

## CASE I

W- M - S. 35 Laborer 11-5 (48 days) Neurology

C.C.: Numbness, tingling, weakness, left hand and arm. P. I. duration - 3 yrs. Involvement of left upper extremity as above followed by similar change in left leg (6 months ago). Opposite extremity also involved. All symptoms worse last six months. Dysphonia, dysphagia, weight loss 50 lbs., partial bladder loss with subsequent control, diminution of vision, many dizzy "spells", constipation, nausea after eating, gas on stomach with belching, ataxia, sick headaches when he goes without glasses, fullness in abdomen, strabismus, deafness, tinitis, slow and indistinct speech, slight sensory loss.

P.E.: Light response in right pupil poor, left normal. Bilateral primary optic atrophy, more advanced on right. Lateral nystagmus to left. Extraocular movements normal. Decreased auditory acuity. 5th nerve normal. Speech of bulbar paralytic type. Right sided paresis of tongue. Trapezii bilaterally paretic. No gag reflex. Wasting of both shoulder girdles and upper extremities, likewise of lower. Upper abdominal reflexes very difficult to obtain. Middle and lower present. Ataxic. - finger to nose on left; on right, fairly well done. Strength in left upper extremity reduced; decreased on right. Heel to knee test fairly well done. Toe position sense good. Deep muscle and tendon pain decreased. Vibration sensibility reduced, being almost absent in some places over bony skeleton. Gait-ataxic and steppage in character. Romberg positive. Babinski positive on left; also Oppenheim and Gordon. Babinski questionable on right. No disturbance of superficial sensibility. Biceps and triceps slightly increased. Knee and ankle jerks decreased.

Past Diseases: Typhoid fever, measles, mumps.

Family History: Half sister died of tuberculosis. Education 7th grade. Behavior excellent. Intelligence fair. No similar family disease.

Lab.: Urine-negative. Blood: 81, 3.80, 15.9, P. 82, L. 14, M. 3, E. 1. Slight hyperchromasia, aniso and poikilocytosis. Blood Wassermanns-negative. Spinal Wassermann-negative. Spinal puncture - low pressure, cells 12, otherwise negative. Gastric expression - total acidity 36, colloidal gold and sputum examinations negative. Plates of skull, cervical and upper thoracic spine negative. Second spinal puncture 45 mm., cells 5, otherwise negative. Jug. compression - 10 mm. Rise.

Course: 12-4, bulbar paralysis increasing, chill, temperature 104. No special pulmonary changes. 12-10, x-ray - possible beginning pneumonia, left; possible atelectasis, left. Patient's condition grew progressively worse. Because of abundant sputum, pulmonary abscess was suspected. X-ray negative. 12-23, patient stopped breathing with heart beating. Returned under artificial respiration and stimulation. Exitus - five hours later.

Therapy: Cascara, petrolagar, phenolphthalein, magnesium sulphate, s. s. enema, oil of wintergreen, "big three" capsule, ephedrine (nasal), bismuth subcarbonate, caffeine sodium benzoate.

Nurse's notes: Difficulty in swallowing without sore throat, restlessness, untidiness, fatigued expression, complained of difficulty in breathing, dizzy spells, head and eyes feel queer, soreness in back, "cynical" about progress he is making, expectoration, epistaxis, diarrhea, new glasses brought in, patient pleased with result, cough, worried about condition, difficulty in breathing, chest is filled up, weak and tired, chills, fever.

Diagnosis: 1. Multiple sclerosis, amyotrophic form of disseminated sclerosis. 2. Lues? 3. Diffuse sclerosis? 4. Pneumonia 5. Pulmonary abscess? 6. Atelectasis.

P.M. Group I - Glioma of cord.

Group II - 1. Pulmonary atelectasis. 2. Beginning bronchopneumonia.

## CASE II.

W - M - 4. 12-6 (1 day) Pediatrics

Admission Diagnosis: Pneumonia; pericarditis

Chief Complaint: Pain in chest; cough. Duration 1 week. Onset- anorexia, vomiting, pain in chest, cough, tenderness in abdomen and legs; condition unchanged for 2 days, called physician on third day, who found pneumonia. Condition remained unchanged until day before admission. At this time cough started with no expectoration, breathing became more rapid. Patient complained of pain in chest. Throughout illness, bowels moved without cathartics.

