7-16-1954

Defendant's Exhibit 072: Sam Sheppard Bay View Hospital Records

Gervase C. Flick
Bay View Hospital

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CASE SUMMARY RECORD

NAME: Sheppard-Old Sam

SERVICE: Trauma

PHYSICIAN (Attending): R.A.L. "L. D. V.

(Referring): C. Eldrin, F.P.T.

DATE: 7-4-59 to 7-8-59

ADMITTANCE: 7-4-59 at 6:30 A.M.

DISCHARGE: 7-8-59 at 2:30 P.M.

ROOM: 119

BAY VIEW HOSPITAL

CASENo: 810965

STATE'S EXHIBIT

ADMITTING DIAGNOSIS: Concussion Cerebri

ASSOCIATED DIAGNOSES: Central Carotid and Contusion

RECORD OF TREATMENT OR OPERATION:


- Code No. 9/2-623 V

COMPLICATIONS:

SUMMARY: 30 yrs. W.O. admitted B.V.H. on 7-4-59 at 6:30 A.M.

7-4-59: C.C. pain in neck v. stiffness and weakness of arms.

Fellowing assault, CT treated v. undersized neurological signs of case & discharged in fair condition 7-8-59

E. Hartman

Signature of Intern

FINAL DIAGNOSIS:

- Concussion Cerebri
- Central Carotid and Contusion

Code No. 9/2-623 V

SECONDARY DIAGNOSES:

SULTS: Recovered □ Improved □ Unimproved □ Not Treated □ In for Diagnosis Only □ Expired □ Autopsy □

- I have reviewed this record and find it accurate and complete.

Signature of Resident

Signature of Attending Physician

FORM 15 LA ROSA PTG. CO.
ADMITTING OFFICE RECORD

NAME OF PATIENT: Shepherd, L. Lam
SURNAME: First: Middle

ADDRESS: 2892 Whitetake Rd

SOCIAL SECURITY NUMBER: Bay Village, OH

PREVIOUS ADMISSION TO THIS HOSPITAL: N

PHYSICIAN IN CHARGE: A. G. S.

AGE: COLOR: SEX: CITIZENSHIP:

MARITAL STATUS: DATE OF BIRTH: PLACE OF BIRTH:

PATIENT'S OCCUPATION: Surgeon

PERSON TO NOTIFY IN EMERGENCY: RELATIONSHIP:
ADDRESS: TELEPHONE:

NAME OF FATHER: MOTHER:

INSURANCE COMPANY: BLUE CROSS OF

BILL PAID BY: 19SA

EMPLOYER: Physician Surgeon
POSITION WITH FIRM:

SIGNED: ADMITTED BY: McShun

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Bay View Hospital to release any necessary information to the above-named insurance company.

Date: 195
Signed: (Patient or Legal Guardian)

Dr. Carver
BAY VIEW HOSPITAL ADMISSION - PHYSICAL

Previous Admittance to the Hospital   Hospitalization Company

In A. R.   Ref. Physician   Physician in Charge


CC

ENT   H. & L.   ABD   ECM E.T.P.

MEDS   CD CONTACTS (Specify)

Are   Immun? No   Yes   Year   Vac? No   Yes   Year

Special Procedure to A. R.

A. R. Diagnosis

Anticipated Surgery and Treatment

Ref. Phys. notified? Yes   No   Ident.   Time   By
Police notified? Yes   No   Ident.   Time   By
Relatives? Yes   No   Ident.   Time   By
Coroner? Yes   No   Ident.   Time   By
Others? Yes   No   Ident.   Time   By

CONSENT FOR TREATMENT: I hereby give consent for treatment including surgery and/or anesthesia as necessary by staff physicians, house doctors and nurses of Bay View Hospital. Treatment received by 1. Myself   2. Son   3. Daughter   4. Ward

Signature of Patient

Signing for Patient 1.   Relationship to pt.   2.   Relationship to pt.

Witness: 1.   Emergency 1 2 3

2.   Prog A B C D

Disposition

Intern   Patient's P.F. No.

