THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL SCHOOL
DALLAS

M. T. JENKINS, M. D.
PROFESSOR AND CHAIRMAN
Department of Anesthesiology

Clinical Departments of Anesthesia
PARKLAND MEMORIAL HOSPITAL
CHILDREN'S MEDICAL CENTER

November 24, 1963
1700

To: Mr. C. J. Price, Administrator
Parkland Memorial Hospital

From: M. T. Jenkins, M.D., Professor and Chairman
Department of Anesthesiology

Subject: Statement concerning resuscitative efforts for
Lee Harvey Oswald

At approximately 1127, November 24, 1963, Doctor Ronald Jones, senior resident in general surgery, after being notified through the office of the Administrator of Parkland Memorial Hospital, informed a surgical and anesthesiology team that Lee Harvey Oswald had sustained a gunshot wound and was being brought to the emergency operating room at Parkland Memorial Hospital for emergency and definitive treatment. By the time that the patient Oswald was registered into the emergency operating room, 1132, there was assembled a resuscitation team in E.O.R. Surgical Room No. 2. Among the members of the resuscitation team were the following: Doctors M. T. Jenkins and Gene Akin, with an anesthesia machine and full resuscitative equipment for the maintenance of ventilation; Doctors Gerry Gustafson, Dale Coln, and Charles Crenshaw, who were prepared to introduce cannulae into the veins via cutdowns or percutaneous puncture; Doctor Ronald Jones, with chest drainage equipment; Doctor William R. Osborne, for necessary orthopedic services; and Doctor William Risk, for evaluation of possible urological damage. Dr. Malcolm Perry was present to direct the surgical approach. There were many other medical personnel present in addition to these, but the physicians named figured importantly in the initial resuscitative experience.

As the patient Oswald was brought into Emergency Operating Room No. 2, Doctor Akin introduced a Davol #36 cuffed endotracheal tube and connected it to an anesthesia machine for assisted ventilation or controlled respiration with oxygen. It was obvious that the patient was in extremis as judged by his general pallor, the cold extremities, the dusky or ashen gray color of his nailbeds, his gasping respiration, and his dilated pupils and dry conjunctiva. There was a small, oval, traumatized area in approximately his left anterior axillary line at the sixth intercostal space, and a foreign object, thought to be a bullet, could be palpated in his right posterior axillary line at about thoracic dermatome ten.

No time was expended in making these observations and evaluation of the patient's status, for at the time the endotracheal tube was being inserted, three members of the house staff were performing venous cutdowns, one in each lower extremity and one in the left forearm. These were performed by Doctors Coln, Crenshaw, and Gustafson. Because of the obvious chest wound and an appearance of pneumothorax on the left, Doctor Ronald Jones inserted a chest tube and connected it to a closed water-seal drainage bottle. The head of the emergency room cart was lowered into a Trendelenburg position. There was no perceptible arterial pulsation. However, the cardioscope tracing showed electrical cardiac activity with a heart rate of approximately 150 per minute. Blood was sent to the Blood Bank for immediate typing and crossmatching, and two units of uncrossmatched Type O, Rh negative blood were started by pressure infusion.

It was obvious that this patient had sustained such an injury that he was continuing to lose blood internally very rapidly. Doctors Shires and McClelland collaborated in the decision to move the patient immediately to the Main Operating Suite, operating room No. 2, for emergency laparotomy, since the suspected path of the bullet would seem to traverse the left lower lobe of his lung, the left leaf of the diaphragm, the aorta or inferior vena cava, and perhaps the right kidney or part of the liver. (Doctor Risk had inserted a Foley catheter into the urinary bladder, obtaining only a scant quantity of urine which was not blood tinged.)

With the anesthesia machine still connected to the patient, he was transported to the elevator and into operating room No. 2, which had already been prepared for emergency surgery. The abdominal incision was made at 1144, twelve minutes from the time the patient was first admitted to the Emergency Operating Room.

The operating team consisted of Doctors Tom Shires, Robert McClelland, Malcolm Perry, and Ronald Jones. The anesthesia team consisted of Doctors Gene Akin, M. T. Jenkins, and Harlan Pollock. Suture nurses were Miss Pat Schrader and Mrs. Jeanine Lunsford. Circulating nurses included Miss Audrey Bell, Miss Linda Burkett, and Mrs. Eileen Simpson. Details of the operation will be found in the report submitted by Doctor Tom Shires. A description of the patient's condition and the parasurgical considerations will be included in the remainder of this report.

