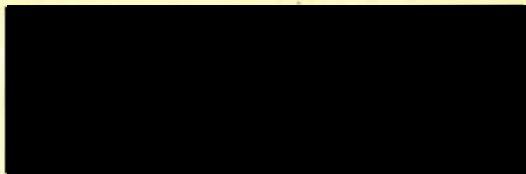


Polio-1947.



Idaho



♂, 66 yrs old,
white.

Admitted: 8/16/47 - 3.45 p.m.

History: Wed. a.m. 8/13/47; pt. went to work (as bakery truck driver) apparently not quite O.K., for he refused his breakfast. - Felt a little dizzy at work at about 10⁰⁰ A.M., and his employer thought he was sweating a little and "looked poorly"; He was taken home. Put to bed - he felt hot and complained of generalized headache. - Next day 8/14/47 - he vomited a great deal and was considered semi-delirious part of the day. - On 8/14/47 he was still febrile and was therefore taken to Weiser Hospital where it was first felt that he had had a "light stroke"; - On 8/15/47, a consultant had seen him and gotten a spinal tap done.

Findings on admission: well developed man of 65, tired from the trip from Weiser; he appears acutely ill and is rather unresponsive.

Rather marked nuchal rigidity, and pain between scapulae on forward flexion.

All deep tendon reflexes are very brisk; there is deep muscle pain in the left calf.

Abdominal + cremasteric reflexes are absent.

CSF - 8/16/47. - cell count - 308 7% poly.
92% lymphs.
protein - 62 mgm. %; sugar 75 mgm. %
urinalysis: - ++ albumin; 1-3 hyaline casts per h.p. field. -

Specimens: -

	Bowel	OP Swabs	Blood
8/16	Enema ✓	✓	20cc ✓
8/17	Enema ✓	✓	
8/18	Enema ✓	✓	

Serum due on 8/27/47
9/10/47 ; 11/13/47.

(over)

Progress Notes:

8/17/47. - Only change is that pt. is almost entirely lucid. Still considerable pain in left calf. - Neckal rigidity still marked.

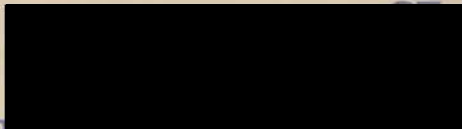
8/18/47. - As above. - Quite lucid. - Neckal rigidity + + +. - Cannot be certain this is poliomyelitis instead of equine encephalomyelitis. -

8/19/47. - Temp. down; feeling better generally - but says that his legs are "weak". - There is no demonstrable diminution in strength however of either limbs & the reflexes continue to be quite brisk; and the left K.J. is extremely brisk. - Cremasteric + abdominal reflexes have returned. -- (I would feel that encephalomyelitis should be ruled out before specimens of this pt. are to be used for poliomyelitis work-up.)

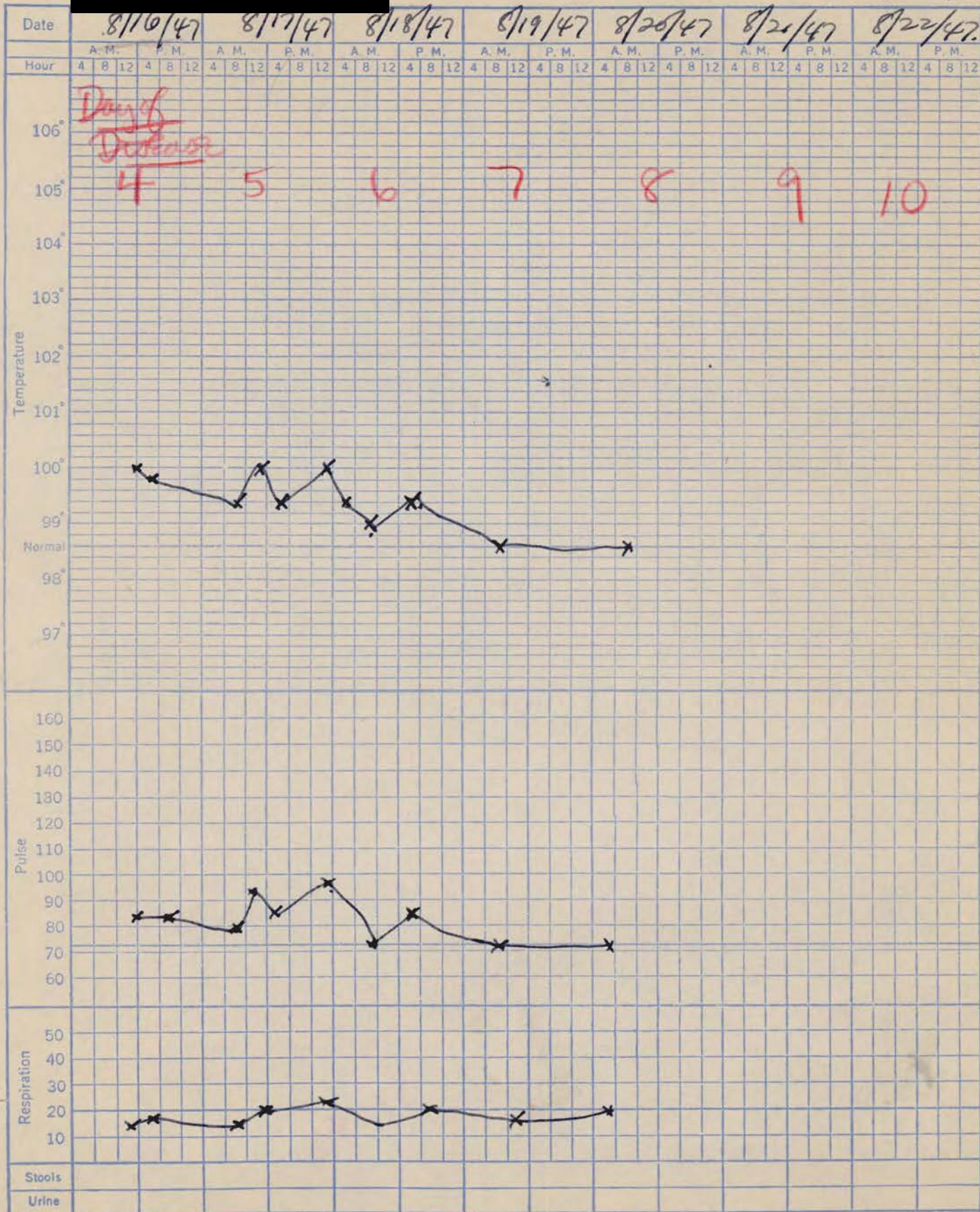
8/20/47. - appetite now good; feels generally weak. - There are no localized pareses.

