

Polo-1947-



Idaho.

18 yrs; ♂; white

Mother: [redacted]

Admitted: - 8/16/47 - 2.30 p. m.

History: - Entirely well until  $\pm$  2.00 pm. on 8/15/47; while picking pears he noted generalized headache, and that whenever he jarred his feet that he developed pain in back of neck. - He also felt feverish and a little dizzy. He felt tired + lay down, but was not drowsy or sleepy at all; his appetite was only fair; no abdominal symptoms. His bowels moved a.m. of 8/15 but not since then. - Next day 8/16/47, he felt weak all over - says it was more feeling "tired" than any localized weakness. - On 8/16/47 - he had a spinal tap at Caldwell and was sent to Boise. He had mild neck pain today.

Findings on admission: 8/16/47. - Does not appear acutely ill. - There is moderate nuchal rigidity, with sharp pain between shoulder blades on attempting neck flexion. Reflexes seem hyperactive in the upper extremities and subdued but present in the AT's and KT's; There is no deep muscle tenderness.

CSF - 8/16/47 - By Dr. Burton - St. Luke's.  
Cells - 233 - 8% poly.  
          -          - 92% lymphs.  
Protein - 40 mgm. %  
Sugar - 90 mgms. %

Specimens:

	Bowel	OP Swabs	Blood
8/16	enema (poor return)	✓	✓
8/17	Enema	✓	
8/18	Enema	✓	

Blood Serum due on 8/29/47, 9/12/47, and 11/15/47.

Progress Notes: 8/17/47. - No change at all, except face very flushed.

8/18/47. - Feels well subjectively; appetite normal now. There is only very mild nuchal rigidity; The reflexes in upper extremities now "normal"; and elicited but rather subdued in the lower extremities.

(over)

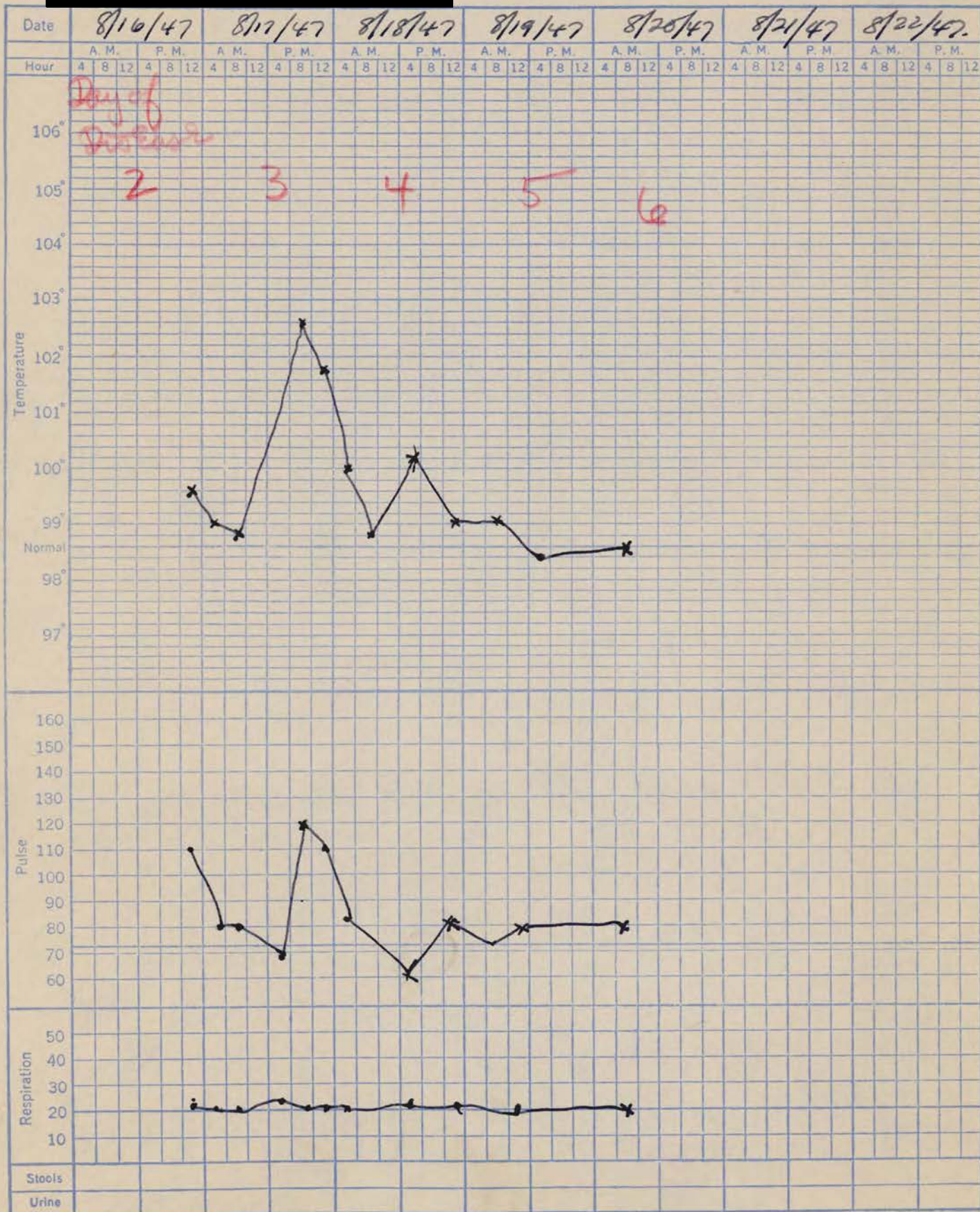
8/19/47 - Temp. was up again yesterday afternoon; no change in neurological status except that neck is now hardly stiff.

