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Medical Social Studies

Volume XVI | Friday, April 20, 1945 | Number 23

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

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

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WILLIAM A. O'BRIEN, M. D.

I.

UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
CALENDAR OF EVENTS
April 23 - 28, 1945

No. 68

Monday, April 23

9:00 - 10:00 Roentgenology-Medicine Conference; L. G. Rigler; C. J. Watson and Staff; Todd Amphitheater, U. H.

9:00 - 11:00 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Interns Quarters, U. H.

9:00 - 11:30 Dermatology Conference; Allergy in Dermatology; Stephen Epstein; W-312, U. H.

12:30 - 1:30 Pathology Seminar; Inspiration of Amniotic Fluid; Ruth O'Neal; 104 I.A.

4:00 - Public Health Seminar; Equine Encephalitis; Dr. Eklund; 6th Floor, Women's Lounge, Health Service.

8:00 - American Chemical Society Lecture; Spectrophotometry in the Study of Plant Pigments; E. P. Zschelle, University of Chicago, Chemistry Auditorium.

Tuesday, April 24

9:00 - 10:00 Roentgenology-Pediatrics Conference; L. G. Rigler, I. McQuarrie and Staff; Eustis Amphitheater, U. H.

11:00 - 12:00 Urology Conference; C. D. Creevy and Staff; Main 515 U. H.

12:30 - 1:30 Pathology Conference; Autopsies; Pathology Staff; 104 I.A.

12:30 - 1:30 Physiology-Pharmacology Seminar; The Distribution of Enzymes Within the Cell and its Application to Cancer Research; Cyrus P. Barnum; 214 M.H.

4:00 - 5:00 Physiological Pathology of Surgical Diseases; Physiology and Surgery Staffs; Todd Amphitheater, U. H.

4:00 - 5:30 Obstetrics and Gynecology Conference; J. L. McKelvey and Staff; Station 54, U. H.

4:00 - 5:00 Pediatrics Grand Rounds; I. McQuarrie and Staff; W-205 U. H.

4:30 - 5:30 Ophthalmology Ward Rounds; Erling Hansen and Staff; E-534, U. H.

5:00 - 6:00 Roentgen Diagnosis Conference; A. Stenstrom, Leslie Anderson, 515 U.H.

8:00 - Sigma Xi Lecture; Concerning the Cancer Problem; Peyton Rous, Rockefeller Institute for Medical Research; Museum of Natural History Audit.

Wednesday, April 25

9:00 - 11:00 Neuropsychiatry Seminar; J. C. McKinley and Staff; Station 60; Lounge, U.H.

11:00 - 12:00 Pathology-Medicine-Surgery Conference; Chronic Glomerulonephritis; E. T. Bell, C. J. Watson, O. H. Wangensteen and Staff; Todd Amphitheater, U. H.

12:30 - 1:30 Pediatrics Seminar; Streptococcis; J. McMan; W-205 U. H.

12:30 - 1:30 Physiological Chemistry Literature Review; Staff; 116 M. H.

4:30 - 5:30 Neurophysiology Seminar; Pathology of Movements in Man on Basis of Action Potential Studies; James F. Boxma; 214 M. H.

Thursday, April 26

9:00 - 10:00 Medicine Case Presentation; C. J. Watson and Staff; Todd Amphitheater, U. H.

12:30 - 1:30 Physiological Chemistry; Intermediary Metabolism of Carbohydrates; M. F. Utter; 116 M. H.

4:00 - 5:00 Pediatric Journal Club; Review of Current Literature; Staff; W-205 U.H.

4:30 - 5:30 Ophthalmology Ward Rounds; Erling Hansen and Staff; E-534, U. H.

4:30 - 5:30 Roentgenology Seminar; Roentgen Diagnostic Case Reports; T. B. Merner and M. E. Tucker; M-515 U. H.

Friday, April 27

9:00 - 10:00 Medicine Grand Rounds; C. J. Watson and Staff; Todd Amphitheater, U.H.

10:00 - 12:00 Medicine Ward Rounds; C. J. Watson and Staff; E-214 U. H.

10:30 - 12:30 Otolaryngology Case Studies; L. R. Boies and Staff; Out-Patient Otolaryngology Department, U. H.

11:45 - 1:15 University of Minnesota Hospitals General Staff Meeting; Anesthesia in Chest Surgery; Ralph T. Knight and Frank Cole, Powell Hall, Recreation Room.

1:00 - 2:30 Dermatology and Syphilology; Presentation of Selected Cases of the Week; Henry E. Michelson and Staff; W-206 U. H.

1:30 - 3:00 Roentgenology-Neurosurgery Conference; H. O. Peterson, W. T. Peyton and Staff; Todd Amphitheater, U. H.

Saturday, April 28

8:00 - 9:00 Surgery Journal Club; O. H. Wangensteen and Staff; M-515 U. H.

9:00 - 10:00 Pediatrics Grand Rounds; I. McQuarrie and Staff; Eustis Amphitheater, UH

9:15 - 10:30 Surgery Roentgenology Conference; O. H. Wangensteen, L. G. Rigler and Staff; Todd Amphitheater, U. H.