Patient's Surname   First   Middle
HOSPITAL FORM 19

NAME: Shepard Mel San
ADDRESS: 28924 Lake Rd

NEAREST RELATIVE OR FRIEND: 
ADDRESS: 

RELIGION: 
TELEPHONE: 

S.M.W.D. AGE: 30
NATIONALITY: 
OCCUPATION: 

ATTENDING PHYSICIAN: R. A. L. S. A.
ATTENDING SURGEON: 

DATE ADMITTED: 7-4-54
DATE DISCHARGED: 7-8-54

ADMITTING DIAGNOSIS: Concussion crani

FINAL DIAGNOSIS: Concussion crani

CONDITION ON DISCHARGE:

A. Chief Complaint

B. Onset and Course

6' 1803 30

Allergies:

C. Past History

1. Previous Illness
2. Previous Operations
3. Previous Accidents

D. Family History

1. Father
2. Mother
3. Sisters
4. Brothers

Contusion about face
Pain in upper part of neck.

Pt. struck down by unknown assailants at his
home. He was brought into the hospital around
6:30 A.M.

Essentially negative X-ray

Diagnosis: 

History records

- 4 -
### E. Gynecological
1. Menstrual
   - [ ]
2. Obstetrical

### F. Inventory of Systems
1. Gastro-Intestinal
   - Essentially negative
2. Genito-Urinary
   - Essentially negative
3. Cardio-Vascular
   - Essentially negative
4. Neuro-Muscular
   - Essentially negative
5. Respiratory
   - Essentially negative

---

### A. General Appearance
Sustained well nourished male 30 years old in some distress because of pain in the neck. Some puffiness about right eye.

### B. Head
1. Skull
   - Normal symmetry
   - No lacerations or bruises noted.
2. Scalp
3. Hair
4. Skin
5. Eyes
   - Pupils react to light. Retina negative (Examined)
6. Ears
   - No bloody discharge noted. Hearing normal.
7. Nose
   - No alteration in shape. No bloody discharge

### C. Mouth
1. Teeth
   - Some upper front teeth loosened.
2. Gums
   - Negative
   - No gum or deviation
3. Tongue
4. Tonsils
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Neck</td>
<td>Thyroid: palpable, not noted.</td>
</tr>
<tr>
<td>E. Thorax</td>
<td>1. Symmetry, etc.: normal symmetry.</td>
</tr>
<tr>
<td></td>
<td>2. Breasts: normal.</td>
</tr>
<tr>
<td></td>
<td>3. Heart: rate accelerated on admission but has since leveled off. Rhythm normal, sinus.</td>
</tr>
<tr>
<td></td>
<td>4. Lungs: clean in all fields.</td>
</tr>
<tr>
<td></td>
<td>2. Scars and Masses: not noted.</td>
</tr>
<tr>
<td></td>
<td>5. Rigidity: none.</td>
</tr>
<tr>
<td>G. Genitalia</td>
<td>Normal male.</td>
</tr>
<tr>
<td>H. Extremities</td>
<td>1. Reflexes: Bisceps + 2 R.H.</td>
</tr>
<tr>
<td></td>
<td>Patellar +1 on left R.H.</td>
</tr>
<tr>
<td>I. Rectal Examination</td>
<td>Babinski neg R.H.</td>
</tr>
<tr>
<td>J. Vaginal Examination</td>
<td>nd.</td>
</tr>
</tbody>
</table>
Remark:

Tentative Diagnosis
1) Multiple contusions
2) Possible cervical

Final Diagnosis
same
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-4-54</td>
<td>Pt admitted by ambulance as emergency problem. Pt had injuries received during the night. Pt placed in bed and treated for immediate shock.</td>
</tr>
<tr>
<td>7:30 A</td>
<td>B.P. 140/90. Heart sounds full, strong, slightly irregular.</td>
</tr>
<tr>
<td>7:50 A</td>
<td>Engagement checked by Dr. Cavanagh - negative. Pt checked for fractures of extremities or lacerations - none noted. Some contusions on right side of jaw and under right eye. No other contusions noted. Pt complained of severe neck pain and so in area of 2nd and 3rd cervical. X-ray taken as ordered. Order for Dr. SAS written by Dr. Cavanagh.</td>
</tr>
<tr>
<td>8:00</td>
<td>140/90</td>
</tr>
<tr>
<td>8:30</td>
<td>120/70 72</td>
</tr>
<tr>
<td>9:00</td>
<td>120/80 84</td>
</tr>
<tr>
<td>10:00</td>
<td>120/70 84</td>
</tr>
<tr>
<td>11:00</td>
<td>120/70</td>
</tr>
<tr>
<td>12:00</td>
<td>120/70 88</td>
</tr>
<tr>
<td>8:10 A</td>
<td>Skull X-rays negative to fracture 12/30 of 7th rib.</td>
</tr>
</tbody>
</table>
| 8:10 A | Shunt collar applied. Pt fairly comfortable. Believed may need Nari. No abrasion noted on limbs, face, or body. 
Bierga and Dr. Patten and Dr. R.R. |

