic using diapers who have families and can care for their children and go about their housework happily

All I can say is that the unfortunate thing about all that goes on in medicine is that it is always the non-paraplegic physician who considers something to be bad or not aesthetic—this is the interesting part—he decides.

I usually get asked by the physician—You mean a *female* is not going to have an ileal conduit—and I can with great pride say: Come and look at my females who have good skin and so forth.

I would also like to mention that this was a random study on myelodisplasias. These people were not my patients and, personally I expected to find nothing but holes all over the place; bedsores, excoriations and so forth. But there was only one patient with something wrong with her skin. She had an ischial ulcer, and I was taken aback to learn that this had been caused by a knock on the bath-tub and not from diapers which she had been using for many years. So, again I reiterate—the use of diapers in females is not aesthetic in the doctor's mind but not necessarily the patient's.

CHAIRMAN. The old guard group of conservatives is still represented by Dr. Comarr, Dr. Bors and I, having recently retired from the services, although I hope not from the scene. An interesting point I would like to mention with regard to the female is that Dr. Lindan had produced a rather remarkable device which she presented at the Boston meeting last year and which, I hope, will be published with illustrations by the Veteran Association this autumn.