243.D

JD 207. 207. 198

T-1 25

	Bo R	Bo L	Crip R	Crip L	Bill R	Bill L
LA	10 5/8	10 3/16	10 1/4	10 1/8	12	11 3/4
UA	13 1/8	12 1/2	11 1/2	11 7/8	13 1/2	13
Chest	40		37 1/8		40 1/2 in	42 exp.
Abd.	35		34 1/4		38 3/8	
Thigh	21 7/8	21 1/2	21 1/4	21 3/8	22 7/8	23 3/4
Calf	15 5/8	15 7/8	14 5/8	14 3/8	16 3/4	17,0 ?

	W.T.	Crip	Bo
L.A.	20	20	
Curl	16 x 25#	22 x 20#	35 x 20# Elb. out
Tri Curl	9 x 25# (10)	26# 15 x 20	20 x 15#

All meas taken in anatomical posn.

UA = biceps max girth
LA = Arm 3" below humeral condyle, lat.
Chest = girth at nipple level
Abd = at iliac crest level
Thigh = 8" above lat. malleolus
Calf = max girth

	Ⓡ Bo	Ⓛ	Ⓡ Crip	Ⓛ	Ⓡ WT	Ⓛ
LA	11 9/16	11 1/8	10 3/8	10 1/4	10 3/4	10 7/8
UA	12 7/8	11 3/4	11 1/2	11 7/8	12 3/4	12 3/4
Chest	40 1/2	41 7/8	37 Ex	39 in	38 1/4	40 1/4
Abd.	34 15/16		33 3/4		36 1/4	
Thigh	~~19 5/8~~ 22 1/2	22 3/16	20 7/8	21 1/8 ~~3 7/8~~	22 7/8	22
Calf	15 1/4	15 5/16	14 1/8	14 1/8	16 3/4	16 1/2
IA	10 9/16	11 1/8	10 1/4	10	11 5/8	11 3/16
UA	12 5/8	12 3/16	11 1/2	11 1/2	12 1/2	12 5/8
Chest	Ex 39 9/16 in	41 3/8	36 7/8	38 5/8	37 3/4	40 3/8
Abd.	35 1/16		33 1/2		35 3/4	
Thigh	21 1/2	22 3/4	19 7/8	20 3/4	21 3/4	22 1/4
Calf	15 1/16	15 3/16	13 7/8	14 1/16	16 1/2	17

~~256~~ ~~262~~ 263

	Crip		Bo		W.T.	
	R	L	R	L	R	L
LA	10 1/4	10 1/16	11 1/2	11	11 1/2	11 1/4
UA	11 5/8	11 3/8	12 3/8	12 1/2	13 1/8	13
Chest	36 9/16 ex	38 3/4 in	40 1/4	41 7/8	37 3/4	40 1/8
Abd.	33 3/4		35 7/16		35 5/8	
Thigh	19 7/8	20 3/4	21 7/16	22 15/16	22 7/8	21 3/4
Calf	13 7/8	13 15/16	15 3/16	15 5/16	16 1/2	16 3/8

226 Bobko

Temp - 97.5 oral. thermom.

Head + neck - Normal ∃ nodes

Eyes - Normal lids + conjunctiva - EOM normal good light reflex

Ears - Ext. + canal normal ∁ mod. amt. cerumen. T.M. + Vals. unremark.

Eyes - Normal lids, conjunct, EOM light reflex and retinae

Nose - Normal ext., sl. crusting, sl. yellow mucoid disch. in Ⓛ nares ~~which was~~ whose mucosa was sl. swollen - Ⓡ nares ess. normal

Mouth + Throat - light whitish furring of tongue - normal oro-pharynx ∃ injection or mucous

Chest - Normal resp. movements and sounds

Heart - Normal sinus arrythmia - normal sounds - M. could be heard today over most of precordium esp. A area. Gr I low freq - pan-sys - flat

Nevro - Wrist + biceps reflex unchanged

Integument - beard growing, few tiny pustules on back

Impression - Normal exam. unchanged from 221

220

IMSS 1

Bobko – 98.2

Head & Neck – No occipital or cervical nodes ~~+~~ 3-4 mm. (L) submandib.

