Staff Meeting Bulletin Hospitals of the » » » University of Minnesota

Autopsies

Volume IX | Friday, January 7, 1938 | Number 11

STAFF MEETING BULLETIN
HOSPITALS OF THE . . .
UNIVERSITY OF MINNESOTA

Volume IX | Friday, January 7, 1938 | Number 11

INDEX

Published for the General Staff Meeting each week during the school year, October to May, inclusive.

Financed by the Citizens Aid Society

William A. O'Brien

I. LAST WEEK

Date: December 17, 1937

Place: Recreation Room
Nurses' Hall

Time: 12:15 to 1:15

Program: Movie: "Pluto's Quinpuplets"

Abstract: Hodgkin's Disease of the Central Nervous System

Case Reports: Eight

Christmas Message

Royal C. Gray
A. B. Baker
Lillian Cottrell
John Skogland
Blair Adams
Edmund Flink
H. S. Diehl

Discussion: Royal C. Gray
H. Peterson
E. T. Bell
W. T. Peyton
K. W. Stenstrom
J. C. McKinley

Present: 121

Gertrude Gunn
Record Librarian

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II. MOVIE

Title: "The Old Mill"
A Walt Disney Silly Symphony

Released by: R-K-O

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III. GOSSIP

The holidays are over - our visitors have returned to their homes - the staff is back on the job after the meetings in Chicago, Indianapolis and the East - The patients had their turkey, Christmas presents, and decorated trees from the Traffic Club of Minneapolis, who never fail them - Chief Dietitian Gertrude Thomas brought unexpected joy to her nieces and nephews in Detroit by spending the holidays with them - Health Service Secretary Eva Dawalt took her presents in person to her admiring family in California - Many of the girls are sporting new rings as the boys get notice that the first installment is due - None is more thrilled than Medical Social Worker Carmen Frazee, who now believes in Santa Claus Bustling Obstetrician Leonard Lang no longer bustles as he joins dazed Surgical Fellow Charles Craft who is beginning to wonder what the good people and his future in-laws at Sleepy Eye will think of his friends from the Hospital when they come to the wedding - Surgeon Charles Ethan Rae got in shape to act as his best man by taking a tour through the southwest and California, incidentally picking up a few facts of life at San Quentin prison, but now has a cold - Superintendent Raymond Michael Amberg's secretary Ethel Bill Harrington has a new ring, the gift of her folks - Former Bacteriological Technologist Jerry Lundquist's baby has a new tooth - Internist Wesley Spink is back from his Mayo Foundation lecture at Rochester, pleased to know he pleased - Our good friends, the Riglers, sent California Christmas cheer to many - Medical Technology students from Minnesota who spent the holidays in Mississippi report that those funny people really shoot off firecrackers on the 25th of December - The special suite in the Center for Continuation Study is being polished up to receive Montana's smiling Edward Sarsfield Murphy, the ophthalmologist from Missoula who will soon arrive to take in the Institute on Ophthalmology and Otolaryngology to be held from January 17th to 22nd - Sedate, spick-and span Doc Lees, head man at the Health Service of the University of Pennsylvania has returned to his cloistered walls after a boisterous

(Continued on Page 124)

IV. AUTOPSIES

R. W. Koucky

TABLE I

DEATHS AND AUTOPSIES BY SERVICES

July 1 - December 31, 1937

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Autopsies	Deaths
Surgery	6	7	1	4	4	9	31	41
Medicine	7	7	9	14	8	7	52	76
Dermatology	1	0	0	1	0	1	3	3
White Surgery	2	4	2	1	4	1	14	22
Pediatrics (+ Newborn)	5	6	5	11	5	7	39	56
Neurology	5	3	3	2	0	0	13	23
White Gynecology	1	0	0	0	1	0	2	3
Ophthalmology	1	0	0	0	0	0	1	1
Gynecology	0	3	0	1	0	0	4	5
Outpatient Department	0	1	0	0	0	0	1	1
Health Service	0	1	0	0	0	0	1	1
Urology	0	1	0	2	1	2	6	14
Neurosurgery	0	0	1	0	0	0	1	2
Otolaryngology	0	0	1	0	0	0	0	3
Orthopedics	0	0	0	0	0	0	0	1
Totals	28	33	22	36	23	27	169	252

July 1 - Dec. 31, 1937 Percentage 66%
July 1 - Dec. 31, 1936 Percentage 70%

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TABLE II

The division of autopsies by services, as given in Table II, is only an approximation. It is impossible to accurately place credit for each autopsy. For example, autopsies listed under "Pediatrics" represent cases handled not only by that service but also by surgery, orthopedics, obstetrics, nose and throat, and others. Similarly, neurological patients are also handled by medicine and surgery. It would require extensive search to determine on which service each patient died. There is no way of determining who obtained the permission or whose responsibility it may have been at the time. Only one thing is obvious from the chart, i.e., all services handle autopsies approximately the same.