Referring Doctor: Dr. Cavanagh
Doctor in Charge: Dr. Cavanagh
Age: 
Address: 
Occupation: 

---

Form: 541-B

Patient's Surname: Sheppard
First: 
Middle: 
P. F. Number: 

Date

10/6
- Dr.茨ord & attended to patient & approved
- Patient was now in upper extremity
- Two fingers pinch dropped on left arm
- Definite sensation in cheek in 24 hours
- Could not hold muscle groups at back of
- Skull & across back of neck

Rec. Consult Dr. Foster to Face & Eyes

2 1/2 B.P. 148/90

2 1/2
- Pt.'s neck & base of skull chink
- Dr. de Foster - Called remand & definite
- convulsion & extensive edema seen at base of
- Skull posteriorly - Much discolored in front &
- back. Still - Rec. Consult to C. Ellman
- Called reexam

9:30 P.M. - Still tuned
- Interview by Dr. SA - RM
- Ur by Mrs. RA
- Report O.D.
- Suggest mud pack for H.S

1/30 P.M. Order strong Reg. Meals & Rest. Face still swollen

11:30 A.M. Patient's Surname First Middle P. F. Number
<table>
<thead>
<tr>
<th>Date</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/15/54</td>
<td>E.C. Pains in Back &amp; Head</td>
</tr>
<tr>
<td>11/15/54</td>
<td>M.T. Confusion, Abnormal,</td>
</tr>
<tr>
<td></td>
<td>Tachycardia, Loss of Conc</td>
</tr>
<tr>
<td></td>
<td>Exposure past 6-8 H.</td>
</tr>
<tr>
<td></td>
<td>D.I. Confusion &amp; M.I.</td>
</tr>
<tr>
<td></td>
<td>M.T. Confusion, Lab. &amp; Abnormal</td>
</tr>
<tr>
<td></td>
<td>20 Basal Stills &amp; Frank</td>
</tr>
<tr>
<td></td>
<td>20 Frank Line &amp; Hard</td>
</tr>
<tr>
<td>11/16/54</td>
<td>Stain Odor of N &amp; S H.</td>
</tr>
<tr>
<td></td>
<td>Still Sore &amp; Cervical Pain</td>
</tr>
<tr>
<td></td>
<td>A. A. Act &amp; S. of Cerv</td>
</tr>
<tr>
<td></td>
<td>Last 9 H. Pain in Maxilla</td>
</tr>
<tr>
<td></td>
<td>Residence as F.</td>
</tr>
<tr>
<td></td>
<td>Watch for Five Internal</td>
</tr>
<tr>
<td></td>
<td>VII if any change takes place</td>
</tr>
<tr>
<td></td>
<td>BP 70 for 6 Hrs &amp; Pulse 72</td>
</tr>
<tr>
<td></td>
<td>No Visitors, other than Family</td>
</tr>
</tbody>
</table>

Physician's Signature: 

Patient's Surname: SAM
PHYSICIANS FINDINGS AND PROGRESS RECORD

Name: Sheppard, Dr. Sam
Doctor in Charge: R.A.S.
Address: 28924 Ford Lake Rd
Age: 30

Referring Doctor
Occupation

Date

10/24 - Felt much more improved yesterday.

10/25 - Much improved. Abnormality continues to clear.

10/28 - Progress Fair

Dr. seems less alert & somewhat confused as compared to his FOB.

Test: Estebens 3 emulges pos

11/6 - No. 12

Red state, but feels better physically but not mentally.