8/20/47 - afebrile. - Deep tendon reflexes still difficult to elicit in A.I.S and K.I.S but are present. Neck supple.

ST. LUKE'S HOSPITAL  
PHIC CHART

NAME

CASE NO. A7608



JAN 13 1948

A. Stool Material -

Solids Present	80.0 gms.	} 20%
Liquid Present	350 cc.	
Agar D.T. Added	50 cc.	

Blended at low speed - one minute.

Portion Refrozen =  $\pm 200$  cc. - "B"  
12-16-48 Blended Stools Discarded

Remainder Allowed to settle in 100 cc tubes - refrigerator for one hour

Portion Set Aside for Intranasal Inoculation =  $\pm 35$  c.c.

Portion of Supernatant = 200 cc. - Etherized with 40 cc; shaken 10'; refig. overnight.

1-14-48. Centrifuged 30' - Supernatant = 140 c.c.

Culture: X 1 large mucoid + very numerous small hemolytic colonies surrounding. - Smear: = predominantly 8m neg rods & a few large heavy 8m. + rods.

1-15-48 - R<sub>2</sub> - Etherized - 28.0 cc Ether Added. -

1-16-48 - Centrifuged 30 minutes - Supernatant = 110 c.c.

Culture: X 4 colonies small round = 8m neg. rods.

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

1-20-48 @ Untreated Stool Frozen (Lusteroid tube) B-3-3

@ Etherized stool suspension frozen (Lusteroid tube) B-3-3

12-16-48 Stools Discarded

JAN 13 1948

B. Pharyngeal Swab Material -

liquid expressed + 1.0 cc Buffer #1 = 2.5 cc  
Buffer #2 = 1.0 cc  

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3.5 cc

1.0 cc ether added, shaken 10'; refrigerated overnight.