By the time of the beginning of surgery, type-correct blood (A-1, Rh negative) was available and was administered under pressure through the three venous cutdowns. Doctor Curtis Spier cannulated a vein in the right forearm to aid in fluid replacement.

Under the influence of blood administration and pulmonary ventilation with 100% oxygen, the patient's pulse rate slowed from 150 to 80 per minute, and by 1200 he had a discernible peripheral blood pressure, recorded at about 60 systolic, and by 1210 his blood pressure was 90/60 and his pulse rate remained regular at 80 per minute.

By 1215 he had received 3,000 ml. of blood and 800 ml. of 5% dextrose in lactated Ringer's solution. Estimated and measured blood loss at this time was 4,000 ml.

By 1230 he had received 6,000 ml. of blood and 1 gm. of calcium gluconate intravenously. His measured blood loss at this time was 5,000 ml., and it was also obvious that an additional quantity was sequestered in his bowel lumen and bowel wall.

At this time the surgical and anesthesia teams consulted about the patient's fluid status and decided that he needed a quantity of balanced salt solution; therefore, in two of the cutdown veins, 5% dextrose in lactated Ringer's solution was begun. (Despite this rapid blood and fluid replacement, the patient's pulmonary status seemed satisfactory, in that there was no perceptible change in compliance, as judged by the resistance to ventilation by compressing the reservoir breathing bag.)

At 1237, Dr. Akin, who was monitoring the heart sounds with a chest stethoscope, reported that the cardiac tones were becoming weaker and the pulse rate was slowing from the previous rate of 80, to 60, to 40, to 30, and then became imperceptible. (These changes in rate were verified by a change in electrical activity as shown on the cardioscope.) Palpation of the heart through the diaphragm from the abdominal operating site was performed by Dr. Tom Shires, who reported that he could not feel cardiac activity and he noted that the aorta had now ceased to pulsate. Doctor Perry opened the left chest with an incision at approximately the left fourth intercostal space, extending from the sternum laterally to the left anterior axillary line. Under direct vision it was verified that rhythmic cardiac activity had ceased, the heart was dilated, and ventricular fibrillation was present. Manual cardiac systole (cardiac massage) was begun by Doctor Perry while the internal defibrillation apparatus was readied. Three attempts at ventricular defibrillation were made, with Doctor McClelland applying the defibrillation paddles to the heart, utilizing successively voltages of 250, 500, and 750 without successfully effecting defibrillation. Between the applications of the defibrillation paddles, manual cardiac systole was continued alternately by Doctors Perry and McClelland. 10 ml. of 10% calcium chloride were injected into the chamber of the left ventricle at 1245. The heart, which had been flaccid but fibrillating prior to this injection, showed an increase in muscular tone and was not as dilated, although ventricular fibrillation continued.

At 1250,1 mg. of epinephrine hydrochloride in 10 mg. of 1% lidocaine was injected into the left ventricular chamber, reducing the heart in over-all size, perhaps, but ventricular fibrillation continued.

At 1255, the internal pacemaker, provided by Doctor Fouad Bashour, was attached to the heart, but the electrical stimulus provided by this pacemaker was not effective in producing visible cardiac systole. At 1300, two other attempts at internal defibrillation were made, utilizing successively voltages of 750 and

1000. The second defibrillating current produced asystole, but the internal pacemaker still did not stimulate effective cardiac activity.

Manual cardiac systole was re-started, causing palpable carotid pulse, but the patient's obvious external appearance was that circulation was ineffective as judged by the development of an ashen gray cyanosis. With an ophthalmoscope, Dr. Jenkins had periodically checked the retina for circulation during the resuscitative processes, and the retina could be visualized until 1305, when it was apparent that the lens had become opaque, and retinal circulation was not observed. The patient was pronounced dead at 1307. (The bullet which was palpable in the right posterior axillary line was removed and sent out by Doctor Robert Shaw and Miss Audrey Bell to be turned over to the law authorities.)

