



November Autopsies

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COURTESY OF CITIZENS AID SOCIETY

OUR PROGRAM TODAY

Most hospitals following the suggestion of the American College of Surgeons duly report all deaths each month. In some institutions an attempt is made to discuss each one; in others, only the interesting cases. We have not followed the plan at this institution because most of the cases are discussed in departmental conferences or general staff meetings. Many of these cases are of joint interest to several services, and are not covered by our plan unless discussed at general staff meetings. Today we list the deaths for November, 36 in all. In some you will note the case listed by title only. In others there is comment, and in still others, reference to an article which may be of interest in connection with the case. The x-rays will be shown with the individual cases.

I. AUTOPSY REPORT FOR NOVEMBER 1934

1., 61
Surgery,
Cholelithiasis with subphrenic abscess.

Comment:

A 61 year old white male experienced epigastric distress in 1932. In 1934, he had two attacks of nausea and vomiting, associated with jaundice. On admission, he was slightly jaundiced and it was the impression that the patient was suffering from chronic cholecystitis and cholelithiasis with obstruction of the common duct. Operation showed stones in the gall-bladder and in common duct. Cholecystectomy was done and a #16 catheter left in the common duct. Shortly after operation, pus began to drain from the T-tube. Developed respiratory difficulty with pain in right chest. X-ray showed presence of fluid. Fluid was at first clear and later contained frank pus. He gradually grew worse and expired.

At autopsy, the interesting finding was a large subphrenic abscess containing pus communicating with the pleural space through an opening in the diaphragm.

2., 5 mo.
Pediatrics,
Parenteral diarrhea.
3., 73
Surgery,
Acute necrosis of pancreas.

Comment:

A 73 year old, white male had diarrhea on 11-1-34. The following day, he had pain in the right upper abdominal quadrant. The pain radiated into the back and pelvis. After the noon meal, there was recurrence of pain associated with nausea and vomiting. At that time, the pain localized in the midline; it was severe and crampy. On admission, his blood pressure was 100/90, pulse 70. Abdomen showed definite diffuse tenderness; rebound tenderness in both lower quadrants. White blood count - 16,900. Considered were: gall-bladder colic, pancreatitis, renal colic, coronary disease. Final clinical impression - pancreatitis. The day following admission, his temperature rose to 102 and he developed dyspnea. His abdominal distention became more severe and some abdominal rigidity was noted. Expired 2 days after admission.

At autopsy, there was 1000 cc. of blood-tinged fluid in the peritoneal cavity and a few areas of fat necrosis in the region of the pancreas. There was about 500 cc. of bloody fluid in the left pleural cavity. The pancreas was hemorrhagic throughout and microscopic examination showed a high grade necrosis.

4., 36.
Medicine,
Lobar pneumonia.

Comment:

A white male, 36 years of age, 10-14-34 developed a sore throat. 10-17-34 - Severe pain in left lower chest and a chill. Expecterated mucopurulent sputum. On admission, there were findings of lobar pneumonia involving the lower half of the left lung.

Sputum typed for pneumococci showed type VII; same organism obtained from blood culture. 11-3-34 - Temperature rose abruptly to 105. Mediastinum displaced to right. Heart shadows seemed increased in size. It was felt that the patient was suffering from endocarditis, pericarditis and empyema. 11-6-34 - Expired.

At autopsy, there was left empyema and purulent pericarditis.

5. . . . , 36
Surgery, no autopsy.
Coronary sclerosis.
Contributory:
cardiac decompensation
chronic osteomyelitis

6. . . . , 18.
Dermatology,
Reticulo-endotheliosis.

Comment:

Case is white male, 18 years of age. The first signs in this case were skin lesions which were exceedingly difficult to classify. During his stay in the hospital, he developed signs of appendicitis.

At autopsy, the lymph nodes showed diffuse reticular hyperplasia with some rounding out of the reticular cells. The bone marrow showed numerous reticular cells. The spleen weighed 1500 grams. The appendix was slightly injected but was not bound down.

7. . . . , 21
Surgery,
Ingestion of lye (clinical)
Acute bronchopneumonia.

Comment:

A white female, 21 years of age, was said to have swallowed lye with suicidal intent. She was unable to swallow and tube feeding was instituted. On admission, her temperature was 101, white blood count 10,200. The following day, her temperature was 104. There were

many rales in the bases of both lungs. She expired 3 days after admission.

