

I was told by the physician who was in charge of her case there, a Dr. Raj, who had cared for her in the nursing home (TreeTops) before I took over her care, that her Dilantin level had been high therapeutic at 24 mcg a few months prior and was found to be 12 mcg on admission to HVH (still in the therapeutic range, low end, however).

A lifelong friend visited her in the first 24-36 hours and she told me that Vicki was conscious enough to mouthe the words "I love you" to her friend Rosalind. By the next day she was apparently deeply comatose.

Dr. Raj contacted me soon after her admission in order to get in touch with Vicki's brother Bob Reitman because he wanted clear advance directives. Based upon that conversation, Vicki was made DNR. I really do not know the details of what transpired in the hospital, but I have asked Vicki's brother to provide us with consent for me to get complete records of the terminal admission to hospital.

There was a question of a positive blood culture, possibly diphtheroids, which were considered likely contaminants, but she was treated with some type of intravenous antibiotic therapy.

She had had interval work-up and assessment before initiating intravenous antibiotics and data from that are made available to you at the end of the stack of records which accompany. She had had PFTs about 1 ½ years ago which already showed drastic deterioration. She had repeat PFTs shortly before IV antibiotics were started. Unfortunately no PFT report was produced. Yesterday I spoke with the pulmonologist who did the PFTs. He advised that her vital capacity was but .7L. He wasn't sure how valid that was because he stated Vicki had difficulty making a seal around the mouth piece for the PFTs. He stated he will send me a report. I did not notice any obvious respiratory distress when I visited her at TreeTops several times after the PFTs had been done.

Would you be kind enough to make a copy of what I have shipped to you for the pathologists who did her general autopsy.

I hope that study of Vicki's tissues and her case can add to medical knowledge and benefit others struggling with chronic and neurologic Lyme disease. I hope that eventually her case can be published in the peer-reviewed pathology literature.