

© The Seventeenth Historical Clinicopathological Conference ©

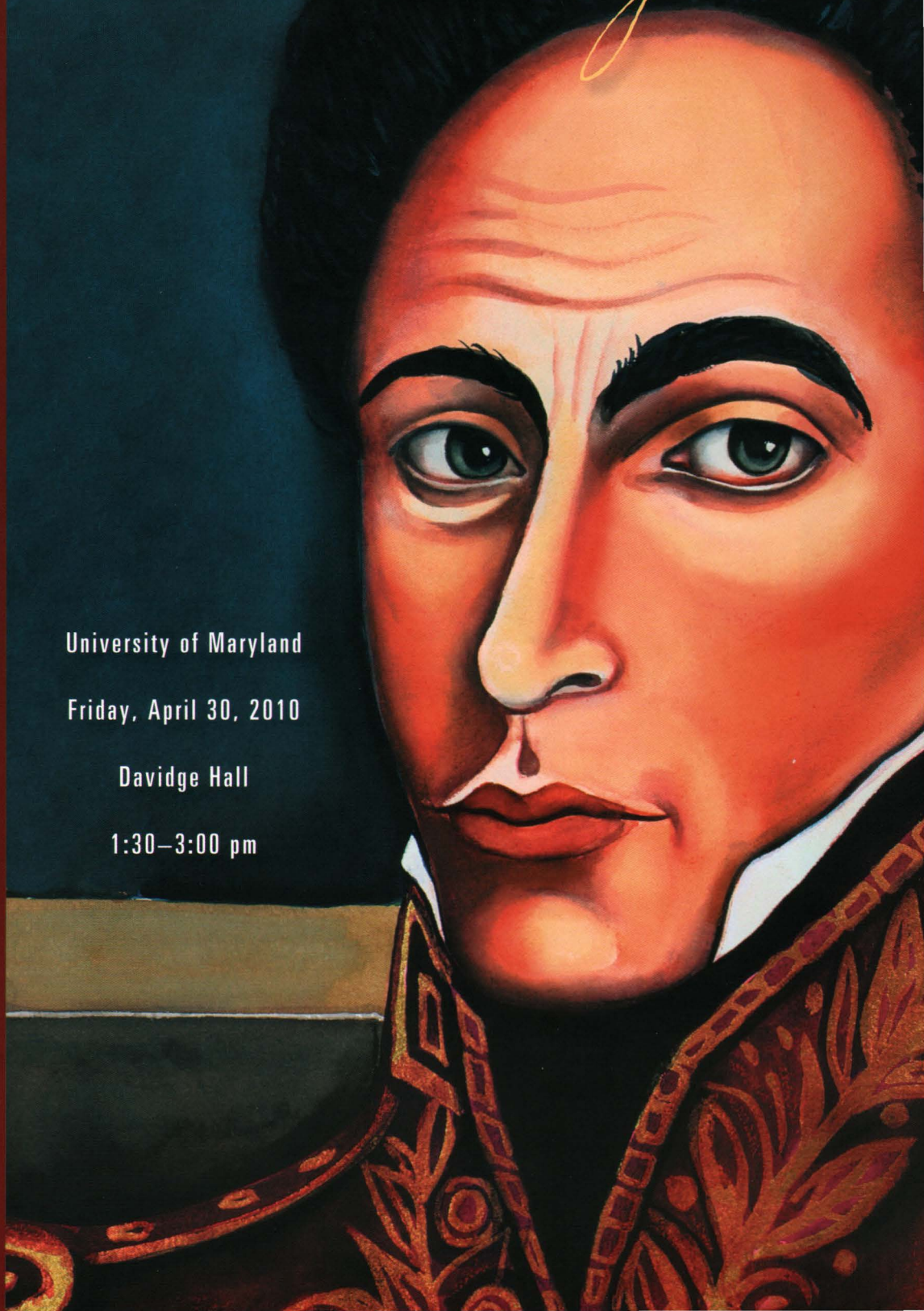
# *A Medical Labyrinth*

University of Maryland

Friday, April 30, 2010

Davidge Hall

1:30–3:00 pm





## Welcome to Davidge Hall

*The University of Maryland School of Medicine, formerly known as the College of Medicine of Maryland, was chartered in December 1807. It is the fifth oldest medical school in the United States. Davidge Hall was constructed in 1812 and survives as the oldest building in the United States continuously used for medical education. In 1970, Davidge Hall was designated an official historical site by the Maryland Historical Trust. Four years later, the building was entered on the National Register of Historic Places and, in 1997, was named a National Historic Landmark by the U.S. Department of the Interior. The Medical Alumni Association office is located in Davidge Hall.*

