

STAFF CONFERENCE

Thursday - March 6, 1930

CASE ILobar Pneumonia

The case is that of a man, 54 years old, admitted to the University Hospital 2-18-30, died 2-23-30 (5 days). Chief complaints - weakness and fever following pneumonia. Five weeks before onset of sudden illness, patient felt weak and dizzy. Two or three weeks before present illness, had several cold sweats, gnawing in stomach as if hungry. January 14th, patient worked hard cutting wood. Strained back while working. January 15th, 3 A.M., patient woke with chill and fever. Stayed in bed that day, but the next day got up for a while and then went back. Tried to get out of bed the third day; fainted. Was put back in bed and has been there ever since. Started to cough at onset of illness and raised bloody sputum. Sharp pains in chest on deep breathing on right side first, then on left.

Past history: Rheumatic pains in joints several times. Other complaints - infrequent headaches, dizziness, constipation, failing vision, impaired hearing, nasal discharge and bleeding, occasional sore mouth, dyspnea on hard exertion, heart burn for years, gets up once a night to urinate, had mumps followed by orchitis, the result of which one testicle is larger. Best weight 200, present weight 150. Family history negative. Married, no children.

Physical examination: Emaciated, dehydrated individual. Breathing rapid and shallow. Restless and complains of heat. Thinks slow, memory fair. Checks flushed. Mucous membrane pale. Numerous petechia on dorsum of forearm and on legs. Says he has sore spot on back from lying in bed. Mouth - marked dental sepsis. Chest - emphysematous, anteriorly the percussion note is clear with diminished and distant breath sounds, posteriorly impaired resonance on right side from 7th rib down, size about that of grapefruit, tactile fremitus impaired over this region, vocal fremitus also diminished. Numerous moist crepitant and subcrepitant rales on cough. At left base posteriorly, there were also rales. Breath sounds and tactile fremitus clear on the left side. No clubbing of fingers. Clerk's notes in addition states on left side from fourth rib down anteriorly there is impaired resonance, increased breath sounds, and vocal fremitus, no increase of whispered voice, no rales. Friction rub heard in 5th space, left axilla. Very little excursion of the lung. Heart - not enlarged, normal sounds, rapid, clear, and regular, no murmurs or friction rub. Pulse full, good quality. Blood pressure 96/54. Abdomen - markedly distended, movable dullness present. Left testicle enlarged. Elbow joints painful and stiff (spasm) Has watch crystal nails. No edema of extremities or varicosities. Rectal not done. Reflexes reduced.

Laboratory: Urine (10-18 to 10-20) trace of albumen, occasional granular cast. Hemoglobin 54, rbc. 2.88, wbc. 13.5, p. 80, L. 20. B.U.N. 26.6, 42.0. 2-21, wbc. 3.85, rbc. 3.81, platelet 360. Wassermann negative. Pleural cultures show few gram negative diplococci. Single plate at bedside of chest shows encapsulated empyema bilateral, multiple pneumonia, multiple abscess formation. Eye grounds show blurring of both disc margins, some edema of retina, spots of fresh exudate over inferior temporal vessels in left eye, media hazy.

Course: 2-20, Patient very weak and listless. Respirations rapid but less labored, tongue dry in spite of forced fluids and hyperdermolysis. Abdomen tense but not tender. Purpuric spots, especially over arms. Guaiac test shows numerous hemorrhages. Condition grew much worse during the day. Extreme perspiration, ashen pallor to face. Pulse 120. B.P. 96/60. Respirations 45. 2-21, Improved. 2-22, Septic temperature, looks very toxic, no change in chest findings. Neck stiff, probably due to arthritic condition. Advised against

spinal puncture. Thoracentesis 8th right interspace in midscapular line, small amount of bloody fluid obtained. Aspiration in 7th space just lateral to scapular line 15 cc. of thick greenish pus obtained. 2-13-30, Grew progressively worse, cyanotic, pulseless, unconscious to death.