TABLE II

Service	1932	1933	1934	1935	1936	Total Autopsies	Total Deaths	% Of Autopsies	Remarks
Medicine	70	71	97	108	91	437	612	71.4	
Pediatrics	73	80	68	66	70	357	512	70.0	Includes pediatrics of all services and nursery.
Surgery	48	46	47	46	62	249	335	74.3	
Tumor Surgery	35	48	36	37	44	200	239	83.7	Erroneous - includes some neurology and urology.
Gynecology & Tumor Gyn.	14	8	16	7	6	51	72	71.0	
Obstetrics	4	3	6	2	2	17	20	85.0	
Orthopedics	0	5	4	1	1	11	9	?	Note the obvious discrepancy.
Dermatology	4	1	3	1	2	11	15	74.0	
Neurology	14	11	15	19	18	27	101	76.0	Many cases inseparable from or included with other services.
Urology	8	11	10	11	12	52	?	?	Exclusive of malignancy.
Health Service	1	1	1	1	1	5	8	62.0	
Eye	0	0	0	1	1	2	3	65.0	
Ear, Nose, Throat	4	3	3	5	5	20	32	63.0	
Totals	275	288	306	304	315	1,488	2,058	72.3	

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V. CASE REPORTS

1. FIBRINOUS PERICARDITIS; RHEUMATIC ENDOCARDITIS

By Robert Hebbel

White female, Age 6.
Admitted to University of Minnesota Hospitals 12-9-37, expired 12-22-37 (13 days).

Two Attacks of Rheumatic Fever

The present illness began on thw 25th of November with epigastric pain which was followed by cough, joint pains and pain in the left chest. Past history revealed an episode of "heart trouble" in 1934 with cough, weakness and what was then described as leakage of the heart. There were no joint pains. She was in bed at that time for 9 weeks, since when she has been apparently well. There had been a tonsillectomy in the fall of 1937.

Acute Cardiac Signs

At time of examination temperature was 101.8°, pulse 160, respirations 52. She appeared acutely ill. She was orthopneic, dyspneic and apprehensive. Examination revealed a purulent postnasal discharge and some dental caries. Examination of the chest revealed fair expansion. There was bulging of the sternum and ribs over the precordium. There was a marked cardiac impulse with the point of maximum intensity in the

7th interspace 9 cm. to the left of the midsternal line. The heart to percussion appeared to occupy nearly the entire left chest and the right border extended 4 cm. to the right of the sternum. There were loud systolic and diastolic murmurs over the mitral area transmitted to the axilla. Pulmonary second sounds exceed the aortic second sound in intensity. A friction rub was heard to the left of the sternum inside and below the nipple. The liver was found to be 4 cm. below the costal margin in the midclavicular line. There was clubbing of the fingers and toes.

Laboratory

Urine was negative except for a few white blood cells. Blood - hemoglobin 61%, 4,100,000 red blood cells, 4,700 white blood cells.

X-ray

Revealed a markedly enlarged heart in both the left and right with a bulge in the region of the pulmonary conus. Venous pressure in the arms at the level of the heart was 15 cm. of saline.

Fulminating Course

Under oxygen therapy the patient's temperature fell toward normal by the 6th day; however, rose again and remained elevated, the maximum being 103°. On the 8th day a pericardial tap attempted by posterior approach and only a few cc. of bloody fluid were obtained. The temperature continued to be elevated. Dyspnea increased. There was increasing cyanosis, and death occurred on 12-22-37, the 14th day in the hospital.

Autopsy

The body is that of a well developed, somewhat emaciated white female, 117 cm. long and weighing about 40 lbs. There is no rigor, hypostasis, edema, cyanosis, or jaundice. The pupils are equal and regular, and each measures 5 mm. in diameter.

