STAFF CONFERENCE

Thursday - May 8, 1930

CASE I

CARCINOMA OF CERVIX UTERI.

The case is that of a white female, 55 years old, admitted to the University Hospitals 4-24-30, died 5-5-30 (11 days). Sent to hospital because of gangrene of left foot, carcinoma of the cervix. The past four years has had vaginal discharge. Eighteen months ago developed bleeding from vagina. Four months ago consulted physician who made a diagnosis of carcinoma of the uterus. Patient did not believe the doctor and treated herself. April 9th, called physician for pain in left leg. Foot became swollen, bluish in color, and blisters developed on it which drained quite a good deal. Vaginal bleeding started suddenly. After the original hemorrhage, there was no recurrence for nearly six months. This time the hemorrhage was again large, and it recurred in three months. Following this, it became more frequent. Since September, 1929, the hemorrhages have occurred practically daily up unto December 12, 1929. They are without pain. In January, 1930, patient was very weak, vomited, and was constipated. Used large amounts of cathartics, became very nervous, complained of sweating and fever. Appetite poor. Following this, she was up part of the time, but was constantly losing weight. Complained of "rheumatism" in left ankle since January, 1930. The ankle began to swell, and she used crutches because she could not walk on the foot. She fell and apparently bruised the ankle. A few days later she noticed blisters. Finally, one large blister formed, and a physician was called who treated the same. Since then the wound has been healing, but the joint is very painful. Other complaints -- frequent colds, wears glasses, coughs, difficulty in breathing for past 5 years, heart rapid at times with palpitation, operation for nasal polyp, has had to get up every hour during the night for the past winter to pass urine. Has had marked burning sensation. Urine appeared bloody. This trouble has bothered her up till she came to the hospital and apparently does not have it now. Menses started at fourteen and ended at 46. Divorced two husbands. Family history apparently negative for malignancy.

Physical examination: Apprehensive, emaciated elderly female confined to bed, very nervous and irritable. Serous about left nares. Posterior nasal discharge. Marked dental caries. Heart apparently not enlarged to percussion. Precordial systolic murmur, apparently louder at base. Lungs, no rales. Abdomen, liver and spleen not palpable, subcutaneous discolored nodule over symphysis pubis. Pelvic examination -- slight abdominal distension, some tenderness in both lower quadrants, no masses or rigidity, bleeding from external genitalia slight, foul discharge, slight prolap of posterior wall of vagina, marked involvement of entire cervix with infiltration and induration, large crater ulcer present, bleeding profusely, upon withdrawal of the finger tissue, very friable, corpus fixed but does not seem definitely enlarged, tenderness on motion, marked induration on both sides extending from cervix to both lateral walls. Extremities -- slight abrasion of left elbow, edema of right foot and ankle, dry gangrene and hyperesthesia to metatarsal joints, no palpable pulsation below common femoral, onset said to be sudden, reflexes normal. Blood pressure 110/58.


5-2-30, Amputation of left lower extremity at junction of upper and middle third of thigh. 5-4-30, Failing rapidly. Sleeps most of the time, does not look well, temperature 104. Pulse rapid and thready 130.
Consultation 4-25-30 reveals congestion of both lung bases, greatly enlarged heart. Abdomen very thin.

Exitus 5-5-30, 7:15 A.M.


Note: The amputation wound is in excellent condition.

CASE II.

MILIARY TUBERCULOSUS.

The case is that of an eight year old female child, admitted to the University Hospital 4-30-30 and died 5-2-30 (3 days). Said to have become ill about five weeks before admission with high temperature, delirium, headache, vomiting. Improved after a few days and was up and about until two weeks ago. Headaches continued, however, frontal in type. Two weeks ago she again became acutely ill with fever, headache, and drowsiness and has vomited at frequent intervals for the past week. Diplopia the past three days. Has not taken fluids well. Was in hospital at Park Rapids for one week and sent from there. In semi-comatose for twelve hours before admission. Good health prior to five weeks ago. Some diminution in sensation over entire right side. No spasticity. Right arm and leg seemed flaccid.

Kernig positive. Biceps, knee and ankle jerks absent on both sides. Abdominal reflex positive on left, absent on right. Babinski positive left, negative right. No ankle clonus.

