7-16-1954

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

Gervase C. Flick
Bay View Hospital

Dates:—

Admittance 7-4-54 @ 6:30 A.M.

Discharge 7-8-54 @ 4:30 P.M.

Case No:— B10965

BAY VIEW HOSPITAL

STATE'S EXHIBIT 72

CASE SUMMARY RECORD

NAME Shepard-Mc Sam Age 30 ROOM 119

SERVICE Tr. Surg PHYSICIAN (Attending) R.A.S./J.G.S. (Referring) Com: C. Elbin, Foster

ADMITTING DIAGNOSIS Concussion cerebri

ASSOCIATED DIAGNOSES cervical spinal cord contusion

RECORD OF TREATMENT OR OPERATION P.D. N & P., H.D. Lab & X Ray X Rays of skull cervical rib cage & lumbar areas, sedation, analgesia shorts collar ice packs spinal tap

Code No. 9172-023

COMPLICATIONS

SUMMARY 30 yo W. ♂ admitted BVH in service Dr PRS & SNS 7/4/54 C.C. pain in neck & numbness L/D ulnar forearm following assault. P.D. treated & underwent neurological workup & care & discharged in fair condition 7/8/54

C. Strahm
Signature of Intern

FINAL DIAGNOSIS concussion cerebri
cervical spinal cord contusion

Code No. 930-428
9703-402

SECONDARY DIAGNOSES

RESULTS:— Recovered ☐ Improved ☑ Unimproved ☐ Not Treated ☐ In for Diagnosis Only ☐ Expired ☐ Autopsy ☐

Signature of Resident

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

Signature of Attending Physician

FORM 15 LA ROSA PTG. CO.

ADMITTING OFFICE RECORD

NAME OF PATIENT Sheppard-Mr Sam (Surname First Middle)

ADDRESS 2892 W West Lake Rd

SOCIAL SECURITY NUMBER Bay Village Ohio.

PREVIOUS ADMITTANCE TO THIS HOSPITAL No

PHYSICIAN IN CHARGE R. G. S.

AGE ____ COLOR ____ SEX ____ CITIZENSHIP ____

MARITAL STATUS ____ DATE OF BIRTH ____

PATIENT'S OCCUPATION Surgeon -

PERSON TO NOTIFY IN EMERGENCY ____

ADDRESS ____

NAME OF FATHER ____

INSURANCE COMPANY ____

BLUE CROSS OF CHSA

BILL PAID BY ____

EMPLOYER Physician & Surgeon

POSITION WITH FIRM ____

SIGNED ____

Hospital Number B10965

DATE ADMITTED 7-4-1954

TIME ADMITTED 6:30 (A.M.) P.M.

TELEPHONE - HOME Ex 1-445X

REFERRING DOCTOR BUSINESS ____

RELIGION Prot

PLACE OF BIRTH ____

NAME OF HUSBAND/WIFE ____

RELATIONSHIP ____

TELEPHONE ____

MOTHER ____

ADDRESS ____

CONTRACT NO 5-14266

ADDRESS ____

ADDRESS ____

ADMITTED BY MC Smith

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 _____

Out A. R. _____ Service: G.M. ___ O.M. ___ Gen. Surg. ___ Min. Surg. ___ N.S. ___

Tr. Surg. ___ Orth. ___ GU ___ GYN. ___ OB ___ PED. ___

CC _____

ENT _____ H. & L. _____ ABD _____ SKIN E.T.R. _____

NEURO _____ CD CONTACTS (Specify) _____

Age _____ Immun? No ___ Yes ___ Year___ Vac? No ___ Yes ___ Year ___

Special Procedure in 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-W

HISTORY SHEET and PHYSICAL

CASE No. B10965

EXAMINATION

NAME Shepard-McLean ADDRESS 28924 Lake Rd.

NEAREST RELATIVE OR FRIEND ADDRESS

RELIGION Prot. TELEPHONE

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

ATTENDING PHYSICIAN R.A.S./S.A.S. ATTENDING SURGEON

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

ADMITTING DIAGNOSIS concussion cerebri

FINAL DIAGNOSIS concussion cerebri
cervical spinal cord contusion

CONDITION ON DISCHARGE

A. Chief Complaint

Contusions about face
Pain in upper part of neck.

B. Onset and Course

6'
1805
30

Pt struck down by unknown assailants at his home in early AM. was brought into the hospital @ noon 6:30 P.M.

