

Form H-1
(1940)

K 2
509

R

HUBBARD,

(Surname in capital letters)

688

LaFayette Ronald

(Christian name(s) in full)

Nebraska

(Place of birth)

3-13-11

(Date)

HEALTH RECORD, U. S. NAVY
113392

OFFICER

Rank

Date

LIEUTENANT, USNR.

9-22-41

CHANGES IN RANK

LT. D-V(S)

Blood Type "B"

ENLISTED MAN

(Service number)

Rate

Date

CHANGES IN RATE

13th

(Bil)

**FOR INSTRUCTIONS SEE CHAPTER 14,
MANUAL OF THE MEDICAL DEPARTMENT**

NEXT OF KIN, changed to—

Name LOUISE G. HUBBARD (WIFE)

Address Rt. 1 - Box ⁵²¹~~449~~, Port Orchard, Wash.

Name _____

Address _____

16-9917

*Commodant Team
9-29-45
CXB*

Form H

MEDICAL HISTORY SHEET.

Page _____

Surname _____

Christian name-s _____

GIVE NAME OF PLACE. ~~Quantity~~ DATE EACH NEW ENTRY.

Examined and found physically ~~sound~~ for
active duty.

Don S. Knowlton; Lt. Col. M. C. USAR
R.

Regt. Surgeon, 20th Marines
~~Regt. Surgeon, 20th Marines~~

Page _____

MISS MOORE

Form H

PHYSICAL EXAMINATION SHEET

To be completely made up by medical officer at time of enlistment, enrollment, appointment, commission, or promotion.

Hubbard
L. Ronald
(Surname)
(Christian name)

Rank or rating _____ Previous service Nat Guard

Born: Place Neb. Date Mar 13, 1909

Nationality _____ Religion Protest
(Denomination)

Next of kin or friend Suutenant H.R.

Place Naval Hospital Date _____

Complexion Ruddy Hair Red General appearance _____

Medium Stature
Grey

Eyes _____
(Color, condition of lids, anatomical or other defect)

Vision: Right 20 / 20, corrected to _____ / 20. Color perception N

Left 20 / 20, corrected to _____ / 20.

Ears: Right neg Left neg
(Condition of drum, discharge, etc.)

Hearing: Right 15 / 15, Left 15 / 15.

Mouth, nose, throat, neck _____
(Condition of septum, tonsils, etc., thyroid or other glands)

Teeth: Right _____ Left _____

Upper: M M M B B C I I I C B B M M M

Lower: M M M B B C I I I C B B M M M

Height 5ft 10. Weight 165. Skin @ clear.

Glands: Cervical _____ Axillary _____ Epitrochlear _____ Inguinal _____

Chest at expiration 35 in, at inspiration 38.5 in

Heart and blood vessels neg

Blood pressure: Diastolic 80 Systolic 120

Pulse before exercise 76, after exercise 122, after rest _____

Lungs neg

Abdomen and pelvis neg

Genito-urinary system neg

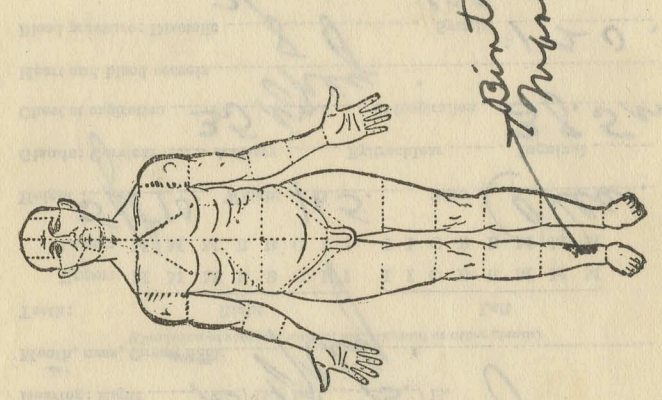
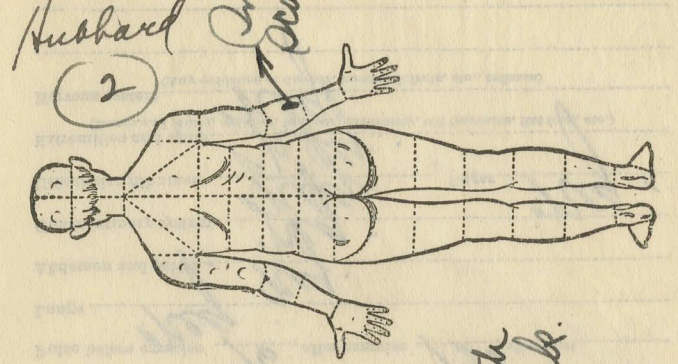
Urinalysis: Albumen neg Sugar neg

Extremities and spine _____
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Nervous system _____
(Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above _____
(Underheight, underweight, defective vision, etc.)

I certify that I have personally made this physical examination.

Signature _____
(Senior medical examiner)

TERMINATION OF HEALTH RECORD

Place Washington, D.C.

Date 22 October 1931

Termination by reason of S.O. memo - 11-21 Sept 1931
(Promotion, resignation, expiration of enlistment, physical disability, etc.)

Physical defects, if any None noted

Signature A. J. G. O. Paulfield
(Senior medical examiner)

(148)

Form H-2
(1940)

PHYSICAL EXAMINATION

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

HUBBARD (Surname) _____ (Serial number) _____

Lafayette Ronald (Christian name(s))

Enlisted USNB, HQ, Ft. (Station) _____ Date 7-19-41

Appointed _____
Promoted _____
Rank Lt. (jg) 1-V(s) USNB Previous service None

U.S. N. U.S. M. C. U.S. A.

Born: Place Nebraska Date 3-13-11

Nationality White US Religion Protestant (Denomination)

Next of kin or friend Wife; Louise HUBBARD

1212 Gregory Way, Bremerton, Wash.

Complexion _____ Hair Red General appearance Good

Head and face Normal

Eyes Grey Normal (Color, condition of lids, anatomical or other defect)

Vision: Right 17/20, corrected to 20/20. Color perception Normal

Left 15/20, corrected to 20/20.

Ears: Right Normal Left Normal (Condition of drum, discharge, etc.)

Hearing: Right 152/15. Left 15/15.

Mouth, nose, throat Normal (Condition of septum, tonsils, etc.)

Height 70 1/2 Weight 170 Temperature 98.6

Chest at expiration 36 1/2 at inspiration 40

Skin and glands Normal

Neck (thyroid, trachea, larynx) Normal

Spine and extremities Normal (Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Thorax (shape, movement, etc.) Normal

Respiratory system Normal

Heart and blood vessels Normal

Pulse before exercise 88 after exercise 104 after rest 92

Blood pressure: Systolic 110 Diastolic 56

Abdomen and pelvis Normal

Genito-urinary system Normal

Urinalysis: Albumen Negative Sugar Negative

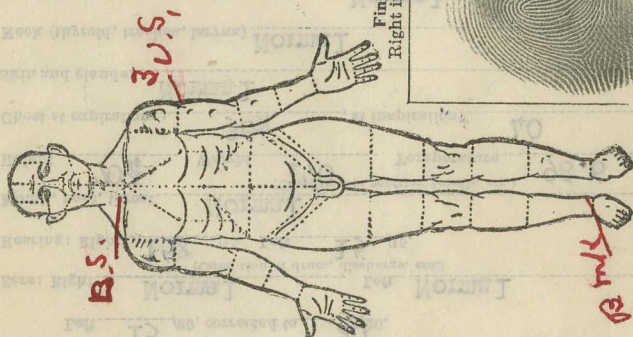
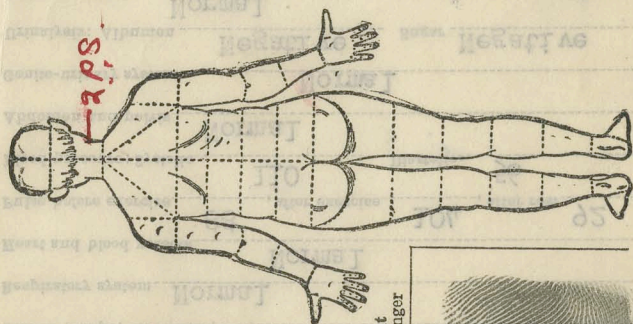
Nervous system Normal (Any evidence of disease, mental defects, etc., reflexes)

16-9917

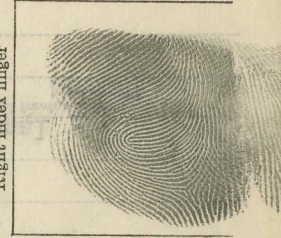
Hubbard LR

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Fingerprint
Right index finger



Date and nature of any waiver, and defects not noted above (Underheight, underweight, defective vision, etc.)

Vision R.E. 17/20; L.E. 15/20 both corrected to 20/20.

NAVAL RESERVE HEADQUARTERS

Place Navy Yard, Wash. D.C. Date 4-18-41

I certify that I have personally made this physical examination.

(Signature) C.W. SMITH, Comdr. (MC) USN (Ret)

Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place _____

Date _____

Termination by reason of (Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight _____

(Signature) _____ Senior Medical Examiner.

GPO 16-9917

(58)

113392

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

98 HUBBARD

113392

Lafayette Ronald

(Christian name(s))

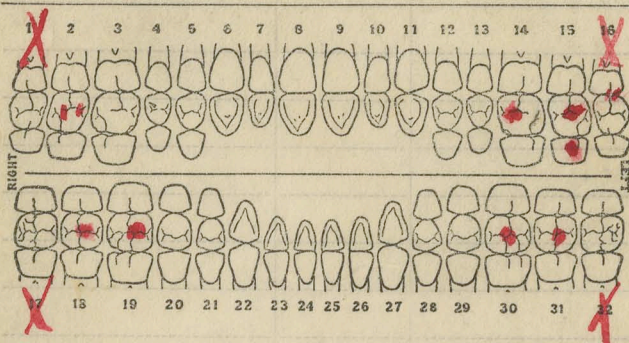
Born: Place Nebraska

Date 3-13-11

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION



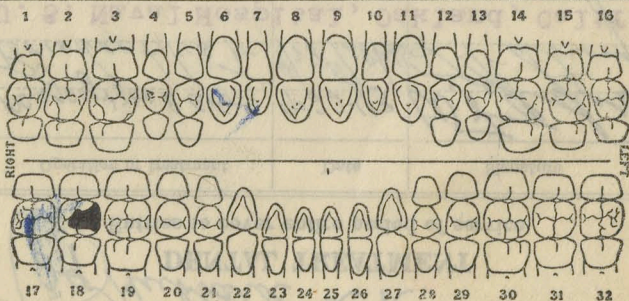
REMARKS:

APR 18 1941

R. Blair

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



29 Hubbard L R
DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
#18 Mo. agnogy 300 8 am Parodontitis Tr	7-22-43	W. F. Ader
U. S. Naval Hospital, Oakland, Calif.	4-28	S. W. Strong Jr
Essential dental treatment, operative & prosthetic, completed this date		
STAFF HQTRS. DENTAL CLINIC, 12ND.		
DENTALLY QUALIFIED FOR TRANSFER.		
12/6 1945		R. K. Voth

MEDICAL HISTORY

HUBBARD

Lafayette Ronald

(Christian name(s))

Born: Place Nebraska Date 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

NAVAL RESERVE HEADQUARTERS

Navy Yard, Washington, D. C.

April 18, 1941.

Examined and found NOT physically qualified for appointment as an officer Class I-V(S) USNR.

DEFECTS NOTED: Vision R.E. 17/20; L.E. 15/20 both corrected to 20/20.

C. W. SMITH,

Commander (MC) U. S. Navy (Retired)

President

Board of Medical Examiners

NAVAL RESERVE HDQTRS

Navy Yard, Washington, D.C.

9-22-41: Examined this date and found physically qualified for active duty.

DEFECTS: Vision Rt eye 15/20 Lt eye 14/20 both corrected to 20/20.

C. T. SMITH,

Commander, (MC), USN. (Retired)

MEDICAL HISTORY

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

MEDICAL HISTORY

REPORT OF PHYSICAL EXAMINATION

Purpose of this examination APPOINTMENT AS AN OFFICER I-V(S)USIA Date of examination 4-18-41

Place of duty _____ Place of examination Reserve Hdqrs. Ny. Yd. Wash. DC

Name 30 HUDDARD, Lafayette Ronald Rank Civilian Corps _____
(Surname first, Christian names in full)

Place of birth _____ Date of birth 3-13-11

Family history Farmer and Mother living and well

History of illness or injury Usual diseases of childhood

Head and face Normal

Eyes: Pupils (size, shape, reaction to light and distance, etc.) Equal. React to light and accommodation

Distant vision Rt. 17 /20, corrected to 20 /20 by J-1

Lt. 15 /20, corrected to 20 /20 by J-1

Binocular vision _____ Color perception Normal (Stillings 1929)
(Without lenses—Recorded only when visual defects exist) (State edition of Stillings' plates used)

Disease or anatomical defects None

Ears: Hearing Rt. Watch /40" Coin click /20' Whispered voice 15 /15' Spoken voice /15'

Lt. Watch /40" Coin click /20' Whispered voice 15 /15' Spoken voice /15'

Binaural /15'. Disease or defects None
(Spoken voice)

Nose Normal
(Disease or anatomical defect, obstruction, etc. State degree)

Sinuses Normal

Tongue, palate, pharynx, larynx, tonsils Normal. Tonsils removed

Teeth and gums (disease or anatomical defect): Slight malocclusion, not disqualifying

Missing teeth 1-16-17-32
(List numbers)

Nonvital teeth None
(List numbers)

Periapical disease None
(Degree)

Marked malocclusion YES
(Yes or no)

Lack of serviceable occlusion No
(Yes or no)

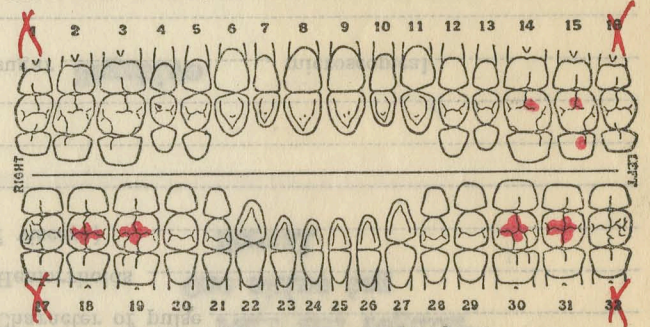
Pyorrhea alveolaris None
(Degree)

