

PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

RC 220

STATUS: Pvt.

NAME: Governor John Connally

UNIT # 26 36 99

DATE: 11-22-63 Ortho

AGE: W/M RACE:

PRE-OPERATIVE DIAGNOSIS: Comminuted fracture of the right distal radius, open secondary to gunshot wound

POST-OPERATIVE DIAGNOSIS: Same

OPERATION: Debridement of gunshot wound of right wrist, reduction of fracture of the radius BEGAN: 1600 ENDED: 1650

ANESTHETIC: General BEGAN: 1300 ANESTHESIOLOGIST: Giesecke

SURGEON: Dr. Charles Gregory DRAINS:

ASSISTANTS: Drs. Osborne and Parker APPLIANCES:

SCRUB NURSE: Rutherford CIRC. NURSE: Schröder CASTS/SPLINTS:

Sponge counts: 1ST _____ DRUGS _____ I.V. FLUIDS AND BLOOD _____
2ND _____

COMPLICATIONS: None

CONDITION OF PATIENT: Fair

Clinical Evaluation:

While still under general anesthesia 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 dorsal aspect of the right wrist over the junction of the distal fourth of the radius and ^{Operative Findings:} shaft 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} along the volar 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 from the radial side of that bone to the bone itself where the fracture was encountered. ^{Description of Operation:} 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 consistent 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 flexor 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

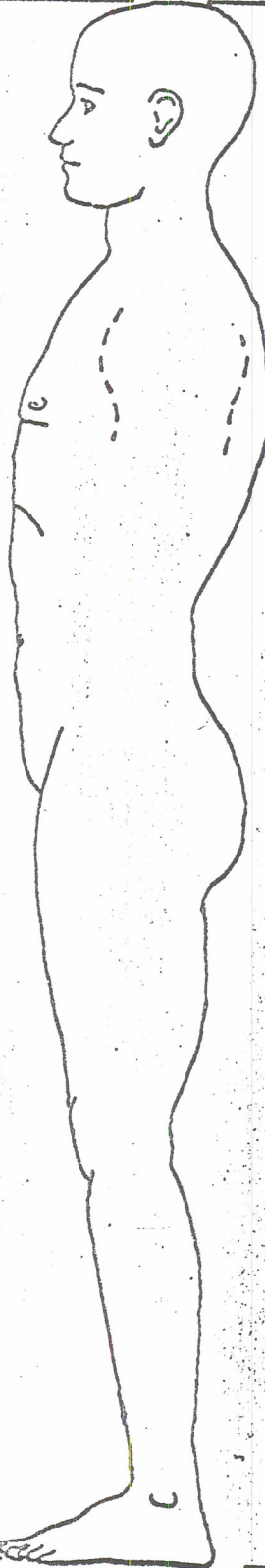
TO BE dictated BY SURGEON

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.

BODY DIAGRAM

Left

Right



Enter

Path of
projectile
(along 5th rib)

Exit

#96

DIAGRAM #2

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.