Allergies

C. Past History

1. Previous Illness — Essentially negative history R.S.A.S. (Rec)
2. Previous Operations T.+A.
3. Previous Accidents —

D. Family History

1. Father L+N ~~History records~~
2. Mother L+N
3. Sisters —
4. Brothers 2 L+N

McLean

E. Gynecolcgical	
1. Menstrual	> 30
2. Obstetrical	
F. Inventory of Systems	History given as essentially negative by Dr SHS.
1. Gastro-Intestinal	Essentially negative
2. Genito-Urinary	Essentially negative
3. Cardio-Vascular	Esentially negative
4. Neuro-Muscular	Essentially negative
5. Respiratory	Essentially negative

PHYSICAL EXAMINATION

A. General Appearance	Suntanned 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
2. Scalp	No lacerations no bruises noted.
3. Hair	Dark - thinning on the vertex & forhead.
4. Skin	Sun tanned - smooth
5. Eyes	Pupils = react to light. Retina negative (Examined by Dr Dozier)
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
3. Tongue	No tremor or deviation
4. Tonsils	Not noted.
5. Pharynx	Normal

D. Neck

Thyroid — Nm palpable

Lymph Glands — none noted.

E. Thorax

1. Symmetry, etc.: — normal symmetry.

2. Breasts — Normal male.

3. Heart — Rate accelerated on admission but has since leveled off at normal rate. Rhythm normal sinus. C respiratory irregularity.

P. 120/70

4. Lungs — Clear in all fields.

F. Abdomen

1. Contour — Flat

2. Scars and Masses — None noted.

3. Pain — None complained of

4. Tenderness — None noted

5. Rigidity — None

6. Signs — None

G. Genitalia — Normal male.

H. Extremities

1. Reflexes — Biceps + 2 R & L. Babinski neg R & L.
Patellar +1 or less R & L.

I. Rectal Examination — nd.

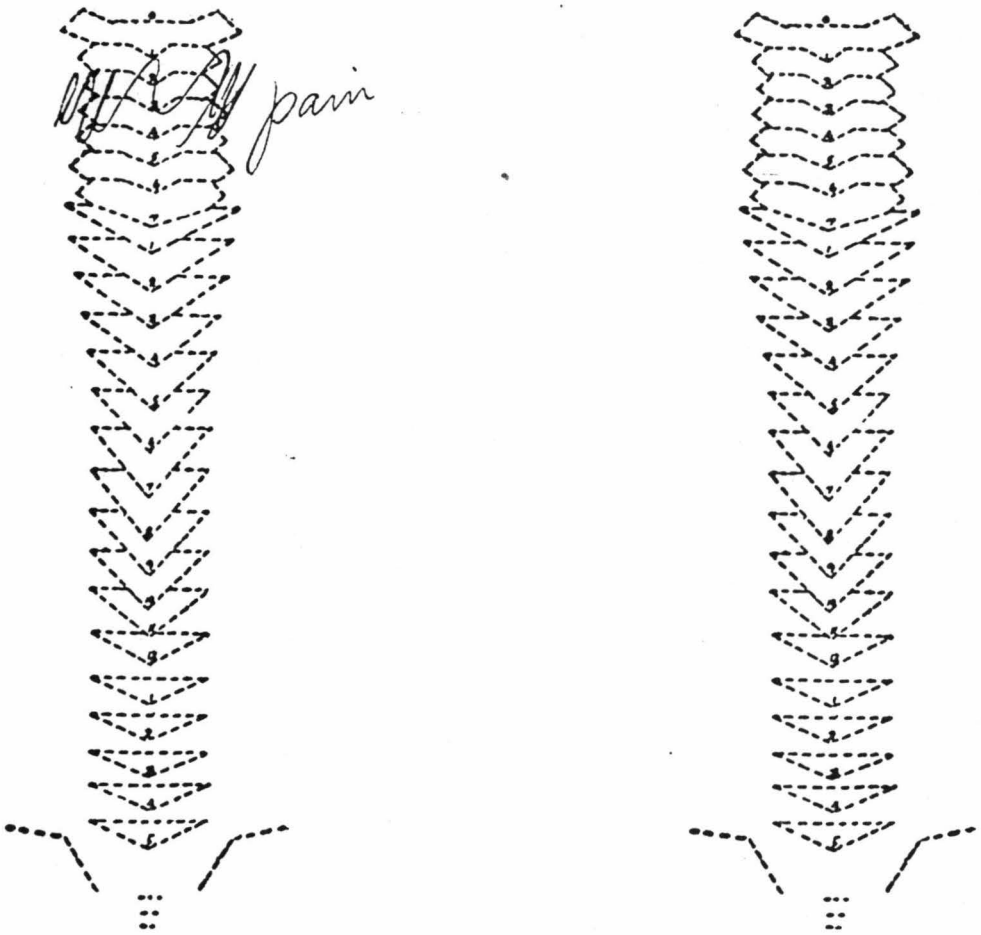
J. Vaginal Examination —

E

STRUCTURAL FINDINGS

DATE 7/4/84

DATE



Remarks:

Tentative Diagnosis 1) Multiple contusions
2) Possible cervical

R. Carver D.O.

Final Diagnosis Same

PHYSICIANS FINDINGS AND PROGRESS RECORD

Name Sheppard, Dr Sam Doctor in Charge Referring Doctor

Address Age Occupation

Date	
7-4-54 6:30A	Pt admitted by Dr SAS Station Ward as emergency following traumatic injuries received during the night. Pt placed in bed + treated for immediate shock. R. Cavanaugh
7:00 A.	B.P. 140/90. Heart sounds full strong, slightly irregular R. Cavanaugh
7:10 A	Eyegrounds checked by Dr Dozier - negative. Pt checked for fractures of extremities or lacerations - none noted. Some contusions on right side of face + under right eye. No other contusions noted. Pt complains of severe neck pain in area of 2nd 3rd cervicals. X-Rays taken as ordered. Orders by Dr SAS written R. Cavanaugh.

	BP	Pulse
7:00	140/90	
8:00	120/70	72
9:00	136/80	84
10:00	120/70	84
11:00	120/70	
12:00	122/76	88

Skull X Rays negative to fracture 12 30 p q c + klinks

8:10 A Shantz collar applied - Pt fairly comfortable. Babinski neg. R+L. No abnormal motion on hands, face, or body. Biceps +2 R+L. Patellar +1 or less R+L.

R. Cavanaugh.

Patient's Surname First Middle P. F. Number

Form 641-B

Date

[illegible]00 A. — Pt [illegible] & Talking to Police Officers
7/4/64 — Large Ecchymosis now involving entire rt side of face. —
— Two teeth freshly chipped on rt Above
— Definite laceration rt cheek in side upper lip
— Continuous muscle spasm at base of skull & across back of neck —
— Prog. [illegible]
— Rec Consult c Dr Foster re Face & Eye [illegible]

2 15/P B.P. 148/60 — C. Wilder [illegible]

[illegible] P — Pt's neck & base of skull checked c Dr CE Foster — Collar removed & definite contusion c extensive edema seen at base of skull posteriorly — Neck discoloured in front - esp on left side — Rec. Consult c Dr C Elkins. [illegible]
— Collar replaced.

9:30 P — Still [illegible]
Interviewed by DA - SA - RM.
V3 by Mrs RA
Request O.J.
Sedation ordered for HS [illegible]

[illegible]/54 8.30 AM. Pulse strong & Reg in rate & rhythm. Face still swollen
[illegible signature]

8:45 A Multiple Aches & Pains [illegible] [illegible]

Patient's Surname First Middle P.F. Number
Form 641-B

PHYSICIANS FINDINGS AND PROGRESS RECORD

Name SAM | Doctor in Charge | Referring Doctor

Address | Age | Occupation

Date	
1/4/54 7:00A	— cc. Pains in Back of neck Multiple Contusions, Abrasions, & Lacerations — Hist of Severe beating + loss of consciousness + exposure past 6-8 H. — Diag. ⊙ Concussion + Mild Shock- ⊙ Mult. Contusions, Lac. + Abrasions ⊙ RO Basal Skull Fracture ⊙ RO Fract Jaw Upper Mult — Rx ⊙ Demerol (H) q 4-6 H prn restlessness ⊙ Skull Series + Cervical Spine Soon ⊙ A.S.A. Acet Cod Sig q 4 hrs Tab 1 q 4 H prn headache ⊙ Have Dtr as Tol. ⊙ Watch for Intracranial - Notify me if any change takes place ⊙ BP q H for 6 Hrs + record BP + Pulse rate on Prog notes ⊙ No Visitors other than Family. — Prog - Fair
7:15A	Transcribed R. Conrad RN.