11/8 - Dr. F. reports that a review of x-ray cervical films reveals cervical Fracture

Diagnosis: Fractured Cervical Vertebra

Test: Call clear. Orthopedic Surgery in.

App. 1 order. Sante colly to be applied as

soon as possible.

V.F. Fair

11/15 - No. 12

Temperature: 100.5
Progress Fair.

Ran at right cervical type II collar in 5th

Film of Facial Burns especially

attention to Zygoma (++) + eye orbit.

Postural

Fair

ordered

7/1/64
3:00 P.M.
Progress fair. Pt seems a little improved.

Pulse regular + strong

2:30 P.M. Of sleeping quietly

P.S. Laceration:

Discus in Apt. to me in proper rates

Final Diag: 1. Cerebral Concussion + Contusion

2. Cerebral Edema

3. Laceration of Cheek below mouth.

4. Discoloration all teeth in right upper jaw - Two B. Teeth chipped in this area.

5. Contusion of Dental loose

6. Multiple Contusion abrasions

Upper Lip + Supraorbital abrasions

7. Discoloration entire right eye

Fair

7/2/64
10:10 P.M.

Numb 155 195 S.S

Left side 21
<table>
<thead>
<tr>
<th>Name</th>
<th>Doctor in Charge</th>
<th>Referring Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Age</td>
<td>Occupation</td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/1/54</td>
<td>Patient</td>
<td>Diagnosis as above</td>
</tr>
</tbody>
</table>

Physicians Findings and Progress Record

Patient's Surname
First
Middle
P. F. Number
6:30 PM. Called to home of Pt. a Wm, Wm, Wm that appeared to be about 31 yrs of age, around 6:15 AM. Pt was seen lying on his side in front room on floor being examined by Dr. A. Sheppard. Pt talked in slightly confused manner. Dr. A. S. mentions possibility of brain concussion. Pt taken to Bay View Hospital by Dr. A. Sheppard, in station wagon accompanied by his sister, Ruby Sheppard. Bay View Police & Police Ambulance came to the home. Pt complained of pain in neck & upper cervical region. No abrasion noted on body. However, slight swelling of right hand noted. Pt reports he had a fight in the dark with unknown assailant & only remembers coming to consciousness in lake water. Eye grounds clear, pupils equal & react to light & direct light. Pupils reflecting normal limits. P.E. 192. R. 24 P. 82. Chest clear. Pt received Nembutal 100 mg by S.A.S. Should receive cranial series. AP of chest & Pelvis ordered & on superficial cut. X-rays no fracture noted. SHADY COLLAR RIB on neck of Pt & Pt put on bed in Room 115. Other orders on order sheet. DC ordered. 7 AM. Pt's recall that we fell to go under neck of Pt at his request, but it was not done.
1:50 A.M. - Complain: particularly now. Studied under in place.

[Signature]
REPORT OF CONSULTATION

Findings:
1. Marked swelling + Erythema of right eye + orbital tissue extending over entire right side of face. No contusion is noted on left side of neck. contusion.
2. Marked edema, sub-occipital

Diagnosis:
1. Contusion of eye + orbital adenex
2. Probable fracture of maxillary - (Molar + Zygoma)
3. Contusion of left side of neck
4. lI of sub-occipital tissue

Recommendations:
1. Intermittent Hot & Cold Packs or Ice bag to face
2. X-Ray of Facial Bones - (Molars + Zygoma)

7/4/54
2:50 P.M.

Date of consultation

Signature of Consultant

M. D.
Findings:

Dr. Sam is alert + answers questions lucidly. There is swelling of right periodontal tissue. Pupil is equal + read. Moves all extremities well. No Babinski's. He has worded complaints of occipital headache. Cervical collar in place, neck not examined.

Diagnosis:

Imp: Cerebral concussion

Recommendations:

Advisory: Reduce fluid
Sedation

C.W. Smith
REPORT OF CONSULTATION

Name
First Name
Middle Name Room No.
Hosp. No.

From Attending Physician For Consulting Physician Date

Findings:

July 6, 1954

Of complaints of urgency or
urination in the morning when
attempting to pass gas caused
his chel - fecal material.

He has also complained of
numbness over spinal distribution left.

Diagnosis:

Exam today - Edema - right (one)

Eye improved - O.D. equal to O.S.

O.M. normal, no facial weakness.

