A Most Unusual Patient at the Massachusetts General Hospital

Gregory W. Ruhnke, MD, MS, MPH,* and Andrew L. Warshaw, MD†

This year marks 200 years of patient care at the Massachusetts General Hospital (MGH). In celebration of this milestone, a unique Grand Rounds case is presented. A 450-year-old rotund man admitted 60 times presents with a classic triad of periumbilical pain, bilateral plantar burns, and a frozen scalp. Although this triad may at first strike a cord of familiarity among seasoned clinicians, the disease mechanism is truly noteworthy, being clarified only after a detailed occupational history. Ergo, the lessons hark back to the days of yesteryear, when the history and physical served as the cornerstone of Yuletide clinical diagnosis. A discussion of epidemiology and prognosis accompanies a detailed examination of the pathophysiology. Although some consider this patient uncouth, as you will see, he is quite a medical sleuth. The long-standing relationship between this patient and the MGH prompted his family to write a letter of appreciation, which will remind the reader of the meaning that our care brings to patients and their families. Harvey Cushing, who completed his internship at the MGH in 1895, professed “A physician is obligated to consider more than a diseased organ, more even than the whole man—he must view the man in his world.” We hope this unusual Grand Rounds case intrigues you as it reminds you of Cushing’s lesson and wishes you a joyous holiday season.


In this holiday season of the bicentennial celebration of the Massachusetts General Hospital (MGH), we offer a humorous, semi-fictional Grand Rounds presentation based on the actual chart of the patient described.

A 450-year-old man with periumbilical pain, scalded feet, and a frozen scalp. This 450-year-old man, who has been well known to most physicians since their childhood, has been admitted to MGH every December for the past 60 years. The patient, who has signed a privacy clause, is a seasonal free-lancer who delivers toys to children. During his annual home deliveries, he adheres to conventional chimney-entry methodologies, as described in an oft-cited review published in 1258 to great fanfare among both academics and practitioners within the toy-delivery community.

The patient was in his usual state of jolly health until 2 days prior to admission, at which time he was performing a “dry run” in his practice chimney. At the urging of his innumerable diminutive colleagues, known for their pointy green shoes, he lit a Yule log in the fireplace to authenticate the drill. Reindeering (local dialect for rendering) the log aglow befuddled the patient. Due to a resulting loss of concentration and a recent increase in abdominal girth, attributed to activities of mirth, he became impacted at the outlet, unable to achieve the rapid landing and egress necessary for an uneventful chimney approach. This rigorously studied approach is described in evidence-based guidelines published by the consensus panel EATER (Elves Against Treacherous Entries Regardless of Yule). According to the intake nurse:

Until now, being plump never made him a grump. However, considering his plight, the patient began to think in a new light. When asked about his frozen skull, the question was met with a lull. Regarding his scalded feet, he said he’d discuss them if we gave him a treat.

The patient’s past medical history is remarkable for reindeer-horn calculi in 1956, aversion to the 12th letter of the alphabet—no “L” (Noel) syndrome, reindeer-scratch disease in 1967, a patent foramen ovale, pseudomyxoma peritonei (jelly belly), and clausication (pannicular pain when overeating) since 1978.

Medications on admission included deernetol, Donnertal, and Ro-Ho-Ho-bitussin. The patient denies alcohol use, but indulges freely in “Christmas spirits,” such that most evenings he’s pretty much Donnered and Blitzened. Many will recognize this gentleman from their local mall, where children enjoy sitting on his lap. His family history is all but a mystery. Review of systems reveals that he has not voided this Yuletide season, and he has been Ho-Ho-Hoping all that eggnog was going somewhere. No symptoms to suggest rein-nodes phenomenon.

On examination by the admitting HO! the temperature was 72 and sunny. The fundi were remarkable for AV St. Nicking and cotton candy exudates. There was no cervical elfadenopathy. Lung exam revealed Ho-to-He changes and musical rhonchi in all his bronchi. Cardiac sounds were joyful with a holly systolic murmur radiating to the North Pole. Gallups were heard overhead. Auscultation of his belly, which was like a bowl full of jelly, revealed jingle bells tinkling and yuletide rushes with candy canes tap dancing to the rhythm. There was No-Elbow pathology, but bilateral mistletoes. Mental status was snow flakey.