9:00 - 10:00 Medicine Case Presentation; C. J. Watson and Staff; M-515 U. H.

10:00 - 12:00 Medicine Ward Rounds; C. J. Watson and Staff; E-221 U. H.

11:30 - 12:30 Anatomy Seminar; Possible Etiological Factors in the Development of Spontaneous Leukemia; A. Kirschbaum; 226 I. A.

CASE I

SUSPECT RHEUMATIC FEVER

Evelyn Parkins
Reynold Jensen

, age 10, from Cass County, was referred to the medical social worker by the driver of the county car.

Because he was to remain in Minneapolis alone to have a complete physical examination, the county welfare board wished us to place him in a boarding home, follow him in clinic, and contact them at the time of his discharge so that arrangements for his trip home could be made. They also wished a report of the findings at University Hospitals and medical recommendations for him on his return home.

The patient presented complaints of nervousness, joint pains, and the possible diagnosis of chorea and rheumatic fever. He stated he had had measles, mumps, and chicken pox, and had a tonsillectomy when he was about 3 years of age. He appeared nervous and hyperactive and had noticeable involuntary movement of the head. He complained of his eyes watering and of being unable to read.

was brought to the Social Service office with another boy from Cass County on Dec. 21, 1944. The driver brought a guarantee signed by the Executive Secretary of the county welfare board to provide for care at the Granger Boarding Home for children under 16. The driver explained that the other patient should be sent home on the bus the next day following clinic, but that arrangements had been made for to remain over Christmas in order to complete his examination. He had had his Christmas before he came. was a slight boy of medium height who spoke up readily and seemed intelligent. He also seemed anxious and nervous about the whole procedure. As a result the social workers explained to him who the Grangers were and that they had a home where children could stay while going to clinic if their parents were not with them and that they brought the children to and from clinic in the car and stayed with them while they were at the hospital. was told that the boy with him had been at Grangers before, and that we would see him when he came in to Pediatric Clinic the next day.

The social worker then talked to the county driver about and found that he knew nothing about him socially or medically. It was pointed out that it would be difficult to conduct a good examination without history and it was suggested that the driver have the child welfare worker of the county send us more information.

The next day was seen in Pediatric Clinic. The examination was difficult because there was no history and because the boy was defensive and answered all questions negatively. He seemed to want to impress the doctors with the fact that there was nothing wrong with him. He was given appointments for the following Wednesday since this was the Christmas holiday weekend. After the clinic, while the social worker was arranging for the other boy's return home, cried and became much upset because he wanted to go home too. The social worker felt that consequently the four-day wait would be difficult for him particularly at Christmas time. A telephone call was made to the county welfare board and the problem explained to the child welfare worker. It was agreed that should come home with the other boy on the bus. He would return the following week to complete his examination. We asked the county to send us a history of John's past health problems if no member of his family could accompany him when he returned.

On December 28 we received a letter which stated that the household consisted of , 50 years old; a twin sister, ; and a younger brother, , age 7. The household standards were fairly adequate although the family was living in a rather crowded apartment. Mrs. was described as a heavy set, cheerful woman with a large goitre. She had been married twice. Her first marriage had ended in divorce. There were 6 children from the first marriage. The 3 boys of this first marriage had been placed at the Owatonna State

School following the divorce. Mrs. and her second husband had been living under common law marriage. The first child of this second marriage had been adopted by another family. Mr. died in 1938, having been partially handicapped for a number of years with a heart ailment.

The report stated that the patient had had a twitching in his leg since a small child according to his mother. As he grew older, this twitching was accompanied by crying and signs of distress. He complained of pains in his leg. He had always been subject to colds and sore throats despite his early tonsillectomy. He had had occasional nosebleeds, and had enuresis for years while a younger brother, had developed this trouble a year ago. appeared to be a more robust child. The county felt that there was a normal, happy relationship between the mother and the children. Our patient-s school work had been satisfactory until this year when it was necessary for him to repeat last year's reading class. He had complained of headaches but a school examination had not indicated that he needed glasses. His teacher felt that the boy tended to day dream. The mother felt that the children had an adequate and balanced diet at home. had been brought to the attention of the local doctor 3 months previously because he complained of soreness on his left side under the heart. The local doctor had recommended an examination at University Hospitals, thinking there was a possible diagnosis of rheumatic fever.

The following day returned with the county driver to complete his examination. The patient was happy and said he was now willing to stay and complete his examination. He was sent to the Granger boarding home.

On December 30 the patient was seen in Pediatric clinic. The social worker gave the doctors the preceding history sent from Cass County and contacted the boarding mother, Mrs. , to see if she had noted any bed wetting. Mrs. reported dry both nights he had been there. saw Dr. Reynold Jensen in clinic. He remained defensive, high strung and nervous throughout the morning. When clinic was over, he immediately asked the social worker if he could go home now. The social worker reminded him that he had made a bargain to complete his examination this time and that he had further tests to do. The patient accepted this.

The medical examination in Pediatric Clinic was essentially negative except for carious teeth. The boy was noted as being alert, hyperactive, and tense. There was no heart murmur or enlargement of the heart. All laboratory findings were negative. The boy was noted as still making involuntary movements with his hands, feet, and face. His speech was noted as effected.

