Second Opinion, Please

Medical and Social Problems of Two Elderly Women

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Tamarisk Lodge Surgery, Bexhill-on-Sea, Sussex

Dear Bobby,

Miss A. B. is 78 and complains of increasing weariness and unsteadiness on her feet. Over the past six months she has had attacks of pain and stiffness in the neck with occipital headaches. She has put these symptoms down to old age, but they are becoming worse. She is dizzy getting out of bed and when bending down or hanging up the washing. She has previously been well apart from a partial gastrectomy done for duodenal ulcer many years ago in London and a small nodular goitre which has never been toxic.

She lives in a bungalow and has always been active and helpful and took her recently bereaved sister to live with her. Unfortunately, this has not worked out as the sister has been an increasing problem because of mental infirmity.

Miss A. B. looks ill and has lost some weight. I found slight pallor, a small nodular goitre, stiff knees, some limitation of neck movements with extensor plantar responses. An x-ray showed marked cervical spondylosis. The haemoglobin was 11 g (70%).

She appears to be suffering from cervical spondylosis with vertebralbasilar insufficiency. I have tried her on prochlorperazine 10 mg three times a day which has not helped her much. Do you think she should have a collar?

St. Helen's Hospital, Hastings, Sussex

Dear Graham,

Thank you for your letter about this patient and for your careful account of the physical signs, which I confirm. She certainly has symptoms of vertebralbasilar insufficiency and evidence of cervical spondylosis. She has had a fall since your letter and the left knee was swollen.

I thought that perhaps her tongue was a little smooth and obtained a history of occasional tingling in the hands and feet. Although her haemoglobin is 70% we must exclude pernicious anaemia. This could be related to her previous partial gastrectomy. We must also check her serum calcium, phosphate, and alkaline phosphatase as she is a candidate for osteomalacia.

While awaiting the laboratory reports I injected the left knee with hydrocortisone and have ordered her a collar.

Bexhill-on-Sea, Sussex

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P.S. I was impressed that Miss A. B. was as much concerned with the problems of her sister's care as with her own health. She is attached to her sister and wants to do the best she can for her but wonders if she will be able to. If we are to help Miss A. B. do you think we ought to look for some way to relieve her, at least in part, of the burden of her sister's care?

St. Helen's Hospital, Hastings, Sussex

Dear Graham,

The laboratory reports that Miss A. B. has M.C.V. of 98 μ^3 with the blood film showing anisocytosis, poikilocytosis, and occasional macrocytes. I got her up to the day hospital for a sternal puncture and the marrow was megaloblastic. The serum iron (65 $\mu\text{g}/100\text{ ml}$) and the serum B_{12} (90 pg/ml) were both low, while the serum folate (4 ng/ml) was in the normal range for old age.* The calcium, phosphate, and alkaline phosphatase levels were normal.

There is thus evidence of deficiency of both iron and B_{12} , which is probably the result of her gastrectomy.

Will you give her a loading dose of 1 mg of hydroxycobalamin twice weekly for three weeks and every two months thereafter, together with tablets of ferrous sulphate.

Tamarisk Lodge Surgery, Bexhill-on-Sea, Sussex

Dear Bobby,

Miss A. B. has certainly improved on B_{12} and iron and the collar seems to have helped also, but her elderly sister has now become too much for her. Instead of pottering about the house she has taken to staying in bed and has become incontinent.

It has been a difficult social situation for some time though the social services have been doing their best. The health visitor has already arranged for a home help and meals-on-wheels. The additional laundry costs are straining their finances and because of the attention needed at night I am now trying to arrange for the Attendance Allowance.

In view of her increasing dementia I wonder if you could admit the sister as a social admission?

St. Helen's Hospital, Hastings, Sussex

Dear Graham,

I was sorry to hear that Miss A.B.'s sister has taken to bed. When a social admission is requested I like to ask the medical social worker to call and assess the situation, particularly to see if there is any solution other than admission to hospital. So I have arranged this.

* lower limits of normal in our laboratory: serum iron 70 $\mu\text{g}/100\text{ ml}$; serum B_{12} 150 pg/ml ; serum folate 3 ng/ml .

Medical Social Department, St. Helen's Hospital, Hastings, Sussex

Dear Dr. Hunter,

Dr. Irvine has asked me to see these old ladies and I visited them yesterday. As you know, Mrs. Y.Z. has only been in this area for six months and lived in London for 40 years. Her memory has been failing for some time but she managed at home with increasing help from her husband until his sudden death. She has some insight into her problems and told me that she stayed in bed partly to keep warm, and partly to dream of "the dear dead days." I think she may also be depressed. Although the sisters are fond of each other, Miss A.B. had no love for her brother-in-law, feeling that her sister married beneath her and she is impatient with the sister's grieving.

