SANDFLY

[redacted] 5th pass. chick then 1cc of [redacted] (6th pass. Sicilian)

1cc of [redacted] serum - negative

2cc ser + 6cc saline I.V. — IMBUS ser. (6th pass Sicil - Posit

1cc of [redacted] ser. i. cut. - neg; 2cc of 2nd pas pool - Posit.

1cc of 1:10,000 fresh [redacted] ser: neg

1.5cc of 2nd pas. pool - posit.

- 2cc of 6th pas. Sicil. - Imbus - posit.

Wh - 1cc of fresh W. [redacted] ser. - positive

C - 1cc of M.E. [redacted] Green - 7th pas - neg

Col. - 1cc of [redacted] ser. - neg; 2cc of 2nd pas pool - positive

W - 1cc. of [redacted] serum - neg.

Col - 3rd pas. Chor. - [redacted] Sicil. - neg.

Col - 1cc of Fresh [redacted] serum - neg;

W - Mouse Embryo Br. - Pas III - Sicil +ME - neg; [redacted] Green ME - Posit

Col - " " " " - neg; " " " - neg.

Col. - 1cc of [redacted] pas VI Sicilian - posit.

Col - 1cc of Handy ser. - neg.

W. - 1cc of 7th ME [redacted] " - neg.

- " " " - neg.

- 0.8 cc. of [redacted] pas VI Sicil - posit.

- 1cc of fresh [redacted] ser 1:1,000 - neg.

- Yellow fever + 7th ME Alberta Green - neg.

Poor Propagation of Sandfly Fever Virus in American Negro Volunteers

or

Inability to Obtain Serial Passage of Virus with Blood of Negroes ~~Recovering~~ Having Experimental Disease

[redacted] — 2cc of INBUS Pass VI Sicilian

Typical Severe Sandfly Fever

1cc to [redacted]

↓

NEGATIVE

|

Reinoc. with 2cc of Pass II Sicilian Pool

↓

Typical severe S.F

[redacted] — 1.5cc of Pass II Sicil. Pool

Typical severe Sandfly Fever

[redacted] 1cc to [redacted]

↓ ↓

Negative Negative

↓

Reinoc. with 2cc of Pass II Sicil Pool

↓

Typical Severe S.F.

(over)

[redacted] — 2cc of Pars VI Sicilian - Inebus

Typical severe Sandfly

1cc to [redacted] → Typical Sandfly

1cc to [redacted] → Negative

1cc to [redacted] → Negative

0.001cc to [redacted] → Negative

0.0001cc to [redacted] → Negative

Lyophilization of Phlebotomus Fever Virus

Sicilian Strain

19 April, '44

[redacted] - Neg. Sera Used

[redacted]

—	Serum frozen	23 Febr. '44	—	3cc
—	"	" "	"	— 7.2
—	"	" 10 March	"	— 13
—	"	" "	"	— 14
		Pool	=	37.2 cc

All these sera are 6th human passage

Three 5cc amps
Twenty-two 1cc "

Lyophilized 24 hours at 100–150 μ.

Stored in ordinary refrigerator 20 Apr. 1944

Serum produced infectious hepatitis in 3 of 4 human subjects

Lyophilization of Phlebotomus Fever Virus
Middle East Strain

6th Human Passage — [redacted] Serum
[redacted] 6, 1944
Kahn — Negative
12 — 1cc amps.

Label — Phlebotomus
Middle East
6th Hum. Passage
1cc Serum
Date Apr. 24

7th Human Passage — Green (Alberta) Serum
Obtained March 16, 1944
[redacted] Neg.
20 — 1cc amps.

Label — Phlebotomus
Middle East
7th Hum. Passage
1cc Serum
Date Apr. 24

Culture - Neg

Longview Hospital

CINCINNATI 16, OHIO

[redacted]

Oct. 4, 1944

[redacted]
The Rockefeller Institute for Medical Research
Princeton, New Jersey

Dear [redacted]

I am very sorry not to have answered your letter of September 6th sooner than this, but I have tried to obtain data regarding all the patients inoculated as well as the occurrence of jaundice in the hospital.

Answers to your questions in order are as follows:
1. There is no record of [redacted] having developed jaundice at any time since March 20, 1944. He seems to have improved further and has just recently been released from the hospital.

2. None of the patients inoculated by you during the period of study have developed jaundice.

3. There has been no catarrhal jaundice or infectious hepatitis in the hospital during 1944 certainly and during 1943 probably. The only jaundice we have seen was in two cases who had malignancy involving the bile ducts.

I would like to take this opportunity also of thanking you for the information regarding toxoplasmosis.

We shall be glad to have you come back to re-test any of the patients from the sandfly fever study whom you might like to work with.

Sincerely,

[redacted]

DG:LP.

Tests with Ultra-Centrifuged Phlebotomus Fever Virus

10 July 1944

VIRUS USED--Pool of frozen sera from patients inoculated with 6th human passage, Sicilian virus.

[redacted]

	43.8 cc.	(14 June 1944)
	47.0 cc.	(14 June 1944)
	41.4 cc.	(13 June 1944)
Total	132.2 cc.	

120 cc. of this pool was used for high-speed centrifugation and approximately 10 cc. of the pool was saved and refrozen (being stored in B-3).

CENTRIFUGATION-- Centrifugation was carried out in stainless steel tubes with specially fitted caps. The centrifuge head was sterilized by being submerged in 70% alcohol over the weekend. The metal tubes and caps were sterilized by hot air. The 120 cc. of serum was distributed in 8 tubes and the centrifugation took place at 24,000 r.p.m. for 1½ hours. The supernatant liquid was quickly drawn off and the bottoms of the tubes were washed out several times with a total of 2.4 cc. of the supernatant serum.

Culture of Supernatant Serum

B.A.P. Broth

Culture of sedimented virus B.A.P. Broth

Inoculations with concentrated centrifuged virus

Mouse embryo brain cultures = 0.5 cc. in each of 3 flasks

Infant mice = 9 days old
0.01 cc. intracerebrally in each of 8 mice

Chorio-allantoic membrane. 0.2 cc. on each of 3 membranes and 0.3 cc. of a 4th membrane of ten-day eggs.

TEST FOR IMMUNITY TO PHLEBOTOMUS FEVER VIRUS

SICILIAN STRAIN — JUNE 9, 1944

Purpose – to determine whether or not volunteers inoculated with chick embryo culture are immune

VIRUS USED – Serum of [redacted] (11 MARCH, 1944)
6TH Human Passage – Sicilian

CONTROL – [redacted] (20,948) – Colored – Age 23

Chick embryo on MAY 15 { – [redacted] – }

1cc of serum (0.25cc in 4 places) to [redacted] and [redacted]. Only 0.2cc given to [redacted] on 6/9 because rest squirted out around needle

JUNE 10 – 0.8cc of [redacted] SERUM injected intracutaneously on same forearm to bring total dose up to 1cc for [redacted]

SEP 11 1944

Susceptibility of Dengue Convalescents to Phlebotomus Fever

[redacted] (20,883) – Dengue 5th June - 10th June
[redacted] (21,291) – " 4th " - 9th June
} 1cc of Middle East Virus i. cut.

Susceptibility of Volunteer Inoculated Aug. 3 with Mouse Embryo Brain Culture (Middle East)

[redacted] (23,047) — 1cc of Middle East Virus i.cut.

Control for Both Above

[redacted] (21,585 - Negro) — 1cc of Middle E. Virus i.cut.

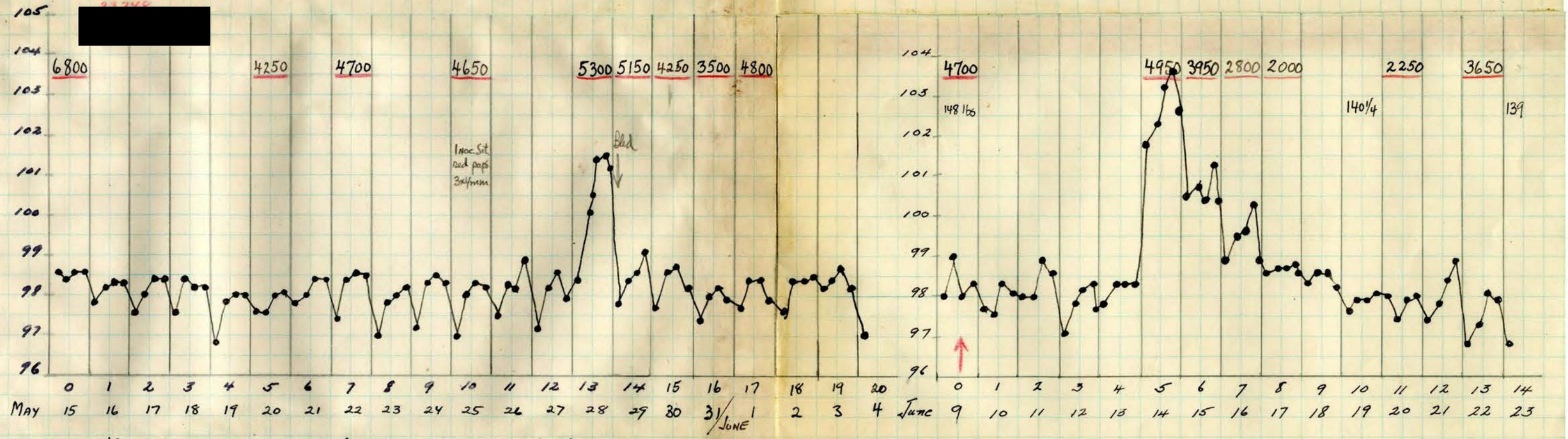
Virus Used – [redacted] Serum
Frozen since March 16, 1944

Effect of Yellow Fever Vaccine on Phlebotomus

[redacted] (23,687)
SEP 11 1944 — 1cc of Yellow Fever Vaccine (Lot 1631) subcutaneously

SEP 14 1944 — 1cc of Middle East Virus (Alberta Green) serum intracutaneously

PHLEBOTOMUS FEVER -- SICILIAN STRAIN -- CHICK EMBRYO CULTURE -- 5TH PASSAGE



2 cc of 20%. centrifuged suspension intracutaneously

June 10, 1944--A.M.

No reaction other than greenish pigmentation around area of inoculation.

June 11 — pigmentation present around area of inoculation
" 12 — " " " " " "
" 13 — " " " " " "

June 14, 1944--A.M.

Started about 11:00 P.M. last night with chilly sensations and shaking chill. Went to bed and first peculiar sensation was in fingers of left hand. Described sensation as electric chock and this seemed to radiate from the fingers to the rest of the body. Lasted only about 10 minutes and changed to a dull ache.

Several hours later headache began, not localized. Pain in leg, hips, shoulders, all over body. Has headache and aches all over now, but not as badly as in middle of the night. Face and nect appear dusky.

Conjunctivae injected. No photophobia. Eyes not tender to touch. Soft palate congested. Throat feels dry, not sore.

Lymph nodes not enlarged.

Liver and spleen not palpable.

No rash.

Site of inoculation shows only some green pigment.

100 cc. blood taken at 9:45 A.M.

June 15, 1944--A.M.

No rash.

June 19, 1944--A.M.

Up since yesterday. Feels a little weak. Appetite still poor. No pain anywhere. Bowels moved for first time yesterday in 7 days.

All lymph nodes palpable, but not definitely enlarged.

Liver and spleen not palpable.

Pulse 52.

June 26 — WBC - 3,900

[redacted]

September 1, 1944

[redacted] is on the ward now. He had experimental sandfly fever here on June 14. 10 days ago he states that he had some chilliness and "fever" (not checked) and generalized malaise. Two days later and ever since then he has had epigastric distress, anorexia, some headache (temperature 100 last night). His sclerae somewhat icteric; urine said to be dark. Would like to establish whether or not he has infectious hepatitis.

(a) Test for bile, etc., on his urine
(b) Bilirubin, etc., on his blood
(c) Cephalin-cholesterol flocculation

Have asked for stool specimen to see whether or not specimen is acholic.

September 4, 1944

Liver down 1 FB. and tender. Sclerae very yellow. Appetite poor. No nausea or vomiting.

September 5, 1944

Appetite good, but feels full very quickly. No nausea or vomiting. Has some epigastric distress. Also complains of ache in right forearm and upper arm. Last B.M. September 2nd.

P.E. Sclerae even more icteric than yesterday. Skin quite jaundiced, otherwise clear. Liver area tender, but edge not palpable. Spleen not palpable.

September 7, 1944

Jaundice of skin seems about same. Sclerae appear more icteric. Appetite is good, but gets "filled" quickly. Taking fluids well. Enema yesterday. No B.M. today. Right after eating today felt some pain across chest.

P.E. Some tenderness along right costal margin. Liver not palpable, nor is spleen. Blood taken for liver function studies.

September 8, 1944

Complains of general lassitude. No pains. No nausea or vomiting. Taking fluids well. No B.M. since enema (September 6th).

P.E. Sclerae and skin quite yellow with greenish cast. Liver and spleen not palpable. No other findings of note.

September 9, 1944

Appetite fair. B.M. this morning. Taking fluids well. No complaints except for lassitude.

P.E. Jaundice about same. Liver not palpable, but there is some tenderness along the right costal border.

September 10, 1944

Feeling quite well. Eating well, taking plenty of fluids. Slight headache yesterday. Last B.M. 9 September. No abdominal discomfort.

P.E. Icterus seems less marked today. Liver not palpable. No tenderness.

September 11, 1944

Appetite good. Last B.M. yesterday. Pain in chest (right). yesterday, but none today

P.E. Sclerae appear more icteric today. Skin still fairly yellow. Liver not palpable, but area below costal margin tender. There was no tenderness yesterday.

Remainder of p.e. not remarkable. (Blood taken yesterday for liver function tests. report will be ready this P.M.)

September 12, 1944

Doing very well. Appetite excellent.

[redacted] about the same. Liver still slightly tender. Spleen not palpable.

Serum bilirubin September 10 -- 11.8

Ceph. cholesterol floc. " 10 -- 1 +

September 13, 1944

Feeling fine, appetite excellent. Last B.M. yesterday evening.

[redacted] look even less icteric today. Liver and spleen not palpable. No liver tenderness.

September 14, 1944

Refusing food again. Fluid intake for the 13th was 1500 cc; output 1700cc. Last BM two days ago.

P.E. Pt. lies very quietly; not in good spirits but is cooperative.

perspiring very freely. Liver and spleen not palpable. Sclerae still icteric.

Blood taken for: serum bilirubin:
ceph-chol floc:

Wasserman and Kahn reported doubtful; will repeat.

September 15, 1944:

Behaving entirely different today; is good natured and in the best of spirits. Sitting up; eating and drinking well. BM this morning.

P.E. continues unchanged; sclerae still icteric.

September 14,1944:

No complaints. Appetite good. BM on 13th.

PE Sclerae about same. Liver still slightly tender. Serum bilirubin:4.8

[redacted]:
Immed. Direct.
CCF(24 hrs) neg.

Sept. 15,1944
No change.

Sept.16,1944
No change.

Sept. 18 1944
No change. Blood taken for liver function studies. Serum bilirubin 3.1
van den Bery Immed. Direct
CCF - Negative.

Sept. 21/1944:
Continues to do well. Liver still slightly tender.
but L+S not palpable. Sclerae still icteric.

Sept. 23, 1944 -
Improving - sclerae only mildly icteric - Blood
Specimens taken for:

Serum bilirubin
Van den Bergh:
C.C.F.:

Serum bilirubin - 1.42
C.C.F. - 0

[redacted]

September 1, 1944

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September 11, 1944

Appetite good. Last B.M. yesterday. Pain in chest (right), yesterday, but none today

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Doing very well. Appetite excellent.

P.E. Icterus about the same. Liver still slightly tender. Spleen not palpable.

Serum bilirubin September 10 -- 11.8

Ceph. cholesterol floc. " 10 -- 1 +

September 13, 1944

Feeling fine, appetite excellent. Last B.M. yesterday evening.

P.E. Sclerae look even less icteric today. Liver and spleen not palpable. No liver tenderness.

September 14, 1944

Appetite continues good. B.M. yesterday.

P.E. Sclerae same. Liver still tender, but neither liver nor spleen palpable. Blood taken for bilirubin and cephalin Cholesterol flocculation.

February 8, 1945, 11:00 A.M.

Temperature 100.5° at midnight, 101.4° this A.M. Patient complains of frontal headache which kept him awake last night. No other complaints.

P.E. Entirely negative. 200 cc. of blood obtained at 10:00 A.M.

February 9, 1945, 3:00 P.M.