Recommendations:

There is numbness of spinal
sensory distribution left & moderate
weakness of interossei left.

Left triceps reflex not obtainable.

Both biceps reflexes present as is
right triceps reflex.

Right abdominal reflexes active
left abdominal reflexes absent.

Date of consultation: ___________________________

(over) M.D.

Signature of Consultant
Neither cremasteric reflex obtained.
Knee jiks active & equal.
Babinski normal.

Cervical X-rays show chip fracture spinous process C-2
L.P done this morning demonstrates clear fluid with normal pressure
(150 mm of spinal fluid) and normal dynamics.

Loca.l examination of neck
discloses tenderness over spinous process of C-2 & spasmodic
contractions of cervical muscles to
pressure.

Imp. cervical spinal cord
Spinal fluid lab. for cells
Total protein

Chas W. Edmon MD
LABORATORY REPORTS

LABORATORY REQUISITION
LUTHERAN HOSPITAL, Cleveland, Ohio

- Age
- Sex
- Hgt
- Wgt
- Staff
- Private
- Outside
- Not admitted
- Medical
- Surgical
- Obstetrical
- Pediatrics

Name: Samuel Sheppard  Room: OP  Hosp. No:...

Clinical Data; Diagnosis

Spinal Fluid (10cc)

EXAMINATION REQUESTED: (Please be specific)

Cell Count: 1 crenated red blood cell
Total Protein: 25 mg per 100 cc
Spinal fluid clear, colorless.

Date: July 6, 1954  Requested by: William Lindley, M.D.

WPC 6PM 6-46 NOA

6100PM

Name: Shepard, Dr. Sam  Ward or Room: 119  Hosp. No:...

Doctor: R. A. Shepard  Lab. No: 20

Color: LT. YELLOW  Character: CLEAR  Reaction: 6.5

S. G: 1.003  W.B.C: -

Albumen: NEG.  R.B.C: -

Sugar: NEG.  Ep. Cells: -

Acetone: Costs: -

Diacetic: Bacteria: -

Bile: Crystals: -

Other Tests: -

Date: 7/14/54  Technician: -

STD. FORM 781-A BANCO-S.F.

URIANALYSIS
PATIENT        Sheppard, Dr. Sam
P. F. No.         Age 30, Weight 180

REFERRING DOCTOR Dr. R. A. Sheppard/Dr. S. A. Sheppard/
Dr. R. N. Sheppard

PARTS EXAMINED Skull, cervical spine, ribs, pelvis

FINDINGS:

Paranasal sinuses: there is no evidence of extravasation of blood into the maxillary sinuses. The orbital shadows give negative findings. The right 3/4 of the frontal sinuses show either thickened membrane or extravasation of fluid; this should be checked later. The nasal septum shows a large spur on the right; also, some deflection to the right. The mandible shows no evidence of fracture in this film.

Left lateral skull: the inner and outer tables are normal. The convolutional markings, vessel markings, and suture markings give normal appearance. Sella turcica and sphenoids are normal. The nasal bone shows no evidence of fracture.

Right lateral skull gives negative findings.

Anterior vault gives no evidence of fracture. The mandible gives a negative appearance. This shows very plainly the deflection of the septum to the right.

Posterior vault gives negative findings.

Film of the ethmoids and maxillaries shows negative findings. The nasal septum shows a very deep deflection and a large spur, to the right.

Lateral neck: there is a chip fracture in the infero-posterior margin of the 2nd cervical vertebral spinous process. There is rather marked hypertrophic change at C5-6; as a matter of fact, there is bridging between these vertebral bodies. Soft structures in the anterior neck are negative.

Open mouth film of the atlas-axis shows normal relationships. No evidence of fracture.

The anterior view of the cervical spine and cervico-dorsal junction: no evidence of fracture. The neck tilts to the right.

Film of the ribs: this film shows AP projection of the lower cervical and dorsal bodies; also, the rib cage. I see no evidence of fracture. Both clavicles give a normal appearance.

(continued on page 2)
AP pelvis: no evidence of fracture in the upper femurs or pelvis.