As a summary of fluid replacement, this patient received 15-1/2 units of blood and 4,200 ml. of 5% dextrose in lactated Ringer's solution.

It is my personal feeling that all methods of resuscitation were instituted expeditiously and efficiently. Having observed this patient from the time he was wheeled into the Emergency Operating Room, I feel that he sustained a period of cerebral hypoxia or anoxia for the period of time lapsing between the gunshot wound which he received and the time that effective ventilation with oxygen was started in the Emergency Operating Room. Considering the cerebral changes which would begin at the time of initial anoxia, notably cerebral edema, I feel that many vital centers, including the cardiovascular center, were irreparably damaged, despite all resuscitative measures, introducing the final cardiac asystole. The trauma which patient Oswald had sustained was too great for resuscitation.

There were many other physicians and surgeons available in the operating suite for services as needed. Doctors James H. Duke and Eugene P. Frenkel, with assistance from the Blood Bank, kept a running account of blood and fluid replacement. Doctor Fred Johnson assisted Dr. Bashour with the setting up of the artificial pacemaker. Doctors Harry Spence and Paul Peters were available to participate in the operation, if necessary, for damage to the kidney or ureter. Doctors James Shiu, William M. Osborne, R. Don Patman, William Risk, Dale Coln, and Charles Crenshaw continued with pumping blood and fluids as indicated. Doctors Robert Shaw and J. P. Boland were present to assist in the operating team, if necessary, for the chest and lung injury.

Sincerely,

M T Jenkins

M. T. Jenkins, M.D.

/k

PHYS. STATUS 1 2 3 4 5 6 7

SPEC. STUDY

HEAD & NECK		THORAX		UPPER ABD.		LOWER ABD.		ABD WALL		PERIN.		SP.	LIMBS		SPEC.	
1. EYE 2. E.N.T. 3. PLASTIC 4. DENTAL	5. NECK 6. THYROID 7. INTRACRAN 8. HEAD, SUPERFIC	1. CARDIAC 2. GRT. VESS. 3. EXTRAPL. 4. INTRAPLEUR	5. THOR CAGE 6. THOR SUPERFIC.	1. G.B. 2. STOM., DUOD. 3. COLON 4. DEEP OPS.	5. OTHERS	1. APPENDIX 2. BOWEL 3. PREG. OPS. 4. GYN. OPS.	5. OTHERS	1. LUMB., RENAL 2. INGUINAL	3. EXTRAPERIT. 4. ABD., SUPERFIC.	1. ANO-RECTAL 2. PERIN., G.U.	3. PERIN. GYN. 4. PERIN. OBST.	1. SP. CORD 2. SP. COL.	1. UPPER, SOFT 2. UPPER, BONE 3. LOWER, SOFT 4. LOWER, BONE		1. THERAP. 2. DIAGNOSTIC	1. MINOR OP. 2. MAJOR OP.

SITE OF OPERATION

YEAR: TENS / UNITS — 4 2 1 / 4 2 1 ~~6~~ 3 — ANESTHETIST

PRE-MEDICATION: 1. MORPHINE 2. OTHER OPIATE 3. SCOPOLAMINE 4. ATROPINE 5. DEMEROL 6. ALCOHOL 7. BARBITURATE 8. OTHER

ANESTHESIA RECORD

HOSP. NO. ER 11

TIME 1132 DATE 11/24/63

SURG. Gen. Surg.

AGE 24 WM WEIGHT —

WARD ____ ROOM ____

SERVICE ____ PRIVATE ____ PREMEDICATION None ____ S. ____ U. ____

NAME OSWALD, Lee H.

NOT DEPR. ____ TOO DEPR. ____

ANES. HIST. ____ NEG. ____ S. ____ U. ____ ~~Ex. Lap. GSW~~

OTHER In Shock

PROPOSED OPERATION Ex. Lap. G.S.W.

IDENTITY ✓ RESP. ✓ MOUTH ✓ Teeth OK

INDUCTION

SATIS. ____ REV. ____ CORD ____ SP. ____ CRUSH ____

EMESIS ____ EXCIT. ____ M. ____ S. ____ SLOW ____

OTHER ____

ANES. NO.