BODY DIAGRAM

Front

Back

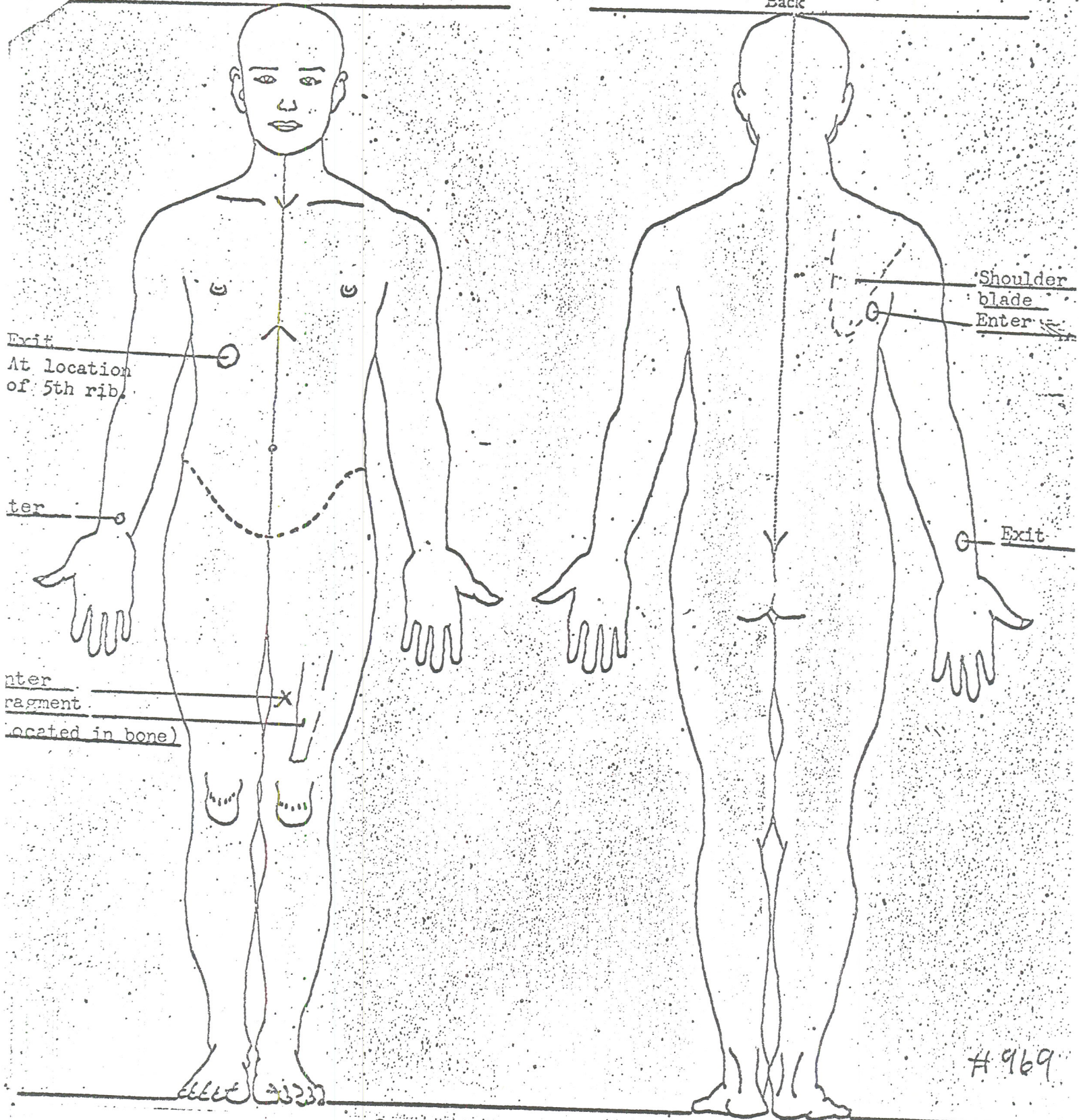


DIAGRAM #1

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.

