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JAMES V. BENNETT  
DIRECTOR

DEPARTMENT OF JUSTICE  
BUREAU OF PRISONS  
WASHINGTON

June 1, 1939.

MEMORANDUM:

The medical report on Tom Pendergast indicates that he is suffering from a chronic disease of the heart muscle, considerable enlargement of the heart, and that the so-called coronary artery, which feeds the heart itself, is involved in the disease process. He has attacks of severe pain in the region of the heart. A heart such as this is a very serious thing indeed. It is difficult, if not impossible, to give any opinion as to when such a heart may stop working: it may go on for years or it may stop at almost any time.

He has had an operation on the lower bowel, which has been closed off so that he has no functioning rectum. Bowel discharges take place from an artificial opening on the left side of the lower abdomen and must be caught in a rubber pouch which he wears at all times.

He apparently has inflammation of the bladder following the removal of his prostate and has to pass his water very frequently and sometimes has to have a rubber catheter passed in the bladder to empty it. He has to get up frequently at night to pass his water and this causes him considerable pain at times.

JUSTIN K. FULLER

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PENDERGAST, Thomas J.

55295-L

4a Medical:

PHYSICAL EXAMINATION AND CORRELATED HISTORY:

GENERAL: A White male, 68 years, 5'8", 226 pounds, obese, normal development. Stooped but fair general appearance. Gives history of pneumonia many years ago with no residual symptoms. Mastoidectomy, lt. 1916.

Special: Heart, enlarged to the left; apex 1 1/2 cm outside and below nipple. Enlarged to right most marked in aortic area about 2 cm to the right of sternum. Soft murmur over entire precordial area most marked over aortic area and to right of sternum. Pulse rate 108, rhythm good, character fair. Blood pressure 116/176.

Gives history of precordial pain and dyspnea upon slight exertion and anginal attacks of varying severity and frequency during the past three years.

Colostomy in left lower abdomen, opening clean but surrounding skin irritated and reddened.

History of sigmoiditis about three years ago with operative procedure for relief.

Suprapubic prostatectomy two and one half years ago; has present symptoms of nocturia, frequency, dysuria, and interrupted stream. Has been cathetrized frequently in recent months.

Defective vision, corrected by glasses.

Partial deafness of right ear.

Venereal; Gonorrhea, denied. No symptoms.

Sphyilis, admitted, 1916. Extensive treatment to date.

Blood test, not returned from Washington.

Narcotics: Use denied; no needle scars.

Dental: Partial dentures, satisfactory.

Rated as C.

#### Recommendations:

Treatment: Medical treatment for cardiac condition  
Proper care of colostomy.

Proper care of GU condition.

Work: No duty because of cardiac condition

Limitation as to cell location: to cell by himself because of colostomy; dining, recreation, disciplinary measures guided by cardiac condition.

Transfer: No recommendation at this time.