

FR. MAURICE GRAMMOND

Additional Disclosure Documents

GRAMMOND, Father Maurice

4-11-79 This 58-year-old priest is referred by Dr. Raglione for evaluation of his peptic ulcer disease. This has been present for many years and is obviously aggravated by the large amount of stress which the patient labors under. An upper GI series by Dr. Loomis on 3-28-79 shows deformity and probable ulceration in the gastric antrum as well as some duodenal disease. The patient has been bothered by epigastric pain, not well relieved by Cimetidine, Donnatal and antacids. He has had a little diarrhea. He denies nausea or vomiting, melena or hematochezia. His weight has been essentially stable. He takes nothing with aspirin in it. He smokes 1½ packs of cigarettes per day. Does not drink alcohol but does have 2 cups of coffee daily.

He needs to be endoscoped and will come into the hospital in three days. He is unable to do it sooner and is unable to handle it as an outpatient. In the meantime he is to continue Cimetidine 300 mg. q.i.d., a.c. and h.s. Stop Donnatal. Take Valium 5 mg. q.i.d. prn and he already is using Dalmane h.s. for sleep. He is to avoid all aspirin and stop coffee. JHE/mdl

9-6-79 T.C.--Patient is having recurrence of his ulcer-like distress. I had endoscoped him in April and found only pre-pyloric edema without actual ulceration. The patient is no longer taking Cimetidine and I asked him to take it again for about a month. He should let me know if symptoms persist. JHE/mdl

1-19-83 The patient is in a dither about being moved from Seaside where he has been for 17 years to Scappoose. He feels "burned out" and is always under a lot of stress.

In about February 5th he began to experience a lot of abdominal bloating. This has persisted and he has a lot of "gas". There is some abdominal aching throughout the whole mid and upper abdomen. He also has aching in the groins particularly if he rides in cars or stands very long. This has been since he had hydroceles and the left testicle removed by Dr. Gilbaugh. He also has had a TURP 3 years ago and bilateral inguinal herniorrhaphy.

He really doesn't have constipation or diarrhea and he denies blood in the stool. He also denies nausea. He takes Tagamet, Milk of Magnesia and Gaviscon but none of these really help very much. He also takes Ativan 2 1 h.s.

He saw Dr. VanSickle at the Portland Clinic recently and an UGI series was normal. As far as I can tell he has not taken medication for giardia.

Examination of the abdomen discloses some tenderness in the mid and upper portions, particularly in the right upper quadrant. I can feel no masses or organs. The abdomen does seem bloated and tympanitic.

Probably functional GI distress consider a possibility of giardiasis and he is to have a therapeutic trial with Flagyl 250 mg. t.i.d. for one week. He is to have a BE and an echoscan of the gallbladder. He also has what sounds like bursitis in the right shoulder. He has seen Dr. Fagan in the past. He is to try Naprosyn 50 mg. b.i.d. but is to be sure that he is taking the Tagamet regularly while taking naprosyn.

BE is normal. The gallbladder echoscan shows numerous stones. Whether cholelithiasis could be causing some of his symptoms, I am not sure. He is to see his surgeon, Dr. Raglioni.

The Naprosyn seems to have helped his shoulder.

He is going to take 2-3 months of sick leave which I think is a good ideal.

10-4-83 Father Grammond had a cholecystectomy in May and did well postoperatively. However, he has been troubled by abdominal discomfort of a vague sort since he went back to work. He considers his work very stressful, he thinks it is getting worse as time goes on. He has been taking Dalmane 15 mg. h.s. but still doesn't sleep well. He also has some Ativan which he takes occasionally. He still smokes and drinks coffee. He has some postprandial diarrhea just since his surgery.

Examination of the abdomen is essentially negative, except for a little tenderness in the suprapubic area. He has had bilateral inguinal herniorrhaphy and there is no evidence of recurrence. One testicle has been removed.

Impression - probable irritable bowel syndrome plus history of peptic ulcer disease. He is to try Zantac 150 mg. b.i.d. switch from Dalmane to Halcion 0.5 mg. h.s. for sleep, #30, 2 refills, and switch from Ativan to Xanax 0.5 mg. t.i.d. prn. tension, #100, 1 refill.

11-28-83 The patient has been having quite a lot of generalized abdominal discomfort. Yesterday he passed some very black stool and this morning it was not as black. He is to have a panendoscopy. He feels sure he has recurrent bleeding ulcer disease.

12-2-83 T.R. Panendoscopy the other day was normal, with no evidence of peptic ulcer disease. He is to continue Zantac however 150 mg. b.i.d. He found the Halcion was a little strong so he is to cut it in half. He may use the Xanax as needed during the daytime for stress and tension. He is to send in 3 stool hemocult tests.