### *Conference Sponsored by:*

*Medical Alumni Association and University of Maryland School of Medicine in cooperation with The VA Maryland Health Care System*

### *Acknowledgment:*

*The MAA wishes to express its appreciation to Morton D. Kramer, Class of 1955, for his generous support for this program.*

*Terminology*



### ❦ **The Medical Alumni Association Reunion Scientific Program**

Historical figures, whose illnesses/deaths have not been satisfactorily explained, are subjects for the annual clinicopathological conference. The concept for this conference was developed by Philip A. Mackowiak, '70, professor and vice chairman of the department of medicine at the medical school and director of the medical care clinical center of the V.A. Maryland Health Care System, two additional sponsors of the program.

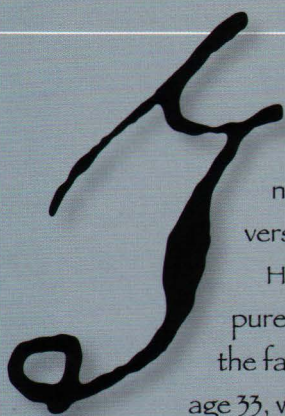
### ❦ **The 2010 Clinicopathological Conference Sequence of Presentation**

- ❦ Welcome: Philip Mackowiak, '70
- ❦ Case presentation: Neda Frayha, '06
- ❦ Clinical presentation: Paul Auwaerter, MD, MBA, FACP
- ❦ Historical Visitation
- ❦ Introduction of John Dove, MBBS, LRCP, FRCS, MSc.,  
by Leann L. Silhan, MD
- ❦ Historical perspective: John Dove, MBBS, LRCP, FRCS, MSc.
- ❦ Questions and closing remarks: Philip Mackowiak, '70
- ❦ Musical finale: Kate Johnston accompanied by Jamil Bashir, '10
- ❦ Reception

Bobévar



## The 2010 Case Summary



his patient was “victor in 100 battles and founder of three republics in the continent of America.” He died at age 47 of a mysterious illness, the nature and treatment of which have been a source of controversy for nearly two centuries.

He was born on July 24, 1783 in Caracas to sixth generation, racially-pure, Spanish-Americans. Both parents reputedly died of tuberculosis—the father at age 56, when the patient was two years old and the mother at age 33, when he was nine. However, the father was a notorious womanizer, and some have speculated that paralytic syphilis was the actual cause of his death, and that congenital syphilis was responsible for the death of a daughter (the patient’s sister) shortly after birth. There were three other siblings, an older brother and two older sisters. None is known to have developed syphilis or tuberculosis. His sisters died at ages 65 and 68 of unknown cause, and his brother was lost at sea at age 30.

The patient ate frugally and avoided spirits and tobacco. He enjoyed excellent health throughout most of his life, in spite of the privations and stresses of commanding an army at war for 20 years in some of South America’s most inhospitable terrain. He married at age 18, only to lose his young bride eight months later to “malignant fever.” He never remarried but had numerous subsequent affairs with mistresses and prostitutes; none of which is known to have produced offspring.

In his prime, the patient was slightly below medium height (5’6”), slim and graceful. His temperament was irritable, his movements restless and his demeanor impatient and superior. Whereas his complexion had been very light as a youth, by his late thirties, it had become dark and rough. He had a large head, angular face, pointed chin and prominent cheekbones. Although his eyesight was described as “good” (and his sense of hearing exceptional), he required reading glasses by his late thirties. According to one report: “His genital organs [were] small, the testes hard and the cords short.”

Prior to the patient’s final illness, he had several other sicknesses of note. When he was 29 and campaigning in the Magdalena River basin, he had a febrile illness and furunculosis of unknown etiology from which he recovered. During the ensuing decade, he had repeated bouts of fever. During at least some of these, he at first “looked flushed and then pale and shivering, and then lost consciousness.” These were treated in some instances with quinine and in others with arsenic. The latter, on at least one occasion, seems to have induced a severe attack of “dysentery.” Although he also suffered with recurrent “colic,” “rheumatism” and chronic hemorrhoids, he was reasonably fit until age 40,

Our annual conference is devoted to the modern medical diagnosis of disorders that affected prominent historical figures. The following is the case presentation.



when he developed a high fever and collapsed. For seven days he hovered near death in a small village north of Lima, and for two months was so weak and emaciated he was hardly recognizable. Nevertheless, within 4 months, he had recovered sufficiently to lead his army to Pasco over some of the most mountainous country in the world in what was described later in the *London Times* as “a mightier feat than Hannibal’s passage of the Alps.”

