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Surgeon Reports on Oswald

DALLAS, Nov. 24. (UPI) — kidney and right lobe of the liver. The bullet then came to rest in the right chest wall, Dr. William C. Petty said. Lee Harvey Oswald was "fatally injured" by the bullet, he said. He arrived at Parkland Hospital's emergency room, charged with the assassination of President Kennedy, was shot while being transferred in county jail.

Dr. Tom Shires, chief of surgery at Parkland, made the formal statement after Oswald's death.

"We first saw Mr. Oswald in the Parkland emergency room No. 2 around 11:30 a.m. (CT). At that time, he was unconscious due to blood loss, but made several respiratory efforts (dying gasps). The endotracheal tube was placed in his throat to aid breathing by Dr. M. T. Jenkins, chief of anesthesia. Intravenous fluids and blood were started.

Gunshot Wound

There was a gunshot wound entrance over the left lower lateral (lower left ribs) chest wall and the bullet could be felt in the subcutaneous tissue (beneath the skin) on the opposite side of the body, over the right lower lateral chest cage.

It was probable, from his condition, that the bullet had injured the major blood vessels, aorta (main artery from the heart) and vena cava (large veins in the diaphragm). Consequently, he was taken immediately to the operating room.

Several liters of blood (it has been known to recover up to 100 liters) were lost from the type of wound that Shires encountered. Examination revealed that the bullet had gone from the left to the right lung, through a midline abdomen, and into the spleen, partially rupturing it.

The major bleeding points were then identified and controlled. At this time, there was a low but measurable blood pressure.

Massive transfusions were being given in multiple sites. At this time, cardiac arrest occurred (the heart stopped). The left chest was opened and the heart was found in standstill. Cardiac massage was started and a pulse obtained with massage. Cardiac fibrillation (rapid and weak heart flutter) ensued, and in spite of intracardiac drugs (injected directly into the heart) and the fibrillation, no effective heart beat was ever established.

When the signs of death were absolute, he was pronounced dead at 1:07 p.m.

The patient never regained consciousness and died of massive injury from a close range gunshot wound.

Shock Could Kill

After the formal statement, Shires said that the type of "shock" suffered by Oswald was "the most effective type" to kill people.

He explained there are about six quarts of blood overall in the body. Two-thirds of it (in the heart) and vena cava) can be emptied into the abdominal cavity, he said.

He said that while on the way to the operating room operating table, Oswald groaned a time or two, but otherwise made no sounds.

Shires said that some people have been known to recover from 100 liters of blood lost from the type of wound that

Oswald encountered. Examination revealed that the bullet had gone from the left to the right lung, through a midline abdomen, and into the spleen, partially rupturing it.

He don't know about this type of wound."

He said that while Oswald was on the operating table, he received nearly 15 pints of blood (more than a complete replacement of all the blood in Oswald's body).

"I suppose he was conscious for a few minutes after he was shot, but when he got to the emergency room, the pupils of his eyes were beginning to dilate in the method of dying persons," the doctor said.

He explained that a dying person goes through this pupillary dilation from lack of blood to the brain.

He said that President Kennedy's eyes were already dilated when he was brought into the emergency room. In other words, he died more quickly.

A wound directly in the abdomen kills more quickly than a wound in the abdomen, doctor said.

*In respect for our beloved
President of The United States*

JOHN FITZGERALD KENNEDY

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