The peritoneal surfaces are smooth, and the abdominal cavity contains about 250 cc. of clear fluid. The liver lies 10 cm. below the right costal margin and lo cm. below the xiphoid and 5 cm. below the left costal margin. The appendix is normal. There is 150 cc. of blood tinged fluid in the Right Pleural Cavity and 200 cc. in the Left. There are no adhesions.

Pericarditis

The Pericardial Sac measures 16 cm. in its transverse diameter, almost filling the transverse diameter of the thorax. The surfaces both of the pericardium and epicardium are covered with a shaggy thick fibrinous exudate. The sac contains about 250 cc. of clear straw colored fluid.

Marked Cardiac Hypertrophy - Acute and Chronic (?) Endocarditis

The Heart including the fibrinous exudate which is adherent to it weighs 350 grams. The chambers of the heart are dilated, and the mitral valve appears to be dilated when viewed from the left auricle. The pulmonary and aortic valves appear normal. The mitral valves show fresh, minute, rheumatic vegetations near the cusp margins. The anterior leaflet is slightly thickened, and the chordae tendineae are suggestively shortened. There is wrinkling and thickening of the mural endocardium of the left auricle above the anterior leaflet. The pulmonary valve shows a few fresh rheumatic vegetations near the cusp margin. There is marked hypertrophy of the left ventricle and hypertrophy of the left auricle. The coronary vessels appear normal. There is slight patchy atherosclerosis of the aortic root.

The Right Lung weighs 425 grams, the Left 175 grams. The left is markedly atelectatic. The right shows a rather generalized beefy appearance. There is congestion, slight edema but no definite consolidation. The bronchi of both lungs present a thick mucus; there are hyperplastic hilar nodes. The pulmonary vessels are normal.

The Spleen weighs 80 grams. It is firm, deep red in color with prominent follicles.

The Liver weighs 750 grams. It is soft, light brown and smooth with subcapsular hemorrhagic areas. The Gallbladder is whitish in color with a thick edematous wall. It contains

thick brown bile. The ducts are patent. There are no calculi.

The stomach contains about 200 cc. of fluid containing undigested food. The gastrointestinal tract is negative throughout.

The Pancreas and Adrenals appear normal.

The Right Kidney weighs 80 grams, the Left 80 grams. The capsules strip with ease. The surfaces are normal and cut sections present normal markings. The pelves and ureters are normal. The bladder is normal. The uterus, tubes and ovaries appear normal.

The Aorta is normal.

The organs of the neck are normal.

Mediastinal Adenitis

There are 2 masses of hyperplastic soft lymph nodes in the superior mediastinum lying between and below the bifurcation and innominate arteries. The upper mass measures 4 x 3 cm. and the lower 3 x 2 cm.

The head is not examined.

Conclusions

Rheumatic Endocarditis
Rheumatic Pericarditis
Cardiac failure
Pneumonia
Mediastinal Adenitis

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2. SUPPURATIVE THROMBOPHLEBITIS PORTAL VEIN: MULTIPLE LIVER ABSCESSES

By Robert Hebbel

White male, age 74.

Admitted to University of Minnesota Hospitals 11-8-37 and expired 12-27-37.

Fever - Epigastric Pain - 4 months

Since September 1937, there had been increasing weakness and 15 lbs. loss in weight. On 10-31-37 the patient experienced a chill following the existence of dull soreness in the right upper quadrant of 2 days duration. From this time until admission there was fever, recurrent chills, epigastric pain and weakness. In the past history there was a story of a hacking cough of 50 years duration, dyspnea for 10 years. In 1908 the patient had been bedridden with rheumatism and "heart trouble" for several months. There was a similar episode in 1931. Nocturia had existed for the past 3 years.

Indefinite Findings

Physical examination: Blood pressure 122/64, temperature 96.2, pulse 68. There were a few rales at the base of the right lung posteriorly. The left border of the heart could not be elicited on percussion. The mitral and pulmonic sounds were faint. There was a faint 1st sound and reduplicated 2nd sound over the aortic area. There was a possible systolic murmur at the aortic area. The pulse was full and regular. The liver edge was firm, smooth and extended 2 fingers below the costal margin.

Leucocytosis

Laboratory: Urine showed no albumin, no sugar, some hyaline casts and an occasional white blood cell were present Blood - hemoglobin 71%, white blood cells 10,300 with a differential 70% neutrophils, 24% lymphocytes and 4% monocytes, and 1% eosinophils.