7/6/54
GCF/er (6)

G. C. FLICK, D.O.
CLEVELAND OSTEOPATHIC HOSPITAL
BAY VIEW HOSPITAL

Diagnostic
X-RAY REPORT

PATIENT
Sheppard, Dr. Sam
Age 30, Weight 180

REFERRING DOCTOR
Dr. R. N. Sheppard/Dr. S. A. Sheppard/
Dr. R. A. Sheppard

PARTS EXAMINED
Lateral cervical, Water's sinuses,
standing lumbar

FINDINGS:

Paranasal sinuses: maxillaries essentially normal. I see no fracture in the malar
bone or zygoma. The right 3/4 of the frontal sinuses slightly dull as
compared with the left. No evidence of fracture of the right or left orbit.

Lateral neck, patient erect, cone-down at 72" distance: there is evident white
streaking through the film, which detracts from its value. This film does not
show finding interpreted on a previous film as a chip fracture of the spinous
process of C2. There is a white streak running through the film in this area.

Collar removed. Patient's neck cleaned with alcohol. Second 72" film of
the lateral neck, patient erect, was taken. This film does not show the
finding previously interpreted as a chip fracture.

Standing lumbar spine and pelvis, AP position: there is no evidence of intrinsic
bone disease, fracture or dislocation. The pelvic base levels, the lumbar
spine is straight.

Lateral lumbar spine: no evidence of intrinsic bone disease, fracture, or dis-
location.

G. C. FLICK, D.O.

7/8/54
GCF/er (5)
<table>
<thead>
<tr>
<th>Date Began</th>
<th>Date Discont.</th>
<th>Medication</th>
<th>Date Began</th>
<th>Date Discont.</th>
<th>Diet and Other Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45 AM</td>
<td></td>
<td>Bed patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 AM</td>
<td></td>
<td>N.B. M. till ordered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>S: Shave, curried scenery, chest X-ray pelvis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>B: Warm water bottles about pt.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>B: Blankets to pt.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>R: Carbonic Acetogenic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>D: Dexamethasone 10 mg q 4 h prn antilumbar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>M: ASA q.p. x 3 and output q 4 h, take i 9 4 h pm bolus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>H: House Diet as tolerated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>W: Watch for head intubation. Notify Dr. SAS if change.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>B: q.h. x 6 record B.P. pulse on progress notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td>N: No VISITORS other than family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td></td>
<td>I: Ice collagen bag to right side of face</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 AM</td>
<td></td>
<td>D: M. S. q12h (11) 10:00 PM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Special Instructions:**
- **No ONE other than Immediate family to be admitted to see pt.**

**Additional Notes:**
- 7/18/54 3:30 PM: Shorty collar sin arm (order from Cline, Ottawa).
- 7/18/54 8:00 PM: Membrane pre. i.e. (a) at live.

N. W. Bailey, D.O.
<table>
<thead>
<tr>
<th>Month</th>
<th>Day in Hospital</th>
<th>Post-Operative Day</th>
<th>Hour of Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 4</td>
<td>7</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