Front

Back

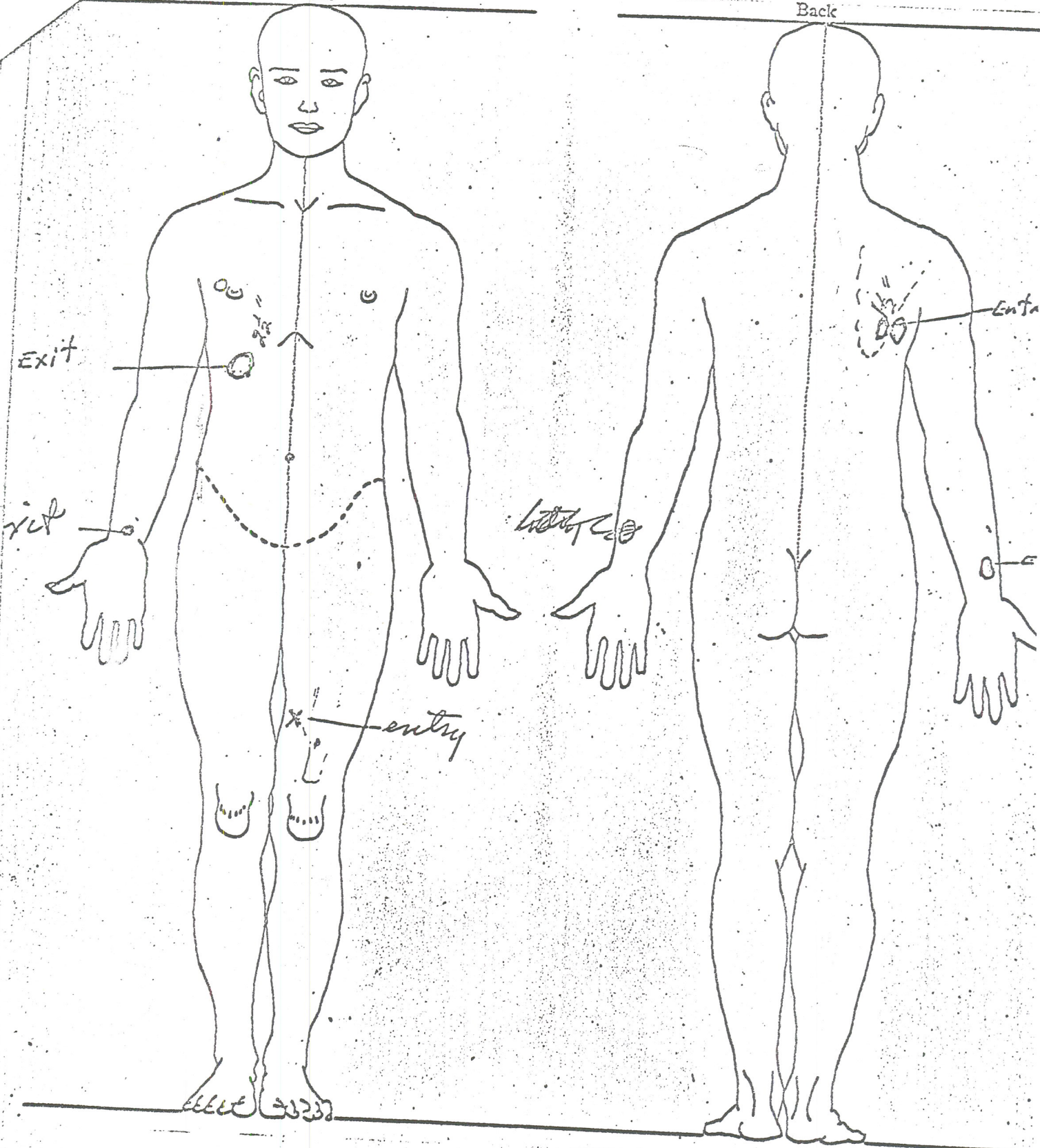


DIAGRAM #3

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 #1.

