SYMPOSIUM ON THE DYNAMICS OF INDUSTRIAL MEDICINE

PRESENTATION OF AN UNIDENTIFIED OCCUPATIONAL CASE HISTORY

ROBERT J. HASTERLIK, M.D.
CHICAGO

RECENTLY a 26 year old man employed as a machinist presented himself at the dispensary of the University of Chicago Clinics and stated that for the past three months he had noted a change in his usual state of good health. At the time of onset of his symptoms, three months before, he noted that whereas previously he had been able to indulge in vigorous athletics, such as baseball and tennis, without undue sense of fatigue, recently after as little as one game of tennis or a short period of exercise during a baseball game he was seized with a violent cough and noted marked shortness of breath. In retrospect the patient remembers that as early as one to two months before the onset of this shortness of breath on exertion, he had noted a rather nagging, hacking cough, especially after such trivial exertion as would be encountered in laughing heartily. This, he and his wife attributed to moderate overindulgence in cigarets. He dismissed these symptoms from his mind until he noted the more striking and incapacitating symptom of marked shortness of breath during mild to moderate physical exercise. He has been able to continue his employment as a machinist and believes that he has voluntarily restricted the speed at which he walks or climbs stairs.

This man's history extends back three years at this plant, and adequate clinical records are available. His past history is interesting and significant. Four years previous to the time at which he was first seen in the dispensary he had worked as a machinist in another plant and was engaged in carrying out operations similar to those at this plant. On close questioning, he remembered that three and one-half years ago he became acutely ill during the winter months, with rather sudden onset of cough, fever (his temperature rising to 102 F.), shortness of breath and expectoration of a moderate amount of thick, tenacious sputum. He consulted his family physician, who made a roentgenological examination of the chest and found areas of infiltration and consolidation extending out from the hilar region bilaterally. His physician told him that he had a virus pneumonia, and he was hospitalized for four weeks. Penicillin had no apparent effect on the course of the illness, and he recovered slowly. The cough and fever subsided gradually during the four week period in the hospital, and it was not until eight weeks after the acute onset of the illness that the roentgenograms of the patient's chest showed that his lungs had returned to normal. The patient remembers that at the time of this acute febrile illness he was troubled with a stubborn derma-

Read before the Section on Preventive and Industrial Medicine and Public Health at the Ninety-Ninth Annual Session of the American Medical Association, San Francisco, June 29, 1950.