ETHER / C_3H_6 / N_2O

OXYGEN 500 400 300 200

PLANE OF 3RD STAGE — Surg

180 160 OPER. O 140 ANES. X 120 RESP. O 100 PULSE • 80 B.P. V Λ 60 40 20

TIME OF REMARKS

FLUIDS

REMARKS

Into EOR #2 @ 1132

Oro-tracheal intub., Oxivol #36, ō trauma —

Pt. had agonal resp.; widely dilated pupils but lt. divergence. —

Rt. leg cut-down —

left arm cut-down —

left chest tube

Surg. — (R. 11:23)

Surg 60

Atrop 0.6 1155 P80

1215: BP 50/? Soaml RL

Soaml blood

1220 — Soaml blood —

1237 — Loss of perceptible heart

1240 Chest — Fib. attempts x 3 — CaCl₂ Iv 1 mg. Epi

Heart act resp. ceased 1307

Anesthetic agents O_2 (1/2) Sux — N_2O — O_2 (50-50)

Anes. methods SC — (A)

(Orotracheal) Nasotracheal R. L. c̄ Cuff c̄ Pack Under mask s̄ Cuff or Pack Blind

Operation Exploratory laparotomy for GSW; Thoracotomy for attempts at cardiac resuscitation

Surgeons Drs. Shires, McClelland [redacted] Giles

O. R. Instr. SEE DICTATED REPORT

Anesthetists Akin, Jenkins, H. Pollack

Sponge Count 2 Drains

Bell, Gutzett,

Suture Nurses Schrader — Wimsford

Circulating Nurses Simpson

CONDITION DURING ANES.: RESPIRATORY, CIRCULATORY, GASTRO-INTEST., TECHNICAL, OTHER — MAJOR / MINOR

POSITION: 1. PRONE 2. LATERAL 3. FOWLER 4. TRENDEL 5. LITHOT-OMY 6. OTHER (RECORD SUPINE—NO PUNCH)

ANES. TIME

ANESTHETIC AGENTS: VIETHIN, ETHER, VINETHENE, ETHYL CHLOR, CYCLO., ETHYLENE, NITROUS OXIDE, PENTOTHAL, PROCAINE, METYCAINE, PONTOCAINE, NUPERCAINE, OTHER BLOCK AGENT, OTHER, GEN.

ANESTHETIC METHODS: OPEN OR INSUFFLATION, SEMI-OPEN (NO REBREATHING), SEMI-CLOSED (PART REBREATH), ABS. TO & FRO, CIRCLE ABS., RECTAL, INTRAVENOUS, FIELD BLOCK, PARAVERTEBRAL & INTERCOSTAL, PERIDURAL, CAUDAL, SACRAL, SPINAL, EXTREMITY BLOCK, OTHER REGIONAL, OTHER, GEN.

POSITIVE PRESSURE — INTUBATION — NO. METHODS

PRINCIPAL / SECONDARY

ANES. LEVEL: +T4 4, −T4 3, −T7 2, −T12 1, SAT.

PARKLAND MEMORIAL HOSPITAL
DEPARTMENT OF LABORATORIES

Hgb. 8.2 Gms% Wbc 5,750
Rbc ____ Platelets 32,000
Hematocrit 26.5 % Reticulocytes ____ %
Sed. Rate ____ Corrected Sed. Rate ____
Bleeding Time ____
Clotting Time ____
Total Eosinophile Count ____
Sickle Cell Prep ____
Rbc Morphology ____

Oswald, Lee

PATIENT'S CHART

12:30 PM

CELL INDICES

M.C.V ____ M.C.H ____ M.C.H.C ____

BASO	EOSINS	MYELOBL.	MYELOCY.	JUVEN.	BANDS	SEGS.	LYMPHS	MONOS.

DIAGNOSIS ____ REMARKS ____

DATE 11-24-63 DR. ____ NURSE ____ TECH ____

1801 - 80M - 6-63

HEMATOLOGY

PARKLAND MEMORIAL HOSPITAL
DEPARTMENT OF LABORATORIES

Hgb. 13.4 Gms% Wbc 3,500
Rbc ____ Platelets 347,500
Hematocrit 40 % Reticulocytes ____ %
Sed. Rate ____ Corrected Sed. Rate ____
Bleeding Time ____
Clotting Time ____
Total Eosinophile Count ____
Sickle Cell Prep ____
Rbc Morphology ____

Oswald, Lee

PATIENT'S CHART

11:30 Am.

