

REPORT OF
THE PRESIDENT'S COMMISSION ON THE
ASSASSINATION OF
President John F. Kennedy



UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON, D.C.

001057

FARLAND MEMORIAL HOSPITAL

ADMISSION NOTE

DATE AND HOUR:

Nov 22, 1963

DOCTOR:

Note of Attendance to President Kennedy

I was contacted at approx 12:40 that the President was on the way to the surgery room having been shot. On arrival there, I found an embolus tube in place & arterial respiration, a left chest tube being inserted & cut down was going in one leg & in the left arm. The president had a wound in the mid-line of the neck. On first observation of the wound wounds the it tamponed & aspirated losses were missing & the brain was lying on the table, with extensive mass excision & contusion. The pupils were fixed & dilated later & dilated. No pulses were observed & respiration was (as noted) being supplied. Cr. tracheostomy was performed by Dr. Perry & I, & a chest tube inserted into the Rt. Chest (2nd intercostal space anteriorly). Meanwhile 2 pint of O neg blood was administered by pump & respiration. When all of these measures were complete, no heart beat could be detected. Close chest massage was performed until a cardiograph could be attached which recorded no cardiac activity was obtained. Due to the extensive & irreparable brain damage which was lethal, no further attempt to resuscitate the heart was made.

Charles H. Hays MD.

Chief of Surgery
Farland Memorial Hospital

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(OVER)

COMMISSION EXHIBIT No. 392—Continued

001058

INVESTIGATION OF
THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

HEARINGS
Before the President's Commission
on the Assassination
of President Kennedy

PURSUANT TO EXECUTIVE ORDER 11130, an Executive order creating a Commission to ascertain, evaluate, and report upon the facts relating to the assassination of the late President John F. Kennedy and the subsequent violent death of the man charged with the assassination and S.J. RES. 137, 88TH CONGRESS, a concurrent resolution conferring upon the Commission the power to administer oaths and affirmations, examine witnesses, receive evidence, and issue subpoenas

Volume

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make the usual kind of exit wound like I just described, with a close range high velocity heavy caliber bullet.

This is why it would be difficult to say with certainty as has been implied in some newspaper articles that quoted me, that you could tell for sure that this was an entrance or an exit wound. I think this was blown up a good deal.

Mr. SPECTER. Dr. McClelland, why wasn't the President's body turned over?

Dr. McCLELLAND. The President's body was not turned over because the initial things that were done as in all such cases of extreme emergency are to first establish an airway and second, to stop hemorrhage and replace blood, so that these were the initial things that were carried out immediately without taking time to do a very thorough physical examination, which of course would have required that these other emergency measures not be done immediately.

Mr. SPECTER. Did you make any examination of the President's back at all?

Dr. McCLELLAND. No.

Mr. SPECTER. Was any examination of the President's back made to your knowledge?

Dr. McCLELLAND. Not here—no.

Mr. SPECTER. Do you have anything to add which you think might be helpful in any way to the Commission?

Dr. McCLELLAND. No; I think not except again to emphasize perhaps that some of our statements to the press about the nature of the wound may have been misleading, possibly—probably because of our fault in telling it in such a way that they misinterpreted our certainty of being able to tell entrance from exit wounds, which as we say, we generally can make an educated guess about these things but cannot be certain about them. I think they attributed too much certainty to us about that.

Mr. SPECTER. Now, have you talked to anyone from the Federal Government about this matter since I took your deposition last Saturday?

Dr. McCLELLAND. No.

Mr. SPECTER. And did you and I chat for a moment or two with my showing you this translation of "L' Express" prior to the time we went on the record here?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And is the information which you gave to me in response to my questions the same that we put on the record here?

Dr. McCLELLAND. To the best of my knowledge—yes.

Mr. SPECTER. Thank you very much, Dr. McClelland.

Dr. McCLELLAND. All right. Thank you

Charles R. Baxter

TESTIMONY OF DR. CHARLES RUFUS BAXTER

The testimony of Dr. Charles Rufus Baxter was taken at 11:15 a.m., on March 24, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. May the record show that Dr. Charles Baxter is present in response to a letter requesting him to appear and give his deposition. For the record I shall state that the President's Commission on the Assassination of President Kennedy is investigating all facets of the shooting, including the medical treatment performed on President Kennedy.