Eyes – full range of motion, equal light reflex, lids & conjunctiva normal – discs flat, no appreciable change in Aa & Vv – retina normal ? less red than 1 wk ago

Ears – Ext. unremarkable – Ant. wall left ext. canal sl. inj. T.M. unremarkable – no injection

Nose – Ext. normal – (L) int. nares had normal mucosa ~~color~~ color – ~~Sl~~ slight crusting near orifice – (R) mucosa normal color – ~~slightly~~ mod. swollen, c small amt. whitish ~~drainage~~ drainage – much less swelling & inj. than on entry or 1 wk ago

Mouth & throat – tongue had moderate whitish coating some increase in plaques on teeth – gingiva normal – pillar & oro-pharyngeal area slightly injected.

Chest –

Lungs – normal movement of cage & to percussion ~ 5 cm – breath sounds nomal except ? sl. râle like sounds in bronchial area

Heart – sl. sinus arrhythmia – normal sounds 5 mm – & normally split 2° sounds

Abd – normal sounds

Neuro – Strength, reflexes & sensitivity normal. biceps not elicited

Integument – growing beard, few ~~+~~ small 2-3 mm pustules c discrete margins on back and shoulders – less than on entry

Imp – Normal exam – Improvement in nasal congestion

The usual changes of hoarseness, inability to whistle and quietness were present on entry however the feeling of slight dissociation was absent. In spite of rigid external stoicism there was increased nervous tone apparent esp. in the Cdr. Gas problems increased over the first two days & a plateau of more or less constant status in all crew members by each evening. SPT had one acute episode of cramps and gas after a meal including pea soup but this did not recur on subsequent eating of pea soup. New electrode adhesive rings are causing reactions in all subjects esp. in the axillary areas. There is no blistering or infection but some skin maceration. Humidity has not been a problem except some drying of anterior nares. PLT was given nasal emollient which has helped. CDR has had a typical allergenic rxn. to the electrodes in the EEG cap & wheals and reddening and generalized head ache on two out of three attempts to wear it. A brief Px yesterday showed some possible increase in pustules on PLT's back, disappearance of previous cervical nodes, reduction in congestion of nasal mucosa & slight injection of oro-pharynx. There was muco-purulent drainage over the anterior nostrils area. Cdr. had two diffusely swollen 1 x 2 1/2 cm. cervical nodes at the angles of the jaw and an injected oropharynx. It appeared that retinae of both were redder than previous exams but nothing else definite. On chest exams there was a marked difficulty in percussion for the notes could not be heard either from reduced sound transmission or from masking low frequency noise. There was a similar reduction in auscultatory sounds though less marked. The previous murmur could not be definitely heard.

226-0145

Bo - Temp - 97,5

L mares

follicles on neck

m —

Crip - 98.2

L shoulder L max - L sub mand -

L-No

B-250 97,4 R ear

nodes neg L mares

C - 98,7

Px 235

Bobko Temp 97.5

Head and neck - No occipital, cervical or sub. mand. nodes - normal ROM and ~~tones~~ tones - growing beard -

Eyes - Normal palpebrae and conjunctivae - full ROM EOM, normal light reflex - discs normal c retinae paler than orig. exam. possibly ~~increased~~ increased A:V. c ↓ Vr. size

Ears ~~Nose and~~ Ext. and ext. canals & T.M. unremarkable - T.M moved on Vals -

Mouth Nose and Throat - slight whitish furring of tongue - teeth margins clean - pillars and oro-pharynx unremarkable - no discharge Slight crusting of nares and slight clear drainage (R) otherwise unremarkable and markedly improved over entry.

Chest - Lungs - good respiratory movement, normal excursion of lungs - normal breath sound - questionable hint of râle like sounds over (R) L L post. base previously noted the same -

Heart. Percussed normal size. Sounds normal ex. Grade I low pitched pan. sys (M) heard at apex and aortic areas - +

Neuro - biceps reflex neg - normal knee and ankle reflexes - normal touch, Babinski, Romberg - no tremor or drift of outstretched hands -

Integument - unremarkable and virtually clear of pustules on entry - one isolated tiny pustule c ~1 cm. red area on (R) shoulder

* marked sinus? arrhythmia c ? coupling of long & short intervals

(over)