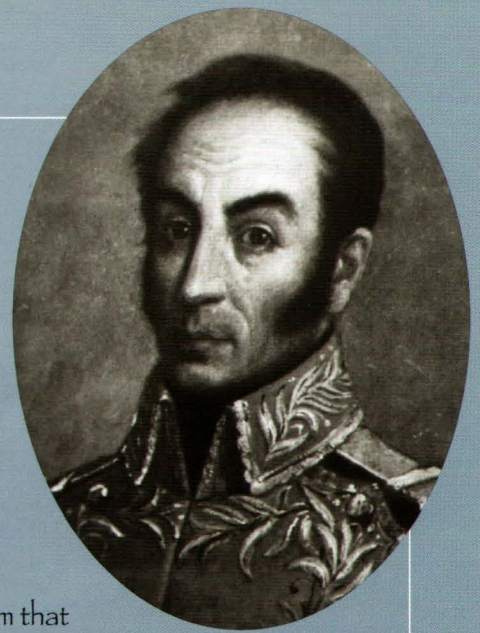
Exactly when the patient’s final illness began is uncertain. Although some believe the first symptoms of the pulmonary disorder that carried him off appeared at age 35, others claim that except for the sicknesses described above, he was physically fit until age 45, when his health began to crumble.

According to the patient’s letters, of which a great many have been preserved, shortly before he turned 46, he was tormented by persistent headaches and “bilious” attacks that left him weak and exhausted. Within six months, his appearance was cadaveric, and his voice barely audible. Within a year, his associates marveled that, given his extreme wasting, he was still alive.

During the fortnight before the patient died, he was cared for by a French physician, who had studied medicine at La Charité in Paris. According to him, when first seen, the patient was apathetic, emaciated and so dyspneic and weak he was unable to walk. His countenance was yellow. He was hoarse and coughed constantly, producing copious amounts of green sputum. He also hiccupped a great deal. Interestingly, his sense of smell was unusually keen. Whether it had always been so or had increased in acuity during his illness is uncertain.

Over the ensuing 16 days, the patient continued to cough constantly and was intermittently febrile, with hot head and cold extremities. His pulse was persistently thready. Initially he was brighter during the day than at night, but slept little and gradually drifted into delirium. There were also episodes of indigestion and vomiting, sternal pain and then both right and left flank pain, sore tongue (which was also dry, rough and colored along its edges) and urinary incontinence.

Throughout this phase of the illness, the patient was treated with a panoply of drugs, potions, poultices and maneuvers. These included: pectoral elixirs, narcotics, expectorants, quinine, turpentine poultices, blistering plasters (derived from *Cantharides* beetles), anodyne ointments, gum Arabic, antispasmodics, cold compresses, leg rubs, purgatives, enemas, mustard plasters, linseed water and Gondret’s pomade (a concoction of beef marrow and ammonia).



When his end was near, the patient's breathing became a death rattle, his visage a facies Hippocraticus, and what little urine he produced was bloody. When he died in the early morning of December 17, 1830, he weighed barely 50 pounds. His physician, who had trained in anatomico-pathological examination under Laennec and Dupuytren, performed an autopsy later that day. He diagnosed "tuberculous consumption" based on the following findings:

### Appearance of the Body

Cadaver in state of two thirds of decay; universal discoloration; swelling in the sacral region; musculature very little discolored—normal consistency.

#### Head

The arachnoid vessels in the posterior half [were] slightly injected; the irregularities and convolutions of the cerebrum [were] covered by a brownish material with the consistency and transparency of gelatine; [there was] a little semi-red serous material beneath the dura mater; the rest of the cerebrum and cerebellum did not demonstrate any pathological abnormality.

#### Chest

Posteriorly and superiorly on both sides the pleurae were adherent as the result of semi-membranous material; there was hardening of the superior two thirds of each lung. The right, which was almost completely disorganized, looked like a fountain [sic] the colour of wine dregs studded with tubercles of different sizes—not very soft. The left lung although less disorganized showed the same tuberculous affection. Dividing this with a scalpel I found an irregular, angular, calcareous concretion about the size of a hazelnut. On opening the rest of the lungs with the instrument, I spilled some brown serous material which as a result of the pressure was rather frothy. The heart did not demonstrate anything particular although it was bathed in a liquid of a light green colour which was contained within the pericardium.

