PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

DICTALLU

Governor John Connally

UNIT # 26 36 99

DATE:	11-22-63		Ortho		AGE:	H/M	RACE:	
PRE-OPERATI	C.minted	fracture	of the right	distal ra	dius, open	secondary t	o gunshot	wound
POST-OPERAT DIAGNOSIS:	rive		Same .		•			
OPERATION	- تدویت کیشط	or gunche	o t wound of mi	cht wric t	BEGAN:	1600E	NDED:165	
reduction	of fractur	e of the	radius					•
ANESTHETIC:	General	•	BEGANA	800 .	AN EST	HESIOLOGIST: _	Giesecke	•
SURGEON:	Dr. Charle	s Gregory			DRAINS:			
ASSISTANTS:	•	404040000000000000000000000000000000000	landana.		_APPLIANCI	ES:	· ·	
SCRUB NURSE:Roth	ž	CI	RC. IRSE: <u>Schro</u> d	er	_CASTS/SPL	INTS:		•
SPONGE COUN	ITS: 15T			DRUGS		I.V. FLUI	DS AND BLO	00
	2N D		.					
COMPLICATION	ns: None				. ,			
CONDITION OF		Fair					:	. ,

Clinical Evaluation: While still under general enesthesia and following a thoracotomy and repair of the chest injury by Dr. Robert Shaw, the right upper extremity was thoroughly prepped in the routine fashion after shaving. He was draped in the routine fashion using stockinette, the only addition was the use of a debridement pan. The wound of entry on the lorgal espect of the right wrist over the junction of the distal fourth of the radius and shart was approximately two cm in length and rather oblique with the loss of tissue with some considerable contusion at the margins of it. There was a wound of exit surface of the wrist about two cm above the flexion crease of the wrist and in the midline. The wound of entrance was carefully excised and developed through the muscles and tendons rom the radial side of that bone to the bone itself where the fracture was encountered. It was noted that the tendon of the abductor palmaris brevis was transected, only two small fragments of bone was removed, one approximately one cm in length and consisted of lateral cortex which lay free in the wound and had no soft tissue connections, another much smaller fragment perhaps 3 mm in length was subsequently removed. Small bits of metal were encountered at various levels throughout the wound and these were wherever they were identified and could be picked up were picked up and have been submitted to the Pathology department for identification and examination. Throughout the wound it was not and especially in the superficial layers and to some extent in the tendon and tendon sheaths on the radial side of the arm small fine bits of cloth consistant with fine bits of Mohair. It is our understanding that the patient was wearing a Mohair suit at the time of the injury and this accounts for the deposition of such organic material within the wound. After as careful and complete a debridement as could be carried out and with an apparent integrity of the ilemor tendons and the median nerve in the volar side, and after thorough irrigation the wound of exit on the volar surface of the wrist was closed primarily with wire sutures while the wound of entrance on the radial side of the forearm was only partially closed being left open for the purpose of drainage should any make

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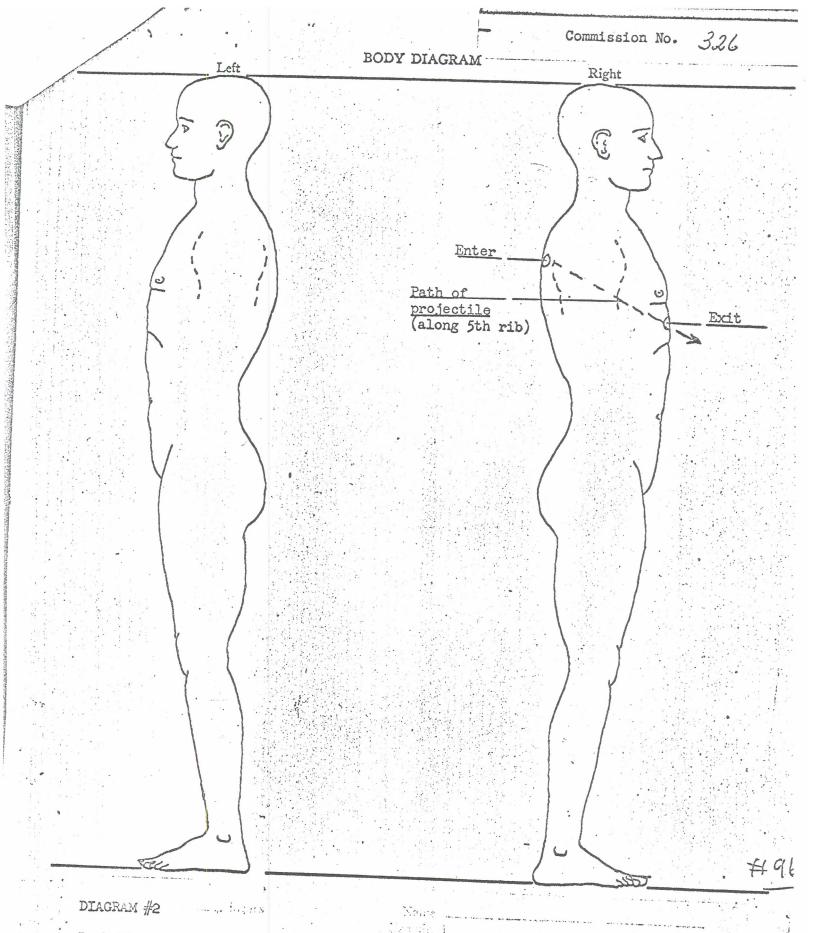
DESCRIPTION OF OPERATION (Continued): This is indeferens to the presence of Mohair and organic material deep into the wound which is prone to produce tissue reactions and to encourage infection and this precaution of not closing the wound was taken in correspondence with our experience in that regard.

