

Doc 53/
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BUT ADDRESS YOUR REPLY TO
COMMANDING OFFICER
U. S. NAVAL HOSPITAL _____
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NH59/P2-5/(PA)
WHHT/HLW/mab
(Jacket 102615)

U. S. NAVAL HOSPITAL

SERIAL NO. 01168

St. Albans, New York

19 November 1948

From: Medical Officer in Command
 To: President, Retirement Advisory Board

Subj: Lt. LaFayette Ronald HUBBARD, D, USNR, 113392
 (Inactive) - Report of Physical Examination
 and Diagnostic Study.

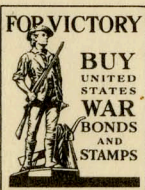
Ref: (a) Pres. Retirement Advisory Board letter
 EXOS:RAB:LPH:lh-531 dated 27 September 1948.

Encl: (A) Photostats of Medical History.

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RETIREMENT ADVISORY BOARD
T-3 Room 2022
22 NOV 1948

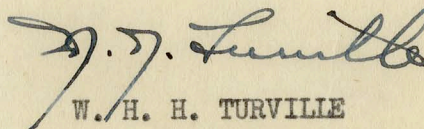
1. Subject officer entered this hospital on the 13th of October for complete physical examination to determine his present physical condition in accordance with authority contained in reference (a).
2. Upon admission Lt. Hubbard complained of chronic inflammation of both eyes with photophobia and lacrimation; pain and soreness of the right shoulder, spine, right hip and both ankles; and indigestion associated with periodic attacks of epigastric pain. These symptoms have been present more or less continually since his release from active duty December 5, 1945. Prior to separation he had been hospitalized for seven months with a diagnosis of duodenal ulcer and on September 10, 1945 a Board of Medical Survey found him unfit for service and recommended his appearance before a Naval Retiring Board. This recommendation was disapproved by the Chief of the Bureau of Medicine and Surgery and he was subsequently found physically and dentally qualified for release to inactive duty.
3. The routine physical examination revealed the presence of a chronic bilateral conjunctivitis of an allergic type, a compound myopic astigmatism with uncorrected visual acuity of 6/20 in each eye, some tenderness to deep palpation in the upper mid-abdomen and slight limitation of motion at the right shoulder joint. Routine blood and urine examinations were within normal limits. Special examinations of the teeth, nose, throat and ears revealed no essential deviations from the normal. X-ray examination showed normal lung fields, heart and mediastinal structures.



(56) Hubbard

Film and fluoroscopic examination of the upper gastrointestinal tract indicated the presence of a tender duodenal cap which was long, defective, and which showed an inconstant crater. Films of the various joints throughout the body disclosed the presence of soft tissue calcification in the region of the insertion of the supraspinatus muscle of the right shoulder and moderate bony productive changes involving the bodies of the mid-dorsal spine. Very minimal changes of this nature were seen involving the lumbar vertebral bodies. All other joints appeared normal.

4. From a review of the medical record together with the present findings it has been concluded that Lt. Hubbard has an active chronic duodenal ulcer, a mild to moderate conjunctivitis of an allergic type, minimal to moderate osteo-arthritic changes of the dorsal and lumbar spine, and a chronic bursitis of the right shoulder with calcium deposits in or near the tendinous insertion of the supraspinatus muscle. It is considered most likely that these conditions arose while this officer was serving in an active duty status and it is believed that he is unfit for any duty at the present time but that these defects are not necessarily permanent.


W. H. H. TURVILLE

B.