States he had very bad day yesterday, severe frontal headache, pain in the eyes on movement, pain in the legs, nausea, anorexia. Perspiring a good deal now, feels considerably better. No more pain in eyes on movement. Still has frontal headache. Physical examination entirely negative. Post. cervical lymph nodes readily palpable, but not definitely enlarged.

February 10, 1945, 11:30 A.M.

Temperature rose again last night, associated with headache and backache. Perspired during the night. Feels fine this morning, no more pain, temperature 99.1°.

February 12, 1945, 9:30 A.M.

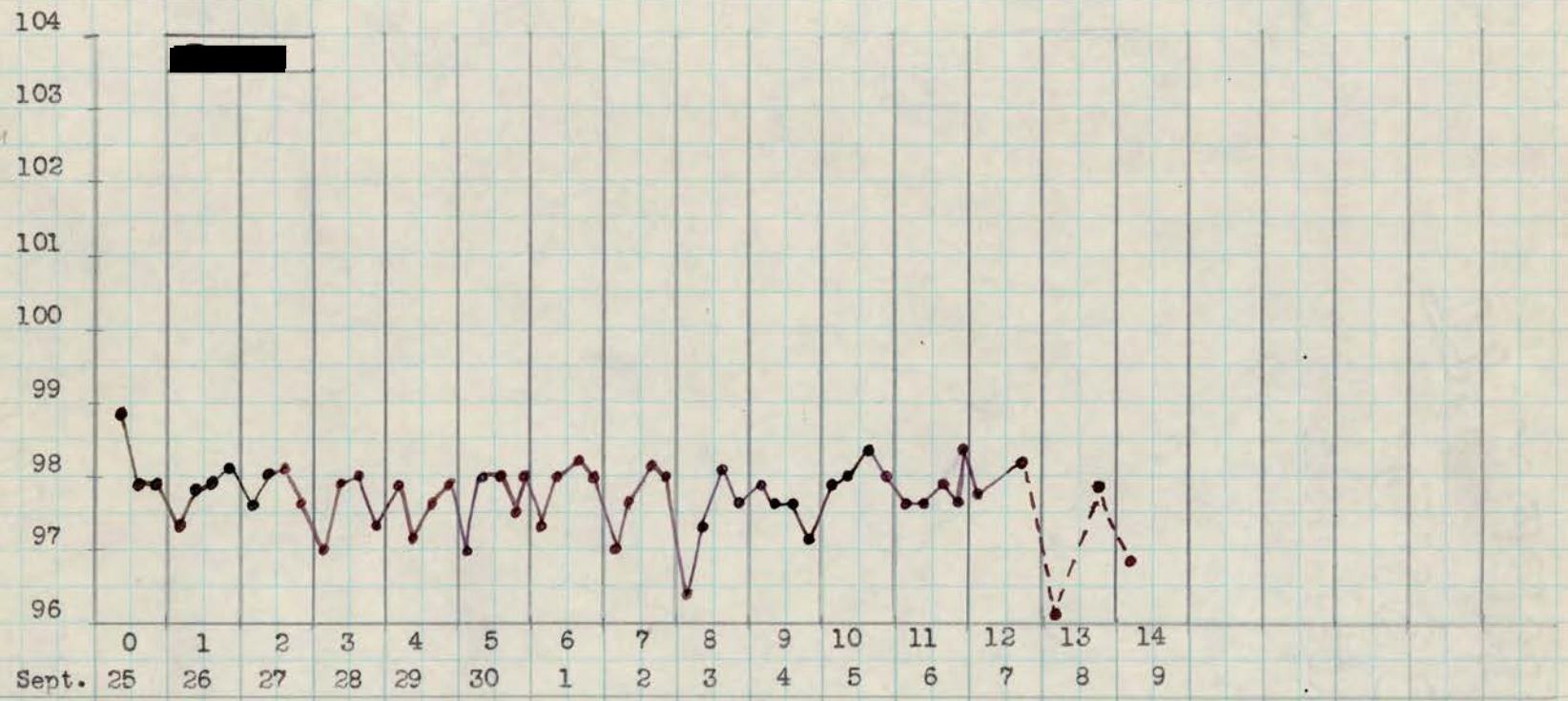
Has been feeling well, temperature normal. Pulse 70. Slight pain in right knee yesterday.

February 13, 1945

Up and about. No complaints.

February 14, 1945

Feels well; pulse 60.



1.0cc Norris Serum of 9-18 i cut.

Inoculated Site		o	o	o	o	o									
Generalized Rash		o	o	o	o	o									
TOTAL WBC	10,800					7,900		10,450			8,350		7,600		
Neutroph.-Segment	29					68		63			66		54		
Staff	22					6		6			8		2		
Juvenile															
Myeloc.															
Lymphocytes	42					20		23			20		39		
Monocytes	7					4		4			2		3		
Eosinophiles						2		2			4		2		
Basophiles								2							

[redacted] - Born N.Y.; lived in East; not out of country

[redacted]

September 26, 1944.

Site of inoculation negative.

PHLEBOTOMUS – SICILIAN STRAIN

Inoculated Site
Generalized Rash

TOTAL WBC	7050			3500	3550		4300	4500	5400	6800					
Neutroph.-Segment	42			46	41		41	32	39	44					
Staff	3			13	20		4	2	9	4					
Juvenile															
Myeloc.															
Lymphocytes	50			30	32		45	57	47	45					
Monocytes	1			10	7		8	8	4	4					
Eosinophiles	1						1	1	1	3					
Basophiles	3			1			1								

[redacted]

November 23, 1944, 9:00 P.M.

Had temperature 100.5° F. at 8:00 P.M. No complaints. Bled

November 24, 1944

Temperature slightly elevated. Only complaint: Slight ache in back of neck.

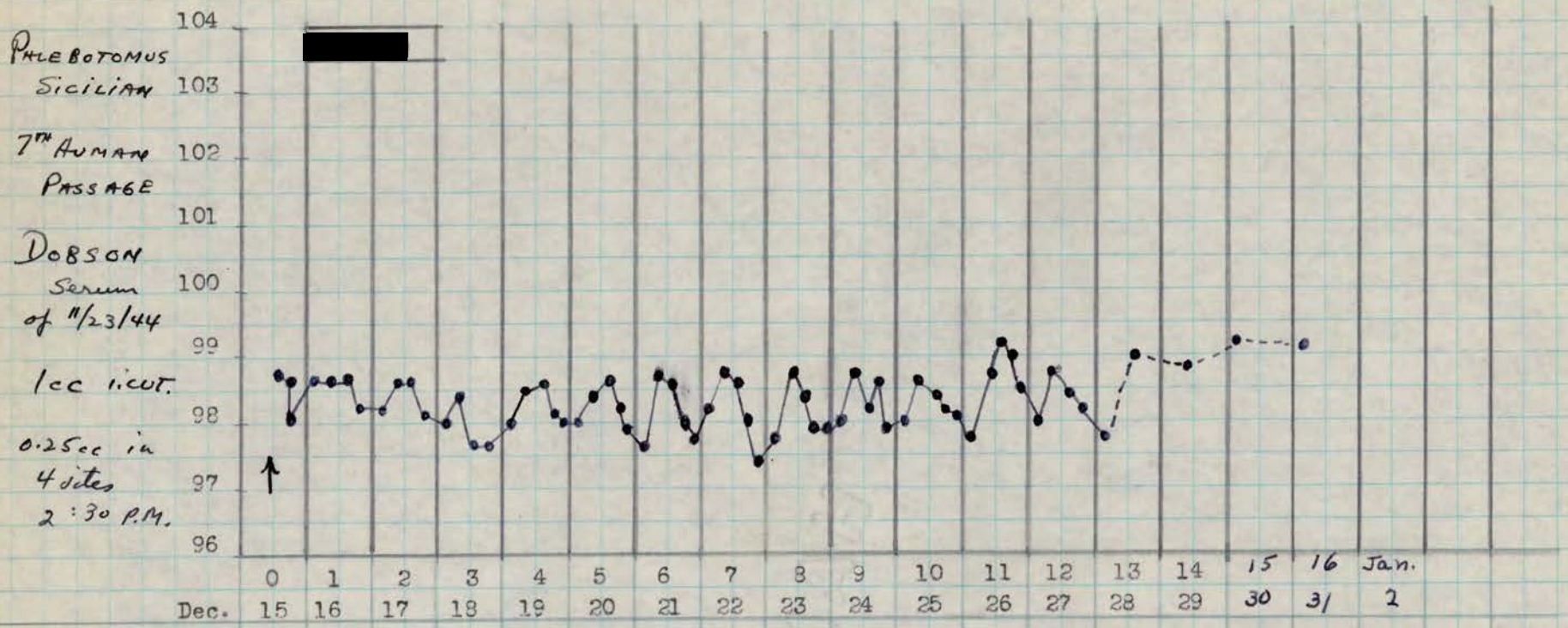
9:00 P.M. Temperature 102.4°. Only complaint is pain in back of neck. Anorexia. Constipated. Conjunctivae injected. Physical exam. negative.

November 25, 1944

3:30 P.M. Same complaints. No bowel movement for 3 days now. Has eaten today. Physical exam. negative. Eyes not painful to touch or on movement.

November 27, 1944

Out of bed today. Feeling somewhat weak. Eating, but appetite not good.



Inoculated Site Generalized Rash																		
TOTAL WBC	6200							4450 5000	4800 5250 3250	4500	3450	4550	6,000	4800	3850		4350	
Neutroph.-Segment	49							32	29	33	44	35	30	36	35		37	
Staff									2	7	3	1	3	1	1			
Juvenile											1							
Myeloc.																		
Lymphocytes	43							57	58	50	46	54	64	51	55		54	
Monocytes	6							8	10	10	4	7	3	9	6		7	
Eosinophiles	2							3	1		2	3		1	3		2	
Basophiles														2				

[redacted]

December 23, 1944

Patient states that during the last 3 days he has been getting heat flashes lasting 20 to 30 minutes, particularly after meals. No pain whatever and does not feel ill. Up and about. WBC today 4,400.

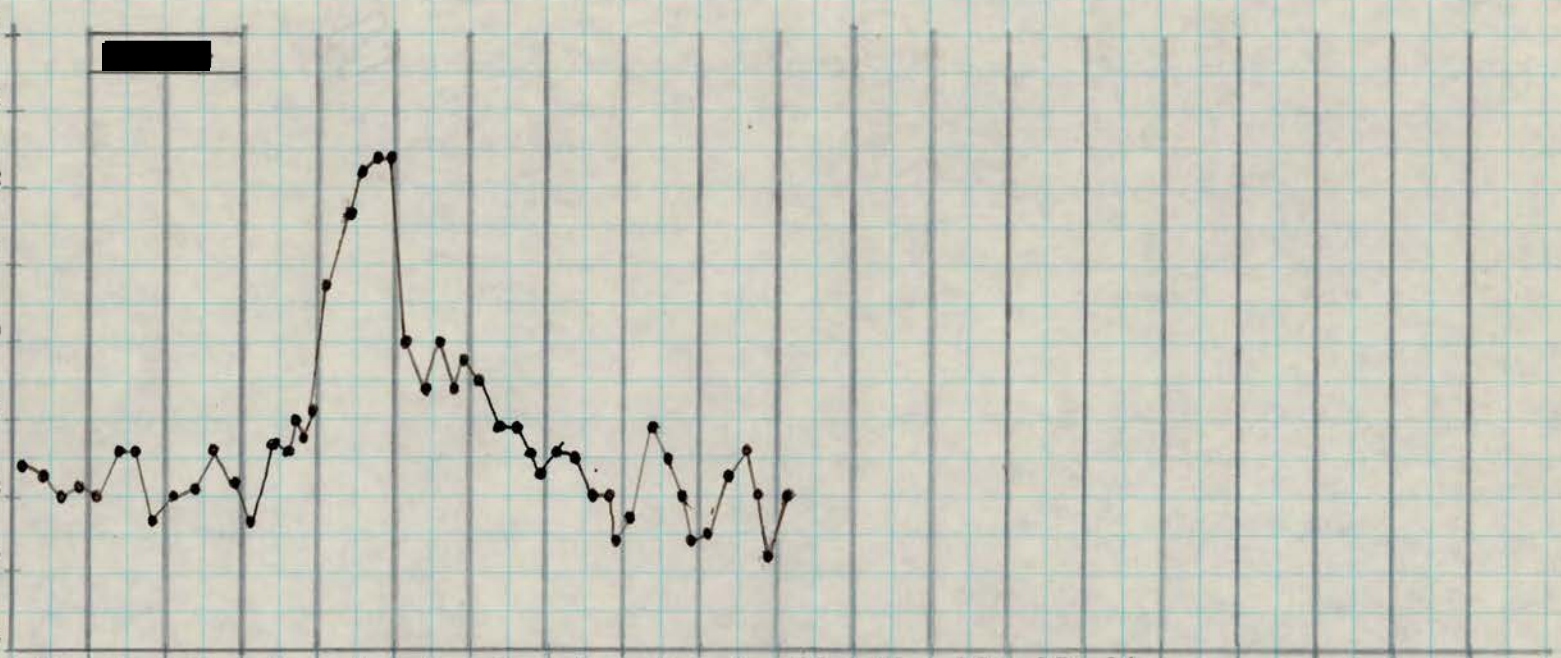
December 25, 1944, 5:00 P.M.

Up and about; feels well now, but had hot flashes again. Exam. negative.

PHLEBOTOMUS SICILIAN 2ND PASSAGE POOL OF NOV. 30, 1943

2 cc i.cut.

0.25cc in 8 sites on left forearm



Inoculated Site		0.6-0.8cm 8 sites		0.4cm 8 site	0										
Generalized Rash		0		0	0										
TOTAL WBC	5250			4250	3600		4150	4000	3850	4400					
Neutroph.-Segment	50			54	8		18	36	27	29					
Staff				6	13		3	13	12	13					
Juvenile															
Myeloc.															
Lymphocytes	42			31	64		71	38	63	52					
Monocytes	6			9	15		6	10		6					
Eosinophiles	2						2	3							
Basophiles									1						

[redacted]

16 March 1945, 12:00 Noon.

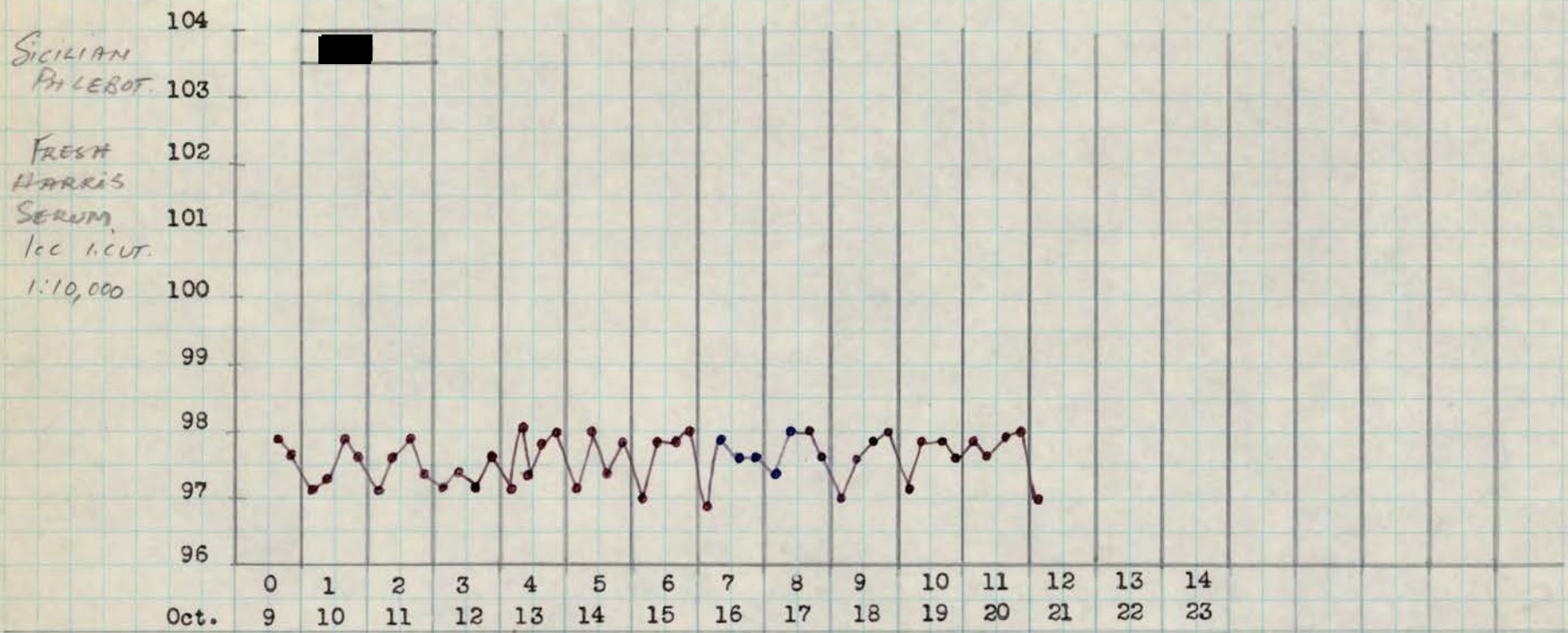
Last night about 8:00 P.M. felt warm, but had no pain (temperature 99°). Later on during the night developed severe pain in the back and headache. This morning has headache, pain in the eyes, anorexia and bad taste in mouth (cigarette especially tastes very bad). Physical examination negative except for tenderness of eyeballs.

