

CASE I.

W - M - M - 46 - Broom-maker. Neurology, 12-28, Sat. (1 day).

C.C. Epilepsy - for commitment.

P.I. Attacks of loss of consciousness (10 yr), increasing frequency to present state of almost continuous stupor. History states convulsions, injury, irritability.

P.H. Operative removal of tumor of jaw (10 yr.)

P.E. Obese, scar of chin, saddle bridge nose, deep cyanosis, Cheyne-Stokes' respiration, apnoea, pupils react, lips protrude, few rales at bases, heart 13 cm. to left, no murmurs, B.P. 132/90, extremity reflexes reduced.

Lab. Hb 92. Urine alb. +++ . Wass. o.

Course. Deep cyanosis, froths at mouth, restless, no responses, cries aloud, cough. Staff - Does not look like epilepsy (cardiac, polycythemia, kidney) Sp. puncture?

Therapy. - S. S. enema. T. 98. P. 82. R. 22. Sudden exitus.

P.M. - Group I. - Cardiac hypertrophy and dilation (L 1, R 3) 550 (Pulmonary hypertension?) Group II. 1.- Acute visceral congestion (cyanosis) 2. Emphysema lungs (R 810, L 720) and mediastinum 3. Edema and hemorrhages of lungs 4. Dilation of pulmonary artery 5. Sclerosis of pulmonary gr. 1 6. Barrel chest 7. Gen. arteriosclerosis gr. 3. 8. Cong. brain 9. Cord (gross o) 10. Obesity 11. Hypertrophy and dilation of bladder (no obstruction) 12. Diverticulum 13. Hydronephrosis (2) 14. Pyelonephritis, chronic 15. P.M. changes (pancreas) 16. Diverticulosis (sigmoid) 17. Hyaline changes (heart, liver, spleen).

Group III. - 1. Op. wound jaw 2. Saddle nose (no perforation) 3. Vari-
cosities and pigmentation of legs. 4. Hem. 5. Abrasions 6. Pws. 7. Adhesions
appendix 8. Dental caries, gingivitis 9. spleen (185)

Comments - By staff.

CASE II.

W - M - W - 79 - machinist. Medicine 12-21, Sat. (1 day).

C.C. Vomiting

P.I. Onset 12-15 (6 day) Good noon meal (tea?) One-half later, severe burning pain (stomach). Vomiting then and since. Excessive thirst. Vomitus foul. Nothing kept down; nothing passed. Condition not considered serious (family 3 day, M. D. 3 day) Semi-stuporous. Adm. to urology - uremia - immediate catheterization 200 cc. urine, rbc. (trauma?) Medicine - poisoning?

P.E. Senile, emaciated, deep breathing (no hunger), cyanotic extremities, edentulous, lips slight cyanosis, pulse weak, incontinent, sweating, peculiar odor breath, skin cold, restless, deaf? Arcus senilis, dry tongue, bluish pigmentation of mucosa, few rales at bases, heart tones distant, extrasystoles, B. P. 95/55, marked abdominal distension, tenderness on deep pressure above umbilicus (resistant), probable epigastric mass, liver 2 fingers below, no peristalsis, skin of ant. trunk edematous, mod. enlargement of prostate, no rectal mass, marked peripheral sclerosis, fundus o (G)

Lab. Urine - alb. rbc. Blood - 110 - 5.4 - 12. (81-17-2) Left shift.

Chemistry - Cl 100 - U N - 204.4 - U A 14.2 - CO₂ 34. X-ray chest? bowel obs.

Diagnoses: 1. Intestinal obs. (tumor, intussusception, thrombosis, intra-peritoneal hernia) 2. Uremia (obs - poison) 3. Coronary disease. Notes (Internes W.B.P.) (Fellows G) Unsigned - probable coronary disease (seen by staff man P.)

Therapy: Intraven. glucose (95/55 to 170/76), intraven. saline, heat, oxygen, digitan, CSB, Progressive weakness, stupor, exitus. T. 97.6 to 99.8. R 32 - 40. P. 80?

P.M.: Group I - Bowel obstruction of terminal ileum due to fibrous band, mesentery to left abdominal wall (mass high and to left).

Group II - 1. Gangrene (intestine) 2. Beginning peritonitis 3. Ilcus 4. Mesenteric thrombosis (venous)? 5. Cardiac hypertrophy and dilation (hypertension?) 6. Coronary sclerosis (1) 7. Hyaline epicardium, spleen, liver. 8. Acute broncho-pneumonia 9. Acute splenitis 10. Csw. heart, liver, kidneys. 11. Arteriosclerosis of kidneys 12. Arteriosclerosis (4) 13. Slight hypertrophy of prostate 14. Hem. cystitis 15. Slight trabeculation of bladder 16. Acute

lymphadenitis (retroperitoneal)

Group III. 1. Hem. 2. Pws. 3. Abrasions 4. Pigmentation 5. Varicosities

Comments: By staff.