Teeth replaced by bridges None
(List numbers)

Meets dental requirements YES
(Yes or no)

Dentures None
(Description)

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



C. F. LYNCH, Lieutenant (DC) U.S.N.
(Signature of dental examiner)

General build and appearance Heavy (State whether slender, medium, or heavy, and postural abnormalities)

Temperature 98.6 Chest at expiration 36

Height 70 Chest at inspiration 40

Weight 170 Circumference of abdomen at umbilicus 32

Recent gain or loss, amount and cause None

Skin, hair, and glands Normal

Neck (abnormalities, thyroid gland, trachea, larynx) Normal

Spine and extremities (bones, joints, muscles, feet) Normal

Thorax (size, shape, movement, rib cage, mediastinum) Normal

Respiratory system, bronchi, lungs, pleura, etc. Normal

(21) Hubbard

Cardio-vascular system Normal

Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 88 Blood pressure: Before, S 110, D 56

After exercise 106 Three minutes after, S 114, D 58

Three minutes after 92 (Manual of the Medical Department par. 1520(6))

Condition of arteries Normal Character of pulse Full and regular

Condition of veins Normal Hemorrhoids One skin tag

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Externally normal

Urinalysis: Sp. gr. 1.016, alb. Negative, sugar Negative, microscopical

Venereal disease None

Nervous system Normal (Organic or functional disorders)

Romberg Negative Incoordination (gait, speech) None noted

Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None

Serological tests (when required)

Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None evident

Smallpox vaccination { Date last vaccination 1936 Typhoid prophylaxis { Number of courses Three

{ Reaction Immune { Date of last course 1933

Remarks on abnormalities not otherwise noted or sufficiently described above None

Summary of defects Vision R.E. 17/20; L.E. 15/20 both corrected to 20/20.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) NO

Findings and recommendations (as per Courts and Boards, when necessary) We hereby certify that Mr. Lafayette

Ronald HUBBARD, IS NOT physically qualified for appointment as an officer Class I-7(S)

USNR C. W. SMITH, Commander (MC) USN (Retired)

MEMBERS STATUTORY BOARD OF MEDICAL EXAMINERS A. E. PAGAN, Lieut-Comdr, MC-7(S) USNR

M. H. McLEAN, Lieut-Comdr, MC-7(S) USNR

Remarks or endorsement

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

SPECIAL BOARD OF MEDICAL EXAMINERS,
NAVY DEPARTMENT
WASHINGTON, D.C.

June 11, 1941

The Board met at 10:00 A.M. this date, pursuant to an order, copy prefixed marked "A".

Present:

Lieutenant Commander **Guy E. STAHR**, (MC) U.S. Navy,
member

~~Lieutenant Commander~~ **J. R. SAYERS**, (MC) U.S. Navy,
member and recorder. (30)

The Board convened for the consideration of the case of **Lafayette Ronald HUBBARD**, who was given a physical examination by **Comdr. C. W. Smith, (MC), USN, (Retired), Lieut. Comdr. A. E. Pagan, MC-V(S), USNR, and Lieut. Comdr. M. M. McLean, MC-V(S), USNR.**

The recorder read the precept.

The Board and recorder were duly sworn.

The Board having deliberated on the evidence before it (the report of **the above Medical Examiners,** and the medical record on file in the Bureau of Medicine and Surgery) decided that the physical qualifications of the candidate to perform all his duties at sea have ~~(above mentioned)~~ been established to its satisfaction, **as it is considered that defective vision, right eye 17/20, left eye 15/20, each corrected to 20/20, is insufficient to disqualify.**

We certify that **Lafayette Ronald Hubbard** is ~~(is not)~~ physically qualified to perform all his duties at sea and do ~~(do not)~~ recommend him for **appointment in the U. S. Naval Reserve.**

Guy E. STAHR
Lieutenant Commander, (MC), U.S. Navy,
President.

J. R. SAYERS
Lieutenant ~~Commander~~ (MC), U.S. Navy,
Member and recorder.

SECOND ENDORSEMENT. R: **MSC June 11, 1941**

P3- 1170087

From: The Chief of the Bureau of Medicine and Surgery.
To: The Chief of the Bureau of Navigation.

Via: **The Chief of Naval Operations.**

Subject: Record of proceedings of a Special Board of
Medical Examiners convened at Navy Department,
Washington, D. C., **June 11, 1941,** (33)
in the case of **Lafayette Ronald HUBBARD** for
appointment as Lieutenant, I-V(S), U. S.
Naval Reserve.

1. It is recommended that the findings of the Special Board of Medical Examiners be approved and that **Lafayette Ronald Hubbard** be found physically qualified for appointment in the U. S. Naval Reserve.

ROSS T. McINTIRE
Chief of Bureau

S. R. MILLS
By direction.

1170087 yad

REPORT OF PHYSICAL EXAMINATION

Purpose of this examination ACTIVE DUTY Date of examination 9-22-41

Place of duty (34) Place of examination USNR HDQTRS, Ny. Yd. Wash. D.C.

Name HUBBARD, LaFayette Ronald Rank Lt(jg) I-V(S)USNR Corps _____
(Surname first, Christian names in full)

Place of birth Nebraska Date of birth 3-13-11

Family history Irrelevant

History of illness or injury None since last examination

Head and face Normal

Eyes: Pupils (size, shape, reaction to light and distance, etc.) Equal. React to light and accommodation

Distant vision Rt. 15 /20, corrected to 20 /20 by J-1

Lt. 14 /20, corrected to 20 /20 by J-1

Binocular vision _____ Color perception Normal (Stillings 1929)
(Without lenses—Recorded only when visual defects exist) (State edition of Stillings's plates used)

Disease or anatomical defects None

Ears: Hearing Rt. Watch 40'' Coin click 20' Whispered voice 15 /15' Spoken voice 15 /15'

Lt. Watch 40'' Coin click 20' Whispered voice 15 /15' Spoken voice 15 /15'

Binaural 15'. Disease or defects None
(Spoken voice)

Nose Normal (Disease or anatomical defect, obstruction, etc. State degree)

Sinuses Normal

Tongue, palate, pharynx, larynx, tonsils Tonsils removed

Teeth and gums (disease or anatomical defect): No change in teeth since last examination

Missing teeth _____ (List numbers)

Nonvital teeth _____ (List numbers)

Periapical disease _____ (Degree)

Marked malocclusion _____ (Yes or no)

Lack of serviceable occlusion _____ (Yes or no)

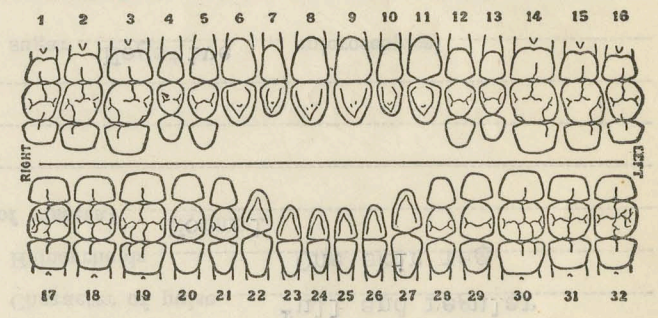
Pyorrhea alveolaris _____ (Degree)

Teeth replaced by bridges _____ (List numbers)

Meets dental requirements _____ (Yes or no)

Dentures _____ (Description)

See from Y 7-12-41
Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



General build and appearance Heavy (State whether slender, medium, or heavy, and postural abnormalities)

Temperature 98.6 Chest at expiration 36 1/2

Height 70 1/2 Chest at inspiration 40

Weight 168 Circumference of abdomen at umbilicus 32

Recent gain or loss, amount and cause None

Skin, hair, and glands Normal

Neck (abnormalities, thyroid gland, trachea, larynx) Normal

Spine and extremities (bones, joints, muscles, feet) Normal

~~EA~~ Hubbard (35)

Thorax (size, shape, movement, rib cage, mediastinum) Normal
Respiratory system, bronchi, lungs, pleura, etc. Normal

Cardio-vascular system Normal
Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 88 Blood pressure: Before, S 120, D 70
After exercise 104 Three minutes after, S 118, D 72
Three minutes after 92 (Manual of the Medical Department par. 1520(6))

Condition of arteries Normal Character of pulse Full and regular
Condition of veins Normal Hemorrhoids One skin tag
Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Normal
Urinalysis: Sp. gr. 1.014, alb. Negative, sugar Negative, microscopical
Venereal disease None

Nervous system Normal (Organic or functional disorders)
Romberg Negative Incoordination (gait, speech) None noted
Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None
Serological tests (when required)
Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None evident

Smallpox vaccination { Date last vaccination 1936 Typhoid prophylaxis { Number of courses Three
Reaction Immune Date of last course 1933

Remarks on abnormalities not otherwise noted or sufficiently described above None

Summary of defects Vision defect-Rt eye 15/20 Lt eye 14/20 both corrected to 20/20.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) Yes

Findings and recommendations (as per Courts and Boards, when necessary) Physically qualified for active duty.

C.W. SMITH, Commander, (MC), USN. (Retired)

Remarks or endorsement I certify this examination to be correct.
L.R. HUBBARD, Lt(jg) I-(S)USNR

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

(178)

REPORT OF PHYSICAL EXAMINATION

1170087 y. rad

Purpose of this examination: RELEASE FROM ACTIVE DUTY Date of examination: 10-6-41
Place of duty: 30 Place of examination: USNR HDQTRS, Ny. Yd. Wash, D.C.
Name: HUBBARD, Lafayette Ronald Rank: Lt(jg) I-V(S)USNR Corps:
Place of birth: Nebraska Date of birth: 3-13-11
Family history: Irrelevant

History of illness or injury: None since last examination

Head and face: Normal

Eyes: Pupils (size, shape, reaction to light and distance, etc.): Equal. React to light and accommodation

Distant vision Rt. 14 /20, corrected to /20 by J-1

Lt. 15 /20, corrected to /20 by J-1

Binocular vision: Normal (Stillings 1929) Color perception: Normal (Stillings 1929)

Disease or anatomical defects: None

Ears: Hearing Rt. Watch /40'' Coin click /20' Whispered voice 15 /15' Spoken voice /15'

Lt. Watch /40'' Coin click /20' Whispered voice 15 /15' Spoken voice /15'

Binaural /15'. Disease or defects: None

Nose: Normal (Disease or anatomical defect, obstruction, etc. State degree)

Sinuses: Normal

Tongue, palate, pharynx, larynx, tonsils: Tonsils removed

Teeth and gums (disease or anatomical defect): No change in teeth since last examination

Missing teeth: (List numbers)

Nonvital teeth: (List numbers)

Periapical disease: (Degree)

Marked malocclusion: (Yes or no)

Lack of serviceable occlusion: (Yes or no)

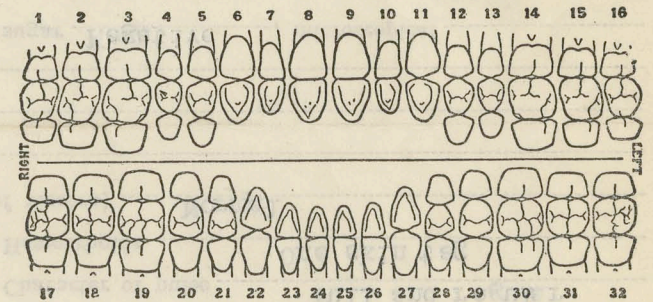
Pyorrhea alveolaris: (Degree)

Teeth replaced by bridges: (List numbers)

Meets dental requirements: (Yes or no)

Dentures: (Description)

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



(Signature of dental examiner)

General build and appearance: Heavy (State whether slender, medium, or heavy, and postural abnormalities)

Temperature: 98.6 Chest at expiration: 36 1/2

Height: 70 1/2 Chest at inspiration: 40

Weight: 168 Circumference of abdomen at umbilicus: 32

Recent gain or loss, amount and cause: None

Skin, hair, and glands: Normal

Neck (abnormalities, thyroid gland, trachea, larynx): Normal

Spine and extremities (bones, joints, muscles, feet): Normal

37 Hubbard

Thorax (size, shape, movement, rib cage, mediastinum) Normal

Respiratory system, bronchi, lungs, pleura, etc. Normal

Cardio-vascular system Normal

Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 88 Blood pressure: Before, S 120, D 70

After exercise 104 Three minutes after, S 118, D 72

Three minutes after 92 (Manual of the Medical Department par. 1520(6))

Condition of arteries Normal Character of pulse Full and regular

Condition of veins Normal Hemorrhoids One skin tag

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Normal

Urinalysis: Sp. gr. 1.022, alb. Negative, sugar Negative, microscopical

Venereal disease None

Nervous system Normal (Organic or functional disorders)

Romberg Negative Incoordination (gait, speech) None noted

Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None

Serological tests (when required)

Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None evident

Smallpox vaccination { Date last vaccination 1936 Typhoid prophylaxis { Number of courses Three

{ Reaction Immune { Date of last course 1933

Remarks on abnormalities not otherwise noted or sufficiently described above None

Summary of defects Vision defect Rt eye 14/20 Lt eye 13/20 both corrected to 20/20.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) Yes.

Findings and recommendations (as per Courts and Boards, when necessary) Physically examined for release from active duty. Health has not been adversely affected by this period of active duty.

C.W. SMITH, Commander, (MC), USN.(Retired)

Remarks or endorsement I certify this examination to be correct.

Lafayette R. Hubbard, Lt(jg) I-V(S)USNR

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles-as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

MEDICAL HISTORY

HUBBARD

Lafayette

(Surname)

Ronald

(Christian name(s))

Born: Place NebriDate 3-13-11

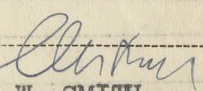
STATE NAME OF PLACE DATE EACH NEW ENTRY

NAVAL RESERVE HDQTRS

Navy Yard, Washington, D.C.

10-6-41: Physically examined for
release from active duty this date.
Health has not been adversely affected
by this period of active duty.

DEFECTS: Vision Rt eye 14/20 Lt eye
13/20 both corrected to 20/20.


C.W. SMITH,

Commander, (MC), USN.(Retired)

Hdqtrs., 3rd.N.D.,N.Y. 11-24-41

Examined and found physically qual-
ified for call to active duty.

Defects Noted: Defective Vision,
12/20 bilateral. Corr. to 20/20,
bilateral, by glasses.