Summary of history: Bilateral lobar pneumonia, onset 1-14-30.

Apparent crisis 1-27-30, followed by fever, septic type, chills and sweats.

Slight improvement 2/16/30, when condition became much worse. Admitted to the University Hospital 2-18-30.

Medication: 50 cc. of 50% glucose intravenously. 1,000 cc. normal saline, hypodermoclysis. 50% glucose, 50cc. intravenously, hypodermoclysis. Pituitrin. Proctoclysis. Allonal. Caffeine sodium benzoate. External heat.

Nurses' notes: Profuse perspiration. Decubitus on back. Very thirsty. Fells warm. Sleeps a great deal. Abdomen distended. Stuporous. Dyspnea Slight cyanosis. Cheeks flushed. Weaker. Sleeps most of the time. Respirations wheezy upon slight exertion. Pulse irregular and weak. Pulse imperceptible. Extremities very cold. Mucous in throat. Labored breathing. Gas per breath. Exitus. Temperature 98 to 105, average 102. Pulse 90 to 150, average 120. Respirations 28 to 56. Fluid total 3800, 4300, 3200.

Diagnoses: Right empyema, lung abscess, unresolved pneumonia.

Autopsy: Group I - 1. Lobar pneumonia (bilateral)

Group II - 1. Intersititial pneumonia (organizing) 2. Pulmonary abscess 3. Bilateral empyema 4. Secondary bacterial endocarditis (tricuspid) 5. Petechia 6. Csw. heart, liver, kidneys 7. Acute splenitis 8. Axillary adenopathy

Group III - 1. Multiple hemangiomas of liver and lip 2.uncture wounds 3. Deformity of chest 4. Duodenal ulcer (scar)

Comment: 1. Sequelae of pneumonia 2. Absence of cardiac signs 3. 50% glucose 4. Old duodenal ulcer 5. Atrophy of testicle 6. Clerks findings (left chest) 7. Elbow joints? 8. Neck rigidity 9. Falling wbc. 10. Petechia 11. Eye grounds 12. Abdominal findings 13. Hemangiomas (external and internal)

CASE II

Senile Dementia

The case is that of an elderly man, 79 years old, admitted to the University Hospital 2-18-30, and died 2-25-30 (7 days) Admission diagnosis - senile gangrene of feet (moist) and senile dementia. Unable to give clear answer to questions, wanders off when addressed. The following is probably the history: Three weeks ago he froze his feet while out walking.

Physical examination: Extreme emaciation. Pupils do not react Edentulous. Atrophy of tongue. Reddened pharynx. Few enlarged cervical nodes. Emphysematous chest. Heart - probably enlarged, systolic and diastolic murmurs present, extremely irregular (arrhythmia), blood pressure 88/68. Abdomen - no masses. Genitalia negative. Marked atrophy of muscles of extremities. Gangrenous toes on both feet, very foul odor. Involvement up to metatarsal joint. Peripheral vessels markedly sclerotic. Right foot line of demarcation extends to approximately one inch from toes. Toes are loose, tendons exposed. Oscillometer reading - right leg above knee 9 units, below knee 8 units, around ankle 2.5; left leg above knee 7.5, below knee 5.5, ankle 4.0. Blebs on dorsum of feet disappeared after 20 minutes, on leg and thigh about 45 minutes; all gone after one hour.

Laboratory: Urine negative. Blood - hemoglobin 65, rbc. 3,411, wbc. 8.2, P. 65, L. 32, M. 3, group 2. X-ray showed marked deformity of feet, arthritis and dislocation of metatarsal phalangeal joint of great toe of left.

2-21-30, Toes amputated this P.M. under ethyl-chloride anesthesia. Dakin's irrigations started. Given prophylactic dose of 1500 units of tetanus and gas gangreneantitoxin intramuscularly. 2-23-30, Is getting 3000 cc. of

subcutaneous fluids daily. General condition fair. Great deal of necrotic material present. Odor less. Patient is apparently in great pain. 2-25-30, Has had a cough for the last two days, but has not raised anything. Examination of chest reveals rales at bases. Impression - bilateral bronchopneumonia.

