

REPORTS CONTROL 5

1. LAST NAME, FIRST NAME, MIDDLE INITIAL MARCHEGIANA, Rocco						
2. REGISTER NO. 69 309	3. ARMY SERIAL NO. 31 301 298	4. GRADE Pvt.		B1	B2	B3
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* (Inf) Hq Co 2d Div.				C1	C2 9855	
6. AGE 22	7. RACE W	8. LENGTH OF SERVICE 3	9. DATE OF ADMISSION 24 Aug 46	D1 8	D2	D3
10. SOURCE OF ADMISSION Tr Tr disp Sp Trps Ft. Lewis, Wash. Init Adm: Same 24 Aug 46				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F 080		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G 3392		
1. Fracture, simple, complete, comminuted, with impaction, 2nd metacarpal, left hand, a.i. 23 Aug 46, Portland Oregon, while patient was engaged in an authorized boxing match.				H		
31 Aug 46: Closed reduction of fracture, local procaine.				I		
Specialized Treatment: General Surgical.				J		
Reconditioning Class: 3A				K		
12. LINE OF DUTY 1, Yes.				L		
13. DISPOSITION Duty, General Service.				M		
14. DATE OF DISPOSITION 26 Sept 46				N		
15. DAYS LOST →				O		
TOTAL 33		HOSPITAL 33		P		
16. NAME AND LOCATION OF REPORTING INSTALLATION MADIGAN GEN HOSP TACOMA, WASH.				Q1		
17. SIGNATURE GEORGE M. MC MARTIN 2d LT				Q2		
				R		
				S		
				T		
				U		
				V1		
				V2		
				W1		
				W2		

W. D., A. G. O.
FORM NO. 8-24
1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)

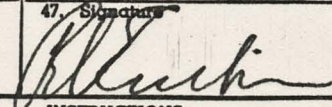
REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

1. Last name—First name—middle initial	2. Army Serial Number	3. Grade	4. Regiment, arm or service
5. Permanent mailing address L 24 D-12-27-46 ROCCO MARCHEGIANO 168 LOVER ST BROCKTON MASS	31301298 PVT W 12 G-5-7 12-2 KF PLYMOUTH CO	6. Color	7. Age in years 23
		8. Sex	9. Syphilis Register In S/R? Yes or No Closed in S/R? Yes or No
			no —

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. At the present time do you have any wound, injury or disease which is disabling? If answer is yes, list those conditions first under Item 11.	Yes or No no																
11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred and date of onset. Answer yes or no in Columns 1 to 4. (Continue on back if necessary) Denies history of malaria or syphilis	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1 EPTS 2*</td> <td style="width: 25%;">2 AMS 3*</td> <td style="width: 25%;">3 IMS 4*</td> <td style="width: 25%;">4 PD 5*</td> </tr> <tr> <td>(A) Broken left thumb, 1943, 12th S H, Wales</td> <td style="text-align: center;">no</td> <td style="text-align: center;">no</td> <td style="text-align: center;">yes</td> </tr> <tr> <td>(B) Broken knuckle, left hand, Aug 46, Madigan G H</td> <td style="text-align: center;">no</td> <td style="text-align: center;">no</td> <td style="text-align: center;">yes</td> </tr> <tr> <td>(C) Fever of unknown origin, Mar 46, S H, Ft Benj Harrison, Ind</td> <td style="text-align: center;">no</td> <td style="text-align: center;">no</td> <td style="text-align: center;">yes</td> </tr> </table>	1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*	(A) Broken left thumb, 1943, 12th S H, Wales	no	no	yes	(B) Broken knuckle, left hand, Aug 46, Madigan G H	no	no	yes	(C) Fever of unknown origin, Mar 46, S H, Ft Benj Harrison, Ind	no	no	yes
1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*														
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(C) Fever of unknown origin, Mar 46, S H, Ft Benj Harrison, Ind	no	no	yes														