BODY DIAGRAM

Left

Right

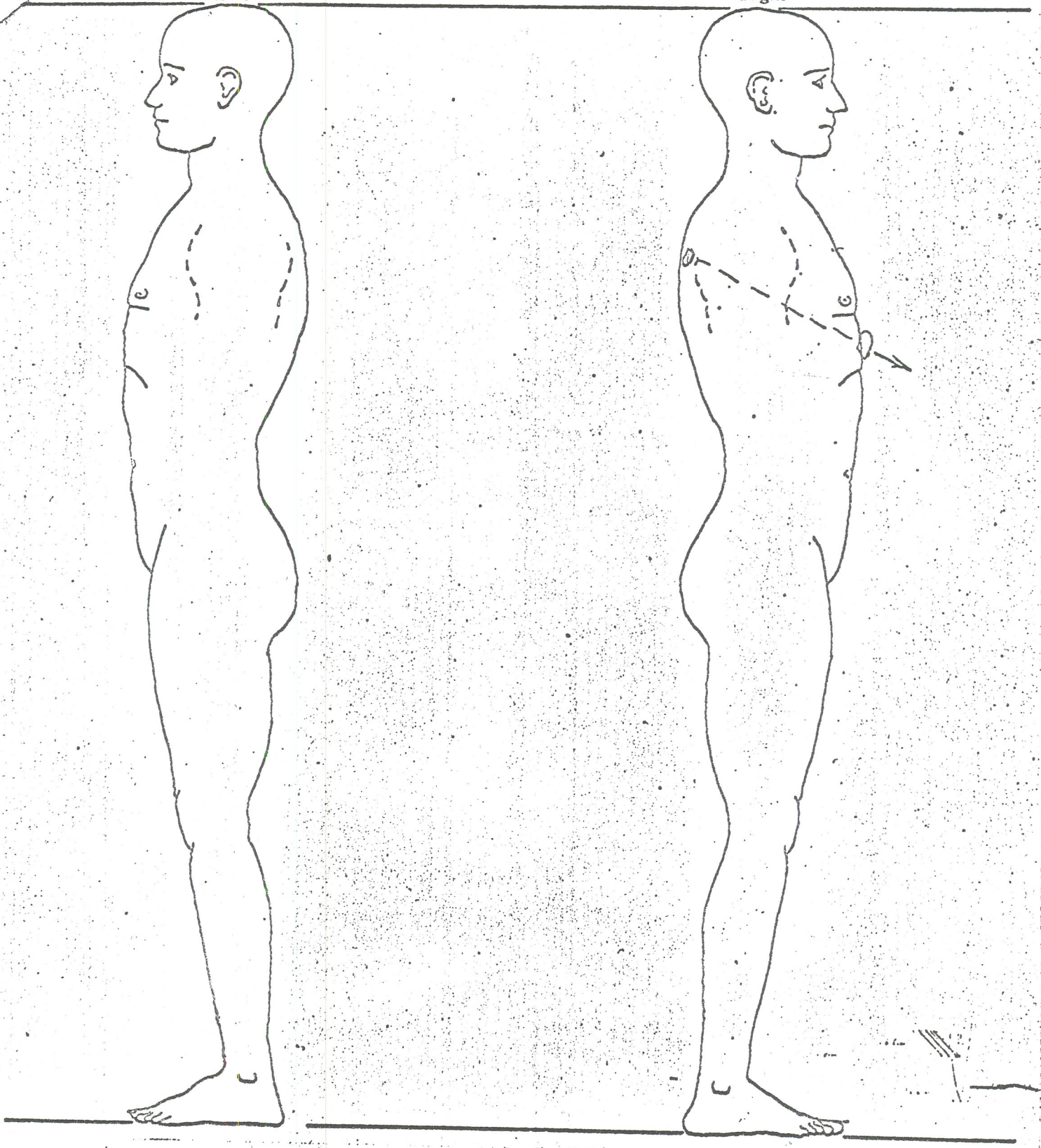


DIAGRAM #4

Rough diagram utilized by Dr. Shaw, indicating probable path and angle of projectile passing through Gov. Connally's body when he was wounded on 11-22-63 at Dallas, Tex.