Px 235

Crippen - Oral T °F

Essentially no change from last px - ex. resolution of folliculitis

Px - 250
Bobbo - Temp. Or. 97.6°F

Head and Neck - No occipital, cervical or submandibular nodes, barely palpable thyroid, full strength ROM & tonus - growing beard

Eyes - Normal palpebrae - conjunctivae slightly injected, full ROM of EOM, normal light reflex - discs are rather diffuse and blend slowly into retinae - no evidence of elevation or cupping - A.V. ratio appears slightly less than 1:1 -

Ears - Left canal had several free pieces of dry wax otherwise unremarkable; R canal was normal but distal portion posteriorly was injected ? possible injection of post. T.M. normal valsalva -

Nose, mouth and throat - tongue was clear - no plaque formation visible, gingivae normal as was throat - no inj. or drainage - mod. whitish-yellow mucous R nares ? injection of mucosa - L int. nares unremarkable

Chest -

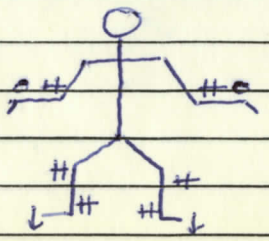
Lungs: Full, equal expansion - no dullness, normal breath sounds -

Heart - no visible or palp. PMI - no change in areas of dullness. Slight sinus arrythmia - sounds normal ex. Gr I pansys. m- previously noted -

Abdomen - liver edges hard to delineat by percussion & palp - no masses or tenderness - active bowel sounds

Musculo-skeletal - no changes noted in skeletal system - normal strength in neck shoulders arms & legs - See also measurements -

Neuro - normal sense of light touch in extremeties trunk & face - normal finger to nose, no tremor of hands & fingers



Integument - normal color and texture - occasional small ~~pimple~~ pustule on back - small excoriations on legs - still clearer than on entry -

251 - Today the (R) ext. canal was cleaned and there was only ~~a~~ slight ~~hyperemia~~ injected on the post. wall that was clearing and which did not involve the T.M.

192 - Dry Run

Bob's tongue was covered ± black 'fur'

On pt Crips turbinates were inj. + swollen + Bob's swollen + pale Ⓡ ē whitish drainage -

Immediately on entry things seemed slightly distant and somewhat detached - also confused easily on minor points but no decrement on general specific performance - Although any subjective effects were denied by other crewmen a slight air of confusion appeared present, especially . This effect disappeared in 2-3 hrs. There appears to be a marked reduction in respiratory ~~rat~~ and cardiac rates - Unfortunately no normal resp. rates are avail.

193 Slept poorly - asleep quickly after reading but waked by comm. + frequently awaked by noises + frequent (4-5) small urinations. Felt well on awakening - Sound level which was very depressed (~ 10 db) yesterday sounds normal - can't whistle - voices pitched lower and hoarse - Only slight dryness noted - Bob Crippens HR seated was 048 + Resp 19 - Heart rates seem lower + resp. in LBNP definitely lower yesterday - On exercise program Crip had 56 seated + Ear piece 85 at 1 min had 76 vs 85 - Went to 225 W + then dropped to 30 W - 118 vs 125 load again went to 200 ō RR + dropped out at 130 HR to 30 W. No resp Rate on ergom - 10 min

195/0011	Calf L	Calf R	HR	BP	Resp	Seated
B	15 3/8	15 5/16	76	138/85		
C			61	115/80		
T	16 3/8	16 7/8	80	114/80		after ergom

M-17 235 - Cr

B_0 97.6°F 98.4

226 Crippen
Temp- 98.2

Head + Neck- Normal ∃ palp. nodes

Eyes - Normal lids, conjunctivae, EOM, retinae + pupillary reflex bluish discolor. sub orbital-
Ears- Ext. normal- Ⓛ ext. canal injected post. + wet- Ⓡ mod. inj- T.M. normal

Nose - Ess. normal

Mouth and Throat - Normal

Chest - Normal - Mm- of last wk. ~~not~~ questionably present.

Neuro - Wrist + biceps reflexes unchanged

Integument - 4-5 pustules ∈ red base on Ⓛ scapular area- several eroded pustules around follicles Ⓡ sub-mental area ~~and~~ somewhat confluent ~ 1×1 cm - Ⓡ maxillary " area has 6-8 pustules which appeared today. former area of acne ~~between~~ on forehead has ess. cleared-

Imp- folliculitis, will get culture tomorrow and have subj. use phisohex and avoid picking at it.

