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Miss Cheryl Combs
400 Hulen Place
Forth Worth, TX 76107

Dear Cheryl:

I received your letter sometime ago, and have tried to secure the record that we have available on your brother Bill Combs from our local hospital. Enclosed you will find copies of all the records that we have. I will recall for you what I remember. I was called to the E.R. to see him because he suffered acute and severe head injuries. All I knew at the time was that he was a seminary student who had been involved in a car accident on the Daniel Boone Parkway. When I first saw him, he was totally unresponsive to deep pain. This is a very ominous sign of acute and severe head injury. This is usually due to either bleeding into the brain or swelling. If the brain swells to a significant degree it causes pressure on the respiratory and cardiac centers at the base of the brain which usually results in a sessation of breathing and heart rate.

At the time I saw Bill his breathing was already very erratic. As I stated he was unresponsive to pain and his pupils were unequal in size. What this indicates of course is that severe swelling has already started to take place within the brain itself and something immediately must be done or otherwise he would die. In order to survive, Bills swelling had to be either relieved or postponed until surgery could be done. We gave him medicines through the intravenous route to reduce the swelling in his brain and remove some of the edema and fluid out through his kidneys. Some improvement was noted immediately after this took place. The problem of course was that he needed immediate surgery to relieve the pressure that was rapidly rebuilding inside his head. In our hospital we have no neurosurgeons nor did we have the equipment to do this procedure. In view of that we made emergency arrangements to have him transferred to Lexington and continued to give him intravenous material to try and hold down the swelling of his brain until he arrived there.

(2 gallons of liquid edema shot forth)

I told you he had difficulty with his breathing, and quite frankly we expected him to stop breathing any minute. In view of that, we placed a tube called a endotracheal tube into his lungs. In the event that he should stop breathing on his own, we could then ventilate him manually.

I am pleased that Bill did survive the incident and has made a remarkable recovery. I can honestly tell you that I did not expect him to survive. I felt even if he did survive he would have demonstrated a severe neurological deficit. It is very rare that a patient can subtain the actue compression on his brain in the fashion that Bill did and survive.

This is all the information that I recall or have been able to find on Bill. I am very thankful that he has made such a remarkable recovery.

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If we can be of any further help, please let us know.

Respectfully yours,



W.E. Becknell, Jr., M.D.

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