An electrocardiogram revealed a Bi-Jiminy rhythm with marked north-axis deviation, signs of early re-pole-arization, and a large left bundle with toys. Abdominal films showed no free eggnog, but the previously noted 3 French hens have been replaced by 4 calling birds—clinical correlation suggested. A chest radiograph showed a calcified plaque of good cheer and a candy cane aortic silhouette.

The patient’s admitting orders are shown in Figure 1. On the second hospital day, the patient’s heart rate was dashing and prancing. Repeat electrocardiogram revealed elf-on-tree phenomenon, for which he was started on intravenous candy-caine and taken to the operating room for a cardiac transplant. The Easter Bunny was considered as a donor, but was rejected because of the arrhythmia of paroxysmal hippity hop. Mrs Claus offered but was found to have a Bundle of Hers instead of a Bundle of His. The transplant was aborted, but the wound healed with good intentions.

On the fifth hospital day, the patient claimed to see visions of sugar plums dancing in his head and elves in the hallway, thought related to eggnog withdrawal. Neurologic exam on admission was WNL (We Never Looked), but now revealed an “Oh! Oh! Oh!” reversion...
The patient presents with a classic triad of periumbilical pain, bilateral plantar burns, and a frozen scalp, frequently seen among obese virtuosos of firewalking who practice their trade within confined spaces in cold environs. However, there is an emerging literature on another mechanism related to the toy delivery process. Distinguished thought leaders actively investigating the disease mechanisms have termed the pathophysiology “chimney outlet obstruction,” depicted in Figure 2. The seminal descriptions are contained within the scholarly work of Comet and Cupid. As an editorial by Frosty the Snowman eloquently described, this literature is limited by selection bias because the study populations have been restricted to Altruistic Artisans of the Airways, known among lay persons as AAAs. Although follow-up has been universally poor among these footloose friars, the prognosis appears favorable. Case series have suggested a preventive role for internal fixation of the chimney lumen.

On the final hospital day, December 24, the patient created quite a clamor with persistent demands for discharge. Unable to resist his jolly temperament and charming appeals “I hear reindeer calling me! Children are waiting!” his physician pronounced him fit to fly and he sleighed off into the night.

DISCUSSION

The tradition of admitting “Santa Claus” to the MGH surgical service every December began in the early 1950s. At that time, a surgical and a medical resident were responsible for all Emergency Room (ER) patients. Late at night, as the patient load dwindled, a surgical resident decided to use the time productively for comic relief amidst all the hard work. Because it was December, he decided to admit a fictitious, but jovial and eternally endearing patient—Santa Claus! Since then, Santa has been admitted through the ER annually. In that era, patients were divided on the basis of gender, so the “male” surgical intern was responsible for constructing an imaginative clinical presentation for Santa, who generally leaves the hospital against medical advice at midnight on December 24 because he has “things to do,” after declaring “Ho! Ho! Ho! It’s time to go!” Santa’s loving wife has also been admitted several times. At weekly Surgical Grand Rounds, it had been a longstanding custom for the patient being discussed to be present. In keeping with this practice, as the subject of the Christmas Grand Rounds, Santa arrives in his hospital bed (Fig. 3).
Admitting Santa became a humorous tradition of great importance. ER nurses are responsible for fashioning Santa’s suit, which is later customized by floor nurses. Santa has been fabricated with materials ranging from simple paper-stuffed cloth to inflatable dolls. Nurses use food coloring to make his intravenous fluids green and red. Those new to the ER quickly understood that Santa was to be treated like any other patient. According to the orders, ER nurses page various services with consult questions, always interested in how each would respond to such a recognizable patient. For example,

Consult to Plastics: Patient wants to look like the Easter Bunny.
Consult to Psych: Patient wants to look like the Easter Bunny.

After he was stabilized, transport moved Santa to his room on the wards with his chart and registration card, on which his medical record number is embossed. Senior nurses introduce new nurses to the humorous endeavor: “Please do a clinical assessment on the elderly gentleman in the end room. He’s admitted because of trauma sustained while sleighing.” One charge nurse recalls requesting a bed on a unit for which she had 19 patients listed. The unit secretary responded, “Sorry, we’re full with 20 patients.” Later, upon reviewing the patient list, she realized that the 20th patient was Santa!

