

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 hemoccult tests.

12-13-83 3 stool hemoccult 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} sparring 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.

Grammond, Father Maurice
10-7-88]

T.C. Patient has a lot of low back pain. I prescribed Advil 2 tablets q.i.d. with food also Vicodin #20 1 q.4.h. prn. pain and local heat application. He also had a little stomach ache and diarrhea particularly after having a couple of drinks. He is still taking the Zantac.

10-25-88 Father still feels a lot of tension. He says he has problems at altitudes such as 5000 feet fishing area and also Reno. He wakes up and has to get out of the room. He isn't sure whether it is shortness of breath but thinks it is just an anxiety attack. He wants to have endoscopy because he has ongoing gastrointestinal symptoms. He even has a little dysphagia. Upper and lower endoscopy are scheduled and he is to have a stress ECG.

11-14-88

The patient is all in a stew about things in general. He decided the Xanax and Vasotec were causing him to have gas and diarrhea at night although he was also taking antacids which might have done that. He stopped everything and feels better in that regard. His B/P however, is up to 210/90 left arm sitting. He is to try Aldomet 250 mg. t.i.d. I assured him that the Xanax would not cause diarrhea and he may take that at night if needed for sleep. Return one week.
JHE:hh

11-21-88 The patient tried the Xanax again and swears that it makes him sick as does Vasotec. He has not started the Aldomet yet. His blood pressure is 188/80 left arm sitting. He is going to take the Aldomet now and let me recheck his blood pressure in 1 week. I also gave him a prescription for Dalmane 15 mg. #30, 2 refills as he simply can't sleep without help. JHE:hh

11-28-88 The patient is taking his Aldomet fairly regularly. He takes Dalmane irregularly which is good and it does help him sleep well. B/P is down some to 162/84 left arm sitting. I have asked him to obtain his own digital readout sphygmomanometer and check his own blood pressure and bring me the readings in a month. JHE:hh

1-4-89 The Dalmane works very well. He wonders if taking Ativan which is something a friend of his has taken might help him stop smoking. I gave him a prescription for Ativan 1 mg. 1 q.i.d prn. tension, he may try it at night in place of the Dalmane, #100, no refills. B/P is 170/76 left arm sitting. He is not taking Aldomet for some reason, and in fact is taking no anti-hypertensive medication. Return 2 weeks, see if the Ativan has helped.

PD-HO 0021

Grammond, Father Maurice
1-17-89

The patient feels reasonably well. The Aldomet seems to be working. B/P is 148/66 left arm sitting. Dalmane works very well but he knows he can't take it every night, or will develop tolerance to it. Return two months. JHE:hh

2-17-89

The patient still requires something to help him sleep. He is alternating Ativan and Dalmane. I suggested that he try Benadryl 50 mg. h.s. B/P is 144/74 left arm sitting, continue Aldomet, recheck 2 months. JHE:hh

3-1-89

The Benadryl which I suggested that he try for sleep did not help at all. He is doing fairly well with Ativan 1 mg. and Tylenol. His BP is 200/75 left arm sitting, later 174/74 after trying to relax a little. He is a little hyper even more so than usual today. Still I decided to increase his Aldomet to 500 mg. t.i.d. He asked for some more Dalmane as he is still experimenting with things to see what will make him sleep better and is going to try 30 mg. h.s. #30, 2 refills. JHE:hh
Return two weeks.

3-10-89

The patient didn't tolerate the higher dose of Aldomet well so he reduced it to 250 mg. t.i.d. Today his pressure is 166/76 left arm sitting. Continue same treatment.

3-17-89

Father is much more relaxed today having just gotten back from Reno. His B/P is 160/76 left arm sitting. Continue Aldomet, he complains of allergic nasal and eye symptoms in the morning and blames it on the shrag rugs. Dr. Romanaggi gave him some kind of antihistamine to take for that.

4-24-89

T.C. About 10 days ago Dr. Unger prescribed Erythromycin for bronchitis. He is allergic to Penicillin. He still has a lot of white phlegm which he coughs up and blows out of his nose. He wants something to help dry that up. I prescribed EES 400 mg. q.i.d. with food for 5 days, Ornade 1 b.i.d. prn. congestion, Hycomine cough syrup 4 oz.

PD-HO 0022

The patient complains that he still has cough and sometimes the sputum looks yellow so he is to take another course of Erythromycin, also some Hycomine compound tablets #14. He also complains bitterly of dry mouth which I think must be due to the Aldomet since that is all he has had today and his mouth is very dry now. BP however, is good at 130/64 left arm sitting. He is to stop Aldomet and try Tenex 1 mg. daily h.s. Recheck BP in two weeks.