LUKE'S HOSPITAL
GRAPHIC CHART

NAME



CASE NO. A7610



JAN 13 1948

A. Stool Material -

Solids present - 60 gms.
Liquid Present - 220 cc
Saline Added - 230 cc. } 15%

Blended at low speed for one minute.

Portion Refrozen = ± 200 cc. 12-16-48 Remainder Discarded
Remainder allowed to settle in 100 cc tubes in refrigerator for one hour.
Portion set aside for intranasal inoculation = ± 35 cc

Etherization of 200 cc of supernatant with 40.0 cc of ether; shaken 10',
and refrigerated overnight.

1-14-48. Centrifuged 30'. - Supernatant = 150 cc.

Culture: * $\left\{ \begin{array}{l} \pm 30 \text{ small beady colonies} \\ 1 \text{ large mucoid colony} \end{array} \right\}$ Smear: Long slender sm. neg. rods in
chains; heavy sm. + rods.

1-15-48. Re-etherized - 30 cc ether. Added.

1-16-48. Centrifuged 30 minutes; Supernatant = 60 c.c.

Culture: * 6 small colonies non-hemolytic. Smear: slender sm - rods.

1-17-48 - Inoculated to monkeys - together with penicillin.

JAN 13 1948

B. Pharyngeal Swab Material -

Liquid Expressed + 1.0 cc Buffer #1 = 2.4 cc
Buffer #2 = 1.0 cc

3.4 cc

1.0 cc Ethanol Added; shaken 10'; refrigerated overnight.

1-14-48 - Centrifuged on horizontal for 15 minutes -
Culture: ✓✓✓

JAN 17 1948

Cult.

Treated laryngeal swabs IC
 Treated stools IP
 Untreated stools IN

Rhesus # 61-



1-17-48. - Inoculated 1.5 cc IC. 1.0 cc each nostril; 2.0 cc IP together with 100 mgms. of streptomycin with 100,000 units penicillin. (12 noon.) (This monkey)

4:30 p.m. Looks ill; feels warm; given 300,000 units ~~of~~ penicillin in P.O.B. into Rt. Thigh.

1-18-48 - A.M. - T = 101.4; no clinical signs of peritonitis; however CYN. 80 (over) has temp < 94° and peritonitis; Therefore This Rhesus # 61 also given 300,000 u penicillin in POB at 2 pm. (Rt Thigh.)

1-19-48. Given 100,000 units of penicillin IP at 3 pm.

1-26-48. Mild diarrhea; very thin.

2-9-48 - Sits hunched up; breathing rapidly; coughing; extremely thin.

2-10-48 - unchanged. 2-11-48 - unchanged.