12-13-83 3 stool hemocult tests are negative. He is still bothered by the stress of his job. The stools have been somewhat loose and he is to try Bentyl 10-20 mg. q.i.d. a.c. and h.s. I also gave another prescription for Halcion this time in a dose of 0.25 mg. 1 h.s. prn. sleep #30. He takes Xanax occasionally in the daytime.

1-31-84 The patient complains of diarrhea Saturday and Sunday when he is very busy. He is taking the Xanax 0.5 mg. q.i.d. Zantac 150 mg. b.i.d. and Halcion 0.25 mg. h.s. He doesn't remember getting a prescription for Bentyl and I gave him another one to try to see if it will help prevent diarrhea on the weekends. The problem, obviously is stress. He wants to return in March for a general checkup.

Father Grammond now 63 continues to complain of the stress in his work. He still has 3 years and a half to go. He has been taking his Xanax only occasionally. The Halcion 1.25 mg. h.s. more regularly. He likes Tagamet better than Zantac and takes it occasionally. He is not taking Bentyl now. Dr. Ilge gave him some kind of cream for a yeast infection in the groin area and that seems to have helped.

He complains of right lower quadrant aching pains over the past 6 months. Has some gaseousness, and some aching in the groin areas. He also has arthritis in the left hip for which he takes Ecotrin occasionally. He smokes one pack of cigarettes per day. Does not drink alcohol and has 2-3 cups of regular coffee daily. I had talked to him about the desirability of avoiding caffeine.

On examination he looks well, weighs 157 undressed. Height 66½ inches. Lefthanded. 3/P 176/80 right arm supine, pulse slow and regular.

HEENT	Normal in all respects including optic fundi.
Neck	Supple no thyromegaly or carotid bruits.
Lungs	Very slight expiratory wheezing. Fairly good breath tones.
Heart	Grade II/VI blowing systolic murmur heard over the entire precordium It sounds functional to me.
Abdomen	Cholecystectomy and bilateral inguinal herniorrhaphy scars. No tenderness, bruits, palpable masses or organs.
Back	Fairly good range of motion. No CVA tenderness.
Extremities	Absent right radial pulse but he has a good one on the ulnar side. Pedal pulses are good. Onychomycosis of the toenails. No edema.
Genitalia	Surgically absent left testicle, right normal with no hernias.
Rectum	Normal except the prostate is mildly enlarged and he has a little firmness in the midline.
Neuro	Normal in all respects.
Skin and Lymphatics	- Normal.

I have asked him to see Dr. Gilbaugh who has done a TURP on him in the past to check the area of firmness in the prostate. Routine tests including sigmoidoscopy. I urged him to take the Xanax a little more regularly because of his chronic tension.

Sigmoidoscopy to 25 cm. normal except mild internal hemorrhoids. B/P is down to 156/70 right arm sitting, Dr. Gilbaugh plans to biopsy his prostate in a couple of weeks although he doesn't think it is cancer.

3-23-84 T.R. Most of the tests are normal. His serum triglyceride level is somewhat high at 309. I suggested that he reduce his intake of carbohydrates. The TVC shows some restriction and obstruction persistent with his smoking. His electrocardiogram shows a few PVC's and some non specific St-t abnormalities. He will come into the hospital next week for his prostate biopsy. Dr. Gilbaugh has him taking Trimethoprim now.

He thinks the Xanax is too strong for him so I suggested that he take it just a half tablet, that is 0.25 mg. prn. tension.

5-15-84 The patient was sent over by Dr. Gilbaugh. He is having hemorrhoidal symptoms as judged by soiling of his underpants and some irritation. There has been no bleeding, no protrusion. I suggested that he use Tux or ~~Bidet~~ to clean himself off after a bowel movement and then use Anusol H.C. cream. If this doesn't work he is to use Wyanoid HC rectal suppositories b.i.d. prn.

6-5-84 The patient is still very upset about possibility that his superiors are going to make him change his parish during this last year of his service. Apparently he will be finding this out for sure soon. He is having periodic sharp pains in the right lower quadrant of the abdomen over the past 6 month period. He also has diarrhea several times per week but this is not new. There has been no blood in the stool. On examination he seems tender across the entire abdomen. This is largely abolished by tensing the muscles. I can feel no masses or organs. He had a normal BE one year ago and I am not going to repeat that now. He is to send in 3 stool hemocults.

6-19-84 The patient developed an acute gastroenteritis with nausea, vomiting and diarrhea about four days ago. He is much better now although did vomit once this morning. His appetite is poor. I prescribed some Lomotil which has controlled the diarrhea. Now he feels "plugged up" and wants to take a laxative and I discouraged that.

He remains under a great deal of stress. I suggested a relaxation tape and told him where to get it.