17 March,1945, 12:00 Noon.

Pretty bad day and night with pain in head, neck, eyes, back and calves of legs, big toes. Feels all better this morning except for aching in left elbow and slight aching on moving eyes. Physical examination negative.

19 March 1945

Temperature normal. Complains of hypersensitiveness of back, when anything rubs against it.he has a burning sensation. Still gets cramps after eating.



Inoculated Site
Generalized Rash

TOTAL WBC	9,400		8,050		6,300		7,150	9,150	9,550	7,500	6,900				
Neutroph.-Segment	67		54		54		58	53	42	54	43				
Staff	3		3		4			2	1	3	4				
Juvenile															
Myeloc.															
Lymphocytes	23		37		35		32	39	48	23	43				
Monocytes	3		4		3		3	2	5	8	9				
Eosinophiles	3		1		3		7	3	4	11	1				
Basophiles	1		1		1			1		1					

[redacted]

October 17, 1944.

Patient states that for the past two days he has had a dull frontal headache, slight pain across the shoulders and some soreness of the throat. No rhinitis. Patient is up and about. Does not look ill. There is some slight congestion of the fauces and soft palate. Otherwise negative.

October 19, 1944.

Same complaints as above for last night. Patient does not look ill, but states he is.

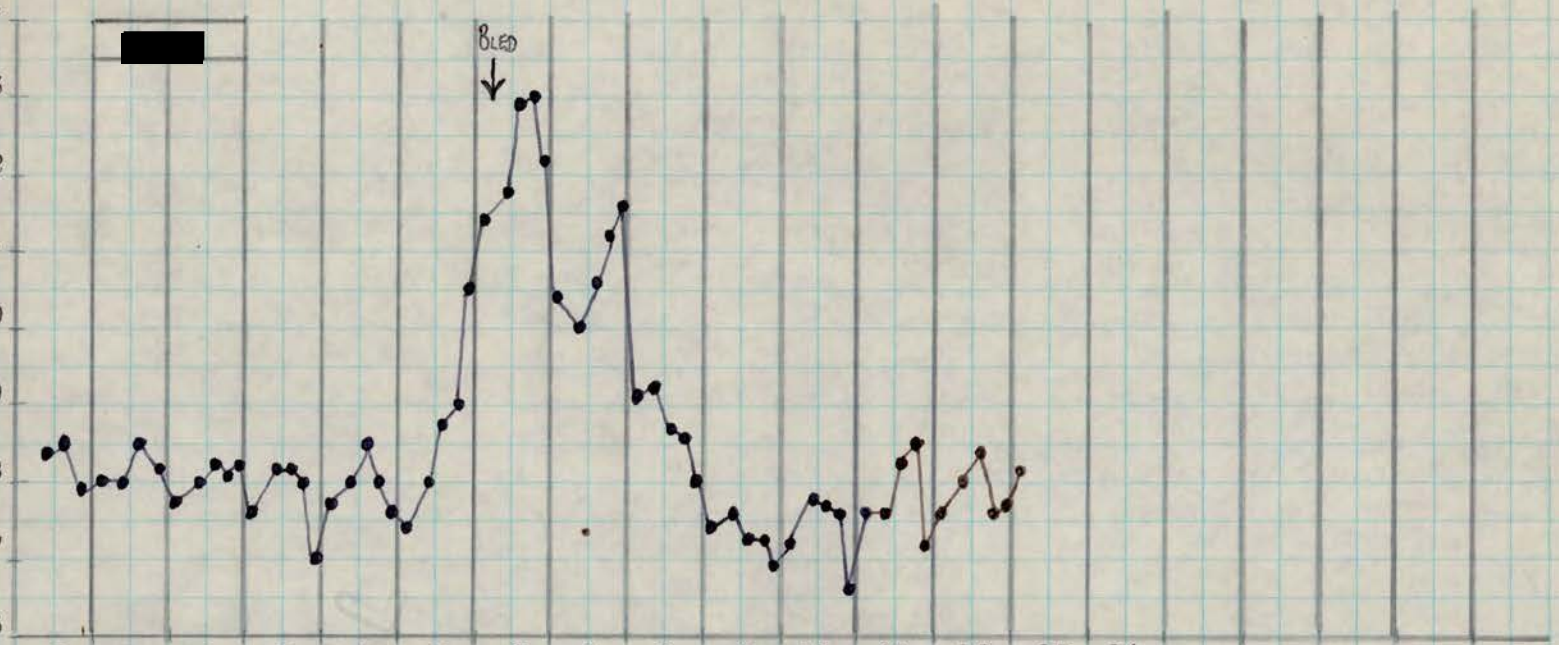
PHLEBOTOMUS

SICILIAN

2ND PASSAGE POOL OF NOV. 30, 1943

1.5cc 1:COT

0.25cc IN 6 SITES ON RIGHT FOREARM



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Feb. 1945	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Inoculated Site															
Generalized Rash															
TOTAL WBC	8450				5500	3950	5200	4450	2800		5200	4200	8100	9150	
Neutroph.-Segment	64				43	42	30	19	13		27	25	27	45	
Staff	4				6	11	25	22	36		29	23	24	4	
Juvenile														1	
Myeloc.															
Lymphocytes	30				40	33	32	53	50		39	45	47	45	
Monocytes	2				8	7	11	6	1		4	4	1	5	
Eosinophiles					3	4	2				1	3	1		
Basophiles						3									

Inoculated Site		0	0	0	0	0	0	0	0	0	0	0			
Generalized Rash		0	0	0	0	0	0	0	0	0	0	0			
TOTAL WBC	6,900	6,350			7,350	6,650	3,250	3,700	4,400	8,050		9,250			
Neutroph.-Segment	43	64			42	10	24	19	23	29		51			
Staff	7	11			30	26	36	31	28	28		7			
Juvenile															
Myeloc.															
Lymphocytes	43	20			16	53	33	46	38	29		32			
Monocytes	4	3			12	11	7	2	7	10		8			
Eosinophiles	2	1						1	3	3		2			
Basophiles	1	1						1	1	1					

[redacted] Phlebotomus--Sicilian

October 5, 1944.

2 cc. of "Imbus Serum" i.cut.

October 9, 1944.

Onset October 8 about 3:00 P.M.--feeling of dizziness and shaking chills--no pain anywhere all night--perspired profusely. Slight headache today, but does not complain of pain anywhere or photophobia. Patient found wringing wet in bed--looking ill. Eyes not injected--painful to touch and on movement. Otherwise completely negative. No lymphadenopathy.

October 10, 1944.

Temperature 100°; looks better, but complains of pain in all the joints now.

October 12, 1944.

Remained quite ill with severe pains in joints and headache on October 10 and 11, Looks very bright today. No complaints other than stomach "sore"--constipated.

October 14, 1944.

Up and about. Feels and looks well.

Inoculated Site															
Generalized Rash															
TOTAL WBC	5,700			6,650	7,750	3,500	5,550	3,700	2,650	2,500	4,350	4,100			
Neutroph.-Segment	53			47	56	33	19	13	20	15	15	29			
Staff					19	32	39	13	17	13	12	2			
Juvenile															
Myeloc.															
Lymphocytes	38			43	21	24	35	63	54	65	64	64			
Monocytes	6			9	4	10	5	6	7	5	7	5			
Eosinophiles	3						1	5	2	2	2				
Basophiles				1		1	1								

[redacted]

October 14, 1944.

Onset yesterday with abdominal distress, nausea, pain in neck and headache. Vomited last night. Five bowel movements yesterday. This morning chief complaint is pain in the eyes and headache. Face, neck and exposed parts of chest deep red. Eyes red--very tender to touch. Looks acutely ill. Mouth and throat negative. No rash. No reaction at inoculated site. No lymphadenopathy. Spasm of right rectus abdominis muscle.

October 15, 1944.

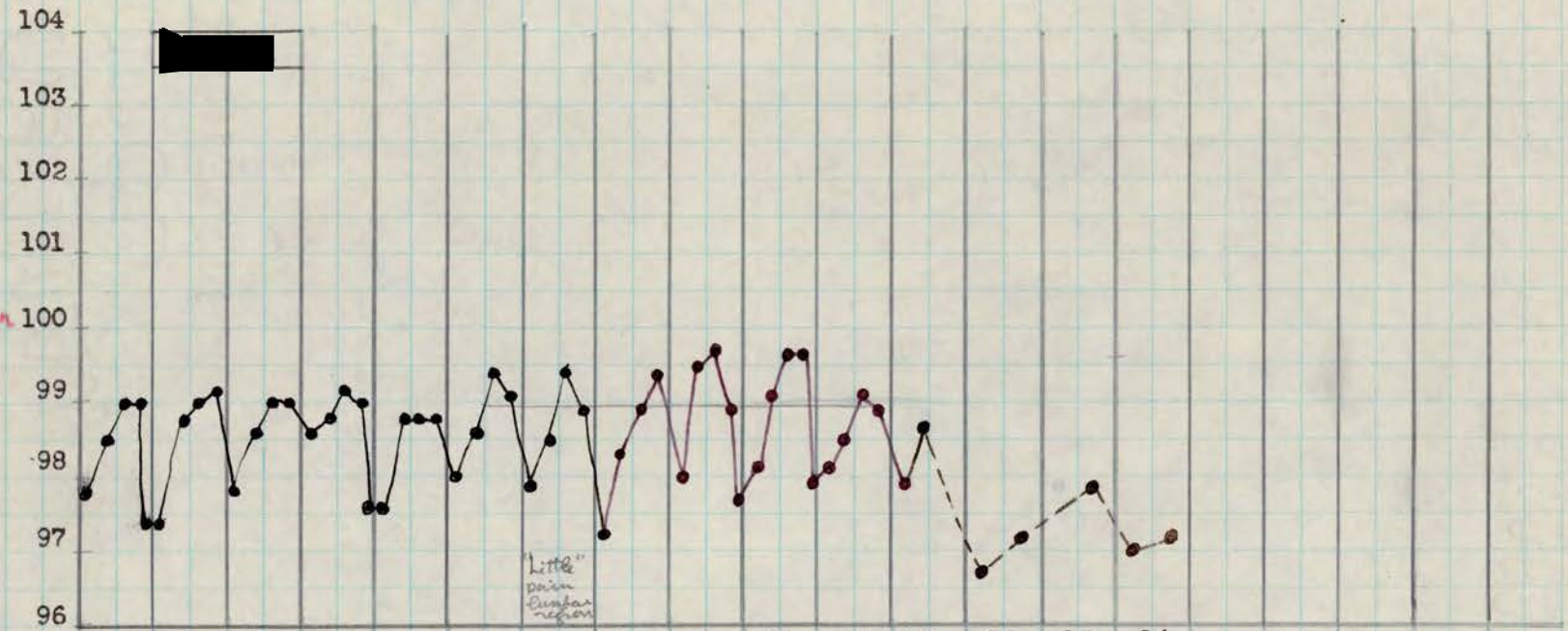
Complained of nausea, stomach cramps, headache, soreness of eyes and general discomfort. Generalized aching of body. About 20 bowel movements--fluid stool.

October 16, 1944.

Anorexia continues. Otherwise feels better. Got up for a while in the afternoon. Still complains of mild headache. Two bowel movements--soft.

October 17, 1944.

No complaints today except slight burning of both eyes, both of which show conjunctival injection. No more abdominal cramps or diarrhea. No rash or lymphadenopathy.



1944

Inoculated Site Generalized Rash		0	0	0	0	0	0	0	0	0	0	0			
TOTAL WBC	8,550				9000			7,850	7,200	7,100	7,150	6,750			
Neutroph.-Segment	65				51			57	63	51	60	60			
Staff	2				3			1	3	6	5	6			
Juvenile															
Myeloc.															
Lymphocytes	29				41			38	29	38	29	25			
Monocytes	3				3			4	2	2	4	6			
Eosinophiles	1				2				3	2	1	1			
Basophiles										1	1	2			

[redacted]

September 11, 1944

Eyes negative. Skin clear. Heart, lungs and abdomen negative. Liver and spleen not palpable. Teeth carious. Gums clear. Pharynx injected. No gland enlargement except for 2 small left posterior cervical nodes. BP 128/86

September 15, 1944

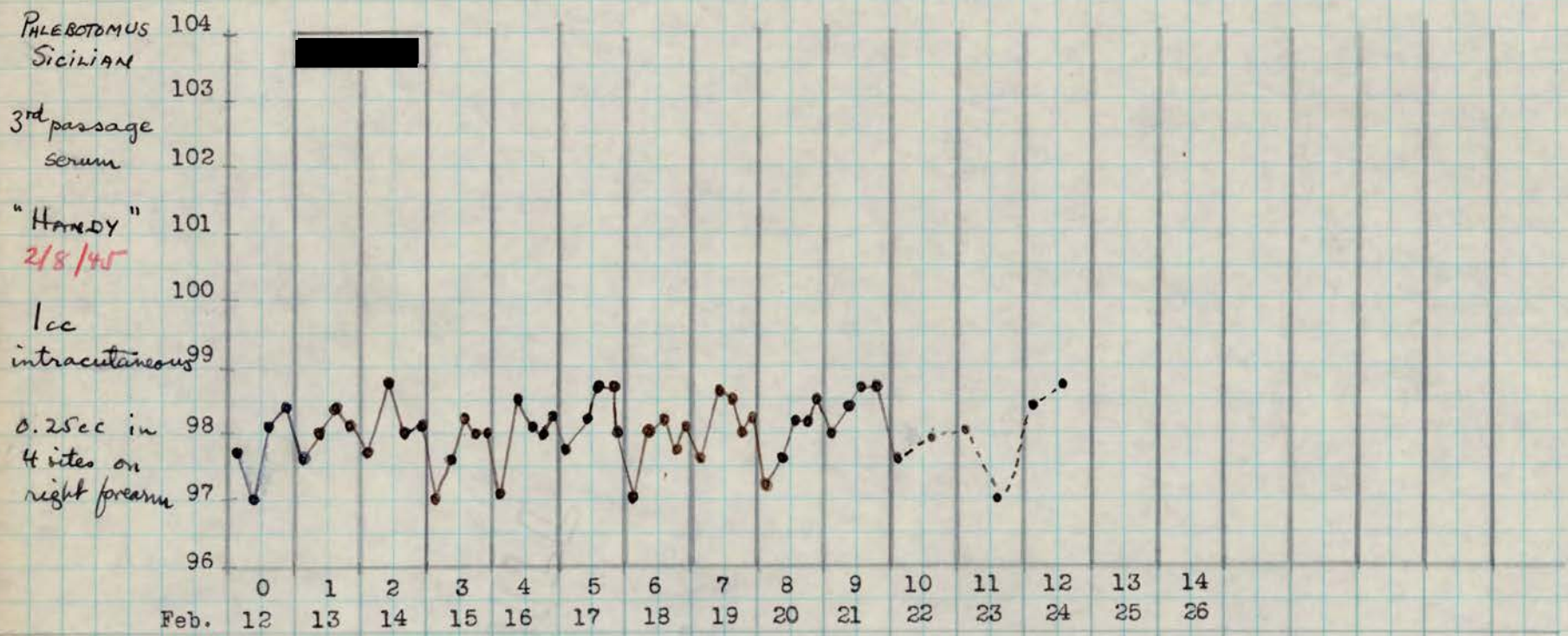
Arm negative.

September 16,1944

Arm negative

September 17,1944

Arm negative.



