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## The Function of the Internist

FRANCIS W. DRINAN, M.D.

THE function of the medical staff in the operation of an Infertility Clinic is primarily to evaluate patients in order to exclude all systemic disorders that may have a bearing on fertility. At times, a relatively simple examination may reveal abnormalities that are significant, but equally as likely is that exhaustive studies will fail to supply any explanation of infertility.

The causes and factors are many and varied. The internist's interest will be directed towards extra pelvic disorders of an organic nature. In general, the search entails an evaluation of the general state of health, endocrine systems, toxic or traumatic factors and metabolic disorders.

The relationship between general health and ovarian and testicular function has not been clearly defined, and is a source of considerable physiological speculation. General debility, malnutrition, hypoproteinemia are well known factors that are associated with hypofunction of sexual organs. The mechanism of the hypofunction is not clearly understood, but most likely involves several factors, as cellular and enzyme activity, primarily hyaluronidase and glucuronidase and hormonal production. No medical disease, excluding endocrine disorders, is inevitably associated with infertility. However, spreading tuberculosis, especially involving the Fallopian tubes, and decompensated liver disease are examples of conditions in which conception is unlikely.

Endocrine dysfunctions make up the most likely medical reason for sterility. Several conditions that are almost invariably associated with decreased ovarian or testicular activity below the functioning threshold are: Froehlich syndrome, eunuchoidism, Simmond's disease, arrhenoblastoma, masculinovoblastoma, Stein-Levinthal syndrome and struma ovarii. These situations are usually suspected and diagnosed after appropriate studies. There is a vast field of glandular disorders that may be significant in sexual gland function. Correction of thyroid deficiency commonly results in a return to normal of either the general state of health or hormonal balance requisite for pregnancy. In many cases, administration of thyroid to euthyroid patients has been followed by pregnancy in a couple that may have been barren for many years. Hypoadrenalism is not *per se* sufficient to depress the factors necessary for conception. However, Addison's disease is rarely seen in pregnancy. Cessation of cortisone therapy is known to be followed by a decrease

in adrenal cortical activity, and thus may be a temporary factor in sterility. The pituitary activities are so inter-related with each other and with other glands, that almost anything causing a derangement of its function will be reflected elsewhere. The Sheehan syndrome has to be considered in cases of secondary sterility. Pituitary neoplasms and non-sexual gland over-stimulation may adversely affect estrogen and androgen production.

Search must be made into other disorders that may directly or indirectly depress sexual gland activity. Excessive radiation in x-ray workers and those exposed to radio-active substances is an accepted etiological factor in sterility. Disturbances of hormonal metabolism are seen in liver disease and the chronic congestion of organs with the inadequate arterial circulation of congestive heart failure are frequently associated with amenorrhea and inadequate sperm counts. Many other pathological conditions with deranged body physiology are at times associated with sterility—whether as a coincident or causative agent is difficult to determine.

The diagnostic studies for medical evaluation of sterility cases are multiple. However, no set of screening tests can be established. Routine laboratory procedures, as blood counts, sedimentation rate, urinalysis are a part of any complete examination. Basal metabolic studies, protein bound iodine determination, blood sugar, glucose tolerance curves, liver function tests will be required in some cases. Bio-assays of hormones, if more feasible, would add greatly to our knowledge of the subject, but from the practical point of view will seldom be mandatory tests. Enzyme determination may perhaps in future years be very important, but at the present time adds relatively little to the workup.

The internist must be aware of all factors and the inter-relationship of factors if he is to contribute to the individual's problem of sterility. A very complete and exhaustive workup may reveal no significant abnormalities, but the discovery of obscure conditions may make the time consumed a very fruitful experience.

The discovery of many of the abnormal conditions will not produce fertility but will obviate further diagnostic procedures and perhaps add to our ever-growing knowledge of sterility.