

1962

CASE 5

Submitted by: Dr. Karl T. Neuburger, General Rose Memorial Hospital,
Denver, Colorado.

(DOD: 1961)

The patient, a 64 year old male at the time of his death, had been in military training for four months in 1918, and thereafter was employed as a railroad clerk. During the spring of 1919, he noted the gradual onset of deep pain in the legs, and his gait became ataxic. In July 1919 he was physically unable to hold his job. He applied for compensation in 1920 and was given 100% for service connected disability due to multiple sclerosis. His incapacity increased. He used crutches since 1936, became incontinent of urine in 1943, and was confined to a wheelchair by 1950. On examination in 1960, he was mentally alert. There were contractures, mainly of the left knee, much wasting and spastic paresis, especially of the lower extremities, intention tremor and dysdiadochokinesia of the hands. The deep tendon reflexes were brisk, and plantar responses were extensor. All sensory modalities were markedly impaired below T₅. He was cared for in a nursing home and remained essentially unchanged until 1961, when he was transferred to the V.A. Hospital with dehydration, decubital ulcers and mental depression.

He was febrile and dehydrated, with proteus cystopyelonephritis. He was weak and uncooperative and hardly able to talk to the examiner. His speech was slow and mildly dysarthric. He showed disturbance of memory, impairment of orientation, intellectual functions and judgment and lability of affect. He was a feeding problem. Following a gastrostomy he did well for several days but suddenly became hypotensive and went into shock. He developed Cheyne-Stokes respiration the next day and died that evening.