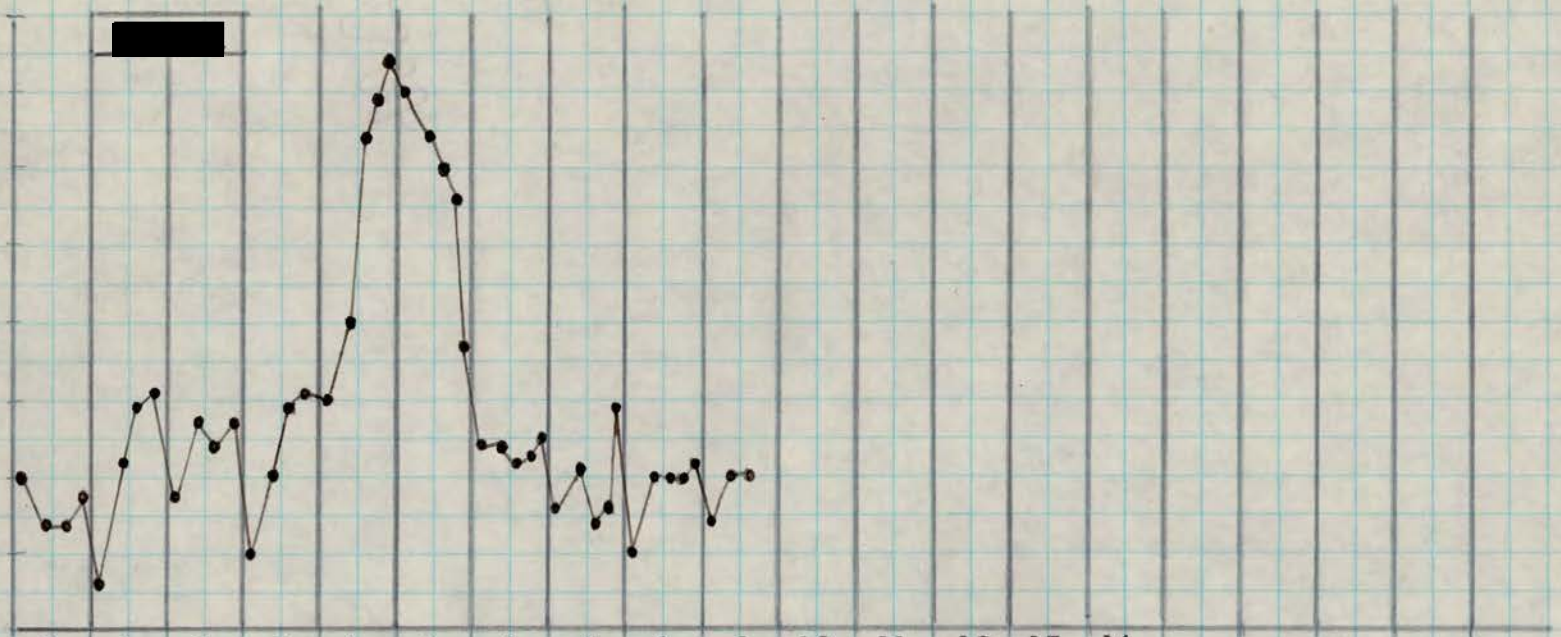
Inoculated Site						
Generalized Rash						
TOTAL WBC	5550		8450	12,150	7850	5300
Neutroph.-Segment	44		44	64	51	46
Staff	1		6	3		3
Juvenile	1					
Myeloc.						
Lymphocytes	53		45	22	40	46
Monocytes	1		2	11	9	3
Eosinophiles			3			
Basophiles						2

PHLEBOTOMUS

SICILIAN 2ND PASSAGE POOL of Nov. 30, 1943

2 cc i.cut.

0.25cc IN 8 sites ON left forearm



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Mar.	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

Inoculated Site		0.8-0.6 8 sites	0.4cc 8 sites												
Generalized Rash		0	0												
TOTAL WBC	6650				4500	6950		5250	3800	5900					
Neutroph.-Segment	55				67	43		24	33	47					
Staff	1				2	14		8	13	10					
Juvenile															
Myeloc.															
Lymphocytes	42				27	37		63	50	41					
Monocytes	1				3	5		5	4	1					
Eosinophiles	1				1	1				1					
Basophiles															

[redacted]

16 March 1945, 12:00 Noon

Temperature just up to 100°. States he does not feel ill. Has no complaints. Physical examination negative. 100 cc. of blood taken.

17 March 1945, 12:00 Noon.

Severe headache developed yesterday as temperature continued to rise. No pain elsewhere. Headache and pain in the eyes still persist. Anorexia and bad sour taste in mouth. Physical examination negative.

19 March 1945

Up and about. No complaints.

20 March 1945

Feels fine.

See also Harrison

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Oct.	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Inoculated Site
Generalized Rash

TOTAL WBC	7,150			9,500		7,750		13,900	7,350	7,750	8,300	8,200			
Neutroph.-Segment	51			49		60		68	68	40	66	66			
Staff	5			5		8		11	7	12	10	5			
Juvenile															
Myeloc.															
Lymphocytes	36			42		24		17	18	42	16	19			
Monocytes	7			2		6		4	4	3	5	7			
Eosinophiles				0		2			2	1	2	3			
Basophiles	1			2					1	2	1				

[redacted]

October 17, 1944.

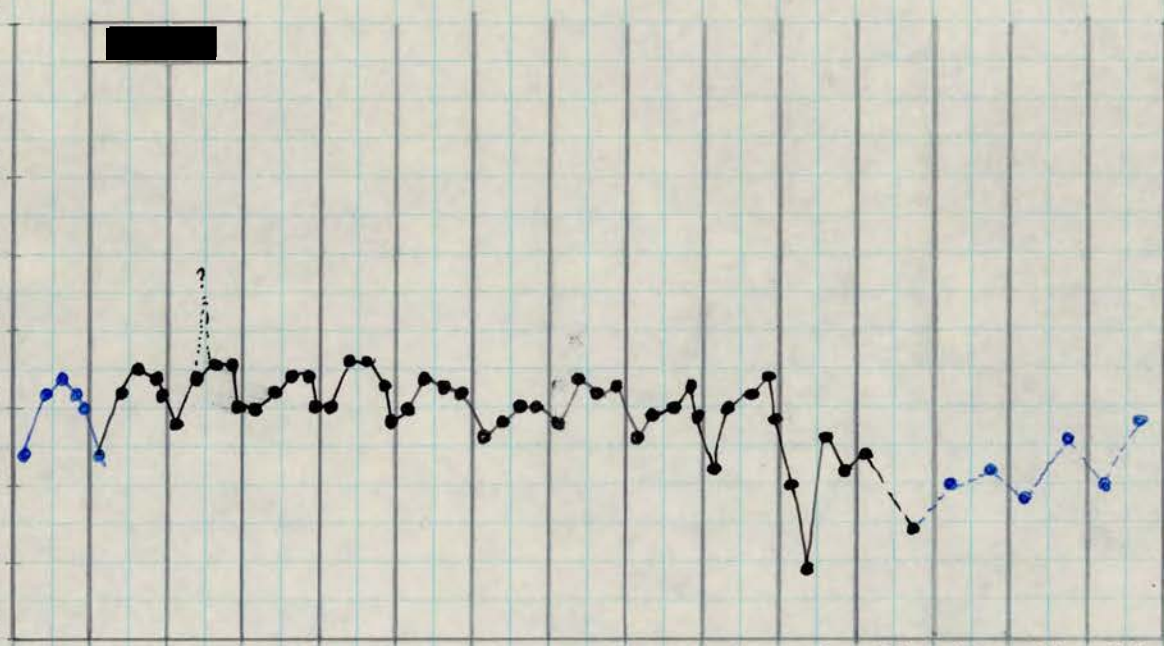
Patient states that yesterday afternoon he had some abdominal cramps, nausea, and frequent bowel movements. Fleeting pains down the back of the neck, and a fullness in the head. No evidence of rhinitis or coryza. Feels well today. Mouth, throat, nose negative.

PHLEBOTOMUS

SICILIAN

CHORIO-ALLANT.
10 day eggs
PASSAGE
III

lec i.cut.



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Aug.	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Inoculated Site		2×1.5mm ×4	s	cryth 1.2–2.0mm ×4	faded	faded	0	?	Dusky red 1.5×0.8	same	..	..			
Generalized Rash		0	0	0	0	0	0	0	0	0	0	0			
TOTAL WBC	5050			6900	8000		7500		8900			7150			
Neutroph.-Segment	45			61	44		62		65			45			
Staff	[illegible]			1	[illegible]		2		2			3			
Juvenile															
Myeloc.															
Lymphocytes	44			33	43		27		24			41			
Monocytes	8			3	10		9		8			7			
Eosinophiles	3			1	3				1			3			
Basophiles				1								1			

[redacted]

September 3, 1944--

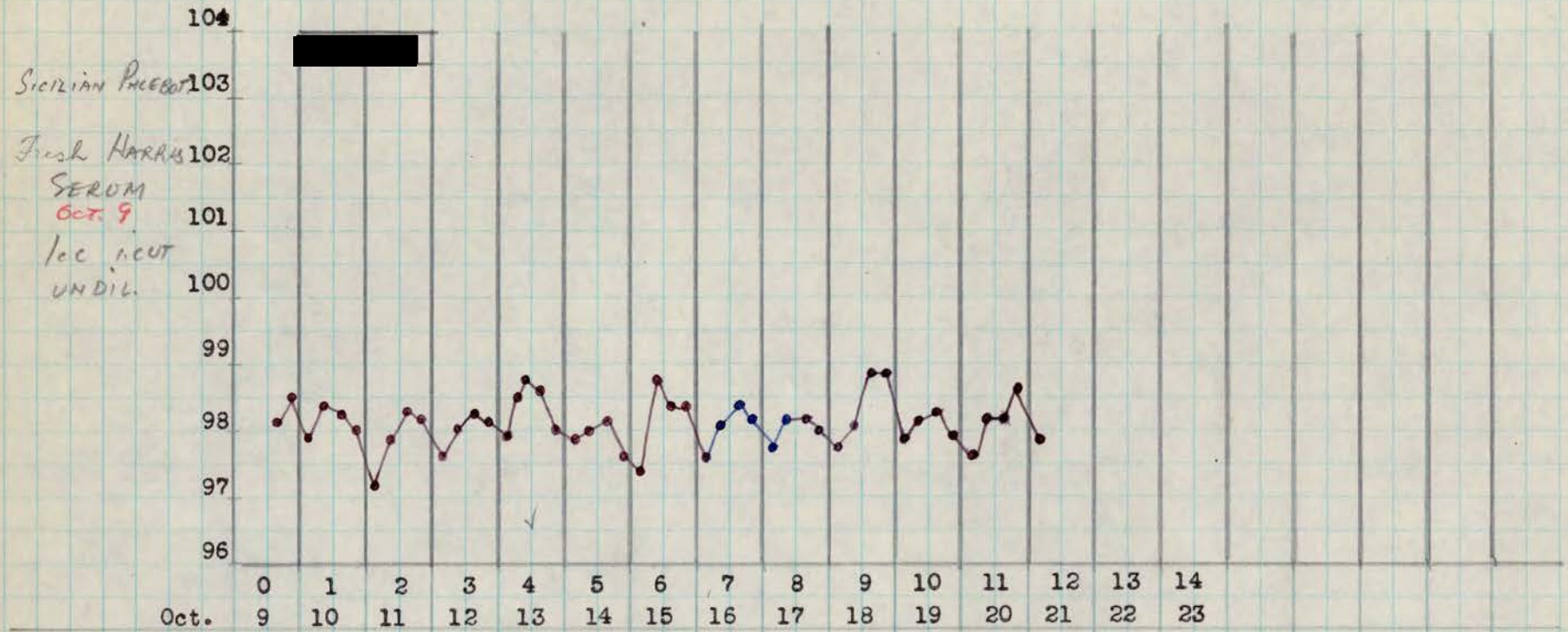
"Stomach began to ache" last night, better now, but still persists. No nausea or vomiting. No chills or fever. No headache. Eyes negative.

P.E. Skin clear. No glandular enlargement. Liver and spleen not palpable. Eyes negative.

September 10, 1944

Feeling well, but is said to have had a chill this morning.

P.E. Negative. Liver and spleen not palpable. Small post. cervical nodes. Large left axillary node. Skin clear. Eyes negative.



Inoculated Site
Generalized Rash

TOTAL WBC	7,350			8,400			5,750			6,600	7,750	7,350		8,250	
Neutroph.-Segment	56			62			64			44	54	49		51	
Staff	1			2						8	3	1			
Juvenile															
Myeloc.															
Lymphocytes	39			24			31			38	36	41		41	
Monocytes	4			9			3			8	6	8		7	
Eosinophiles				2			1			2	1	1			
Basophiles				1			1							1	

[redacted]

October 14, 1944.

Patient states yeaterday he had a dull headache, some generalized pains all over the body and thought he was getting sick. This morning he feels better.

October 17, 1944.

Patient states he has had a slight frontal headache for past 3 days. Still there today. No other complaints.

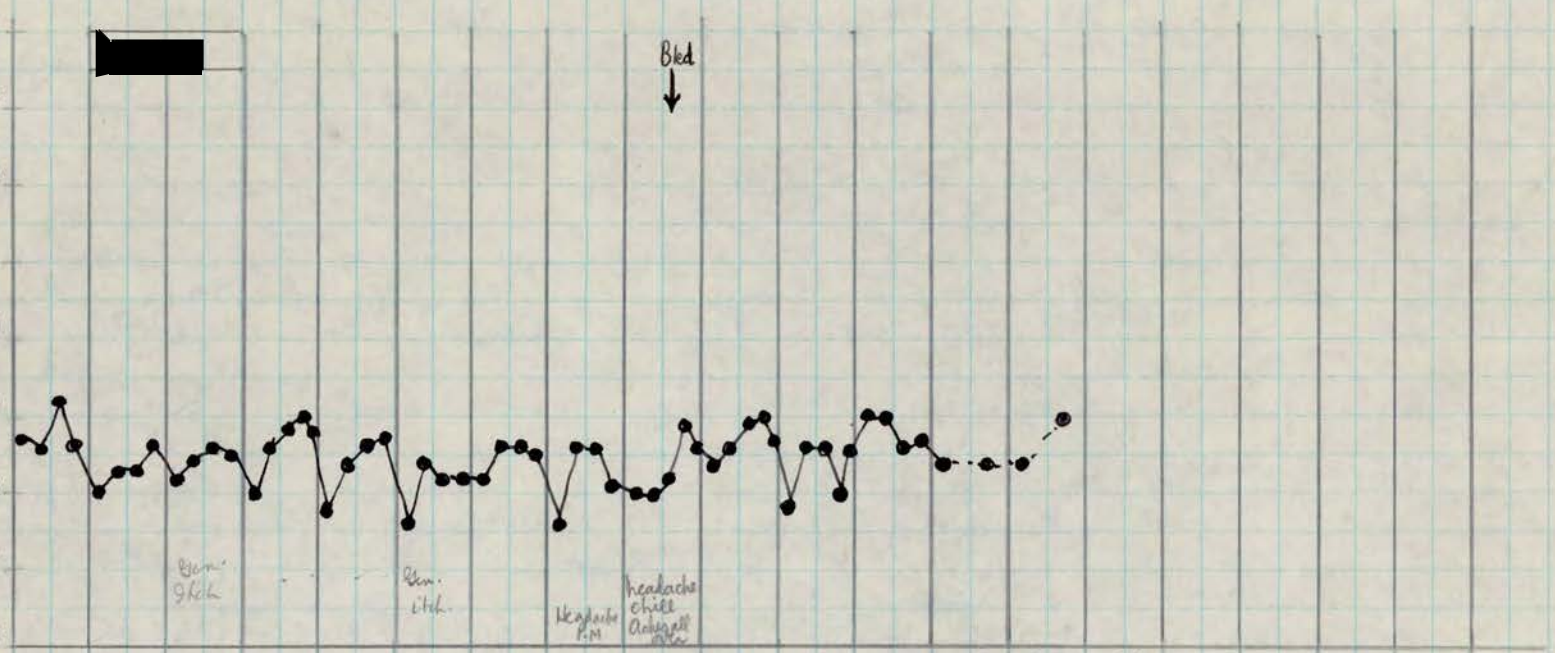
October 19, 1944.

Patient states he had some fleeting pains in wrists, ankles, and knees--backache, "chills" up and down the spine, and persistent dull headache. Dull headache persists.