X-ray

X-ray of lungs was negative. The heart was within normal limits. The aorta was tortuous and dilated with the arch to the right. Plain films of the gallbladder area were negative for calculi. Wassermann was negative. Icterus index was 17. Electrocardiogram showed left axis deviation, slurring and notching of the QRS in all leads. P-R interval at the upper limits is normal.

Chills - Fever - Enlarged Liver

Course: There was a continued slight elevation of temperature to 11-15-37, when it had dropped, and the patient was showing some improvement. On 11-18-37 there was renewed right upper quadrant pain with spasm and tenderness to palpation, chills and fever. The liver at this time was 3 fingers below the costal margin. Patient's con-

dition grew steadily worse from this time on. The right upper quadrant pain persisted, and there was a septic temperature. X-ray of the chest on 11-20 showed no evidence of pneumonia. KUB showed normal kidney shadows.

Myocardial Damage?

Electrocardiogram on 11-24 showed left axis deviation, widening and slurring of the QRS in all leads, negative T_1. The T wave is opposite to the major deflection of the QRS in leads 1, 2 and 3. These changes had occurred since the previous electrocardiogram at the time of admission and indicated myocardial damage and bundle branch block due to recent coronary occlusion. On 12-1 the urine was loaded with red blood cells and red blood cell casts. A questionable mass became palpable below the costal margin. The pulse rate began to show wide variations from 90 to 160 beats per minute. On 12-9 the hemoglobin had dropped to 61%; white blood count was 20,000; nonprotein nitrogen 99. Blood culture was negative. On December 14th, the chest film showed elevation of the right diaphragm with some mottling above it suggesting atelectasis. On the morning of December 18th, there was a dull constant pain to the right side of the chest to the right of the sternum. 3 hours later there was a frank chill with vomiting. The patient became cyanotic. The blood pressure fell, and there was a general appearance of shock. On December 19th the patient appeared very ill. He was perspiring profusely. The pulse was rapid. The abdomen was distended. On the 24th of December, respirations had become rapid and labored. He was very weak, there was marked pain in the right upper quadrant to light palpation, and there was beginning peripheral edema. Respirations became more labored. There was cyanosis. The pulse became weaker, and death occurred on 12-27-37.

Autopsy

The body is that of a well developed, fairly well nourished white male, 168 cm. long and weighing about 160 lbs. There is no rigor and no cyanosis. There is beginning hypostasis over the back, slight pitting edema of the feet, and a slight degree of jaundice visible particularly on the face, arms and sclerae. The pupils are regular; the right measures 5 mm. in diameter, the left 3 mm. in diameter. The abdominal fat measures 2 cm. in diameter The liver is at the costal margin. There is about 1 liter of slightly cloudy yellowish fluid in the Peritoneal Cavity. The icteric fat is abundant. The appendix is normal. The serosal surfaces appear normal.

Each Pleural Cavity contains about 100 cc. of bloody fluid. There are a few scattered fibrous adhesions on each side. The Pericardial Sac is normal.

Cardiac Hypertrophy

The Heart weighs 435 grams. The epicardium is normal. There is left ventricular hypertrophy. The tricuspid and pulmonary valves are normal. There are sclerotic plaques near the attached margins in both mitral leaflets. There is a slight degree of fusion of the right-left commissure of the aortic cusp. The coronary orifices are normal. Both right and left coronaries show a grade 2 sclerosis. They are thickened, calcified, cut with difficulty, but the lumina are patent. No closure can be demonstrated as far as the branches may be traced grossly. There is no gross myocardial fibrosis. There is a grade 1 sclerosis of the aortic root.

Pneumonia

The Right Lung weighs 400 grams, the Left 660 grams. The right lung appears normal except for the small area of consolidation in the superior portion of the upper lobe. The left lung presents a uniformly extensive consolidation at the superior half of the upper lobe and is otherwise normal. The vessels are normal. The bronchi contain a mucopurulent material.

The Spleen weighs 210 grams. It is fairly soft, and the markings are essentially normal.

Liver Abscesses

The Liver weighs 1700 grams. There is a small patch of purulent exudate on the superior surface of the right lobe. The capsule appears otherwise normal. There are a few minute cysts

containing clear fluid scattered over the surface, and there are a number of areas of subcapsular abscesses visible particularly along the right margin. On section the liver is found to be studded with multiple large and small abscesses with one particularly large spot communicating with the portal vein containing about 200 cc. of thick greenish yellow pus. There is a similar large abscess in the midportion of the left lobe.