Following this examination talked at some length to the social worker. He said that he was in the 5th grade and that his mother received an Aid to Dependent Children grant from the county. He then told of his father having died 6 years ago and that all he remembered about him was that he was tall. He spoke of all of his brothers and sisters, even those by his mother's first marriage. Many of these older half brothers and sisters he said were living in his home town and they were together a great deal. The patient also mentioned and said he got better grades than he did sometimes.

When the patient was seen in Eye Clinic a refraction was advised but an appointment could not be arranged until January 4. was upset again and cried and said he was homesick and wanted to go home. The social worker again reminded him that he and Dr. Jensen had discussed homesickness in clinic and that Dr. Jensen had told him he would need to overcome his homesickness and that he was a big enough boy to do that now. He agreed to stay and the social worker said he might come in each day with Mr. to see if there was a cancellation in Eye Clinic.

The following day Mrs. reported that had been enuretic. Seeing him later in the hospital, the social worker discussed this with him. The boy was also apprehensive about psychological testings he was to have that afternoon.

The social worker and discussed what would take place and he was introduced to the psychologist.

The Eye Clinic decided that he would need to return in 3 weeks for reexamination. The psychologist reported that the patient had not had an I.Q. examination but had had a number of personality tests which showed a compulsive desire to please. This pattern showed throughout. A definite emotional response to his family, especially his mother, showed up also. The psychologist felt these were important factors.

On Jaunary 5 the patient was seen by Dr. Jensen and was told that he would not have to limit his exercise any longer. The local doctor had previously recommended limitations of activity and the patient had told the social worker of his inability to play actively outside or to be in gym at school. Dr. Jensen had been given this information as well as up-to-date information on the enuresis before seeing the boy on this date. Dr. Jensen explained to that he could go out and do things with the other boys, that we would like to have him join the Cub Scouts which he had seemed interested in. He was also told that he should sleep alone and that he could limit his intake of water in the evening if he wished. Dr. Jensen asked that the boy try not to have any accidents until he returned in 3 weeks since he was now a grown up young fellow who was able to be away from home alone. The boy left for home that afternoon. The following day the social worker wrote to Cass County Welfare Board stating that the boy was to return in 3 weeks and that Dr. Jensen had requested that the mother come with him this next time so she could be given some insight into his problems as it was felt that she played a large role in these problems. The county worker was told of s success with his enuresis while here. They were told of the emotional responses noted at the hospital and that our doctors recommended that the patient have more outside activities, including scouting if possible. They were also asked for further information on the family relationship. On the same day the social worker wrote to the mother asking her to come with on his next visit so that we might discuss his care with her. She was told that we did not feel had rheumatic fever at this time and that he was not to be restricted in activity in any way. The mother was told that we had written the county about his becoming a cub scout and suggested she talk this over with them. The mother was asked to arrange for to sleep alone and to give us a report on his enuresis when they returned.

On Jaunary 18 the social worker received a letter from 's mother reporting some improvement in the enuresis. He had had swelling below the knee and had been home from school three and one-half days. This letter was discussed with Dr. Jensen who asked the social worker to write to the mother and have the boy return for a check up. Such a letter was sent.

On January 24 the county wrote saying the patient would return on the 25th with his mother. Mrs. had volunteered to the child welfare worker that Mr. had greatly preferred the twin girl to . The father her so definitely that it was noticeable to all the children in the family. The father would buy candy for the girl and give none. He would always accuse and correct whether it was his fault or not if there was any quarreling between the children. It was felt that Mrs. had a protective attitude toward as a result. The mother still protects and does not want him to do anything too hard. She had discouraged cub scouting because sha thought he could not compete financially with the others. is the mother's favorite but she states that this is because he has been ill.

On January 26, Mrs. and came to clinic. Mrs. seemed nervous and tense when she talked with the social worker. She talked much about her family problems. Her greatest concern now seemed to center about a 23-year-old son of her first marriage who was a discharged war veteran mentally ill. He had been in the home and had been having attacks and only within the last few days had been removed to a Veterans' Hospital.

Mrs. said she had been poor as a girl and had never had things that other girls had. She had stopped school at the 8th grade because of this. She had felt the same way about s joining the scouts because he was sensitive as she had been. The worker explained to the mother that the county would help her if she could not handle s expenses herself. Mrs. also said she had often wondered if her unhappiness before the twins' birth had had anything to do with s nervousness. Her second husband had never provided for them and she had worked out until just before the children's birth. Her husband had become more and more difficult to live with and had been no help in raising the family. Mrs. said frankly she was thankful her husband had died because she was able to manage better without him. The mother now receives only $55 a month plus a grocery order. According to the mother, did not receive as good grades as his sister, was shorter, and weighed 10 pounds less.

This information from Mrs. was given to Dr. Jensen before he saw the mother and child in clinic. Dr. Jensen later stated that this visit showed there was definite improvement in the patient. An I. Q. was done and was found to be of normal intelligence. Arrangements were made by the social worker for the county to pay for glasses which were recommended by the Eye Clinic.