6-2-89

He complains of nasal congestion. He is to try Seldane 60 mg. b.i.d.s. BP is 156/70 left arm sitting, he is taking the Tenex 1 mg. daily in the morning. He takes Dalmane every night. He is going to return in a month for a general exam. Continue Tenex

6-28-89

The patient now 68 returns for his exam. He continues to complain of pain at the base of the left thumb and also chronic nasal congestion. When he finds he is spitting up yellow phlegm he takes EES for a while. Other medications include Tenex 1 mg. daily, h.s. Dalmane 30 mg. h.s. Ativan 1 mg. prn. tension.

He still has some gaseous abdominal discomfort and also some tightness in the chest in the morning. He admits a little cough and exertional dyspnea. He continues to smoke 1 pack of cigarettes per day. He takes Metamucil and Milk of Mag. occasionally if he gets constipated. His eyes have been better since he has been using some kind of drops. They have been red and sore.

On examination he weighs 156 undressed. BP 168/76 right arm supine, pulse 70 regular.

HEENT	Normal except smoker's throat. Fundi neg.
Neck	Fairly good ROM. No thyromegaly or carotid bruits.
Lungs	Mild inspiratory and expiratory wheezing. Breath tones are good.
Heart	Normal except a soft grade II/VI apical systolic murmur.
Abdomen	Right upper quad scar and some tenderness. No palpable masses or organs.
Back	No bruits.
Extremities	some limitation of motion.
	No edema, absent right radial pulses and the pulses in the right foot are reduced as compared to the left.
	He is tender at the base of the left thumb and there is some deformity there suggesting osteoarthritis. He has onychomycosis of the toenails.
Genitalia	Only 1 testicle is present. Bilateral herniorrhaphy scars.
Rectum	No hernias.
	Normal except the prostate is mildly enlarged and slight firmness medially at the base.
Neuro	DTR's are hard to elicit except ankle jerks which were equal. No other abnormalities.
Skin and Lymphatics	Normal.

PD-HO 0023

He has not had his tests yet and will get those including an x-ray of the left thumb, and I may have to send him somewhere for that as he has the idea that orthopedists might be able to help him. I am going to recheck his BP in 2 weeks. I refilled all meds.

7-12-89

The patient is very uptight about various details of his life. BP is 186/80 left arm sitting, electrocardiogram shows evidence of strain. Other tests are all essentially normal except for a low HDL and a high triglyceride level. X-rays of his hands show only little arthritis. *Referred* to Dr. Sam Gill for possible treatment because it seems to bother the patient a great deal. He is to stop Tenex and start Clonidine 0.1 mg. t.i.d. recheck BP in 3 weeks.

8-16-89

Dr. Gill injected the arthritic thumb joint with a steroid and it helped quite a bit. It may be done again. The patient didn't tolerate the Clonidine which seemed to upset his stomach so he stopped it and restarted Tenex. Today the BP is pretty good at 134/70 left arm sitting. Recheck 2 months.

8-21-89

The patient has been constipated lately. I suggested Metamucil regularly b.i.d. and gave him some samples.

11-21-89

The patient excitedly detailed a whole bunch of what he perceives as unfortunate experiences lately. This was before I checked his BP at 176/76 left arm sitting. He continues to take Tenex 1 mg. daily at night. I refilled his prescriptions for Ativan 1 mg. 100, and Dalmane 30 mg. #30, with 3 refills on each. He uses the medications irregularly.

He complains of abdominal gaseous discomfort and had essentially neg. endoscopy of both upper and lower GI tract 1 year ago. I am going to try Bentyl 20 mg. q.i.d. 1/2 to 1 hour a.c. and h.s. He does not have symptoms of prostatism at this time. He declines a flu shot since he has never had one.

1-02-90

T.C. The patient is going to have a cataract removed and a lens implant. He says the Bentyl helped his gastrointestinal symptoms to some extent.

6-19-90

The patient had his right cataract surgery by Dr. David in January and is not pleased with the result. He is going to see Dr. Tanner. He says the only improvement in his vision is that the color is a little more vivid. He ran out of Tenex about 2 weeks ago. His BP is 184/70 left arm sitting. I called in a prescription refill for that as well as Ativan #100, 3 refills. He is going to return for a general exam and because of abdominal discomfort he is going to have GI xrays.

PD-HO 0024

The patient now nearly 70 saw Dr. Tanner who changed his glasses and says that it helped. He notices that the vision in the left eye is slightly reduced and that he has a small cataract there. He continues to take medications as before, including the Tenex, Ativan and Dalmane. He has occasional brief chest pains not associated with exertion. He continues to smoke, less than 1 pack per day, he denies much in the way of cough or dyspnea. He has a little discomfort in the left hip occasionally relieved by application of heat. He gets an allergy shot about once a week and that takes care of his allergic rhinitis.

