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Hour	Temp.	Pulse	Resp.	Nourishment	Medication	Urine	Stool	Notes on results of medications and condition of patient
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·	•			MATERIAL.			i National	•

Mssouri State Penitentiary

HOSPITAL PATIENT REPORT

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4-pm	98	76	20	Soft &	DIET	<u> </u>	1	Doing Good: Seen by
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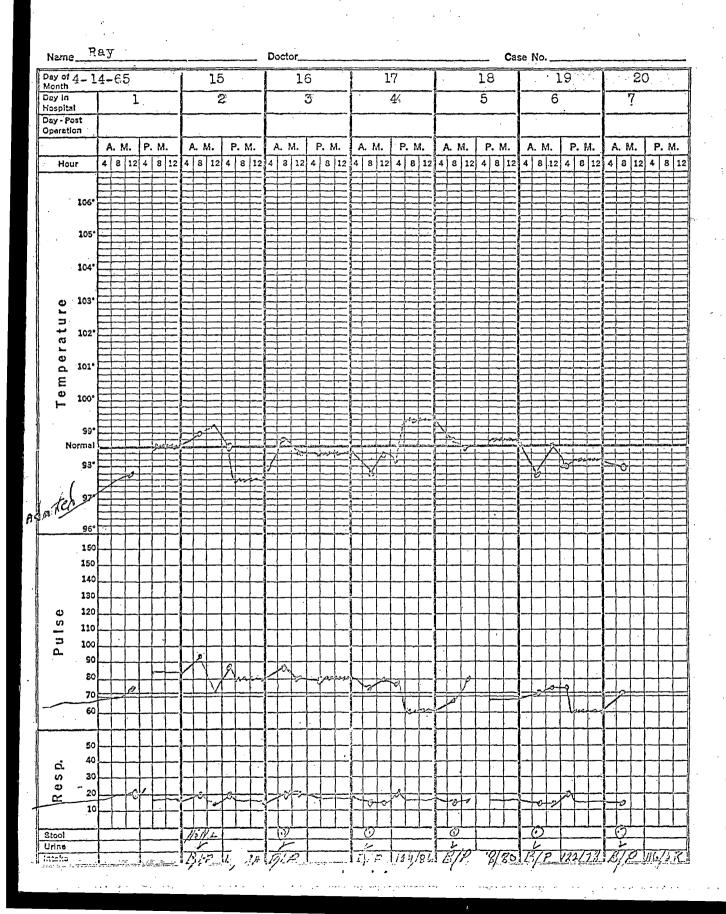
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Register No. 416

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MISSOURI STATE PENITENTIARY DIAGNOSTIC

REPORT

CLINICAL RECO	ŖD				NARRAT	IVE SUMMARY
DATE 4-20-65	RI	EG. NO. W/00416	NAME	RAY	i	
DATE OF ADMIS	SION	DATE OF DISCH.	MUM	BER OF DA	YS HOSPITAL	IZED
LTCTODY. 1. 41	1-	1, 00 (7		0: (()	D	

HISTORY: 4-14-65

4-20-65

Six (6) Days

This White "ale 37 had a numb sensation in the left arm and chest pains, nauseaheart sounds irregular-no cyanosis noted. Ordered admitted to the Hospital, seen by Mr. Coffman, RN.

PRELIMINARY DIAGNOSIS & COMMENTS

DATE	COLOR	SP. GR.	REACT.	SUGAR	ALBUMI	N
URINALYSIS:4-15-65	Pl Stra	v 1.014	7.0	Neg	Neg	
DAT	E RBC	WBC	HB	. GMS.		
BLOOD REPORT: 4-14-6	<u> 5 </u>	11700		15:1	· .	

TREATMENT

- 1. Routine Lab AM
- 2. Transaminase.
- 3. Soft Diet
- 4. Red Rest
- 5. EKG PA Chest
- 6. Further orders by Dr. Maxey, M.D.

7.

X-RAY FINDINGS:

EKG 4-15-65 & 4-19-65: Both note Tracing within normal limits.

per/Dr. Waggoner

(Roentgenologist)

DISCHARGED

4-20-65 by Mr. Coffman, RN.