CELL INDICES

M.C.V ____ M.C.H ____ M.C.H.C ____

BASO	EOSINS	MYELOBL.	MYELOCY.	JUVEN.	BANDS	SEGS.	LYMPHS	MONOS.

DIAGNOSIS ____ REMARKS ____

DATE 11-24-63 DR. ____ NURSE ____ TECH ____

1801 - 80M - 6-63

HEMATOLOGY

DESCRIPTION OF OPERATION (cont'd)

In EOR:

Intubation + respiration: Dr. Akin
Cardioscope hooked up: [illegible]
Rt. chest tube. Dr. Ron Jones
Cut-downs – left leg { [illegible], Crenshaw
right leg } Gustafson

Foley – Dr. Risk

Pumping (blood) in OR
Shires
[illegible]
Risk
Spain

DALLAS COUNTY HOSPITAL DISTRICT

STAFF PROGRESS NOTES

DATE, HOUR, NAME

James H Duke [redacted] M.D.

I participated [redacted] in the [redacted] emergency [illegible] in the care of [redacted]

1) I assisted in the [illegible] [redacted] from the ambulance cart [redacted] to EOR cart.

2) I assisted in [redacted] placement of a Lt anterior chest tube

3) I [illegible] [redacted] [illegible] [redacted] and chest tubes to his removal from the EOR to O.R.

4) I assumed [redacted] responsibility of [redacted] monitoring the [redacted] and [redacted] of the pt.

a. He received 15.5 units of whole fresh blood. This was partially [illegible] [illegible], the final report is [redacted] the work of the blood bank.

b. He received the following intravenous fluids of balanced salt solutions:

(a) Lt arm:

i. 500cc R/L

ii. 100cc N/S (arterine drip)

(b) Rt arm: 700cc R/L D5%

(c) Lt leg: 1500cc R/L D5%

(d) Rt leg: 1400cc R/L D5%

5) I tried to [illegible] adequate liaison c the [illegible] Dept [illegible], the [redacted] [illegible] medicine dept. via [redacted] & talked c Dr [illegible], [illegible] and [redacted] Bashour [redacted] [illegible] [illegible] [redacted] [illegible]

[redacted]

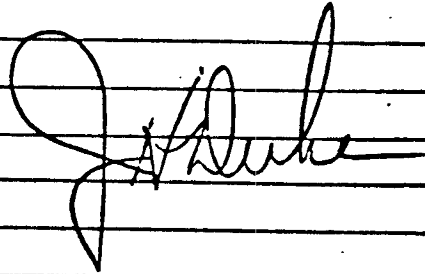
(5) See Dr Bashour report over

1767

DALLAS COUNTY HOSPITAL DISTRICT

STAFF PROGRESS NOTES

DATE, HOUR, NAME	
	(C) The ~~[illegible]~~ last values obtained during the procedure were:
	Hgb 8.7 gm%
	Hct 26.5%
	WBC 5750
	Platelets: 30,000



DATE	TIME	ORDERS	DOCTOR'S SIGNATURE	NURSE'S SIGNATURE	
		(1) Dr. Crenshaw, [illegible] & I did the cut down on the legs ē EOR			
		(2) Pumped blood in (L) upper ext cut down & ~~[illegible]~~ No available chest tubes on way to OR.			
		(3) Pumped ~~[illegible]~~ blood ~~[illegible]~~ & [illegible] in (L) upper ext & monitored carotid pulse during arrest & attempts at resuscitation			
		D. [illegible]			

For use on admission to hospital only:

Is patient Yes☐ No☐

Remarks:

(over)

I received [illegible] of Lee Oswald having been s[illegible] [illegible] was en route to E.R.
While I was in [illegible] room [illegible].
Immediately I notified Dr. M.O. Perry, and Dr.
M.T. Jenkins and all went to E.R. The
patient was arriving and the GSW noted
in [illegible]
[illegible] a left anterior [illegible]
in 2nd interspace of MCL. This was attached
[illegible]
[illegible] in left
axilla [illegible] all [illegible] large
[illegible] Blood was immediately
[illegible]
We then rushed patient to surgery
where I assisted with the laparotomy and
these findings will be discussed elsewhere.

