This 71 year old white female was admitted to the Fitzsimons Army Hospital for terminal care.

Since 1958, the patient had been bedridden in a nursing home. At the time of her admission she was in a "vegetative state", emaciated, quadriplegic with severe flexor contractures of all extremities. She could neither talk nor swallow adequately. Her only motor movements included voluntary blinking, slight movement of the mouth, and frequent tonic movements of her extremities. Because of urinary incontinence, a Foley catheter was inserted. During the eleven days of her hospitalization she remained uncommunicative, but not comatose. Her continuous febrile state was attributed to her multiple infected decubital ulcers. She died 11 days after admission.

In 1929, she was diagnosed as having pernicious anemia. The patient was treated with injections of liver extract, followed by vitamin B12 when this became available. In 1934, she was diagnosed as having multiple sclerosis.

At autopsy, the brain weighed 808 gms. Coronal sections revealed numerous scattered focal areas of gray-white discoloration within the cerebrum and cerebellum. The spinal cord showed similar irregular discolored patches. There was severe atrophy of the gastric mucosa, and generalized atrophy of the musculature. Sections are stained with H & E and Berger's silver method. (Case shown by courtesy of Capt. D. Lowell, Fitzsimons Army Hospital).