227 Remarkable clearing of lesions overnight so much that culture did not seem worth while - will observe-

221

Cripper - T-98.04

BP- seated R 119/80/55 L 110/75/
125/75 121/83

Head + Neck - No occipital [redacted] or cervical nodes, (R) sub-mandib node ~ 1½ x ½ cm. movable- normal thyroid - has ~ [redacted] cm erosion around follicle on (L) submand. area -

Eyes - Normal lids, conjunctivae, full ROM + light reflex - normal discs + retinae + AaiVv - Slight increase in color thought to be present on 1st exam, not present -

Ears - Ext. unremarkable, (L) pos. canal mod. injected, T.M. + Vals. norm.

Nose - Ext. norm., Sl. crusting around orifices, sl. amt. serous drainage ess. normal mucosa

Mouth + throat - slight injection of oro-pharynx - otherwise unrem.

Chest - Normal respiratory movements - + sounds -
Heart - Normal bradycardia - PMI not ~~appreciated~~ detected -
Sounds normal c inspiratory splitting - ? pansystolic rumble or mm - heard in A. area + over most of precordium

Abd - Normal sounds

Neuro - Equal bilat. reflexes in biceps + patella + heel, normal somatic sensitivity -

Integument - few pustules on back - Infected follicle (L) mental area -

7.1#

Impression - Normal exam, unchanged -

Px. 250

Crippen Temp. 98.2° oral, Day 250

Head and neck - no cervical or occipital nodes - small bruise R submand node - normal thyroid - several old areas of folliculitis in beard ~~on~~ under chin

Eyes - palpebrae normal - slight conjunctival injection - ROM EOM and pupillary reflex normal - normal discs + retinae ? ~~◎~~ increased A:V.

Ears - Exterior, external canal + TM unremarkable - normal movement on Vals.

Nose, mouth and throat - slight crusting around nares otherwise unremarkable - lower lips abraded from drying + cracking - healing - no plaques or discolorations of teeth - gingivae normal - throat slightly injected but no drainage

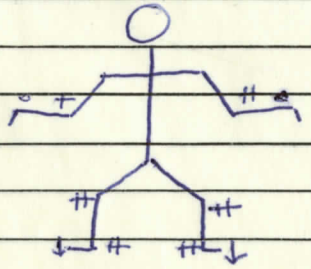
Chest Lungs - normal ~~appearance~~ respiratory movements - no dullness and normal sounds -

Heart - no vis. or palp. PMI - normal borders of dullness N.S.R. - normal sounds ∓ mm - wide physiologic splitting of 2° sounds

Abdomen - no dullness or masses - liver percussed with in normal limits - active bowel sounds -

Musculo skeletal - see also girth measurements - normal strength in neck arms + legs - spinous process T-12 ? projected slightly - not tender or swollen -

Neuro - Sens - normal to light touch over face + extremeties
normal finger to nose - no hand tremor



Integument - few pustules across shoulders - growing beard - July has shown ↑ vascular reactivity in skin since entry ∴ red mottling of back and ◎ marked rubor after normal pressures - Rather striking dermatographia has been present over back since first noted a few days after entry -

(over)

250

Subject had drying and chapping of lips last wk. + was given ~~nasal~~ nasal emollient (iodinated oil + eucalyptol) ± apparent resolution - Also had a small rash of localized pustules on shoulders which were untreated and are also resolving -

Starts contingency urine collection and will get clean catch just prior -

260 For the past wk - ~~pt~~ subj has had recurrence of folliculitis ± marked pustule formation and red base of up to 1 cm - One on R upper lip and 1-2 along chin margin. He claims this is regular occurence and did not want Rx or culture (other than Physicex) (suspect strep.) and there has been slow resolution of lesions but there is still one smaller pustule on lip. No Sx -

263

Px - Crippen

Integument - a few scattered pustules c red bases, isolated, over [redacted] shoulder + scapular area - almost confluent folliculitis in mental area c scattered resolving pustules in beard along mandibular regions - Ⓡ Upper lip still has red area but no apparent infection - Lips are not chapped today - two tiny sub mandib. nodes

Cardio-Vasc. - dermatographia is markedly reduced and subj. reports less itch on pressured points - ? sys - mm - again present Gr I -

Oral - Lower Ⓛ molar has ~1 mm. brown spot which appears to be early caries.

