RAYMOND GARRICK, F.R.A.C.P.
NEUROLOGIST

ST. VINCENT'S CLINIC
SUITE 703
438 VICTORIA STREET
DARLINGHURST N.S.W. 2010
TELEPHONE (02) 332 6712
FACSIMILE: (02) 332 6718

22 October, 1996

Dr. Heather McIntyre
202 Commonwealth Street
SURRY HILLS 2010

Dear Heather,

Re: **Carl STOCKTON** d.o.b. 31/10/1944

Many thanks for giving me the opportunity of seeing Mr. Stockton for neurological assessment following a head injury 2 weeks ago. He is unable to recall the exact events of his injury but there is very little retrograde amnesia. His last recollection was attending the Shakespeare Pub at about 11 p.m. on Saturday night on the way home from work as a freight train driver. He appreciates that he was at least mildly intoxicated but not ataxic before losing awareness. He was not robbed and he cannot distinguish whether he fell or was assaulted. His injury resulted in a fracture of the right clavicle, injury to the right occipital and temporal scalp and the right olecranon. There was some initial aching in both buttocks and he lacerated both knees. His first awareness after injury was being at the Sydney Hospital Emergency Department about 12 hours later. He understands that he was found by a MissionBeat equivalent worker who took him to hospital. He received treatment for his lacerations and fracture and was discharged home by taxi. He was able to cope at home alone. He had a couple of days of bed rest and he is now managing with his right arm immobility.

His headache is gradually subsiding. There is no vertigo. He had an initial feeling of faintness for a week after his injury but this has subsided. There have been no focal motor, sensory or visual symptoms.

General health is significant for prominent alcohol intake. He has a variable significant intake each day. He has taken Anafranil for the last 10 months for significant depression and is supervised by Dr. Ron Field for this. He has slight hypercholesterolaemia but no hypertension. Past operations have been hernia repair and tonsillectomy.

Examination revealed no cognitive deficit. There was no cranial nerve abnormality. Olfactory sense was normal, noting a blocked right nostril. There was no deficit on motor, sensory or reflex examinations and co-ordination was normal. He has a right medial third clavicle fracture. There was minor right temporalis muscle tenderness. Blood pressure was 140/90 There were no cranial or extracranial bruits.

Mr. Stockton has suffered a significant concussive injury. At this stage there is no suggestion of subdural haematoma and I have suggested that CT scan be deferred. I advised continuing intermittent mild analgesia, abstention from alcohol and adequate nutrition. He should not return to work until headaches have subsided. This should coincide well with resolution of his clavicle fracture.

I would be happy to review Mr. Stockton should problems persist. Thank you for asking me to see him.

With kindest regards,
Sincerely,

Raymond Garrick
cc. Dr. F. Robertson, Level 9 St. Vincent's Clinic, Darlinghurst 2010