Dr. Baxter has been asked to give a deposition on his participation in connection with the care and medical treatment of President Kennedy, and with that statement of purpose, would you please stand up, Dr. Baxter, and raise your right hand.

Do you solemnly swear the testimony you give before the President's Commission in the course of this deposition proceeding will be the truth, the whole truth and nothing but the truth, so help you God?

Dr. BAXTER. I do.

Mr. SPECTER. Would you state your full name, please?

Dr. BAXTER. Charles Rufus Baxter.

Mr. SPECTER. What is your profession, sir?

Dr. BAXTER. I am a medical doctor of surgery, general surgeon.

Mr. SPECTER. Will you outline briefly your educational background?

Dr. BAXTER. University of Texas—1948 through 1950, Southwestern Medical School, 1950 through 1954, 1955 straight medicine internship, 1956 medicine residency—internal medicine residency, 1956 through 1958, surgical research at Brooke Army Medical Center, 1958 through 1964—surgical residency, and 1964 through the present—this is 1964, I got out of the Army—in 1958, 1958 through 1962—surgery residency, and 1962 until now, assistant professor of surgery.

Mr. SPECTER. And are you board certified, Doctor?

Dr. BAXTER. Yes.

Mr. SPECTER. And what boards have you passed?

Dr. BAXTER. The American Board of Surgeons.

Mr. SPECTER. And what year were you so certified?

Dr. BAXTER. 1963.

Mr. SPECTER. And what is your specific title at the medical school?

Dr. BAXTER. Assistant professor of surgery.

Mr. SPECTER. Did you have occasion to aid in the treatment of President Kennedy at Parkland Hospital?

Dr. BAXTER. Yes.

Mr. SPECTER. And will you outline briefly the circumstances surrounding your being called to render such assistance?

Dr. BAXTER. I was conducting the student health service in the hours of 12 to 1 and was contacted there by the supervisor of the emergency room, who told me that the President was on the way to the emergency room, having been shot.

I went on a dead run to the emergency room as fast as I could and it took me about 3 or 4 minutes to get there.

Mr. SPECTER. Approximately what time did you arrive at the emergency room?

Dr. BAXTER. I think it was 12:40—thereabouts.

Mr. SPECTER. And who was present at that time?

Dr. BAXTER. Dr. Carrico and Dr. Jones and Dr. Jenkins—several nurses.

Mr. SPECTER. Can you identify the nurses?

Dr. BAXTER. Yes; Mrs. Nelson—and who else? There were two or three others whose names—Miss Henchcliffe was there.

Mr. SPECTER. Miss Bowron?

Dr. BAXTER. Who?

Mr. SPECTER. Was Miss Bowron there?

Dr. BAXTER. Yes; I believe so.

Mr. SPECTER. Were any other nurses there?

Dr. BAXTER. One or two more, but I'm not sure of their names.

Mr. SPECTER. Can you identify any other doctors who were there at that time?

Dr. BAXTER. Oh, let's see—I'm not sure whether the others came before or after I did. There was Crenshaw, Peters, and Kemp Clark, Dr. Bashour finally came. I believe Jackie Hunt—yes—she was, I believe she was the anesthesiologist who came.

Mr. SPECTER. Was Dr. Don Curtis there?

Dr. BAXTER. I'm not sure—I just don't remember.

Mr. SPECTER. When you arrived, what did you observe as to the condition of the President?

Dr. BAXTER. He was very obviously in extremis. There was a large gaping wound in the skull which was covered at that time with blood, and its extent was not immediately determined. His eyes were bulging, the pupils were fixed and dilated and deviated outward, both pupils were deviated laterally. At that time his breathing was being assisted so that whether he was breathing on his own or not, I couldn't determine.

Mr. SPECTER. In what way was his breathing being assisted?

Dr. BAXTER. With an anesthesia machine.

Mr. SPECTER. Would you continue to describe what you observed as to his condition?