C.M. GRATZ
COMDR.(MC) USNR

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

REPORT OF PHYSICAL EXAMINATION

1170087

38

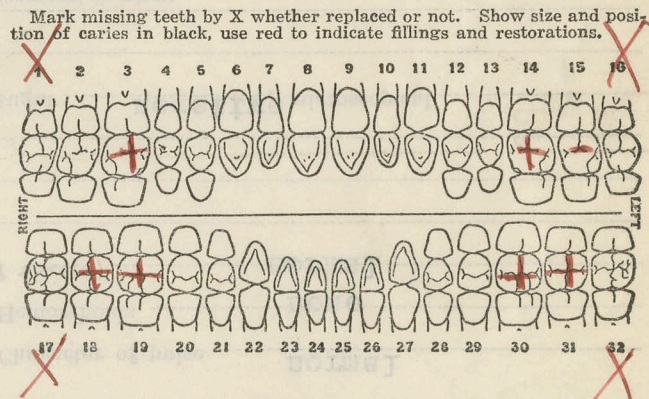
Purpose of this examination Active Duty Date of examination 11-24-41
 Place of duty Com. III., N.Y., N.M. Place of examination Hdqtrs., 3rd. N.D., N.Y.
 Name HUBBARD, Lafayette Ronald Rank Lt. (jg), USNR Corps I-V(S)
 Place of birth Nebraska Date of birth 3-13-11
 Family history negative
 History of illness or injury Usual childhood diseases. No complications.

BUR. M. & S.
27 NOV 1941
NAVY DEPARTMENT

Head and face normal
 Eyes: Pupils (size, shape, reaction to light and distance, etc.)
 Distant vision Rt. 12 /20, corrected to 20 /20 by glasses
 Lt. 12 /20, corrected to 20 /20 by glasses
 Binocular vision 12/20 Color perception normal
 (Without lenses—Recorded only when visual defects exist) (State edition of Stilling's plates used)
 Disease or anatomical defects none
 Ears: Hearing Rt. Watch 40 /40" Coin click 20 /20' Whispered voice 15 /15' Spoken voice 15 /15'
 Lt. Watch 40 /40" Coin click 20 /20' Whispered voice 15 /15' Spoken voice 15 /15'
 Binaural 15 /15'. Disease or defects none
 (Spoken voice)
 Nose normal
 (Disease or anatomical defect, obstruction, etc. State degree)

Sinuses normal
 Tongue, palate, pharynx, larynx, tonsils normal
 Teeth and gums (disease or anatomical defect): Good

Missing teeth Nos. 1, 16, 17, 32.
 (List numbers)
 Nonvital teeth no
 (List numbers)
 Periapical disease no
 (Degree)
 Marked malocclusion no
 (Yes or no)
 Lack of serviceable occlusion no
 (Yes or no)
 Pyorrhea alveolaris no
 (Degree)
 Teeth replaced by bridges no
 (List numbers)
 Meets dental requirements YES
 (Yes or no)
 Dentures no
 (Description)



General build and appearance Slender Erect (Signature of dental examiner)
 (State whether slender, medium, or heavy, and postural abnormalities)
 Temperature normal Chest at expiration 38
 Height 71 Chest at inspiration 41
 Weight 173 Circumference of abdomen at umbilicus 31
 Recent gain or loss, amount and cause none
 Skin, hair, and glands normal
 Neck (abnormalities, thyroid gland, trachea, larynx) normal
 Spine and extremities (bones, joints, muscles, feet) normal

Thorax (size, shape, movement, rib cage, mediastinum) normal
 Respiratory system, bronchi, lungs, pleura, etc. normal
 (39) Hubbard
 Cardio-vascular system normal
 Heart (note all signs of cardiac involvement) normal

Pulse: Before exercise 80 Blood pressure: Before, S 104, D 65
 After exercise 100 2 ~~Five~~ minutes after, S 110, D 70
 2 ~~Five~~ minutes after 80 (Manual of the Medical Department par. 1520(6))

Condition of arteries normal Character of pulse normal
 Condition of veins normal Hemorrhoids none

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) normal

Genito-urinary system normal
 Urinalysis: Sp. gr. 1.020, alb. negative, sugar negative, microscopical
 Venereal disease none

Nervous system normal (Organic or functional disorders)
 Romberg negative Incoordination (gait, speech) none
 Reflexes, superficial normal, deep (knee, ankle, elbow) normal Tremors none
 Serological tests (when required) not required
 Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) none

Smallpox vaccination { Date last vaccination ?
 Reaction ? Typhoid prophylaxis { Number of courses ?
 Date of last course ?

Remarks on abnormalities not otherwise noted or sufficiently described above

Summary of defects (1.) Defective Vision, OD 12/20, OS 12/20; both corr. to 20/20 by glasses.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) YES

Findings and recommendations (as per Courts and Boards, when necessary) IS physically qualified for call to active duty.

I certify that the above findings are, to the best of my knowledge, correct.

Remarks or endorsement Lafayette Ronald HUBBARD
 E.C. TAYLOR
 LT.COMDR.(MC) USN (RET.)

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

(h'8)

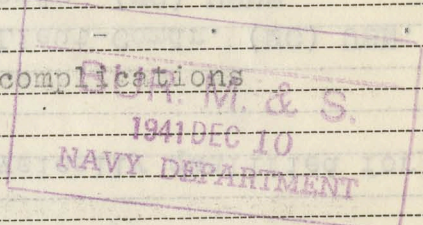
1170087

y ad

REPORT OF PHYSICAL EXAMINATION

Purpose of this examination ACTIVE DUTY Date of examination 12-8-41
Place of duty Place of examination g. 3rd. Nav. Dist, N. Y.
Name HUBBARD, Lafayette Ronald Rank Lt. (jg) Corps I-V(S)

History of illness or injury Usual childhood diseases - No complications



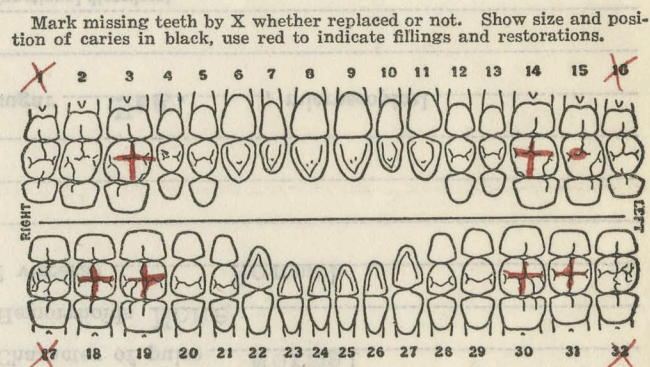
Head and face Normal
Eyes: Pupils (size, shape, reaction to light and distance, etc.) Normal
Distant vision Rt. 12/20, corrected to 20/20 by glasses
Lt. 12/20, corrected to 20/20 by glasses
Binocular vision Normal - Stillings 20th
Disease or anatomical defects None

Ears: Hearing Rt. Watch 40/40" Coin click 20/20' Whispered voice 15/15' Spoken voice 15/15'
Lt. Watch 40/40" Coin click 20/20' Whispered voice 15/15' Spoken voice 15/15'
Binaural /15'. Disease or defects None

Nose Normal
Sinuses Normal
Tongue, palate, pharynx, larynx, tonsils Normal

Teeth and gums (disease or anatomical defect): None

Missing teeth 1, 16, 17, 32
Nonvital teeth None apparent
Periapical disease None apparent
Marked malocclusion No
Lack of serviceable occlusion No
Pyorrhea alveolaris No
Teeth replaced by bridges No
Meets dental requirements Yes
Dentures No



ROBERT J. CONDON, Lt. (jg) (DC) USNR.
(Signature of dental examiner)

General build and appearance Slender erect
Temperature Normal Chest at expiration 38
Height 71 Chest at inspiration 41
Weight 173 Circumference of abdomen at umbilicus 31
Recent gain or loss, amount and cause Normal
Skin, hair, and glands Normal
Neck (abnormalities, thyroid gland, trachea, larynx) Normal
Spine and extremities (bones, joints, muscles, feet) Normal

Hubbard 41

Thorax (size, shape, movement, rib cage, mediastinum) Normal

Respiratory system, bronchi, lungs, pleura, etc. Normal

Cardio-vascular system Normal

Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 80 Blood pressure: Before, S 104, D 65

After exercise 100 2 Three minutes after, S 110, D 70
(Manual of the Medical Department par. 1520 (6))

2 Three minutes after 80

Condition of arteries Normal Character of pulse Normal

Condition of veins Normal Hemorrhoids None

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Normal

Urinalysis: Sp. gr. 1.020, alb. Neg., sugar Neg., Neg. microscopic

Venereal disease No

Nervous system Normal
(Organic or functional disorders)

Romberg Normal Incoordination (gait, speech) Normal

Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None

Serological tests (when required)

Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None

Smallpox vaccination { Date last vaccination ? Typhoid prophylaxis { Number of courses ?

{ Reaction ? { Date of last course ?

Remarks on abnormalities not otherwise noted or sufficiently described above

Summary of defects Defective vision 13/20 bilateral corrected to 20/20

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) Yes.

Findings and recommendations (as per Courts and Boards, when necessary) Is Physically qualified for Active Duty.

E.C. TAYLOR, Lieut.-Comdr. (MC) USN.
C.M. GRATZ, Comdr. (MC) USNR.

Remarks or endorsement

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

1918

MEDICAL HISTORY

9 HUBBARD

(Surname)

14 (89) USNR

Lafayette

R

(Christian name(s))

Born: Place _____ Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. Naval Hospital, Mare Island, Calif.

Date Admitted: 3-23-42

Diagnosis: CATARRHAL FEVER, ACUTE

DIAG. NO. 801 KEY LETTER -

ORIGIN WAS Not DUE TO OWN MISCONDUCT

Existed prior to enlistment No
(Yes or No)Chief Complaint: Headache, malaise,
coryza for about 4 days.Family History: Maternal grandfather
died age 65, cerebral accident. Married
9 years - wife living and well. Two
children living and well. Two spontan-
eous abortions, one before and one after
birth of first child, who was premature-
6 1/2 months.Past History: Measles, mumps, pertussis,
pneumonia, scarlet fever, varicella in
childhood. Tonsillectomy at 12 years.
Head injury in airplane crash, 1930, no
skull fracture demonstrated, but never
able to pass Barany Chair tests. Says
able to pass physical examination for
pursuit ships until 1936, but since has
had failure of vision from 20/20 to
14/20 recently. Fractured left patella
1933, fracture right 4th metacarpal, 1933.History by Systems: Essentially negative
except as stated above.Present History: Usual signs and symptoms
of catarrhal fever with onset about four
days ago, gradually becoming worse until

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

arrival here from Honolulu. Has such
episodes about two times yearly -
follows a course of about ten days as a
rule, gradually extending into trachea
and bronchi with fever.

Physical Examination:

General appearance good, slightly flushed,
somewhat preoccupied with himself.

Skin: Moist, clear, good turgor.

Mucous Membranes: Normal.

Lymph Nodes: Small, shotty, anterior
cervical.

Skull: Normal.

Eyes: Normal. Conjunctivae injected,
sclerae normal. Pupils round, regular,
equal, react to light and accommodation.

Ears: Normal.

Nose: Normal. Moderate mucopurulent
discharge.

Mouth: Normal. Tongue slightly coated.

Throat: Normal.

Thorax: Symmetrical.

Lungs: Normal. No rales.

Heart: Normal. Sounds distinct, good
quality, regular rhythm. No murmurs.

Blood pressure 118/62.

Abdomen: Full, soft. No masses or
tenderness. Liver, spleen, kidneys
normal.

Genitalia: Normal male.

Clinical Notes:

3-24-42: Very fatigued, general body
pains and aches. Bed rest, steam
inhalations, analgesics.3-25-42: Feeling better. Chest clear.
X-Ray film of chest reported to be
normal.3-28-42: Considerably improved. Fever
has abated to some extent.Urinalysis: Appearance straw. Sp. gr.
1.013. Reaction acid. Albumin and
sugar negative. Sediment normal.3-31-42: General condition much
improved. Afebrile, up and about.

MEDICAL HISTORY

11
HUBBARD

(Surname)

Lafayette

R

(Christian name(s))

Born: Place _____ Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

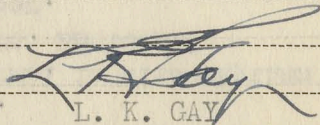
U. S. NAVAL HOSPITAL, MARE ISLAND, CAL.

4-2-42: No complaints. Chest clear.

Feeling fine.

Discharged from treatment this date.

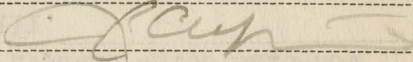
D To duty.



L. K. GAY

Lt. Comdr., (MC) USNR

APPROVED:



A. L. CLIFTON

Captain, (MC) USN

Commanding

Headquarters, 3rd Naval District, N.Y.

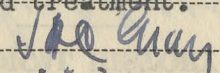
District Medical Office

5-11-42: DIAGNOSIS: DIAGNOSIS UNDETERM-
INED, (Conjunctivitis, Actinic) #2122

Not misconduct. Did not EPTE

Returned to U.S. from tropical station about 1 month ago. Was in US Naval Hospital, Mare Island, Calif., for 10 days and was treated for Catarhal Fever, Acute. Reported at Com. 3 5-9-42. Feels that he is able to work, but question arises as to his ability to use eyes continuously because of eye/strain during exposure to tropical sunlight.

5-11-42: Transferred to U.S. Naval Hospital, Brooklyn, N.Y., for further observation and treatment.


J.A.C. GRAY

Lieut. Comdr., (MC), USNR

MEDICAL HISTORY

12 Hubbard
STATE NAME OF PLACE DATE EACH NEW ENTRY

U. S. NAVAL HOSPITAL

BROOKLYN, NEW YORK

RA 5-11-42

DIAGNOSIS: DU (CONJUNCTIVITIS, ACTINIC)

#2122

ORIGIN: Not due to own misconduct.

This officer states that while acting as combat intelligence officer for the Asiatic fleet he exposed his eyes to strong sunlight and has had to wear tinted glasses ever since. Strong light causes pain and tears. He also sprained his left ankle on this duty and he has pain in the longitudinal arch of the left foot when walking.

He had a medical check-up in Mare Island on his return and was discharged to duty..

A well d&n adult white male-not acutely ill.