RECORD OF PHYSICAL EXAMINATION

12. Teeth—Indicate restorable carious teeth by O, non-restorable carious teeth by /, missing natural teeth by X, teeth replaced by denture, horizontal line over X, as XXX and teeth replaced by fixed bridge, oval to include abutments, as (4Y6)	13. Mouth and gum abnormalities																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="16" style="text-align: center;">EXAMINEE'S</td> </tr> <tr> <td colspan="8" style="text-align: center;">RIGHT</td> <td colspan="8" style="text-align: center;">LEFT</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table>	EXAMINEE'S																RIGHT								LEFT								8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	class IV
EXAMINEE'S																																																																	
RIGHT								LEFT																																																									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																																																		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																																																		
15. Skin Scar, 4x3cm, palm left hand, well healed; right supernumerary breast about 5 cm below true breast	16. Genito-Urinary (And pelvic for women) normal																																																																
17. Venereal diseases	18. Varicose veins																																																																
none	none																																																																
19. Hernia	20. Anus and Rectum																																																																
none	normal																																																																
21. Musculoskeletal defects Slight weakness left grip, slight recession left 2nd knuckle, slight enlargement base left 2nd metacarpal	22. Feet normal																																																																
23. Abdominal Wall and Viscera	24. Cardiovascular system																																																																
normal	normal																																																																
25. Blood pressure	26. Pulse																																																																
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27. Lungs normal	28. Chest X-ray no significant abnormalities																																																																
29. Height (Shoeless)	30. Weight (Stripped)																																																																
70½ In.	195 Lbs.																																																																
31. Neurological diagnosis normal	32. Psychiatric diagnosis normal																																																																
33. Endocrine system normal	34. Eye abnormalities																																																																
normal	none																																																																
35. Uncorrected — Vision — Corrected	36. Urinalysis																																																																
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37. Ear, nose, throat, abnormalities	38. Hearing (Whispered voice)																																																																
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15	15																																																																
/15	/15																																																																
39. Blood serology result	40. In your opinion will wound, injury or disease result in:																																																																
Kahn: negative	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Disability?</td> <td style="width: 33%;">Untimely death?</td> <td style="width: 33%;">Yes or No</td> </tr> <tr> <td style="text-align: center;">Yes or No</td> <td style="text-align: center;">Yes or No</td> <td style="text-align: center;">yes</td> </tr> <tr> <td style="text-align: center;">Condition: llabc</td> <td style="text-align: center;">no</td> <td style="text-align: center;">yes</td> </tr> </table>	Disability?	Untimely death?	Yes or No	Yes or No	Yes or No	yes	Condition: llabc	no	yes																																																							
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Yes or No	Yes or No	yes																																																															
Condition: llabc	no	yes																																																															
41. In your opinion was wound, injury, or disease incurred in line of duty?	42. In your opinion does individual meet physical and mental standards for discharge?																																																																
Condition: llabc	yes																																																																
Remarks, special tests, or other defects (Continue on back)																																																																	
Xray left hand: Old fracture shaft 2nd metacarpal																																																																	
44. Date of examination	45. Location																																																																
2 Dec 46	Ft Lewis Wn																																																																
46. Typed name and grade	47. Signature																																																																
R L ERICKSON CAPT MC																																																																	

WD AGO FORM 38
1 DEC 1944

This form supersedes form WD AGO Form 38, 15 May 1944, which may be used until existing stocks are exhausted.

1* Prior to arrival at separation center
2* Incurred or existed prior to entrance in military service
3* Aggravated by military service

4* Incurred while in military service. Sheet 1.
5* Present physical defects. Sheet 2.
6* When indicated. Sheet 3.

INSTRUCTIONS:

1. Send to The Adjutant General inclosed with S/R
2. Work sheet
3. Laboratory Reports form (WD AGO Form 38-1)

IMMEDIATE EXAM

REQUEST FOR PHYSICAL EXAMINATION

Name	C-Number	Receiving Station Only		
MARCHEGIANO, Rocco	13 685 837	Date of Receipt	Date Exam	Ord Date C
Address	Service Serial Number	JUN 3 1947	7/29 10	
168 Dover Street		Rank & Organiz	Type of Examination	
City	State	Pvt Co A	Orth & Surg -	
Brockton, Mass.		348th Engr (C) Bn.		
Type Disc. Br. Serv.	Date of Enl	Date of Dis.	Form 10-2680	
Hon. AUS	3/11/43	12/27/46	<input checked="" type="checkbox"/> At once On	
Date of Birth	Place of Birth		For- Pension <input checked="" type="checkbox"/> Comp. Aid & Attendance	
Combat Initial Increase	Original Review	<input checked="" type="checkbox"/> Reopened Terminal	Competency Other (Specify)	
Failed to report for last scheduled Inmed. Exam.			<input checked="" type="checkbox"/> Service Connected Not service con. Service connec. pending (Check) SCAR PALM, LEFT HAND WITH SLIGHT WEAKNESS LEFT GRIP, GP. IX.....10%	

Office referred to	Date

Originating Office	Signature and Title	Symbol	Date
BRO #1	<i>S. R. Bacherman</i> S. R. BACHERMAN ACTG. ADJ. OFFICER	373	5/29/47