**Temperature**

- 107°F
- 106°F
- 105°F
- 104°F
- 103°F
- 102°F
- 101°F
- 100°F
- 99°F
- 98°F
- 97°F
- 96°F
- 95°F

**Pulse**

- 90
- 80
- 70
- 60

**Respiration**

- 50
- 40
- 30
- 20
- 10

**Stools**

- U

**Urine**

- U

**B. P.**

- U
<table>
<thead>
<tr>
<th>DATE</th>
<th>TEMP</th>
<th>PULSE</th>
<th>RESPIRATION</th>
<th>MEDICINE</th>
<th>NOURISHMENT</th>
<th>NOTES ON MEDICATION, CONDITION OF PATIENT, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 18</td>
<td>77</td>
<td>74</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Good night 9:30 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Slept until 9:15 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Routine am care</td>
</tr>
<tr>
<td>4:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Discharged in wheelchair.</td>
</tr>
<tr>
<td>H 3.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Temp</td>
<td>Pulse</td>
<td>Resp</td>
<td>Medicine</td>
<td>Nourishment</td>
<td>Notes on Medication, Condition of Patient, etc.</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>-------</td>
<td>-----</td>
<td>----------</td>
<td>-------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>7 a.m.</td>
<td></td>
<td>72</td>
<td>18</td>
<td></td>
<td></td>
<td>Adm. to room Vic. Cst.</td>
</tr>
<tr>
<td></td>
<td>7 a.m.</td>
<td></td>
<td>72</td>
<td>18</td>
<td></td>
<td>Warm Water Epside applied.</td>
</tr>
<tr>
<td>9 a.m.</td>
<td>84</td>
<td>18</td>
<td>135</td>
<td></td>
<td></td>
<td>To apy.</td>
</tr>
<tr>
<td></td>
<td>9 a.m.</td>
<td>84</td>
<td>18</td>
<td>135</td>
<td></td>
<td>From Trench-fever.</td>
</tr>
<tr>
<td>11 a.m.</td>
<td></td>
<td>85</td>
<td>125</td>
<td></td>
<td></td>
<td>O. G. 2100 cc. Tann.</td>
</tr>
<tr>
<td>12 a.m.</td>
<td></td>
<td>85</td>
<td>125</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 p.m.</td>
<td></td>
<td>125</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 p.m.</td>
<td></td>
<td></td>
<td>146</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 p.m.</td>
<td></td>
<td>77.5</td>
<td>90.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Condition Satisfactory.

**Monday 7/6/54**

<table>
<thead>
<tr>
<th>Time</th>
<th>Temp</th>
<th>Pulse</th>
<th>Resp</th>
<th>Medicine</th>
<th>Nourishment</th>
<th>Notes on Medication, Condition of Patient, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>97</td>
<td>80</td>
<td>21</td>
<td></td>
<td></td>
<td>König's x 3. Sleepy. A.m. notwithstanding.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 a.m.</td>
<td>94</td>
<td>88</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Orange juice.*


**Tuesday 7/7/54**

<table>
<thead>
<tr>
<th>Time</th>
<th>Temp</th>
<th>Pulse</th>
<th>Resp</th>
<th>Medicine</th>
<th>Nourishment</th>
<th>Notes on Medication, Condition of Patient, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a.m.</td>
<td>97</td>
<td>80</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>94</td>
<td>88</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Orange juice.*

<table>
<thead>
<tr>
<th>DATE</th>
<th>TEMP.</th>
<th>PULSE</th>
<th>RESP.</th>
<th>MEDICINE</th>
<th>NOURISHMENT</th>
<th>NOTES ON MEDICATION, CONDITION OF PATIENT, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45</td>
<td>99.4</td>
<td>88</td>
<td>18</td>
<td>Reg. Diet</td>
<td>Reg. on care</td>
<td>Us by Dr. R.A.S., R.N.S. fam. fnctv. zone. 1/2</td>
</tr>
<tr>
<td>9:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>T. &amp; P.</td>
</tr>
<tr>
<td>4:30</td>
<td>100</td>
<td>50</td>
<td>18</td>
<td>Reg. Diet</td>
<td>Ref. on icejet</td>
<td>back rub refused</td>
</tr>
<tr>
<td>11:30</td>
<td>Nembutal 9.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>apth. seems very</td>
</tr>
<tr>
<td>12:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>appears exhausted</td>
</tr>
<tr>
<td>2:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>sleeping</td>
</tr>
<tr>
<td>8:00</td>
<td>97</td>
<td>50</td>
<td>18</td>
<td>Reg. Diet</td>
<td>Ref. on icejet</td>
<td>routine on care</td>
</tr>
<tr>
<td>10:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>leave of absence from hospital.</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>returned to hospital and to bed.</td>
</tr>
<tr>
<td>4:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>list. by Dr. R.A.S., R.N.S. 0.315</td>
</tr>
<tr>
<td>10</td>
<td>Orange Juice Alcohol back rub.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td>Nembutal 0.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>quiet. M. Herrold</td>
</tr>
</tbody>
</table>
BAY VIEW HOSPITAL

X-RAY REQUISITION

<table>
<thead>
<tr>
<th>X-RAY NO.</th>
<th>In Patient</th>
<th>DATE</th>
<th>7-4-54</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Out Patient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has the patient ever been x-rayed in this hospital (or C.O.H.) before?

<table>
<thead>
<tr>
<th>Industrial</th>
<th>P. F. NO.</th>
<th>ROOM NO.</th>
<th>115</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE PRINT

PATIENT'S NAME: Sheppard, Sam.