Patient's Surname | First | Middle | P. F. Number

Form 641-B

PHYSICIANS FINDINGS AND PROGRESS RECORD

Name Sheppard, Dr Sam Doctor in Charge RAS. Referring Doctor

Address 28924 West Lake Rd Age 30 Occupation

Date	
7/5/54	– [illegible] yesterday.
Contin.	– Neck inspected – Abrasions & contusions more clearly visualized at base of neck anteriorly.
	Post neck & Suboccipital area less swollen
	[signature]
3:40 P	– Progress Fair
	Pt. seems less alert & somewhat confused as compared c̄ this AM.
	– Rx ① Estivin 3 capsules gr i̅s̅s̅
	ĉ Daily in AM
	[signature]
3:00 P.	Pt. states he feels better physically but not mentally.
	[signature]
4:00 P	– Dr Fleck reports that a review of Dr's cervical films reveals cervical fracture
→	Dx ① Fractured cervical vertebra
	– Rx ① Call Cleve. Orthopedic Supply Co in AM & Order Shantz Collar to be applied as soon as possible.
	– Prog Fair
	[signature]
8:45 P	– Nembutal gr i̅s̅s̅ H.S.

Patient's Surname First Middle P. F. Number

Form 641-B

Date	
7/5/54 P. 5:00 Am	Shock collar ordered SHK
q:oal —	Progress Fair.
—	Rec. ① Upright Cervical Xyst Collar in Situ
	② Films of Facial Bones & especial attention to Zygoma (rt) & rt orbit.
	③ Postural
—	Prog. Fair SHK
	ordered
7/6/54 3 p.m.	Progress fair. Pt. seems a little improved Pulse regular & strong. T. Rodgers.
7/7/54 8:30 Am.	Pt sleeping quietly. T. Rodgers.
q:30 P —	Dc all medication
	Diet in Am to me if progress satis
	Final Diag. ① Cerebral Concussion & Contusion-
	② Cerebral Edema-
	③ Laceration rt cheek in mouth.
	④ Dislocation all teeth in right upper jaw — Two teeth chipped in this area-
	⑤ Contusion of Spinal Cord.
	⑥ Multiple Contusions, abrasions, muscle spasm & superficial abrasions
	⑦ Ecchymosis entire right side of face & head & rt eye-
—	Prog Fair SHK
*	consider Final 2nd C in final Dx - check Dr SHK
10:10 P.m.	Nembutal gr 1½ O.S. L. Belnick M.D.

Patient's Surname First Middle P. F. Number

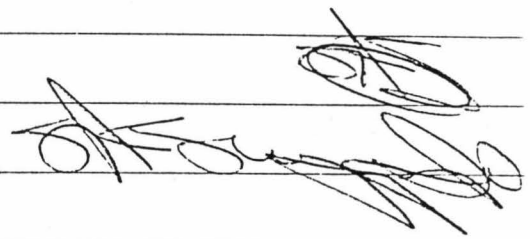
Form 641-B

PHYSICIANS FINDINGS AND PROGRESS RECORD

Name | Doctor in Charge | Referring Doctor

Address | Age | Occupation

Date	
9/8/54 10:00A	— Pt brought in by police Rec'd Demerol as ordered



Patient's Surname | First | Middle | P. F. Number

Form 641-B

PHYSICIANS FINDINGS AND PROGRESS RECORD

Name Sheppard, Sam. Doctor in Charge R.A.S./S.A.S. Referring Doctor

Address Age 30 yrs. Occupation

Date

1/4/54

6:35 A.M. Called to home of Pt. a W/M, W/D, w/m that appears to be about 31 yrs of age. arrived at home at about 6:15 A.M. Pt was seen lying on his side in front room on floor being examined by Dr S.A. Sheppard. Pt talked in slightly confused manner. S.A.S. mentions possibility of brain concussion. Pt taken to Bay View Hospital by Dr. S.A. Sheppard in his station wagon. accompanied by Dr. Carver & Betty Sheppard. Bay Village Police & Police ambulance came out to Pt's home. Pt complains of Pain in neck esp. upper cervical region. No abrasions noted on body however, slight swelling of rt cheek noted. Pt reports he had a fight in the dark & unknown assailant & only remembers coming to consciousness in lake water. Eye grounds clear, Pupils equal & react to light & distance Pt's reflexes in a normal limits B.P. = 140/90 R = 24 P = 82 chest clear bilat (Pt received demerol 100 mgm 4 by S.A.S.) Skull series, cervical series AP of chest & Pelvis ordered & on superficial (wet) exam no fractures noted. Shantz Collar Rest on neck of Pt. & Pt. put stock to bed in room # 5. other orders as Per Order sheet.

A.C. Dozier D.O.

7 AM. Prepared roll of felt to go under neck of Pt at his request. but it was not used

A.C.D

yet except on X-Ray Room.