In view of the urgancy of the Governor's original chest injury it was impossible to definitely ascertain the status of the circulation into the nerve supply to the hand and wrist on the right side. Accordingly, it was determined as best we could at the time of operation and the radial artery was found to be intact and pulsating normally. The integrity of the median nerve and the ulnar nerve is not clearly established but it is presumed to be present. Following closure of the volar wound and partial closure of the radial wound, dry sterile dressings were applied and a long arm cast was then applied with skin tape traction, rubber band variety, attached to the thumb ad index finger of the right hand. The right an attitude of flexon was created at the right elbow, and post operatively the limbus suspended from an overhead frame usingtape traction. The post operative diagnosis for the right forearm remains the same and again I suggest that you incorporate this particular dictation together with other dictations which will be given to you by the surgeons concerned with this patient.

CG:bl

Charles Gregory, M.D.

These charts should be carefully compared with the relevant documents, like the SS memos, Hoover's letter, and each other, for the angle before reduction by the doctors was less than 30 degrees vs Hoover's 35, which served only to seem to make a single bullet work out better but was not from real evidence. two are used as exs 679, 680 (17H336,7), one as 689 (17 H346)\$ after correction. WW177. What this really shows is the alteration of evidence to suit the preconception, for from the first the SS said separate bullet. The steeper angle is to conform with the angle from the 6th-floor window.



Probable path and angle of projectile passing through Gov. Connally's body when wounded on 11-22-63, as determined by consultation with Dr. Shaw, Professor of Surgery, Southwestern Medical School, Dallas, Tex.