Over the years, thousands of humorous notes have been written in Santa’s thick medical chart by participating services, ranging from internal medicine to social work, legal counsel, genetics, and pediatrics! Figures 4 and 5 illustrate the participation of pharmacy and physical therapy. Hospital staff, across religious and cultural backgrounds, have been welcomed to the surgeons’ Santa tradition. Skillfully mixing humor with clinical findings has created friendly competition that fostered bonding among staff members. Even non-clinical staff became involved. In 1979, Santa developed a Saturday Night Fever of gastrointestinal etiology. The culture results are seen in Figure 6. The impression of the bacteriology technician:

Santa, poor dear, has severe diarrhea caused by some unknown bacterium.
We’re doing our best in this laboratory to get Santa out of his lavatory.

Close relationships among house staff helped solidify the Santa tradition. Residents from various departments lived together at the hospital during the first 2 decades of the Santa endeavor. The medical consult resident rounded with the surgical house staff on all their patients, including Santa, for whom a thoughtful consult note was expected. In addition to reading Santa’s imaging studies at Grand Rounds, radiologists evaluated his films when he was brought to the viewing room by surgical house staff. Such enjoyable interactions strengthened the relationship between residents from different departments. A radiologist making rather merry in 1960:

By fluoro and film and every device,
the lungs were congested with everything nice.
Tinsel and ribbons and candy canes galore
bespoke of the journey that lay afore.
The heart was generous as noted last year,
but full size not expected until the 25th near.
An added exam was requested this year—a roentgen
of that famous white beard.
Low kV technique clearly reveals the bushy
Yule strands filling the field.
For an impression was gained this year—as in many,
his real diagnosis is good will aplenty.
The Yuletide message of kindness and cheer.

Collegial relationships are evident in the humorous consult requests, such as this to urology “You ought to glans at this patient’s problem if it might make a deferens; just kidneying you, teste-ing you, as it were.” Jesting between surgery and dermatology provides an illustrative example: “Sorry to call you in from home. Does the

FIGURE 5. Chest physical therapy (CPT) to the tune of Santa Claus is Coming to Town.
patient need Valisone cream or lotion? Sorry to call on Thursday with the weekend so close, but please rule out ringworm." The reply:

"Asked to see this jolly man for possible ringworm. Patient denies cutaneous symptoms, but admits to "sound of bells ringing in my ears." Perhaps the surgical house staff has again confused ringworm and tinnitus. Although the weekend is sooooo close, the consultation was not a total loss as the patient does complain about his hair suddenly turning white many years ago. Exam remarkable for chimney dermatitis with post-hilarity pigmentary changes (you can call it "some kind of eczema" for short). Impression: #1: Tinnitus, #2 Canities Subita."

In the same way that the Santa experience familiarized doctors with pseudomyxoma peritonei, this was a unique opportunity to learn about canities subita. Such lighthearted exchanges reflect strong relationships among services, which Santa has helped to enhance. Infectious disease often receives playfully sarcastic consults: "Evaluate for Claustridial infection. Is infectious glee dangerous? Please restrict your note to 4 pages so someone will read it." In response, Frank Pus, MD, is urgently dispatched to engage in the playful banter with clever retorts.

Anticipation of the December admission has always been a source of great enthusiasm among residents and nurses. The nurses consider Santa’s admission to their unit a pleasurable, but serious responsibility and, by many, a badge of honor. Rivalry between nursing units to have Santa as a patient improved morale during the holiday season and beyond. On many occasions, Santa’s presence inspired spontaneous holiday gatherings on his ward, with invitations going around the hospital. Family members were delighted to learn of the season and beyond. On many occasions, Santa’s presence inspired the investigators with carmine red, ultimately helping them identify it as the source of the Salmonella. Patients had been infected because carmine red was used as a fecal dye marker to measure gastrointestinal transit time. Carmine red, which has been used as a fabric dye in Mexico for a thousand years, is made from female cochineal scale insects and larva. An investigation concluded that a batch of insects containing the Salmonella had contaminated machinery used in dye production.