Ronald C. Jones M.D.

1237: Heart slows ↓; P 80 → 40 → 0; BP 0/0

1235 / 1240: chest opened & manual massage —
Vent. fibrillation —
Defib. attempts x 3
250 V
500 V
750 V

1245: $CaCl_2$, 1 gm in left ventricle; 1250: Epinephrine, 1 mgm in [illegible] IC @ 1250

1255: Int. pacemaker attached but ineffective.

1300: measured blood loss:
6000 ml

1300: Defib. attempt 1300
1000 V
asystole

1325: Bullet out —

1307 — Pronounced dead — retinal ring not apparent — lens opaque.

15½ units blood | D5W RL / + 200 ml

DALL. COUNTY HOSPITAL S.RICT

OFFICE MEMORANDUM

To—

Subject: 24 Nov 1963

Participation in Oswald Case:

At time of Emergency call, I reported to correlate and manage blood replacement as Hematologist. We arranged for: (1) Blood - stat uncrossed.
(2) Beginning of x-match.
(3) Call for donors.

Then reported to O.R. with blood and assisted Dr James Duke in correlating and administering blood & stood by for any necessary consultation.

A total of 15½ (16 units) of whole blood given the patient.

Excess Blood (12 units) standing by in O.R. was personally returned to Blood BANK.

Eugene P. Frenkel, M.D.
Chief Section Hematology

2118-

Oswald, Lee H.

– 1335 –

Statement concerning [redacted] ...tative eff[redacted]

[redacted] ...ld –

A[redacted] of November 24, 1963 I reached [redacted] d Hosp[redacted] following a call from Dr. Donald Seldin notifying me [redacted] ...d [redacted] operating room. Upon rea[redacted] ope[redacted] ...s in ven[redacted] lar [redacted] ...massage [redacted] McClellan and Perry. An AC defibrillator was applied and four sh[redacted] ...up to 100[redacted] The heart was still being massaged and carotid pulse was felt following each massage. An internal pacemaker was sutured to the left [redacted] good pacing of [redacted] Prior to this [redacted] ...er[redacted] and in ventricul[redacted] ...used [redacted] rate of 60-75 and at amperage of [redacted]-6.0 milliampe[redacted] any effect. With increasing amperages we could obtain ventricular contractions which were ineffective in expelling blood from the heart

and no pulse was felt during these 'stimulated' contractions. In spite of this cardiac massage was maintained during the time of the 'pacing' attempt. The heart was further dilated and duskier in color. The pupils were dilated and non-reactive. There were no ~~capillaries~~ vessels seen to pulsate in the retina. The pacing was continued and monitored on an oscilloscope monitor brought to the operating room by Dr. Fred T. Bhuston, Jr.

The pacing of the heart was ineffective and the heart became more and more dilated. I placed a sterile glove on my hand, palpated the heart and found no effective contraction.

Drs. Tom Shires, McClellan, Perry, Jenkins and I declared the patient dead at seven minutes after one P.M. on this the twenty-fourth day of November, 1963.

Signed [signature] MD.
F. A. BASHOUR MD
Associate Professor of Medicine
University of Texas the Southwestern
Medical School — Dallas — Texas

Pt. Lee Harvey Oswald

11/24/63 DOCTOR: Crenshaw, Charles A.

I initially saw pt. in EOR appx. @ 1130 am. There c̄ other members of the staff, engaged in resuscitative measures in performing cut downs and administration of whole blood. Jointly brought patient to operating room where aide in IV medications, T&C procedures c̄ blood administration was performed. Also aide was given in setting up defibrillator.

Charles A. Crenshaw MD

1033

Pt. Lee Oswald

PARKLAND MEMORIAL HOSPITAL

ADMISSION NOTE

DATE AND HOUR: 11/24/1963 1530 DOCTOR: R. D. Patman

Pt. Lee Harvey Oswald was already in the operating room when I arrived. My function pertaining to his emergency care during the surgical procedure consisted of administering IV fluids and blood, assisting in obtaining the equipment required, monitering the carotid pulse and administering molar lactate during cardiac arrest resuscitative measures. Pt was pronounced dead at 1307, November 24 1963

R. Don Patman M.D.

1033 (OVER)

DALLAS COUNTY HOSPITAL DISTRICT

OFFICE MEMORANDUM

~~To~~ FROM JP Boland Thoracic Surgical Resident.