Medication: Morphine sulphate, allonol, sodium bromides, chloral hydrate, luminal, caffeine sodium benzoate. Light basket, restraints, S. S. enema, forced fluids, hydrodermoclysis, Dakin's dressings.

Nurses' notes: Involuntary. Very restless. Seems to be in pain. Tries to get out of bed. Restless and noisy. Does not seem to understand. Air mattress. Gets out of bed. Takes fluids well. Zinc stearate dressing to buttocks. Coughs a great deal. Does not take fluids well. Respirations labored. Pulse imperceptible. Incontinent and involuntary. Exitus. Temperature 98 to 102, average 99. Pulse 80 to 100, average 90. Respiration 16 to 24. Fluid intake 600, 2000, 1200, 2700, 3600, 2900. Output not measured.

Autopsy: Group I - 1. Senile dementia (1200)

Group II - 1. Gangrene of feet (freezing) 2. Generalized arteriosclerosis 3. Confluent bronchopneumonia 4. Fatty liver 5. Csw. heart, liver, kidneys

Group III - 1. Benign hypertrophy of prostate 2. Chronic cystitis (trabeculation) 3. Bilateral hydronephrosis 4. Incised wound of hand.

Comment: 1. Circulatory tests 2. Antitoxin 3. Silent prostate? 4. Blood chemistry? 5. Chronic bronchitis! 6. Oxygen tent?

CASE III

Burns, third degree

The case is that of a woman, 28 years old, admitted to the University Hospital 2-12-30, died 2-26-30 (14 days). Chief complaints - burns on face, arms, and legs. January 30th, patient was cleaning clothes with gasoline, put the can of gasoline on the stove to boil, and it exploded. Screamed for help; was not knocked unconscious. Physician arrived in four hours. Patient put in bed, wrapped in rags, and kept soaked in some solution which charred all the burned areas (probably tannic acid). Considered wet packs until the day of admission. Previous health good. Constipation. Was told that she had a weak heart. Occasional respiratory infection. Frequent urination with nocturia, some burning on urination, trouble starting the stream only when she waits too long; has never noticed blood. Menstrual history negative. Married, two children. Family history negative.

Physical examination: Third degree burn of both forearms, abdomen, and thighs. Bladder distended on admission, catheterized and 600 cc. obtained.

2-17-30, Very toxic, incontinent bowel and urination. Dermatology consultation. Recommendation - prolonged bath in warm tub for about 20 minutes A. M. and P. M. Between bathing, boric ointment to skin to remove crust. 2-25-30, Has been going down steadily since admission. Temperature continues to remain at high level in spite daily baths twice a day. Crusts are coming off in good shape, but skin area appears necrotic; bleeds easily on slightest trauma. 1,000 cc. 10% Glucose intravenously, followed by 2,000 cc. 5% glucose in saline subcutaneously. 1,000 cc., 10% glucose intravenously. Pulse became very weak. Note patient has had 4,000 cc. of fluid by intravenous and subcutaneous routes today plus 500 cc. by mouth. 2-26-30, Still going down, irrational, complains bitterly of pain while removing crusts. Apparently died very suddenly at 7 P.M.

Urine negative. Blood - hemoglobin 77, rbc. 5.25, wbc. 11.3 P. 75, L. 20, M. 2. Stool - benzidine positive. Blood group 2.

Therapy - morphine sulphate, codeine sulphate, allonol, luminal, magnesium sulphate, caffeine sodium benzoate.

Nurses' notes: Admitted on litter. Patient badly burned. Involuntary urination and defecation. Takes fluids very well. Very restless, complains of severe pain. Distress relieved by bath. Involuntary bowel and bladder. Very restless and noisy. Rapid pulse. Moans a great deal. Cries out in pain.