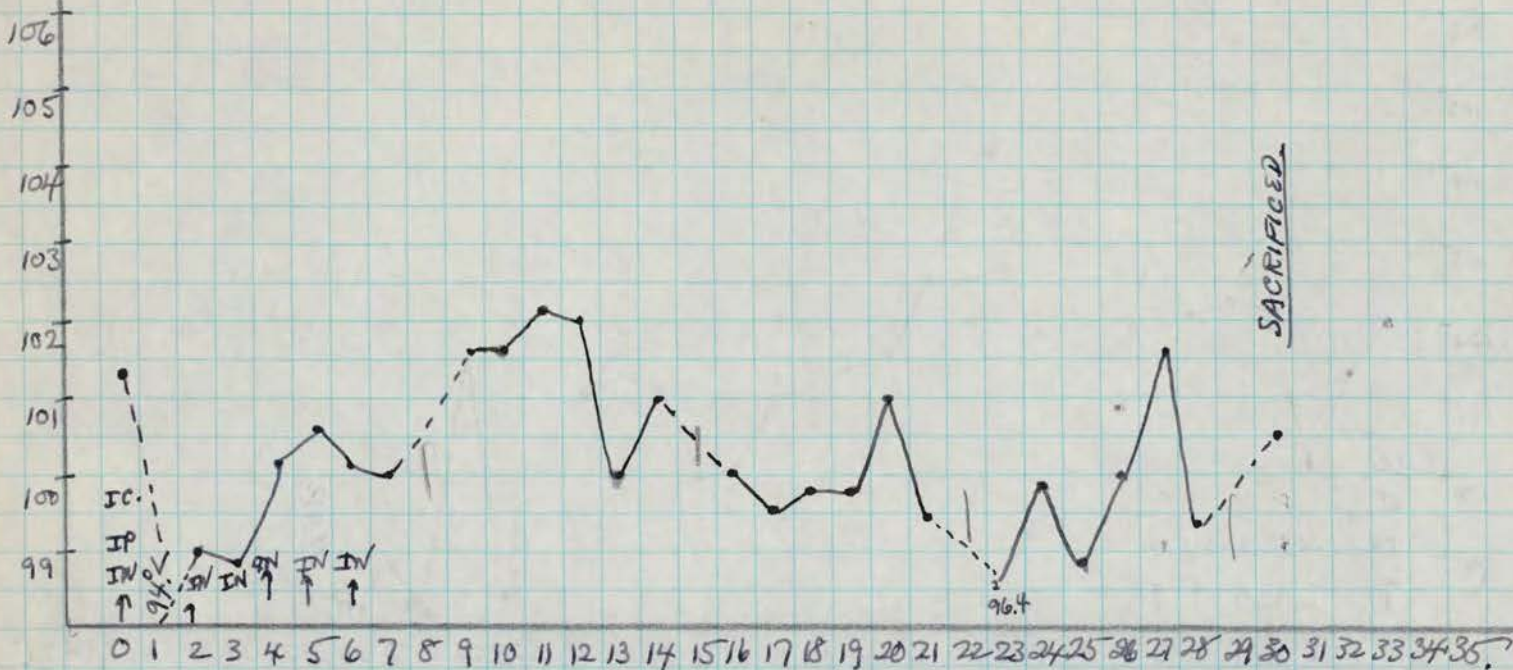
2-14-48 - DEAD. Autopsy: Emaciated. Extensive pulmonary tuberculosis, bilateral; no tubercles of spleen or liver.

TISSUE FOR PATHOLOGY: olfactory bulbs; thalamus; hypothalamus; midbrain; medulla; spinal cord levels. (2-A)

Histology - No Polio

JAN 17 1948

CYN. #80-



1-17-48. Weigh 1.5 g. IC. 1 cc per nostril; 20 μ IP with 100,000 μ penicillin and 100 mgms. Streptomycin IP. (12 noon)
 4:30 p.m. looks ill; jaundiced; given 300,000 μ penicillin in P.O.B. - rt. thigh.

1-18-48 - AM. Moderately Active. Temp. $< 94^\circ$; abdomen tender and distended. Given 300,000 μ penicillin in P.O.B. rt. thigh - 2:00 pm.

1-19-48 - Given 100,000 μ penicillin IP at 3:00 pm. -

2-9-48 - Very thin and apathetic. ; ditto on 2-10-48.

2-11-48 - condition unchanged; no paralysis.

2-16-48 - Sacrificed (celluliform - Exsanguination) for histopathology. Autopsy: left pleura adherent.

TISSUE FOR HISTOPATHOLOGY: olfactory bulbs; Thalamus; hypothalamus; midbrain; olfactory bulbs. (Z-A.)

Histology - No Polio

1940 - 1947 - MONKEY HISTOLOGY.

<u>MK.#-</u>	<u>Lumbar.</u>	<u>Thoracic.</u>	<u>Cervical.</u>	<u>Medulla.</u>	<u>Midbrain.</u>	<u>Thalamus.</u>	<u>Hypothal.</u>	<u>Of. Bulb.</u>	<u>Other.</u>	<u>DIAGNOSIS.</u>
Rh. 61	0	0	0	0	0	0	0	0; 0.		No polio
CYN. 80	0	0	0	0	0	0	0	0; 0.		no polio