Ears - ext. canal

Remainder of head, neck, chest + neuro were unchanged from last week -

Bobko -

Nose - left nares sl. crusted c small amount whitish mucous and moderately swollen mucosa -

Cardio-vasc. $^{D}_{\uparrow}$ mm - present today along Ⓛ sternal border

Remainder of head, neck, chest + neuro ess. unchanged from last px -

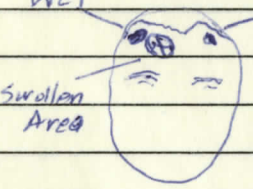
Electrode paste patch tests.

253 - Transverse sections of electrode pads with & without paste were taped c elastoplast coverings c slight pressure bi-frontally to Clippen and Bobko. These were taped just below the hair line at 0130 -

No sx. were noted until 1645 when Clippen complained of a steady generalized HA. This followed ergometer exercise c moderate sweating and ~~after~~ wearing a snoopy cap. There was no stinging burning or localized S.E. ex. slight tenderness. On exam a swelling was noted ~~extending from~~ the paste pads, subcutaneous, firm and extending mesially & inferiorly.

It was worse until 1845 when H.A. prompted removal c the dry pad also. Swelling had increased to 3½ cm. x 2½ cm. x several (~ 7.8 mm) mm. thick. Area was not discolored, firm and slightly tender. Only the med. frontal ~~area~~ area was affected. There were slight ~~pressure~~ marking from the electrode pressure ~~only~~ on ~~the~~ the swollen side.

Dry electrode site had only a slight depression + no other signs -



30 mins. later there was slight erythema in the site area and little change in swelling but improvement of H.A.

2 hrs. later only ~~moderate~~ slight swelling remained and H.A. had cleared -

254 - Bobko's test patches were removed 46 hrs after application to forehead just below hairline - They had been secured c elastoplast possibly c excessive pressure for the dry electrode had produced a 3-4 mm - depression c ? elevation of depression margins around dry electrod and slightly less around the wet. Other than slight erythema under the taped area there were no other signs and no sx. Last evening while wearing the snoopy had a mild HA was noted but this cleared.

Personal observations H. Thornton

253- Last nights use of 2° M 133 unit produced less reaction than previously.

260- During the increased temperature run (~ 2.35-7) athelete's foot increased rapidly on Ⓡ foot c several fissues c tenderness and slight bleeding but no tenderness, swelling or subor - Ventral and medial surfaces of 3, 4 + 5 toes. This has responded slowly to TINACTIN q D. No fissues at this time but flaking on Lat. Ant. sole and some maceration of toes.

There has been tendency to cramps, particularly gastroc's., when stretching, for the past 4-5 weeks - Lytes have remained normal -

Approx. 10 days after start of test had Sx. of pulpitis of Ⓡ upper ant. molar which subsided c avoidance of chewing on food on that side. There has been occasional recurrence of sx - There are also one or more sensitive spots on Ⓡ side now c some sens - to candy -

For the past 3 days there have been several firm pustules c little pus formation and firm base along Ⓛ cheek and forehead. Suspect infection on pillow possibly from nasal scaling - Using Phisohex.

261 Facial pustules are clearing. Cultures were taken from the pillow and pustule and both grew a gram pos - cocci ~~in pus only~~ only and the colonies and micro - scopic characteristics appeared identical ~~to~~ the organ - ism in Bo's urine sample - Still get Ferguson to positively identify it and also took nasal swab tonight -

Notes on IMSS:

Missing: light, tongue blades

Should put all items together i.e. tongue blades

Politzer bag - small olive - no eff press

Percussion - marked decrease in audible notes, possible adaptation effects ↑ increased tonal perception - able to percuss borders easily

Auscultation - marked decrease in level, apparent lowering of frequencies - bell is very low in freq. - breath sounds unchanged ex. ↓ amplitude + harsh quality over bronchial areas - whispered sounds poorly transmitted