Laboratory: Urine negative. Hemoglobin 73, rbc. 3.32, wbc. 12.8, P. 73, L. 26, M. 1. Wassermann negative. Spinal puncture, 5-1230, - fluid under moderate increased pressure, cell count 60, Nonne positive. Smear shows few pus cells, many necrotic or broken down cell remnants, and possibly a few cocci gram negative. 5-2, spinal fluid - cell count 175, tubercle bacilli not demonstrated. Culture shows a few gram positive cocci in pairs, short chains, and small clumps. X-ray (5-1-30) - negative left mastoid, negative sinuses, miliary tuberculosis both lungs. In the right base there are several densities highly suggestive of a primary focus.


Therapy: Retention enema, tap water, alcohol sponge, proctoclysis.

Temperature 100.4 to 103. Pulse 100 to 120. Terminal rises of pulse to 150, temperature 105. Respiration 32 to 40.

Diagnoses: (1) Millary tuberculosis, (lungs, kidneys, and brain), (2) Cloudy swelling heart, liver, and kidneys, (3) Acute splenitis, (4) Puncture wounds, (5) Fleural adhesions, right, (6) Emaciation.
CARCINOMA OF OVARY.

The case is that of a single woman, 39 years old, admitted to the University Hospital 4-24-30, died 5-1-30 (7 days). October 1, 1929, patient started to feel badly. Noticed enlargement of abdomen, especially on left side. Same time developed dyspnea and began to lose appetite and became weak. Saw a physician who tapped left chest four times and removed about 10 quarts of fluid in all. Diagnosis of ovarian cyst made at same time. Operated at New Asbury Hospital 11-29-29. An ovarian cyst about the size of a grapefruit was removed. Microscopic sections proved it to be a malignant cystadenoma. At the time of operation, extensive metastases were found involving the intestines, mesentery, and other pelvic organs. Drain was left in the wound to allow large accumulations of fluid to drain off. Left hospital after two weeks feeling much improved, but the incision did not close up entirely, and has been draining since. There has never been any pain connected with the sinus. Since the present illness developed, her mouth has been very tender, especially when she ate anything tart or bitter. About three weeks ago, white sores started to appear in her mouth, and extreme pain has been present since. Five weeks ago, patient developed diarrhea. Would have from two to three well formed stools, and in between times fluid stools about six a day. Marked emaciation and weakness have developed, no vomiting. Three weeks ago noticed swelling of arms and legs. Has never had heart trouble that she knows of. No history of rheumatic fever, chorea, or scarlet fever. Never has had precordial pain except during weak spells. Previous diseases - measles, mumps, whooping cough. Other complaints - uses glasses when in school; posterior nasal discharge in morning for past year; occasionally feels gas on stomach, relieved by vomiting, has not occurred lately. Menstruation at 12, periods 28 day interval, five day type, quite painful. Last fall became irregular, and several large blood clots were passed. Has not menstruated since her laparotomy. No vaginal discharge. Weight loss 55 lbs. Mostly bedridden since last fall. Very little exercise.

Father dead 75 old age; mother 52 pneumonia. Three brothers living and well; five sisters living and well. No cancer history in family. Occupation school teacher.

Physical examination: Very emaciated white female, weak and anemic. Bony frame large. Very intelligent. Skin thick, tough, and pale. No turgor. Weight approximately 100 lbs. Mouth shows swollen mucous membrane, very red, small white spots all over, extremely tender with a bad odor. Spots noted especially on gums and about teeth. Heart rapid, apparently not enlarged. Blood pressure 95/70. Freestyle systolic murmur at apex. Lungs, dullness posteriorly on lower right side below 6th spine and over the entire midaxillary space on the right anteriorly below second interspace. Left side clear. Decreased breath sounds on right. No rales or change in vocal fremitus. No masses in breasts. Abdomen - large midline scar, extending from symphysis upward 20 cm.; draining fistula 12 cm. below umbilicus; foul purulent discharge. Abdomen rigid throughout, no tenderness, no abnormal enlargement, no definite palpable mass, tympany over left upper portion in right iliac region. Labia swollen and edematous. Small external hemorrhoids. Pitting edema of arms and forearms, especially dependent parts. Legs very much swollen. Pitting edema especially over ankles. Definite tender mass on left side just below inguinal ligament probably enlarged lymph gland.