Moderate scleral injection Pupils react Fundi normal.

Teeth clean Tonsils out.

Neck neg.

Heart normal in size-rhythman regular
No murmurs. BP 120/70

Lungs clear.

Abdomen neg.

Knee jerks hyperactive.

X-Ray negative.

Treatment zn gtts daily
cold compresses t.i.d.

5-13-42 Routine local treatment continued. Improving rapidly.

5-15-42 Urine normal. ready for duty, advised to wear dark glasses for at least 10days.

1170087

Noted BuPers 3211

REPORT OF PHYSICAL EXAMINATION

Purpose of this examination Temporary Promotion Date of examination 6/18/42
Place of duty 42 Place of examination Hdqtrs 3rd Naval Dist, N Y
Name HUBBARD, Lafayette Ronald Rank Lt. (jg) Corps D-V(S) USNR
Place of birth Nebraska Date of birth 3/13/11
Family history Negative

History of illness or injury Tonsillectomy and adenoidectomy at 12 years. Active conjunctivitis in Asiatics since January - receding.

Head and face Normal
Eyes: Pupils (size, shape, reaction to light and distance, etc.) Normal
Distant vision Rt. 12 /20, corrected to 20 /20 by Glasses
Lt. 8 /20, corrected to 20 /20 by
Binocular vision Normal American Optical Co. (Without lenses—Recorded only when visual defects exist) (State edition of Stilling's plates used)
Disease or anatomical defects None

Ears: Hearing Rt. Watch 40 /40" Coin click 20 /20' Whispered voice 15 /15' Spoken voice /15'
Lt. Watch 40 /40" Coin click 20 /20' Whispered voice 15 /15' Spoken voice /15'
Binaural /15'. Disease or defects None (Spoken voice)

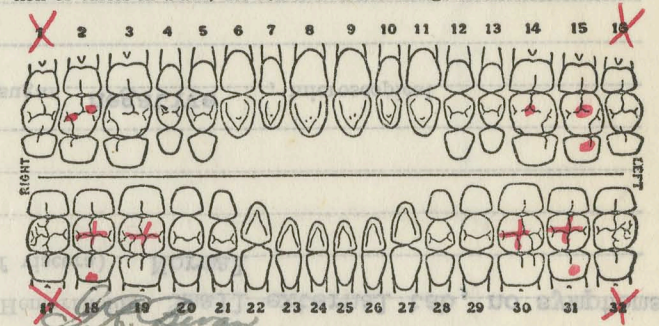
Nose Normal (Disease or anatomical defect, obstruction, etc. State degree)
Sinuses Normal

Tongue, palate, pharynx, larynx, tonsils Normal

Teeth and gums (disease or anatomical defect): Good

Missing teeth 1, 16, 17, 32 (List numbers)
Nonvital teeth no (List numbers)
Periapical disease no (Degree)
Marked malocclusion no (Yes or no)
Lack of serviceable occlusion no (Yes or no)
Pyorrhea alveolaris no (Degree)
Teeth replaced by bridges no (List numbers)
Meets dental requirements Yes (Yes or no)
Dentures none (Description)

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



G R BEVAN, Lt. Comdr. (DC) USNR (Signature of dental examiner)

General build and appearance Medium erect (State whether slender, medium, or heavy, and postural abnormalities)

Temperature Normal Chest at expiration 37 1/2
Height 70-3/4 Chest at inspiration 41
Weight 174 Circumference of abdomen at umbilicus 31

Recent gain or loss, amount and cause None

Skin, hair, and glands Normal

Neck (abnormalities, thyroid gland, trachea, larynx) Normal

Spine and extremities (bones, joints, muscles, feet) Normal

Thorax (size, shape, movement, rib cage, mediastinum) Normal No Xray facilities available.

Respiratory system, bronchi, lungs, pleura, etc. Normal

Cardio-vascular system Normal

Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 84 Blood pressure: Before, S 116, D 80
 After exercise 108 2 ~~Three~~ minutes after, S 110, D 68
(Manual of the Medical Department par. 1520(6))
~~2~~ 2 ~~Three~~ minutes after 90

Condition of arteries Normal Character of pulse Normal

Condition of veins Normal Hemorrhoids Small external tab, no symptoms

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Normal

Urinalysis: Sp. gr. 1.017, alb. negative, sugar negative, microscopical

Venereal disease None

Nervous system Normal
(Organic or functional disorders)

Romberg Normal Incoordination (gait, speech) None

Reflexes, superficial normal, deep (knee, ankle, elbow) normal Tremors none

Serological tests (when required)

Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None

Smallpox vaccination { Date last vaccination 1941 Typhoid prophylaxis { Number of courses 7
 Reaction immune Date of last course Booster Dec. 1941

Remarks on abnormalities not otherwise noted or sufficiently described above

Summary of defects None disqualifying.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) Yes.

Findings and recommendations (as per Courts and Boards, when necessary) Physically qualified for temporary promotion in accordance with Alnav 120.

J. H. Barnard
 J. H. BARNARD, Lt. Comdr. (MC) USNR

Remarks or endorsement

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

(91)92

MEDICAL HISTORY

HUBBARD

Lafayette R.

C 5-15-42 DIAGNOSIS CHANGED TO: CON-
JUNCTIVITIS, ACTINIC #615 reason
& established.

R ORIGIN: Not due to own misconduct.

D 5-16-42 Discharged to duty well.

EP. Cuius

for
C. B. GALLOWAY

Lt. Comdr. (MC) USN

APPROVED:

St. E. Stalder
Lt. Comdr. (MC) USN

Headquarters, 3rd Naval District
New York, N. Y.

6-18-42 10

Examined this date and found
physically qualified for Temporary
Promotion.

J. A. Gorman
Lt. Comdr. (MC) USN

Receiving Barracks,
Portland, Oregon.

Examined this date 20 April 1943
and found physically qualified
for transfer.

Herschgens
Lt. Comdr. (MC) USN

USS PC 815

7 July, 1943

Examined this date and found to
be physically qualified for transfer.

S. W. Smith
S. W. SMITH, CPHM (AA)
USN.

Dispensary, 11th Naval District,
San Diego, California.

(Malaria)

A 7-15-43: D.U. (MEDICAL OBSERVATION) #2122.

This man has pain in his left subcostal
region-(splenic) He also complains of
pain in region of both maxillary sinuses
since 7-14-43. He has not had any chills;
he does not feel well. He has had 3 attacks
of catarrhal fever, (the last in Feb. 43)
within the last 12 months.

Having had malaria about 16 months in comb-
at area; it is felt this man should be
admitted for further study diagnosis &
treatment.

T 7-15-43: Transferred to U.S. Naval Hospital,
for treatment

H. J. Stieder
H. J. STIEDER
LT. MC, USNR.

U. S. NAVAL HOSPITAL, SAN DIEGO, CALIF.

RA DATE: 7-15-43

DIAGNOSIS: D.U. (Medical
Observation, Malaria)

NO. 2122

ORIGIN: 13 Due To Misconduct

C.C. Pain in the left subcostal
region.

P.I. 7-14-43 this officer develop-
ed a headcold with pain in the
maxillary sinus region. He has had
had no chills but does not feel
well. Had 3 attacks of Catarrhal
Fever during the last year and
malaria 16 months ago. He was
found to have some splenic enlarge-
ment and transferred to this hos-
pital for treatment.

P.E. General physical examination
was negative except for the follow-
ing findings. Injection of nose-
pharynx, cervical adenitis, con-
junctivitis, lower chest and upper

16
MEDICAL HISTORY
Hubbard

STATE NAME OF PLACE DATE EACH NEW ENTRY

D10-8-43 To duty..

J. A. Butzer

J. A. BUTZER

LT. COMDR. (MC) USNR

APPROVED

James F. Hays

JAMES F. HAYS

CAPT. (MC) USN

SMALL CRAFT TRAINING CENTER

TERMINAL ISLAND

SAN PEDRO, CALIF.

A. 11-22-43: Diagnosis: CATARRHAL FEVER.

Acute. (#801). Not misconduct. DNEPTE.

Admitted this date complaining of cough and chills.

History of cold for 3 days.

PE: T. 100.8. P. 80. R. 22.

Throat slightly reddened. Heart normal.

Lungs reveal no evidence of consolidation.

There are scattered rhonchi audible at both bases.

Treatment:

1. Steam inhalations T.I.D.
2. Co₂ inhalations Q.I.D.
3. Neosynephrin nose gtts. Q.I.D.

Recovery uneventful. No complications.

D. 11-27-43: To duty, well.

H. A. Hughes

H. A. HUGHES,

Lieut. (MC) USNR

MEDICAL HISTORY

HUBBARD

Lafayette (Surname) Ronald

(Christian name(s))

Born: Place _____

Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

abdominal tenderness left side.

Blood pressure was 128/72. Complete blood count, urine, Wahn and sedimentation rate were normal.

Malaria smears were negative: X-ray of chest was negative. Blood sugar was 79 mgms. per 100 cc of blood.

Due hyperactive knee jerks and areas of anaesthesia spinal fluid examination was made and found normal.

N.P. consultation revealed no abnormality except a driving nervous mechanism, with inability to relax.

Electrocardiogram was normal. X-ray of upper G.I. tract showed a duodenal ulcer.

C7-24-43

Diagnosis changed this date from RADU (Medical Observation, Malaria)

Q #2122 to Ulcer Duodenum #371.

Reason: Established. Not misconduct Not EPTA.

8-3-43 X-ray examination shows the presence of a duodenal ulcer active non-obstructive in type. He has been placed on ulcer therapy.

8-20-43 During the first week of treatment the patient continued to complain of epigastric burning.

With complete bed rest his symptoms have decreased.

9-3-43 Re-examination of the upper G.I. tract now is entirely negative Patient is asymptomatic.

9-8-43 Patient has been on full diet for past week without recurrence in symptoms.

10-5-43 On full diet, he feels well and is anxious to return to duty.

MEDICAL HISTORY

17
HUBBARD

(Lt.) USN19

(Surname)

Lafayette Ronald

(Christian name(s))

Born: Place Nebraska

Date 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

RECEIVING BARRACKS

PORTLAND OREGON

12-28-43

ANNUAL PHYSICAL EXAMINATION

Examined this date and found to be physically qualified to perform all the duties of his rank at sea and on foreign service.

W. R. Johnson
W. R. JOHNSON, Cmdr (MC) USN, Sr. member

Ed. of medical examiners.

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

8,22)

Form H-8

D-7(S)

Page 1

MEDICAL HISTORY

(18) HUBBARD
(surname)

Lafayette Ronald
(Christian name(s))

Born: Place Nebraska Date 3-13-11

USN RECEIVING BARRACKS
U.S.S. PORTLAND 10, OREGON

Date JUN 30 1944

Night Vision Test with
Radium Plaque Adaptometer.

PASS FAIL

2

MEDICAL HISTORY

HUBBARD

(Surname)

Lafayette

(Christian name(s))

Ronald

Born: Place Nebraska

Date 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

NAVAL TRAINING SCHOOLS

PRINCETON UNIVERSITY

PRINCETON, NEW JERSEY.

Date: 23 November 1944

In accordance with General Order #191 dated 28 May 1943, Annual Physical Examination completed this date and was found to be physically qualified for all duties of his rank at sea or on foreign service: Defects noted: None disqualifying.

R. H. Williamson

R. H. WILLIAMSON,

Lieut.,(MC), USN.

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

REPORT OF MEDICAL SURVEY

Place U. S. Naval Hospital, Oakland, Calif. (Name of hospital, ship, or station where survey is held)

Date 10 September 1945.

From: Board of Medical Survey.

To: Commanding Officer.

For Transmission to the Bureau of Medicine and Surgery

Name HUBBARD, LaFayette Ronald (113392)

Rank or rate Lt. (D) USNR

Born: Place Nebraska

Date 13 Mar 1911 (Age:34)

Enlisted or appointed: Date 25 June 1941

Place Washington, D. C.

Reported for active duty: Date 24 Sep 1941

Place Washington, D. C.

Total service: Navy 4 yrs.

Marine Corps

Dist Army

PRESENT HISTORY OF CASE of Monterey, Calif.

Admitted from Naval Civil Affairs Staging Area, Presidio/

Date 11 April 1945.

Diagnosis ULCER, DUODENUM #371

Key letter

Specialty letter

Summary of case history: This officer patient was admitted to the sick list at Naval Affairs Staging Area, Presidio of Monterey, Monterey, Calif., on 10 Apr 1945, with Ulcer, Duodenum. He was transferred to this hospital on the same day.

Review of the current health record reveals that on 15 July 1943, he was hospitalized at USNH, San Diego, Calif., for epigastric pain and vomiting. X-ray examination at the time revealed a duodenal ulcer. The diagnosis was changed to Ulcer, Duodenum, on 24 July 1943, and he was returned to duty on 8 Oct. 1943.

On admission here he complained of epigastric distress with a feeling of fullness and of nausea and vomiting, which was relieved by food. The physical examination was essentially negative, as was the laboratory work. Gastro-intestinal examination by x-ray on 19 May 1945, and 16 June 1945, revealed a duodenal ulcer with slight deformity of the duodenal cap. Treatment has consisted of bland diet, belladonna, and pheno-barbital with continuation of symptoms. The gastro-intestinal series on 31 Aug 1945, was reported as: "Esophagus and stomach negative. Duodenal ulcer with deformity of duodenal cap. Deformity has not increased since the last examination. There is some scarring of the mucosa but there is no demonstrable crater. No obstruction."

According to the history obtained from the patient his symptoms first began in April 1943, at which time he held his present commissioned rank of Lt. There is nothing in the current health record or history to rebut the presumption of soundness prior to that time.

In view of the recurrence of a duodenal ulcer, and its persistence as demonstrated by x-ray evidence while under treatment, it is the opinion of the Board that this officer is not physically fit to perform all the duties of his rank, and that he should be ordered to appear before a retiring board. Maximum benefits of hospitaliza-

ORIGIN: is not the result of his own misconduct and was incurred in line of duty.

Existed prior to reporting for active duty? No If "Yes," was condition aggravated by service?

Present condition Unfit for service Probable future duration Permanent

Recommendation: That he be ordered to appear before a U. S. Naval Retiring Board.

* tion have been obtained. Signed statement of patient is attached.

Amshell, Captain (MC (S) USNR)

B. L. CANAGA, Jr., Lt. (MC) USN

G. E. NESCHE, Comdr. (MC (S) USNR)

29 SEP A.M.

JRP

TO 04

2E5 50 1043

Hubbard 45

From: Commanding Officer.

