

REPOSITORY WASHINGTON NATIONAL RECORDS CENTER

726340

COLLECTION 32681-6

EBEYE FIELD HOSPITAL
KWAJALEIN

Enclosure (1)

BOX No. 1

FOLDER N/A

July 30, 1957

PRIVACY ACT MATERIAL REMOVED

From: Ebeye Field Hospital
To: District Director of Public Health
Subj: Postmortem Report on _____

BEST COPY AVAILABLE

This office was requested by the District Administrator, Marshalls to investigate the death of _____, a recently repatriated Ronglape, who died at home July 17. This investigation was for the purpose of establishing the cause of death of the subject deceased. Following is the clinical record of the case as obtained from the Ronglap Health Aide and family of the deceased;

M - 76 yrs.

July 15, 1957

C. G: Chest pain - 1 hr. prior to Health Aide visit.

P. T: Pt. was well till about 10:00 o'clock on the morning of July 15, when while carrying a load of lumber from a distance, suddenly developed a severe steady, substernal pain. The pain was not radiated to the back or arms. It was quite severe that it made the patient to double up. Marked dyspnea was noted soon after the onset of the pain. The patient was moved to the dispensary, where he vomited twice. While at the dispensary the pain and dyspnea persisted. The pain, however, gradually subsided, and disappeared after 2 1/2 hours. Dyspnea remained, and somewhat deepened. No cyanosis was ever noted. Treatment consisted of ASA, sodium bicarbonate, tincture of belladonna, cocaine, amprojel and penicillin.

P. E: Revealed an elderly Marshallese man in great chest pain and marked respiratory distress.

Head - neg
EENT - neg
Neck - neg
Chest - Sternal tenderness, extending to the epigastric region.
Lungs - Clear
Heart - Tachycardia and weak sounds. No murmurs.
Abdomen - neg
Ext - neg
Skin - No cyanosis or icterus

July 16, 1957

Course of illness: No chest pain; dyspnea persisted.

P. E: Rales throughout entire left lung field; pulse weak; tachycardia; afebrile
Treatment: Penicillin

PRIVACY ACT MATERIAL REMOVED

1181972

July 17, 1957

Course of illness: Dyspnea worse. Pt. got up and walked about 150 yds to the outdoor benjo, accompanied by wife. After defecation, while pt. was forcing himself to get up from the benjo seat, he became extremely short of breath, and died rather suddenly.

Impression: Massive Lt. Pulmonary Infarct, due to cardiac mural thromb, resulting from coronary thrombosis.

Before leaving Ronglap, several patients with minor illnesses were seen and treated. One patient had severe asthma, but responded well to adrenalin injection

John Iaman
Med. Practitioner

cc: Distad Marshalls
DistadRep., Ebeye

1181973