VA Form 7524 June 1945 (Test Form) Replaces VA Form 2507

AUTHORIZATION TO REPORT

FOR USE OF ORIGINATING OFFICE

PRESENT THIS AUTHORIZATION WHEN REPORTING FOR THE SERVICE INDICATED BELOW. IF YOU ARE UNABLE TO REPORT, OR IF YOU HAVE MOVED TO ANOTHER LOCALITY, PLEASE NOTIFY THIS OFFICE AND RETURN THIS AUTHORIZATION IMMEDIATELY. CHANGE OF ADDRESS OR INABILITY TO REPORT ON DATE INDICATED MAY BE NOTED IN THE BLANK SPACE ON THE REVERSE SIDE OF THIS FORM

DATE	C-NO.
July 21, 1947	13 685 837

NAME AND ADDRESS OF ISSUING VA OFFICE

Veterans Administration
17 Court Street
Boston, Mass.

AUTHORIZED BY

Esther S. Polansky
Designate of Chief Medical Officer.

TO:

NAME
AND
ADDRESS
OF
VETERAN

Mr. Rocco Marchegiano
168 Dover St.
Brockton, Mass.

REPORT TO

Medical Division
3rd Floor

ADDRESS

17 Court Street
Boston, Massachusetts

FOR (specify purpose)

Examination for compensation purposes

WHEN TO REPORT

10:30 A.M., Tuesday, July 29, 1947

REMARKS

In order to avoid delay, please do not report on any other day or any other time than shown above.

If you are unable to keep this appointment, please notify this office at LA Fayette 7500, Medical Service, or by letter.

Failure to notify this office will automatically cancel your examination for compensation benefits, and if you are in receipt of compensation or pension benefits your payments may be suspended.

YOU ARE ARE NOT AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE

THIS SPACE FOR USE ONLY WHEN TRANSPORTATION AT GOVERNMENT EXPENSE IS AUTHORIZED

ALLOTMENT ACCOUNT SYMBOL

3680100.007
3001-3900-022-

ESTIMATED COST OF TRAVEL

TRAVEL AUTHORIZATION (insert no. of TR, method of travel authorized, etc.)

PRESENT YOUR TRANSPORTATION REQUEST TO THE TICKET AGENT; SHOW YOUR MEAL REQUEST TO THE PERSON IN CHARGE BEFORE ORDERING MEALS. ANY UNUSED ITEMS SHOULD BE PRESENTED WHEN YOU REPORT.

IN THE SPACE ABOVE WILL BE ENTERED THE NUMBER AND TYPE OF ENCLOSURES. FOR EXAMPLE, T.R.'s OR TICKETS FOR RAILROAD, BUS, PULLMAN, ETC.; MEAL TICKET AND LODGING AUTHORIZATIONS AND/OR AUTHORIZATION FOR TRAVEL BY OTHER THAN COMMON CARRIER; OR AUTHORIZATION FOR REIMBURSEMENT ON A MILEAGE BASIS OR FOR ACTUAL EXPENSES INCURRED.

INSTRUCTIONS WHEN TRANSPORTATION IS AUTHORIZED

1. YOU MAY PAY YOUR OWN TRAVEL EXPENSES AND CLAIM REIMBURSEMENT AS FOLLOWS:

a. **3¢ PER MILE WILL BE PAID YOU FOR THE TOTAL MILEAGE INVOLVED, THIS INCLUDES MILEAGE FOR THE INCOMING AND RETURN TRIP. (This is in place of all expenses which you have had or will have while traveling, including expenses for meals, lodging, etc.)**

OR

b. **YOU MAY CLAIM REIMBURSEMENT FOR ACTUAL NECESSARY EXPENSES OF TRAVEL, INCLUDING LODGING AND SUBSISTENCE. (If you decide to ask reimbursement for actual and necessary expenses instead of the 3¢ per mile, you must secure receipts IN DUPLICATE for all your expenses which exceed \$1, except bus, boat, or railroad fares. However, if you use a Pullman you must secure a Pullman receipt.)**

2. IF YOU ARE UNABLE TO PAY YOUR OWN EXPENSES AND CLAIM REIMBURSEMENT THEREFOR, OR DECIDE TO HAVE GOVERNMENT TRANSPORTATION FURNISHED YOU, PLEASE INDICATE IN BLANK SPACE BELOW THAT YOU DESIRE GOVERNMENT TRANSPORTATION AND RETURN THIS AUTHORIZATION IMMEDIATELY. INDICATE IN THE BLANK SPACE BELOW THE TYPE OF TRANSPORTATION DESIRED (bus, train, boat, etc.). GOVERNMENT TRANSPORTATION REQUEST AND, WHERE APPLICABLE, MEAL AND/OR LODGING REQUEST WILL THEN BE FORWARDED TO YOU.