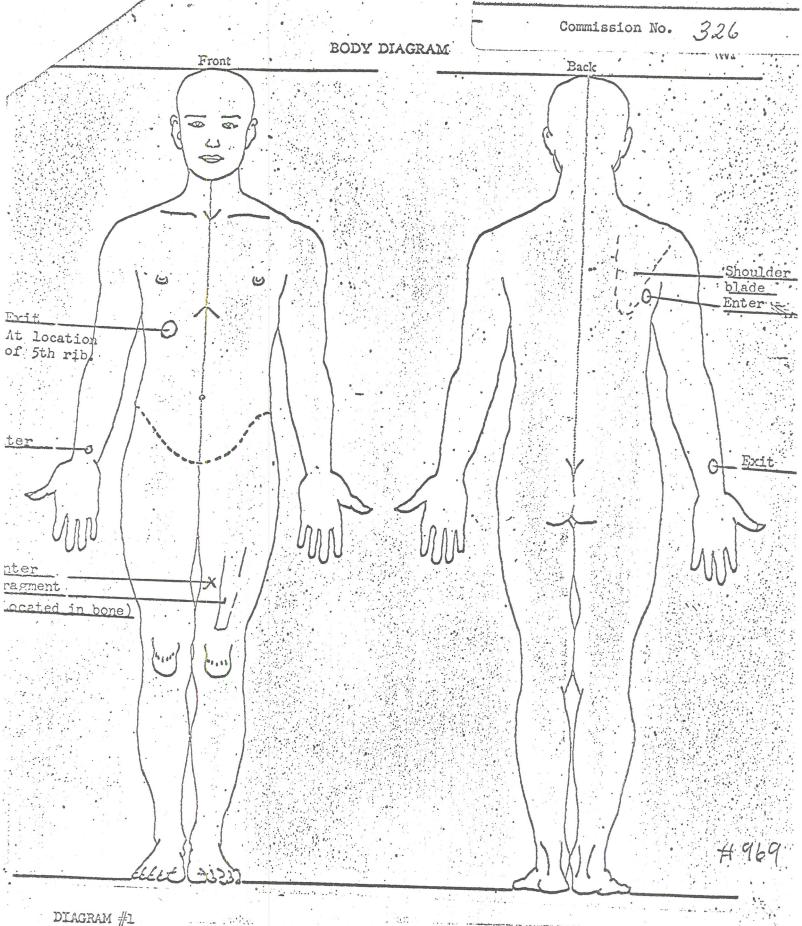
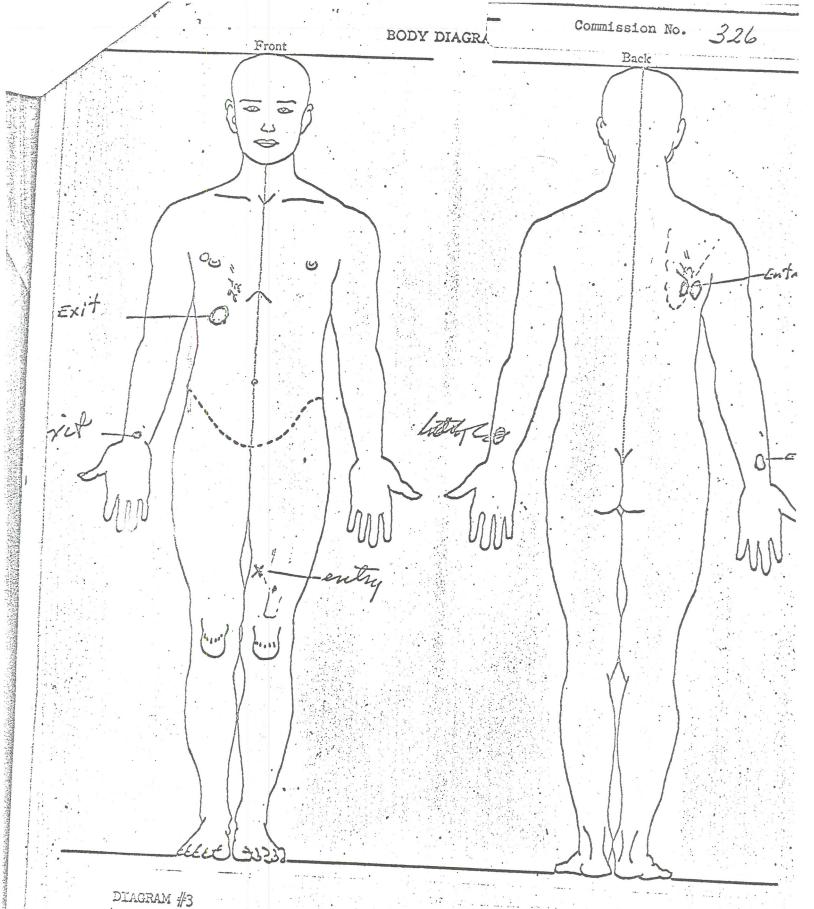


DIAGRAM #1

Position of wounds on body of Gov. Connally, suffered 11-22-63, as determined by consultation with attending physicians, Drs. Gregory, Shires and Shaw, Professors of Surgery, Southwestern Medical School, Dallas, Tex.

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Rough diagram of wounds suffered by Gov. Connally on 11-22-63. Used by Drs. Gregory, Shires and Shaw to determine exact location of wounds as shown in

