University of Cincinnati
College of Medicine

November 29, 1932

Department of Surgery -

To Whom It May Concern:

Re: [redacted]
c/O Frigidaire Corp.
Dayton, Ohio

This man's principal complaint is weakness and loss of energy. He has no symptoms which definitely refer to his gastro-intestinal tract. Upon inspection of abdomen it is symmetrical, slightly below the level of the chest, moves normally with respiration. Nothing abnormal was seen. Upon palpation the abdomen is slightly tense, there is definite fullness in the right lower quadrant associated with slight pain on deep palpation. This fullness is due either to a thick or distended caecum, and on bi-manual palpation gas can be heard and felt to gurgle in this full area. The patient states that he did not have his regular bowel movement this morning, and this, no doubt, accounts for the fullness in the caecum. The descending colon can be palpated and it is not tender. The liver and spleen are not definitely felt but seem to be within normal limits to percussion. Both inguinal rings are relaxed but I was unable to feel a definite hernial sac on either side. There is no evidence of femoral hernia on either side; the inguinal glands on both sides are slightly enlarged, discrete, firm, non-tender, freely movable.

Rectal Examination was not done.

Discussion. In view of the lack of gastro-intestinal symptoms I do not feel that X-ray examination of the gastro-intestinal tract is indicated at this time. The finding of a distended caecum is often encountered and should not be regarded as significant unless it is persistent and is associated with symptoms. The slight enlargement of the inguinal glands is not sifnificant in that it points to any specific disease,

Signed: M. M. Zinninger, M.D.
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