CERTIFICATE TO BE SIGNED ON ARRIVAL AT STATION IF MILEAGE ALLOWANCE IS CLAIMED

"HAVING OBTAINED NO SUBSISTENCE, LODGINGS, OR TRANSPORTATION THROUGH THE USE OF GOVERNMENT REQUESTS, TICKETS, OR TOKENS; AND HAVING NEITHER USED ANY GOVERNMENT-OWNED CONVEYANCE NOR RECEIVED ANY MEALS OR LODGINGS AT GOVERNMENT EXPENSE, NOR INCURRED ANY EXPENSES, WHICH MAY BE PRESENTED AS CHARGES AGAINST THE VETERANS ADMINISTRATION, FOR TRANSPORTATION, MEALS, OR LODGINGS IN CONNECTION WITH MY AUTHORIZED TRAVEL FROM

TO _____, AND RETURN, AND WITH THE UNDERSTANDING THAT NO PART OF THE ACTUAL AND DIRECT EXPENSES FOR TRANSPORTATION, SUBSISTENCE AND LODGINGS IN CONNECTION WITH THE UNCOMPLETED PORTION OF MY AUTHORIZED TRAVEL IS TO BE BORNE BY THE VETERANS ADMINISTRATION, I HEREBY ELECT TO CLAIM MILEAGE ALLOWANCE IN LIEU OF ACTUAL EXPENSES OF TRAVEL FOR THIS ENTIRE TRIP."

SIGNATURE OF VETERAN:

DATE:

INFORMATION FOR THE VETERAN

1. THE BLANK SPACE BELOW MAY BE USED FOR THE FOLLOWING PURPOSES:

- a. TO NOTIFY THE ISSUING OFFICE SHOWN ON THE OTHER SIDE OF THIS FORM THAT YOU ARE UNABLE TO REPORT ON DATE INDICATED. GIVE REASON WHY YOU CANNOT REPORT AND DATES YOU COULD REPORT.
- b. TO NOTIFY THE ISSUING OFFICE SHOWN ON THE OTHER SIDE OF THIS FORM THAT YOU HAVE MOVED TO ANOTHER LOCALITY. IF YOU HAVE MOVED GIVE YOUR NEW ADDRESS.
- c. TO NOTIFY THE ISSUING OFFICE SHOWN ON THE REVERSE SIDE OF THIS FORM THAT YOU DESIRE TO BE ISSUED A GOVERNMENT TRANSPORTATION REQUEST. INDICATE THE KIND OF TRANSPORTATION YOU DESIRE (bus, train, etc.)

Reimbursement for meals and lodgings shall not exceed 1.25 dollars for single meal and 2.25 dollars for single lodging or 6.00 dollars for twenty-four hour period.

June 18, 1947

C-13 695 837

Mr. Romeo Marchegiano
168 Dover St.,
Brockton, Mass.

MARIE J. McREY

June 27, 1947 at 9:00 AM

PHYSICAL EXAMINATION

Name _____ Rank _____ Ward _____

Skin - OK
 ENT. - OK
 Head - OK
 Neck - OK
 Throat - OK

Chest - clear to P & A - No rales.

Heart - Borders & sounds OK
 No murmurs. B.P. = 130/70

abd - Neg.
 Hernia - Neg.

Ext. Semtaria - Neg

Bot. - Has marked swelling of
 rt. thumb - i pain & tenderness
 prox. phalanx. Circulation OK.
 Abscess over dorsum of both
 MP. joint & 5P. joint.

Signature W. M. [illegible]
 Date 19/ Dec 1943

1. REGISTER NO.		3. FIRST NAME AND MIDDLE INITIAL		4. A. S. NO.
2. LAST NAME		MARCHEGIANO		ROCCO
5. GRADE		6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Pvt		B	150th Engrs	19
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION	
W	Mass	4/12		

13. SOURCE OF ADMISSION

14. CAUSE OF ADMISSION
 7/9/43 Dx Deferred T-102.2 Yes Hosp
 7/12/43 Hosp to duty
 8/25/43 Dx Poison Ivy Rx 1st shot of P.I.
 Extract Yes duty

15. LINE OF DUTY

16. INJURY CODE

NOT REQUIRED

17. ADDITIONAL DIAGNOSES, OPERATIONS

Form 75
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised April 11, 1936)