Subject: OSWALD

1) Pt seen on admission to SOR #2

a) Left chest aspirated by Dr Duke - no blood or air

b) Pericardial Cavity aspirated by me — no blood.

c) Had breath sounds on (L). Distant heart beat.

2) When pt. sustained cardiac arrest:

Sutured myocardial electrode in (R) ventricle.

2118-

DALLA[illegible] CO[illegible]NTY HOSPITAL D[illegible]T[illegible]CT

OFFICE MEMORANDUM

To—

Subject: Patient – Lee Harvey Oswald

Dr. Wm Risk

When the above named patient was brought to Trauma room 2 at approximately 1130 – 1140 by my watch, I helped restrain his right arm manually while the endotracheal tube was inserted. Someone attempted inserting a foley catheter into the patient's bladder and was unsuccessful so I inserted the catheter and secured it in place, obtaining a small amount of clear urine. Otherwise I circulated in the O.R. helping with I.V. tubings, pumping blood and attaching pacemaker leads —

William Risk, M.D.

2118-

DESCRIPTION OF OPERATION (cont'd.)

Re: Patient Harvey Oswald —

I initially saw the pt. in the Emergency room, where I helped perform a cutdown in his right lower extremity.

In the operating room I helped with anesthesia aspects of the procedure as well as keeping track of blood loss and blood replacement & fluid administration —

Harlan Pellock MD

DALLAS COUNTY HOSPITAL DISTRICT
OFFICE MEMORANDUM

To—

Subject:

Patient Lee Harvey Oswald who was undergoing emergency operation for gun shot wound of abdomen. Emergency blood transfusion was required. I helped to pump blood, approximately one pints. Via the (R) leg cut down.

Jimmie Shin M.D.

2118-

DALLAS COUNTY HOSPITAL DISTRICT

OFFICE MEMORANDUM

To— R. E.

Subject:

Patient, Lee Harvey Oswald, —

I helped hook up intravenous blood and Ringer's Lactate under direction to left Saphenous vein, helped insert & inflate indwelling Foley catheter and helped pump blood into rt Saphenous vein.

Wm M Osborne, M.D.

2118—

for Dr. Jenkins

Operating Room nurses involved in case c̄ Lee Harvey Oswald

Miss A. Bell, Supervisor
Miss Pat Schrader, RN
Miss Linda Burkett, RN
Mrs. Eileen Simpson, RN
Mrs. Jeanne Lunsford, LVN

Mrs Eleanor Molden

M. D.

PARKLAN[illegible] MEMO[illegible]L HOSPITAL

RECORD OF BLOOD TRANSFUSIONS

Oswald Lee Harvey

DATE	HOUR	BLOOD BOTTLE NUMBER	DONOR'S NAME	PATIENT'S NAME	TRANSFUSION STARTED BY	CHARACTERISTICS OF REACTION	TYPE *
[illegible]	[illegible]	638147	Becca	Oswald	Dr. Jenkins		A, Neg.
|	|	639344	Russell	Oswald	"		A, Neg
|	|	639335	Reid	"	"		A, Neg
|	|	2707	Duff	"	"		O Neg
|	|	2075	Stearns	"	"		O Neg
|	|	P1945	Wray	"	"		O Neg
|	|	P1002	Macdonald	"	"		O Neg
|	|	2754	Benavides	"	"		O Neg
|	|	P1988	Berry	"	"		A, Neg
|	|	41990	Community Blood Stn	"	"		A, Neg
|	|	12073	[illegible]	"	"		A, Neg
|	|	P2086	Farmer	"	"		A, Neg
|	|	639312	Beaz	"	"		A, Neg
|	|	639188	Endsley	"	"		A, Neg
✓	|	639228	Smalley	"	"		A, Neg
11/24	[illegible]	639782	Jordan	"	"	Partially used	A, Neg

* ALLER[illegible]