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I wish to thank you for your follow up note on Ralph Miller and I was very much interested in his outcome.

Before the Oklahoma A. and M. game, about March 10, he had an acute sinusitis. He was relieved with nasal packs and on the afternoon of the Kansas, Colorado game, March 20, Ralph complained of having a pain at deep breathing in his right lower chest. He said that this pain had followed when he attempted to demonstrate a certain type of shot that one of the Colorado players used and that it felt like he had a catch in his back at that time.

His temperature that day was 98.6, pulse 68 and upon fluoroscopic examination there was no limitation of the movements of the diaphragm nor any cloudiness seen in the right base. Auscultation and percussion revealed normal findings. He was quite tender over the eighth and ninth thoracic levels and we thought that he had probably sprained his back and was getting some nerve root irritation possibly an intercostal neuritis, secondary to his sinusitis.

We gave him some nasal packs and infra-red heat over the intercostal area and he seemed to be apparently relieved. He played that night as you know and did not return the next day for any further treatment.

It is rather difficult to explain the many different unusual characteristics of the clinical course but of course that is what makes the practice of our own profession so fascinating.