U. S. S. CHAMPLIN (DD601)

12 April 1944

Copy of Medical History Entry in Health Record of John J. Shaffer III, Commander, USN.

A-4-7-44 Diagnosis: WOUNDS, PUNCTURED (Small intestine). Diagnosis No. 2565. IN LINE OF DUTY. NOT DUE TO OWN MISCONDUCT.

- 1. Within command.
- 2. Work.
- 3. Negligence not apparent.
- 4. Sustained injuries while performing his duties in action against the enemy.

At 1708 on 4-7-44, while on bridge directing antisubmarine attack, patient was struck by shrapnel fragments which entered into the abdomen in the left lower quadrant, lower third right leg, lateral aspect of right heel, and lateral aspect of upper third left thigh.

First aid administered immediately and Morphine Tartarate gr. $\frac{1}{2}$ given for pain. Bleeding from right leg controlled by to rniquet. Sulfanilamide powder and sterile dressings applied to wounds. Tetanus toxoid, 0.5cc. administered intra-muscularly.

Patient complained of pain in abdomen and right leg. He also complained of weakness, drowsiness, thirst and desire to vomit.

Patient removed from bridge to emergency cabin and the following physical findings were noted: Pulse thready and rapid, 120 per minute; respirations regular, 18 per minute, but shallow; blood pressure was not taken; puncture wounds noted in the left lower abdominal quadrant, lateral aspect of upper third of left leg, 1 by 2 inches.

Two units of blood plasma were administered. Pulse 96 and of good quality. Abdomen rigid at this time. Fecal stained, bloody material exuded from abdominal wound.

Exhibit 1-1

Copy of Medical History Entry in Health Record of John J. Shaffer III, Commander, USN., continued.

At 2100, patient was evacuated from emergency cabin and brought into emergency operating room set up in ward room. Pulse thready and rapid, 130 per minute. Three more units of blood plasma were administered. Pulse of good quality, 80 per minute.

At 2130, patient emitted foul smelling, coffee colored vomitus.

At 2200, spinal anesthesia consisting of 150 mg. Novocaine with 3/8 gr. Ephedrine was administered. Abdomen opened, using left middle rectus incision. Due to poor results of the spinal anesthesia which lasted only forty minutes, morphine tartarate gr. \pm was administered. 20cc. of $2\pm\%$ Sodium Pentothal was administered intra-venously for anesthesia and poor effects were noted. Ether anesthesia by the drip method was instituted. Abdominal contents were explored and multiple lacerations of small intestine were noted. Ten perforations were closed with No. 1 plain catgut, bleeders were ligated. Color of intestanes appeared to be good. At this time, patients condition did not warrant further exploration. Respirations stopped, and then became irregular, slow and stertorus. Patient observed to be in deep coma. Total amount of 5% dextrose in normal saline administered was 1500cc.

Sulfanilamide powder, 5 gms., placed in abdominal cavity. Abdomen closed, using No 2 chromic catgut, and combination rubber and gauze drain inserted.

All other lacerations were flushed with sterile normal saline, debrided and frosted with sterile sulfanilamide powder.

Patients condition remained unchanged throughout the night. Pulse did not vary, much. Pulse was full and strong at 90 per minute.

At 0755 on 4-8-44, respirations suddenly became extremely slow, snort, and gasping, finally ceasing a few minutes later. Pupils were widely dilated and pulse

Exhibit 1-2

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Copy of Medical History Entry in Health Record of John J. Shaffer III, Commander, USN., continued.

almost imperceptible. Patient pronounced dead at 0803, 4-8-44.

 $\frac{DD}{1}$ 4-8-44. Died this date because of intestinal punctures 1 suffered in enemy action.

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d (jg)MC-USNR. Lt.

Exhibit 1-3

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From: U.S.S. CHAMPLIN	LUCIEL	
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NMS-Form N

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C. (See Circular Letter B-4, Appendix D, Manual of the Medical Department, for instructions)

2. Born: Place

2. Born: Place ______Date _____Date ______Date ______Date ______Date ______Date ______Date ______Date ______Date _____Date ______Date _____Date ____Date ___Date ___Date ____Date ____Date ___Date ____Date ___Date ___Date ___Date ____Date _____Date _____Date _____Date ____Date _____Date _____Date _____Date _____Date _____Date _____Date _____Date _____Date ______Date ______Date _____Date _____Date _____Date _____Date _____Date ______Date ______Date _____Date _____Date _____Date _____Date _____Date ______Date _____Date _____Date _____Date _____Date ______Date ______Date ______Date ______Date ______Date ______Date ______Date ______Date _______Date ______Date _______Date _______Date ______Date ______Date _________Date _______Date ______Date ______Date ______Date _____Aate ______Dat

lower rt. thighist Dasp. lower half it. legs Pists

Welt. sup. scapular reget Helt. lumbar rege

State which finger

6. Relation, name and address of next of kin or friend W1fes Parbara Townsond Shaffur

2211 38th Street, Eashington, D.C.

8. Died: Place U.S. S. CHAMPLIN (DDSOL) Date 4-2-44 Hour OB:03 (Principal OUNDS, PUNCTUMED (Small intestine) Key Letter

9. Cause of death Contributory

10-15556

10. Death ______ the result of own misconduct and ______ in the line of duty. (Is or is not)

11. Disposition of remains Burled at sea.

12. Summary of facts relative to the death: While engaged in action with the energy, man sustained shraphel perforations of abdoman and extremities. This occurred at 17:08 on 4-7-44. Shock was controlled by administration of blood plasma and intravenous fluids. Exploratory laparetomy and enterrhappy performed at 2210 under satisfactory ether anesthesis. Following operation, consciousness was not recovered, and patient remained in deep communities appired.

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Exhibit 2-1