On January 27 the social worker wrote to the Cass County Welfare Board explaining that we felt had made definite improvement. The county was asked to help the mother to let the boy enter into more outside activities and cub scouting membership was suggested immediately. We stressed the point already discussed with the mother of letting the boy take full responsibility for his enuresis.

On Feb. 23, came to Pediatric Clinic. He reported to the social worker that he had had only one or two wet beds all month. He was proud of this achievement. He said he was joining the Cub Scouts the first of March. He was doing all gym work and talked about this enthusiastically. He wore his glasses and had no noticeable involuntary movements. The social worker wrote both the mother and county following his departure stating that we felt that definite improvement had taken place and encouraging both the county and mother to continue carrying out the recommendations already given.

In this case the medical social worker participated with the doctors in the hospital and the county in obtaining examination for this boy and carrying out clinical recommendations. The medical social worker tried to help the patient to accept the hospital and the hospital to understand the patient. This was done by frequent conferences with and by asking for and obtaining pertinent material for the hospital from the patient's home community. The social worker helped the mother to understand the meaning of the diagnosis and promoted greater participation of the boy in his own treatment.

CASE II

COMPLICATED THROMBOPHLEBITIS

Frances D. Boone
Clarence Dennis

On January 14, 1944 the social worker interviewed Mr. who had been discharged surgically to see if there were social factors which would prevent his progress during convalescence. She found a 60-year-old man who had been too apprehensive to be as active as he had been advised to be; who had nowhere to go on discharge and no financial provision to pay for care until he could work. He resisted returning to his local community, for he had planned to stay in Minneapolis and get work.

The social worker checked with the surgeon to see if there was any physical reason why the patient was so apprehensive and as to possible limitations of activities. She was advised to proceed as no limitations were necessary. After a few days' rest, it was felt that he would be able to make other plans. The Medical Fellow on the service had recognized that this patient was peculiar but had not thought of asking the social

worker to help him with the case.

When we talked with the patient concerning the possible assistance we could request from the county during his convalescence, and the type of facilities provided by nursing homes and boarding homes, he at first half-heartedly accepted the plan of convalescing in a boarding home, as he did not wish to be dependent upon his children in whose home physical provisions were not adequate for him, but he soon became more apprehensive and begged to stay in the hospital so that if anything happened, he could be where he could receive care. We arranged for him to have a first-floor room in a boarding house whose manager would come for him by car. The discharge plan was discussed with the charge nurse and it was pointed up that he felt he needed a great deal of help in getting ready to go. A letter was then sent to the county welfare board explaining his need for assistance with his convalescent care, as well as the hospital expenses which they had provided. In one-half hour after discharge arrangements had been completed for him, he became critically ill, and so did not leave the hospital. Relatives were called and from them a fuller picture of this patient was procured. Family relationships were particularly significant in the behavior of this patient in the period which followed. Mrs. and his daughter told us that Mr. had been unusually dependent on his wife, and on account of his instability and drinking, after two separations with unhappy trials at taking him back, Mrs. had divorced him in 1942. They had 8 children. His wife accused him of never lining children, and now none of them were willing to have him with them. For the last two years he had tried living with one after another and they had all found him too disrupting an influence in their families to accept him again. The wife was living with one of the daughters in Minneapolis, and was working. She visited him while he was critically ill and the patient called only for her and begged her forgiveness. His wife did not wish to raise false hopes of her return to him by visiting, and after discussing all this with the social worker and family members, notified the social worker that she had decided not to visit him again, unless he was not going to live. The children dreaded a "pauper's funeral", but were financially unable to provide a private burial. The divorced wife decided to pay funeral expenses in case of his death.

As to medical history, Mrs. added the information that he had been in the habit of spitting blood each time he had a cold. Dr. Dennis will now present a picture of Mr. ' medical problem:

, a 59-year-old janitor, came to the University of Minnesota Out-Patient Department Dec. 18, 1943, complaining of a tender mass in the left groin. The mass had developed in the previous 3 months, during which time he had been wearing a truss for a right inguinal hernia. Questioning showed that at the age of 16 he had had rheumatism, during which his elbows had been swollen and painful. He had had a left inguinal hernioplasty in 1930. He had had pleurisy about 1935. He had had backache "all his life" and had been an excessive user of alcohol.

Physical examination showed a small indirect inguinal hernia on the right, kept well reduced by a truss. There was a scar from the old hernioplasty on the left. Just below this scar was an egg-shaped mass 7 x 3 cm., hard, fixed, and tender. The left testis was atrophic.

Exploration on Dec. 24, under combined spinal and cyclopropane anesthesia revealed a femoral hernia containing incarcerated, necrotic omentum. The inguinal ligament was divided by the surgeon to facilitate removal of the sac, and a modified McVay-Harkins type of repair was made, using #3 Champion silk suture.

On Jan. 1, 8 days after surgery, he presented a positive Homan's sign on the left, and tenderness and local heat in the left calf. One per cent procaine sympathetic block of the left first and second lumbar levels at once, and of the first, second, and third levels the next day, relieved the patient entirely.