At autopsy, there was broncho-pneumonia in the right lower lobe. There did not appear to be any stricture of the esophagus.

8. . . . , 47
Surgery,
Perforated duodenal ulcer.

Comment:

A white female, 47 years of age, was admitted to the University of Minnesota Hospitals 10-26-34 and expired 11-8-34 (13 days).

10-25-34 - While getting off streetcar, experienced sudden severe pain in upper portion of abdomen. She practically collapsed but was able to walk home. Her local physician treated her for a period of 24 hours. She was then referred to the hospital.

10-26-34 - Admitted. Pulse 120, thready and weak. Blood pressure 128/70. Abdomen extremely rigid; rebound tenderness; liver dullness obliterated. White blood count - 10,300, neutrophiles 80%. Temperature 98.2 X-ray shows presence of free gas under right diaphragm. Patient's condition considered unsatisfactory for operation. Conservative treatment.

Autopsy showed a perforated duodenal ulcer 1 cm. from the pylorus. The ulcer was about 1 cm. in diameter and the edges were not indurated. There was generalized peritonitis.

9. Baby Girl . . . , 2 hrs.
Pediatrics,

10. Baby Foy . . . , 9 days.
Ped. Medicine,
Congenital stenosis of common bile duct.

11. ., 60
Neurology,
Tumor of cauda equina.

Comment:

Case is of white male,
60 years of age.

1929 - experienced pain in lower tip
of spine.

1934 - constant pain in right tro-
chanteric region and severe pain in up-
per and middle sacral regions. Pain was
markedly increased by coughing and lift-
ing. He no longer allowed the barber
to shave him because the jarring was
sufficient to hurt his back. During
this year, he experienced pain in the
lateral aspects of the thighs which
coursed down the lateral side of the legs
to the ankles. His legs felt numb a
good share of the time.

On admission, examination showed
paraplegia of the lower extremities.
Lower extremities were not spastic and
showed no atrophy. There were myoclonic
twitchings in the left foot. There was
an area of hyperalgesia over the dorsum
of each foot. Lipiodol injection of
spinal canal by way of the cisterna
showed evidence of tumor with obstruction
of oil at the level of the 12th thoracic
and 1st lumbar vertebra. Laminectomy
revealed a large tumor involving the
lowermost portion of the cord and cauda
equina. The vascularity of the tumor,
as well as its ramifications, made re-
moval unwise. He died 16 days post-
operatively.

At autopsy, there was a tumor of
the cauda equina incorporating a number
of rootlets. The tumor practically
filled the sacral canal. It was some-
what adherent to the dura. The differ-
ential is between meningioma or neuro-
fibroma (not yet decided).

12. Baby Girl ., 0.
Nursery, no autopsy.
Prematurity, stillborn, eclampsia.

13. ., 75
Ambulatory, no autopsy.
Cerebral hemorrhage.
Contributory: cerebral
arteriosclerosis.

14. ., 5
Pediatric Medicine, no autopsy.
Acute lymphatic leukemia.
Contributory: subphrenic
abscess.

15. ., 26
Surgery,
Cholelithiasis; subphrenic
abscess.

Comment: This case was reported
at the meeting on brain abscess.

16. ., 32
Surgery.
Cholelithiasis; subphrenic
abscess.

Comment:

At autopsy, there were
2 small perforations, each about 1 cm.
in diameter, in the right diaphragm.

17. ., 39
Surgery,
Osteogenic sarcoma.

Comment:

Case is white male,
39 years old, who injured the lateral
condyle of the left femur about 10-1-33.
Following this, the knee became black
and blue, and there was slight swelling.
He was confined to bed 12-8-33 and had
been in bed continuously up until ad-
mission to the hospital.

2-14-34 - Admitted. X-ray of left
knee - probably chondrosarcoma of distal
end of left femur. High amputation done.
X-ray of chest - negative.

Readmitted 7 months later (10-26-34).
X-ray of chest - shows metastases with rarefied centers, interpreted as cavity formation.

11-1-34 - Complains of nausea, cramps in abdomen and gaseous distention. Nauseated but did not vomit. Had a 5-day period of relief.

11-6-34 - Abdominal pain. Rectal examination showed a mass on the right side about a finger's length above the anus. The possibility of ruptured appendicitis, as well as intra-abdominal metastases, was considered. The abdomen became progressively more rigid. Morphine was almost constantly necessary.