PATIENT'S PROPERTY

Hospital Green Sat

Date 7/8/43

Name Marchegiano

Rank _____ Co. _____ Organiz _____

NAME OF ARTICLE	NO. OF EACH	WHE (Tag No. Env)
Belts	1	
Blankets		
Breeches, khaki		
Breeches, o. d.	1	He
Caps	1	He
Coats, dress		
Coats, khaki		
Coats, o. d.		
Collars		
Drawers		
Leggings	1	
Letters, U. S.		
Marksman's badge		
Ornaments, cap		
Ornaments, collar		
Overcoats		
Shirts, civilian		
Shirts, o. d.		
Shirts, white		
Shoes		
Suit case		

(OVER)

12 EUAC hosp - APO 516 * JAN/FEB 44

APO 230 - CARMARTHEN, WALES Nov
(APO 516 MOVED TO ROWEN, FRANCE 44

94 Gen Hosp * APO 508 - JUNE 44 -

APO 508 WAS LISTED AT
BRISTOL ENG (JULY 42 TO
NOV 45)

(PINKNEY PARK, ENG JUN 44)

Return to Bull Passman JUN 44 - MAY 45

~~4134~~ USAH PLANT

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED
LABORATORY TESTS, AND CONSULTATIONS

Name _____ Grade _____ Ward _____

Transfer diagnosis:

Initial summary:

Working diagnosis or impression:

Contemplated laboratory tests and special examinations:

19/ Jan / 44 - x-rays show marked comminution of proximal phalanx & some volar angulation. Has abrasions that were cleaned up and covered with sulfa powder & dressing. The fracture line infiltrated & 1% novocain 8 cc. and fracture reduced and cast applied. Done under fluoroscope.

Capt. Nills.

21/ Jan / 44 - x-rays show excellent position of fracture and as cast is comfortable will continue on present course
Nills

26/ Jan / 44 - course OK. - No complaints.
Nills.

31/ Jan / 44 - slipped in going out of tent this AM & spilled some hot water over
(OVER)

FINAL SUMMARY

himself giving 1st degree burn over
scattered areas of back. Swathed with
gentian night & dressing. Had a few
little areas of blistering about waist
& these covered & soothed & sterile
dressing. Hand as OK.
Hull

Progress Notes

Marchegiano, Rocco Pat 48

19 June, 1944: Pt. admitted prior to courtmartial for evaluation mentally. There is no gross evidence of mental disease.

HMR

20 June, 1944 Pt. interviewed. There is absolutely no evidence of mental disease. To be returned to duty.

H.M. Roach
Capt. M.C.

Last name		Reg No 1808		Initial	
Marchegiano		Rocco		NMI	
Army serial No.:				Rank	
31301298				Pvt	
Company		Regiment and arm of service		Division	
A		348th Engr Comb Bn		WBS ETO	
Age	Race	State	Service	Source of admission	
21	W	Mass	1-3/12	IT	
Received at (hospital and location):				Date	
94th Gen Hosp APO 508				19 June 1944	
Diagnosis:					
No disease; administrative admission for determination of physical fitness.					
Line of duty: <u>Yes</u>					
Changed and additional diagnoses, operations, with dates:					
Disposition:				Date	
Duty				20 June 1944	
<i>M. E. SUTPHIN</i> M. E. SUTPHIN Capt., MAJ Registrar					

Last name		First name		Initial	
Marchegiano		Rocco		NMI	
Army serial No.:				Grade	
31301298				Pvt	
Company		Regiment and arm of service		Division	
A		348th Engr (C) Bn.		WBS ETO	
Age	Race	State	Service	Source of admission	
20	W	Mass	10/12	Command	
Received at (hospital and location):				Date	
Camp Dispensary				19/Jan/44	
Diagnosis:					
Fracture of right thumb ?					
Line of duty: <u>Yes</u>					
Changed and additional diagnoses, operations, with dates:					
Disposition:				Date	
12th Evacuation Hospital				19/ Jan/44	
16-15960 <i>Charles W. Smith</i> Signature of Surgeon					