Scratches burned areas on arms. Quiet after medication. Talks irrational. Stuporous. Pulse very weak. Perspires profusely. Pupils fixed and contracted. Respiration rapid and slow by turns. Does not respond. Respiration shallow and labored. Exitus. Temperature varies from 99 to 106, average 103. Pulse from 90 to 160, average 140. Respirations 20 to 60. Urinary output good up to time of involuntary urination, then it could not be measured. Fluids 2600, 3200, 3,000, 2900, 2550, 1600, 2425, 2300, 2750, 2175, 6250, 3200, 2525.

Diagnosis - third degree burns. Death due to toxemia

Autopsy: Group I - 1. Third degree burn of arms, thighs, abdomen (27 days)

Group II - 1. Toxemia? 2. Infection? 3. CSW heart, Liver,

kidneys (no peptic ulcer)

Group III - None

Comment: 1. Tannic acid treatment 2. Blood transfusion

CASE IV

Obstructive Jaundice

The case is that of a man 40 years old, admitted to the University Hospital 1-30-30, died 2-3-30 (5 days) Chief complaints - jaundice, pruritis, heavy feeling in epigastrium. Felt perfectly well until December, 1926, when he had several attacks of colicky pain without jaundice. These recurred again in the winter of 1927. The attacks seemed to be in the region of the gall-bladder and caused him to double up. At the same time, he vomited, had chills and fever. Since then, the patient has had many similar attacks although not confined to bed. Epigastric distress following meals and considerable generalized gastric disturbance, gas pain and distress immediately after eating. Toward the last three months, he has had six definite attacks similar to those described, associated with nausea and vomiting, came on at any time during the day or night and were not related to meals, always short duration, being relieved by an enema. Between attacks patient was apparently perfectly well and remained so until June 1929, when he observed that he was jaundiced without any other symptoms except itching being present at the time. Went to a physician who gave him medicine. As a result, the jaundice in his skin cleared up, but his eyes remained tinted. November 1929, generalized jaundice reappeared, saw another physician who gave him both medicine and electrical treatment, but the jaundice gradually became more intense. Latter part of December 1929, noticed swelling of lower extremities and abdomen which gave him a very disagreeable heavy feeling. Stools have been clay color and urine dark brown in color. Active to November 5th, 1929, when he had to stop working and to bed. He has been in bed the greater part of the time since then. Other complaints - hearing impaired since birth, nocturia since November 1929, day 3 to 4, night 5 to 6, slight cloudiness of sensorium, pigmentation of lower extremities as a result of itching. Present weight 140 lbs., usual 140 lbs. Father living and well 76, mother dead at 50 from Pott's disease, one brother living and well, six brothers died in infancy, cause unknown, two sisters living and well, no cancer in family history. Occupation carpenter.

Physical examination: Severely jaundiced, drowsy, individual.

Breathing costal, not labored, mucous membrane intensely jaundiced, marked visible distension of epigastrium and swelling of lower extremities. Patient very slow in responding. Has difficulty in keeping eyes open, no ptosis. Hearing impaired. Mucous membrane stained. Teeth poor. Tonsils atrophic, submaxillary nodes enlarged. Chest symmetrical, costal angle obliterated by abdominal distension. Tactile fremitus slightly increased posteriorly on right side, friction over left posterior with impaired resonance below third right interspace. Breath sounds exaggerated, no rales. Heart - diffuse apex beat in 4th interspace, midclavicular line, not enlarged, diastolic murmur at apex, systolic murmur at base, blood pressure 90/50, rate 72. Abdomen - marked distension, no movement of abdominal wall with respiration. Hyperresonance to

percussion, slight dullness in flank. Marked edema of lower extremities with pigmentation from scratch marks.