Patient's Surname First Middle P. F. Number

Form 641-B

Date	
1:00 AM.	As above — pat resting comfortably now — Stetz collar now in place.
	[signature]

Patient's Surname   First   Middle   P. F. Number

Form 641-R

REPORT OF CONSULTATION

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

From: Attending Physician	To: Consulting Physician	Date
	C. C. Foster	

Findings:

1. Marked swelling & Ecchymosis of Right Eye - & orbital tissue extending over entire right side of face. A contusion is noted on left side of neck; anterior.
2. Marked edema, sub occipitally

Diagnosis:

1. Contusion of Eye & orbital adnexa
2. Probable fracture of zygomatic - (Malar & Zygoma).
3. Contusion of left side of neck
4. " of sub occipital tissues.

Recommendations:

1. Intermittent Hot & Cold Packs or Ice bag to face.
2. X Ray of Facial Bones - Mandible & Zygoma

7/4/54
2.50 P.M.

Date of consultation: _____

_____ M. D.
Signature of Consultant

REPORT OF CONSULTATION

mily Name	First Name	Middle Name	Room No.	Hosp. No.
From: Attending Physician	To: Consulting Physician			Date

Findings:

Dr. Sam is alert & answers questions lucidly. There is swelling of right periorbital tissue. Pupils are equal & react. moves all extremities well. no Babinski's. He has vomited. Complains of occipital headache.

Diagnosis:

Cervical collar in place, neck not examined.

Imp- Cerebral concussion

Recommendations:

Advise - urge fluids
Sedation

CW Ebrin

Date of consultation: _____

_____ M. D.
Signature of Consultant

O. Sam Shepherd **REPORT OF CONSULTATION**

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

From: Attending Physician	To: Consulting Physician	Date

Findings:

July 6 1954

Pt complains of urgency in urination & this morning when attempting to pass gas soiled his shirt & fecal material.

He has also complained of numbness over ulnar distribution left.

Diagnosis:

Exam Today – Ecchymosis of ~~left~~ right (ear) eye improved. Pupils equal & react. EOM normal. No facial weakness. There is numbness of ulnar sensory distribution left & moderate weakness of interossei left. Left triceps reflex not obtained. Both biceps reflexes present as is right triceps reflex. Right abdominal reflexes active Left abdominal reflexes absent.

Recommendations:

(over)

Date of consultation: _____

_____ M. D.
Signature of Consultant

neither cremasteric reflex obtained.
Knee jerks active + equal.
Babinski's 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.

~~[redacted]~~

Local examination of neck discloses tenderness over spinous process of C2 & spasmodic contractions of cervical muscles to pressure.

Dx - cervical spinal cord concussion

Spinal fluid to lab for cells, total protein C.W.E.

Chas W Eblin M.D.

LABORATORY REPORTS

Family Name	First Name	Attending Physician	Room No.	Hosp. No.
Sheppard,	Dr Sam	R.A.S.	119	10963

LABORATORY REQUISITION
LUTHERAN HOSPITAL, Cleveland, Ohio

☐ staff
☐ private
☒ outside
☐ not admitted

Age.....
Sex.....
Hgt.....
Wgt.....

☐ 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.

William Sinclair, Jr. M.D.

Date July 6, 1954 Service

Requested by.....of Doctor E Elkins

WPC 50M 6-46 NOPA

6:00 PM

Name SHEPPARD, DR. SAM Ward or Room 119 Hosp. No.

Doctor R. A. SHEPPARD 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 Casts -

Diacetic Bacteria few

Bile Crystals -

Other Tests

Date 7/6/54 Technician E.W.

STD. FORM 751-A BANCO-S.F.

URINALYSIS

119

CLEVELAND OSTEOPATHIC HOSPITAL
BAY VIEW HOSPITAL

Diagnostic
X-RAY REPORT

PATIENT	Sheppard, Dr. Sam Age 30, Weight 180	X-RAY NO.	54-5560
P. F. No.		DATE	7/4/54
REFERRING DOCTOR	Dr. R. A. Sheppard/Dr. S. A. Sheppard/ Dr. R. N. Sheppard	CONSULTANT	
PARTS EXAMINED	Skull, cervical spine, ribs, pelvis	HOSPITALIZED	Yes ~~No~~
		INDUSTRIAL	Yes No

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)

G. C. Flick D.O. over

Form 548

AP pelvis: no evidence of fracture in the upper femurs or pelvis.

