

INDUSTRIAL MEDICAL PRACTICE

- 948 Health Insurance Coverage of Hospital Care for Mental Illness. L. S. Reed.
Am. J. Public Health 50, 1177-1188 (Aug. 1960).

Health insurance coverage of hospital mental illness is desirable. Commercial insurance and some Blue Cross plans are providing full or reasonably good coverage of hospital care for mental illness. Other Blue Cross plans could provide such coverage for up to, say, 60 days for not more than 5% of present subscription costs. One difference in hospital care for mental and general illness is the long stay of some mental hospital cases. One may doubt the ability of private insurance successfully to cover long-term mental hospital care. Accordingly, some demarcation of public and private responsibility in this area seems desirable. One solution would be for private insurance to provide full coverage of mental cases in general hospitals and coverage for up to 60 or 90 days in private and public mental hospitals and for government to provide long-term care, i.e., after 60 or 90 days, in the state public mental hospitals as a free public service. However, there are many factors to be considered, and this may not be the best solution. At any rate, the nature and dimensions of the problem to be faced have been delineated to some extent.

-- Author's summary

- 949 Blunt Trauma to the Abdomen. G. L. Watkins.
A.M.A. Arch. Surg. 80, 187 (1960).

During 10 years, 141 patients presenting with abdominal injuries caused by blunt trauma were admitted to the St. Louis City Hospital. The majority were involved in car accidents and 40% were admitted between 10:00 p.m. and 6:00 a.m. The largest group was made up of contusions of the abdominal wall, none of whom died. Among the 56 patients with ruptured spleen, 31 had other injuries, such as fractured ribs and legs, and 3 had other organs injured. Peritoneal tap aided in the diagnosis in 16 cases and a leukocytosis of over 20,000 was noted in 30%. Delayed rupture occurred in 14% and in one case, not until 3 months later. There were 14 cases of injuries to the gastrointestinal tract: one perforation of the stomach, 7 of the jejunum, 3 of the ileum, 2 of the colon and one of the duodenum. The liver was injured in 6 and the cystic artery in one. There were 4 pancreatic injuries, all producing an elevated serumamylase level, and resulting in pseudocysts in 3 cases. Of the 8 lacerated kidneys, 5 were treated by nephrectomy. There were 10 ruptured bladders, 9 associated with fractures of the pelvis and 5 shorn off at the urethral junction. Deaths were mostly among those with multiple injuries.

-- Can. Med. Assn. J. Absts.

- 950 Glaucoma Detection: A Problem for General Medicine. J. A. Buesseler.
Missouri Med. 57, 447-449 (Apr. 1960).

Blindness from glaucoma can usually be prevented or arrested by early diagnosis and treatment. "Open-angle" or so-called chronic simple glaucoma poses the major problem. There is no pain or visual disability in the early stages of this disease; however, the increase in ocular tension of a mild to moderate degree is a measurable early sign. In the past, the ophthalmologist has borne the major burden for glaucoma detection. Unfortunately, victims of glaucoma frequently have not referred themselves to an eye physician until after far-advanced and irreversible damage has been done to the visual apparatus. To prevent these tragedies of late diagnosis in glaucoma, the general practitioner occupies a key position in any realistic detection program. The determination of ocular tension by means of a tonometer must be incorporated into every physician's routine physical examination on patients over 30 years of age. Once glaucoma has been detected, the ophthalmologist must meticulously evaluate the individual case in regard to the type of glaucomatous process involved, the degree of impairment of the hydrodynamic mechanism in the eye, and the manifestations of damage to the visual system of the patient.

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