11-16-34 - (15 days after first complaint of pain in abdomen). Patient expired.

Autopsy showed metastases to the lungs, ileum and aortic nodes. The small bowel was distended and discolored. There were two fungating tumors in the terminal ileum, one at the head of an intussusception. The intussuscepted bowel was about 8 inches in length, gangrenous, and there were several small perforations just proximal to the intussuscepted loop. There were metastases to the mesenteric lymph nodes. There was a generalized peritonitis.

Abstract:

Poston, R.I.
The Brit. J. of Surg.
Acute enteric intussusception in an adult caused by a lipoma; with a survey of the literature.
xxii, #85: 108-114 (July)'34.

Choyce states that not more than 12% of all cases of intussusception occur in patients over 10 years old.

The majority of cases of invagination in adults appear to be due to a growth of benign character. The following conditions have been reported as cause of intussusception: mucous papilloma, fibroma, "polypus", Meckel's diverticula, following gastro-enterostomy, tuberculosis of intestine, lymphosar-

coma.

"Moore describes two cases occurring in Mohammedans during a fast, and points out that excessive hunger associated with the anticipation of a meal can excite abnormal peristalsis."

The author records 242 cases of lipomata of the intestine. There was intussusception in 80. The tumor is usually situated near the apex of the invaginated mass but occasionally it is attached to other portions of the mass. Mere traction on the polypus by intestinal movement does not seem to account for the commencement of invagination. "The tumor lies within the intestinal lumen and so acts as a foreign body which produces spasmodic contraction of the gut around it with inhibition of the gut immediately distal to it." "The conditions are now favorable for that act of peristaltic gymnastics whereby the contracted part is induced to slip into the dilated portion."

Wardil stresses the point that when operating for intussusception, particularly in subjects over the age of 2 years, a careful examination should be made of the proximal healthy bowel for possible new growth.

18. ., 51
Otolaryngology,
Carcinoma of epiglottis;
tertiary syphilis.

Comment:

This case was a clinical problem because some of the biopsies were not conclusive and there was a history of syphilis and positive serology.

Autopsy showed squamous cell carcinoma of the epiglottis and luetic aortitis.

19. , 50
Medicine,
Hypernephroma with metastasis to brain.

Comment:

The case is that of a white female, 50 years of age, admitted to the University Hospitals 11-14-34 and expired 11-18-34 (4 days). Note: the association of drowsiness with metastatic brain tumor.

10-29-34 - She fell down a flight of stairs, landing on her back. She continued to work that day but complained of pain in her back.

11-2-34 - She went to her daughter's home where she complained of being tired and immediately went to bed.

11-3-34 - She appeared exceedingly drowsy and did not want to get out of bed. Later in the day, she left her daughter's home and went to visit friends. For the following 4 days, she was drowsy and did not eat. She seemed to recover from this attack and carried on fairly normally but she stayed in bed.

11-12 and 13- 34 - Became less interested in her surroundings and was difficult to arouse.

11-14-34 - Admitted in a semi-comatose condition. No convulsions or paresis, except that the daughter noted that her mother's arm hung limp on the day of admittance. Blood pressure 80/65. N.P.N. - 28.9 mg. %.

11-16-34 - Neck somewhat stiff. Spinal puncture - 170 mm. of water pressure.

11-17-34 - Neurologic consultation: Comatose, can be aroused only with painful stimuli and then only incompletely. Bilateral slight papilloedema. Left Babinski positive. There is a possibility of encephalitis, brain tumor, metastatic lesion, poisoning, syphilis, Subdural hematoma too unlikely for recommendation of surgical procedure.

The autopsy showed a tumor 8 cm. in diameter in the upper pole of the right kidney. There were necrotic areas. There was a fleshy, round tumor mass, reddish in color, about 3 cm. in diameter in the right frontal lobe. In the mid-

part of the pons, just ventral to the aqueduct of Sylvius, there was a hemorrhagic lesion about 5 mm. in diameter.

20. , 21
Medicine,
Subacute bacterial endocarditis
with encephalomalacia.

Comment:

Symptoms for about one year. Blood cultures positive for Streptococcus viridans. She had a right hemiplegia.

At autopsy, there were vegetations on the mitral valve, infarction of the spleen and kidneys, and encephalomalacia in the region of the left corpus striatum. There was focal glomerulonephritis.

21. , 1 m.,
Pediatric Medicine,
Spinal bifida; hydrocephalus,
meningitis.

