BOSTON CITY HOSPITAL

[redacted] B.
Age 32, maried - white
Occupation - Chauffeur

Admitted Dec. 17, 1928
Discharged Dec. 24, 1928
Medical 1 - #575264
Under care of Dr. Caplan

Diagnosis

Acute Monocytic Leukemia
Oral Sepsis

Chief Complaint - Loss of pep, marked dyspnea, weakness.

Present Illness - On Oct. 18, 1928 patient went to the doctor because he felt weak, had anorexia, got out of breath quickly. Patient first experiencedthese symtoms about Oct. 1, 1928. His friends called his attention continually to his pallor, his loss of appetite and lack of pep. On Oct. 18, 1928 local M. C. prescribed dr. S S sweet spirits of nitre. Dr. 1 $NaHCo_3$ time a day. Digitalis drops twice a day. Patient kept up this treatment for 7-8 weeks. He was also taking an iron tonic prescribed by his doctor. Patient went to local M. D. two weeks ago for his "piles" which he says were not bleeding but caused him discomfort. On Sunday, December 16, 1928 patient called local M. D. who took his temperature and found it to be 102°. He advised patient at once to come to the hospital. Patient quit work since October 15, 1928. Since onset of his present illness, patient has had a very poor appetite; he has not slept well and he has lost considerable weight. He vomited occasionally during the mornings, the vomitus being yellow. The only pain he has had in the last 8 weeks has been in the upper gums. The symtoms have been becoming progressively worse, his appetite has been becoming poorer - his dyspnea is becoming worse, his pallor has been increasing.

Family History - Father died of Pneumonia, mother died a long time ago from tuberculosis. No history of diabetes, insanity, gout or cancer.

Marital History - Married 12 years. One child living and well. One child died at age of one month. Wife never had any miscarriages.

Habits - Never ate or slept regularly. Does not drink alcoholic beverages. Used to chew a bit. Used aspirin for his sore gums. Coffee; no tea. One cup a day.

Social History - Has been a chauffeur for 15 years and has always worked hard for a living. Has been associated with the Gasoline Industry for a long while and says he is made sick by the odor frequently. The gasoline contains the least tetraethyl. He is the sole means of support for his wife and child.

Occupation: Has been a chauffeur for last 15 years and gasoline handler.

Past History - Was born in Boston and has lived here since. Has never had any operation or been in a hospital. Does not remember childhood diseases. Typhoid fever 10-11 years ago.

Head - Not many headaches.

Eyes - Sees well. Ears - Hears well. No running ears. Now sore right ear. Nose O.K. Month - sore upper right gum. Teeth - Usually in good condition. No sore tongue. Sore throats once in a while. Gastro - intestinal: Appetite prior to present illness has been excellent. No vomiting or pain after eating. Bowels irregular. Salts used. Piles for 2 years; bleed occasionally. Fresh blood in stools. No jaundice.

Cardio Respiratory: No pain in chest, no dyspnoea before present illness. No swelling of ankles, no cyanosis, no cough or night sweats previous to present illness.

Neuro - muscular; No joint or muscle pains. No twitchings or convulsions. No anaesthesia or hyperesthesia. Always been a strong muscular, vigorous active man.

Genito - Urinary - No dysuria, no hematuria, no pyuria.

Day: Urine 2-3. Nocturia - Since he has had fever. Denies veneral infection. No burning on passing water.

Best weight last summer. 165 lbs. Present weight 150 lbs.

Patient is a white male 32 years of age, married and has one child. States that he has always been well until 10 weeks ago when his wife noticed that he was getting quite pale and advised him to see a physician. He did and was advised to quit work, he is a chauffeur for the Jenney Gasoline Company, having been with that Company for six years and having been in contact with Ethyl gas for the last two years. He has been up about at home taking various tonics. About one week ago began to have some chills and perspired very freely at night. Has lost some weight but does not know how much. Three days ago had bridge removed from upper right jaw and his jaw has been swollen since. Denies rheumatic fever and veneral disease and denies alcholism.

KE 0011718

Physical Exam - A well developed and nourished anemic white man 32 years of age, lying in bed, rational and cooperative. Head scalp slightly bald. Ears and nose - Negative to external examination. Eyes pupils equal and regular, react to light and accomodation. Conjunctival mucous, membranes pale. Mouth - teeth in poor condition. Swelling of right upper jaw with some slough. Tenderness especially on pressure. Face-whole right side of face swollen and tender. Neck swelling at right angle of jaw, also a few ~~suscel~~ posterior cervical glands. Heart not enlarged, sounds of good quality, rapid, regular. Blood pressure 120/75. Pulse, rapid and of fair quality. Lungs, essentially negative. Abdomen-Liver slightly enlarged and slightly tender. Spleen enlargement and tenderness. Extremities. No edema. Knee jerks present. Skin Anemic. Glands: Few in neck and groin - small.

Impression I Anemia? Etiology? Type 2? Leukemia 3? Chemical intorication 4. Alveolar Infection (Right upper jaw). M. O. Belson.

Dec. 18. On admission yesterday this patient who has worked with Ethyl gasoline for 2 years and has always been well until 2 months ago, when his wife noticed he was not looking well and was pale, was treated by local M. D. with tonics. About one week ago perspired freely at night and had chills. 3 days previous to admission had teeth bridge removed and jaw has been swollen and tender since.

Physical exam. - Showed an anemic male, with tender and palpable liver and spleen. Few glands in neck, and pea size lands in groin. Right side of face swollen - gums of right upper jaw swollen and tender with sloughing area where bridge was removed and some edema at angle of the jaw. Before any blood examination was done we considered leukemia, anemia? type, chemical intoxication due to Ethyl gas giving an anemia. The alveolar swelling and infection, I believe, is merely coincidental being due to removal of bridge.

Blood examination showed 71,100 while blood cells. Red blood cells, 1,610,000. Smear showed many large monocytes (?myelocytes). Red blood shows evidence or regeneration - each form being seen. This patient has a leukemia? Type - Urine shows slightest possible trace albumen - occasional hyaline and granular casts.

12/20 - Patient is running a temperature, jaw is sore and throat is also sore. Patient cannot open mouth fully on this account. B. S. 113 mg. /100 cc. Non-protein nitrogen 37 mg./100 cc. Uric Acid 6-4 mg./100 dd. Patient to be seen by Dr. Larrabee in blood consultation.

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Nov. 20 - X-Ray reports: Dense right antrum Pelvis (?) negative. Arms and legs negative. Chest - slight mottling of upper left lung - not enough for tuberculosis. Throat culture reports streptococeus hemolyticus and staphycoccus aureus.

Discharge note - A young pale man, gasoline handler comes in complaining of shortness of breath since October 1, 1928. 2 months previous to admission his wife noticed that he looked quite pale, this with a temperature and anorexiz - plus bad teeth sent him into the hospital. On extrance he was by inspection alone a blood case.

His white blood count 17,000 rose to 96.600 in 5 days. Differential showed a peculiar large mononuclear cells - rather granular. Dr. Larrabee thought it possibly a myelogenous type. He did not show any improvement and gradually gained in white blood cells and lost in hemoglobin. He finally passed away after becoming very dyspnoic.

F. V. Palfrey

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