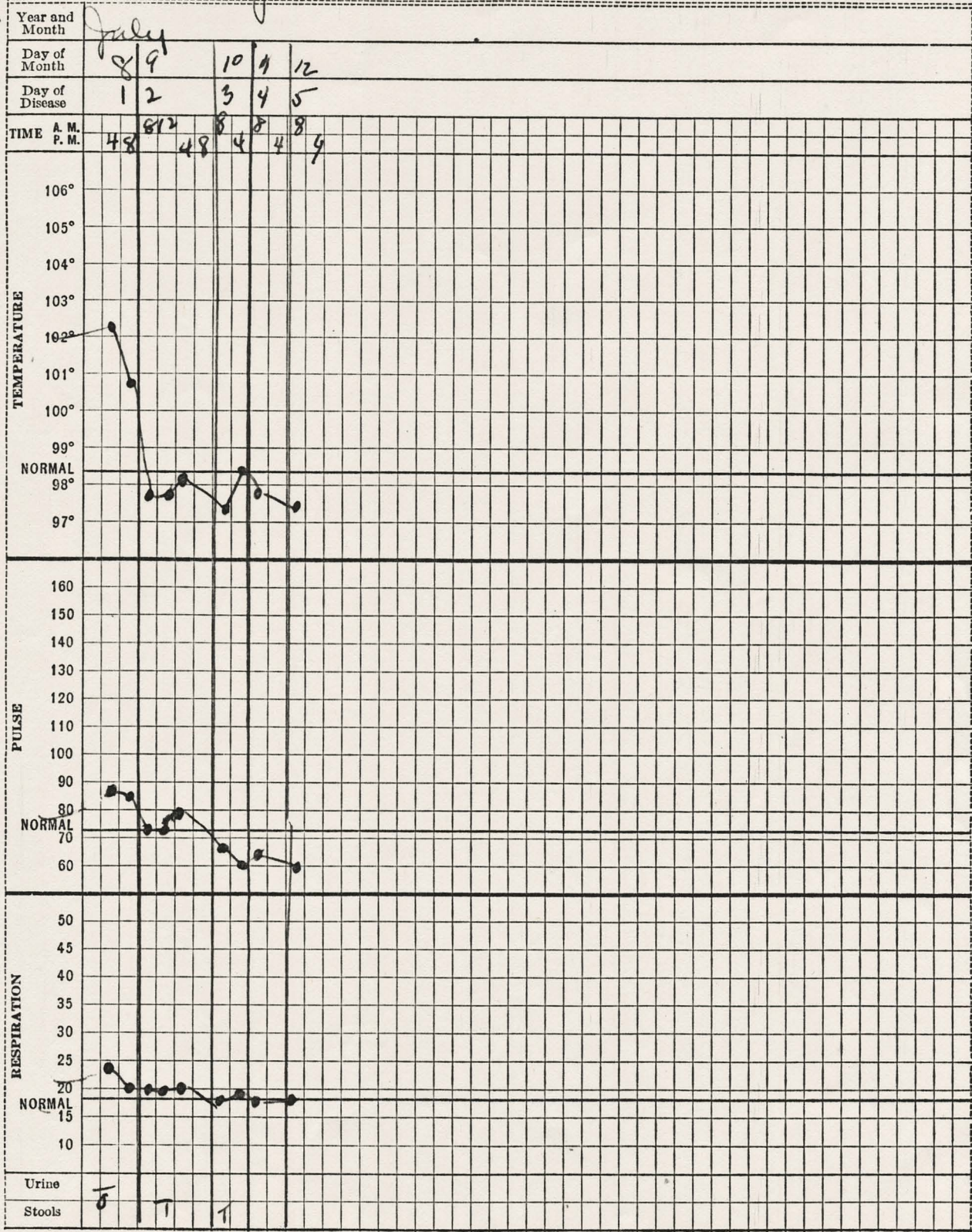
TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Maschegian, Bozo Grade PO1 Ward 65

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
2/8/43				102 ³	88 ⁴	24	0		Admitted to ward 65 rec. wheel chair. Complains of "headache + fever". May Self. 30 ^{ed} @ 5 p.m. -
7-8-43				100 ²	89	20			8 p.m. Slept soundly all night - says he feels well this a.m. @ 6 a.m. more
7-9-43	97 ⁸	78	20	97 ⁸	78	20	i		Comfortable this a.m. - only slight headache present!
7-10-43	97 ²	68	18	98 ⁶	60	18	i		Slept well - no complaints. Complains of aches in legs
7-10-43									No complaints - Slept well.
7-11-43	97 ⁴	64	18						Comfortable up about
7-11-43									No complaints - Slept well.
7-12-43	97 ⁴	60	18						Discharged to duty Lt. Bullock

TEMPERATURE GRAPHIC CHART

Name Marcligano Rocco Grade PT Ward 65



TREATMENT

Name Marchegiano, Joes Grade Pvt Ward 2/1

Date	
24 Aug 46	Patient Ent. hospital Ambulatory To bed - of hand elevated & ice bag Applied - Codeine grs 3's & ASA grs Nembutal qm o.i.
25 Aug	Routine care - hand elevated & ice bag applied
26 Aug	Routine care - Mess Hall
27 Aug	Routine care Mess Hall
28 Aug	Routine care Mess Hall
29 Aug	Routine care Mess Hall
30 Aug	Routine care Mess Hall
31 Aug	hand elevated on pillows Second griss M.S. gr 1/2 } @ 0830 Scopolamine 1/50 morphine gr 1/16 (H) for pain @ 1000 Repeated @ 1400
31 Aug	PT complaining of pain morphine gr 1/16 (H) @ 2130 Emesis of food (undigested) @ 2140 - PT feels much better.
1 Sept	morphine sulfate gr 1/16 (H) @ 0830 PT has slight pain - Routine care - Reg Diet.
1 Sept	Complaining of pain ms 1/16 @ 0845 Codeine gr 3's (H) for pain @ 2000 - C.A.P. II @ 0330 for pain Unable to sleep - Complained of wires being too tight