On January 5, 12 days after surgery,

swelling and tenderness appeared around the would, and the patient was started on sulfathiazole therapy, one gram every 6 hours, by mouth. On January 7, a small amount of purulent exudate was evacuated from the wound, and the temperature commenced to rise, reaching 105.4o F. on January 9, 16 days after surgery, when the sulfonamide was discontinued because of the feeling this represented drug fever. The temperature dropped almost to normal in the ensuingthree days.

The patient was to have been dismissed January 14, 21 days after his hernioplasty, but on the morning of this day he developed swelling, tenderness, and a positive Homans's sign in the right lower leg. Lumbar sympathetic block failed to give relief, either January 14 or when repeated January 15.

On January 16 the patient looked sicker than at any time earlier. At noon the right leg was pinker and now definitely warmer than the left, and there were numerous engorged veins, particularly below the knee.

Three courses of therapy were considered: (1) more procaine injections, which seemed inadvisable because of earlier experience with fatal embolus in cases with little inflammatory reaction; (2) anticoagulant therapy - not adopted because the process seemed too rapid for dicumarol and because labor troubles at the hospital had made help too inadequate to embark on the use of heparin; (3) the ligation of the femoral vein above the saphenous opening.

At 3:00 P.M., January 16, removal of the junction of the right femoral and saphenous veins was completed under 1% procaine block aesthesia.

Upon removal of the drapes, the whole leg was seen to be engorged and deeply cyanotic, and the patient complained of pain in the leg and of numbness of the sole of the foot. The calf now measured 39.8cm. in circumference, and the tightness of the skin soon became marked enough to render the surface shiny.

Procaine lumbar sympathetic block was employed at once, without more than minimal improvement, and the temperature of the right leg began gradually to fall.

About 7:00 P.M., January 16, the blood pressure dropped sharply to 40/0. Administration of 1100 c.c. of plasma and 500 c.c. of whole blood returned the pressure to normal levels.

The temperature of the right leg continued to fall, the tension of the skin increased slowly, and the leg became more blue and black in color. Reanastomosis of the vein did not seem feasible, and division of the deep fascia was therefore performed at 6:00 P.M., Jan. 17th, after a good spinal anesthesia had failed to bring improvement, The muscles were very edematous, and bulged hugely from the fasciotomy incisions at all points. In the lateral thigh incision there was arterial bleeding; this was found nowhere else. Following fasciotomy, and while the patient was still on the table, the leg rapidly became warmer below the knee.

On Jan. 20 the patient had a pulmonary infarction from which he recovered.

On Jan. 28, abdominal cramps, distension, vomiting, and melena appeared, confirming the fear that mesenteric venous occlusion might complicate the picture. For the next week vomiting persisted--often bloody in character, and the patient remained critically ill. Thereafter, improvement in the gastrointestinal functions gradually appeared.

By March 1, the patient presented clean, granulating fasciotomy wounds except for some necrosis in the lower medial incision. Motor power in this extremity had been lost completely below the knee, and sensation was present, but impaired. Ability to flex and extend the knee was partial.

On March 2, the patient developed pain in the <u>left</u> calf, with a positive <u>Homans's sign</u>, and tenderness in the calf and along the course of Hunter's canal. There were petechiae overlying Hunter's canal, and there was swelling of the entire extremity. The leg was cold except for a small area of local heat overlying the femoral vein. Patient was treated

first with heparin and then with dicumarol four weeks.

Under this therapy, all evidences of thrombophlebitis disappeared in a week, and did not recur on that admission.

This case is thought to have developed blockage by the phlebitis of those collateral veins about the upper end of the femur which ordinarily serve as a pathway for return blood flow after high femoral and saphenous vein ligation. Salvage of the leg by fasciotomy a day later must have been possible because of the opening of additional collateral channels.

At the present time sufficient return of function has occurred to permit the patient to boast that he can walk a mile at a time.

In the meantime, Mr. became increasingly dependent, demanding attention and dramatizing his emotions. His constant compalint was of loneliness, and he once admitted to the social worker that he "really was not ill, just lonesome". For a short time he thought the social worker could be used to effect a reconciliation with his wife. Instead she brought him his wife's decision and purposely did not visit often, as there was danger of his transferring his dependence to anyone who gave him interest and attention. These symptoms decreased as he improved. By the time he was finally discharged, he had accepted convalescence in a rest home, so the social worker's role then was to accept his anxiety about the rest home's provision of the things he needed, and to give the rest home detailed directions about his care. One discharge recommendation was that he use crutches. He purposely left them at the hospital and did not report it for a week, then 10 days later wanted to leave them at Physical Therapy because the rest home driver, in a hurry in the morning, would not wait for his procrastinations. After checking again with the Medical Fellow, a different one now, Mr. was encouraged to use the crutches and through the social worker's interpretation to the rest home, he was praised for all attempts to help himself. He responded to this treatment and began to make more rapid strides than had been expected.