To: The Chief of the Bureau of Medicine and Surgery (Officer convening board)

* Forwarded recommending approval.

Recommendation: That he be ordered to duty ashore

Present condition: No

Expected prior to: No

Officer: [Signature]

should be ordered to appear before a regular board... (Signature) of board...

nothing in the current medical record of patient to limit the presumption of soundness... according to the records obtained from the patient...

From: Bureau of Medicine and Surgery.

1. Forwarded: Recommendation of Board ~~Approved~~ DISAPPROVED.
2. This officer is considered physically qualified to perform duty ashore, preferably within the continental U.S.
3. It is recommended that he be assigned to duty accordingly.

History of case: [Text]

Diagnosis: [Text]

Admitted from: [Text]

Present condition of case: [Text]

From: [Text]

To: [Text]

Body: [Text]

Name: [Text]

To: [Text]

From: [Text]

Place: [Text]

Date: 10 September 1945.

59 SEP 21 1945

[Handwritten initials]

Survey Form-2012

U. S. NAVAL HOSPITAL
Oakland California

Date

SEP 10 1945

In the event Naval Retiring Board proceedings be instituted for the consideration of my case, I waive my rights to appear before the Naval Retiring Board or to be represented by Counsel.

I certify that I have been informed by the contents of the report of medical survey as required by Article 1195 (2), U. S. Navy Regulations, and that I am fully cognizant of the provisions of Section 958, Naval Courts and Boards.

[Handwritten Signature]
Patient ✓

40

SEP 1 27 1950

REPORT OF PHYSICAL EXAMINATION

Ref: 258-45

RP-8
Call

Purpose of this examination Release to Inactive Duty/ Date of examination 12-6-45
US OFF. PERS. SLP.
Place of duty 703 MKT. ST., S.F., CALIF. Place of examination 703 MKT. ST., S.F., CALIF.
Name HUBBARD, LaFayette Ronald 113392 Rank Lt. (D) USNR Corps _____
(Surname first, Christian names in full)
Place of birth Nebraska Date of birth 3-13-11
Family history Non-contributory

History of illness or injury Usual childhood diseases; Duodenal ulcer, 1943, 1945

Head and face Normal

Eyes: Pupils (size, shape, reaction to light and distance, etc.) Round, equal, react to L. and A.

Distant vision Rt. 5 /20, corrected to 12 /20 by By lens

Lt. 5 /20, corrected to 14 /20 by By lens

Binocular vision 5/20 Color perception Normal AOC-1940

(Without lenses—Recorded only when visual defects exist)

(State edition of Stilling's plates used)

Disease or anatomical defects Conjunctivitis, chronic, mild, bilateral.

Ears: Hearing Rt. Watch --- /40' Coin click --- /20' Whispered voice 15 /15' Spoken voice --- /15'

Lt. Watch --- /40' Coin click --- /20' Whispered voice 15 /15' Spoken voice --- /15'

Binaural --- /15'. Disease or defects None
(Spoken voice)

Nose Normal (Disease or anatomical defect, obstruction, etc. State degree)

Sinuses Normal

Tongue, palate, pharynx, larynx, tonsils Normal

Teeth and gums (disease or anatomical defect): Normal

Missing teeth 1, 16, 17, 32.
(List numbers)

Nonvital teeth None
(List numbers)

Periapical disease No
(Degree)

Marked malocclusion No
(Yes or no)

Lack of serviceable occlusion No
(Yes or no)

Pyorrhea alveolaris No
(Degree)

Teeth replaced by bridges ---
(List numbers)

Meets dental requirements Yes
(Yes or no)

Dentures ---
(Description)

General build and appearance Medium (State whether slender, medium, or heavy, and postural abnormalities)

Temperature Normal Chest at expiration 39

Height 70 3/4 Chest at inspiration 41

Weight 191 Circumference of abdomen at umbilicus 35

Recent gain or loss, amount and cause None

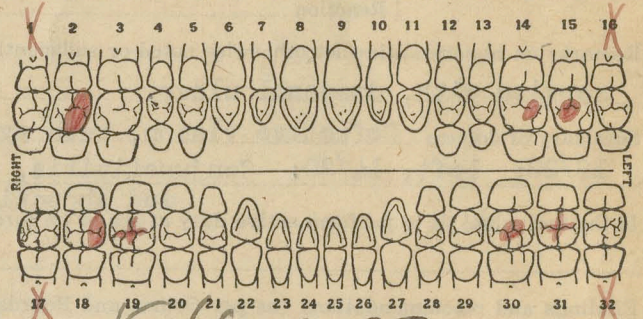
Skin, hair, and glands Normal

Neck (abnormalities, thyroid gland, trachea, larynx) Normal

Spine and extremities (bones, joints, muscles, feet) Pain on lateral rotation and abduction of right shoulder

Right joint tender, hip.

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



K. G. KRAUS, LT. COMDR. (DC) USNR
(Signature of dental examiner)

48 Hubbard L R
Thorax (size, shape, movement, rib cage, diaphragm) Normal

Respiratory system, bronchi, lungs, pleura, etc. Normal

Cardio-vascular system Normal

Heart (note all signs of cardiac involvement) Normal

Pulse: Before exercise 84 Blood pressure: Before, S 122, D 66

After exercise 96 Three minutes after, S 120, D 68
(Manual of the Medical Department par. 1520(6))

Three minutes after 80

Condition of arteries Normal Character of pulse Full and regular

Condition of veins Normal Hemorrhoids None Small, external

Abdomen and pelvis (condition of wall, scars, herniae, abnormality of viscera) Normal

Genito-urinary system Slight urethral discharge; Prostate normal.

Urinalysis: Sp. gr. 1.020, alb. Negative, sugar Negative, microscopical ---

Venereal disease None

Nervous system Normal
(Organic or functional disorders)

Romberg Negative Incoordination (gait, speech) None

Reflexes, superficial Normal, deep (knee, ankle, elbow) Normal Tremors None

Serological tests (when required) Kahn- Negative

Abnormal psyche (neurasthenia, psychasthenia, depression, instability, worries) None

Smallpox vaccination { Date last vaccination See HR Typhoid prophylaxis { Number of courses
Reaction --- Date of last course See HR

Remarks on abnormalities not otherwise noted or sufficiently described above Surveyed 9-20-45, as unfit for service with, duodenal ulcer.

Summary of defects Defective vision, both eyes 5/20; Binocular 5/20. Corrected to right 12/20; Left, 14/20; Conjunctivitis, chronic, mild, bilateral; Pain on lateral rotation and abduction of right shoulder. Right hip joint tender.

Is the individual fit to perform active duty at sea or on foreign service? (If not, state limit of duty) Duodenal ulcer.

Findings and recommendations (as per Courts and Boards, when necessary) Physically and dentally qualified for release to inactive duty.

X-Ray Chest: 12-5-45 E. L. DRAVO, CAPTAIN. (MC) USNR
Film No. 12ND-79282 R. W. TUFFET, LT. (MC) USNR
Report: See H-8 K. G. KRAUS, LT. (DC) USNR

Remarks or endorsement

INSTRUCTIONS: Be definite in statement and specific in recommendation. All abnormal conditions shall be given diagnostic titles as listed in Navy Nomenclature. The original only shall be forwarded direct to the Bureau of Medicine and Surgery except in cases of personnel of the Naval Reserve when the original and one copy shall be forwarded via the Commandant. Regarding preliminary examinations for the Naval Academy, see paragraph 1403, and for color perception, paragraph 1428, Manual of the Medical Department, U. S. Navy. The spoken voice (ordinary conversation) shall be recorded in all cases of defective hearing. In recording vision, the numerator of the fraction shall be the distance at which Snellen's 20-foot test letters can be determined and the denominator, 20.

LGD

EXOS: NMSRB: WFEL: CAC: dir

SEP 1 5 1 1948

June 11, 1948

From: The President, Naval Medical Survey Review Board
To: The Judge Advocate General of the Navy

Via: (1) The Chief of the Bureau of Medicine and Surgery
(2) The Chief of the Bureau of Naval Personnel

Subj: Transmittal of Records relative to the Review by this Board of the case of Lieutenant LaFayette Ronald Hubbard, U. S. Naval Reserve (Inactive).

Ref: (a) Par. 6 of SecNav ltr. JAG:I:LMCJ:mhw dated March 8, 1948.

Encls: 1. (HW) Record of Proceedings
2. (HW) Photostatic copy of Medical Record

1. A review of the case of the subject-named officer of the U. S. Naval Reserve having been completed this date, the enclosures are forwarded herewith.

WILLIAM F. B. LOFTIN

MILITARY W. S. TOLSON

The following information
W. S. Tolson has been furnished to the undersigned
by the Director of the case of the subject named above of the

Encs: 5 (RM) Photostatic copy of medical records
1 (RM) Record of proceedings

Re: 1948
(a) Report of Special Agent in Charge dated March 8,

W. S. Tolson (Investigation)
History of the case of [illegible] [illegible] [illegible]
Department of Records relative to the matter of [illegible]

At: (2) The Chief of the Bureau of Health Personnel
(1) The Chief of the Bureau of Medicine and Surgery

To: The [illegible] [illegible] [illegible] of the [illegible]
From: The Director, Health, Education and Welfare

DATE: 11 1948

SEP 1 27 1960

U.S. GOVERNMENT PRINTING OFFICE

SEPT 31 1948

RECORD OF PROCEEDINGS
OF THE
NAVAL MEDICAL SURVEY REVIEW BOARD
CONVENED AT THE
NAVY DEPARTMENT
BY ORDER OF
THE SECRETARY OF THE NAVY

To review the release from active service of Lieutenant LaFayette Ronald Hubbard, U. S. Naval Reserve (Inactive), without pay, for physical disability pursuant to the decision of a board of medical survey.

June 11, 1948

PLATE II, 1948

presently pursuant to the decision of a board of medical officers.
Harold P. S. Haly Kessler (Inspector), without pay, for special duty.
To receive the release from active service of Lieutenant Lawrence Kessler

THE SECRETARY OF THE NAVY
BY ORDER OF
NAVY DEPARTMENT
COMMANDED BY THE
NAVY MEDICAL SURVEY BOARD
OF THE
RECORD OF PROCEEDINGS

SEP 1 27 1950

NAVY DEPARTMENT
WASHINGTON, D. C.
Friday, June 11, 1948

The Board met at 1:00 p.m.

Present:

Captain William F. E. Loftin, Medical Corps, U. S. Navy, President;
Captain Howard K. Sessions, Medical Corps, U. S. Navy, Member;
Commander John A. Moreno, U. S. Navy, Member;
Commander Reginald R. Rambo, Medical Corps, U. S. Navy, Member;
Lieutenant Colonel Deryle N. Seely, U. S. Marine Corps, Member; and
Lieutenant (jg) Charles A. Carroll, Medical Service Corps, U. S. Navy,
Recorder.

The reporter, Julia Prosnick, and Mr. Charles E. Weickhardt of the Veterans of Foreign Wars organization, representative for the petitioner, Lieutenant LaFayette Ronald Hubbard, U. S. Naval Reserve (Inactive), entered.

The precept, copy prefixed hereto, was read.

By statement over his written signature in the petition, copy appended marked Exhibit 1(1) and 1(2), the petitioner indicated that he did not desire to appear before the Board in person and designated a representative of the above-named organization to appear in his behalf.

The following was read: A letter, dated May 19, 1948, signed by Otto C. Richter, with attached copy of an undated letter, signed by G. J. Walsh, copy appended marked Exhibit 2(1), 2(2), 2(3) and 2(4).

President of the Board:

This is the case of Lieutenant LaFayette Ronald Hubbard, which has been certified to this Board by the Chief of the Bureau of Naval Personnel. We have carefully reviewed the medical and service records and are now ready for any additional statement or evidence you may wish to present.

Petitioner's representative:

Counsel has no additional evidence to offer in this case. I would like to call your attention to the fact that the only inference to this so-called duodenal ulcer was confirmed in September of 1945. There is nothing indicating that Mr. Hubbard has been in a hospital recently, and it is my opinion that before this Board takes any definite action one way or another it would be acting in the best interest, not only of the applicant but of the service, to find out just exactly what his present condition is. I would recommend that the Board exercise its prerogative to authorize his admittance to a naval hospital for appropriate studies. That is all I have to offer in this case.

... I would like to offer in this case...
... I would recommend that the Board exercise
of the subject part of the evidence to find out that exactly what
one man or another it would be wrong in the past interest, not only
and it is all obvious that before this Board takes any definite action
nothing indicating that Mr. Huppert has been in a hospital recently,
settled probably if not was confined in hospital of 1945. There is
to call your attention to the fact that the only inference to this no-
conclusion has no additional evidence to offer in this case. I would like

... representative:

... I would like to present
... records and the non-legal for any additional statement of evidence
... He will certainly be heard the medical and evidence
... been satisfied to this Board as the chief of the Bureau of Naval
... this is the case of Lieutenant G. A. Huppert, which has

... President of the Board:

... 5(1), 5(2), 5(3) and 5(4).
... attached copy of my letter dated 11/1/45, copy
... was read: a letter dated 11/1/45, signed by Otto C.

... organization to appear in his report.
... before the Board in person and designated a representative of the
... 1(1) and 1(2), the petitioner indicated that he did not desire to
... agreement over his written signature in the petition, copy forwarded with
... copy forwarded hereto, was read.

... P. S. Naval Reserve (Inactive), entered
... representative for the petitioner, Lieutenant
... and Mr. Charles E. Metzkopf of the Veterans

- ... Present:
- ... Colonel David H. Seal, P. S. Naval Reserve, Member;
- ... Commander William B. Huppert, Medical Corps, P. S. Naval Reserve;
- ... John A. Moleno, P. S. Naval Reserve;
- ... Kenneth Howard K. Sengston, Medical Corps, P. S. Naval Reserve;
- ... William B. Huppert, Medical Corps, P. S. Naval Reserve, President;

... The Board met at 1:00 P.M.