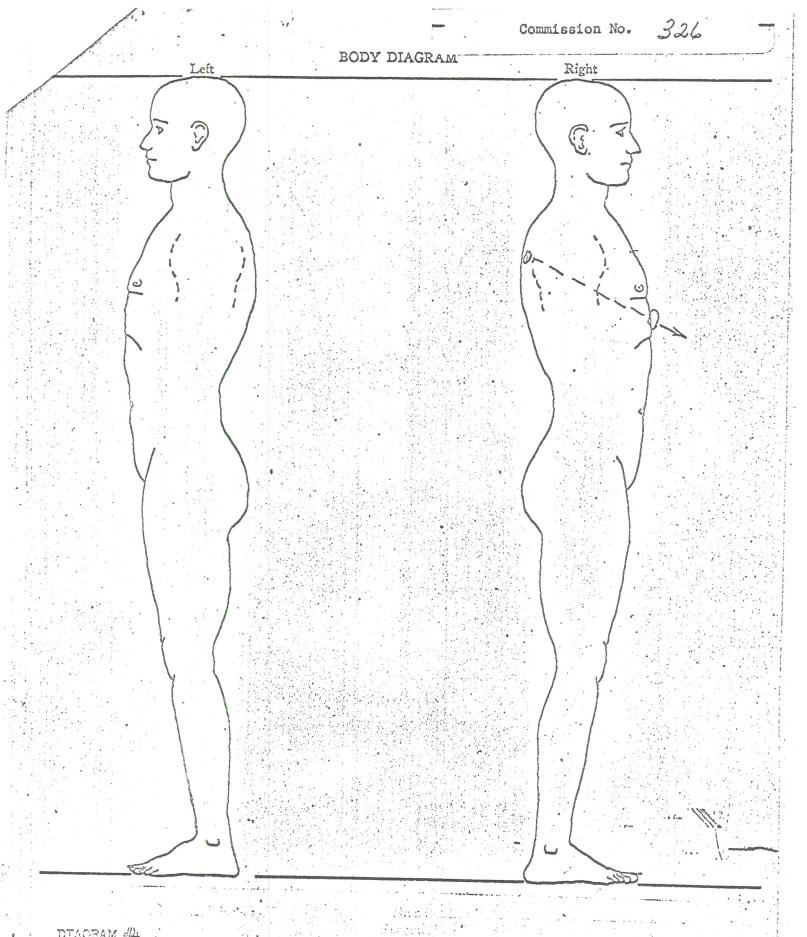


DIAGRAM /4 .

Rough diagram utilized by Dr. Shaw, indicating probable path and angle of projectile passing through fire. Scurzilg's body when he was wounded on 11-22-63 at Palies, wer.

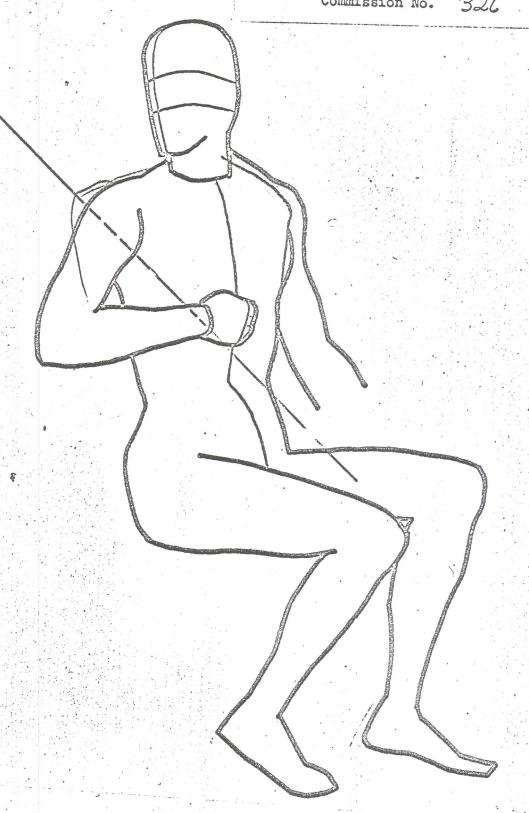


DIAGRAM #5

Rough sketch of approximate position of Gov. Connally when wounded on 11-22-63. Blue line indicates path of projectile through the body as indicated by examination of wounds. This is an off-hand sketch and not intended to be used as final authority on the specific position of the body when wounded.