The Santa chart, which spans 7 decades, shows the humorous side of many accomplished physicians. In 1963, Andrew Warshaw, the former MGH Department of Surgery Chairman, ordered that Santa be evaluated as a donor of good cheer. One December, Santa had been admitted after being impaled by Rudolph, who was stricken with Mad Reindeer Disease. For the Grand Rounds of antlered Santa, MGH surgeon John Constable, former director of the World Wildlife Fund–United States, borrowed actual reindeer antlers from the Harvard Museum of Natural History. The resulting radiographs may be the only images ever taken of real reindeer antlers lodged in Santa’s abdomen! Kenneth Shine, who became President of the Institute of Medicine, read Santa’s electrocardiogram: merry rhythm and atrial signs consistent with chimney soot ingestion. Thomas Vander Salm, Chief Cardiac Surgeon at North Shore Medical Center, noted a positive Ho-Ho-Homan’s sign in 1972, for which he started Santa on huffyrin. In 1963, a massive external shunt of good will was noted during Santa’s cardiac catheterization by Charles Sanders, who became Chairman of the New York Academy of Sciences and the Commonwealth Fund Board of Directors.

The MGH, celebrating its 200th year, continues the Santa tradition, which has meant so much to so many. Academic hospitals are committed to their missions of patient care, education, and the...
Dear Massachusetts General Hospital,

I’m writing to share with you our family’s perspective of my great uncle’s admissions to MGH every December for the last 60 years. Although he appreciates the care he receives, the doctors noel (North Poleish for “know well”) he is often hiding a medical tiding. For example, doctors have suggested “He drinks more eggnog than he is telling us.”

Santa claims to be impervious to the hazards of his profession, but has had numerous accidents. Doctors have speculated that aviating under the influence of eggnog in disregard of FAA sleigh pilot regulations (8 hours from bottle to throttle) might have played a role. The one that’ll go down in history is a test flight of his largest sleigh, the so-called “Sproce Moose.” Santa executed hammerhead turns and chandeliers with felicity, but he crashed after a flat spin coming out of a snap role. Thanks to MGH, he fully regained activities of daily toy delivery.

Infections have wreaked havoc on Santa and his comrades. His first infection with MRSA (Many Reindeer Standing Around) in 1981 frightened us, as did Humbug hemorrhagic fever, for which er-wreath-romycin and Prancef were prescribed. We had a scare when trusty Rudolf came down with the dreaded Mad Reindeer Disease, impaling Santa with his antlers. The mortified doctor said: Rudolph has gored St. Nick, run through and through. Poor Santa can’t breathe, he’s bleeding and blue.

Despite no such problems in his tannenbaum (our family tree), Santa has become riddled with psychiatric diagnoses. One December 25th, after a long night’s work, he lost his bearings, ended up at the South Pole, and was diagnosed as bipolar. His standard procedure of “making a list and checking it twice” landed him in group therapy for obsessive compulsive disorder. He was put on Holly Doll for claustrophobia when he divulged to his psychiatrist a fear of tight chimneys. Worst of all was his diagnosis of de-personalization complex when he candidly admitted “Sometimes I feel unreal.”

Santa and our reindeer have always been taken care of with the most recent technology, including his first Christmas Tree (CT) scan in 1975. However, with the cost of medical care mounting because of these new tests, Santa burst into song “I’m dreaming of admission gratis, just like the ones I used to know.” He was thrilled when his attending physician declared, “Alas, he’s such a good con man that he’s got me believing there is a Santa Claus after all. Free service for the old gent again.”

He always looks forward to returning to MGH because he loves the doctors, nurses, and all the kind people who work there. As sure as chestnuts will be roasting on open fires,

And so I’m offering his simple message that this year he will surely return too although it’s been said, many times, many ways

Mary Christmas

* Howard Hughes’ Hercules flying boat (Spruce Goose) was retired after its maiden voyage in 1947.

**FIGURE 8.** Santa’s family expresses their gratitude in a letter to the MGH.

advancement of medical science. As such, they attract committed individuals passionate about their work. We hope the story of the Santa Claus patient has entertained you, while showing that they also great value the camaraderie that can be created from a little merriment. Ho! Ho! Ho! Merry Christmas, Happy Holidays, and to all a good night!

REFERENCES