... 11/1/45
... P. S.
... Department

SEP 1 27 1950

SECRET

Petitioner's representative questioned by a member of the Board:

1. Q. It is noted that a statement accompanying Mr. Hubbard's petition, copy appended marked Exhibit 1(2), states that he spent the ensuing year in a civilian hospital at his own expense. It is presumed that he means immediately following his release. Has he furnished you with any evidence of such hospitalization?
- A. He has not. All that I have is an outline of an examination conducted by the Veterans Administration, showing the various ratings with the dates, copy appended marked Exhibit 2(1), 2(2), 2(3), and 2(4), but there is nothing showing that the Veterans Administration actually hospitalized him. I don't know and couldn't find in the record that any such information is available to the Board. For instance, on February 13, 1946, the Veterans Administration received from him an application for compensation ^{based} on the following: Duodenal ulcer; pains in side; headaches; eyes; rheumatism (Reiters Disease); left knee sprain; conjunctivitis, active; arthritis, right hip and shoulder; recurrent malaria (see Exhibit 2(2)). On February 12, 1947, the Veterans Administration assigned the following ratings based on two Veterans Administration examinations and a letter from Dr. Walsh: Ten per cent. rating from February 17, 1946, for duodenal ulcer; ten per cent. rating from February 17, 1946, for bursitis, calcified, right shoulder; ten per cent. from February 17, 1946 until December 10, 1947; and a twenty per cent. rating from December 12, 1947 for right hip, dorsal spine, and recurrent myositis. Then they rerated him and from February 17, 1947 to December 10, 1947 gave a combined rating of thirty per cent., and forty per cent. from December 12, 1947 (see Exhibit 2(3)). The whole thing as it stands today amounts to a forty per cent. combined rating, which he is receiving on his various disabilities that the Veterans Administration presumably found to be of service origin. To my mind, gentlemen, the Navy doesn't have sufficient evidence or information that the duodenal ulcer is disabling for the performance of naval duty.

646

I cannot offer anything else, gentlemen. I am merely interested in this applicant receiving the benefit of the doubt.

The petitioner's representative desired to make no further statement.

No member of the Board desired to question further the petitioner's representative.

All persons not members of the Board were excused from further attendance.

The Board is of the opinion that the defect for which the petitioner was medically surveyed, namely, ulcer, duodenum, is not the result of his own misconduct, was incurred in the line of duty, did not exist prior to his appointment as an officer in the U. S. Naval Reserve, but that this condition is usually remediable and does not permanently disqualify the petitioner for useful active duty in the naval service.

The Board, therefore, recommends that the petitioner be not authorized to appear before a naval retiring board.

William F. E. Loftin

William F. E. Loftin
Captain, Medical Corps, U.S. Navy, President

Secretary, National Council, U.S. Navy, President
Matthew F. E. Golson

1950 12 28

effect before a naval committee board.
The board therefore recommends that the petition be not approved so

as to set aside any of the naval service.
It is respectfully requested that you do not believe that the petition for
reconsideration is an official in the U.S. Navy service, but that this consideration
was included in the time of duty, and not extend back to the
petitioner's alleged, alleged, alleged, alleged, is not the result of his own
The board is of the opinion that the defect for which the petition was

not because not members of the board were excused from further attendance.

Therefore,
No member of the board desired to discuss further the petition, a representative

the petitioner, a representative desired to make no further statement.

This applicant regarding the benefit of the court.
I cannot offer anything else, gentlemen. I am merely interested in

to set aside any of the naval service of naval duty.
Does it make sufficient evidence of information that the applicant
should be of service only. Do you wish, gentlemen, the naval
service committee that the defendant's application be referred
to a court of law, committee, which he is regarding on his
(see Exhibit 2(3)). The whole thing is to provide for the
of further service, and court of law, from December 15, 1944
from February 15, 1944 to December 10, 1944, while a committee
of law, and committee, then they referred him and
further service, which from December 15, 1944 to further with
service, from February 15, 1944 until December 10, 1944, and a
February 15, 1944, for further, committee, which applicant, then
February 15, 1944, for committee, then service, which from
application and a letter from Dr. Hagan: then service, which from
the following things based on the defendant's application ex-
2(3)). On February 15, 1944, the defendant's application referred
applicant, which with and applicant, committee, which (see Exhibit
item (letter press): then committee, committee, which:
following: committee, which in which: committee, which: committee-
tion referred from with an application for compensation on the
board. For instance, on February 15, 1944, the defendant's applica-
tion in the record that will give information is available to the
application normally referred him. I don't know and committee,
2(3) and 2(4), but there is nothing showing that the defendant's
things with the other, could be referred which Exhibit 2(1), 2(2),
conducted by the defendant's application, showing the various

A. He was not. All that I have is an outline of an examination

and with all evidence of such investigation
that he means immediately following his release. Has he indicated
that in a certain matter at his own expense. It is believed
could be referred which Exhibit 1(3), states that he about the meeting

B. If it is noted that a statement accompanying Mr. Haggard, a petitioner,
petitioner, a representative questioned by a member of the board:

SEP 1 27 1950

8867 337890

Howard K. Sessions

Howard K. Sessions
Captain, Medical Corps, U. S. Navy, Member

John A. Moreno

John A. Moreno
Commander, U. S. Navy, Member

Reginald R. Rambo

Reginald R. Rambo
Commander, Medical Corps, U. S. Navy, Member

Deryle N. Seely

Deryle N. Seely
Lieutenant Colonel, U. S. Marine Corps, Member

Charles A. Carroll

Charles A. Carroll
Lieutenant (jg), Medical Service Corps, U. S. Navy, Recorder

Lieutenant (JG) Medical Service Corps, U. S. Navy, Recorder
Charles A. Carroll

Charles A. Carroll

Lieutenant Colonel, U. S. Marine Corps, Chaplain
Delbert H. Zest

Delbert H. Zest

Commander, Medical Corps, U. S. Navy, Chaplain
Katharine B. Karpis

Katharine B. Karpis

Commander, U. S. Navy, Chaplain
John A. Meleno

John A. Meleno

Captain, Medical Corps, U. S. Navy, Chaplain
Norman K. Sessone

Norman K. Sessone

SEP 1 27 1950

MEDICAL HISTORY

7

HUBBARD

Lafayette Ronald

(Christian name(s))

Born: Place Nebraska Date 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

NAVAL RESERVE HEADQUARTERS

Navy Yard, Washington, D. C.

April 18, 1941.

Examined and found NOT physically qualified for appointment as an officer Class I-V(9)-USNR.

DEFECTS NOTED: Vision R.E. 17/20; L.E. 15/20 both corrected to 20/20.

C. W. Smith

C. W. SMITH,

Commander (MC) U. S. Navy (Retired)

President

Board of Medical Examiners

NAVAL RESERVE HQQTRS

Navy Yard, Washington, B.C.

9-22-41F Examined this date and found physically qualified for active duty.

DEFECTS: Vision Rt eye 15/20 Lt eye 14/20 both corrected to 20/20.

C. W. Smith

C. W. SMITH,

Commander, (AS), USN. (Retired)

SEP 1 27 1950

(8) **MEDICAL HISTORY**

HUBBARD

Lafayette

(Surname)

Ronald

(Christian name(s))

Born: Place NebriDate 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

NAVAL RESERVE HDQTRS

Navy Yard, Washington, D.C.

10-6-41: Physically examined for
release from active duty this date.
Health has not been adversely affected
by this period of active duty.

DEFECTS: Vision Rt eye 14/20 Lt eye
13/20 both corrected to 20/20.

C. W. Smith
C. W. SMITH,
Commander, (MC), USN. (Retired)

Hdqtrs., 3rd. N. D., N.Y. 11-24-41

Examined and found physically qual-
ified for call to active duty.

Defects Noted: Defective Vision,
12/20 bilateral. Corr. to 20/20,
bilateral, by glasses.

C. H. Gray
C. H. GRAY
COMDR. (MC) USNR

SEP 1 27 1950

MEDICAL HISTORY

(9) HUBBARD (H) USNR
 Lafayette R
(Christian name)

Spec: Place _____ Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. Naval Hospital, Sars Island, Calif.

Date Admitted: 3-23-42

Diagnosis: CATARRHAL FEVER, ACUTE

DIAG. NO. 801 EXAMINER -

ORIGIN WAS Not _____

Existed prior to enlistment No
(Yes or No)

Chief Complaint: Headache, malaise, coryza for about 4 days.

Family History: Maternal grandfather died age 65, cerebral accident. Married 9 years - wife living and well. Two children living and well. Two spontaneous abortions, one before and one after birth of first child, who was premature-6 1/2 months.

Past History: Measles, mumps, pertussis, pneumonia, scarlet fever, varicella in childhood. Tonsillectomy at 12 years.

Head injury in airplane crash, 1930, no skull fracture demonstrated, but never able to pass Barany Chair tests. Days able to pass physical examination for pursuit ships until 1936, but since has had failure of vision from 20/20 to 14/20 recently. Fractured left patella 1933, fracture right 4th metacarpal, 1933. History by Systems: Essentially negative except as stated above.

Present History: Usual signs and symptoms of catarrhal fever with onset about four days ago, gradually becoming worse until

SEP 1 27 1950

(10) Hubbard
 MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

arrival here from Honolulu. Has such episodes about two times yearly - follows a course of about ten days as a rule, gradually extending into trachea and bronchi with fever.

Physical Examination:

General appearance good, slightly flushed, somewhat preoccupied with himself.

Stomach: Moist, clear, good turgor.

Mucous Membranes: Normal.

Lymph Nodes: Small, shotty, anterior cervical.

Skull: Normal.

Eyes: Normal. Conjunctivae injected, sclerae normal. Pupils round, regular, equal, react to light and accommodation.

Ears: Normal.

Nose: Normal. Moderate mucopurulent discharge.

Mouth: Normal. Tongue slightly coated.

Throat: Normal.

Thyroid: Symmetrical.

Lungs: Normal. No rales.

Heart: Normal. Sounds distinct, good quality, regular rhythm. No murmurs.

Blood pressure 118/62.

Abdomen: Full, soft. No masses or tenderness. Liver, spleen, kidneys normal.

Genitalia: Normal male.

Clinical Notes:

3-21-42: Very fatigued, general body pains and aches. Bed rest, steam inhalations, analgesics.

3-25-42: Feeling better. Chest clear.

X-ray film of chest reported to be normal.

3-28-42: Considerably improved. Fever has abated to some extent.

Urinalysis: Appearance straw. Sp. gr.

1.013. Reaction acid. Albumin and sugar negative. Sediment normal.

3-31-42: General condition much

improved. Afebrile, up and about.

SEP 1 27 1950

147 Hubbard

Dispensary, 11th Naval District,
San Diego, California.

(Malaria)

7-15-43: D.U. (MEDICAL OBSERVATION) #2122.

This man has pain in his left subcostal region-(splenic) He also complains of pain in region of both maxillary sinuses since 7-14-43. He has not had any chills; he does not feel well. He has had 3 attacks of catarrhal fever, (the last in Feb. 43) within the last 12 months.

Having had malaria about 16 months in combat area; it is felt this man should be admitted for further study diagnosis & treatment.

7-15-43: Transferred to U.S. Naval Hospital for treatment

H. J. Strieder
H. J. STRIEDER
LT. MC, USNR.

U. S. NAVAL HOSPITAL, SAN DIEGO, CALIF.

RA DATE: 7-15-43

DIAGNOSIS: Dr (Medical Observation, Malaria)

NO. 2122

ORIGIN: Exp Due To Misconduct

C.C. Pain in the left subcostal region.

P.I. 7-14-43 this officer developed a headcold with pain in the maxillary sinus region. He has had no chills but does not feel well. Had 3 attacks of Catarrhal Fever during the last year and malaria 16 months ago. He was found to have some splenic enlargement and transferred to this hospital for treatment.

P.E. General physical examination was negative except for the following findings. Injection of nose-pharynx, cervical adenitis, conjunctivitis, lower chest and upper

SEP 1 27 1950

13

MEDICAL HISTORY

9

HUBBARD

Lafayette

R.

5-15-42 DIAGNOSIS CHANGED TO: CON-
JUNCTIVITIS, ACUTE #615 reason
established.

ORIGIN: Not due to own misconduct.

5-16-42 Discharged to duty well.

20/20

for
C. B. GALLOWAY
Lt. Comdr. (MC) USN

APPROVED:

H. E. Hatala
Lt. Comdr. (MC) USN

Headquarters, 3rd Naval District
New York, N. Y.

6-18-42 18

Examined this date and found
physically qualified for Temporary
Promotion.

J. J. Cannon
Lt. Comdr. (MC) USN

Receiving Barracks,
Portland, Oregon.

Examined this date 20 April 1943
and found physically qualified
for Transfer.

H. H. Higgins
LT (MC) USN

USE PC 815
7 July, 1943

Examined this date and found to
be physically qualified for transfer.

S. W. Smith
S. W. SMITH, CHM(A),
USN.

SEP 1 27 1950

MEDICAL HISTORY

(12) *Kutshard*
 STATE NAME OF PLACE DATE EACH NEW ENTRY

U. S. NAVAL HOSPITAL
 BROOKLYN, NEW YORK

RA 5-11-42

DIAGNOSIS: DU (CONJUNCTIVITIS, ACTINIC)

42122

(WCL 111)

OPINION: Not due to own misconduct.

This officer states that while acting as combat intelligence officer for the Asiatic fleet he exposed his eyes to strong sunlight and has had to wear tinted glasses ever since. Strong light causes pain and tears. He also sprained his left ankle on this duty and he has pain in the longitudinal arch of the left foot when walking.

He had a medical check-up in Mare Island on his return and was discharged to duty.

A well den adult white male-not acutely ill.

Moderate scleral injection. Pupils react. Fundi normal.

Teeth clean. Tonsils out.

Neck neg.

Heart normal in size-rhythm. Regular. No murmurs. BP 120/70

Lungs clear.

Abdomen neg.

Knee jerks hyperactive.

X-Ray negative.

Treatment zn gtt's daily
 cold compresses t.i.d.

5-13-42 Routine local treatment continued. Improving rapidly.

5-15-42 Urine normal. ready for duty. advised to wear dark glasses for at least 10 days.

SEP 1 27 1950

MEDICAL HISTORY

(11) HUBBARD
 (Surname)
 Lafayette R
 (Christian name)

Born: Place

Date

STATE NAME OF PLACE DATE EACH NEW ENTRY

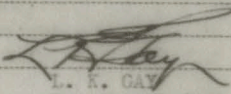
U. S. NAVAL HOSPITAL, MARE ISLAND, CAL.

4-2-42: No complaints. Chest clear.

Feeling fine.

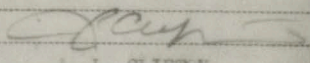
Discharged from treatment this date.