22. Baby Girl , 0
Nursery, no autopsy.
Stillborn.

23. , 52
Medicine, I
Chronic glomerulonephritis,
hydropic type.

Comment:

At autopsy, in addition to nephritis and edema, a Meckel's diverticulum was found. Although this was an incidental finding it may be the seat of disease.

Abstract:

Johnston, L.B. and Renner, G. Jr.
Peptic ulcer of Meckel's
diverticulum. A report of
two cases and a review of the
literature.
S.G. & O. LIX, #2, 198-209,

(August) 1934.

"Meckel's diverticulum, which represents a remnant of the intestinal end of the omphalomesenteric duct, occurs in 1 to 2 per cent of the human race and is more common in the male sex. The mucous membrane of the diverticulum, usually of the ileac type, may also be of gastric and less often of duodenal, jejunal, or pancreatic character."

In a review of the literature the authors found 46 case reports of typical peptic ulcer, and they add two cases of their own.

"Perforation, which may be either an acute or chronic process, has occurred in more than one-half of the cases reported." Many of the acute perforations have resulted in general peritonitis. However, conditions for plugging or sealing are more favorable than in similar perforations of gastric and duodenal ulcers.

"Intestinal hemorrhage is the most constant symptom of this condition."

"Next to hemorrhage the most frequent complication is perforation-----."

The condition is much more common in the male.

Summary: "Peptic ulcer of Meckel's diverticulum is a pathological condition which has its greatest incidence in male infants and children. The characteristic symptom is recurrent massive intestinal hemorrhage. More than one-half of the cases have been complicated by perforation of the ulcer. In the group without perforation, the diagnosis is based upon the history of intestinal hemorrhage, and except for anaemia, the lack of physical findings. The group with perforation presents a picture of local or diffuse peritonitis, and usually but not invariably have a history of recurrent massive intestinal hemorrhages. The surgical record is exceedingly good in all cases except the group with general peritonitis."

24. . . , 86
Medicine,
Hypertension.

Comment:

This patient had two small benign polyps of the pylorus which during life were associated with a severe attack of vomiting. The lesions showed an x-ray picture difficult of interpretation.

25. . . , 4 mo.
Pediatrics,
Henoch's purpura; otitis media,
right; antritis, right.

26. . . , 62
Surgery,
Acute appendicitis with perforation.

Comment:

Case is white female, 62 years of age, admitted 11-22-34 and expired 11-24-34-(2 days).

11-18-34 - Had two attacks of syncope, and immediately following this she vomited three times. In the evening, she experienced crampy, abdominal pain. Bowels moved and pain continued and was almost constant up to admission.

11-22-34 - Admitted. Physical examination: rebound tenderness and tenderness and rigidity across lower abdomen, slightly more marked on left. Leucocytes 7,000, neutrophils 69%, N.P.N. - 67 mg., chlorides - 620 mg. X-ray of abdomen - showed presence of gas in both large and small bowel. Impression: ruptured appendix and secondary peritonitis.

Autopsy showed ruptured appendix and generalized peritonitis.

27. ., 48
Neurology,
Intracranial hemorrhage (source
undetermined).

Comment:

Case is white male, 48
years old.

11-19-34 - While hunting, he stepped
out of his car and when he stepped back
he said to his son, "I feel faint", and
then he lapsed into unconsciousness. He
was unconscious for 24 hours. From that
time until admission, he was semi-
stuporous.

11-21-34 - Admitted. Patient was
in a deep stupor. Left positive Babinski.
Fundi show a mild papillo-edema. Spinal
fluid is grossly bloody and under a
pressure of 40 mm. of mercury. Blood
pressure 190/100. Leucocytes 10,450.
N.P.N. - 34.7 mg. %. Pulse 52. Pulse
and temperature rose.

11-25-34 - Expired.

At autopsy, there was a mass of
clotted blood between the cerebral
hemispheres in the region of the corpus
callosum. There was an area of softening
about 2 cm. in diameter at the base of
the left frontal lobe. The vessels at
the base of the brain were only mildly
atherosclerotic.

28. ., 71
Medicine,
Diabetes Mellitus.

Comment:

Ten year history of
diabetes. Never took insulin. Moderate
polydipsia and nocturia for ten years.
Five days before admission, she developed
an infection of the skin on the left
side of the face (not present at autopsy).