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

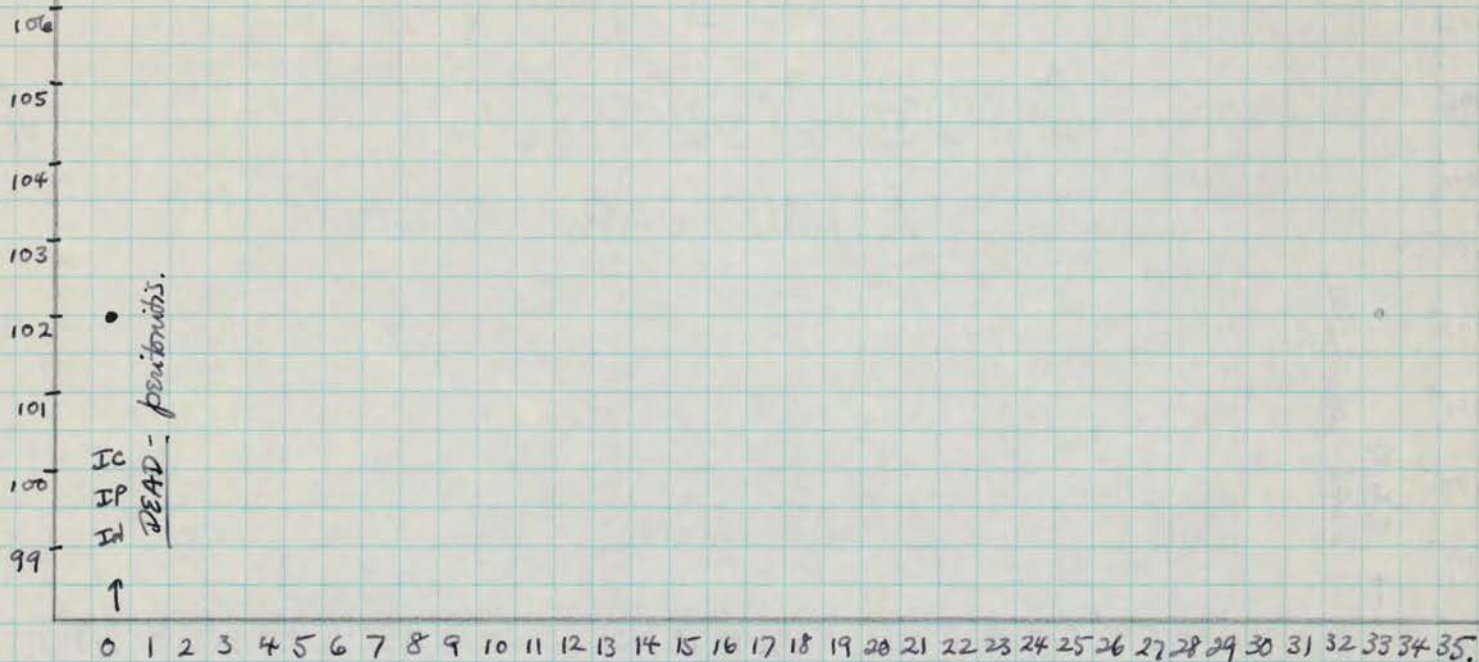
JAN 17 1948

Rhesus #91-

Treated pharyngeal swabs IC  
Treated stools IP  
Untreated stools IN.

Culture

✓✓  
\* 4 small round colonies - Smear = 90m. neg. result



1-17-48. Inoc. 1.5 cc IF; 1 cc per nostril and 20 cc IP together with 100 mgms. Streptomycin and 100,000 units penicillin IP. (12. noon)

4:30 p.m. - Looks ill; feels cool; given 300,000 u of Penicillin in P.O.B., rt. thigh.

1-18-48. Dead. Autopsy: peritonitis, with diffuse infection, filmy fibrinous bands and ± 15 cc turbid exudate. - Rt. Thigh OK. SMEAR: very many pus cells and  $\text{Sm.} +$  and - rods, with No TBc - intra- and extracellularly.