History: Breast fed, born at term, normal, no instruments, weaned at 1 year, no cod-liver oil or orange juice, raised head at 4 months, sat up at 6 months, walked 10 months, measles and mumps. Father and mother living and well. Six pregnancies, no miscarriages. Third from youngest child. Uncle died of tuberculosis at age 19. Sister and brother of mother died of cardiac disease.

Physical Examination: Acutely ill, anxious expression, apathetic, pale, breathing rapidly, alae nasi dilate, cooperative. Skin smooth, dry, sweating. Bilateral posterior lymphadenopathy, inguinal glands enlarged bilaterally. Epitrochlears palpable. Axillary glands palpable. Eyes, ears, negative, nose slight discharge. Lips dry and cracked. Tongue coated. Pharynx red and injected. Diseased tonsils. Slight hoarseness. Right side of chest, greater amplitude than left. Bronchial breathing, rales, decreased vocal fremitus over left upper lobes and over lower part of right lobe. Heart rapid, to and fro roughness over base, seems to be friction rub, blood pressure 80/50. Liver palpable 3 finger-breadths below costal margin. Spleen not palpable. Rectal examination difficult; complains of tenderness on both sides.

Laboratory: Urine- negative. Blood: 64, 4.01, 21.3, P. 68, L. 32. X-ray examination shows lobar pneumonia, left lower.

Progress: Physical examination revealed massive consolidation of left lower lobe with partial consolidation of right lower, to and fro pericardial friction rub. Red throat with diseased tonsils.

Therapy: Force fluids, codein for pain, oxygen by funnel method. Appeared very toxic. Grew rapidly worse and died.

Diagnosis: P. M. - Group I. 1. Acute fibrinopurulent pericarditis (Primary - throat). Group II. - 1. Dilation of heart. 2. Acute bronchopneumonia 3. Atelectasis 4. Cloudy swelling. 5. Puncture wounds.

### BEST SUGGESTIONS

Please respect the technique of the other fellow's department.

### DISTINGUISHED GUEST

Dr. W. J. Mayo, leading medical statesman of our time, addressed the internes' society of the University Hospitals, Thursday, January 23rd, at a dinner-meeting at 6:00 I. M.

Comment - Wished "that he really knew the relationship between the sympathetic nervous system and various diseases". Example: coronary disease. Wished "that he really knew the part that colloids played in medicine." Pointed out "that medicine was filled with men who had almost made discoveries." Used the parable of the open door and the third of July. Wished "that he was a young man again, sitting on the benches". Hoped "that some day there would be less premedic education and more patient education." Thought "that the crying need of our universities was for inspirational teaching". Scoffed "at the idea of a junior clinician, going around the hospital followed by three or four students". Believed "that an inspirational teacher could easily influence at least 1,000 students at a time." Thought "that the opportunities in medicine today were splendid for young men, but was not specific."

## COMING EVENTS

Seminar Pathology Monday, January 27th, at 12:30 P. M., room 104.

Drs. J. C. McKinley and N. J. Berkwitz, "Diffuse Cerebro-sclerosis"

Seminar Department of Medicine, Assembly Room, Eustis Hospital, Thursday, January 30th, at 4:30 P.M. Dr. A. H. Board, "Proposed Relationship Between High Fat Diet and Arteriosclerosis"

Seminar Preventive Medicine and Public Health, Students Health Service Staff room, February 5th, 4:30 P. M. Dr. J. H. Daniels, "Maximum Weights for College Men"

Clinical Pathological Conference: Friday January 31st, 11:00 P. M., Lobar Pneumonia, 2 cases. To D D Amphitheatre.

## DISCUSSION SUBJECT

How can we make the senior student conscious of his responsibility in the hospital organization?

## A FEW OBJECTIVES

Centralized laboratory, new morgue, new x-ray department, x-ray-pathologic museum, clinical research funds, more biopsies, development of M-6, hospital bulletin, shop for radiation therapy, new operating rooms, stenographic service, offices for staff to examine private patients, more technical help in laboratories, development of laboratory technical teaching staff, better records, assignment by each service of man to supervise records for stated period, hospitalization of out-patient dispensary, uniform record system, development of follow-up system, nurses' home, new administration building, more salaries, improvement of floor on M-3, a live internes' society, more group insurance, University liability insurance for staff, institution interest, compulsory week end vacation for interne staff, more reports of meetings attended, expenses for clinical trip, storeroom for pathological specimens, and many others. What is yours?

## SPECIAL NOTE

BE SURE TO READ: January 1930 "SURVEY - GRAPHIC" COST OF MEDICAL CARE