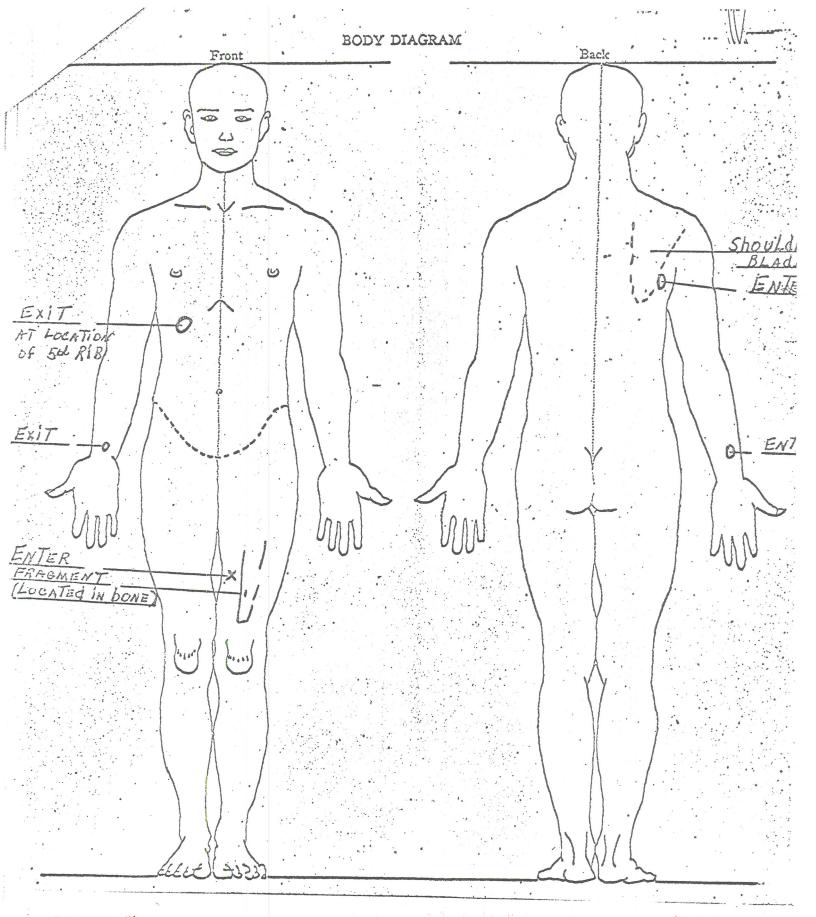
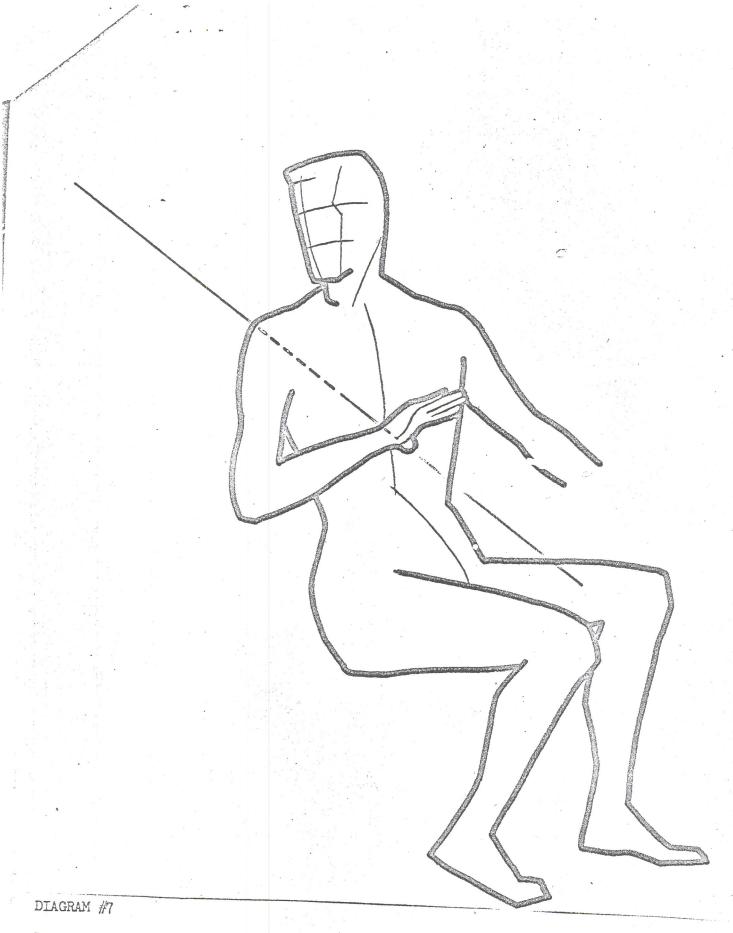


DIAGRAM #6

Position of wounds on body of Gov. Connally, suffered 11-22-63, as determined by consultation with attending physicians, Drs. Gregory, Shires and Shaw, Professors of Surgery, Southwestern Medical School, Dallas, Tex. (Amended from Diagram #1).





Rough sketch of approximate position of Gov. Connally when wounded on 11-22-03.

Blue line indicates path of projectile through the body as indicated by examination of wounds. This is an off-hand sketch and not intended to be used as final authority on the specific position of the body when wounded. (Amended from Diagram #5).