

THE UNIVERSITY OF TEXAS - MEDICAL BRANCH
GALVESTON

THE SCHOOL OF MEDICINE
THE SCHOOL OF NURSING
THE POSTGRADUATE PROGRAM

May 30, 1961

THE JOHN SEELY HOSPITAL
THE CHILDREN'S HOSPITAL
THE PSYCHIATRIC HOSPITAL
THE BONE AND JOINT HOSPITAL

DISCHARGE SUMMARY

Re: H. J. L. Stark, #16165-M
White male, 73 years

Admitted 5-4-61
Discharged 5-5-61

PRIVATE PATIENT OF: Raymond L. Gregory, M.D.

HISTORY

This patient had been seen off and on many times at this hospital in the past and has known diagnoses of arteriosclerosis obliterans of the legs, asthma, diverticulosis of the colon, arteriosclerotic cardiovascular disease with one severe attack of coronary insufficiency two to three years ago. He has complained of intermittent claudication in both calves for many years and also has night cramps if he does not take the quinine tablets at bedtime. Since the attack of coronary insufficiency the patient has been anticoagulated and maintained on Coumadin alternating 10 and 15 mg. per day. He has no specific complaints on this admission.

PHYSICAL EXAMINATION

This was an adult white male, appearing somewhat younger than his stated age in no acute distress. Blood pressure 150/90, pulse 60 and regular. Bilateral cataracts were noted on funduscopic examination. Coarse rales were heard throughout the lung fields, but the patient did not appear short of breath. There were no signs of cyanosis or clubbing of the fingers. Heart sounds were regular in rhythm and no murmurs or thrills were present. On examination of the abdomen there were no abnormal masses or tenderness noted. Femoral pulses were equal bilaterally.

LABORATORY WORK

Hemoglobin 14.1 Gm.%, White blood cells 7,400 with 63% neutrophils and 2% lymphocytes and 8% monocytes. Urinalysis was normal. Prothrombin time 100%. Fasting glucose 67 mg.%. VDRL negative. Blood urea nitrogen 12 mg.%. Electrocardiogram revealed a regular sinus rhythm and a suggestion of a conduction defect in the right ventricle but no essential change from tracing of June 27, 1960. Chest x-ray revealed mild pulmonary emphysema.

HOSPITAL COURSE

Unremarkable.

MEDICATION AND TREATMENTS

The University of Texas Medical Branch Hospitals
Galveston, Texas

Medication and Treatment	Date	Date	Date	Date	Date	Date	Date
	7-3						
<i>Penicillin 2.5 mg</i>	3-11	4-30-7					
	11-7						
	7-3						
<i>Phenobarbital 32 mg</i>	3-11	4-30-7					
	11-7						
	7-3						
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	11-7						
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	3-11						
	11-7						

FORM NO. 12

USE ADDRESSOGRAPH STAMP BELOW HERE

STARK, H. J. L. P-8
 16166-M 73 HMM
 H. J. OLD PVT 181
 DR. G. G. GORY NO
 H. J. L. STARK SELF

625

TABLE OF UNIVERSITY

BLOOD CHEMISTRY

Serum proteins, total	6.0 -
albumin	3.5 -
globulin	1.3 -
Bilirubin, total	0.1 -
direct	0.03 -
indirect	0.07 -
Bromides	less
Cholesterol, total	150 -
esters	60 -
Creatinine	1 -
Glucose, fasting	80 -
Nonprotein nitrogen	20 -
Urea nitrogen	12 -
Uric acid	2 -
Calcium	4.5 -
Chlorides	98 -
Phosphorus	1.7 -
Potassium	3.5 -
Sodium	137 -
CO ₂ combining power	25 -
Amylase	50 -
Acid phosphatase	0.5 -
Alkaline phosphatase	1.5 - 4.0 (Bodansky)
Thymol turbidity	less than 10 units

MISCELLANEOUS

Bromaulphalein (5 mgm per kilo)	30 to 0 to 0 to
Cephalin flocculation	2 plu
Congo red	60% p
Fecal urobilinogen	50 to
Iodine, protein bound	4 to
Urine, urobilinogen	Posit
	Negat

HEMATOLOGY

Hemoglobin	
Hematocrit	
Erythrocytes	4,500
Sedimentation rate (Wintrobe)	
Reticulocytes	
Mean corpuscular volume	
Mean corpuscular hemoglobin	
Mean corpuscular hemoglobin conc.	
Bleeding time (Dukes Method)	
Coagulation time, capillary tube	
Clot retraction time	
Platelets	
Leukocytes	

CEREBROSPINAL FLUID

Chlorides	
Glucose	
Proteins	

TABLE OF UNIVERSITY

DATE: 10-1-41

18692

SPINAL FLUID

BLOOD

HEMOPHILE AGG.

COLD AGG.

KOLMER

KAHN

V.D.R. STS

REQUESTED BY: DR. H. D. BOOR

NO. 181791

1941

HEMATOLOGY

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