

CASE 3

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This 52 year old white male had fever, cough, and neck pain for four days. Eighteen months before he developed partial paralysis of his right extremities. He also complained of pains in the neck, back, knees and other joints. He stopped work 5 years before admission because of this osteoarthritis. For one year he was totally bedfast due to both the right hemiparesis and the arthritis.

Examination showed an emaciated, dehydrated, white male with many bed sores and a diffuse brown macular rash with many scabs. He was mildly confused, stuttered, and repeated phrases over and over. Blood pressure was 130/70; rectal temperature 102.6. There were flexion contractures of both knees with atrophy of all leg muscles. The right arm and leg were spastic but the facial muscles were not involved. The tongue showed poor voluntary movements; sensation was intact. The cerebrospinal fluid was clear and colorless; pressure 110 mm. with no cells, protein 40 mg.%, sugar 80 mg.%, serology negative.

Following treatment with intravenous penicillin, the temperature fell and orientation improved. He complained of failing vision and on the 13th hospital day he suddenly became dyspneic and unresponsive. For the next two weeks he remained moribund and died on the 27th hospital day.

Significant autopsy findings were limited to the brain. The process illustrated was present diffusely throughout both hemispheres. The cortex, generally, appeared grossly normal. The brain stem and cerebellum were within normal limits.