Dr. BAXTER. There were no pulses that I could feel present. The anesthesiologist told me that he did still have a heartbeat.

Mr. SPECTER. Who is that who said that to you?

Dr. BAXTER. Well, I believe this was Carrico who said that his heart was still beating. There was present at the time two intravenous catheters in place with fluids running. We were informed at that time—well, having looked over the rest of the body, the only other wound was in his neck, that we saw.

Dr. Carrico said that he had observed a tracheal laceration. At that moment Dr. Jones, I believe, was placing in a left anterior chest tube because of this information. We proceeded at that time with a tracheotomy.

Mr. SPECTER. Who performed the tracheotomy?

Dr. BAXTER. Dr. Perry and myself, with the assistance of Dr. McClelland, and I believe that's all—there may have been one more person that held the retractor.

Mr. SPECTER. What else, if anything, did you do for President Kennedy at that time?

Dr. BAXTER. During the tracheotomy, I helped with the insertion of a right anterior chest tube, and then helped Dr. Perry complete the tracheotomy. At that point none of us could hear a heartbeat present. Apparently this had ceased during the tracheotomy and the chest tube placement.

We then gave him or Dr. Perry and Dr. Clark alternated giving him closed chest cardiac massage only until we could get a cardioscope hooked up to tell us if there were any detectible heartbeat electrically present, at least, and there was none, and we discussed at that moment whether we should open the chest to attempt to revive him, while the closed chest massage was going on, and we had an opportunity to look at his head wound then and saw that the damage was beyond hope, that is, in a word—literally the right side of his head had been blown off. With this and the observation that the cerebellum was present—a large quantity of brain was present on the cart, well—we felt that such an additional heroic attempt was not warranted, and we did not pronounce him dead but ceased our efforts, and awaited the priest and last rites before we pronounced him dead.

Mr. SPECTER. Did the priest then arrive to perform the last rites?

Dr. BAXTER. Yes.

Mr. SPECTER. At what time was he pronounced dead?

Dr. BAXTER. As I recall, it was 1:08, I'm not sure, it may have been that that was Oswald.

Mr. SPECTER. But it was approximately 1 o'clock? Then, could the time of death be fixed with any precision?

Dr. BAXTER. I don't think so—the time elapsing in all of this resuscitation and the time the heart actually ceased, I don't think one could be very sure of it. It was sometime between a quarter to 1 and 1 o'clock.

Mr. SPECTER. Have you now described all of the efforts which were made to save the life of the President?

Dr. BAXTER. Only with the exception, I think, of the fluids that were administered. He was given hydrocortisone because of his previous medical condition. He was given no negative blood because the blood loss was rather fierce and, I believe that's all.

Mr. SPECTER. What other doctors arrived during the course of the treatment, in addition to those whom you have already mentioned?

Dr. BAXTER. I don't recall—I know that there were more doctors present in the room, but their names, I'm not sure of. The reason I'm not sure is because we had some of the same crew and a different crew on the Governor and on Oswald, and I'm afraid that I've gotten them mixed up.

Mr. SPECTER. Now, will you describe in as much particularity as you can the nature of the head wound?

Dr. BAXTER. The only wound that I actually saw—Dr. Clark examined this above the manubrium of the sternum, the sternal notch. This wound was in temporal parietal plate of bone laid outward to the side and there was a large area, oh, I would say 6 by 8 or 10 cm. of lacerated brain oozing from this wound,

part of which was on the table and made a rather massive blood loss mixed with it and around it.

Mr. SPECTER. Did you notice any bullet hole below that large opening at the top of the head?

Dr. BAXTER. No; I personally did not.

Mr. SPECTER. Will you describe with as much particularity as you can the wound which you noticed on the President's neck?

Dr. BAXTER. The wound on the neck was approximately an inch and a half above the manubrium of the sternum, the sternal notch. This wound was in my estimation, 4 to 5 mm. in widest diameter and was a spherical wound. The edges of it—the size of the wound is measured by the hole plus the damaged skin around the area, so that it was a very small wound. And, it was directly in the midline. Now, this wound was excised in the performance of the tracheotomy and on the entry into the deeper tissues of the neck, there was considerable contusion of the muscles of the anterior neck and a moderate amount of bleeding around the trachea. The trachea was deviated slightly, I believe, to the left.