At the end of the first discharge recommendation, the social worker had asked the county welfare board to pay for a short period of convalescent care, which they accepted. Now, Feb. 8, 1944, we wrote a fuller report asking them to plan for local convalescent care over a longer period. It was understood from the Medical Fellow that the patient would be able to leave in a couple of weeks. The county answered that they had a local boarding arrangement and the son would come for him on a certain date. This was discussed with Mr. . Six months earlier, he had expressed strong emotion against returning to his home, but now he accepted, "whatever was best". A little later he expressed a preference for being in a Protestant Home, and he would prefer his town to a farm in the country, but was not too insistent upon either. The social worker took this as evidence that he had accepted his former wife's decision not to take him back. In August we presented the county's plan to Dr. Dennis when Mr. was being seen in clinic, and for the first time learned that the patient should have provisions for physical therapy for 1 year to preserve his muscles while the nerves were regenerating. If the county could provide for that at some local hospital, he might go. An elastic stocking was also recommended. The worker gave the county a still fuller picture and they replied promptly, authorizing the purchase of the stocking and giving a blanket authorization for "whatever necessary medical needs this man has". The only other physical therapy available was farther from his town than was Minneapolis., so they authorized a year's care in the rest home here. (Board is usually guaranteed for a 3-week period to protect the county from the patient's running up large and unnecessary bills.) Mr. was glad of the change of plan as he still preferred to stay in Minneapolis, but by February, 1945, was beginning to talk about being able to go home soon.

There was some difficulty with the Surgical Supply Company providing the recommended elastic stocking, but finally the stocking was procured. Through all this surgical clinic experience, Mr.

: came to the worker when he wanted help in accepting or procuring What was advised clinically, or about physical arrangements. He next came about dental work, following which the Dental College and the County Welfare Board were each given some explanation. Then he needed glasses, and finally the social worker helped him interpret to a daughter his need for better fitting shoes.

Mr. was admitted to the hospital 3 times more for shorter stays on account of less severe thrombophlebitis. When he was anticipating discharge, he requested a change of rest homes, and the reason he gave was recognized as legitimate. Because of lack of vacancies, it could not be worked out at that time, but was arranged later. The social worker warned him of the conditions he was likely to find, if he changed as he desired; and on March 5, he reported that he had "jumped from the frying pan into the fire", as far as chances of freedom of action and social life were concerned, but he accepted it without whining. If Mr. is ever able to work again, it will require more counselling and encouragement, but we feel he has made as much social progress as he has medical improvement.

We hope this case shows some of the ways in which the social worker may be able to help the patient, the relatives, and the other social agencies which are participating in the patient's care, and that it illustrates how the doctor and social worker integrate their efforts in the medical social care of the patient.

CASE III

COMPLICATED HYPERTHYROIDISM

Miriam C. Andrus
Rudolph J. Marshall, Jr.

Mrs. was called to the attention of the social worker on 10-19-44 by Dr. Marshall, who said she was extremely worried about losing their farm as a result of the fact that the son who had done the farming had been inducted into the army in July, 1944. She had done most of the farm work herself because her husband was physically unable to do it, and was worrying about how things would be managed while she was ill as well as afterwards. She was in the hospital for thyrotoxicosis with cardiac decompensation and auricullar fibrillation, and her present worry and concern were a factor in her medical condition, as well as the heavy farm work she had done which had probably contributed to her present condition. Dr. Marshall suggested that we assist her in trying to get her son discharged from the army.

She had first been seen at University Hospitals in the Admission Clinic in Oct. 1944, where she had been found to have a toxic thyroid, palpable spleen and liver, cardiac hypertrophy and dilatation, right and left heart failure, and probably auricullar fibrillation and was admitted to the hospitals. In the hospitals she was also found to have a simple iron deficiency anemia and hepatosplenomegaly. She was prepared for surgery on Lugol's and digitalis and on Dec. 1, a thyroidectomy was performed.

Mrs. is a 56-year-old married woman, mother of 7 children, thin, jumpy, and emotional. She gave the medical social worker the following information in the first interview. She lives at home on a farm about 95 miles from Minneapolis with her husband and the 2 youngest children, a girl 16 years old and a boy 14. The 3 oldest children are married and have families of their own away from the parents' community. The 22-year-old son, , who was inducted into the army in July, 1944, lived with them and did the farm work prior to his induction. A 19-year-old daughter lives in town where she is employed in a local industry. Mrs. reported that her husband was unable to do the farming because he is physically incapacitated by a hernia, and the fact that he is hard of hearing makes it dangerous for him to work with farm machinery and animals. She also said he was a typhoid carrier. She indicated that since July, 1944, she and her 14-year-old son had done all the work on their 320-acre farm where they had 11 milk cows, several horses, and other animals. She was extremely upset about the fact that could not go to school for having to stay

home to do the farm work. She pictured s ambitious, eager for an education, and bitter at not being able to go to school.

It was clear that Mrs. dominates the situation at home and has a great drive to manage her family and the farm, and to succeed.

Her solution for their problems was to get discharged from the army so he could come home and take over. Since her physical condition definitely precluded physical activity, such as that involved in farm work, we were justified in helping her attempt to do this.