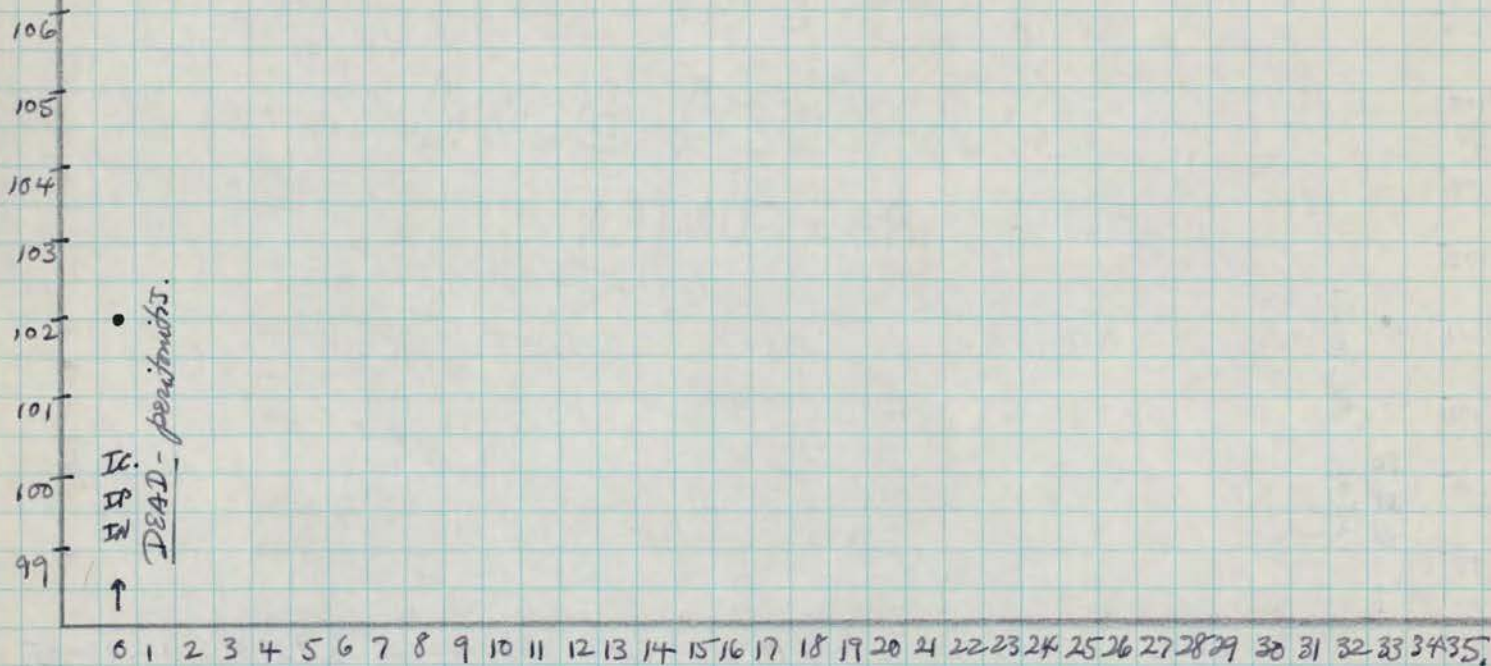
CULTURE: - No colonial growth; inoculum area resembles gray, and on (BAP) smear - large  $\text{Sm.} +$  rods only.

Peritoneal fluid frozen to aa skimmed milk pH=7.0. (B-1-1)

12-18-48 Peritoneal fluid discarded

JAN 17 1948

CYN. #90-



1-17-48. Inoculated 1.5 cc IC. 1 cc per nostril and 20.0 cc IP together with 700,000 units penicillin IP - (12:00 noon)  
 4:30 pm. - Cold, looks ill; given 300,000 units penicillin in P.O.B; into rt. Thigh.

1-18-48 - Dead - Autopsy: peritonitis. - 87% of IM injection of penicillin O.K. - No TBc.

PERITONEAL FLUID ± 15 cc :-

SMEAR: Very many pus cells with intra and extracellular bacilli - both sm.+ and sm. - rods.

CULTURE: No colony formation; surface has creamy-like (BAP) appearance at site of inoculation; - on smear shows only large sm. + rods.