Laboratory: No albumen (urine). Bilirubin present, urobilin absent. Hemoglobin 70, rbc. 3.46, wbc. 7.85, P. 83, L. 17. Bleeding time 3 1/2 minutes, clotting time 12 minutes. Icterus index 192 units, Clotting time (watch glass) 13 Minutes. Vena puncture in tube 13.5 minutes. Bleeding time (finger) 4 minutes. Blood Wassermann negative. Calcium chlorides 5 cc. of 10% solution given intravenously. Following this, clotting time varied from 12 to 9.5 minutes, bleeding time from 3.5 to 4 minutes. Following 10% intravenous glucose solution, bleeding time 3.5 to 8 minutes, clotting time 9 minutes. No stool examination.

Course: Patient's condition grew progressively worse, very drowsy, developed signs of beginning pneumonia, right base, rales throughout chest, exitus.

Temperature 97 to 99. Therapy: Digitalin, adrenalin, homocamphin. Pulse 60 to 120. Respiration 16 to 28.

Autopsy: Group I - 1. Carcinoma of hepatic duct
Group II - 1. Obstructive jaundice 2. Ascites 3. Right fibrinopurulent pleuritis 4. Acute bronchopneumonia 5. Splenomegaly (460)

Group III - 1. Puncture wounds
Comment: 1. Location and effects of tumor

	County			Pay			Private			Free			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surg.	25	25	47	4	6	10	10	7	17	6	5	11	45	40	85
Ca. Surg.	11	8	19	2	2	4	1		1	1		15	10	25	
Surg. Ped.	5	3	8	1		1	1	2	3	3		3	10	5	15
Urol.	3	1	4	2		2	1		1				6	1	7
Ca. Urol.															
Orthoped.	6	4	10	2		2	1		1	2		2	11	4	15
Med.	15	25	40	5	3	8	4	2	6	4	19	23	28	49	77
Neuro.	7	2	9	3	2	5				2	5	7	12	9	21
Derm.	3	1	4		1	1		1	1				3	3	6
Ophth.	5		5	1	1	2							6	1	7
Oto-Lar.	2	2	4	2		2							4	2	6
T&A & Int.	6	4	10	11	5	16	2	1	3		2	2	19	12	31
Ped.	11	5	16	2	1	3	1		1	6	3	9	20	9	29
Newborn	5	3	8							8	7	15	13	10	23
Obst.		13	13		7	7		1	1		15	15		36	36
Gyn.		17	17		7	7		3	3		6	6		33	33
Ca. Gyn.		8	8		1	1					1	1		10	10
Stillborn										1		1	1		1
	104	118	222	35	36	71	21	17	38	33	63	96	193	234	427

Discharges - Feb. 1930.

	County			Pay			Private			Free			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surg.	28	30	58	4	8	12	8	2	10	2	2	4	42	42	84
Ca. Surg.	12	4	16	1	3	4	3		3				16	7	23
Surg. Ped.	1	1	2	1	1	2	1	1	2	4		4	7	3	10
Urol.	5		5	2		2	1		1	1		1	9		9
Ca. Urol.															
Orthoped.	9	4	13							2		2	11	4	15
Med.	30	13	43	1	3	4	6	3	9		8	8	37	27	64
Neuro.	3	4	7	2	5	7				1	1	2	6	10	16
Derm.	5	1	6										5	1	6
Ophth.	9	2	11	1		1							10	2	12
Oto-Lar.	1	2	3	1	2	3							2	4	6
T&A - Int.	8	3	11	11	5	16	1		1		1	1	20	9	29
Ped.	4	7	11	1		1	1	2	3	3	3	6	9	12	21
Newborn	5	4	9							11	3	14	16	7	23
Obst.		14	14		9	9					8	8		31	31
Gyn.		21	21		8	8		1	1		1	1		31	31
Ca. Gyn.		3	3											3	3
	120	113	233	25	44	69	21	9	30	24	27	51	190	193	383

Average hospital stay per patient.