Specific information was obtained from the Red Cross as to the procedure to be followed in such a case, and interpretation given to Mrs. so she could prepare her letter to the Commanding Officer explaining the family's need to have Robert at home. After the social worker learned the type of letter needed from the doctors, the doctor prepared a statement of Mrs. s medical condition and said that she would be unable in the future to do hard work of any kind. An explanation was sent to the patient's husband of the need for 2 letters from neighbors or disinterested parties explaining that they knew that there was no one but who could relieve his mother of the necessity for doing farm work. There was some correspondence with who seemed interested in carrying out his part in the effort to obtain discharge; that is, application to his Commanding Officer and presentation to him of the correspondence assembled in behalf of his discharge.

At this time the physicians anticipated that she would have her thyroidectomy in the near future, and upon their recommendation which was given to the Red Cross, an emergency furlough was arranged for Robert. A subtotal thyroidectomy was done. The patient made a good recovery, but sustained a slight paralysis of the left vocal cord. When asked us to help get his furlough extended, the surgeons said we should recommend extension to the Red Cross, who were then able to arrange it.

While he was here, the worker talked with him about the status of his application for discharge from the army, but he had almost nothing to say about it.

A month after her discharge, Mrs. returned for check-ups in the Out-Patient Department where she was told in both Surgery and Metabolism clinics that she should not work as hard as she had been doing. At this time she seemed more discouraged because seemed no closer to being discharged from the army than before, even though a local lawyer had written to President Roosevelt about their situation. was then at an embarkation point in Maryland.

At this point the medical social worker suggested to Mrs. that it began to appear they would have to solve their problems without . Realizing that we knew only what Mrs. had told us of the situation, we suggested that the county welfare board might be able to help them, and it was agreed that the medical social worker would write to them and that Mrs. would go in and talk over the difficulties with them. A letter was then sent to the county welfare board explaining the medical problems of the patient, the situation as reported to us, our efforts to assist in getting the son discharged, the fact that this is probably not going to be effective, and the plight of the 14-year-old son. We asked that they investigate the situation in order to see if there were not some way in which Mrs. could be relieved of such heavy work and the boy enabled to continue in school.

Several weeks later Mrs. wrote to the medical social worker asking her advice about a letter she enclosed from the Army Command with which had been assigned in Maryland. This was a response to the letter to the President stating he had been sent overseas, that he had a right to apply for a discharge, but that such an application must come from the soldier, himself. This was the first hint we had that Mrs. 's eagerness to have discharge might not be shared by him.

The advice of the Red Cross was that the family go to their local Red Cross

chapter, but that discharge would be unlikely. The medical social worker wrote to Mrs. including this opinion, and again suggesting that she and her husband go to the county welfare board in an effort to get help in working out some other solution to their difficulties. At the time of her check-up in the Out-Patient Department, she had not stayed for all her appointments, but rushed home to relieve , so we sent her new appointments. It was also suggested that if her husband would accompany her and go through the clinics, there was a chance that something culd be done for some of his physical handicaps. Mrs. replied that she and her husband would both come to the Out-Patient Department.

Before they came, a letter from the county welfare board informed us that Robert had been in class 2C with the draft board until he had requested transfer into 1A. Mrs. was known in her own community to be a hard-working woman, and that it was only because of her efforts that the family had been able to keep the farm. Her husband was reported as "using alcoholic beverages to the extreme". They believed that if would make out an allotment to them, it would be of more help than for him to be discharged. They agreed to assist the family with their problems.

Mr. and Mrs. , and the wife of , the oldest son, came to the Social Service office when they came to keep their clinic appointments. Mrs. did all the talking, excluding her husband and daughter-in-law from the conversation, and indicated no change in the situation, but that they both though it a good idea for Mr. to see what could be done for him.

When Mr. and Mrs. went to their clinics, the daughter-in-law stayed behind to talk alone with the social worker. She said the whole family would be happy if anything could be done to help Mr. . She then went on to tell about 's induction (she said it amounted to enlistment), and that he had begged her and her husband to do nothing to get him discharged. He has hated the farm for years and wants never to set foot on it again. She, too, was concerned about She said that her mother-in-law wanted to come home to the farm, to turn it over to him, and in return anticipate that he would take care of herself and her husband in their old age. She was eager to help get the situation straightened out, and would go out to be with Harold so his parents could stay here, if necessary.

The social worker pointed out Mr. 's purpose in going through the clinics to the clerk and doctor in the Admission Clinic before they examined him. A report that he was a typhoid carrier was checked with the State Board of Health, and it was learned that he has been known to them for 19 years, has been the source of 12 cases of typhoid, and has been uncooperative in the past. On the recommendation of medical clinic, he was transferred from his son's home to isolation in a rest home.

The social worker was able to talk alone with Mr. , who expressed concern about his wife's condition, but said she had not done farm work since her last clinic visit. He also intimated that he thought they should get rid of the farm and try to get into other employment, but that his wife will not agree to this. He seemed to regard the prime purpose of his coming to the clinic a chance to prove that he had not been a typhoid carrier all these years. It was explained to him that this could not be proved, and that the doctors would probably feel that he ought to have an operation to remedy this condition regardless of the results of the tests. He had little to say to the worker about this, but did tell the doctor that he would not have the operation.