Thrombophlebitis

The portal veins just distal to the liver and above the point of the union of the mesenteric and splenic veins present extensive thrombophlebitis. The smaller branches show no inflammation. There are weblike adhesions between the gallbladder and the duodenum. The Gallbladder is moderately distended. It contains about 100 cc. of dark brown bile. There are no calculi and the ducts are patent. There is no thickening of the wall of the gallbladder, and the mucosa appears normal except for a few scattered cholesterol deposits. The stomach is normal, and the entire intestinal tract presents no abnormality other than a superficially hemorrhagic mucosa in the cecum.

The Pancreas except for the presence of multiple small cysts containing clear fluid is normal.

The Adrenals are normal.

The Right Kidney weighs 210 grams, the Left 200 grams. There are aberrant arteries to both lower poles. There is a solitary cyst in the upper lobe of the left kidney measuring 3 cm. in diameter. The capsules strip with ease. The surfaces appear essentially normal. The cut section presents normal markings. The pelves show a hemorrhagic mucosa in the calyces. No abnormalities of the papillae are noted. The ureters appear normal. The bladder mucosa is normal except for a slightly hemorrhagic appearance at the urethral orifice. The bladder contains about 200 cc. of brownish urine.

The prostate and seminal vesicles appear normal. The external genitalia are normal.

The arch of the Aorta traverses the right side of the chest. There is a slight sclerosis and moderate ectasia throughout. The organs of the neck appear normal.

The head is not examined.

Conclusions

Portal thrombophlebitis
Multiple liver abscesses
Cysts of liver, pancreas and kidney
Cardiac hypertrophy
Coronary sclerosis
Bronchopneumonia

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3. LYMPHOGRANULOMA INGUINALE

By Robert Hebbel

White female, Age 39.
Admitted to University of Minnesota Hospitals 12-7-37, expired 12-23-37 (16 days).

5-Year History of Rectal Distress - Weight Loss - Fever

The patient was first admitted to the University Hospitals on 7-6-32. At this time her symptoms dating back to December, 1931 were those of soreness of the rectum, weakness and afternoon fever Prior to admission there had been a painful swelling in the region of the perineum and a purulent discharge from this site for the last 2 days. There had been a weight loss of about 40 lbs. since the onset of the illness. Past history was essentially negative except for a tonsillectomy and appendectomy and a long standing history of constipation.

Rectal Ulceration

Physical examination: Essentially negative except for the findings in the pelvis. There was a granulomatous mass in the rectovaginal septum. There was a rectovaginal fistula admitting the index finger just proximal to the anal ring. Proctoscopic examination revealed diffuse involvement of the sigmoid and rectum with pinpoint ulcerating process together with a scarring in the

lower 3 to 4 inches of the rectum. The lumen at this point showed a 50% contraction. At the posterior commissure was found a fistulous tract into which a probe could be passed for a distance of about 1½ inches. No communication of this tract with the rectum could be found. The blood pressure was 100/64.

Laboratory

Urine, 1+ albumin and many pus cells; blood - hemoglobin 62%, red blood cells 3,790,000, white blood cells 8,000 with a differential of 57% neutrophiles, 38% lymphocytes, 5% eosinophils. Stool examination showed many pus cells and positive benzidine. The Wassermann reaction was negative. X-ray of the colon showed spasm and ulceration of the rectum leaving off abruptly in the pelvis.

Stricture

Course: The temperature showed a daily elevation of from 101° to 103° during the stay in the hospital. Treatment consisted of antiseptic irrigation through the rectum, Bargen's vaccine, autogenous vaccine and potassium iodine. There was some improvement clinically and subsequent proctoscopic examination indicated less activity of the process in the rectum but there was no sign of healing of the rectovaginal fistula. Biopsy of the tissue from the rectum showed on section granulomatous tissue markedly infiltrated with neutrophiles. The patient was discharged on 3-11-33. She was then followed in the Outpatient Department where treatment consisted of dilatations of the rectal stricture.

