



Panel, Public Health Service
C.

February 10, 1959

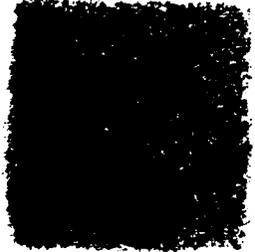
OIC, PHE Off-Site Activities
Las Vegas, Nevada

Clinical Records -

403456

Transmitted herewith for inclusion in the subject officers' 201 files are copies of clinical records received from the Nellis Air Force Base Hospital.

Oliver E. Flacak



Enclosures

BEST COPY AVAILABLE



PRIVACY ACT MATERIAL REMOVED

| | |
|------------------------|---------------------------|
| CLINICAL RECORD | CONSULTATION SHEET |
|------------------------|---------------------------|

| | | |
|--------------------------------|---|---|
| REQUEST | | |
| TO: Nellis AFB Hospital | FROM: (Requesting ward, unit, or activity) Mercury Dispensary | DATE OF REQUEST 18 October 1958 |

REASON FOR REQUEST (Complaints and findings)

The patient struck his head in an unknown manner late this morning while getting out of a truck. There were no witnesses and the patient cannot remember what happened. Since that time, he has been quite drowsy and is disoriented as to time, place, and person. Neurological exam. is unremarkable at present. I believe this patient has suffered cerebral concussion and merits hospitalization for observation. Thank you very much.

PROVISIONAL DIAGNOSIS
Cerebral concussion.

Physician's Signature: *Robert Faulkner*
Robert Faulkner, Capt (MC)

| | |
|--|--|
| PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL | EMERGENCY <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE |
|--|--|

CONSULTATION REPORT

This 44-year old male was admitted to Nellis AFB Hospital on 18 October 1958 with history that he is a bacteriologist with the Public Health Service assigned to the Nevada Test Site and that on the morning of admission it was stated that he became disoriented while working. Patient was unable to tell the admitting physician what had happened but believed that he heard someone say that he had fallen off a running board shortly before. There apparently were no witnesses at the time to confirm this and because of his disoriented state he was referred to this facility. At the time of admission patient was well oriented with entirely clear sensorium except for an expression of surprise at his discovery of the time of day, insofar as approximately four hours of time had elapsed for which patient had no memory.

Physical examination was entirely normal as was neurological examination.

Clinical Course: Patient was afebrile on admission and remained so throughout his hospital stay. Routine laboratory workup including CBC, urinalysis and fasting blood sugar were all normal. Skull X-rays showed no evidence of pathology, and in general the patient's condition was satisfactory. Over the next two days the patient had no complaints except for a slight occipital headache which was not incapacitating and it should be noted that the patient was at all times completely rational and oriented with a clear sensorium. Patient was observed until the morning of 21 October 1958 at which time he was dismissed in apparent good health.

PRIVACY ACT MATERIAL REMOVED

(Continued on reverse side)

| | | | |
|---|--------------------------|--|--|
| SIGNATURE AND TITLE <i>John W. Mills</i> JOHN W. MILLS, Capt, USAF (MC) | DATE 21 Oct 58 | IDENTIFICATION NO. PHS 10610 | ORGANIZATION Public Health Service |
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | | | REGISTER NO. 3 |

UNICAL RECORD COVER SHEET

0811

| | | | | | | |
|---|--|---|--|--|---------------------------------------|---|
| 1. ADMISSION NOTES A or H: No 1720 hrs | 2. WARD 2 | 3. TYPE OF CASE <input checked="" type="checkbox"/> DIS <input type="checkbox"/> INJ <input type="checkbox"/> DC | 4. LAST NAME — FIRST NAME — MIDDLE INITIAL | | | |
| | 5. SEX M | 6. RELIGION M | 7. PREV. ADM. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 8. REGISTER NO. 24499 | 9. SERVICE NO. | 10. GRADE Lt. |
| | 11. RATING OR DESIG. None | 12. DEPARTMENT USPHS | 13. ORGANIZATION AND BRANCH OF SERVICE ABC Branch, Las Vegas | | 14. FLYING STATUS No | |
| | 15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE (F) | | 16. AGE 28 | 17. RACE Cau | 18. LENGTH OF SERVICE 3 yrs | 19. DATE OF ADMISSION 15 Sep 58 |
| | 21. ADMITTING OFFICER (MC) G ALSTIN SMITH, CAPT USAF | | | 20. SOURCE OF ADMISSION From Duty <small>Note: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (Dep. of EM, etc.) in space 13.</small> | | |
| 22. CONTINUATION OF PAGES 12 AND 20. Camp Mercury, Nevada | | | | | | |

23. DIAGNOSES (See instructions for recording as shown on reverse side. Include all required related data)

Dg 1. 6919 Furuncle, n.e.c. multiple due to hemolytic staphylococcus Arms & Body. LD: Yes

PRIVACY ACT MATERIAL REMOVED

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show anesthetic for each operation)

25. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

| 26. PHYSICAL PROFILE | | | | | | | | | | | |
|----------------------|----------|---|---|---|---|--------|---|---|---|--|---|
| TYPE | SERIAL | | | | | SUFFIX | | | | | <input type="checkbox"/> PROFILE IS UNCHANGED |
| | PREVIOUS | H | E | S | R | T | D | O | N | | |
| REVISED | | | | | | | | | | | |

27. DAYS DURATION THIS FACILITY
 ALL 4 IN HOSPITAL OR INFIRMARY 4 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION
Duty

29. DATE OF DISPOSITION
19 Sep 58

30. SIGNATURE OF ATTENDING PHYSICIAN
/s/ JOHN W MILLS, CAPT USAF (MC)

31. SIGNATURE OF COMMANDER OR SERVICE SUPERVISOR OFFICER
JOHN L. GIBSON, MAJOR USAF (MSC)

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
4520th USAF Hospital, Nellis Air Force Base, Nevada

33. REGISTER NUMBER
24499

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnosis in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

| | | | |
|--|---|--|----------------------------------|
| 35. CAUSE OF DEATH (Do not enter more than one cause per line for items 1a, b, and c) | THIS DOES NOT BEAR THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT BEARS THE DISEASE, INJURY, or COMPLICATIONS WHICH CAUSED DEATH | Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES | b. DUE TO (Or as the consequence of) | |
| | WORDB CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (Item 1a) STATING THE UNDERLYING CAUSE LAST. | c. DUE TO (Or as the consequence of) | |
| | THIS BEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH. | II. OTHER SIGNIFICANT CONDITIONS | |
| 36. AUTOPSY PERFORMED (If "Yes" indicate date and place) | 37. HOUR AND DATE OF DEATH | | |
| 38. EXACT PLACE OF DEATH | 39. SIGNATURE OF PHYSICIAN | | |