9-26-34 - Admitted. Marked swelling
on left side of head. Blood pressure
122/74. Leucocytes 34,450. Blood sugar
259 mg.

11-24-34 - Patient suddenly became

nauseated, vomited, comatose, Cheyne-
Stokes respirations, and expired.

Autopsy showed encephalomalacia
and generalized arteriosclerosis (aortic,
renal, cerebral, mesenteric and coro-
nary). Diabetes in sedentary individuals
(as this patient) is of interest in
connection with their habits. Some say
they should exercise.

Abstract:

Soskin, S., Strouse, S.,
Molander, C.O., Vidgoff, E., and
Henner, R.I.

Value of muscular exercise in
the treatment of diabetes melli-
tus.

J.A.M.A. 103, #23: 1767-1768,
(Dec. 8) 1954.

"As early as 1868, Trousseau re-
ported the observation that muscular
exercise decreased the glycosuria of
diabetic patients. Von Noorden con-
cluded that while in mild diabetes
muscular work may decrease the glyco-
suria, in severe diabetes it has the
reverse effect."

Allen reported that exercise caused
a fall in the blood sugar level of dia-
betic patients, and a number of workers
have observed that muscular exercise
increases the hypoglycemic action of
insulin both in diabetic patients and
in normal dogs.

The authors report their observa-
tions on two controlled cases of uncomplicated diabetes before, during and
after a systemic course of physical
training.

"Although the muscular work and
the physical conditioning produced
their usual salutary effects on the
general well being and the muscular power
of the subjects, no evidence of a signi-
ficant improvement in the diabetic
tolerance or a decrease in the insulin
requirements was obtained."

29. ., 8
Pediatrics,
Rheumatic heart disease.

30. . . . , 31
Dermatology, no autopsy.
Bronchiectasis.
31. , 66
Medicine,
Reticulo-endotheliosis.
32. , 59
Medicine,
Aortic stenosis and insufficiency.

Comment:

There was a short history in this case.

11-1-34 - Developed a cold and severe cough. Shortly thereafter, there was edema of the lower extremities which rapidly extended upward involving the scrotum and abdomen.

11-23-34 - Admitted. Signs of cardiac failure and aortic stenosis and insufficiency.

11-27-34 - Expired.

At autopsy, the heart weighed 600 grams. There was hypertrophy of the left ventricle. There was a small area of fibrosis near the apex. The aortic valve was markedly thickened throughout. The commissures were not separated. There was a horseshoe kidney, the two parts were well separated by a dense fibrous band.

33. , 45
Medicine,
Mitral stenosis.

34. , 57
Neurology,
Brain tumor.

Comment:

This patient had Jacksonian seizures (without loss of consciousness), which were described as follows: "The attacks occurred every 8 minutes during this period. He could nod his

head but was unable to speak. Course of the attack: stiffening of right hand with slight dorsal flexion, then dorsal flexion of thumb followed by clonic spasm of the thumb. The same phenomenon took place in the index finger. The arm then became stiff and flexed at the elbow. Thirty seconds after involvement of the hand, there was twitching of the mouth followed by spasmodic drawing of the mouth to the right side with drooling. The right side of the neck showed marked twitching. During the attack, the patient was unable to speak. He was fully conscious throughout the procedure. His pupils reacted well to light and were not dilated. The forehead was not involved in the muscular twitching. The attack lasted 3 minutes."

Additional note as to the seizures: There is a sensory aura characterized by a numbness, tingling, pricking and burning sensation in the right hand. Luminal seemed to decrease the frequency of the attacks. Exploration revealed a tumor in the lower part of the left motor area. Removal did not seem advisable because of the diffuse character of the lesion. He was discharged from the hospital and returned at a later date. He expired during the second admission.

Autopsy revealed a glioma (astroblastoma) in the left parietal region. The lesion was not encapsulated. It was about 7 cm. in diameter, showed hemorrhagic areas and on the gross seemed to be circumscribed.

35. , 57
Surgery,
Incarcerated ventral hernia.

36. , 65
Surgery,
Carcinoma of stomach.

Prepared by Alex Blumstein.

II. MOVIES (Make Your Own Sound)

Highlights of Minnesota's Football
Season -

Prepared and presented
by Phil Brain, of the Athletic
Department.

III. HOLIDAY GREETINGS

We extend to the staff best
wishes for a happy Holiday Season, and
a successful New Year. We appreciate
more than we can express your support
during the Fall Quarter and solicit your
interest for the New Year.