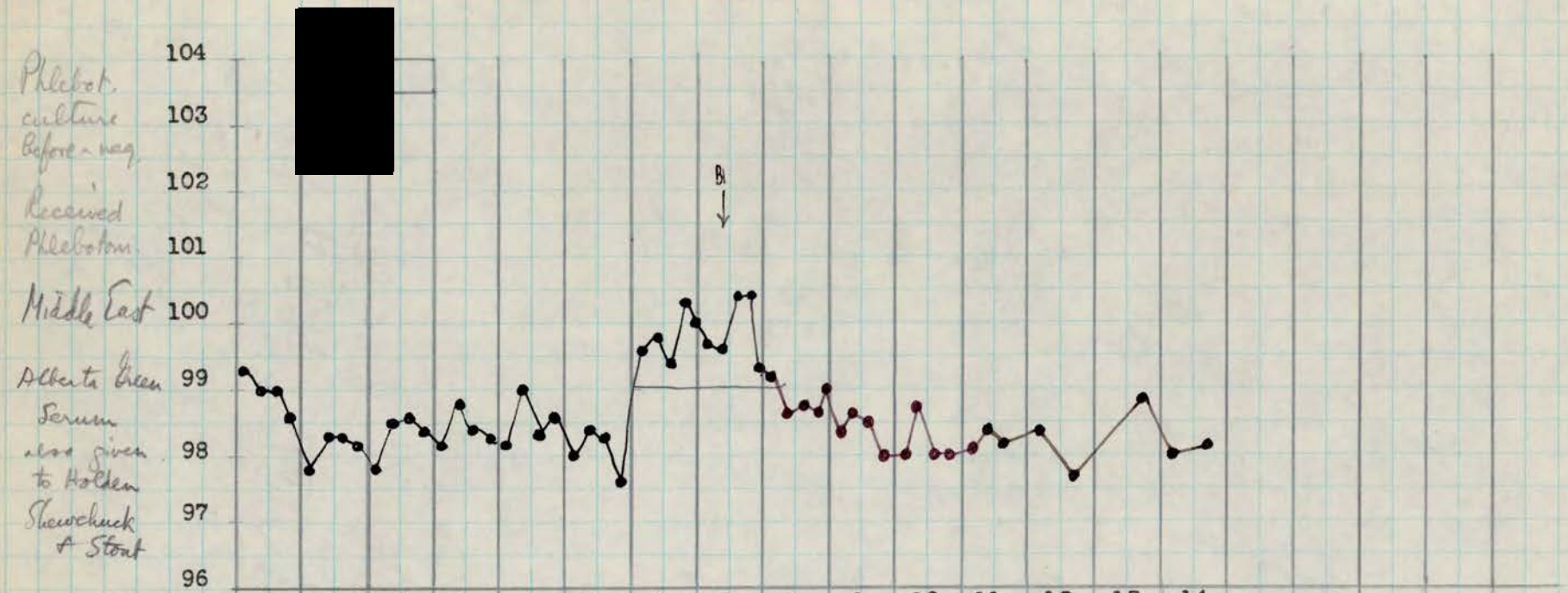
Phlebotomus Sicilian

Mouse Embryo Brain Culture

Passage III



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Aug.	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Inoculated Site		1.2×1cm 4 sites	0.8×0.8 4 sites		dark red 1×1cm 4 sites	Fading									
Generalized Rash		0	0	0	0	0	0	0	0	0	0	0			
TOTAL WBC	4600				5850	6950	5150	6350	6050	5700	7650	4700 47.50	6600	6200	
Neutroph.-Segment	42				46	33	41	35.5	40	34	56	48	50	38	
Staff	6				5	2	7	7	6	9	6	3	4	5	
Juvenile															
Myeloc.															
Lymphocytes	44				42	56	40	49	45	46	34	45	32	48	
Monocytes	4				7	5	8	5	5	7	2	1	11	5	
Eosinophiles	2					3	4	3.5	4	2	2	3	2	3	
Basophiles	2					1				2			1	1	



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
Sept.	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Inoculated Site		o	o	o	o	o	o	o	o	o	o						
Generalized Rash																	
TOTAL WBC	6,700				6200			5000	2750	2,850	3,550	4,150					4,750
Neutroph.-Segment	48				33			40	14	18	33	31					29
Staff	5				3			32	24	18	11	12					1
Juvenile																	
Myeloc.																	
Lymphocytes	35				53			20	50	56	46	49					56
Monocytes	1				7			8	11	8	8	5					6
Eosinophiles	5				4						2	1					4
Basophiles									1			2					4

[redacted]

September 11, 1944.

Eyes negative. Teeth carious. Tonsils moderately enlarged. 1 right post. cervical node. Both axillary nodes palpable, but not large. Heart negative. Lungs clear. Liver and spleen not palpable. Numerous flat papules normal in color over chest. BP 120/82.

September 15, 1944.

Arm negative.

September 16, 1944.

Arm negative.

September 17, 1944.

Temperature to 99.6° this morning. Yesterday afternoon he complained of sore throat and nausea, both of which have persisted. This morning he complains of aching sensation at the back of the neck, the lymbar region and in both groins. Has supra-orbital ache, and it hurts to move his eyes to the right and left. Up and down movements do not bother him. His appetitie became poor yesterday; no vomiting. Last BM on the 16th.

P.E. Eyes look tired, but are not injected. Pharynx is mildly red. Tonsils slightly enlarged. Cervical nodes not remarkable. Both axillary nodes are moderately enlarged. Inguinals small shotty. Slight pain on pressure over the eyeballs. The skin is clear except for some mottling. Arm negative.

September 18, 1944.

Patient looks quite ill today. Has aching pain in thigh muscles, calves, biceps, triceps. Last night his finger joints ached. Lumbar pain is quite severe. Supraorbital pain intense. Eyeballs ache and he has slight photophobia. Nauseated, but has not vomited. Appetite very poor. Last bm 2 days ago.

P.E. Throat injected. Eyes--conjunctivae injected. Pressure on eyeballs is painful. Eye movements to left are painful, to right less so. Upward movement also hurts. Cervical nodes not enlarged. Liver and spleen not palpable. Diffuse abdominal tenderness most marked in RUQ and RLQ. CVA tenderness on right. Skin clear. Axillary nodes enlarged. Shotty inguinals.

September 19, 1944.

Today states that aching pains are in bones--upperarms, thighs, legs, back. Supraorbital pain less severe today. Eyeballs still sche. Nausea persists. Appetite poor. Still no bm.

P.E. As of 18th, except that today there is no abdominal or CVA tend.

September 20, 1944.

Aching pain persists--upper arms, thighs, legs, back, neck, shoulders, elbows and knees. No headache or eye pain today. No nausea, appetite better. Bm yesterday afternoon.

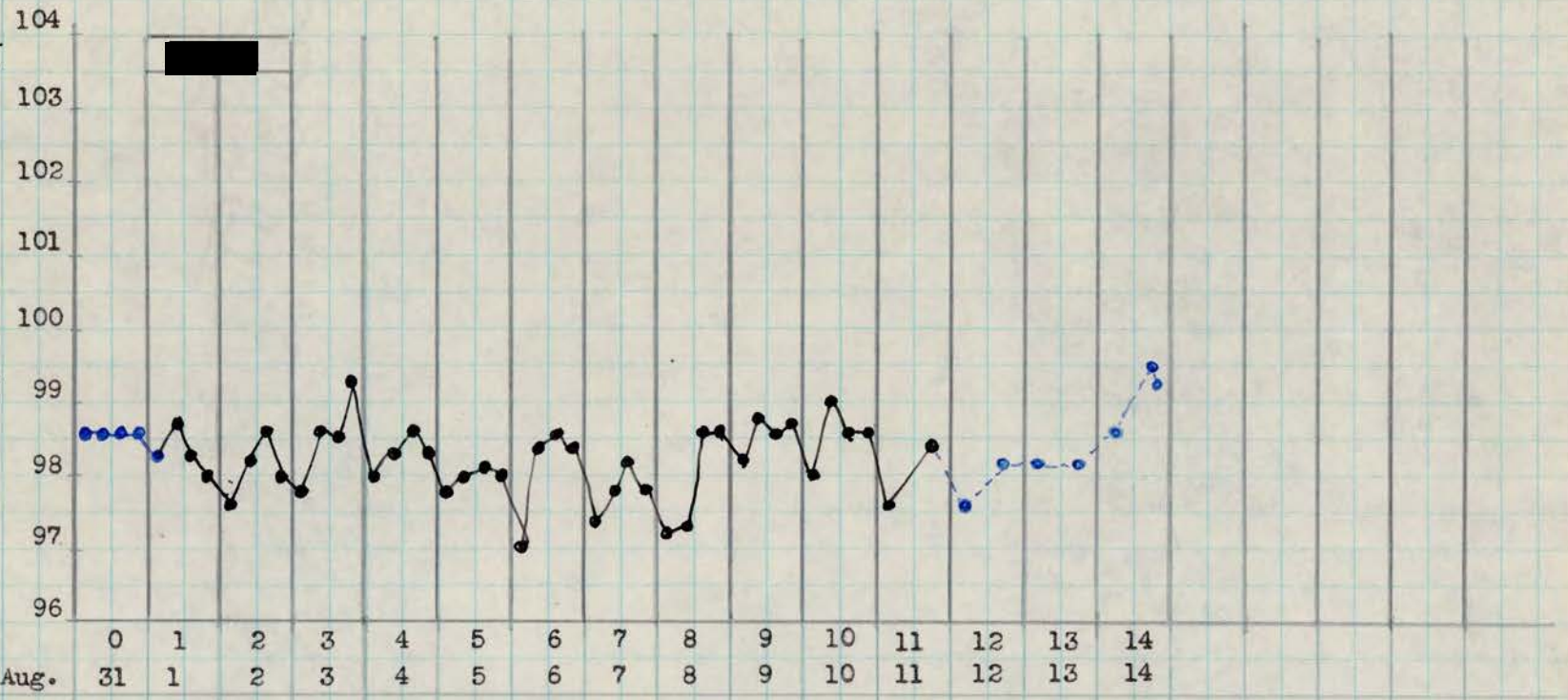
P.E. Eyes negative. Glands not enlarged. Liver and spleen not palpable. Skin clear.

PHLEBOTOMUS

MIDDLE EAST + SICILIAN STRAINS

MOUSE EMBRYO CULTURES 3rd PASSAGE (POOLED)

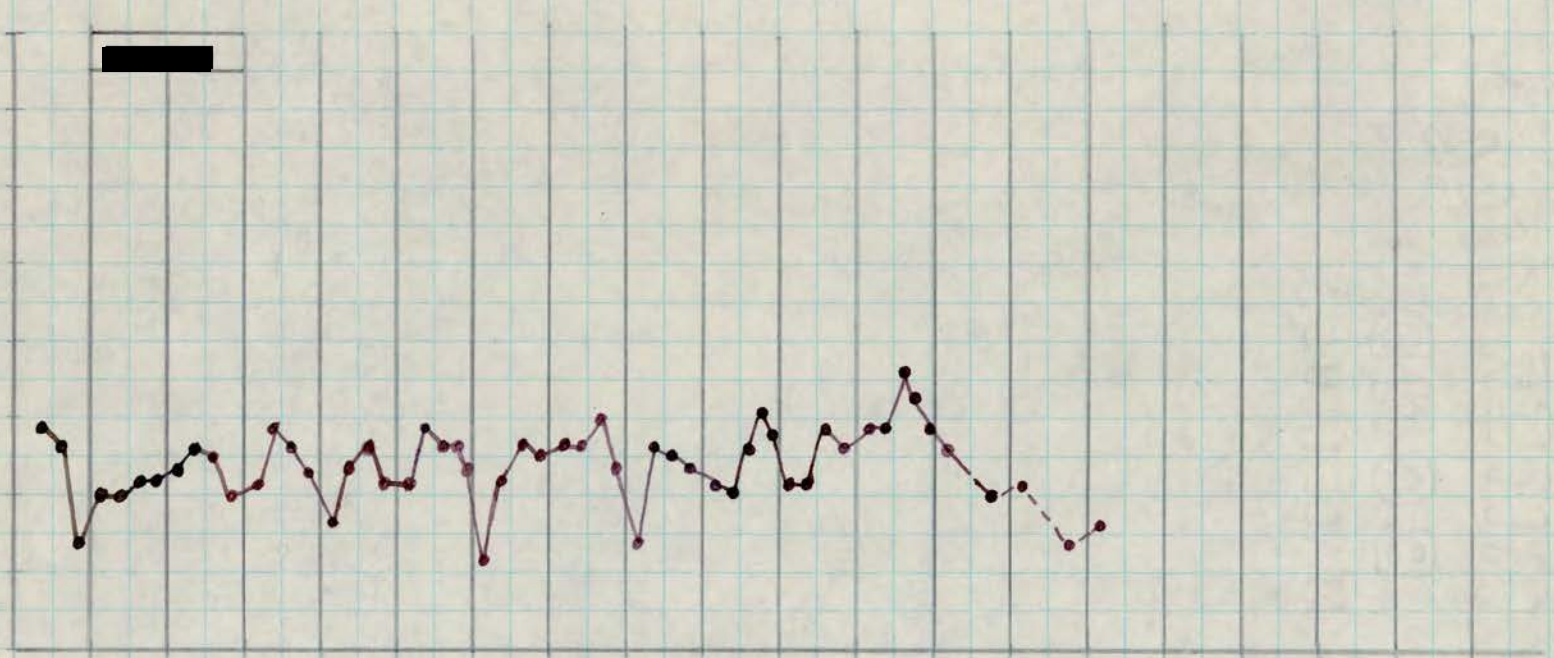
2 cc ICOT.



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Aug.	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Inoculated Site		OLE 1.2x1.2cm x8	S	ERYTH. 1.2x1cm 8+	Same faded	FADED	S	S	S	0	0	0			
Generalized Rash		0	0	0	0	0	0	0	0	0	0	0			
TOTAL WBC	5000				5800		5500			6500		6400			
Neutroph.-Segment	40.5				33		46			43		42			
Staff	1.5						1					2			
Juvenile															
Myeloc.															
Lymphocytes	52.5				57		46			50		50			
Monocytes	2.5				7		5			4		3			
Eosinophiles	3.0				2		2			2		3			
Basophiles					1					1					

1 cc
PHLEBOTOMUS
MIDDLE EAST
7TH HUMAN
PASSAGE
0= 4-25-44
1 cut.

Alberta Green



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sept.	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9
Inoculated Site		0	0	0	0	0	0								
Generalized Rash		0	0	0	0	0	0								
TOTAL WBC	6,550					4750	7,150	6,250			4,600		5,200		
Neutroph.-Segment	51					38	28	22			36		32		
Staff	3					5	2	5			1				
Juvenile															
Myeloc.															
Lymphocytes	43					55	62	72			50		62		
Monocytes	1					2	5				7		5		
Eosinophiles	2						3				5		1		
Basophiles								1			1				

[redacted]

September 26, 1944.

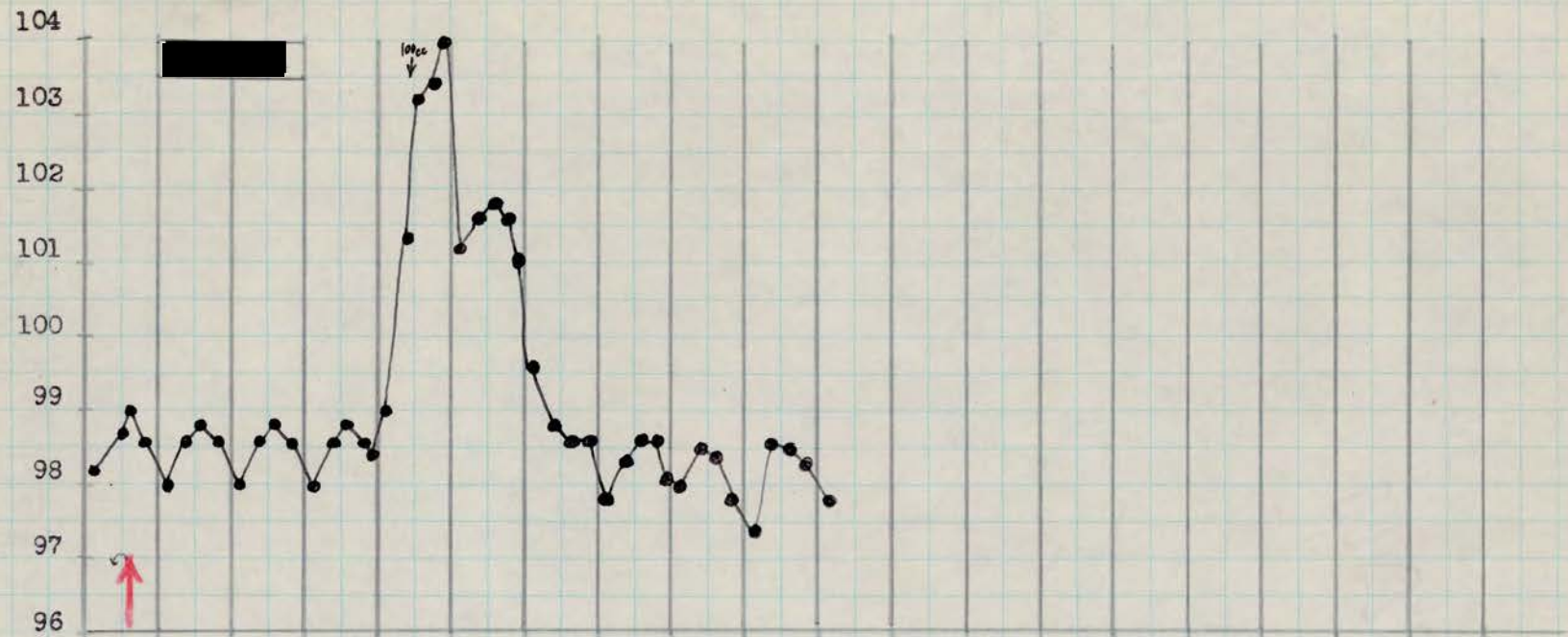
Site of inoculation negative.