Peritoneal Fluid frozen in skimmed milk pH=7.0 (8-1-1)

12-18-48 Peritoneal fluid discarded

JAN 26 1948

SECOND TRIAL  
untreated stool - IN 2 cc/nostril

Rh. # 112.



2-24-48. Sacrificed (chloroform-exsanguination) for histopathology. - No gross TB.

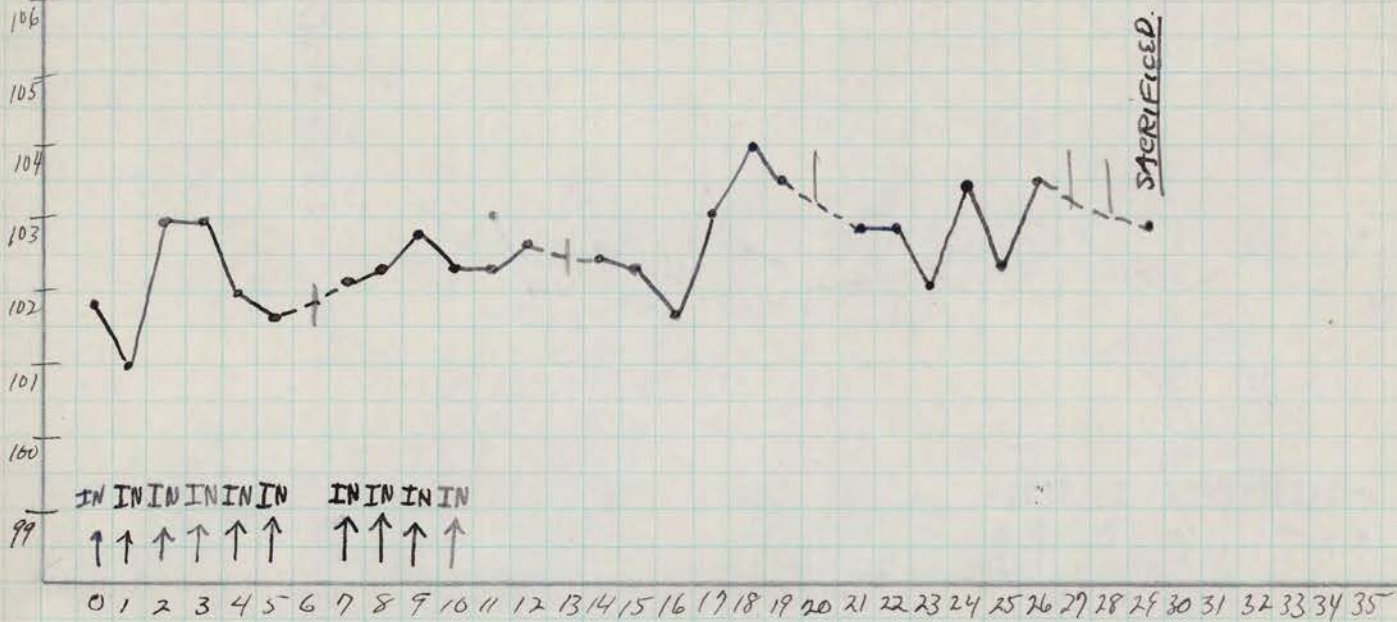
TISSUE FOR PATHOLOGY: olfactory bulbs; thalamus; hypothalamus; midbrain;  
pons, medulla; <sup>4 levels of</sup> spinal cord. - (2-4).  
33 levels.

HISTOLOGY: Above sections show no path. changes.

DIAGNOSIS: NO POLIO.

JAN 26 1948

Ph. #113-



2-24-48 - sacrificed (chloroform-exsanguination) for histopathology.

No gross TB

TISSUE FOR PATHOLOGY: olfactory bulbs; Thalamus; Hypothalamus; midbrain;  
pons; medulla; spinal cord. (2-A.)  
3 levels } 32 levels

HISTOLOGY: Above sections show no pathological change.

DIAGNOSIS: NO FOLLO.