On examination he looks well, weighs 153 undressed. BP 142/64 right arm supine, pulse slow and reg.

HEENT	Slight cataract on the left,
Neck	Fair ROM. No thyromegaly or carotid bruits.
Lungs	clear to auscultation
Heart	Grade II/VI systolic murmur loudest at the upper right sternal border.
Abdomen	right upper quad. scar. No tenderness, bruits palpable masses or organs.
Back	some limitation of motion,
Extremities	NO edema, No right radial pulse but good ulnar pulse on that side. All of his pedal pulses are somewhat reduced on the right but good on the left.
Genitalia	one testicle missing, bilateral herniorrhaphy scars, no hernias.
Rectum	Normal except prostate which is rather firm and there is amidline nodule on the lower portion.
Neuro	Normal except DTR's were difficult to elicit except his ankle jerks were definitely present.
Skin and Lymphatics	Normal.

All of his tests are essentially normal except the UGI series shows duodenal deformity from old ulcer disease and he has a few sigmoid diverticulae also his HDL is low at 30, triglycerides up to 227, total chol. 189. We talked about the desirability of stopping smoking. I have referred him to Dr. Gilbaugh to recheck prostate.

10-30-90

The patient just had a prostate biopsy and doesn't feel very well so he wanted to leave early. I did okay refills on his Dalmane 30 mg. #30 x 3.

7-19-91 Lorazepam - J.H.G./me

PD-HO 0025

9-10-91

The patient doesn't like his mobile home. He says he can't sleep well there. He no longer has any Dalmane. He has been taking Ativan 1 mg. h.s. Hydroxyzine 25 mg. h.s. Seldane 60 mg b.i.d. prn. nasal congestion and also some kind of nasal sprays from Dr. Romanaggi. He uses Lotrisone cream for an inguinal rash and another kind of steroid cream for a rash on his right elbow. These were prescribed by Dr. Ilge.

For some reason he is no longer taking Tenex. His BP is 190/80 left arm sitting. I represcribed Tenex 1 mg. h.s. also Dalmane 15 mg 1 or 2 h.s. prn. sleep #100 2 refills. I also refilled his Ativan which he may use occasionally for

anxiety 1 mg. #100. 2 refills.

9-24-91

Father has moved from his mobile home and feels much better. Apparently it was very dusty. BP is down to 138/64 left arm sitting. Continue same treatment returning about 3 months.

10-30-91

The patient is all excited about having trouble staying in his mobile home, etc. He is now living in a motel. He is worried about the expense of that. After lots of talk along these lines, I checked his BP and it was 190/90 left arm sitting, 186/84 standing. He is to take Dalmane 30 mg. h.s. and resume his Tenex 1 mg. h.s. He may take his Ativan in the daytime when he gets very tense. He was taking some Erythromycin for a cold and has some upset gastrointestinal symptoms so I suggested that he stop the Erythromycin. Recheck BP in 1 month.

11-1-91

The patient is having a lot of gastrointestinal distress with both mid and upper abdominal pain and nausea. He wants to have endoscopy which we did 3 years ago. It is scheduled for next week

11-12-91

T.C. Patient is upset about problems with his mobile home, and he also fell and skinned his knee and has been going to the hospital to have it checked and they checked his BP and find it quite high sometimes as high as 220 systolic. He is to restart Aldomet 250 mg. t.i.d. Continue Tenex 1 mg. h.s.

12-13-91

Patient has taken the Aldomet usually just twice a day, his BP is 170/72 left arm sitting. I have asked him to try taking it 3 times a day. Dr. Romanaggi is treating him with Hydroxyzine 25 mg. h.s. and Seldane 60 mg. b.i.d. prn.

The patient was scheduled previously for uGI endoscopy because of continuing abdominal discomfort. He had to cancel it. We will reschedule it now. He also has rectal seepage.

Grammond, Father Maurice]
12-30-91]

Recent panendoscopy was normal, and the colonoscopy showed only some sigmoid diverticula. I think he has an irritable bowel syndrome. I am going to try Bentyl 20 mg q.i.d. 1/2 hr. a.c. and h.s.

PD-HO 0027

The Portland Clinic

800 S.W. 13th Avenue
Portland, Oregon 97205
Telephone (503) 221-0161

George F. Donahower, M.D.
Internal Medicine
Endocrinology and Metabolism

March 16, 1983

MAR. 18 1983

Archbishop Cornelius Power
2838 E. Burnside
Portland, Oregon 97214

My dear Archbishop:

Re: Father Maurice Grammond

Father Grammond has been a patient at The Portland Clinic since 1952 and has been under my primary care for the last five years. He indicates to me that he may be called upon to leave his parish work in Seaside for another assignment. He feels that this would be very upsetting to him emotionally and deleterious to his health. He has asked me if I agree with that and if I do would I share my concern with you.