1-25-84 Patient is having pains in the right side of the abdomen where he had his cholecystectomy. This may represent adhesions. Also he has pain in his left hip which is due to arthritis. I prescribed Clinoril 150 mg. b.i.d. with food for 10 days while he takes that he is to take his Tagamet. He is taking the Xanax somewhat irregularly but takes the Halcion at night. Dr. Ilge prescribed Fulvicin for a fungal infection of his feet. His B/P is 146/66 right arm sitting, he is to send in the 3 stool hemocult tests.

3 stool hemocult tests are negative.

11-6-84 The patient has changed his medication so that he is taking only the following now: Tagamet 2-3 times a day, Maalox tablets 1 2-3 times a day, Dalmane 15 mg. h.s. He says he feels much better on this program. He hasn't started the Clinoril right but his hip does bother him so he is going to do it before long.

1-9-85 The patient found that when he stopped eating things that contained MSG his diarrhea went away. He has not had to use Lomotil. For the past 6 weeks he has had a cold and a cough, Dr. Raglione gave him some Erythromycin for about 4 days, but that probably wasn't long enough. I gave him a prescription for EES 400 mg. 1 q.i.d. with food for 10 days.

He asked for some more Halcion which I provided 0.25 mg. #100
1 h.s. prn. sleep, 2 refills.

1-15-85 Father Grammond will be 65 in July. He has been under his usual stress mainly on weekends and at these times gets gastrointestinal distress, particularly rightsided lower abdominal discomfort. He has no other particular complaints at the moment.

On examination he looks healthy, weighs 151½ undressed. B/P 172/80 right arm supine, pulse slow and regular.

HEENT	Normal in all respects including optic fundi.,
Neck	Supple, no thyromegaly or carotid bruits.
Lungs	Clear to auscultation.
Heart	Normal except for a short blowing grade II/VI systolic murmur heard along the lower left sternal border and apex.
Abdomen	Cholecystectomy scar, some tenderness across the lower abdomen No palpable masses or organs. No bruits.
Back	Fairly good range of motion. No CVA tenderness.
Extremities	Good pedal pulses. No right radial pulse but there is a good ulnar pulse.
Genitalia	1 testes is missing. No hernias.
Rectum	Normal including prostate.
Neuro	Normal in all respects.
Skin and Lymphatics	- Normal except he has onychomycosis of the toenails and some rash on the soles which he paints something orange on.

Addendum to history - he continues to smoke about a pack a day and is trying to switch to a pipe. Some routine tests are ordered.

1-30-85

T.R. given. All tests are normal except for the timed vital capacity which shows restrictive lung disease.

The patient is very upset about having to come out of retirement to take over a parish in Estacada. He feels that he is unable to do it. I think he is right and he responds poorly to stress and has chronic anxiety tension state. He takes the Xanax usually once a day and Halcion every night. Metamucil b.i.d. helps his bowel problem. His blood pressure is up to 184/70 right arm sitting today. I wrote a letter to Archbishop Power.

7-1-87 Father is 67 now. He is laboring from continued chronic stress. He wants to retire and I think he should and wrote another letter to that effect. He complains of abdominal discomfort and intermittent constipation and diarrhea. He saw Dr. Raglione who ordered an UGI series and the patient is not sure whether he had an actual ulcer or not. He was given a prescription for Clindex which he takes usually just at bedtime. He is going to return for a general exam and is to have a BE as well.

7-10-87 Father Grammond returns for his exam. The systemic review is positive for the following points. 1. hayfever. He has taken Benalyn for that. 2. eyes ache but vision is good. 3. occasional brief left precordial pains, some exertional dyspnea. and morning cough. He is smoking a little less than one pack of cigarettes per day. 4. "stomach burns" he takes some Mylanta. 5. nocturia q.2.h. for the past year. He also feels a lump like discomfort in the perineum when he sits. No slowing of urine stream or hematuria. 6. some discomfort in the left temporomandibular joint. He drinks about 3-4 cups of coffee per day, has alcohol just occasionally. He is taking no medication regularly.

On examination he is somewhat overweight at 158 undressed.

B/P 170/86 right arm supine, pulse about 70 regular.

HEENT Red smoker's throat. Otherwise normal including fundi.

Neck Good ROM. No thyromegaly or carotid bruits. clear to auscultation.

Lungs Normal with no murmurs.

Heart Cholecystectomy scar. Some hypogastric and abdominal and epigastric tenderness, no palpable masses or organs. No bruits.

Back Somewhat limited ROM.

Extremities No edema, good pedal pulses.

Absent right radial pulse.

Onychomycosis of the toenails.

Genitalia right testes is absent. No recurrent hernias, bilateral inguinal herniorrhaphy scar.

Rectum Normal except the prostate which is slightly enlarged and there is a rather large midline nodule lower pole.

Neuro Normal except I could not elicit knee jerks.

Skin and Lymphatics Normal.