Progress: daily notes: 4-25, Condition about the same. 4-26, Disturbed by diarrhea. Patient says mouth is not as sore as formerly. Slept some and looks a little brighter. 4-27, complains of hunger. Edema gone from arms and upper trunk as a result of limiting fluids and perhaps digitalis. Patient very hopeful but
failing. 4-28. A little brighter today. Given charcoal, but none seen in stool. 
Mem gradually disappearing. 4-29. Failing. Very limp and weak. Irrational 
today. More charcoal given, but none seen instool. Emesis of greyish fluid this 

Medication: Codeine sulphate, mineral oil, tincture of digitalls, tincture 
opii, bismuth subnitrate, charcoal, codeine sulphate, adrenalin, morphine sulphate, 
chloral hydrate, caffeine sodium benzoate. 

Temperature 97 to 100. Pulse 70 to 130. Respiration 16 to 20. Intake 
500, 500, 615, 500, 500. Output not measured. 

Diagnoses: (1) Carcinoma of left ovary, (2) Operation would scar, (3) 
Draining sinus, (4) Recurrence of tumor in pelvis, (5) Metastases to lateral and 
posterior abdominal walls, anterior abdominal wall, tubos, (6) Subacute bacterial 
endocarditis (rheumatic), (7) Right hydrothorax, (8) Edema of lower extremities, 
(9) Cloudy swelling of liver and kidneys, (10) Fatty metamorphosis of liver, 
(11) Old adhesions of apex.

CASE IV.
CARCINOMA OF THE STOMACH.

The case is that of a man, 62 years old, admitted to the University 
Hospital 4-19-30, died 5-2-30, (13 days). Diagnosis made in Out-Patient Department. 
Chief complaints - gastric upset 3 years (pain, belching); weakness; weight loss 
15 lbs.; fullness after eating; epigastric pain four months; dull pain present 
most of time in epigastrium and a little to the left, pain radiates to the left 
chest and back, present since December, 1921; anorexia December, 1929; shortness of 
breath December, 1929; sleeplessness December, 1929; feeling of fullness December, 
1921; gastric flatulence; belching since December, 1929; numbness and tingling 
of hands for two months. Three or four years ago, patient had an attack similar 
to present symptoms, but not so severe. Lasted about two months and disappeared 
after medication prescribed by a physician. Recurrence of trouble with epigastric 
pain. Felt as if his stomach was loaded with sand and was dragging him down. Lost 
weight since that time. Was on a diet of milk and cream and cereals. The pain 
increased and was worse one-half hour after meals. Belched a great deal and passed 
some flatus. Seemed to give relief at times. Shortness of breath on exertion, 
noticed when he climbed upstairs or walked. Dyspnea seemed to be out of proportion 
to the work done. His fingers feel at times as if an electrical current is running 
through them. Has never vomited but occasionally has felt nauseated.

Past diseases - scarlet fever, influenza, typhoid twice, pleurisy.
Father dead 70, mother 60. Five brothers dead. No family history of cancer. 
Wife dead. Twelve children living and well.

Other complaints - headaches, poor vision, dental plates, tongue not sore, 
night sweats, palpitation, some burning, no frequency.

Physical examination: Male, 62 years old, well developed and nourished. 
pressure 130/78. Abdomen scaphoid, no scars. Two pigmented areas on lower 
abdomen. Left inguinal hernia. Questinnable mass palpable in left upper quadrant. 
No tenderness or rigidity. Rectal - no shelf. One palpable gland in left posterior 
triangle of neck. Virchow's gland not palpable. No note of umbilicus. Neurologi-
cal negative.

Laboratory: Urine negative. Hemoglobin 72, rbc. 3.26, wbc. 8.750, P. 65, 
histamine, no free hydrochloric, total acidity, fasting 16 degrees, 20 minutes, 
14 degrees, 40 minutes 12 degrees, 60 minutes 12 degrees. Chlorides 295, 272, 341, 
313, no lactic. Chest plates show enlarged glands, right hilus. Slight elevation 
of right diaphragm. Xray from dispensary showed carcinoma of stomach.