Our tracheotomy incision was made in the second tracheal ring which was immediately above the area of damage—where we thought the damaged area of the trachea was, which we did not dissect out, but once the endotracheal tube was placed, the tracheotomy tube was placed into the trachea, it was below this tear in the trachea, and gave us good control or perfect control of respiration.

Mr. SPECTER. Were the characteristics of the wound on the neck sufficient to enable you to form an opinion with reasonable medical certainty as to what was the cause of the hole?

Dr. BAXTER. Well, the wound was, I think, compatible with a gunshot wound. It did not appear to be a jagged wound such as one would expect with a very high velocity rifle bullet. We could not determine, or did not determine at that time whether this represented an entry or an exit wound. Judging from the caliber of the rifle that we later found or become acquainted with, this would more resemble a wound of entry. However, due to the density of the tissues of the neck and depending upon what a bullet of such caliber would pass through, the tissues that it would pass through on the way to the neck, I think that the wound could well represent either exit or entry wound.

Mr. SPECTER. Assuming some factors in addition to those which you personally observed, Dr. Baxter, what would your opinion be if these additional facts were present: First, the President had a bullet wound of entry on the right posterior thorax just above the upper border of the scapula with the wound measuring 7 by 4 mm. in oval shape, being 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process—assume this is the set of facts, that the wound just described was caused by a 6.5 mm. bullet shot from approximately 160 to 250 feet away from the President, from a weapon having a muzzle velocity of approximately 2,000 feet per second, assuming as a third factor that the bullet passed through the President's body, going in between the strap muscles of the shoulder without violating the pleura space and exited at a point in the midline of the neck, would the hole which you saw on the President's throat be consistent with an exit point, assuming the factors which I have just given to you?

Dr. BAXTER. Although it would be unusual for a high velocity missile of this type to cause a wound as you have described, the passage through tissue planes of this density could have well resulted in the sequence which you outline; namely, that the anterior wound does represent a wound of exit.

Mr. SPECTER. What would be the considerations which, in your mind, would make it, as you characterized it, unlikely?

Dr. BAXTER. It would be unlikely because the damage that the bullet would create would be—first its speed would create a shock wave which would damage a larger number of tissues, as in its path, it would tend to strike, or usually would strike, tissues of greater density than this particular missile did and would then begin to tumble and would create larger jagged—the further it went, the more jagged would be the damage that it created; so that ordinarily there would have been a rather large wound of exit.

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Mr. SPECTER. But relating the situation as I hypothesized it for you?

Dr. BAXTER. Then it is perfectly understandable that this wound of exit was not of any greater magnitude than it was.

Mr. SPECTER. Dr. Baxter, is there a channel through which the bullet could have passed in the general direction which I have described to you where there would be very few tissues and virtually no tissues of great density?

Dr. BAXTER. Yes; passing through the fascial plane which you have described, it could well not have these things happen to it, so that it would pass directly through—almost as if passing through a sheet of paper and the wound of exit would be no larger than the wound we saw.

Mr. SPECTER. What would the situation there be as to the shock wave which you have heretofore described?

Dr. BAXTER. There would be a large amount of tissue damage which is not ordinarily seen immediately after a bullet has passed through. This is damage that is recognized several days later.

Mr. SPECTER. What causes the shock waves there, Doctor?

Dr. BAXTER. This is just the velocity imparting pressure to surrounding tissues which damages them. It does not show, however, in the early course after a missile has passed through.

Mr. SPECTER. Well, would the shock waves have any effect upon the size, and nature of the hole of exit?

Dr. BAXTER. No.

Mr. SPECTER. And if the bullet passed through the fascial plane without striking tissues of great density, would it have a tendency to tumble at all?

Dr. BAXTER. No, it would not.

Mr. SPECTER. What has your experience been, if any, Doctor, with gunshot wounds?

Dr. BAXTER. For the past 6 years—we admit and treat, I would estimate, around 500 gunshot wounds per year—thereabouts.