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS: 56924 Lake Rd. Bay Village

TELEPHONE NO: TR-1-4454

MODE OF TRANSPORTATION: Wheel Chair Cart, Bed (Portable Unit)

(Circle one of the above)

X-RAY EXAMINATION OF (specific areas):

Cervical series.

PERTINENT HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL, OR CLINICAL DIAGNOSIS:

Transverse injuries

SIGNATURES:

INTER: R. Cannon

CONSULTANT: 

DOCTOR IN CHARGE: RAS/SAS.
BAY VIEW HOSPITAL
X-RAY REQUISITION

X-RAY NO. _______ In Patient _______ DATE 7/7/4

Has the patient ever been x-rayed in this hospital (or C.O.H.) before? _______ Out Patient _______

Industrial _______ P.F. NO. _______

C. H. S. A. _______ ROOM NO. 1138

PLEASE PRINT

PATIENT'S NAME: THOMAS J. SAVAS (LAST) (FIRST) (MIDDLE)

ADDRESS: __________________________ TELEPHONE NO.: __________________________

MODE OF TRANSPORTATION: AMBULATORY Wheel Chair Cart Bed (Portable Unit)
(Circle one of the above) AND ON ______________

X-RAY EXAMINATION OF (specific area): UPRIGHT CURVICAL (Collar & post)
Lateral Views to be taken by x-rays _______ ABSTRACT _______

Pertinent History, Physical Findings, and Provisional, or Clinical, Diagnosis: _______

R. O. _______

SIGNATURE: _______ INDIAN: _______ CONSULTANT: _______

DOCTOR IN CHARGE: _______
Paranasal sinuses: there is no evidence of extravasation of blood into the maxillary sinuses. The orbital shadows give negative findings. The right 3/4 of the frontal sinuses show either thickened membrane or extravasation of fluid; this should be checked later. The nasal septum shows a large spur on the right; also, some deflection to the right. The mandible shows no evidence of fracture in this film.

Left Lateral skull: The inner and outer tables are normal. The convolutional markings, vessel markings, and suture markings give normal appearance. Sella turcica and sphenoids are normal. The nasal bone shows no evidence of fracture.

Right lateral skull gives negative findings.

Anterior vault gives no evidence of fracture. The mandible gives a negative appearance. This shows very plainly the deflection of the septum to the right.

Posterior vault gives negative findings.

Film of the ethmoids and maxillaries shows negative findings. The nasal septum shows a very deep deflection and a large spur, to the right.

Lateral neck: there is a chip fracture in the infero-posterior margin of the 2nd cervical vertebral spinous process. There is rather marked hypertrophic change at C5-6; as a matter of fact, there is bridging between these vertebral bodies. Soft structures in the anterior neck are negative.

Open mouth film of the atlas-axis shows normal relationships. No evidence of fracture.

The anterior view of the cervical spine and cervico-dorsal junction: no evidence of fracture. The neck tilts to the right.

Film of the ribs: this film shows AP projection of the lower cervical and dorsal bodies; also, the rib cage. I see no evidence of fracture. Both clavicles give a normal appearance.

(continued on page 2)
AP pelvis: no evidence of fracture in the upper femurs or pelvis.
Paranasal sinuses: maxillaries essentially normal. I see no fracture in the malar bone or zygoma. The right 3/4 of the frontal sinuses slightly dull as compared with the left. No evidence of fracture of the right or left orbit.

Lateral neck: patient erect, come-down at 72" distance: there is evident white streaking through the film, which detracts from its value. This film does not show finding interpreted on a previous film as a chip fracture of the spinous process of C2. There is a white streak running through the film in this area.

Collar removed. Patient's neck cleaned with alcohol. Second 72" film of the lateral neck, patient erect, was taken. This film does not show the finding previously interpreted as a chip fracture.

Standing Lumbar spine and pelvis, AP position: there is no evidence of intrinsic bone disease, fracture of dislocation. The pelvic base levels, the lumbar spine is straight.

Lateral lumbar spine: No evidence of intrinsic bone disease, fracture, or dislocation.

G. C. FLICK, D.O.

7/8/54
GCF/er (5) The date 7/7/54 should read 7/6/54.

G. C. FLICK, D.O.