September 30, 1944.

Patient states he vomited 2 times at 3 A.M. Headache began about 12 noon. Otherwise no complaints. Skin feels warm. T.P.R. 98.4°--68--18. Patient also complains of some photophobia. Eyes somewhat tender to touch and on movement. No sore throat or rhinitis.

Sicilian
Passage VI
Wm. Taylor
of 3/11/44

1cc i.c.v.t
0.25cc in
4 sites



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
June 1944	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Inoculated Site		0	0	0	0	0	0	0	0	0	0				
Generalized Rash		0	0	0	0	0	0	0	0	0	0				
TOTAL WBC	9150				5950	4950	5000	6100	4300		6100				
Neutroph.-Segment	56				64	47	8	7	8		32				
Staff	1				16	27	50	36	40		15				
Juvenile															
Myeloc.															
Lymphocytes	32				12	20	40	54	42		51				
Monocytes	10				7	6	2	2	9		2				
Eosinophiles	1				1			1	1						
Basophiles															

[redacted]

June 10, 1944--A.M.

No reaction.

June 11, 1944--

No reaction at site of inoculation.

June 12, 1944--

No reaction at site of inoculation.

June 13, 1944--2:00 P.M.

Patient appears acutely ill, covered with blanket even though outside temperature is high enough to make everyone else around uncomfortable. He first felt a little dizzy last night and upon awaking this morning he had a slight headache and pain around the eyes. During the course of the morning the pain around the eyes became more severe. He states it feels as though somebody was pushing his eyes in and the headache became more localized in the temporal regions. He also complains of pain in the shoulders, hips and particularly the lower back. He has experienced chilly sensations, but no real chill. No nausea nor abdominal pain, but has anorexia. The patient is a negro and it is difficult to tell whether or not he is flushed, but his conjunctivae are markedly congested. There appears to be no reaction at the site of inoculation.

100 cc. of blood was obtained.

June 14, 1944--A.M.

Only some pain in back at present. Did not eat breakfast. No nausea. Did not eat all day yesterday. No rash.

Site of inoculation negative.

Lymph nodes not enlarged.

Liver and spleen not palpable.

Conjunctivae still injected. Eyes tender to touch.

Soft palate congested.

June 15, 1944--A.M.

No rash.

June 19, 1944--A.M.

Up and about 3 days now. Feels about same now as before inoculation. Bowels moving regularly. Eating well. Wishes to be discharged today.

No lymphadenopathy, although epitrochlear and inguinal nodes readily palpable.

Liver and spleen not palpable.

[redacted]

September 2, 1944

Last Sunday night noticed "head cold" (nose was stopped up, not runny, slight pressure in head; dry cough following night). Bowels moved, but not sufficient. Soreness in chest and abdomen as after strenuous exercise. Hasn't eaten since last Sunday because he doesn't feel like eating. Nausea, but no vomiting. Friday noon. Belching Friday night with hiccup. Dizzy if he stands up too long; still doesn't feel like eating; clammy--"very much out of sorts". Temperature 98.8° Pulse 86. Noticed that urine was very dark last Monday, changed to lighter color yesterday. Sclerae now markedly icteric. Physical examination negative except for tenderness along right costal margins.

September 4, 1944

Liver very tender, but not enlarged. Skin and sclerae even more yellow.

September 5, 1944

Appetite poor. No nausea. Last B.M. on night of September 3. Back aches, but he attributes this to the bed.

P.E. Sclerae quite yellow. Liver edge palpable and tender. Spleen not palpable. Skin not dehydrated.

September 7, 1944

No nausea or vomiting. Has considerable eructation followed by substernal discomfort--a burning sensation. Taking fluids well. Appetite very poor. Not constipated. Some ache in both upper quadrants. No chest pain; coughs only occasionally. No G.U. symptoms. No sore throat or earache.

P.E. Eyes: Sclerae very icteric. Conjunctivae clear. Mouth negative. Pharynx clear. Neck and back supple. Glands--No generalized glandular enlargement. Heart--normal size, rhythm. Sounds of good quality. No murmurs. Lungs clear to p.t.a. Abdomen soft--? slight distension. Liver edge appears palpable just below medial portion of right costal border. Moderate tenderness at this point. Spleen not palpable. Mild CVA tenderness bilaterally on deep pressure. No neurological findings of note. Small early furuncle anteriorly on lower chest. No others.

Suggest: Repeat urines. Can't find anything to account for fever other than the hepatitis. Blood taken for liver function studies.

September 8, 1944

Feeling much better, appetite much improved. No nausea or vomiting. B.M. last night. No pains or aches. No chills.

P.E. Negative. Liver and spleen not palpable. Sclerae yellow. Fine desquamation of skin over arms and legs.

September 9, 1944

During previous admission Miss Bush noted that the patient occasionally would stare straight ahead--it was necessary on such occasions to shake his shoulder and call his name loudly to get his attention. This morning at about 10 he did not anser when spoken to, refused his food and buried his face in the pillow. At noon he was found bathed in perspiration and completely unresponsive. Then he suddenly reacted, was completely disoriented and apprehensive, he failed to

(over)

recognize anyone, made no attempt to speak and drew away in apparent fear when an attempt was made to examine him. He continued this way until 2 P.M. when as suddenly he appeared normal again, however, he did not realize that anything unusual had occurred.

P.E. Negative except for icteric sclerae; moderately enlarged posterior cervical nodes. Neck supple. Eye movements normal. No neurological findings. BP 132/90.

September 10, 1944

Patient had another episode of semi-coma lasting about 45 minutes on the afternoon of the ninth. At 10:45 P.M. he had a third. Seen at 12:15 he lay quietly unless examination was attempted. Then he became almost violent and apprehensive, disoriented. Pupils were equal and active, fundi negative. Pulse and respirations were normal. Neck supple. Heart, lungs and abdomen negative. Reflexes in order. No acetone on breath. He very suddenly cleared and appeared entirely normal at about 1:00 A.M. Given 30 cc. of 50% glucose I.V. followed immediately by 500 cc. of 2½% glucose in saline intravenously by multiple syringe method for want of better equipment. No more given because of this, but patient then took 500 cc. of water by mouth. Given gr. 1 ss of seconal. He slept well for the rest of the night. This morning (Sunday) he has taken little in the way of nourishment or fluids, is very quiet and feels chilly, requiring 3 blankets. He voided only once yesterday. He has voided once so far this morning.

P.E. Icterus about same. Skin moist; patient is perspiring freely. Is rather belligerent this morning and not as cooperative as usual. Heart, lungs and abdomen negative. To get intravenous glucose and saline by drip.

Additional notes:

Sunday night: Called tonight because of another "seizure", starting at 10:45 P.M. Lasted about 45 minutes and was exactly similar to previous ones. P.E. afterward was negative, but patient complained of double vision. Fluid intake for the day had been good. He had received an IV drip of 1,000 cc. 2½% glucose in saline this morning (Sunday), had drunk good quantities of water and orange juice. An intake-output chart started Sunday morning showed total intake of 3350 cc. During the evening before the seizure he had had 400 cc. of orange juice, had eaten supper so that hypoglycemia at 10:45 seemed unlikely. However, he was given 500 cc. of 2½% glucose in saline IV at midnight bringing total fluid intake for the day to 3830. Output was 1374 cc. He slept well the rest of the night. Temperature at 12 midnight was 102°. Nothing found to explain the fever.

Today, 11 Sept. He refused breakfast and fluids, acts psychotic at times, but has had no further attacks. Refuses to take fluids even though the importance of taking them is stressed. Is often negativistic. Yet cooperated well for lumbar puncture. Fluid was clear, but slightly bile stained. No cells. Spec. for culture, proteins, gold curve, Wass. taken. Blood taken for (1) culture, (2) Wasserman, (3) NPN, (4) blood sugar. Repeat CBC and urine requested. Then given 1,000 cc. 2½% glucose in saline by drip. Psychiatrist asked to see patient.

September 12, 1944

Looks fine today. Taking fluids and food well. Is cheerful and cooperative. Sits up in bed and is interested in everything going on around him. A letter from his girl seems to have helped greatly and in view of this sudden improvement, I think the diagnosis of cerebral manifestations during hepatitis is unlikely.

P.E. Icterus seems less. Liver and spleen not palpable. Serum bilirubin on Sept. 10 = 6.0 mgm. Celphalin cholesterol flocculation September 10 = 1 +

(continued on new sheet)

[redacted] (continued)

September 13, 1944

Complains of tightness across chest today. Appetite not as good as it was yesterday. Is depressed again, received a letter from a friend this morning. The more I see Robinson, the more certain I am he's a psychopath. Fluid intake this morning nil.

P.E. Some liver tenderness, but neither liver nor spleen enlarged. Sclerae still icteric. Skin moist.

September 14, 1944

Refusing food again. Intake of fluids yesterday 1500cc., output 1700 cc. Last B.M. 2 days ago.

P.E. Lies very quietly--not in good spirits, but is cooperative. Perspiring very freely, yet keeps a blanket over himself. Liver and spleen not palpable. Sclerae icteric. Blood taken for bilirubin and cephalin flocculation. STS reported doubtful for both Wasserman and Kahn. Will repeat the test in a few days.

[redacted] (continued)

September 13, 1944

Complains of tightness across chest today. Appetite not as good as it was yesterday. Is depressed again, received a letter from a friend this morning. The more I see Robinson, the more certain I am he's a psychopath. Fluid intake this morning nil.

P.E. Some liver tenderness, but neither liver nor spleen enlarged. Sclerae still icteric. Skin moist.

September 14, 1944

Refusing food again; fluid intake for the 13th was 1500 cc. Output 1700 cc. Last BM two days ago.

P.E. Patient lies very quietly; not in good spirits, but is cooperative. Perspiring very freely. Liver ahd spleen not palpable; no liver tenderness. Sclerae still icteric.

Blood taken for serum bilirubin: 4.7 mgm. VandenBerg: Immed. direct
Ceph.-chol. floc: Negative
Wasserman and Kahn reported doubtful; will repeat.

September 15, 1944

Behaving entirely different today; is good natured and in the best of spirits. Gets out of bed and walks around the ward. Eating and drinking well. BM this morning.

P.E. Continues unchanged. Sclerae still icteric. Liver not palpable. No tenderness

September 16, 1944

Doing well; appetite fair. Fluid intake good. BM today.

P.E. Unchanged.

September 17, 1944

No change.

September 18, 1944

No change. Blood taken for liver function studies. Serum bilirubin 4.0 C.C.F. negative. VandenBergh Immed. Direct.

September 21, 1944

After behaving well for past 3 days Robinson is acting up again; refuses food today. Lies in bed and acts depressed. Liver and spleen not palpable. No tenderness. Sclerae only slightly icteric.

September 23, 1944

Acting much better today. Sclerae same.

September 24, 1944

Complains of "cold sweats" all last night and periods in which entire body felt numb. Also some pain over the liver area last night and low in mid-abdomen. Appetite poor, no vomiting. Fluids being taken well. BM last night.

P.E. Sclerae seem clear considering his color. Liver and spleen not palpable, but pressure over liver elicits tenderness. No abdominal tenderness or spasm.

Serum bilirubin	1.15
C.C.F.	0

[redacted]

September 2, 1944

Last Sunday night noticed "head cold" (nose was stopped up, not runny, slight pressure in head; dry cough following night). Bowels moved, but not sufficient. Soreness in chest and abdomen as after strenuous exercise. Hasn't eaten since last Sunday because he doesn't feel like eating. Nausea, but no vomiting, Friday noon. Belching Friday night with hiccup. Dizzy if he stands up too long; still doesn't feel like eating; clammy--"very much out of sorts". Temperature 98.8° Pulse 86. Noticed that urine was very dark last Monday, changed to lighter color yesterday. Sclerae now markedly icteric. Physical examination negative except for tenderness along right costal margins.

September 4, 1944

Liver very tender, but not enlarged. Skin and sclerae even more yellow.

September 5, 1944

Appetite poor. No nausea. Last B.M. on night of September 3. Back aches, but he attributes this to the bed.

P.E. Sclerae quite yellow. Liver edge palpable and tender. Spleen not palpable. Skin not dehydrated.

September 7, 1944

No nausea or vomiting. Has considerable eructation followed by substernal discomfort--a burning sensation. Taking fluids well. Appetite very poor. Not constipated. Some ache in both upper quadrants. No chest pain; coughs only occasionally. No G.U. symptoms. No sore throat or earache.

P.E. Eyes: Sclerae very icteric. Conjunctivae clear. Mouth negative. Pharynx clear. Neck and back supple. Glands--No generalized glandular enlargement. Heart--normal size, rhythm. Sounds of good quality. No murmurs. Lungs clear to p.t.a. Abdomen soft--? slight distension. Liver edge appears palpable just below medial portion of right costal border. Moderate tenderness at this point. Spleen not palpable. Mild CVA tenderness bilaterally on deep pressure. No neurological findings of note. Small early furuncle anteriorly on lower chest. No others.

Suggest: Repeat urines. Can't find anything to account for fever other than the hepatitis. Blood taken for liver function studies.

September 8, 1944

Feeling much better, appetite much improved. No nausea or vomiting. B.M. last night. No pains or aches. No chills.

P.E. Negative. Liver and spleen not palpable. Sclerae yellow. Fine desquamation of skin over arms and legs.

September 9, 1944

During previous admission Miss Bush noted that the patient occasionally would stare straight ahead--it was necessary on such occasions to shake his shoulder and call his name loudly to get his attention. This morning at about 10 he did not answer when spoken to, refused his food and buried his face in the pillow. At noon he was found bathed in perspiration and completely unresponsive. Then he suddenly reacted, was completely disoriented and apprehensive, he failed to

(over)

recognize anyone, made no attempt to speak and drew away in apparent fear when an attempt was made to examine him. He continued this way until 2 P.M. when as suddenly he appeared normal again, however, he did not realize that anything unusual had occurred.

P.E. Negative except for icteric sclerae; moderately enlarged posterior cervical nodes. Neck supple. Eye movements normal. No neurological findings. BP 132/90.

September 10, 1944

Patient had another episode of semi-coma lasting about 45 minutes on the afternoon of the ninth. At 10:45 P.M. he had a third. Seen at 12:15 he lay quietly unless examination was attempted. Then he became almost violent and apprehensive, disoriented. Pupils were equal and active, fundi negative. Pulse and respirations were normal. Neck supple. Heart, lungs and abdomen negative. Reflexes in order. No acetone on breath. He very suddenly cleared and appeared entirely normal at about 1:00 A.M. Given 30 cc. of 50% glucose I.V. followed immediately by 500 cc. of 2½% glucose in saline intravenously by multiple syringe method for want of better equipment. No more given because of this, but patient then took 500 cc. of water by mouth. Given gr. 1 ss of seconal. He slept well for the rest of the night. This morning (Sunday) he has taken little in the way of nourishment or fluids, is very quiet and feels chilly, requiring 3 blankets. He voided only once yesterday. He has voided once so far this morning.

P.E. Icterus about same. Skin moist; patient is perspiring freely. Is rather belligerent this morning and not as cooperative as usual. Heart, lungs and abdomen negative. To get intravenous glucose and saline by drip.

Additional notes:

Sunday night: Called tonight because of another "seizure", starting at 10:45 P.M. Lasted about 45 minutes and was exactly similar to previous ones. P.E. afterward was negative, but patient complained of double vision. Fluid intake for the day had been good. He had received an IV drip of 1,000 cc. 2½% glucose in saline this morning (Sunday), had drunk good quantities of water and orange juice. An intake-output chart started Sunday morning showed total intake of 3350 cc. During the evening before the seizure he had had 400 cc. of orange juice, had eaten supper so that hypoglycemia at 10:45 seemed unlikely. However, he was given 500 cc. of 2½% glucose in saline IV at midnight bringing total fluid intake for the day to 3830. Output was 1374 cc. He slept well the rest of the night. Temperature at 12 midnight was 102°. Nothing found to explain the fever.