To duty.


 L. K. GAY
 Lt. Comdr., (MC) USNR

Lt. Comdr., (MC) USNR

APPROVED:


 A. L. CLIFTON
 Captain, (MC) USN
 Commanding

Captain, (MC) USN

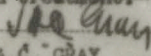
Commanding

Headquarters, 3rd Naval District, N.Y.
District Medical Office5-11-42: DIAGNOSIS: DIAGNOSIS UNDETERM-
INED, (Conjunctivitis, Actinic) #2122

Not misconduct. Did not EPTE

Returned to U.S. from tropical station about 1 month ago. Was in US Naval Hospital, Mare Island, Calif., for 10 days and was treated for Catarrhal Fever, Acute. Reported at Com. 3 5-9-42. Feels that he is able to work, but question arises as to his ability to use eyes continuously because of eyestrain during exposure to tropical sunlight.

5-11-42: Transferred to U.S. Naval Hospital, Brooklyn, N.Y., for further observation and treatment.


 J. A. C. GRAY
 Lieut. Comdr., (MC), USNR

Lieut. Comdr., (MC), USNR

GPO

16-5017

SEP 1 27 1950

MEDICAL HISTORY

HUBBARD

Lafayette Ronald

(Christian name)

Date _____

STATE NAME OF PLACE DATE EACH NEW ENTRY

abdominal tenderness left side.
 Blood pressure was 128/72. Complete blood count, urine, "ahn" and sedimentation rate were normal. Malaria smears were negative; X-ray of chest was negative. Blood sugar was 79 mgms. per 100 cc of blood. Due hyperactive knee jerks and area of anaesthesia spinal fluid examination was made and found normal. N.P. consultation revealed no abnormality except a driving nervous mechanism, with inability to relax. Electrocardiogram was normal. X-ray of upper G.I. tract showed a duodenal ulcer.

7-24-43

Diagnosis changed this date from AM (Medical Observation, malaria) #2122 to Ulcer Duodenum #371.
 Reason: Established. Not misconduct
 Not EPTA.

8-8-43 X-ray examination shows the presence of a duodenal ulcer active non-obstructive in type. He has been placed on ulcer therapy.

8-30-43 During the first week of treatment the patient continued to complain of epigastric burning. With complete bed rest his symptoms have decreased.

9-3-43 Re-examination of the upper G.I. tract now is entirely negative Patient is asymptomatic.

9-8-43 Patient has been on full diet for past week without recurrence in symptoms.

10-5-43 On full diet, he feels well and is anxious to return to duty.

16-7047

SEP 1 27 1950

MEDICAL HISTORY*Subbase*

STATE NAME OF PLACE DATE EACH NEW ENTRY

D10-8-43 To duty..

APPROVED

*J. A. Butzer*J. A. BUTZER
LT. CO. DR. (MC) USNR*James F. Hays*JAMES F. HAYS
CAPT. (MC) USNRSMALL CRAFT TRAINING CENTER
TERMINAL ISLAND
SAN PEDRO, CALIF.A. 11-22-43: Diagnosis: CATARRHAL FEVER.
Acute. (#801). Not misconduct. DNEPTE.
Admitted this date complaining of cough
and chills.

History of cold for 3 days.

PE: T. 100.8. P. 80. R. 22.

Throat slightly reddened. Heart normal.

Lungs reveal no evidence of consolidation.

There are scattered rhonchi audible at
both bases.Treatment:

1. Steam inhalations T.I.D.

2. Co₂ inhalations Q.I.D.

3. Neosynephrin nose gts. Q.I.D.

Recovery uneventful. No complications.

D. 11-27-43: To duty, well.

H. A. Hughes
H. A. HUGHES,
Lieut. (MC) USNR

SEP 1 27 1950

Form H-8
(1967)

Page _____

MEDICAL HISTORY

(17) HUBBARD

(Lt.) USNR

Lafayette Ronald

(Surname)

Nebraska

(Christian name(s))

Date 3-15-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

RECEIVING BARRACKS

PORTLAND OREGON

12-28-45

ANNUAL PHYSICAL EXAMINATION

Examined this date and found to be physically qualified to perform all the duties of his rank at sea and on foreign service.

W. E. Johnson
W. E. JOHNSON, Cdr (MC) USN, Sr. member
Bd. of medical examiners.

SEP 1 27 1950

2142

19
MEDICAL HISTORY

HUBBARD

LaFayette

(Surname)

Ronald

Born: Place Nebraska

(Christian name(s))

Date 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

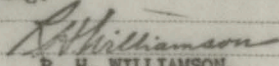
NAVAL TRAINING SCHOOLS

PRINCETON UNIVERSITY

PRINCETON, NEW JERSEY.

Date: 23 November 1944

In accordance with General Order #191 dated 28 May 1943, Annual Physical Examination completed this date and was found to be physically qualified for all duties of his rank at sea or on foreign service: Defects noted: None disqualifying.



R. H. WILLIAMSON,

Lieut., (MC), USN.

SEP 1 27 1950

Form H-8

Page 1

MEDICAL HISTORY

(18)

HUBBARD

(surname)

Lafayette Ronald

(Christian name(s))

Born: Place Nebraska Date 3-13-11

USN RECEIVING BARRACKS
U.S.S. PORTLAND 10, OREGON

Date JUN 30 1944

Night Vision Test with
Radium Plaque Adaptometer.

PASS FAIL

SEP 1 27 1950

7/17/80

26
MEDICAL HISTORY

Hubbard

(Surname)

113392

(Christian name(s))

Born: Place

No 6

Date

3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

CASA, PRESIDIO OF MONTEREY

MONTEREY, CALIF.

21 Feb. 1945

1945

N EXAMINED THIS DATE AND

O FOUND PHYSICALLY QUALIFIED

T FOR OVERSEAS DUTY

E DEFECTS: None

Horace E. Duncan
COMDR., MC, USNR

Naval Civil Affairs Staging Area,
Presidio of Monterey, Calif.

RA 10 APR 1945 DIAGNOSIS: ULCER,
DUODENUM #371 D.N.E.P.T.E.

Not Due To Own Misconduct

CC: Epigastric pain and vomiting
for one day.

PH: Two years ago patient was hospi-
tialized for epigastric pain and
vomiting. He had lost weight. A
diagnosis of duodenal ulcer was
made by x-ray examination

PI: During the past two weeks pat-
ient has had mild epigastric pain
and tenderness. He has taken extra
feeding of milk with temporary re-
lief. Yesterday he began to vomit
No hematemesis. No bloody or tarry
stools.

PE: Temperature 100° F. Essentially
negative with the exception of

(21) Page 2
MEDICAL HISTORY

Hubbard LR

STATE NAME OF PLACE DATE EACH NEW ENTRY

tenderness in the epigastrium.

T
O 10 APR 1945 Transferred this
date to the USNH, Oakland, Calif.
for further treatment and disposit-
ion.

Horace E. Duncan
HORACE E. DUNCAN
Comdr. MC USNR

RA

U. S. NAVAL HOSPITAL, OAKLAND, CALIFORNIA

DATE ADMITTED: APR 11 1945

DIAGNOSIS: ULCER, DUODENUM

COND. MC 371 KEY LETTER

ORIGIN WAS NOT DUE TO OWN MISCONDUCT
EXISTED PRIOR TO ENLISTMENT. NO

(yes or no)

First diagnosis duodenal ulcer by
x-ray in July 1943. Had been hav-
ing indigestion for 6 weeks pre-
viously. Got along well then and
had a Neg GI series, until 2 months
ago. Had however, been watching
his diet and rest carefully. Since
there has had epigastric distress
with feeling of fullness, some
eructation, anusea, occasional
vomiting but no hematemesis. Pain
is relieved by eating. Bowels regu-
lar. No bloody or tarry stools.
No Cr., or GU complaints except for
frequent head colds.
In 1943 was on the sick list for
77 days, discharged to full duty.
(No survey).

PH: Always well. No past history
of indigestion. First symptoms
began after appointment in May 1943

MEDICAL HISTORY

HUBBARD (22)

Lafayette Ronald

(Surname)
(Christian name(s))

Born: Place

Neb.

113898-11
Date

STATE NAME OF PLACE

DATE EACH NEW ENTRY

PE: BP 120/70 Mod. obese.
Somewhat nervous and tense.
Head and Neck: Neg.
EENT: Heart Lungs: Negative.
Abdomen tender in epigastrium.
Extremities neg. Reflexes intact.
4-12-45: Kahn: Negative.
CBC: 10,600, Hgb 14, Grams 90.6
Bands 2, Seg. 56, Lymph 41 Eosin 1.
4-14-45: X-ray G.I. Series: Esophagus and stomach are negative. The first portion of the duodenum is slightly deformed and shows a definite irritability.
No ulcer crater could be demonstrated. We suggest re-examination in about one month.
4-17-45: EENT: This man present glasses give him approximately 20/20 in each eye, at a distance there is a slight esophasia for near the muscle balance is within normal limits, any over correction moved aggravated the esophasia therefore no change made in lens.
R. 20/20 -1.50 / 1.00 x 100
L. 20/20 -2.50 / 2.00 x 90.
4-17-45: Dental: Two cavities. cleaning necessary.
4-18-45: No definite x-ray evidence of ulcer, beyond some duodenal irritability and deformity.
Diet and medications have relieved symptoms.
To continue on diet and med. for about 2 months with periodic x-ray check ups.
4-19-45: Occult blood. color dk. brown. consistency soft. occult blood positive.

MEDICAL HISTORY

(23)
Hubbard L.R.

STATE NAME OF PLACE

DATE EACH NEW ENTRY

4-25-45: Not much epigastric distress when present relieved by food.
4-28-45: To subsist out on diet and medication.
5-4-45: Improving on diet and medication but diet is mainly mild. No night pain. Continue as is.
5-12-45: Still on medication. Will repeat x-ray.
5-19-45: G.I. Series: Esophagus and stomach negative. Duodenal ulcer with slight deformity of duodenal cap. No demonstrable crater. No obstruction.
5-19-45: Has been improving slowly
6-2-45: Still occas. epigastric distress.
6-9-45: Main trouble is on awakening in a.m. Otherwise symptoms free.
6-16-45: G.I. Series: Esophagus and stomach negative. Duodenum show small deformity; no crater demonstrated.
Conclusion: No change from the examination of 5-19-45.
6-23-45: Improved considerably.
6-30-45: Further improvement.
7-7-45: Has flare up of N.V. and epigastric pain. No pain, feels all right today. Will survey to limited duty or retirement.
7-31-45: Progress has been fairly good

To go on leave. When he returns decision will be made as to fitness for duty.
8-30-45: Ret. from leave. In spite of continued diet and medication symptoms have continued to be troublesome. Should have check by x-ray. If evidence of ulcer persists survey to Ret. Bd.

MEDICAL HISTORY

24 HUBBARD 113392

Lafayette Ronald

(Surname)

(Christian name(s))

Born: Place Nebraska Date 3-13-11

STATE NAME OF PLACE DATE EACH NEW ENTRY

FT

U. S. Naval Hospital, Oakland, California

Date Admitted: 4-11-45

Diagnosis: ULCER DUODENUM

DIAG. NO. 371 KEY LETTER

ORIGIN WAS NOT DUE TO OWN MISCONDUCT

Existed prior to enlistment NO
(Yes or No)

C 7-31-45: Diagnosis changed this
date to NO DISEASE (Convalescent
& Leave) #2143. REASON: CONVALESCENT
AD LEAVE. Not misconduct. DNEPTE.

T 7-31-45: Transferred this date to
CONVALESCENT LEAVE.

/s/ A.T. GRUNDAHL,
Lt.(jg) MC USNR

U. S. Naval Hospital, Oakland, California

FT Date Admitted: 8-29-45

Diagnosis: NO DISEASE
(CONVALESCENT LEAVE)

DIAG. NO. 2143 KEY LETTER

ORIGIN WAS not DUE TO OWN MISCONDUCT

Existed prior to enlistment NO
(Yes or No)

C 8-29-45: Diagnosis changed this date to
ULCER DUODENUM #371 by reason of
FORMER STATUS. DNEPTE. Not misconduct.

/s/ A.T. GRUNDAHL.

LT.(jg) MC USNR. ☆ GPO 16-9917-1

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

ms

MEDICAL HISTORY

25

HUBBARD

113392

Lafayette

Ronald

(Christian name(s))

Born: Place

Date

STATE NAME OF PLACE

DATE EACH NEW ENTRY

8-31-45; X-RAY 35950

G.I. SERIES: Esophagus and stomach negative. Duodenal ulcer with deformity of duodenal cap. Deformity has not increased since the last examination. There is some scarring of the mucosa but there is no demonstrable crater. No obstruction.

/s/ J.D. CAMP

LT.COMDR, MC, USNR

9-20-45; Appeared before a Board of Medical Survey this date who made the following findings and recommendations:

Diagnosis: ULCER, DUODENUM #321, not misconduct. Did not exist prior to appointment in the USNR.

Present condition: Unfit for service

Probable future duration: Permanent

Recommendation: That he be ordered

to appear before a U.S. Naval Retiring Board.

/s/ A.M. SNELL

CAPT, MC, USNR

Senior Member, Board of Medical Survey

10-15-45: This officer patient is subsisting out, pending action.

on a survey for retirement. He has made

2 trips to Los Angeles to appear as a witness on a court martial board. ~~He is given~~

He is given temporary duty orders for these trips.

10-16-45: Survey has not been returned returned from the bureau.

10-17-45: MODIFICATION OF SURVEY:

FROM: Navy Dept.

TO: Bu. of NAVAL PERSONNEL.

(1) This officer may be released under AlStaCon 282200 of Sept. 1945.

11-28-45: Patient has returned from San Pedro. Has some symptoms of ulcer re-

MEDICAL HISTORY

Hubbard LR

STATE NAME OF PLACE

DATE EACH NEW ENTRY

maining. Also has past history of non-specific prostatitis, some pain in rt. shoulder, right hip. Also some conjunctivitis combination, of course, suggests Reiters Syndrome

However, examination today shows minimal redness of conjunctiva. Prostate is normal to palpation. There is no limitation of back or hips. Some limitation of outward rotation of right shoulder, pain seems to be in posterior deltoid.

In other words objective findings are minimal. Subjective complaints do not disturb patient.

Physically qualified for duty in U.S. and for separation from the U.S.N.R..