G. C. Flick, D.O.

G. C. FLICK, D.O.

7/6/54
GCF/er (6)

119

CLEVELAND OSTEOPATHIC HOSPITAL
BAY VIEW HOSPITAL

Diagnostic
X-RAY REPORT

PATIENT	Sheppard, Dr. Sam Age 30, Weight 180	X-RAY NO.	54-5560
P. F. No.		DATE	7/7/54
REFERRING DOCTOR	Dr. R. N. Sheppard/Dr. S. A. Sheppard/ Dr. R. A. Sheppard	CONSULTANT	
PARTS EXAMINED	Lateral cervical, Water's sinuses, standing lumbar	HOSPITALIZED	Yes ~~No~~/
		INDUSTRIAL	Yes No

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 dislocation.

G. C. Flick, D.O.

G. C. FLICK, D.O.

7/8/54
GCF/er (5)

Form 548

PHYSICIAN'S ORDERS

Family Name	First Name	Attending Physician	Room No.	Hosp. No.
Sheppard	Dr. Sam	Dr R. A S.	11	10965

Date Begun	Date Discont.	Medication	Date Begun	Date Discont.	Diet and Other Treatment

7-4-54
1.) Bed patient
2.) N.B.M. till ordered.
6:30 A. 3.) Lab work.
4.) Skull series, cervical series, chest X-ray - pelvis
5.) Warm water bottles about pt.
6.) Blankets for pt.

R Carver DO [illegible], DO

7:00 A 1.) Demerol 100 mg q 4-6 h. prn restlessness
2.) A.S.A. gr X c codeine sulfate gr ss tabs i q 4 h prn headache.
3.) House Diet as Tolerated.
4.) Watch for lucid interval Notify Dr SAS if change takes place
5.) B.P. q h. x 6 Record B.P. & pulse on progress notes.
6 No VISITORS other than family.

Dr SAS.

10:00 A 1) Ice [illegible] bag to right side of face.

R Carver DO [illegible]

10:00 PM - ① M.S. gr 1/2 (H) 10:00 PM

7/5/54 7:40 P - ① NO ONE other than Immediate family to be admitted to see pt. without my being notified.

Cancel [illegible]

7/7/54 ① Eskatrol spansules gr [illegible] i daily in AM

[illegible]

7/8/54 8:30 pm. ① Shanty collar in am. (order from Cleve. Ortho.)
② Nembutal grs. iss (o.) at h.s.

R. V. Bailey, D.O.

PHYSICIAN'S ORDERS

Date Begun	Date Discont.	Medication	Date Begun	Date Discont.	Diet and Other Treatment
7-6-59		✓			
11:30 P		Nembutal gr iss @ h.s.			R. Cam[illegible]
7/7/59	10 AM	[illegible] gr [illegible] [illegible]			
					[illegible]
7/8/59		① Disch			Stat
					[illegible signature]

