

DR. BODO KOCH

TELEPHONE 22-2251

1201 MEDICAL ARTS BUILDING
COR. JEPPE & TROYE STREETS
JOHANNESBURG

6 August 1977.

Dear Dr. Aboo,

Re: Mr. Robert Sobukwe, aged 52.

Mr. Sobukwe complained of:-

- 1) dyspnoea;
- 2) incessant coughing, usually unproductive;
- 3) an intermittent feeling of a tight band around his chest.

He states that the condition started insiduously about eight weeks ago with a "feverish feeling". He assumed this to be some sort of influenza and treated himself with home remedies.

About a month later he consulted a colleague who found his chest congested and advised bedrest and anti-bacterial medication.

At present the cough is still troublesome, at times painful. It worsens when the temperature drops. He noticed that lying down to rest causes more coughing and dyspnoea. He feels better when propped up.

The intermittent feeling of "pressure" or a "band around the chest" is not aggravated by movement or position, and coughing does not aggravate it. It is therefore not suggestive of pericarditis.

His appetite remained good. He may have gained some weight. Bowel action is normal. Recently he vomited occasionally. There is no dyspnoea.

On examination:-

77 kg. T 37,2. P 66, regular. BP 110/90.

Coughing and dyspnoea.

JVP \uparrow 5cm above calculated atrial level.

Heart not enlarged. Apex beat not well defined. Atrial sound (4th sound) present.

Few moist sounds, not dispelled by cough.

Liver edge not felt, area tender.

Spleen not felt.

Slight bilateral dependent oedema.

Urine - trace of albumin.

ECG, resting and after limited effort, appended.

Fluoroscopy with image intensification: Paranasal sinuses seem clouded, film would be needed to confirm.

Heart not enlarged. Less than average pulsation. Left pulmonary artery prominent (? gland).

Redistribution of pulmonary vascular pattern with prominence of upper vascular system. Again, film would be needed.

Discussion:-

There might be residual infection of respiratory tract.

There is evidence of incipient congestive cardiac failure.

There is ECG evidence of myocardial disease, probably myocardial ischemia.

If this is primarily caused by vascular disease or by co-existing vascular disease and superimposed infection will have to be decided by you after observation and response to treatment.

Suggestions:-

- 1) rest.
- 2) dehydration with furosemide.
- 3) K^+ replacement.
- 4) Broad spectrum antibiotic (Ampiclox) until culture of a sputum specimen is available.

The ECG is appended. The result of a specimen of purulent-looking expectoration will be forwarded to you.

Please let me know how he progresses. I am grateful for your help.

With my best regards,

Yours sincerely,

John King

PUBLISHER:

Publisher:- Historical Papers, The Library, University of the Witwatersrand

Location:- Johannesburg

©2010

LEGAL NOTICES:

Copyright Notice: All materials on the Historical Papers website are protected by South African copyright law and may not be reproduced, distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

Disclaimer and Terms of Use: Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

People using these records relating to the archives of Historical Papers, The Library, University of the Witwatersrand, Johannesburg, are reminded that such records sometimes contain material which is uncorroborated, inaccurate, distorted or untrue. While these digital records are true facsimiles of paper documents and the information contained herein is obtained from sources believed to be accurate and reliable, Historical Papers, University of the Witwatersrand has not independently verified their content. Consequently, the University is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the website or any related information on third party websites accessible from this website.

DOCUMENT DETAILS:

Document ID:- A2618-Ba11-4-4

Document Title:- Letter (original) to Dr Aboo

Author:- Dr Bodo Koch

Document Date:- 6 August 1977