

Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.



Post-Vasectomy Aspermia

To the Editor:

The following comments concern the Self-Assessment in Family Practice which appeared in your Journal in August 1977 (*J Fam Pract* 5:295, 1977). For Question A, part 2:—The correct answers given for after-care of a vasectomy were:

- B. The post-vasectomy patient must be considered potentially fertile for at least four months post-operatively.
- C. One negative sperm count confirms that subsequent unprotected intercourse is "safe."

I would like to suggest another answer: A negative specimen after ten ejaculations.

I have found in examining specimens from patients that I have operated upon that it is not time but the interrupting of the source and the emptying of the reservoir that are the essential factors of sterility. A negative specimen proves that the patient is sterile and that the operation was successful. This usually requires six to eight ejaculations. After removing one inch of the vas deferens and burying one end by a purse-string suture, the opportunity for recanalization should be eliminated. It is the pro-

cedure and the emptying of the stored supply, not the amount of time, that are the essential factors.

Harry E. Mayhew, MD
Professor and Chairman
Department of Family Medicine
Medical College of Ohio
Toledo, Ohio

The Problem Patient and the Problem Doctor

To the Editor:

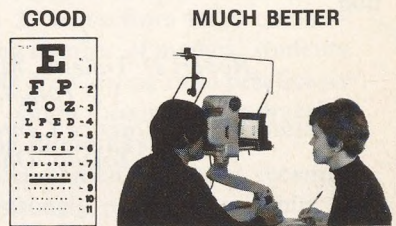
The article, *The Problem Patient and The Problem Doctor or Do Quacks Make Crocks?* (*Kuch JH, Schuman SH, Curry HB: J Fam Pract* 5:647, 1977) contains much of value. If we consider health to be more than the absence of physical disease it is essential that family physicians and others doing primary care be prepared to work constructively with "problem patients." It was particularly gratifying to see the author's emphasis on

Continued on page 474

Are you still in the dark about Vision Screening?

Don't be. Keystone View lets you rely on more than the standard limited wall chart.

Now you can screen for hyperphoria, fusion, color and stereopsis. In less than five minutes. With the use of one compact, easy-to-operate system.



Find out more today. Send in the coupon below or call 800/553-8993 toll free for complete details.

Enlighten me!

Rush full details on the Keystone Visual Screening.

Name _____
 Firm _____
 Street _____
 City _____ State _____ Zip _____

KEYSTONE VIEW
 DIVISION OF MAST DEVELOPMENT COMPANY
 2212 E. 12th Street, Davenport, Iowa 52803

Continued from page 473

identifying such patients in adolescence or early adult life rather than waiting until middle age.

At the same time I wonder if the implications of the phrase "Quacks Make Crocks" are accurate and fair. In my limited experience the physicians most likely to be manipulated by patients are those who have a strong desire to please but whose medical educations were deficient in behavioral sciences. They want to be helpful but are hung up on the organic medical model. If one can generalize from this experience it would seem that the appropriate corrective response lies in the area of continuing medical education directed toward self-understanding and insight into patient behavior. The use of pejorative labels only clouds the issues and impedes corrective action.

Robert D. Gillette, MD
Director
Riverside Family Practice Center
Toledo, Ohio

Management of Problem Patients

To the Editor:

I read Dr. Arthur B. Schuller's article "About the Problem Patient" (*J Fam Pract* 4:653, 1977) with great interest. I have used Dr. Schuller's method of dealing with patients in my practice and have

found it very effective. However, I am concerned with the implication of the article that only severely pathological physician-patient relationships be considered as needing this approach.

I believe that mismatched physician-patient expectations are a common occurrence and that Dr. Schuller's method can and should be used prophylactically long before pathological relationships reach the point described in his article. The makeups of the physician and the patient determine the messages that will be communicated between them when their expectations are not being met. Some patients will provide the physician with obvious clues, verbal or non-verbal; some patients will provide the physician with essentially no clues. The majority of patients, however, fall in the middle ground and the physician, if he "tunes into" this problem, will find them indicating, albeit subtly, that their expectations are not being met. It is my contention that as soon as the physician senses any signs that the patient's expectations are not being met, that specific issue should be raised. In other words, the expectations should be clarified. (The physician should make no assumptions about a patient's expectations and should minimize his own even though he has been trained otherwise, ie, to make diagnoses and to expect to effect a cure.)

Although this approach is difficult and initially time-consuming, I think that physicians who are willing to try it will find that they have few "problem patients" similar to those described in Dr. Schuller's article and will find it well worth their time.

Michael F. Mascia, MD, MPH
Bridgton Family Medical Center
Bridgton, Maine

HYCOMINE® SYRUP

DESCRIPTION Each teaspoonful (5 ml) contains:

Hydrocodone bitartrate 5 mg
WARNING: May be habit forming.
 Phenylpropranolamine hydrochloride..... 25 mg

USUAL ADULT DOSE 1 teaspoonful every four hours after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24 hour period).

ACTIONS Hydrocodone bitartrate is an effective semisynthetic narcotic antitussive. Phenylpropranolamine is a sympathomimetic amine which provides nasal decongestion.

INDICATIONS To control cough and to provide symptomatic relief of congestion in the upper respiratory tract due to the common cold, pharyngitis, tracheitis, and bronchitis.

CONTRAINDICATIONS Hypersensitivity to any component of the drug. Should not be used in patients receiving monoamine oxidase inhibitors.

PRECAUTIONS Use with caution in diabetes, hyperthyroidism, hypertension, cardiovascular disease and in the aged. Since drowsiness and dizziness may occur, patients should be cautioned about driving or operating machinery.

Before prescribing antitussive medication to suppress or modify cough, it is important to ascertain that the underlying cause of the cough is identified, that modification of the cough does not increase the risk of clinical or physiologic complications, and that appropriate therapy for the primary disease is provided.

ADVERSE REACTIONS HYCOMINE® SYRUP is generally well tolerated. Occasional drowsiness, cardiac palpitation, dizziness, nervousness or gastrointestinal upset may occur.

HOW SUPPLIED As an orange-colored, fruit-flavored syrup.

CAUTION Federal law prohibits dispensing without prescription. *Oral prescription where permitted by State Law.*

Endo Laboratories, Inc.
 Subsidiary of the DuPont Company
 Garden City, New York 11530