CASE III.

W - F - M - HW. Medicine 11-19 (18 days).

C.C. Edema, dyspnea, cyanosis, cough, pain R U Q.

P.I. Adm. Rt. heart presys. murmur. Mitral stnosis, B.P. 180/120. Onset 11 mo. 1st failure followed "cold". Weakness, dyspnea, tachycardia. 3 days bed rest, partial recovery. Ease of fatigue, dyspnea on exertion remained. 2nd failure (8 mo.) followed "cold". Tachycardia, dyspnea, edema of ankles to abdomen. Bed rest, dry diet, 6 wk. B.P. 190. Tried to do some housework; dull aching pain L U Q on exertion. 3rd failure scabies, edema, other symptoms worse, 3 days, feet badly. In bed 1 wk before coming in. Nocturia 7 yrs., drowsiness 1 yr. Significance?

P.H. Good

F.H. M. dead dropsy 55. Maternal grandmother heart death. No children.

P.E. Well nourished and developed, dental caries, recent extractions, venous neck pulsations, rt. fluid (large), left small, heart 13 cm. to left, murmur, (presystolic, systolic, diastolic, none) P2/A2. Liver tender, down, enlarged, ascites, generalized edema.

Lab.: Urine 05 to 08. (16) alb. 1 to 3, pus cells 4. Blood 58 - 3.14 - 7.2 (77-20-2) Sec. anemia B U N 168-297, creat 5.26, uric acid 8.3. Wass o. CO₂ 24-18. Cl 510. X-ray - rt. pleural effusion (4) left (1) displaced oesophagus (1) enlargement mitral and aortic or hypertensive. No urinary stone. Eye grounds - marked contraction of vessels, few hem., slight hyaline exudate. Ekg. P-R prolonged A-V block. B.P. 165-200-175/90-110-90.

Therapy: None 2 days. Thoracentesis, digitalization, low fluids, luminal, codeine m.s., hexaresorcinal, general diet, semisolid, ammonium chloride, mag. sulphate, terpin hydrate, intravenous glucose, also with insulin, c. s. b.

Course: Downhill, emesis, uncomfortable, attack of epigastric pain, irrational, stuporous, T. 97-99 (100) P. 80-100 R 20-40.

Diagnoses: 1. Decompensation (MS. MI.) 2. M. stenosis, hypertension, decompensation 3. Decomp. cause? 4. Decomp. uremia, (hypertension) 5. Hyper. pyelonophritis (cystic) 6. Double mitral, hypertension, kidney? 7. Kidney (hypertension) probable ascending infection, cong. kidney? 8. Rt. heart failure (probable double mitral, possible pulmonary sclerosis) 9. Mesenteric thrombosis? 10. Glomerulonephritis, cardiac failure (valvular)

P.M.: Group I. Cardiac hypertrophy and dilation (56°) Hypertension (renal insufficiency)

Group II. 1. C.p.c. lungs, liver, spleen, kidneys 2. Pulmonary edema 3. Acute bronchopneumonia 4. Anasarca 5. Hydrothorax (fibrin) 6. Acute sero-fibrinous (bread and butter) pericarditis 7. Arteriosclerosis of kidneys (80-90) 8. Double ureter 9. Furuncle of left hip.

Group III. 1. Pws. 2. Scabies 3. Dental caries.

Comments: By staff.

DID YOU KNOW - THAT

Roentgenologist, C. B. Sutherland, calm, suave, yarn spinner, Mayo Clinic, files all "normal" radiographs (87% of all) in a special envelope at once, and automatically destroys them in 30-day lots. Special building for storing "positive" films constructed at experimental farm enormous enough to hold 20 years accumulation of "positive" films. All "positive" films sorted into teaching and nonteaching groups. The former are placed in uniform folders, size adopted by National Roentgenological group. Only safety film is used and no sacrifice in detail has been observed.

Internes at Ancker Hospital, St. Paul, are divided into small groups under preceptors selected from full time staff. Purpose - to see that interne gets most out of service. Results awaited.

Chief pathologist, "Tommy" Bell, cynical, shrewd, "show me" Missourian, attended weekly Clinico-Pathological Conference Friday, the 17th at 11 A.M. in Todd Amphitheater (held weekly - all invited). Reported very pleased with splendid investigation by medical service of one case of lipoid nephrosis - glomerulonephritis. Believes most, if not all, lipoid nephrosis shows some degree of glomerular involvement. Wishes "comparative data (same studies) of all glomerular disease was available". Discounts "syphilis as factor"; wonders at "high incidence of pneumococccic peritonitis", scoffs at "bungling efforts of X group's contribution to literature concerning disease."