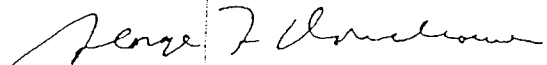
As you know, Father Grammond is approaching 63 years old. He does have several significant medical problems. Much the most distress has come from many years of peptic ulcer disease from which he is never completely free of symptoms. In just the last two months he had a flareup in his ulcer and an upper GI x-ray showed scarring and inflammation. He was given appropriate medical therapy and his symptoms are subsiding.

He also has many years of smoking exposure and with that has developed some shortness of breath on exertion and some chronic hoarseness.

He has also had several urologic concerns with some enlargement of the prostate and most recently the surgical removal of the testicle.

I am concerned that Father Grammond has all he can handle in his present work at Seaside. I mean that from both a physical and an emotional standpoint. A change in location and change in duties at this late point in his career would, I think, prove to be profoundly upsetting. As his physician, I recommend that he not be transferred.

Sincerely yours,



George F. Donahower, M. D.

GFD:mar
16-95-79

PD-HO 0028

March 31, 1983

George F. Donahower, M.D.
The Portland Clinic
800 S.W. 13th Ave.
Portland, Oregon 97205

Dear Doctor Donahower:

I appreciate very much your recent letter with regard to the state of health of Father Maurice Grammond, a patient of yours.

It is true that we have just established a new policy in the Archdiocese to the effect that pastors who have been in their present parish assignments for ten years or more should be considered for a transfer to another parish, and that Father Maurice Grammond is in that category. We certainly will take into account your report on Father Grammond in any approach we make to him about any possible assignment to another parish in the Archdiocese of Portland (western Oregon).

Wishing you all of the joys and blessings of this holy season, I am

Sincerely and gratefully yours,

+Cornelius M. Power
Archbishop of Portland

(copy of above, and letter of Dr. Donahower, to Fr. Wood 3/31-C0)

PD-HO 0029

JOHN H. ELLISON, M.D.
Physician
Practice Limited to Internal Medicine and Gastroenterology
9340 S.W. Barnes Road
Portland, Oregon 97225
297-4833

January 30, 1985

To Whom It May Concern

Re: Father Maurice Grammond

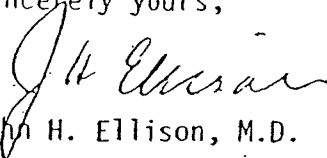
I have known Father Grammond since 1979. He has had several significant illnesses and surgeries during this period of time. He currently is physically healthy except for some evidence of chronic lung disease due to smoking. This is based on a timed vital capacity test which shows reduced lung function. His blood pressure has been elevated at times.

The main difficulty, however, is the extreme stress which he feels. This has been chronic and increasing. The prospect of having to move to a new parish and take over duties there is in my opinion beyond his capacity at this stage of his life. I think that he is really not capable of performing full clerical duties and should be retired.

I realize that the latter statements are perhaps beyond my province but I feel very strongly about it, and thought I should be frank.

Thank you for your consideration.

Sincerely yours,


John H. Ellison, M.D.

JHE:hh

PD-HO 0030

UROLOGIC CONSULTANTS, P. C.

PHYSICIANS AND SURGEONS

JAMES H. GILBAUGH, JR., M.D., F.A.C.S.
MICHAEL KEANE, M.D., F.A.C.S.
GERALD R. SCHWARZ, M.D., F.A.C.S.

St Vincent Medical Office Building
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March 20, 1985

Personnel Board
Chancery Office
2838 E. Burnside 97214
Portland, Oregon

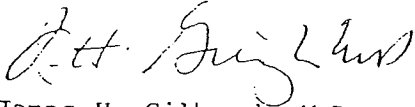
Re: Father Maurice R Grammond

To Whom It May Concern:

I have treated Father Grammond for some years including two surgeries and prostate surgery. He appears to be rather anxious with a chronic anxiety state and also appears to be working too hard for his age. I would recommend a leave of absence from his responsibilities as Parish Priest for at least six months, with hopes that he again can return to full duty later. He has had chronic or urinary tract difficulties including prostatitis and orchitis on the left side requiring orchiectomy.

I hope this information is of help to you.

Sincerely yours,



James H. Gilbaugh, M.D., F.A.C.S.
JHG:pv

PD-HO 0031