#### Abdomen

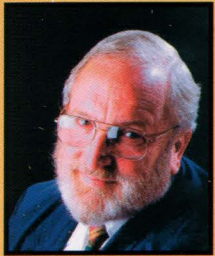
The stomach [was] dilated by a yellowish fluid with which its walls were heavily impregnated but nonetheless it did not show any lesion nor inflammation. The intestines [were] attenuated and showed slight evidence of tympanites. The bladder [was] completely empty; it was collapsed and lying low in the pelvis; it did not exhibit any pathological signs. The liver [was] of a considerable size and was a little excoriated on its convex surface. The gall bladder [was] much extended. The mesenteric glands [were] obstructed. The spleen and kidneys were healthy. In general the visceral organs did not suffer from any serious lesions.



## 2010 Participants



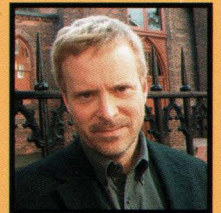
**Paul G. Auwaerter, MD, MBA, FACP**, is clinical director in the division of infectious diseases, department of medicine at the Johns Hopkins University School of Medicine where he also serves as associate professor of medicine, chief medical officer for its Point of Care Information Technology Center, and managing editor for the *Johns Hopkins Antibiotic Guide*. His special interests include Lyme disease, diagnostic dilemmas, and fevers of unknown origin. He is widely published. Auwaerter received his medical degree from the College of Physicians and Surgeons, Columbia University, in 1988. He received residency training in internal medicine followed by four years of fellowship training in infectious diseases, both at the Johns Hopkins University, where he also received an MBA in 2003.



**John Dove, MBBS, LRCP, FRCS, MSc.**, is an orthopaedic spinal surgeon. Upon retirement 2002, he began advancing his study of foreign languages and literature, and four years later he received an MSc., from the University of Edinburgh for his thesis exploring the relationship between Gabriel García Márquez's novel *The General in his Labyrinth* and Simón Bolívar. Since then his main area of research has focused on the health, illness, and death of Simón Bolívar. Dove is a 1968 graduate of St. Thomas Medical School in London. He served as consultant in orthopaedic spine surgery to the North Staffordshire Hospital Trust and The Robert Jones and Agnes Hunt Orthopaedic Hospital in Oswestry from 1980 until retirement. Dove lives in the Highlands of Scotland where he has added Gaelic to his portfolio of languages. He enjoys mountaineering, chess, wine, and music.

### About Our Actor

**Wayne Millan** has been working behind the scenes on the CPC for the past decade, and more recently he has appeared during the conferences as a historical interpreter. His roles have included Dr. Samuel Mudd (School of Medicine class of 1856); an ancient Egyptian priest; and Commodore John Barry, founder of the United States Navy. When he's not impersonating historical figures or contributing to CPC research, Millan is a teacher and historian. Most recently he has gone to work at The George Washington University as part of their on-line teaching initiative. This summer GWU will launch two new intensive courses in classical Latin: all the work will be done digitally on-line. Would the ancients have approved?



### Today's Music

Soprano **Kate Johnston** will be performing *Hilando El Copo Del Viento (Spinning the Silk of the Wind)*, by contemporary Venezuelan composer, Juan B. Plaza. Johnston earned a BM in vocal performance at Northwestern University and spent a year in Milan, Italy, studying voice and opera at the Accademia Internazionale della Musica. Performance credits included the role of Zweiter Knabe in *The Magic Flute* and Gianni in *Il Piccolo Spazzacamino*, and most recently the role of Oberto in the Repertory Opera Theatre of Washington's production of *Alcina*. She currently sings professionally as the soprano section leader at St. Bernadette Catholic Church in Silver Spring, Md. Guitarist **Jamil Bashir, '10**, has played guitar for 14 years and has a growing interest in Latin music. He recently matched in physical medicine and rehabilitation and will be training at the University of Miami/Jackson Memorial Hospital. His life-long dream is to work with Doctors Without Borders.

## Subjects of Past Historical Clinicopathological Conferences

|      |                      |
|------|----------------------|
| 2009 | John Paul Jones      |
| 2008 | Akhenaten            |
| 2007 | Abraham Lincoln      |
| 2006 | Booker T. Washington |
| 2005 | Christopher Columbus |
| 2004 | Heinrich Schliemann  |
| 2003 | Florence Nightingale |
| 2002 | Joan of Arc          |
| 2002 | King Herod           |
| 2001 | Claudius             |
| 2000 | Mozart               |
| 1999 | Pericles             |
| 1998 | George A. Custer     |
| 1997 | Beethoven            |
| 1996 | Alexander the Great  |
| 1995 | Edgar Allan Poe      |

## Medical Alumni Association of the University of Maryland, Inc.

*The Medical Alumni Association, in continuous operation since 1875, is the nation's oldest independent medical alumni association in the United States. It is a charitable organization dedicated to supporting alumni, students and faculty of the University of Maryland School of Medicine and Davidge Hall.*

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