Positive Frei Test

In June, 1935 a positive Frei test was obtained. She was readmitted to the hospital 9-3-35 for observation. Proctoscopic examination at this time revealed much ulceration in the upper rectum with dense scar tissue, contraction of the lumen in the rectal sigmoid where it was reduced to about 2 cm. in diameter. Patient's x-ray revealed a normal stomach and duodenum, some stasis in the small bowel, marked stasis in the large bowel where the barium remained for a week. She was discharged on 10-2-35.

Obstruction

Patient was readmitted on 12-7-37, having had increasing constipation. There had been but 3 bowel movements in the 3 weeks prior to this admission. X-ray of the abdomen showed much gas and fecal material in the colon. On December 13, dilated with rectal dilator through the constricted area about 5 cm. from the anus which point admitted the tip of the index finger. Following this procedure she complained of increased abdominal discomfort with progressive distention together with elevation of temperature. She was given fluid by vein and was transfused. Nasal suction was instituted. X-ray of the abdomen on 12-22 in the upright position showed free gas in the peritoneal cavity and the separation of the loops of bowel which suggested an exudate. She became progressively weaker and died on 12-23-37.

Autopsy

The body is that of a well developed, fairly well nourished white female, 155 cm. in length and weighing about 125 lbs. There are multiple venipuncture marks in each anticubital space. There is an old healed operative scar in the lower abdominal midline 10 cm. long. Rigor is present. There is moderate dorsal hypostasis; there is pitting edema along the lateral surfaces of the ankles; there is no cyanosis or jaundice. The pupils are equal and regular; each measures 6 mm. in diameter.

Peritonitis

On opening the Peritoneal Cavity a watery green fluid wells out. It is estimated to be of about 5 liters in volume. It has a foul odor of a bacillus coli infection. There is generalized peritonitis, shaggy serosal exudate on the loops of bowel, multiple isolated areas of pus pockets between adjacent loops. The omentum is adherent to the parietal abdominal wall at the site of the old operative incision and to the medial margin of the cecum. The appendix is absent. The diaphragm is at the 3rd interspace on the right and the 4th rib on the left.

There is about 500 cc. of faintly greenish fluid in the Right Pleural Cavity and about 800 on the left. There are no pleural adhesions. The Pericardial Sac contains about 100 cc. of clear yellow fluid.

The Heart weighs about 265 grams. The epicardium, myocardium, endocardium and valves appear normal. The coronary orifices are normal, and the coronary vessels are normal. There is a small sclerotic plaque on the aortic surface of the posterior mitral valve. There is a mild sclerosis of the aortic root.

The Right Lung weighs 325 grams, the Left 300 grams. There is moderate congestion and atelectasis of both. No consolidation or edema is present. The vessels and bronchi appear normal.

The Spleen weighs 235 grams. It is deep red in color and soft. There is a fibrinopurulent exudate over the upper pole.

The Liver weighs 1900 grams. There is a fibrinopurulent exudate over the superior portion of the right lobe. On cut section it is found to be light brown in color with normal markings and firm in consistency. The Gallbladder contains about 50 cc. of dark green watery bile. The mucosa presents multiple cholesterine deposits. There is a single large stone measuring 3 x 1½ cm. The ducts are patent.

Ulceration, Stricture of Colon

The stomach, small bowel and colon as far as the splenic flexure are normal. From a sharply demarcated point 33 cm. above the anus, the descending colon, the sigmoid, the rectum and anal canal are all markedly thickened and indurated. There are a few longitudinal patches of hemorrhagic mucosa. The remainder of the mucosal surface is ulcerated and rough. 3 cm. above the anus on the anterior wall of the rectum is a small sharply circumscribed ulcer measuring 8 mm. in diameter and 3 mm. in depth. Between 5 and 8 cm. above the anus the diameter of the rectum appears to be somewhat narrowed. At a point 18 cm. above the anus and extending to a point 21 cm. from the anus, there is on the medial posterior surface a deeply penetrating, necrotic, ulcerated area which has eroded into the fat on the serosal surface and penetrated in several channels to the peritoneal cavity. Just above the anal ring there is a rectovaginal fistula 1½ cm. in diameter.

The Pancreas and Adrenals are normal.

The Right Kidney weighs 150 grams, the Left 140 grams. The capsules strip with ease. The surfaces are slightly granular. The cut section presents normal markings. The ureters, pelves and bladder appear normal. There is the same fibrinopurulent exudate over the genitalia as was present in the rest of the abdominal cavity, but the organs are otherwise normal. The uterine cervix appears normal.