Mr. SPECTER. Have you ever had any formal training in gunshot wounds?

Dr. BAXTER. Only that I received in the Army, with demonstration of various velocities and that type missile wounds.

Mr. SPECTER. Where was President Kennedy lying when you first saw him, Dr. Baxter?

Dr. BAXTER. On the cart, on the emergency cart in trauma room 1.

Mr. SPECTER. Was he ever taken off of that cart from the time you first saw him until the time he was pronounced dead?

Dr. BAXTER. No.

Mr. SPECTER. Was he ever turned over?

Dr. BAXTER. No.

Mr. SPECTER. Would your examination have been conducted in any different way had this particular victim not been the President of the United States?

Dr. BAXTER. I think—yes—in that we would have, particularly, postmortem examined the body much more carefully than we did. We would certainly have undressed him completely and determined all of the direction of the wounds at the time. This did not seem feasible under the circumstances.

Mr. SPECTER. Why was it not feasible under the circumstances?

Dr. BAXTER. Mrs. Kennedy was in the room, there was a large number of people in the room by that time—Secret Service Agents, the priests and so on. As soon as the President was pronounced dead, the Secret Service more or less—well, requested that we clear the room and leave them with the President's body, which was done. Everything that the Secret Service wished was carried out.

Mr. SPECTER. What was that?

Dr. BAXTER. Everything that the Secret Service asked us to do, we did, as rapidly as possible and this was one of their requests.

In addition, I must say that the emotional condition of all of us at that time was such that probably we would not—we didn't feel that we should do any more, since we were certain that autopsy would take care of all that we were going to miss.

Mr. SPECTER. Did the emotional situation have any effect in your professional opinion on the quality of the medical care which was rendered to the President?

Dr. BAXTER. No; none at all. We, I think, everyone present in the room was certainly emotionally involved in the care of the President, but in no instance did I see less than the most meticulous and best judgment used in the care of the President.

Mr. SPECTER. And what, in your opinion, was the cause of death, Dr. Baxter?

Dr. BAXTER. Gunshot wound to the head.

Mr. SPECTER. Would you have an opinion as to whether or not President Kennedy would have survived the gunshot wound which you observed in the neck?

Dr. BAXTER. We saw no evidence that it had struck anything in the neck that would not be well taken care of by simply—by the tracheotomy and chest tubes.

Mr. SPECTER. Did you find any bullets in the President's body?

Dr. BAXTER. No, we did not.

Mr. SPECTER. Any fragments of bullets in the President's body?

Mr. BAXTER. No, sir.

Mr. SPECTER. Dr. Baxter, I now show you Commission Exhibit 392, which has been heretofore identified in Commission Proceedings as the report from Parkland Memorial Hospital, and I now call your attention to a page which purports to bear your signature, and a written report which you rendered under date of November 22, 1963. I ask you, first of all, if that is your signature?

Dr. BAXTER. Yes.

Mr. SPECTER. And, if this is the report which you submitted?

Dr. BAXTER. Yes.

Mr. SPECTER. Do you have any other writings or notes of any sort concerning your care of President Kennedy?

Dr. BAXTER. No.

Mr. SPECTER. Will you read into the record, Dr. Baxter, the contents of your report, because it is a little hard to read in spots?

Dr. BAXTER. "I was contacted at approximately 12:40 that the President was on the way to the Emergency Room, having been shot. On arrival there, I found an endotracheal tube in place with assisted respirations, a left chest tube being inserted, and cutdowns going in one leg and in the left arm.

The President had a wound in the midline of the neck. On first observation of the remaining wounds, the temporal and parietal bones were missing and the brain was lying on the table with extensive lacerations and contusions. The pupils were fixed and deviated laterally and dilated. No pulse was detectable, respirations were (as noted) being supplemented. A tracheotomy was performed by Dr. Perry and I and a chest tube inserted into the right chest (second interspace anteriorly). Meanwhile, 2 pints of O negative blood was administered by pump without response. When all of these measures were complete, no heartbeat could be detected, closed chest massage was performed until a cardio-scope could be attached, which revealed no cardiac activity was obtained.

Due to the extensive and irreparable brain damage which was detected, no further attempt to resuscitate the heart was made."