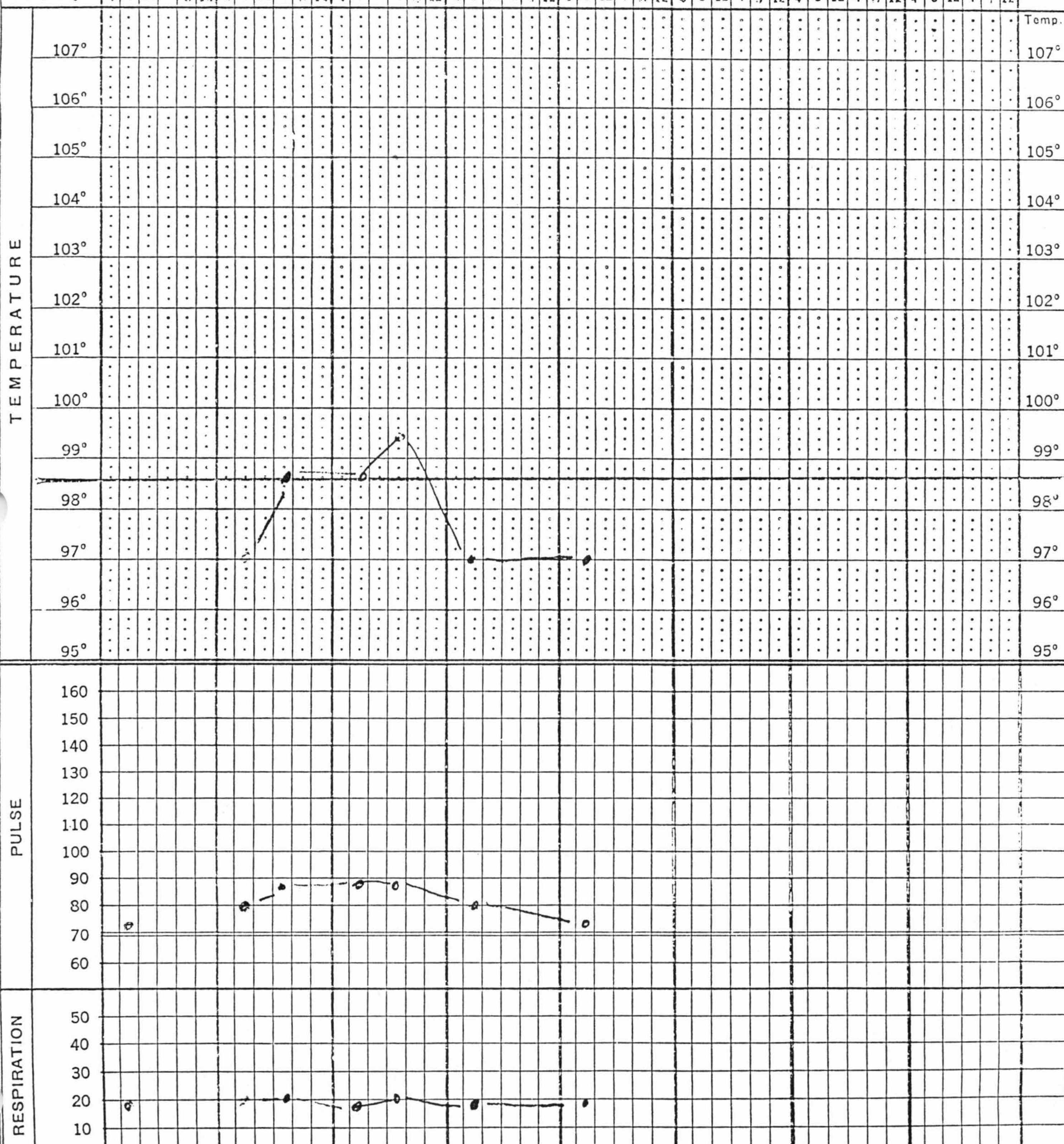
(D-605 BACK)

GRAPHIC CHART

Hosp. No. 10965

Name: Sheppard, Doc Sam — Room or Ward: 119 — Bed: — Doctor: RAS

Month	July 4	5	6	7	8	9	10	11
Day in Hospital	1	2	3	4	5	6	7	8
Post-Operative Day								
Hour of Day	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12



Stools								
Urine								
B. P.								

NURSE'S RECORD

Name of Patient Sheppard Dr. Sam. Case No. 10965

DATE AND HOUR	TEMP.	PULSE	RESP.	MEDICINE	NOURISHMENT	NOTES ON MEDICATION, CONDITION OF PATIENT, ETC.	NO. STOOLS	URINE OZ.
					Thursday	9/8/54.		
1 00						Sleeping		
						Restless @ times		
7 00						F. Good night	G. Reay	
9 AM	97	74	18			Slept until 9 45		
						Routine am care.		
4						V.S by Dr. S.A.S and		
						Dr. R.N.S.		
H 30						pt. discharged in		
						Wheel chair.	L. Spiess	

NURSE'S RECORD

Name of Patient *Sheppard, Dr Sam.* Case No. *10965*

DATE AND HOUR	TEMP.	PULSE	RESP.	MEDICINE	NOURISHMENT	NOTES ON MEDICATION, CONDITION OF PATIENT, ETC.	NO. STOOLS	URINE OZ.
				Sunday 7/4/54				
						Adm. to room via cart		
					Warm	Water bottle applied		
				Demerol	100 mg I.M.			
7^00				B/P 140/70		To X ray		1 Kan
8^00						From X-ray rm.		
		72	18	B/P 126/70	Doc post	To Heys!		
9^00		84	18	B/P 136/80				
10^00		84		B/P 126/75		Shontz collar applied		
				B/P				
11^00								
12^00		88		122/76				
					O Jr 200cc	Taken.		
1^00				125/78				
2^00				B/P 148/60		B. + exam by Dr Foster		
					Soft diet.	ate Fair.		
8.					Orange juice			
10.				M.S. gr 1/55				
						Dr. sees in.		
						Condition Satisfactory.		
				Monday	7/5/54	E. Vetter.		
						Sleeping		
8-10					Reg diet x3	Sleeping a.m. care M.		
	97	80	2?		taken sparingly	Up by Dr RAS, SAS.		
						Taking fluids fr well.		
2^00	98^6	88	20			Exhausted from visitors.		
						Resting fr well		
						B Kunzle		
6.				Orange juice				
						urine spec. saved.		
10^00				Nembutal gr #/155.				
						Quiet.		
						Condition Satisfactory.		
				Tuesday	7/6/54	E. Vetter.		
						Sleeping		
						a.m. care M.		