Feb. 1930

Service	Av " Da. Per Pt.	County		Pay		Private		Free		Total	
		# pts	# Da.	# Pts	# da.	# pts	# da.	# pts	# da.	# pts	# da.
Surg.	25	64	2086	12	175	10	78	4	13	90	2352
Gen. Surg	23	24	612	4	80	3	29			31	721
Surg Ped.	9	2	13	2	37	2	3	4	40	10	93
Orthoped	21	13	265					2	53	15	318
Urol	54	6	309	2	9	1	20	1	5	10	343
Gen. Urol											
Med.	22	50	1204	6	57	11	261	8	98	75	1620
Neuro.	14	7	127	7	102			2	3	16	251
Derm.	80	7	630			1	10			8	640
Phth.	19	11	235	1	5					12	238
oto Lar.	16	3	41	4	70					7	111
I & A	2	11	28	16	31	1	1	1	1	29	61
Ped.	30	13	534	1	15	3	54	6	84	25	687
I B	14	9	100					14	228	25	328
Obst.	10	14	135	9	98			8	65	31	296
Gyn.	22	21	527	8	99	1	6	1	55	31	697
Gen. Gyn	66	5	332							5	352
Stillborn											
		260	7178	72	778	33	462	51	652	417	9070

Deaths Feb. 1930

Service	County			Pay			Private			Free			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surg.	4	2	6										4	2	6
Ca. Surg.	6	2	8										6	2	8
Urol.	1		1										1		1
Orthoped.					1	1								1	1
Med.	2	5	7	2		2	1	1	2				5	6	11
Ped.		2	2											2	2
Ca. Gyn		2	2											2	2
Derm.	1		1					1	1				1	1	2
Still-born										1		1	1		1
	14	13	27	2	1	3	1	2	3	1		1	18	16	34

Deaths 34
Autopsies 25
Clinics 306
Diag. Pro. 874
Treatments 12866
Dressings 3940
Highest daily census 370
Daily Average 352

Deaths Feb. 1930

Service	County			Pay			Private			Free			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Surg.	4	2	6										4	2	6
Ca. Surg.	6	2	8										6	2	8
Urol.	1		1										1		1
Orthoped.					1	1								1	1
Med.	2	5	7	2		2	1	1	2				5	6	11
Ped.		2	2											2	2
Ca. Gyn		2	2											2	2
Derm.	1		1					1	1				1	1	2
Still-born										1		1	1		1
	14	13	27	2	1	3	1	2	3	1		1	18	16	34

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MORTALITY REPORT - FEBRUARY 1930

	<u>Age</u>	<u>Sex</u>	<u>Post</u>
Burns, third degree	28	F	X
Carcinoma of breast	40	F	X
" " cervix	45	F	X
" " "	28	F	X
" " Colon	22	M	X
" " hepatic duct	40	M	X
" " larynx	74	M	O
" " mouth	64	M	Anatomy
" " oesophagus	57	M	X
" " ovary	49	F	X
" " stomach	65	M (Fvt)	O
Cerebrum, hemorrhage of	43	F	O
Diabetes mellitus	60	M	O
Dementia, senile	79	M	X
Duodenum, congenital atresia	7 day	F	X
" chronic ulcer	46	M	X
Glioma of brain	55	M (Pvt)	X
Glioma of brain	16	F	X
Heart, congenital	8 mo.	F	X
" hypertension	38	F	X
" "	54	F	X
" "	53	F	X
Leukemia, myelogenous	18	F	X
Lymphosarcoma, mediastinum	68	M (Pvt)	O
Otitis media	13	F	O
Pancreas, traumatic rupture	17	M	X
Pemphigus, vulgaris	47	F (Pvt)	O
Pneumonia, lobar	42	M	O
" "	53	M	X
Prostate, benign hypertrophy	77	M	X
" " "	78	M	X
Syphilis, congenital	SB	M	X
Ulcer, trophic of heel	54	M	X