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TREATMENT

Date	
2 Sept	Hand seems better no complaints
3 Sept	Routine care Mess hall
4 Sept	" " " "
5 Sept	" " " "
6 Sept	" " " "
7 Sept	" " " "
8 Sept	Routine care - mess hall
9 Sept	Routine care - mess hall
10 Sept	Routine care - mess hall
11 Sept	Routine care - mess hall
12 Sept	Routine care - mess hall
13 Sept	Routine care - mess hall
14 Sept	Routine care - mess hall
15 Sept	Routine care - mess hall
16 Sept	Routine care - mess hall
17 Sept	Routine care - mess hall
18 Sept	Routine care - mess hall
19 Sept	Routine care - mess hall
20 Sept	Routine care - mess hall
21 Sept	Routine care Mess hall.
22 Sept	Routine Care mess hall
23 Sept	Routine care Mess hall
24 Sept	Routine care Mess hall
25 Sept	Routine care Mess hall

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Marchegiani, Pecco Grade A P Ward V

Date	A. M.			P. M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
Mar 16/45									Was admitted at 12:15 PM
1215	100	88	20						Pt has diagnosis of nasopharyngitis, acute, catarrhal. Pt nauseated & has difficulty in swallowing. Made comfortable - put to bed.
									Code to be given @ 1400
									Pt seen by Capt West.
									Bl. taken for malarial smear & throat smear & culture to send count
1415	103	96	20						Pt. having mod. diaphoresis
1545	101	100	22						Chest plate taken.
				104	116	20			G.P.C. tab # C 1900
8 ⁰⁰				104	100	20			Penicillin 20,000 U (g 3h)
10 ⁰⁰				102	120	20			Sputum to lab.
12 ⁰⁰				103	100	20			moderate diaphoresis
17 Mar	108	78	20						@ 0300 -
									Profuse diaphoresis.
									Aspt except when disturbed for medication.
17 Mar	98	80	18						Routine care - L.g. diet
									Pt. feels much more comfortable
				98	80	20			this a.m.
				99	86	18			Penicillin 20,000 U. g. 3 h.
									9-12-8-6 etc.
				99	72	18			Penicillin 20,000 U - g 3h
18 Mar				97	60	18			@ 2400
									aspt well.
									@ 0300
18 Mar	97								Penicillin 20,000 U 9-12
	98	78	18						Ex fluids forced
				98	72	18			Latrine privileges
				98	72	18			

TEMPERATURE—TREATMENT—NURSE'S NOTES

Marchigars

Date	A. M.			P. M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
				98 ⁴	68	18			Routine Care
19 Mar	98	98	18						Slept well. No complaints Routine Care
20 Mar	97 ⁶	76	18						Good night Routine Care Reg diet
21 Mar	97 ⁸	78	18						No complaints Slept well AM Care Reg Diet
22 Mar	97 ⁶	60	18						quiet night. AM Care Reg Diet
23 Mar	97	60	18						No Complaints Slept well. A.M. care Reg. diet.
24 Mar									Routine Care Slept well. AM Care Reg Diet
25 Mar				97 ⁴	76	18			Routine Care Slept well. Latrine privileges Reg. diet.
26 Mar	97 ⁴	84	18						Chest X-ray. Routine Care Slept well.
27 Mar	97	72	18						Latrine privileges Reg diet Slept well AM Care Reg diet Chart to go in

TREATMENT

Name Marchegiani, Rocco Grade SP Ward V

Date

16 Mar Pt. admitted to hosp.

Orders:

- 1 - Bl. smear for malaria
- 2 - Throat smears culture
- 3 - Routine lab work & Stryker Index
- ✓ 4 - Chest X Ray
- 5 - UBC. to be done pm for elevation
- 6 - Force fluids

W/O. Capt West 1 MRO

1. Stellaferrini gm IV } now
Nifcob gm II }
they gm II ca. 2 & h fluids.

Penicillin 20,000 U q 3 hr

22 Mar 1. Chest X Ray
UBC + sed rate
Capt West
C.S.

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name *Mrs. Elizabeth Rocco* Grade *PO* Ward *65*