Mrs. was quite upset when she learned that her husband would need to stay several days, because she said that simply could not stay alone all that time. The daughter-in-law offered to go to the farm, and when they left, it seemed that they would work out something. When Mrs. had been seen in metabolism clinic, she was found to

have myxedema, and because of the complicating factors of hepatosplenomegaly, anemia, and cardiac involvement, she was given a date for admission to the hospitals about 3 weeks later. The next day she left a message for the social worker that she had gone home, but would come in for admission as scheduled.

Following his visit to clinic that day, Mr. decided to go home and nothing the doctor or social worker said changed his decision. He said that his wife would be "mad" if he did not come, that he was needed to help with the work (as, of course, he was) but he did agree to come back later.

The following day phoned the worker to ask why we had not forcibly detained his father and mother and made them have the treatments they needed. When the impossibility of this was explained and that anything done by the hospitals must be done with the patient's consent and cooperation, he said he would go out to the farm to talk with his other brothers and sisters, and he would see that his father comes back. He was concerned that should not have to do the farm work, although he did say that did not feel as badly about quitting school as his mother had said. He said that he had offered to go out and take over the farm, but that his parents did not want this. His conversation indicated family friction beyond that already known, and he said he would like to discuss ta whole situation with the social worker at some later time.

The next morning, March 19, Mr. was waiting for the social worker and continued with his appointments in the clinics. A hearing-aid was recommended for him in Ear Clinic, and Surgery recommended a cholecystectomy, should the examination for typhoid bacillus be positive. Then he again returned home before examinations were completed.

At the present time the case of Mrs. is still in the process of treatment not only with the medical staff, but also with the social service department. Her situation reveals complicated social problems which are an integral part of her medical problems. She cannot carry through effectively the medical recommendations made for her until she and her family can emotionally accept the necessity for these medical recommendations. This would mean they would have to make some major readjustments in the family's way of living. This may require the assistance of one or more social and health agencies, depending upon the family's willingness to accept help in solving their problems.

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III. GOSSIP

This is Cancer Month. The American Cancer Society is making a drive for funds and all are asked to contribute. Simply write the word Cancer, Local Post Office, on your envelope, put a stamp on it, enclose your donation and your name and address, and it will reach the proper place. This is apparently the first time such an arrangement has been made with the postoffice department. Plan is to raise 5 million dollars to be spent on research, education, and patient services. Last year only $750,000 was raised, so that research funds were limited. Campaign is being conducted by a lay committee headed by Eric A. Johnston, President, United States Chamber of Commerce. Former physician members of the Board of Directors have resigned and have been reappointed as members of the Advisory Council on policy in medical matters. Research funds will be administered by the National Research Council. State funds will be spent at the direction of the local Cancer Group, and the local State Medical Association Cancer Committee. The split is 60% local, 40% national. The national money will be spent as follows: 75% for research, 25% for overhead. If my arithmetic is correct, this means over $1,500,000 will go for research, if the quota is met. We should have a special interest in this campaign as our University of Minnesota research projects in cancer will directly benefit from the fund. Records indicate we are making some progress in cancer control. Metropolitan Life Insurance statisticians note a decrease of 11% in cancer deaths in females during the last 10 years. Even among male policy holders, there has been a slight improvement during recent years. The original upward trend probably reflected improved diagnostic methods. As far as the problem is concerned, 80% of the fatal cancers recognized in males are in internal sites. Among women, only 50% of the fatal cancers occurred in inaccessible sites. The organized movement to control cancer is apparently succeeding to a considerable extent. Women especially seek diagnosis earlier than before. In Massachusetts, the average delay between first symptoms and first visit to physician has been reduced from 6 months to 3 months. This is not typical of the country as a whole as Massachusetts has had a special cancer control program for some time. AmericanCollege of Surgeons has registered nearly 40,000 cancer patients who have not had recurring symptoms for 5 years after the last treatment. Cancer is still a problem in spite of obvious improvement in the situation. Average number of persons dying of this disease is now about 170,000. There is an estimated living case ratio of 3 patients for every death. In white females it is the leading cause of death between 30 and 60. This emphasizes the importance of paying more attention to malignant disease of the breast and uterus. (See figures for women). Cancer detection clinics are of 2 types. In one a group of physicians arrange to see all patients who think they have cancer. A certain amount of information might be obtained about accessible cancers in this way although any growths involving internal organs might easily be overlooked. In the 2nd type of cancer clinic, a group of women volunteer to come every 6 months for a pelvic and breast examination. In either event, no fee is charged, and treatment is not given. All patients are referred to their attending physician for final disposition. Both of these plans have good possibilities. The Gyn Detection Clinic can employ women physicians and in England it has been suggested women physicians should be employed for this service, so that convenient clinics could be established in congested centers. It is interesting to note that the largest haul of cancers comes on the first examination, as many unsuspected growths are picked up. In examination of women for the armed services, original examinations did not include pelvics, nor were they extensive. It was learned that many conditions were overlooked in this way, so later the policy was changed. Lay people are interested in detection clinics first, research second, and education third. Greatest opportunity in education is in the high schools. Minnesota Cancer Society has devised a study outline which is effective. At Two Harbors, senior girls as a result of this cancer course, decided to put on their own campaign. They gave talks to the various rooms, made candy, sold soft drinks at games, and raised $80. Within a few years, the cancer group will be one of the strongest in the field.....