D 12-5-45: Discharged this date to duty, 98 to proceed and report to Separation Center, 703 Market Street, San Francisco, California. For duty pending release to inactive duty. In accordance with authority of: DirDisPers-Twelve #032025, dated December 1945.

W.B. Martin

W. B. MARTIN

LT.COMDR. (MC) USNR

A.M. Snell
CAPTAIN, (MC), USNR.

HUBBARD

(SURNAME)

Lafayette

Ronald

(Christian Name(s))

113398

Born: Place

Date

DISTRICT MEDICAL OFFICE

12th Naval District,

San Francisco, Calif. 5 Dec 1945

date.

Photofluorographic examination of

the Chest. Film No. 12N^D-79282Report: Hilar calcificationNOT DISQUALIFYING

R. M. POTTER,

Lt. Comdr. MC, USNR

U.S.N. OFFICER PERSONNEL SEPARATION GEN.
703 MARKET ST., SAN FRANCISCO, CALIFORNIA

Examined this date in accordance with
AINAV 252-45 and found physically quali-
fied for release to inactive duty.
Treatment or hospitalization is not
indicated.

SEROLOGICAL EXAMINATION:

Kahn- Negative

CHEST PHOTOFLUOROGRAPHIC EXAMINATION:

See above

DEFECTS NOTED: Defective vision both
eyes, 5/20; Bihocular 5/20; Corrected
to, Right 12/20, Left 14/20. Pain on
lateral rotation and abduction of right
shoulder. Right hip joint tender.
Conjunctivitis, chronic, mild, bilateral.
Duodenal ulcer.

E. L. BRAVO, CAPTAIN. (MC) USNR

Hubbard L R
 ABSTRACT OF MEDICAL HISTORY

A. or R. A. date	Diagnosis	Disposition date	Sick days
A 3-23-42	Catarrhal Fever, Acute 801 D	4-2-42	10
RA 5-11-42	DU (Conjunctivitis, Actinic)	C 5-15-42	(4)
RA 5-15-42	Conjunctivitis Actinic	D 5-16-42	(1)
A 7-15-43	D.U. (MEDICAL OBSERV) (Malaria)	T 7-15-43	(0)
RA 7-18-43	Dz (Med. Obs. Indica)	7-24-43	9
RA 7-24-43	Ulcer Duodenum #371	D 10-8-43	77
A 11-22-43	CAT. FEVER (Ac.) (#801)	D 11-27-43	(5 ^m)
RA APR 10 '45	ULCER, DUODENUM	T APR 10 '45	(0)
RA 4-11-45	ULCER, DUODENUM		

Form H-5
 (1940)

ABSTRACT OF SERVICE

HUBBARD
 (Surname)
 Lafayette Ronald
 (Christian name(s))

Born Nebraska 3-13-11
 (Place) (Date)

U. S. NAV. DISPL. WASH., D. C. SEP 2 4 1941 10-8-41

U.S.N.H. BROOKLYN NY 5-11-42 5-16-42
 Hdqtrs. 3rd N.D. N.Y. N.Y. 5-16-42 7-8-42

P. Bk. Portland O 4-8-43 4-20-43

USS PC 815 4-20-43 7/7/43
 11th N.D. Hdqs. 7-7-43 7-15-43

Naval Hospital San Diego, Calif. 7-15-43 10-8-43

SCTC Terminal Is. 10-18-43 NOV 30 '43
 RECEIVING BARRACKS PORTLAND, OREGON 7-21-44

U.S.S. ALGOL (AKA 54) 7-21-44

USNTPS, PRINCETON UNIVERSITY, PRINCETON, N. J. NOV 1 1944 27 JAN 1945

CASA Presidio of Monterey Calif FEB 15 '45 APR 10 '45
 U. S. NAVAL HOSPITAL OAKLAND, CALIFORNIA APR 1 1 1945

Hubbard L R

ABSTRACT OF MEDICAL HISTORY

A. or R. A. date	Diagnosis	Disposition date	Sick days
FT 4-11-45	ULCER DUODENUM	C 7-31-45	(111)
AD 7-31-45	NO DISEASE (Convalescent Leave)	T 7-31-45	(0)
FT 8-29-45	NO DISEASE (CONVALESCENT LEAVE)	C 8-29-45	0
FS 8-29-45	ULCER DUODENUM.	D 12-5-45	(98)

NAVMED H-5
(1943)

6813
ABSTRACT OF SERVICE

HUBBARD

(Surname)

Lafayette

Ronald

(Christian name(s))

Born

Nebraska

3-13-11

(Place)

(Date)

U. S. NAVAL HOSPITAL, OAKLAND, CALIFORNIA	4-11-45	7-31-45
USNH, Oakland, Calif.	8-29-45	12-5-45

MEDICAL HISTORY

SURNAME

HUBBARD,

CHRISTIAN NAME(S)

Lafayette Donald

RANK OR RATE

FILE OR SERVICE NO.

Lieutenant, USNR. 113302

BIRTHPLACE

BIRTH DATE.

Nebraska

3-13-11

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL RETIRING BOARD,

Navy Department,

Washington, D. C.,

September 27, 1949

Reported July 18, 1949, for
examination for retirement.

Board sent Lieutenant Hubbard
to USNH, Bethesda, for further
study.

Board reconvened September 27,
1949. Examination concluded, and
the board decided that "he is
suffering from ulcer, duodenal,
inactive, but that this condition
does not constitute a physical
disability of such character as
to incapacitate him for duty on
the active list."

Discharged September 27, 1949.

M. F. Hudson

M. F. Hudson,

Captain, (MC), USN,

Senior Medical Member.

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

(S) MEDICAL HISTORY

SURNAME

HUBBARD

CHRISTIAN NAME(S)

LA FAYETTE

DONALD

RANK OR RATE

LT USNR

FILE OR SERVICE NO.

113392

BIRTHPLACE

Neb.

BIRTH DATE

3-13-11

STATE NAME OF PLACE—DATE EACH NEW ENTRY

USNH, BETHESDA, MD.

F 9-8-49

T Diag. ULCER, DUODENUM, N.E.C.
WITHOUT OBSTRUCTION #5410

SUMMARY:

1. The subject named patient was admitted to the U.S. Naval Hospital, National Naval Medical Center, Bethesda, Maryland, at the request of the Naval Retiring Board for evaluation of his case.

2. The subject named patient states that the onset of his illness began in 1943 while on active duty. According to his Health Record, he was admitted to the U.S. Naval Hospital, San Diego, California in 1943 where he spent seventy-seven days on the Sick List because of an ulcer of the duodenum. X-ray studies at that time showed the ulcer crater in the duodenum. The patient was returned to duty and remained asymptomatic until his symptoms of epigastric distress with nausea and vomiting recurred in April 1945. He was again admitted to the Sick List at the U.S. Naval Hospital, Oakland, California. He was continuously hospitalized for a period of eight months at that time with recurring symptoms of uncomplicated peptic ulcer. X-ray studies again showed an ulcer crater in the duodenum with an associated spasm and deformity of the duodenum. He appeared before a Board of Medical Survey on 20

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

USNH, BETHESDA, MD.

September 1945 with the diagnosis of Ulcer of Duodenum #321 with the recommendation that he be ordered to appear before a U.S. Naval Retiring Board. This recommendation was disapproved by the Chief, Bureau of Medicine and Surgery, Navy Department, and he was subsequently found physically fit for release to inactive duty on 6 December 1945.

3. Following discharge from the service, the patient had recurrent episodes of epigastric distress, having a pain-food-relief pattern occurring about two to four times a years. His symptoms were controlled by self administered antacids, antispasmodics, and dietary regimen. Hospitalization was not necessary until November 1948 when he was admitted to the U.S. Naval Hospital, St. Albans, New York, for the purpose of determining his physical condition at the request of the Naval Retirement Advisory Board. At the time the patient was having a recurrence of symptoms and a gastro-intestinal X-ray series revealed an ulcer crater in the duodenum.

4. During the past year, he has had one episode of recurrence of symptoms and that occurred in the Spring of 1949. There have been no symptoms of pyloric obstruction or significant gastro-intestinal hemorrhage.

5. The subject named patient complains of inconstant recurring low backache and pain in the hip and right shoulder which began, he states, while on active duty in the Navy. These symptoms have persisted intermittently, but have not been disabling.

6. Physical examination on admission to this hospital revealed the patient to be well developed and well nourished. The conjunctivae showed mild injection.

MEDICAL HISTORY

SURNAME

HUBBARD

CHRISTIAN NAME(S)

LA FAYETTE

DONALD

RANK OR RATE

LT USNR

FILE OR SERVICE NO.

113392

BIRTHPLACE

Neb.

BIRTH DATE

3-13-11

STATE NAME OF PLACE—DATE EACH NEW ENTRY

USNH, BETHESDA, MD.

with some follicular formation. The heart and lungs were clear. The abdomen was soft; there were no masses and no tenderness. The physical examination revealed no other significant abnormality except for orthopedic examination described later. Laboratory examinations on admission showed normal blood counts, urinalyses, and sedimentation rate. The blood Kahn was negative. A (GI) series on 12 September 1949 was reported as normal. X-rays of the right shoulder revealed a smooth rounded calcific density in the vicinity of the supraspinatus tendon. X-ray of the right hip revealed a small area of calcific density lateral to the greater trochanter which has the appearance of calcium in the bursa. AP and lateral views of the right knee failed to reveal evidence of bone or joint disease. X-rays of the right ankle failed to reveal evidence of bone or joint disease.

7. While in the hospital the patient occasionally complained of mild epigastric distress characterized by a sensation of heart burn. An orthopedic consultation was obtained.

Physical examination: Reveals a moderately obese white male who has fair to poor posture. The back examination reveals a normal range of motion not associated with any muscle spasm. There is a markedly variable response to sensory stimulation. Percussion reveals no

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

USNH, BETHESDA, MD.

areas of tenderness except for one point in the mid-dorsal spin in the area of D 5-7. This is point tenderness. Messuration reveals no differential in leg length; however, there is an atrophy of about 1 inch in both thigh and calf of the right leg. This is not associated with any motor weakness. Reflexes reveal a plus three bilateral knee jerk and a plus two bilateral ankle jerk. A review of the inspection reveals a moderate dorsal kyphos with a mild increase in the normal lumbar lordosis.

Right hip -- there is normal range of motion with moderate discomfort at the forcible extremes of flexion and external rotation. There is no contracture.

Right shoulder -- there is normal range of the right shoulder with discomfort at the extremes of internal and external rotation. There is a mild palpable area of subjective discomfort in the region of the subacromial bursa on the right.

Impression: Early degenerative arthritis of the lumbo-dorsal spine which has its etiology as follows: 1. Postural strain plus obesity 2. Occupational attitude which tends to place a strain on the affected structures. 3. These are complicated by mild lumbo-dorsal muscle decompensation.

The calcific deposits in the right shoulder and right hip are not incompatible with his age and previous occupations, and at most should give only mild symptoms which could be only temporarily disabling.

From a Bone and Joint standpoint he is fit for all duties including sea which are commensurate with his rank.

An EEENT consultation was obtained. It was the opinion of the ophthalmologist.

MEDICAL HISTORY

SURNAME

HUBBARD

CHRISTIAN NAME(S)

LA FAYETTE

DONALD

RANK OR RATE

FILE OR SERVICE No.

LT USNR

113392

BIRTHPLACE

BIRTH DATE

Neb.

3-13-11

STATE NAME OF PLACE—DATE EACH NEW ENTRY

USNH, BETHESDA, MD.

that the patient had a mild conjuncti-
vitis that did not render him unfit for
duty.

8. In consultation with the Chief of
Medicine, it was the opinion that this
patient has a history of duodenal ulcer
that at the present time is inactive.

It was further the opinion that this
patient is fit for duty.

9-27-49: Discharged to duty.

D

19

W. A. Dinsmore, Jr.

W. A. DINSMORE, JR.

LCDR, MC, USN

APPROVED:

I. L. V. Norman

I. L. V. NORMAN

CAPT, MC, USN

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

MEDICAL ABSTRACT

HUBBARD

(Surname)

Lafayette Ronald

(Christian name(s))

Born Nebraska

(Place)

3-13-11

(Date)

COWPOX VACCINATION

Vaccination scars	Date	Reaction	Signature of Medical Officer (in ink)
	Number		

Date	Reaction	Signature of Medical Officer (in ink)
12-4-41	Imm	JAC. Man
2-21-45	Imm	JAC
1/8/45		
1/17/45	Diphtheria #1	
1/24/45	Diphtheria #2	
1/8/45	Diphtheria #3	
1/17/45	Diphtheria #4	

B. S. ANDROSKY
LT. CDR. (MC) USNR
B. S. ANDROSKY
LT. CDR. (MC) USNR

Enter result as "Primary," "Accelerated," or "Immune."

TYPHOID AND PARATYPHOID PROPHYLAXIS

DATE ADMINISTERED			Signature of Medical Officer (in ink)
First	Second	Third	
12-4-41	BOOSTER		JAC. Man
JUN 6 1944	TYPHOID BOOSTER		A. F. BRAFF
2-21-45	Plague #1		
3-2-45	Plague #2		

BLOOD GROUP

Date	Reaction	Signature of Medical Officer (in ink)
4-17-43	Group "B"	B. S. ANDROSKY
1/8/45	Kahn #154	LT. CDR. (MC) USNR

OTHER INOCULATIONS (diphtheria, plague, etc.)

Date	Inoculation	Signature of Medical Officer (in ink)
12-4-41	1st T.E.T. tox.	JAC. Man
JUN 6 1944	TANUS BOOSTER	A. F. BRAFF
		LT. (19) MC, U.S.N.

SPECIAL DUTY ABSTRACT

REFRACTIONS

Date _____ Place _____
 Retinoscopic findings—Homotropine:
 Right eye _____
 Left eye _____
 Cycloplegic acceptance (reads 20/20 with)—
 Right eye _____
 Left eye _____

 (Signature of medical officer)

Date _____ Place _____
 Retinoscopic findings—Atropine, homotropine:
 Right eye _____
 Left eye _____
 Cycloplegic acceptance (reads 20/20 with)—
 Right eye _____
 Left eye _____

 (Signature of medical officer)

ABSTRACT OF PHYSICAL QUALIFICATIONS FOR SPECIAL DUTIES
(Aviation, Submarine, Diving, etc.)

Date examined	NATURE AND RESULT OF EXAMINATION (Defects—Waivers)	Signature of Medical Officer