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September 12, 1944

Looks fine today. Taking fluids and food well. Is cheerful and cooperative. Sits up in bed and is interested in everything going on around him. A letter from his girl seems to have helped greatly and in view of this sudden improvement, I think the diagnosis of cerebral manifestations during hepatitis is unlikely.

P.E. Icterus seems less. Liver and spleen not palpable. Serum bilirubin on Sept. 10 = 6.0 mgm. Celphalin cholesterol flocculation September 10 = 1 +

(continued on new sheet)

NEW JERSEY STATE PRISON

MENTAL HYGIENE BUREAU

[redacted]

September 15, 1944.

NAME: [redacted] (Col.) No. 20948 CRIME: Rape & Atrocious Assault & Battery--18 yrs. & 10 mos. to 19 yrs.

This inmate is for the second time on the special ward in the Prison hospital. In June, according to the report in his case, he received an inoculation and at that time, on several occasions, was found staring into space and it required shaking him vigorously to get his attention. He was released from the special ward, and about six weeks later he was re-admitted. He had developed a jaundice. The inmate states that previous to the jaundice he had a cold which was accompanied by dryness of the head and throat, headache, some vomiting and discoloration of his urine. It is reported that on September 9th, suddenly he was very quiet and for a long time held his face buried in his pillow, and he was noted to be semi-stuporous. An attempt to examine him elicited the reaction of fear on his part. He was disoriented, failed to speak and did not appear to recognize anyone. Very suddenly this condition ended and he was oriented but entirely unaware of what had occurred. He has had four or five such episodes, each lasting about forty-five minutes; each beginning and ending suddenly. No convulsions have been noted. There is no history of previous attacks of a similar nature, except as noted above. On one occasion, following one of these episodes, he complained of double vision. On September 11th, he appeared very restless. At times he was cooperative, as during a lumbar puncture, at other times he was negativistic, refusing fluids and insisted he had to leave. He was sure he was dying and insisted on acting the part. Lumbar puncture revealed normal spinal fluid. On Sunday and Monday he was feverish, temperature reaching 102. Later he became cheerful and cooperative, taking food and fluids well, sitting up in bed, etc., exactly opposite to his condition the day before. He received a letter from his girl and speaks very cheerfully about it.

This man was seen by the examiner on Sept. 15th. At that time he was out of bed, appeared to be cheerful, perfectly oriented, cooperated readily in the examination and realized fully that there had been some periods during which he was confused. Neurological examination was negative throughout and he does not show any evidence of any organic involvement of the Central Nervous System. This man has been unstable for a number of years, which was noted as far back as 1935, when he was in the Jamesburg Reformatory. However, there has never been any history of psychosis or epilepsy. The only conclusion that the psychiatrist can come to at this time is that this man's mental confusion was due to toxic disturbance associated with jaundice (or hepatitis), that being primarily a very unstable individual, he is more susceptible to any toxemia than the ordinary individual.

DIAGNOSIS: Constitutional Defective with Toxic, Confused state, episodic in character.

MAF.

[redacted]

Robins

Blood urea - 7

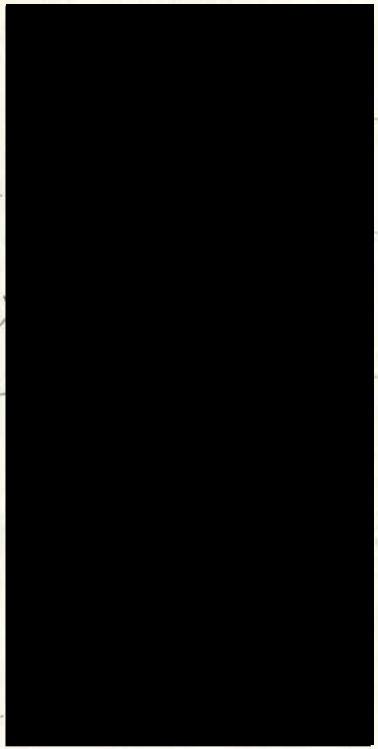
" Sugar - 98

Ser. bilirubin - 6

Boyd - 11.8

Ser. bilirubin

Oct. 3



SBR	CCC	Van.
1.71	0	1.12
1.5	0	1.0
.33	0	

Oct. 31

Oct. 13

1.42	0	→	1.66 CCC 0
1.15	±	→	1.5 CCC-0
0.6	0		

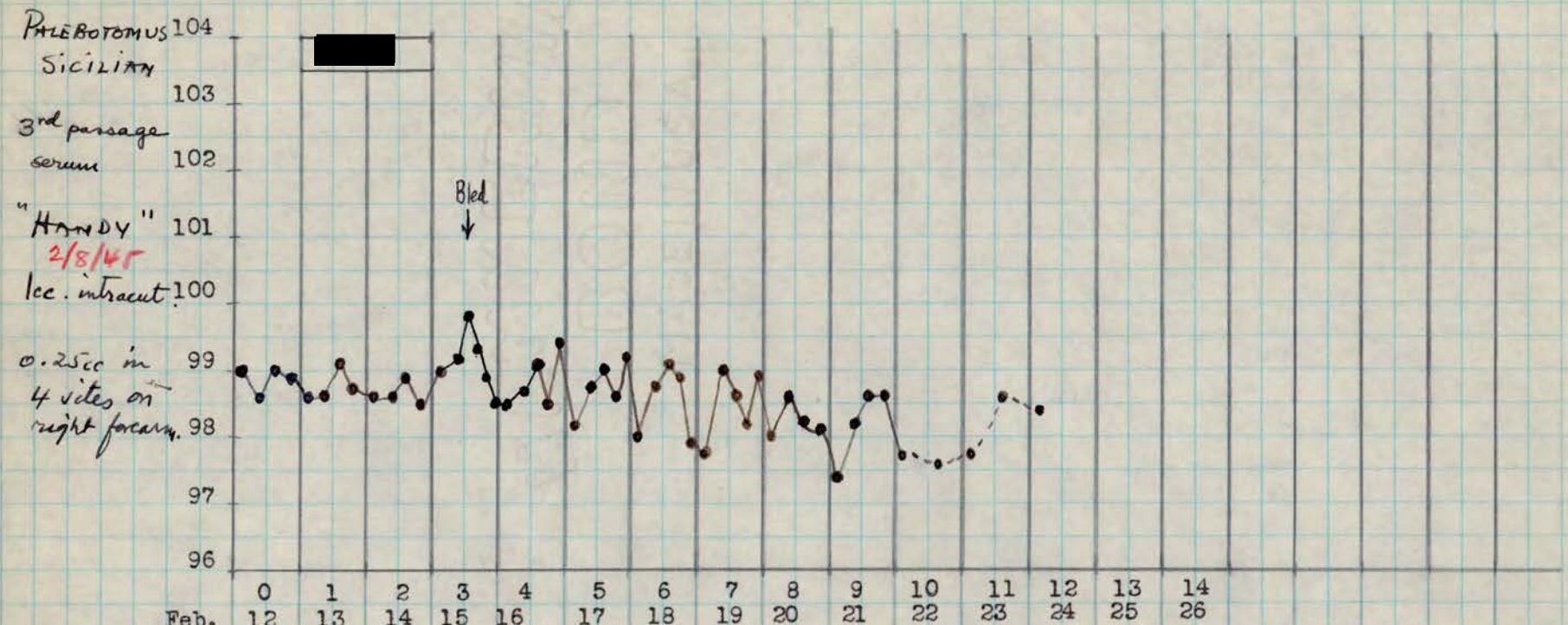
[redacted]

Date	Sept.2	5	7
Serum bilirubin	8.4	17.2	15.7
Van Den Bergh	I.D.	I.D.	I.D.
Bilirubin, urine			
Harrison Spot	2 plus		2 plus
Diazo Spot	2 plus		2 plus
Urobilinogen W&D	1:20		1:40
Serum protein			
Total	7.23		
Albumin	4.1		
Globulin	3.13		
Ceph-Chol.Floc.			
24 hour	3 plus		4 plus
48 hour	4 plus		4 plus

[redacted]

Date	Sept.5	7
	19.8	9.7
	I.D.	I.D.
	3 plus	3 plus
	3 plus	2 plus
	1:20	1:20
	7.0	
	4.45	
	2.55	
	4 plus	4 plus
	4 plus	4 plus

[redacted] on Sept. 5 had .4 mgms of serum bilirubin and a negative ceph-chol. floculation test.



Inoculated Site		0	0	0											
Generalized Rash															
TOTAL WBC	5850			7600		5250		8100		5900		5700			
Neutroph.-Segment	31			42		53		42		48		33			
Staff	7			4		3		5				2			
Juvenile	1														
Myeloc.															
Lymphocytes	59			45		37		50		43		59			
Monocytes	1			7		5		2		5		3			
Eosinophiles	1			1		1				4		3			
Basophiles				1		1		1							

[redacted]

15 February 1945, 10:30 A.M.

Complains of pain over right eye and some backache. Bled about 4:00 P.M.

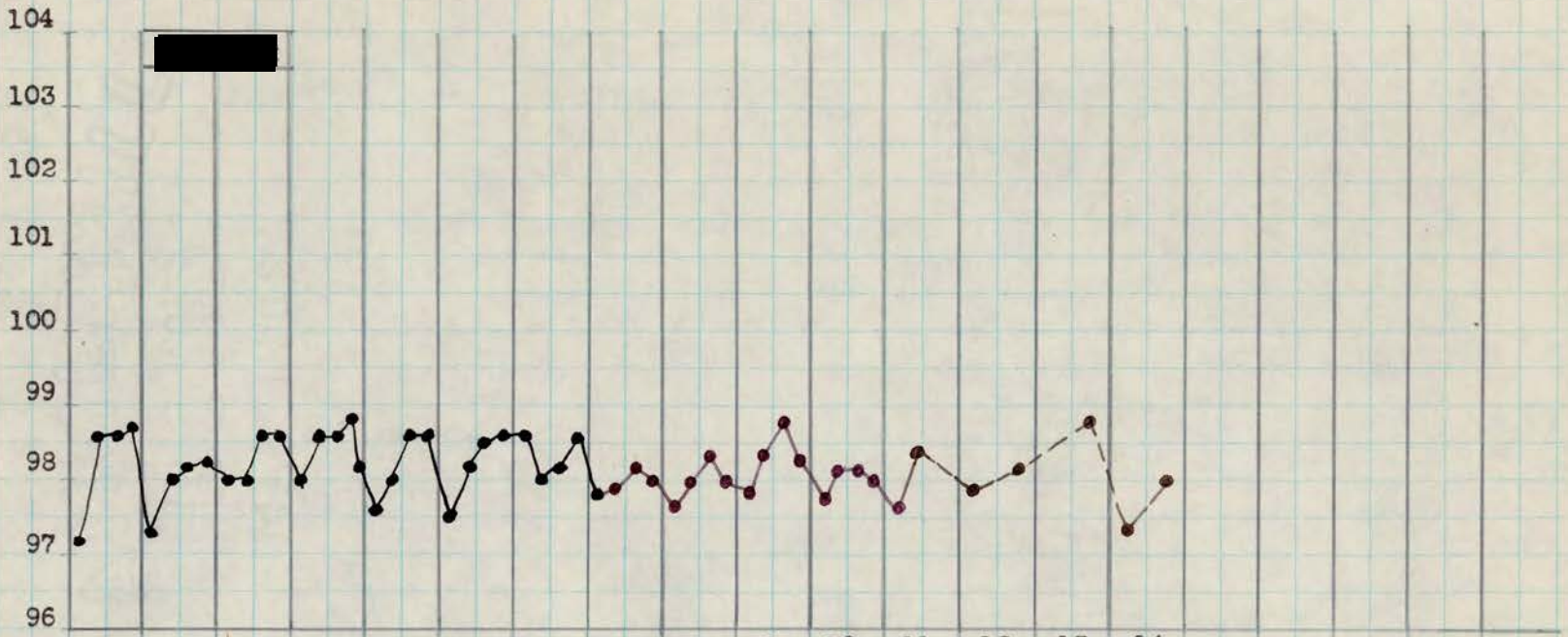
16 February 1945, 5:15 P.M.

Temperature rose to 99.8° at about 4:00 P.M., yesterday, but quickly returned to normal. He felt warm, had some headache and backache; still present this morning. No complaints. Conjunctivae seem injected. Eyes tender to touch. Otherwise negative. Temperature 99.2°, Pulse 78.

17 February 1945, 1:00 P.M.

Stays in bed, complains of headache and photophobia; backache last night, but temperature chart and blood picture are not compatible with complaints. Eyes: Red, but otherwise negative, except that he seems to perspire.

Dengue Convalesc. Received Phlebotom.



Inoculated Site		0	0	0	0	0	0	0	0	0	0	0			
Generalized Rash															
TOTAL WBC	6,550				7250			7,900			5050				
Neutroph.-Segment	64				58			53			58				
Staff	4				2			3			4				
Juvenile															
Myeloc.															
Lymphocytes	22				35			38			35				
Monocytes	10				4			4			1				
Eosinophiles					1			3			1				
Basophiles											1				

[redacted]

September 11, 1944.

Eyes, mouth, throat negative. Skin clear. Heart, lungs and abdomen negative. Liver and spleen not palpable. Right posterior cervical chain slightly enlarged. Axillary nodes palpable, but small. Inguinals small. BP 114/70.

September 15, 1944.

Arm negative.

September 16, 1944.

Arm negative.

September 17, 1944.

Arm negative.

September 20, 1944.

Slight upper respiratory infection.

P.E. Reveals moderately injected throat with considerable hypertrophied lymphoid tissue.

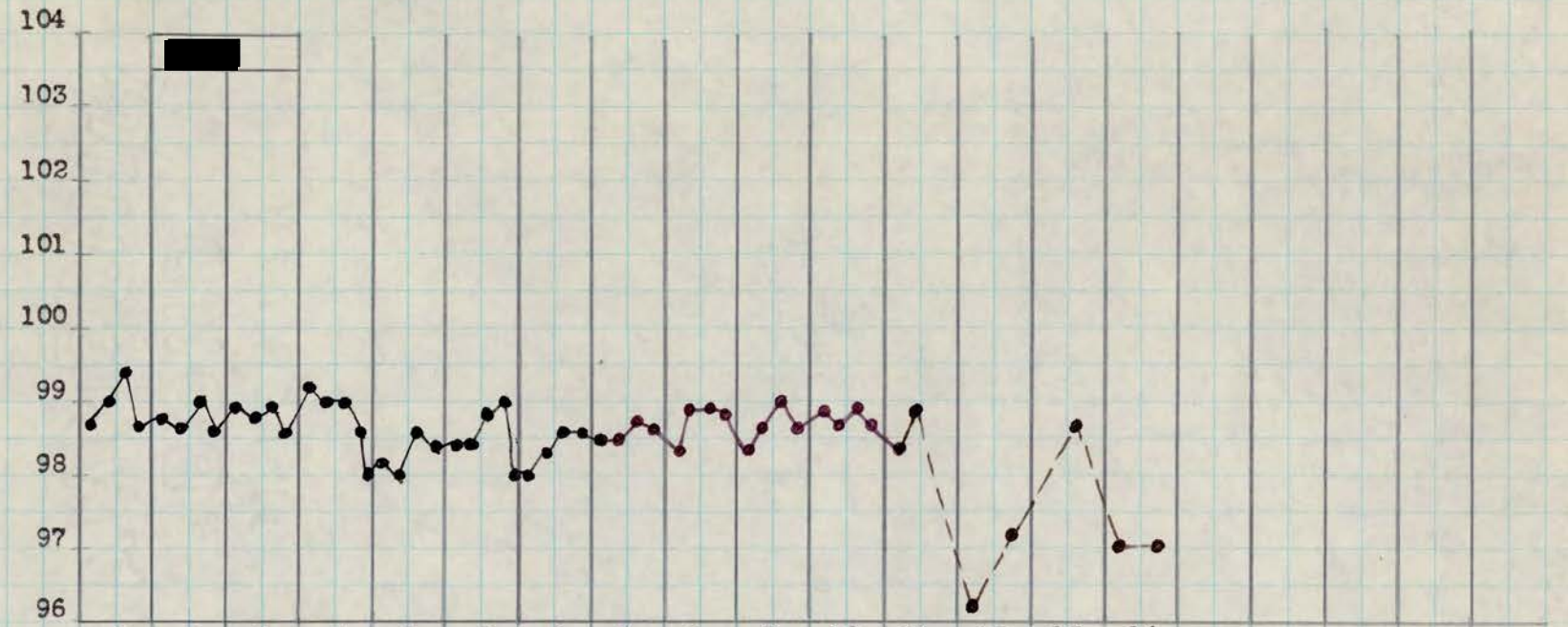
[redacted]

September 11, 1944

Eyes, mouth, throat negative. Skin clear. Heart, lungs and abdomen negative. Liver and spleen not palpable. Right posterior cervical chain slightly enlarged. Axillary nodes palpable, but small. Inguinals small. BP 114/70

Dengue Conv.