Admission officer, internist M. J. Shapiro, volatile, energetic, likable, and wife, entrain for New York after February meeting of American College of Physicians "contribution - congenital heart disease", to sail for four months tour of continent. Purpose - Study, recreation, travel. Special interest - gastrointestinal clinics. All staff join in wishing them happy voyage, pleasant stay, and safe return.

Chief Roentgenologist, Leo G. Rigler, mustached, bespectacled, keen, analytical, political follower of lost causes, seldom makes mistakes, pleases all. Result - administrative beams of approval. Plan - to move department to fifth floor - former interns quarters. Reason - more room, better facilities, complies with new regulations concerning new department of roentgenology under city ordinance. Makes for better safety storage of films. (Recent in department, old in nearby attic) Move voluntary on part of University as not subject to city regulations in fire matters. Congratulations from all.

Chief Statistician, Hal Dunn, Mayo Clinic, Minnesota graduate, associate of Raymond Pearl, famed biometrician, and Scammon protege, reported extreme delight at advanced ideas and forward movement of Alma Mater on recent visit to hospital. Said, "Admission service, great". Wondered at, "Clinicians who ask for absent and present reports from laboratories, but hold themselves aloof from similar methods in own observations." Liked "Suggestion Sheet" and requested extra copies for friends. Praised evidence of constructive genius in new building. Hoped that enthusiasm did not wane. Promised to return at any time for aid. Inquired if it was easy to get financial support for worth while ideas. Pondered at reply.

Dispensary manager, Ray Amberg, pharmacist, steward, economist, has a middle name, Michael, a son 3 yrs. old, was raised in Hastings, Minnesota, and has been in the University service for many years with the Student Health Service.

Intern, Leonard Freeman, cool, gentle, efficient, graduate of the University of Colorado School of Medicine, Denver, 1929, son of Dr. Leonard Freeman, Sr., famed surgeon, Professor of Surgery, Alma Mater, reported pleased with snow, school, service at Minnesota.

Chief dietitian, Gertrude I. Thomas, dietitian author, receives copy of second edition of text book, "Dietary in Health and Disease", for use of dietitians, nurses, and instructors in sciences that pertain to nutrition. Dedicated to Dr. Richard Olding Beard. Much help acknowledged from many members of staff. Result - many free copies. Publishers - Lea & Febiger - report book very popular and widely used.

Chief Executive, Paul H. Fesler, round, dreamer, doer, well and favorably known in hospital circles is surprised by appearance of picture and laudatory personal comment in January Hospital Management and Hospital Topics and Buyer. High lights - college student, court reporter, secretary Medical School, superintendent of hospitals, fisherman, hospital builder, (bricks - brains). Father of teaching section of American Hospital Association, friend of small hospitals, convention habitue, hospital visitor for ideas, story teller, amateur dietitian, good fellow.

American College of Physicians, Fourteenth Annual Clinical Session, Minneapolis, Minnesota, February 10th to 14th, 1930, general headquarters Minneapolis Auditorium. Program sags with brainy brilliance of University Hospitals staff. Main show: Auditorium Chief Internist, Hilding Berglund (New possibilities of classification and treatment of anemia) Side shows - University Medical School, Eustis Amphitheater, Todd Amphitheater, Farm School, and others. Contributors: Internists-Berglund, Karl Anderson, J. A. Myers, Ulrich, Fallon, S. Marx White, Richard Johnson, M. J. Shapiro, Reuben Johnson. Surgeons - W. T. Peyton, Owen Wangensteen, J. M. Hayes, Carl Waldron, A. C. Strachauer. Obstetricians - J. C. Litzenberg. Roentgenologist - L. G. Rigler. Pathologist - W. A. O'Brien. Ophthalmologist - F. E. Burch. Radiologist - W. Stenstrom. Otolaryngologist - Kenneth Phelps. Pediatricians - F. W. Schlutz, C. A. Stewart. Hematologist - Hal Downey. Dermatologist - H. E. Michelson. Orthopedist - W. H. Cole. Neurologists - J. C. McKinley, R. Gray. Distinguished guests - F. A. Levin, Boston; A. L. Miller, Chicago; J. H. Musser, New Orleans; E. L. Tucky, Duluth; Julius Hess, Chicago; - all at the Eustis and Todd Amphitheaters, University Hospitals. Many others, too numerous to mention, at other points of interest. A wonderful opportunity to present a united front to our visitors, "All courtesy, all interest, all service".

ANNOUNCEMENT

Wasserman and nose and throat reports will be found on spindle on station desks. Internes please copy result on record. If examinations have not been done in admission (read chart) internes are expected to send them in.