Mr. SPECTER. And that bears your signature?

Dr. BAXTER. Charles R. Baxter, M.D., assistant professor of surgery, Southwestern Medical School, University of Texas.

Mr. SPECTER. Dr. Baxter, has any representative of the Federal Government ever talked to you about this matter prior to today?

Dr. BAXTER. The only person was a Secret Service Agent about—approximately three weeks ago who asked me if I had any additional written comments anywhere or had made any writings on the medical treatment of the President, and the answer was "No."

Mr. SPECTER. Now, prior to the time that the court reporter started to transcribe my questions and your answers, did you and I briefly discuss this deposition proceeding, its purpose and the questions which I would ask you?

Dr. BAXTER. Yes.

Mr. SPECTER. And are the answers given on the record here the same as you gave me in our brief conversation before the transcription was started?

Dr. BAXTER. Yes.

Mr. SPECTER. Do you have anything to add which you think might be helpful in any way to the work of the Commission?

Dr. BAXTER. No.

Mr. SPECTER. Thank you very much for coming, Dr. Baxter.

Dr. BAXTER. Thank you.

Marion T. Jenkins
March 25, 1964

TESTIMONY OF DR. MARION THOMAS JENKINS

The testimony of Dr. Marion Thomas Jenkins was taken at 5:30 p.m., on March 25, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. May the record show that Dr. M. T. Jenkins has appeared in response to a letter request in connection with the inquiry of the President's Commission on the Assassination of President Kennedy, to testify concerning his observations and medical treatment performed by him on President Kennedy, and with this preliminary statement of purpose, would you stand up, please, Dr. Jenkins, and raise your right hand.

Do you solemnly swear the testimony you give before the President's Commission in this deposition proceeding, will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. JENKINS. I do.

Mr. SPECTER. Would you state your full name for the record, please?

Dr. JENKINS. Marion Thomas Jenkins.

Mr. SPECTER. What is your profession, please?

Dr. JENKINS. I'm a physician.

Mr. SPECTER. Are you licensed by the State of Texas to practice medicine?

Dr. JENKINS. Yes.

Mr. SPECTER. And what is your specialty, Dr. Jenkins?

Dr. JENKINS. Anesthesiology.

Mr. SPECTER. Will you outline your educational background for me, please?

Dr. JENKINS. I am a graduate of the University of Texas in 1937. I have a B.A. degree and an M.D. degree from the University of Texas Medical Branch at Galveston in 1940, rotating internship at the University of Kansas Hospital, Kansas City, Kans., 1940-41; Assistant Residency in Internal Medicine, John Sealy Hospital in Galveston, Tex., 1941-42; active duty in the U.S. Navy as a Medical Officer, 1942 to 1946; Resident in Surgery—Parkland Hospital, Dallas, 1946-47; Resident in anesthesiology in the Massachusetts General Hospital, Boston, 1947-48; and Director of the Department of Anesthesiology, Parkland Hospital and Parkland Memorial Hospital, 1948 to the present; Professor and Chairman of the Department of Anesthesiology, University of Texas, Southwestern Medical School—since 1951. Diplomate—other certification, do you want this?

Mr. SPECTER. Yes, what Boards are you certified?

Dr. JENKINS. I am a Diplomate of the American Board of Anesthesiology and also fellow of the American College of Anesthesiologists.

Mr. SPECTER. And what year were you certified by the American Board?

Dr. JENKINS. 1952.

Mr. SPECTER. Did you have occasion to assist in the treatment of President Kennedy on November 22, 1963?

Dr. JENKINS. Yes.

Mr. SPECTER. And will you relate briefly the circumstances surrounding your being called into that case?

Dr. JENKINS. Well, I was in the dining room with other members of the hospital staff when we heard the Chief of Surgery, Dr. Tom Shires, being paged "Stat." This is a rather unusual call, for the Chief of any service to be called "Stat" as this is the emergency call.

Mr. SPECTER. What does that mean, "Stat"?

Dr. JENKINS. "Stat" means emergency, that's just a code word that has been used for years in medical terms. He was paged twice this way, and one of the