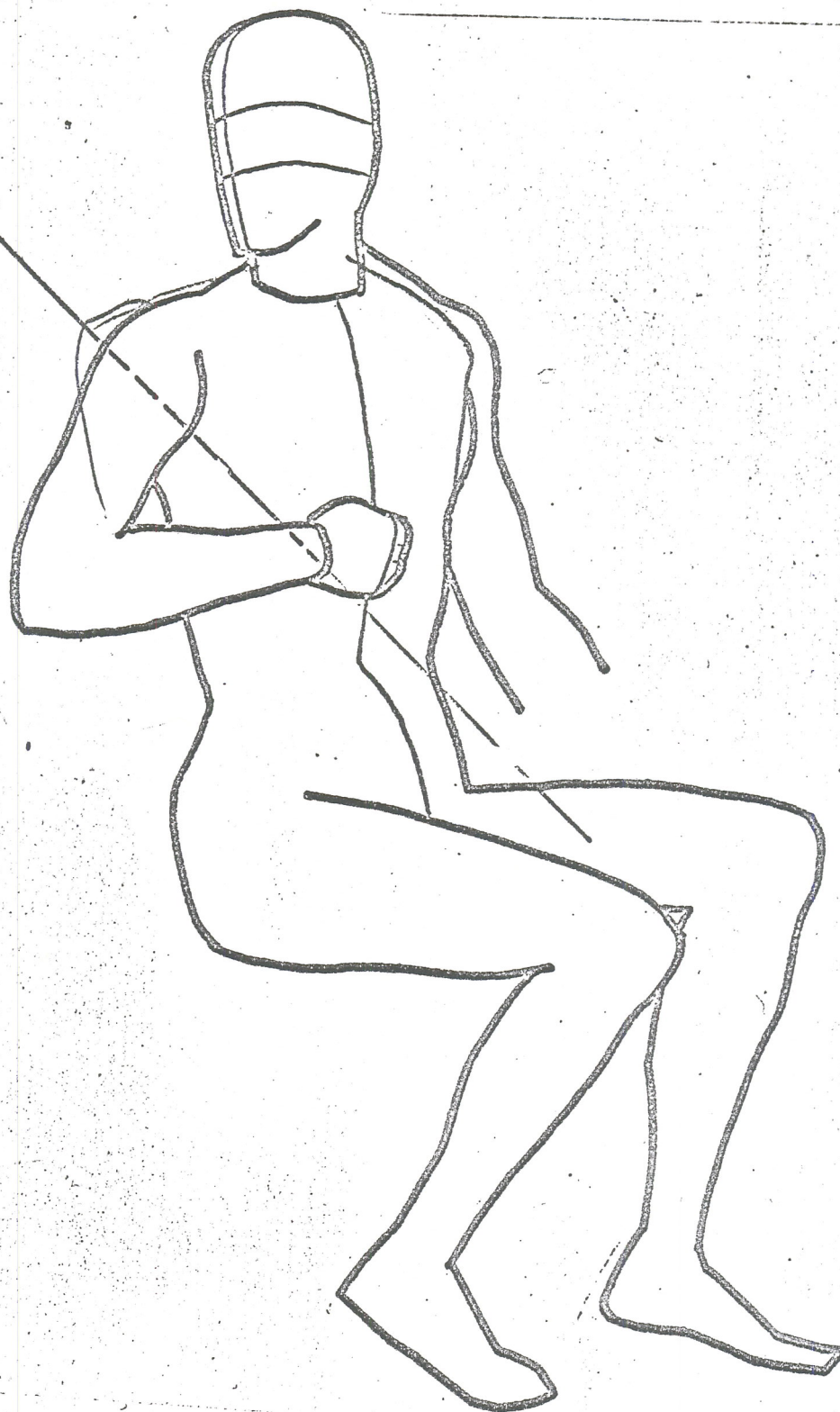


DIAGRAM #5

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.

BODY DIAGRAM

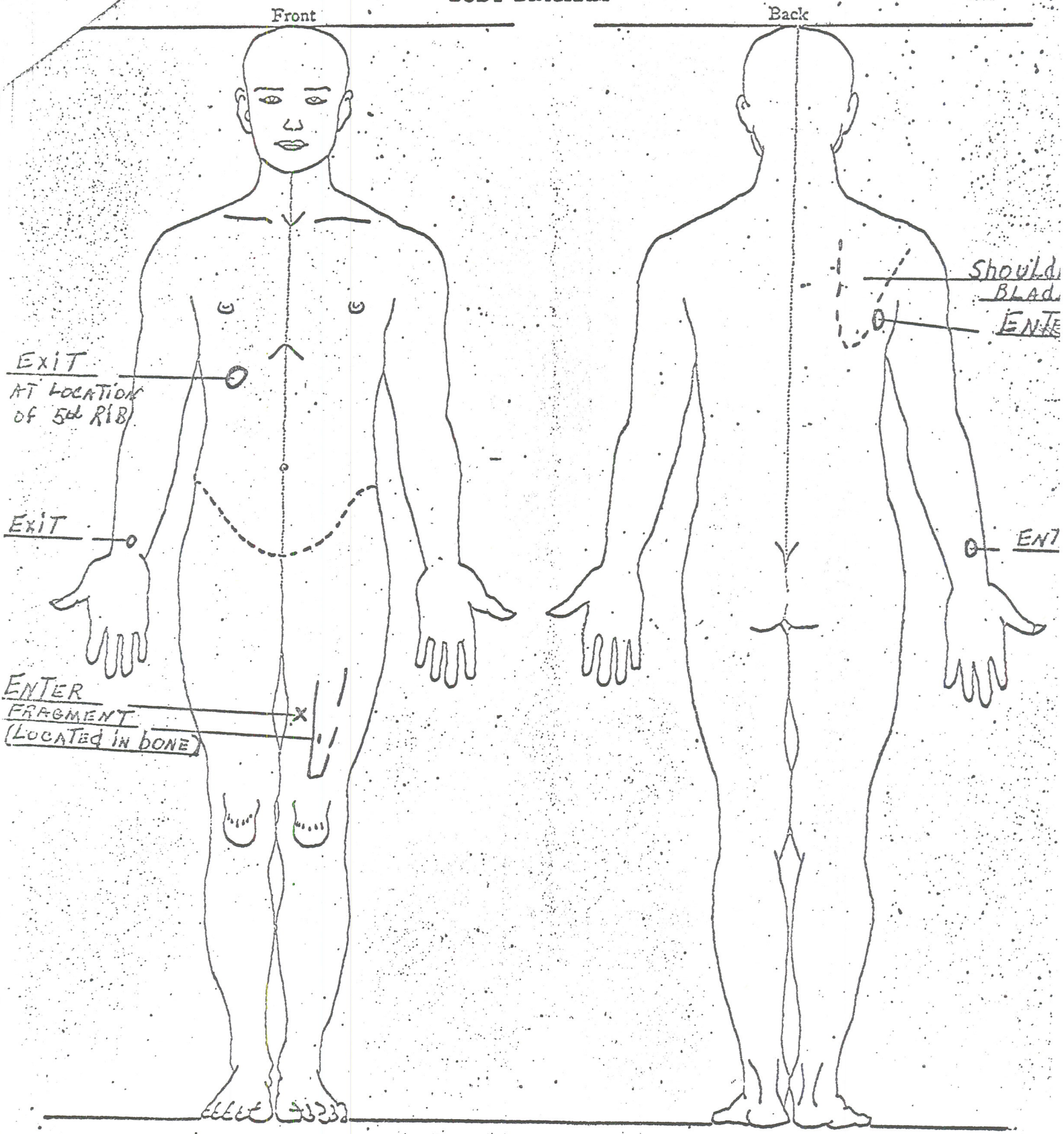


DIAGRAM #6

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).

