

Case report on S.C. 17 year old woman. Had abortion on march 6th 78. History of one 1975 (at 12 or 13 years of age ?) prior abortion. Her pelvic exam when I first saw her march 21 was remarkable in that she had a spherical structure between the vagina and the rectum, exquisite tenderness in the pelvis and I was unable to palpate (feel) the fallopian tubes because of the pain. My impression was "Post-abortion pelvic inflammation with possible retained products of conception and a possibly perforated uterus. I administered a tuberculin skin test to be sure she did not have pelvic TB. Treated her with Ampicillin 500 mg by mouth TID for seven days. Four days into the course I upped the Ampicillin to 500mg Qid and gave her codeine for pain. 30mg Q 12h three times a week, evidently I didn't think her pain was too great. Seen on march 30th for dizziness I determined she had no neurologic cause and thought it was just low hemoglobin which was being treated with Iron. Seen April 22 for "sticking vaginal pain". Examination revealed a one plus tender uterus and 3 plus painful area behind the uterus. The left parametrial (beside the uterus) area was 2 plus tender and my diagnostic impression was "residual Pelvic inflammatory disease- Post Abortal".

② Again treated with Ampicillin 500 mg Qid for seven days. She improved. On May 5th she was seen again for "sticking Pain" and still had a retrouterine mass three plus tender but seemed less than prior exam. The inflammation was resolving. By May 16th after another course of Ampicillin for twelve days she had "considerable reduction in pelvic tenderness" At this point I decided she was getting cured. This is kind of embarrassing in retrospect. By June 2 after a couple of appointments for urinary symptoms she remained with minimal right lower abdominal tenderness (seemed subjective to me) and was doing well enough to return to the fields. She still had some discomfort as of middle of July but no further complaints have been registered. It is well known that there are psychologic factors in a percentage of woman seen for pelvic pain. Her infection could have been wiped out with high doses IV of antibiotics ~~but we did not have enough IV ampicillin anyhow~~. My impression is that the initial treatment was most significant as she had a fever at that time and she was looking quite ill. I should see her again to be sure she is alright. At that time I will check for Gonorrhea and can also do a syphilis screening test.

As for the meperidine, I am concerned about its use. The radio consultant said don't worry about addiction in a cancer patient, and gave no specific time length after which addiction occurs. Narcotics can cause the pyloric valve to become spastic during the drug effect and could delay stomach emptying and this could back up into the esophagus, I imagine. Also abdominal gas can collect and cause discomfort. During withdrawal joint and muscle pains are common as well as increase of autonomic nervous system symptoms. The drug effects can lower body temp, blood pressure, cause increase of pressure in the cerebral spinal fluid, increase the force of heart contractions, and dizziness and even fainting can occur.. Narcotics are constipating. They work in the central nervous system and apparently decrease the perception of pain. Talwin is addictive but has an antagonistis (weak) effect against other narcotics. Narcotics can induce broncho spasm and with history of Asthma this should be considered although it would be of greatest concern if taken during an asthmatic attack, otherwise probably no problem. Some others to try would be misentil, fentanyl and I can talk to Annie about these. But usually tolerance builds up to several narcotics not just to one so switching around may not prevent addiction from occurring. Seems that addiction is most dangerous in "self administration for imediate and continuing reward" says one book on drug principles.

EE-2-b-1

① Yakari Wilson - was comatose. Pupils
NOT responding + DID NOT arouse to pain-
ful stimuli. He came out of it just seconds
before you announced you knew about it.
He returned to consciousness INSTANTLY.

② When your chest pain comes on is
BEST TO RECORD BP + Heart Rate at
those times. If both go up is a
good sign; they should go up.
Larry S.

1-1-22-1

Goodlet feels Patient should be checked in GT first before going elsewhere because it would be embarrassing to send the patient abroad without doing our "home work" first. Pointed out th at a doctor in Georgetown, who is familiar with indigenous diseases may be able to diagnose it. (This is like the thing chaiken had)

Goodlet said there may be some "hot young geniους" in geortown who can do brochoscopy. He felt that at least seven smears were necessary to rule out malaria, that third and fourth x-rays should be take of the chest, that the patient should be admitted as a pulmonary patient - viral. He was very concerned about the health of this patient. He felt Larry should accompany the patient into GT and that he may meet helpful people in the ministry of health. He recommended considering the case as a fever of undetermined origin (FUO).

~~When~~ When told that it was a plaasure to have met with him again he said "we will be marching together" he is retiring soon and the world is a chess board and he will be playing chess down here or rather that he is going to start playing chess down here.

Larry

EE-2-r-7

Re: David Smith
1706 Lockwood Drive Ukiah Ca

Age: 48

Work: None

Home Phone 462-3251

Physician: Dr. Look on So. Dora

Married

Past Illnesses: Malnutrition age 4-8 yrs usual childhood diseases.

Inheritable Diseases: Back trouble curvature of spine
Hyperventilation.

Operations: None

Injuries: Fell through sky light cuts on leg, back in 51

Physical Cond of various family members: Mom dead, father dead
brothers 2 obese and nervous breakdown, gall bladder operation

Children: Kelley hit by car age 9 head injuries, hyperactive.
Short attention span, short awareness poor eyesight Vonn good
health. Curtis: Neofibro bronatesis Christa neofibro bromatosis
Karl same disorder amputated left leg, at knee. Michael bowel
problem might be associated with neofibro bromatosis.
Jeffrey good health so far.

Pts mother died of a death wish at 80 yrs of age. Father died of
double pneumonia history of lung diseases age 76

Patients complaints: Pain in chest, back paid temptation
of suicide took strictnine fir in 1951, drowning 1953 and
sleeping pills 1968

Allergies: Iodine, penicillin.

Medications: for poison oak and mylanta for stomach.

Respectfully submitted;

Sly
Sylvia Swinney

EE-2-r-11A