

This document is made available through the declassification efforts  
and research of John Greenewald, Jr., creator of:

# The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA)  
document clearinghouse in the world. The research efforts here are  
responsible for the declassification of hundreds of thousands of pages  
released by the U.S. Government & Military.

**Discover the Truth** at: <http://www.theblackvault.com>

A. VARGAS, M. D.  
 813 EAST 8TH AVENUE  
 MIAMI, FLORIDA  
 PHONE 868-2448

Copy of Discharge Summary of

This 36 year old white male was admitted to the hospital because of secondary anemia. In December of 1965 he had a cystectomy for carcinoma of the bladder. The ureters were then transplanted into the rectum to form a new bladder. The bowel was cut off above this point, the sigmoid was immobilized and brought down anterior to what would be the new bladder passing it through the anal sphincter so that in effect he had a new anus placed anterior to the new bladder. The new bladder has as its point of exit what had been physiological anus. This surgery was done by Drs. Rubin, Winton and Needell. Approximately one week or 10 days later he developed a mass in the right lower quadrant and I was called to see him and the mass in the right lower quadrant was diagnosed as pericecal abscess and it was opened and drained. The mass subsided and this situation cleared up completely. Approximately 1 1/2 months prior to this last hospitalization, he was readmitted to Jackson Memorial Hospital because he was passing some blood through the new rectum and he had had a drop in Hgb. He also developed numerous perianal fistulae and he was passing gas and feces through the fistulous openings as well as through the penis. I was again called and elected to do a transverse colostomy to clear up these fistulas. This was done and the colostomy was functioning perfectly. It has resulted in the drying up of all the perineal fistulae. The patient came to my office the day before admission to the hospital and on this occasion he complained of being nauseated and not being able to keep anything on his stomach and of feeling very weak. He was very pale. His Hgb. done in the office was read as 45%. He was then admitted to Hialeah Hospital and a G.I. series revealed the existence of a duodenal ulcer. All other studies were essentially negative other than the persistence of a fistula between the new rectum and the penis. Since admission to the hospital he has received transfusions and has been placed on diet and medication. He has improved remarkably, feels very well now and is being discharged to be followed in the office.

A. Vargas, M.D.

UNDATED: Received from [REDACTED] on 16 May 1966

FILE:  201 file  
 19-124-25/5-2