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**PRECAUTIONS:** Usual hydrocortisone precautions should be observed. Contraindicated in the presence of tuberculosis of the rectum.

In minor pain, burning, soreness, itching and irritation in anorectal disorders...

## Rectal Medicone Suppositories (reg.)

for adjunctive therapy or if an ointment is preferred for internal external use...

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## LETTERS TO THE EDITOR

### TOO MANY DOCTORS?

To the Editor:

The Federal government created a projected serious dilemma in the health care delivery system in the United States. In response to the clamor for "more physicians" 30 years ago, the United States government allowed massive migration of foreign physicians into the United States and extended federal aid to US medical schools for expansion of class sizes.

As a result, the number of medical school graduates has doubled in 15 years. The supplemental excess of 80 percent of foreign physicians in training remaining in this country will create a critical ratio of one physician per 500 Americans in 1988. It is ironic that 30 years ago discrimination and segregation were customary unconstitutional practices against qualified black Americans.

The critical excess physician-to-patient ratio is a paradox because under such circumstances the costs of medical care will be increased and the overall quality of medical care diminished.

We do have a distribution problem in the number of physicians in deprived and poor urban and rural communities.

There is an urgent need to reevaluate our "health manpower problems" in the United States, particularly the training and practice of physicians.

Medical priorities and needs should be reviewed, reestablished and implemented.

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### LYMPHOMA DISCOVERED DURING REPAIR OF GROIN HERNIA: REPORT OF TWO CASES

To the Editor:

It must be emphasized that unexpected surgical disease may be diagnosed during routine groin surgery. For example, in a case reported by Soejima and associates, a 52-year-old previously asymptomatic male was found to have a mass of the spermatic cord. Upon manipulating the tumor at surgery, the patient's blood pressure increased dramatically and cardiac arrhythmias developed. The lesion was biopsied and found to be a pheochromocytoma.<sup>1</sup> These tumors occur rarely in the spermatic cord as remnants of sympathogonia, which descended with the testes.<sup>2</sup>

Inguinal liposarcoma, masquerading as a groin hernia, was reported by Speed in an otherwise asymptomatic patient.<sup>3</sup>

We report two instances of lymphoma diagnosed through biopsy of the lymph nodes encountered in the course of adult hernia repair. In each case, the disease was not suspected preoperatively.

A 46-year-old black man presented with a reducible right inguinal hernia, present two years. CBC, electrolytes, amylase, and electrocardiogram were within normal limits. Chest x-ray revealed only cardiomegaly.

During a standard right inguinal hernia repair, a 2- × 2-cm firm mass was discovered in the spermatic cord. A frozen section revealed lymphosarcoma, subsequently categorized as nodular, mixed histio-

cytic, lymphocytic lymphoma. Bone marrow was negative for evidence of tumor. Liver scan was negative, and the spleen had several defects.

A 58-year-old white man noted a tender left groin mass, which fluctuated in size for three weeks. A 3-cm nonreducible mass was located in the left femoral canal. Admission laboratory profile was normal. Electrocardiogram showed old anterior wall myocardial infarction, and chest x-ray was normal.

At femoral hernia repair, there was also a 2- × 3-cm lymph node found at the internal opening in the femoral canal. This was sampled and frozen section revealed nodular, well-differentiated, lymphosarcoma, confirmed on permanent section. The tumor was analyzed for T and B cell markers, and was reported as B type. Postoperative

recovery was satisfactory. Bone survey suggested a permeative bony process of the left proximal fibula, but liver/spleen scan was normal.

To summarize, although lymphoma is not considered a primarily surgical disease, the role of the surgeon on diagnosis and treatment must not be underestimated.

In a recent series at the University of Minnesota, the initial diagnosis of lymphoma was made by surgeons in 86 percent of patients. Thirty-five percent of these surgeons were involved in staging the disease.

The presentation of lymphosarcoma is extremely variable, with painless lymphadenopathy, extranodal disease, including gastrointestinal and bone lesions, fevers, sweats, and weight loss.<sup>4</sup>

It is suggested that inguinal, femoral, obturator, and colon nodes encountered in the course of operation should always be sampled.

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