Financially, too, they are in a mess. Mrs. Y.Z. is still paying the rent of the flat in London. Miss A.B.'s domestic expenses have escalated, especially for heating and laundry. She complains that she cannot keep her sister warm.

I think it will be necessary to admit Mrs. Y.Z. to the geriatric unit for rehabilitation and to relieve domestic tensions. While she is here Miss A.B. will spend a few days in London to clear the flat and terminate the tenancy. I will apply for a Supplementary Pension for Mrs. Y.Z., and if she can get the Attendance Allowance as well they will manage comfortably.

There will be a bed for Mrs. Y.Z. on Wednesday. Would you be kind enough to send her to Ward 6 on that day.

St. Helen's Hospital, Hastings, Sussex

Dear Graham,

Mrs. Y.Z. is being discharged today after a month in the geriatric unit. We found her very inert and apathetic when she first arrived in the ward. My registrar was struck by her slow pulse and dry skin and by her rather croaky voice. He instituted some investigations for hypothyroidism and found that her serum protein-bound-iodine level was 1.8 micrograms/100 ml. Her cholesterol proved to be 580 mg per 100 ml and thyroid antibodies were found in the serum. It is interesting that her sister has a goitre.

We have now been treating her with thyroxine for the past fortnight and she has improved very considerably. She is now ambulant again and continent, but is not yet fully back to normal. Her sister, Miss A.B., is feeling much better and has asked to have her sister home.

It might be helpful if we continue to share the burden

with Miss A.B. by having her sister to the day hospital once a week for a time. Some people with mental impairment associated with hypothyroidism do not recover fully and there may be an element of permanent dementia here.

Tamarisk Lodge Surgery, Bexhill-on-Sea, Sussex

Dear Bobby,

Miss A.B. and her sister are now wonderfully improved and almost back to normal. Miss A.B. still wears her collar and continues with her vitamin B₁₂ injections and is now back to her usual self while her sister's dementia is manageable.

In retrospect, I feel I should have considered myxoedema as a diagnosis for the sister. This is, of course, difficult to spot when one is seeing the patient regularly, especially when they come to the district with a diagnosis of senile dementia. One cannot be too careful before accepting senile dementia as a diagnosis.

Comment by Both Doctors

Both our patients are now doing well. They illustrate many points in geriatric medicine. Both reveal the impact in old age of multiple diseases. One should seldom be satisfied with a single diagnosis in an elderly person. Brain stem ischaemia associated with cervical spondylosis, atheroma, and kinking of the vertebral arteries is exceedingly common, but the symptoms sometimes improve if the patient will wear a collar. Tingling in the hands and feet is not usually a feature of vertebrobasilar insufficiency and the early changes in the tongue suggested pernicious anaemia. The lesson here is that any patient with a haemoglobin below 11 g should not be assumed to have an iron-deficiency anaemia. A blood film and indices are necessary and easily performed in the laboratory.

Miss A.B. was at risk after her gastrectomy and should perhaps have had regular follow-up. This is much easier to arrange when the patient remains in the same area and under the same doctor as when she had her operation. Difficulties often arise when such patients move from one area to another.

We attempted to support both these patients with the help of the social services, the day hospital, and a brief social admission. The cases show, however, that social support is inadequate until the patients are assessed medically and given the proper treatment.

Impressions of Cogwheel

A Hospital Junior Doctor

FROM A SPECIAL CORRESPONDENT

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Discussing the divisional system, the first Cogwheel report¹ said, "The division would include all the consultants and their junior staff and would meet regularly to review its work. . . . In such a system the substantial contribution of junior staff—especially registrars—to the organization of the work could be more fully recognized. One of the present frustrating factors for many capable young doctors is undoubtedly

their lack of opportunity to influence the management of their own work in order to improve efficiency."

Indeed, Sir George Godber's working party have given practical form to their concern both for the hospital junior doctors and for the lack of information about them by commissioning and publishing a report on their activities. This book, *Organization of the Work of Junior Hospital Doctors*,² can also be obtained in abbreviated form as *All in a Working Day*.³ The main part of this study investigated the work of 85 doctors in nine hospitals. 847,363 half-minute observations were made of 77,049 individual activities. Thirty-eight doctors