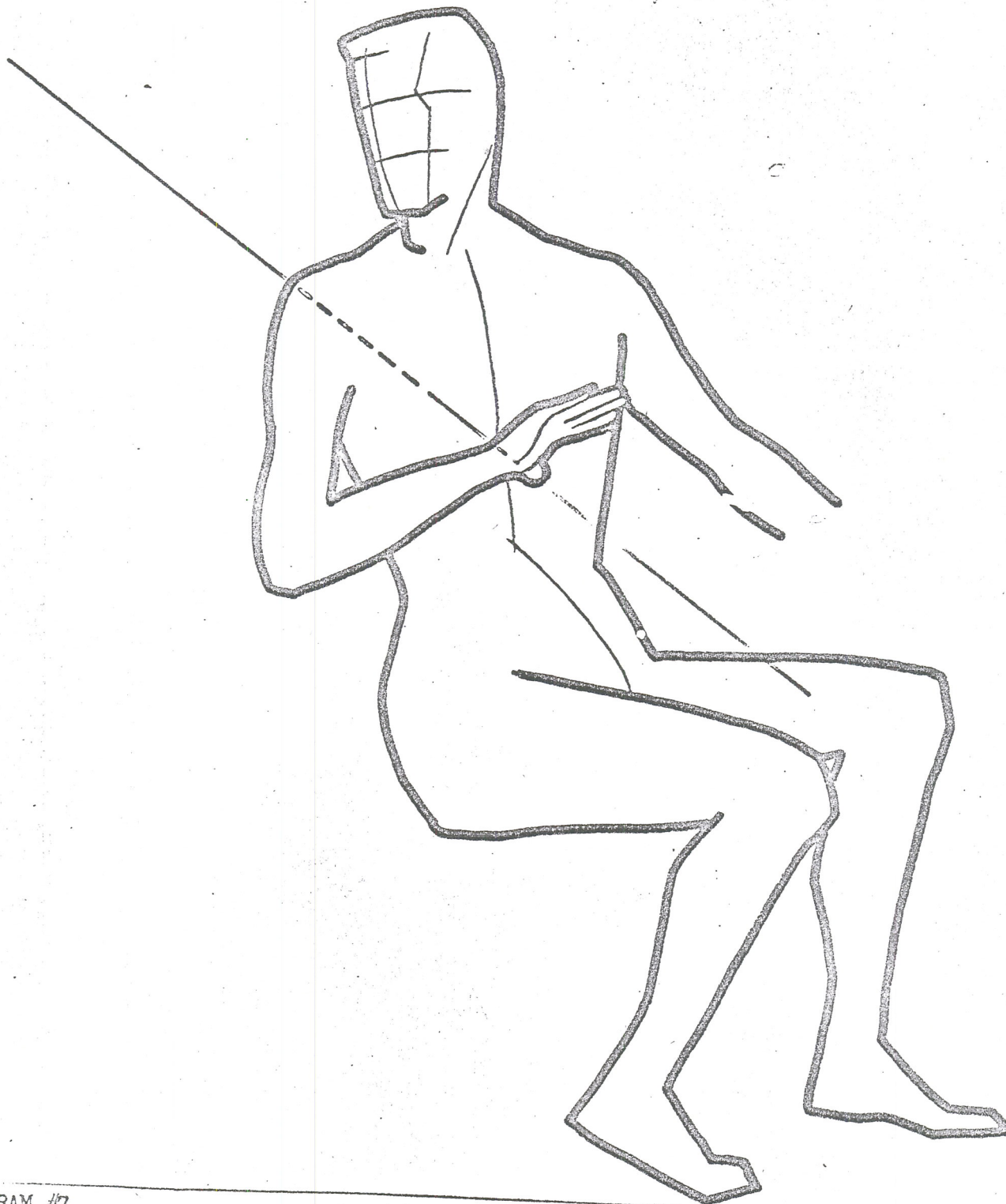


DIAGRAM #7

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. (Amended from Diagram #5).

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