Chief complaint: *head-ache*

General appearance and condition on admission:

*W d & n w m with hot dry skin but ni no acute
distress*

Occupation: *civilian - laborer. Army - engineer*

Tropical service: *none*

Habits (alcohol, tobacco, drugs): *mod. alc. intake; no tobacco. no drugs*

Family history:

*Parents - low
2 B low.
3 S low*

no familial diseases

Previous personal history:

measles; no ACFRE, or diphth. no operations

Injuries: *none*

Venereal disease: *denied*

HISTORY OF THE PRESENT ILLNESS

This 20 yr old soldier indicated 11 March 45 states that last night prior to retiring he ate several sandwiches and hot dogs of questionable quality. He was awakened during the night by severe abdominal cramps. This morning he felt feverish, vomited 3 times and developed a head-ache. He also had a shaking chill this am. He continued at work but because of head ache & weakness he reported to sick call & was hospitalized.

TREATMENT

4. Reg. diet
5. Lactine [privilege]
6. Codeine qrs is & Asa qrs X 9 3hs det
pain - until pain is controlled
7. Nembutal qrs iii

Capt Zarecki

THE DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
RECORDS ADMINISTRATION CENTER
600 GOSWELL BLVD
ST. LOUIS 20, MO.

SUPPLEMENTAL REPORT

TO: **Veterans Administration**

STREET ADDRESS

17 COURT ST.

CITY AND STATE

Boston, Mass

IDENTIFICATION OF INDIVIDUAL

LAST NAME - FIRST NAME - MIDDLE INITIAL

MARCHEGIANA, Rocco

ARMY SERIAL NO.

31 301 298

CLAIM NO.

Q - 13685 837

2 TEC

Charles D. Carle

CHARLES D. CARLE.
Colonel, AGO,
Commanding.

WD AGO FORM 01055
1 JUN 1955

Neuropsychiatric History

Date.

Marchegiano, Rocco (NMI)

Name.

Rank ASN AGE

Organization.

Neuropathic Traits:

Tantrums. 0 Fears 0

Nailbiting 0 Stuttering 0 Sleepwalking 0 Sleptalking 0

Convulsions 0 Enuresis 0 Night terrors 0 Fainting 0

School

Age began 6 Age ended 17 How far? 2nd yr. high school

Failures failed 6th. Clashes with authority Occ arguments. Never expelled.

Just didnt put my mind to studying

Contact sports Football on school team. Delinquencies none

Interest and application Didn't like school. Didn't like to study. Quit to help family out financially. Made average grades in school.

Work record

After he quite school he went to work for a construction co.

Number and type of jobs. Worked at the first plac 6 months. Quit because all the new men were laid off. Then did odd jobs for about 2 months. Then worked in construction co. about 3 months. Quit here because the job was completed. Loafed around 1 month. Then another construction job. (4 months) Then inducted. ~~Kierulx~~ Was fired from one job because Full or part time. he didn't report steady for work "The job was monotonous"

Reasons for quitting.

Sexual development

Masturbation Occ. Interest in girls 1st at 15

Coitus 1st at 17 and about once monthly engagements 0

Marriage 0. I've not found the right girl Children 0

Homosexuality none Present situation Intercourse about once monthly with different girlys

Psychopathic Traits

Alcohol ~~xxx~~ occ

Drugs none

Delinquencies none

Conflict with law none

Family History

Father: Age 50 Gassed in last war. Nervous Discipline "Very easy on me"
Health Spends a lot of time in veterans hosp. Personality In vet. hosp

Mother: Age 48 Health Good Personality Easy going Discipline "Very easy on me"

Siblings - No. 5 Friction none Patients position oldest child

Broken home? Cause Age of Parent

None

ARMY

Inducted. 11 Mar, 1943

Stations. Camp Devons, Mass 6 months. Then Camp Pickett, Va. 2 months, Then Miles
Candish. Then ETO.

Courtsmartial. None. AWOL once 7 days, but received only co. punishment.

Hospitalizations
12th Evac for broken thumb

Promotions

~~None~~ Pfc after 2 months service. Reduced because he didn't like the job
they put him in and he broke some sort of restriction.

Combat. none

Mental status

Appearance and general behavior
Well poised individual who shows little evidence of tension.

Stream of mental activity
Answers clear and concise.

Emotional status
Not unusual

Content of thought
No evidence of major psychosis. No delusions. No hallucinations.

Sensorium
Clear

Formulation
Normal male who is a trifle spoiled.

Final diagnosis: *No disease*

Prognosis *Good*

Date of discharge

Disposition *Ready*

94-68

Sig. *HSM*

MC