Received Phlebotom.



Inoculated Site		o	o	o	o	o	o	o	o	o	o	o			
Generalized Rash															
TOTAL WBC	10,000				9950			8,850			6,600				
Neutroph.--Segment	66				65			53			71				
Staff	3				7			1			3				
Juvenile															
Myeloc.															
Lymphocytes	28				19			38			18				
Monocytes	2				5			6			7				
Eosinophiles	1				3			2			1				
Basophiles					1										

[redacted]

September 11, 1944

Eyes, nose, throat negative. Teeth fair. Chains of palpable posterior cervical nodes. Small axillary nodes and inguinals. Heart, lungs and abdomen negative. Skin clear. BP 118/64

Sept. 15, 1944
Arm negative.

Sept.16,1944
Arm negative.

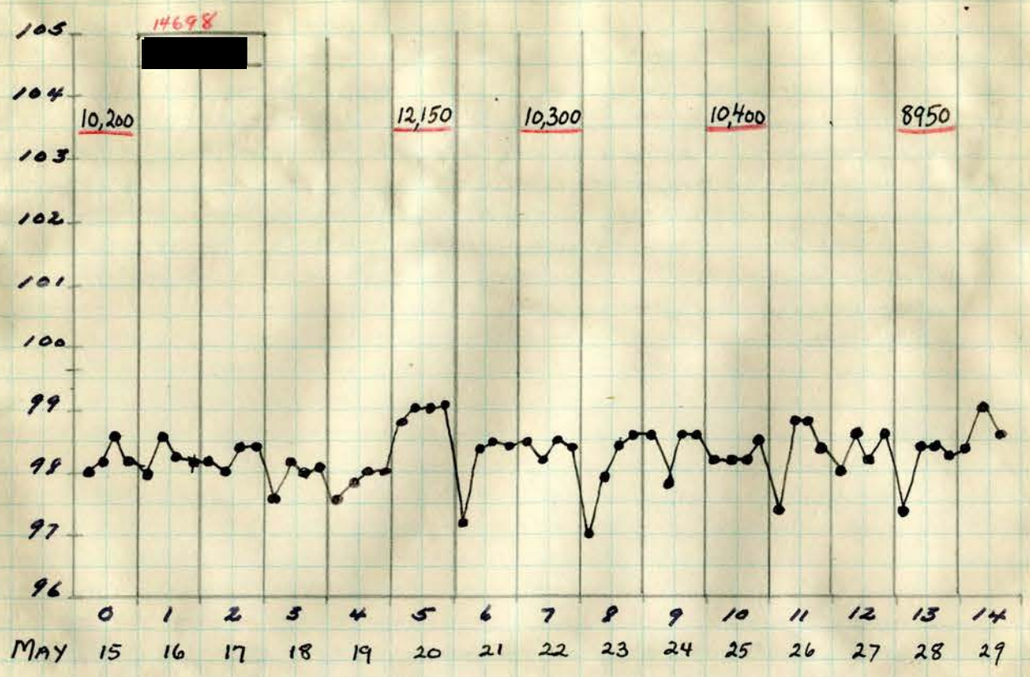
Sept.17,1944
Arm negative.

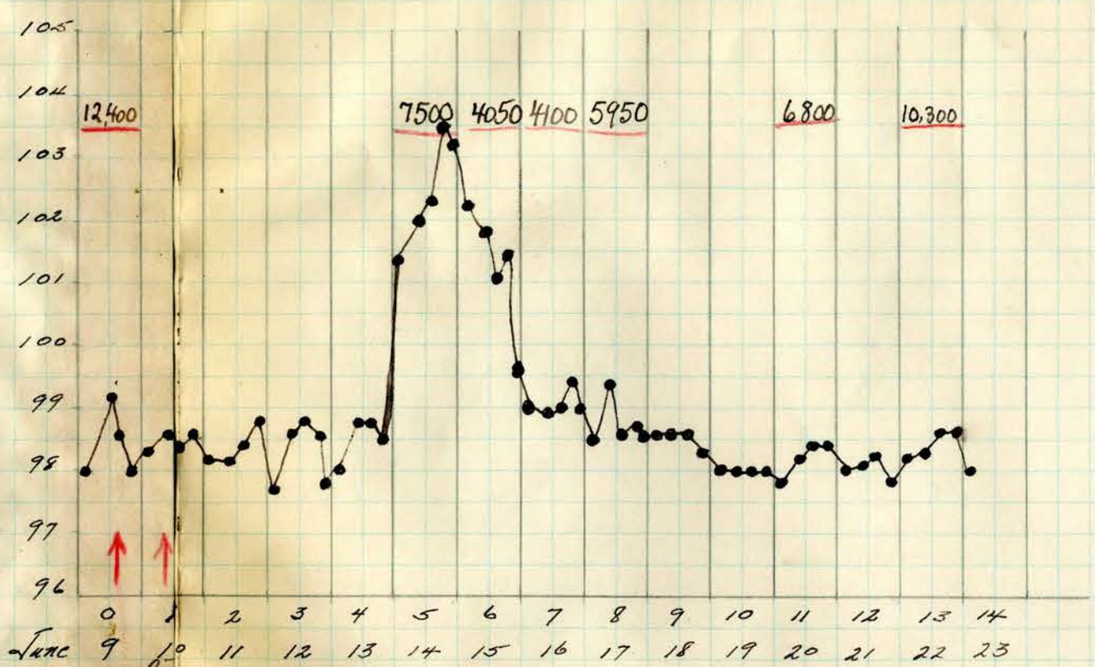
[redacted]

September 11, 1944

Eyes, nose, throat negative. Teeth fair. Chains of palpable posterior cervical nodes. Small axillary nodes and inguinals. Heart, lungs and abdomen negative. Skin clear. BP 118/64

PHLEBOTOMUS FEVER - SICILIAN STRAIN - CHICK EMBRYO CULTURE
5TH PASSAGE





Taylor
Screw
Same for Boyd & Robertson

June 10, 1944, A.M.
Area of erythema 2X2 cm. at inoculated site

June 11 — old area still red
new areas also show erythema 2×2 cm at each site

" 12 — as above

" 13 — erythema still present but less marked

June 14, 1944, A.M.

Feels generally tired. Not conscious of rise in temperature. Woke up during night and noticed slight sweating.
Erythema of face and neck.
Inoculated sites still show diffuse erythema.
Conjunctivae somewhat congested.
Mouth and throat negative.
States that coffee and cigarette had a peculiar taste this A.M.
100 cc. of blood taken at 10:00 A.M.

June 15, 1944, A.M.
Nauseated; vomited toast and coffee. Backache.
No rash.

June 16, 1944,
No headache; profuse perspiration. Eating well again.

June 18, 1944
Up and about. No complaints. Heat rash on back.

June 19, 1944
Slightly weak. Otherwise well again.
No rash.
No lymphadenopathy.
Liver and spleen not palpable.
Pulse 76.

[redacted]

September 12, 1944

Blood taken for liver function tests.
Still has slight cold and sore throat.
P.E. Throat only mildly red. No icterus.

Serum bilirubin Sept. 12: 0.29 mgms.
Sept. 20: 0.75 mgms.

Serum bilirubin	0.6
C.C.F.	0

October 13, 1944

Patient came to ward this morning complaining of pain in right upper quadrant and epigastrium. Felt perfectly well until Oct. 10 when he experienced some generalized malaise--described as the grippe--slight feverish feeling, but temperature not taken. On Oct. 11 he felt he had a "cold." No nausea or vomiting--no anorexia. On Oct. 12 he noticed some pain in right upper quadrant and epigastrium aggravated by eating and moving about--not constant--"cramp-like" No constipation--stools soft.

This A.M.--Temp. 98.6° Pulse 82. Nasal quality to speech. Does not appear jaundiced. No tenderness over liver or anywhere in R.U.Q. Liver and spleen not palpable, abdomen soft. Lymph nodes not palpable. Mouth and throat negative. Nasal passages not completely obstructed. Fresh urine specimen just voided light amber in color.

Blood count	WBC 10,350	
	Segmented	47
	Stabs	12
	Lymphs	29
	Monos	11
	Eosinophiles	1
T.P.R. 2pm.	98.8°--88--20	

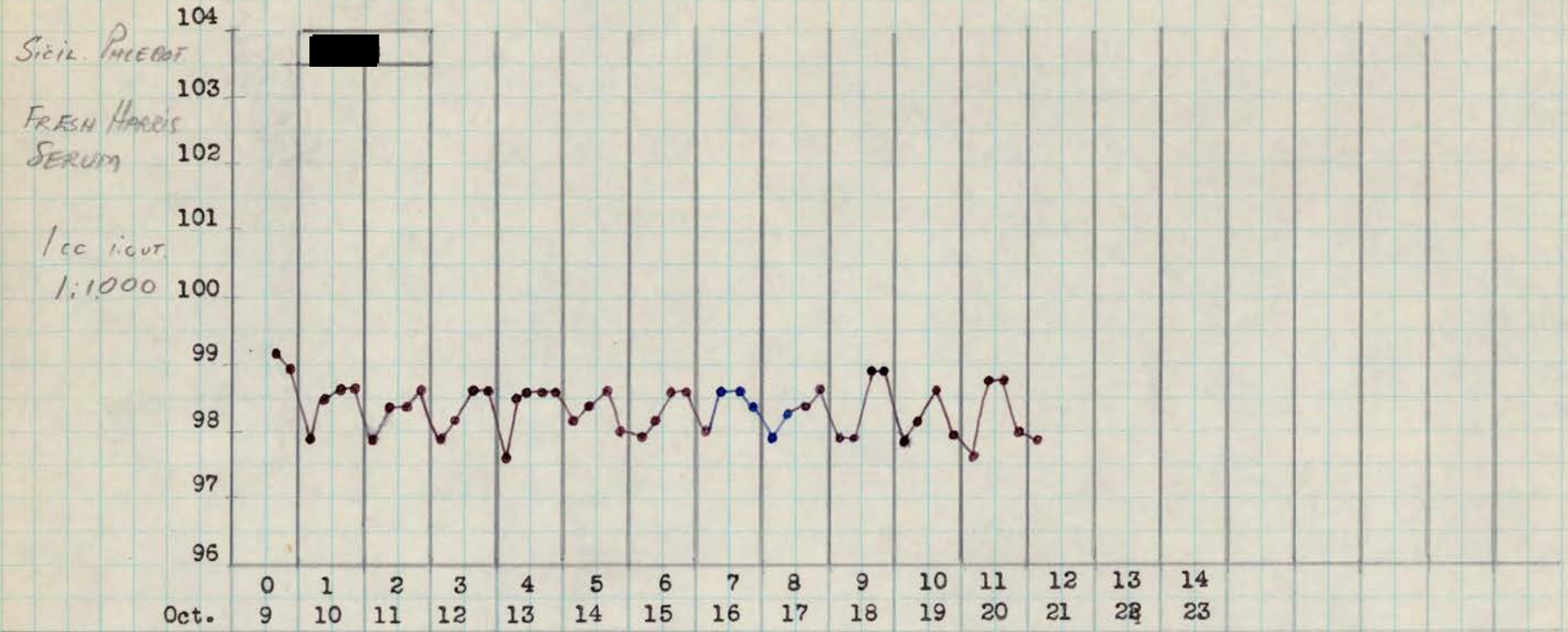
[redacted]

September 12, 1944

Blood taken for liver function tests.
Still has slight cold and sore throat.
P.E. Throat only mildly red. No icterus.

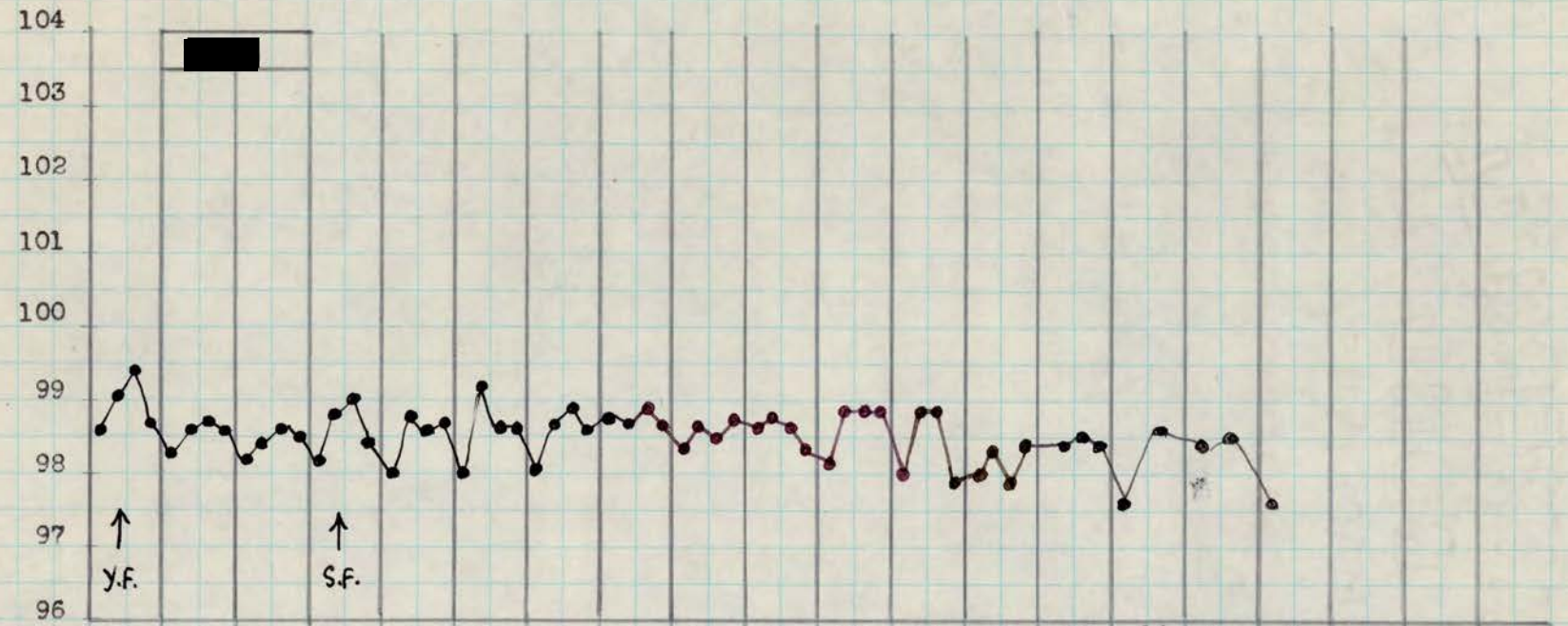
Sept. 21 - Serum bilirubin 0.75 C.C.F. - 0

Oct. 13 WBC ~ 10,350 Seg 47 Stab 12 L 29 Monocytes 11
Eos - 1



Inoculated Site
Generalized Rash

TOTAL WBC	5,050		5,750		5,500		6,500	4,650	7,000		5,600			
Neutroph.-Segment	47		37		51		34	37	36		36			
Staff	5		10		5		7	9	4		6			
Juvenile														
Myeloc.														
Lymphocytes	44		48		40		51	44	48		47			
Monocytes	2		5		2		5	5	8		10			
Eosinophiles	1				1		2	5	1		1			
Basophiles	1				1		1		3					



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Sept.	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Inoculated Site										0	0	0	0				
Generalized Rash																	
TOTAL WBC	10,550								7,100		7,500		9,050		7,300		
Neutroph.-Segment	50								54		48		54		56		
Staff	3								4		8		1		1		
Juvenile																	
Myeloc.																	
Lymphocyte	44								30		38		39		37		
Monocyte	3								9		2		5		3		
Eosinophiles									2		3		1		2		
Basophiles									1		1				1		

[redacted]

September 11, 1944

P.E. Eyes negative. Nose and throat clear. Teeth slightly dirty. Heart negative. Lungs clear. Liver and spleen not palpable. Small post. cervical nodes. Small bilateral, axillary nodes. Epitrochlears not palpable. Bilateral chains of small inguinal nodes. BP 124/76

September 15, 1944

Arm +++

September 16, 1944

Arm negative.

September 17, 1944

Arm negative.

September 24, 1944.

Arm negative.