FD-302 (Rev. 4-15-64)

FEDERAL BUREAU OF INVESTIGATION

Date 4/19/68

Records of St. Joseph Hospital, Memphis, Tennessee, contain the following information concerning the admittance and treatment of DR. MARTIN LUTHER KING, JR. on the evening of April 4, 1968:

"EMERGENCY ROOM SUMMARY - Dr. Martin Luther King

"The following is an Emergency room Summary on Dr. Martin Luther King who was brought into the Emergency room by an ambulance stretcher at approximately 6:15 p.m. on 4/4/68 immediately following an apparent gunshot wound of the right side of the face and neck.

"At the time of the patient's admission to the Emergency room Dr. Ted Galyon was in attendance in the Emergency room talking to the nurse about an out-patient who had just left the Emergency room. He went directly into Room #1, where the patient was, with Mrs. Steinkirch, Emergency room nurse and finding the patient totally unconcious flat on his back in the supine position with his head turned slightly to the left side. There was a large gaping wound in the root of the neck on the right side which was not actively bleeding at the time of his initial arrival. There was much blood on his clothes, neck and shoulder. His head was partially covered with a towel over the area of the wound.

"Dr. Galyon immediately secured a stethoscope, detected a palpable heart beat and radial pulse and started a cutdown over the left antecubital vein which was done immediately for fluids. These were started while blood was ordered from the Laboratory for resuscitation. A second cutdown was started in the ankle in the saphenous vein by Dr. John Reisser for blood which was infused under pressure. The surgical resident, Dr. Rufus Brown came in at 6:18 p.m. and

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by SA HOWARD D. TETEN / jms Date dictated 4/19/68

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because of the massive defect in the wound and no respiration a tracheotomy was started. Dr. Barrasso came in at 6:22 p.m. and completed the tracheotomy and a cuffed endotracheal tube was inserted. Assisted respiration was then carried out on this patient. Following the re-establishment of an airway on this patient, the heart was again auscultated and very little tone could be heard. An EKG was immediately ordered by Dr. Galyon and Dr. Barrasso and the strip showed very poor to no function. Intracardiac Adrenalin was immediately injected and closed chest cardiac massage begun.

"In the meantime, exploration of the neck was carried out by Drs. Barrasso and Galyon who found that the jugular vein on the right was severed. A large artery, which was felt to be probably subclavian, was shredded and sticking up into the wound with very little bleeding at this time. In addition, there was much bubbling and a portion of the right apex of the lung was bulging through the wound.

"On further exploration a defect in the vertebral bodies of C7 to T2 was present with complete loss of spinal cord substance. Dr. Fred Gioia was then called to confirm this diagnosis and attempts to secure closure of the chest cavity by packing and clamping of the vessels was done. A right closed thoracotomy tube was inserted in an attempt to drain the blood from the right chest and re-expand the lung. Immediately on insertion of the tube 1000 cc. of blood was obtained from the right chest cavity. At the time Dr. Gioia confirmed the diagnosis of loss of spinal cord substance. This patient's pupils were massively dilated with no reaction.

"Dr. Joe Wilhite, a chest surgeon, was also called in attendance and consultation. Dr. Julian Fleming came to the Emergency room at our request and an EKG strip was done which showed no function. The cardiac massage was continued with all resuscitative efforts being continued for approximately 50 minutes, during which time we had had no response of any kind of vital signs and patient was pronounced dead at 7:05 p.m. by Dr. Barrasso.

"Post mortem X-rays of cervical area were done.

"Final presumptive diagnosis:
Gunshot wound of right side of face and neck with compound fracture rt. mandible, severance of right jugular vein and probable severance right subclavian artery, defect right pleural apex with hemopneumothorax, defect in C7 - T2 vertebral bodies on right with loss of spinal cord substance."

These records are confidential and are available only by a subpoena duces tecum. Should it be necessary to utilize this information in Federal Court, the subpoena should be directed to J. LUTON, Assistant Administrator, St. Joseph Hospital, Memphis, Tennessee.