Operation (4-25-30), 2 hours, 30 minutes, anesthesia spinocain supplemented 
by anesthesia with gas and ether latter part of operation. Mass about 8 cm. in 
diameter was found in stomach extending up a short distance above the pylorus and 
up within 4 cm. of the esophagus. Three or four shot-like nodules about 1" above 
primary lesion on lesser curvature. Two other small nodules slightly higher
than this on the anterior surface. Two or three small metastatic glands immediately surrounding the stomach near the pylorus. No other evidence of metastasis found. Carcinoma was found adherent posteriorly to the transverse mesocolon, and this portion was excised. Dissection continued up to pylorus and up fundus to within 4 cm. of the esophagus. Duodenum severed from stomach. Portion of omentum drawn up over severed portion. Amputation done 5 cm. from esophagus and side to end anastomosis made to the jejunum. Loop brought up through rent in transverse mesocolon, and this portion of transverse mesocolon sutured about the stomach. Posterior rectus sheath sutured with an interrupted stitch. Anterior sheath closed interrupted stitches. Skin approximated easily.

4-28. Patient doing very nicely. Believe that as long as he is in good condition food should be withheld. 4-29. Uncomfortable. Gulping up small amounts of brown fluid. Stomach lavaged, 400 cc. retention. Repeated, 250 cc. obtained, chiefly bile stained fluid. Temperature has risen to 103.6. Coarse rales in both bases. Has haggard anxious expression and is excited. Pulse rapid. Heart sounds not heard because of bandages. Oxygen tent not obtainable. Hyperventilation used. Oxygen funnel used. 5-1. Receiving H₂O by mouth now. Tolerates it well.

Has numerous coarse rales all over both chests. Exitus 5-2-30, 9:00 A.M.

Medication: Morphine sulphate, gastric lavage, hypodermoclysis, intravenous 10% glucose, hyperventilation, oxygen tent, codeine sulphate, proctoclysis, caffeine sodium benzoate.

Preoperative temperature 97.6 to 99; pulse 70 to 100. Postoperative, immediate rise, did not return to normal, 99.6 to 104; pulse 90 to 130; respirations 18 to 36. Fluid intake 6000, 3000, 2800, 2750, 2000, 3360, 3050. Output 500, 2000, 1900, 3400, 2400, 1800, 1200.


TRIP:

Winona (4-30-30), Willmar (5-1-30), Wadena (5-2-30), Brainerd (5-5-30)

Distance 900 miles. Audience: 42 - 12 - 9 - 12 plus. Reasons: New course, rain, mud, indifference, friction, speaker? Messages: J. C. Litzenberg - Delivery of occiput posterior, prevention of convulsive toxemia, treatment of chronic cervicitis (cauter), mechanism of normal labor, anesthesia. R. T. LaVake - Prenatal care (booklet), prevention of puerperal sepsis, treatment of toxemia, hemorrhage, chronic cervicitis pelvic infection, incompatibility, "female complaints" uterine bleeding (curettage); role of infections in toxemia, plea for fetal and newborn autopsies, anesthesia in labor, rectal examinations, relationship between anemia and puerperal sepsis. Paul Feaster - Functions of University Hospital - (1) service to sick poor, (2) education (medical, dental, nursing, technology, pharmacy, social service, diabetics, administration, medical librarian, etc.) (3) Research - plea for interesting cases. Hospital costs. Need of psychopathic hospital. Opportunity for care of crippled children (endowment) Illustrated trip through institution. Statement of ownership. Criticisms and suggestions (letters, letters, letters, etc.) W. A. O'Brien - Malignancy, cause, chronic irritation, susceptibility, methods of early diagnosis, value of biopsy, natural history of disease, types of treatment, further lay and medical education, common mistakes, reason for lack of interest, change of viewpoint, substituting malignancy for syphilis as the great mimic, plea for greater use of Consultation Bureau (informal consultations). Outstanding impression: Recent graduates interested in us. All desire to come back. Suggestion - frequent alumni clinics.
Admission on way to special heart clinic. Reasons - 75% request examination. Save time of staff and patient.

Urine - specific gravity, albumen, sugar, casts, red cells, white cells; elimination of color, amount, reaction, crystals, epithelium.

Blood - no red counts done routinely when the hemoglobin is between 80 and 100.

"WHY"
There has been a marked increase in requests for basal metabolisms! At the present time the indications seem to be the presence of a goiter, rapid pulse, heart disease, metabolic disorder, loss of weight, etc.

**BEST SUGGESTION**
Staff man in charge of case should write to physician referring patient on day of death. This is very important as it will save the physician much embarrassment. One of our referring men stated that he asked the husband how long the wife had been a neighbor present when she died at the University Hospital.