There is a slight sclerosis of the Aorta.

The organs of the neck are normal. The head is not examined.

Conclusions

Lymphogranuloma inguinal
Stricture of rectum
Perforation of bowel
Peritonitis
Bilateral hydrothorax

Microscopic Study

The biopsy taken on the last admission, and all the previous biopsies of this patient and sections of the colon were reviewed. The microscopic appearance of all the biopsies extending over a period of five years show an identical process. There is no appreciable difference between the first biopsy taken and the present one. The amount of fibrosis, scarring, etc., does not seem to be more extensive within the particular pieces in the last biopsy. The picture roughly corresponds to that of granulation tissue. There is an overgrowth of fibroblasts, proliferation of young capillaries and a heavy cellular infiltration which is chiefly of the monocytic variety. There are, however, numerous polymorphonuclear leukocytes also present. There is no particular pattern of growth. Fibrosis

is extensive and extends throughout the tissue. A possible distinctive feature between the usual nonspecific granulation tissue and these biopsies is the presence of large endothelial-like cells. The cells have abundant cytoplasm and a relatively clear nucleus. At many points they form a solid chain or sheet which is either rising from the outer layer of capillaries or is proliferating in the region of capillaries. These cells resemble very much the endothelial cells seen in Hodgkin's infiltration. They do not have the regular parallel arrangement such as is seen in tuberculous granulation tissue but are irregularly dispersed through the tissue except for the association with capillary walls. There are no foci of caseations such as are commonly seen in lymphogranuloma inguinale. Along the superficial portions where apparently the granulation tissue is actively growing and is young, the fibroblasts are proliferating in fine reticulum which forms a meshwork in which are embedded the leukocytes and endothelial-like cells.

Conclusion

(For the present biopsy and also for the previous biopsies)
Lymphogranuloma inguinale.

(R.W.Koucky)

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GOSSIP (Continued)

reception from his former mates. His good mate accompanied him - Wisconsin's pride and joy, Minnesota's Health Service Director Ruth Boynton, was re-elected Secretary of the American Student Health Service Association to assist Iowa's pride and joy, former Minnesotan, Director of Stanford's Health Service, Charles E. Shepard, who was elected President - The younger staff set made merry at a holiday dance in Shevlin chaperoned and paid for by Chief Internist J. Charnley McKinley and his wife, while the Dean Diehl's relieved the pressure by inviting them on New Year's Day - Internist Cecil J. Watson had an aching wisdom tooth pulled for a Christmas present to himself - A patient appeared New Year's Day with a note from Miss Gilman asking him to come December 28th and said "Here I am, I know it is the 29th, but don't bawl me out as I'm only one day late" - B. Alec Barney Watson finally broke his vow of silence and spoke up in meeting at Chicago - Chief Steward Robert C. Schenck declared a Christmas truce by asking no one to sign a requisition - Yours truly had an amazing New Year's radio audience of staff convalescents - The success of Dave McMillan's basketeers is working wonders in relieving the intracranial pressure of some of our Minnesota's other highly publicized athletic representatives - Minnesota's Secretary of the State Board of Health Albert J. Chesley thought he would buy his own Christmas present. Seeing a dark striped shirt that he liked, he ordered a half a dozen. When he proudly showed his wife his purchase she fainted. Her last words, "People will think you are always wearing a dirty shirt" - A few of the old friends of Mr. and Mrs. Amberg dropped in to greet them over the holidays. After a formal exchange of greetings the guests departed. A quiet time was had by all - Many of our old friends were not with us this year. We hope they wished they were - Former Superintendent of the Minneapolis General Hospital Walter E. List, now Superintendent of the Jewish Hospital, Cincinnati, has a lovely new brick colonial residence built on the grounds. His old apartment at the General was so dear to him that he had the arrangement repeated in his new home - The former Superintendent of Ancker Hospital Fred Carter, now Superintendent of Christ Hospital, Cincinnati, also has his home on the grounds. It has just been redecorated and presents a very attractive appearance. It is one of Cincinnati's oldest homes, a house of 16 rooms. Both Superintendents List and Carter have research divisions in their private hospitals. Both research units are privately endowed - The Christmas ties have been worn - the trees are down - the wreaths are on the rubbish pile - the students are back in school - the staff meetings have started and will continue without interruption until the spring vacation - Yes, the holidays are over!