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Other Individuals and Organizations Involved of Interviewed

November 25, 1963
0845

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

From: A. H. Giesecke, Jr., M.D. ✓
Associate Anesthesiologist
Department of Anesthesiology

Subject: Narrative summary - anesthesia care for Governor John Connally

Upon notification by Dr. M. T. Jenkins that the President had been shot, I grabbed my equipment and proceeded to the Emergency Room via the elevator. Dr. Jenkins had taken the stairs. Dr. Jackie Hunt brought an anesthesia machine. Dr. Gene Akin was also along. Drs. Hunt, Akin and myself assisted Dr. Jenkins in establishing ventilation in the President, then Dr. Hunt proceeded across the hall to check on Governor Connally's requirements while I hooked an oscilloscope to the President with the assistance of Dr. Don Curtis, an Oral Surgery resident. Having been summoned by Dr. Hunt to attend to Governor Connally, I left the room just as Doctors Bashour, Seldin, and Clark arrived.

I rushed to operating room No. 5 in the Main Operating Suite on the second floor, where Governor Connally had been taken. On the way, Dr. Hunt briefed me that she had examined the Governor and found his color to be ashen, pulse of normal rate and volume, but he was dyspneic and tachypneic, grunting as he exhaled. She recalled having passed a cufflink to Mrs. Connally while the Governor was having a chest tube placed.

Upon arrival in operating room No. 5 Joe Mata, our orderly, brought me an anesthesia machine, which I hurriedly checked for safe operation. I then introduced myself to the Governor, determined that he had not eaten since early morning, had not had any serious medical illnesses and had not been in shock. At this time he had 150 ml. of blood above the tape in the chest bottle, his color was as described, his nail beds were cyanotic, his pulse was 100 and full, he was alert and unpremedicated. I checked his mouth for foreign bodies and started 10 liters per minute oxygen by mask from the anesthesia machine. At this time he was having a cutdown performed in his right ankle

and his trunk shaved from the clavicles down, including the right axilla. A Foley catheter was being placed in his bladder and 200 cc. urine was recorded.

Because of his poor color, respiratory distress, and probable large blood loss, I decided to omit pentothal and to use cyclopropane and oxygen. Accordingly, I asked for quiet and for the Governor to be covered with a clean cotton blanket. At 1300, twenty minutes after arrival in the Emergency Room, I started slowly with 800 cc. cyclopropane per minute plus 2 liters of oxygen per minute. His color had improved but his respirations were still rapid at 40 with grunting exhalations. The Governor lost consciousness without excitement at 1307 and was given 80 mg. succinylcholine chloride very slowly intravenously to prevent hard fasciculations and positive regurgitation. Laryngoscopy was atraumatic and easy and no abnormalities were noted. The pharynx and trachea was sprayed with 4% cocaine and intubated with a 34 Fr. endotracheal tube with a Knight-Grimm-Sanders cuff which was inflated to provide a good fit.

During the induction Drs. Hunt and Deuon Baker connected the leads to the ECG monitor. Dr. Hunt reported a very transient bradycardia during the intubation. The pulse rapidly returned to 100 and the EKG looked normal. A blood pressure cuff and stethoscope was applied to the left arm and blood pressure was noted at 100/70. The explosion-proof X-ray machine was moved in and X-rays taken of the chest, right arm, and left thigh and leg. Blood was drawn for type and crossmatch, and the hemoglobin was reported as 15.2 gm.%, urine normal. Respirations were controlled, the position of the endotracheal tube was checked by auscultation of the chest and reference to the X-rays. The Governor was placed in a semi-lateral position with the wounded side up. The right arm was supported in a sling over his chest from the operating table. The skin incision was made at 1335, 55 minutes after arrival in the Emergency Room.

Doctors Shaw, Boland, and Duke operated for 1 hour 45 minutes. The position was changed to supine, and Doctors Gregory and Osborne operated on the arm and Doctors Shires, Baxter, and McClelland operated on the left thigh simultaneously.

The cyclopropane was turned off at 1645 and 50 mg. meperidine was given intravenously. The Governor regained consciousness during the application of the cast to the right arm and forearm. The endotracheal tube was irrigated with 50 ml. normal saline in 10 ml. increments, followed by suctioning, which yielded moderate amounts of bloody mucous. The oropharynx was cleaned. The estimated blood loss at surgery was 1,296 cc. in the chest bottle, suction bottle, and weighed sponges. Urine output was 450 cc. He received 3 liters of Ringer's lactate, 2 liters of which contained 5% dextrose; 2,000 ml. whole blood; and 125 ml. 5% dextrose in water. Color was pink, pulse 110, blood pressure 120/70, extremities were warm and dry. He was awake, could open his eyes and nod his head on command, and so was extubated. Total anesthetic time was 3 hours 50 minutes; operating time 3 hours 15 minutes.

Upon entubation, Governor Connally spoke immediately, saying he felt well but was somewhat restless, and began groaning and grunting. The immediate postoperative course was satisfactory, without hypotension, and with only a hint of cyanosis, which resolved over the following 3-4 hours, during which period he complained of soreness of his right shoulder and a sensation of needing to urinate, caused by the urethral catheter.

During surgery he received 1 million units of penicillin after determining he was not sensitive by discussion with his wife and a call to Dr. Swift in Austin, Texas. In addition he received 500 mg. tetracycline. He had received 0.5 cc. tetanus toxoid in the Emergency Room prior to transfer to the Main Operating Suite.

Sincerely,

A. H. Giesecke, Jr., M.D.

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cc: Dr. A. J. Gill, Dean
UTSWMS