NURSE'S RECORD

Name of Patient Sheppard Wm Sam Case No. B 10965

DATE AND HOUR	TEMP.	PULSE	RESP.	MEDICINE	NOURISHMENT	NOTES ON MEDICATION, CONDITION OF PATIENT, ETC.	NO. STOOLS	URINE OZ.
7-6 cont.								
8 AM	98.6	88	18		Reg diet.	Routine am care		
10				Eskabarb cap i		Vs by Dr R A S, R N S		
						Lumbar Puncture done.		
						T. to X-Ray.		
2 PM						from Dept.		
						B. Vingil.		
4	99.4	88	20		Reg. Diet			
8						h. s. care		
					grnt juice	back rub refused		
10						V.S. by Dr. R. A. S.		
						Pt. seems very		
11:30 -				Nembutal gr 1 1/2		apprehensive	h. Spiess	
				Wed. 7/7/54				
12:45 -						Appears Exhausted		
2:30						Sleeping		
4:00 -						Seems restless @		
						Times		
						Fair night	G. Thomas	
8:00 -	97	80	18		Reg. diet	Refused brkfst		
						Routine am care.		
10 -				Eskabarb cap i				
12:30						Leave of absence from		
						hospital.		
4						Returned to hospital		
						and to bed.		
4:30 -					Reg. Diet			
					Tomato juice			
8 -						Visited by Dr. R.A.S, Dr. R.N.S.		
						Dr. J.A.S.		
10 -					Orange Juice	Alcohol back rub.		
10:30 -				Nembutal gr 1 1/2				
						Quiet. M. Herridge		

Ext

BAY VIEW HOSPITAL

X-RAY REQUISITION

X-RAY NO. _____ In Patient ✓ DATE 7-4-54
Out Patient _____

Has the patient ever been x-rayed in this hospital (or C.O.H.) before? _____ Industrial _____ P. F. NO. _____

C. H. S. A, ✓ ROOM NO. 115

PLEASE PRINT

WEIGHT: 180#
HEIGHT: 6' 1"
AGE: ~~29~~ 30

PATIENT'S NAME: Sheppard M. Sam. (Last) (First) (Middle)

ADDRESS: 28924 Lake Rd. Bay Village TELEPHONE NO: TR-1-4454

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

X-RAY EXAMINATION OF (specific areas): Chest X-Ray, Skull series, Cervical series.

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

Traumatic injuries

SIGNATURES: INTERN: R Cerrone CONSULTANT: _____

DOCTOR IN CHARGE: RAS | SAS.

BAY VIEW HOSPITAL

X-RAY REQUISITION

X-RAY NO. _____ In Patient ✓ DATE 2/6/64
Out Patient _____

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

Industrial _____ P. F. NO. _____

C. H. S. A, _____ ROOM NO. 118

PLEASE PRINT

WEIGHT: _____
HEIGHT: _____
AGE: _____

PATIENT'S NAME: Sheppard Sam
(Last) (First) (Middle)

ADDRESS: _____ TELEPHONE NO: _____

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

X-RAY EXAMINATION OF (specific areas): upright cervical (collar in place)
Facial Bones c attention to ND Zygoma & rt orbit & portical

PERTINENT HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL, OR CLINICAL DIAGNOSIS:
R. O. Fx facial Bones

SIGNATURES: INTERN: C Stark CONSULTANT: _____

DOCTOR IN CHARGE: JKH

Sheppard, Dr. Sam
Age 30, Weight 180

54-5560

7/4/54

Dr. R. A. Sheppard/Dr. S. A. Sheppard/
Dr. R. N. Sheppard
Skull, cervical spine, ribs, pelvis

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.

G. C. Flick, D.O.

G. C. FLICK, D.O.

7/6/54
GCF/er (6)

Sheppard, Dr. Sam
Age 30, Weight 180

54-5560
7/7/54

Dr. R. N. Sheppard, Dr. S. A. Sheppard/
Dr. R. A. Sheppard
Lateral cervical, Water's sinuses,
standing lumbar

///

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.