PD-HO 0017

All of his tests are essentially normal except the BE shows mild sigmoid diverticulosis and his electrocardiogram shows worsening of the ST T changes.

Also his triglyceride level is over 400. I have suggested to him that he lose weight. and of course stop smoking and probably stop drinking coffee because of his gastro-

testinal symptoms. I also recommended that he take Metamucil regularly b.i.d. daily. I prescribed Xanax 0.5 mg. 1 q.i.d. prn tension and Vasotec 5 mg. daily for an elevated blood pressure. I have referred him to Dr. Gilbaugh who will probably biopsy the prostate nodule

3-18-88

The patient has been troubled by what he calls allergies with conjunctivitis, stuffy nose, itchy skin, particularly when he was in Reno recently. Otherwise, he seems to be doing pretty well, and is just helping out here and there and doesn't feel the extremes of pressure and stress that he did before. I prescribed Seldane 60 mg. b.i.d. if this doesn't work he will see an allergist such as Dr. Noonan.

4-5-88

The patient is still bothered by his eyes. His ophthalmologist, Dr. David has prescribed Cromolyn sodium eye drops and that may have helped some. He is thinking again of seeing an allergist. He continues to take Vasotec 5 mg. daily blood pressure is 160/60 right arm sitting. He remains a bit hyper, although the stress is pretty much gone. He asked for a prescription for Zantac which I provided 150 mg. b.i.d. prn. stomach discomfort. It seems to help.

6-21-88

The patient now nearing 68 comes for a general exam. Dr. Romanaggi is treating his hayfever with Polaramine and Opticrom 4% eyedrops 4-5 times per day and that seems to work pretty well.

He doesn't remember ever taking the Vasotec which I prescribed for his hypertension. He does take Xanax 0.25 mg. most nights but has to stop it occasionally because he seems to build up a tolerance. He continues to smoke 1 pack per day and has some exertional dyspnea but he denies cough or chest pain.

Last week he had ^{sharp} ~~spatting~~ pains in the right lower quadrant of the abdomen and a lot of gaseousness. He has intermittent diarrhea. There has been no blood in the stool.

Dr. Gilbaugh did an ultrasound of his prostate a year ago and it was okay. The patient continues to have nocturia x 3.

The rest of the systemic review is neg. except occasional numbness in the hands.

6-21-88

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On exam he looks well, weighs 155 undressed. B/P 168/78 right arm supine, pulse slow and regular.

HEENT	Normal in all respects including optic fundi.
Neck	Limited ROM. No thyromegaly or carotid bruits.
Lungs	clear to auscultation.
Heart	Grade II/VI blowing systolic murmur loudest at the base.
Abdomen	Right upper quad. cholecystectomy scar. Slight rightsided tenderness, no palpable masses or organs.
Back	Slightly limited ROM.
Extremities	No edema, good pulses except for an absent right radial. Very strong right ulnar pulse. Onychomycosis of the toenails.
Genitalia	One testes is missing bilateral inguinal herniorrhaphy scars. No recurrent hernias.
Rectum	Normal except the prostate which is irregular and the left side seems firm toward the midline.
Neuro	Normal except the only DTR's I could elicit were the ankle jerks.
Skin and Lymphatics	Normal.

Some routine tests are ordered along with an IVP and I talked to Dr. Gilbaugh who will examine his prostate again. He may need biopsy this time.

He is restarted on Vasotec 5 mg. daily and I will recheck the blood pressure later.

6-28-88 Most studies are normal. Chol. and triglycerides are mildly elevated and he has a low HDL. B/P is down to 154/68 left arm sitting, increase Vasotec to 10 mg. daily. Recheck 2-3 weeks. I think Dr. Gilbaugh is going to do a biopsy of the prostate.

7-19-88 Dr. Gilbaugh's prostatic biopsies were neg. for malignancy. The blood pressure is up to 172/80 left arm sitting, he is to increase the Vasotec to 20 mg. daily. Recheck one month.

7-22-88 T.C. Dr. Gilbaugh recommended that we give him some more Macrochantin because of a feeling of swelling in the prostate. I prescribed Macrochantin 100 mg. b.i.d. for 10 days. The biopsies were ng. for malignancy.

8-31-88

Blood pressure 164/68 left arm sitting, he seems quite excited. He has some little yellowish, cystic lesions around his eyes and is going to see a dermatologist again, Dr. Bell. He has been retired as of July this year. Recheck 2 months. JE:ds(DTS)

PD-HO 0019

C. Patient is having intermittent diarrhea still. Last night he had a lot of difficulty. He had taken 2 Polaramine tablets at bedtime. Instead of that I asked him to take Xanax .5 mg. and Zantac 150 mg. h.s. He also has some Bentyl which he may try but I informed him about possible urinary obstructive symptoms.