FINAL DIAGNOSIS:

PRISON PHYSICIAN

MOURI STATE PENITENTIARY HOSPITAL PROCRESS PEPORT

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PROGRESS REPORT		•	· · ·	
HOSPITAL	.,			. `

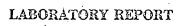
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Missouri State Penitentary

STANDING ORDER SHEET	History No.		·
HOSPITAL	Register No.	W-00416	

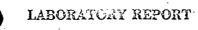
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MISSOURI STATE PENITENTIARY

HOSPITAL

ADMITTANCE SHEET

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Name	

DAV

Adm. Note:
DR. VARY/ACTIVE
MR. COFFRAN

:10 P.M.

APRIL 14, 1965

Emerg. Address:

Complaint:

THIS 37 YEAR OLD WHITE MALE CAME TO THIS EMERGENCY ROOM, HOSPITAL ON A PASS THIS P.M. THIS MAN WAS SEEN BY MR. COFFMAN AND AFTER EXAMINATION, WAS ORDERED ADMITTED TO THE SECOND FLOOR. THIS MAN HAS CHEST PAINS I NULL SENSATION IN LEFT ARM, ASSOCIATED WITH NAUSE HEART SOUNDS IRREGULAR. ARB YTHMIA. NO CYONOSIS NOTED. E.K.G. STAT PA CHEST.

PA CHEST.

MP. COFFMAN COM

CHEST PAINS. & NUMBSENSATION IN LEFT ARM. APR 20 1965

M·APR 20 1965 Discharged

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April area of the

Principles (Sec.)

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MR. COFFMAN.

Examined and ordered hospitalized by Dr. MAXEY M.D. PER MR. COFFMAN

Temp.

97.8

Pulse

Resp. 20

Weight

170

Blood Pressure

140/80 CONTRACTOR

ROUTINE LAW IN THE A.M. TRANSAMINASE. SOFT DEET. BEDREST. FURTHER ORDERS FROM DR. MAXEY OR MR. COFFMAN

.

Orders:

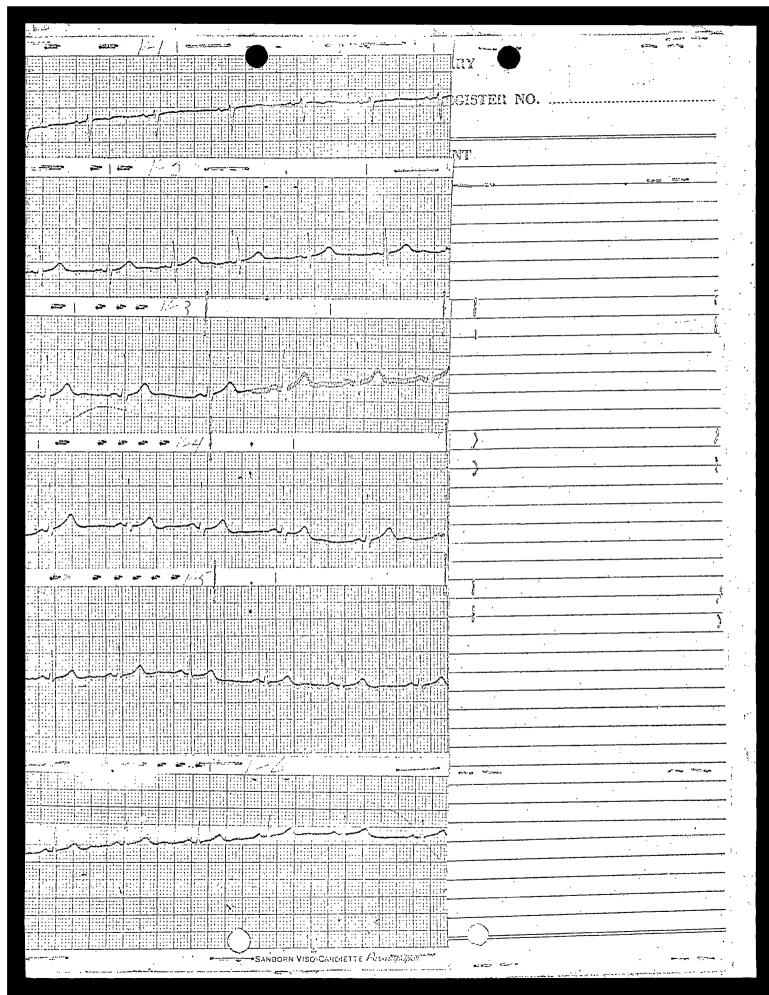
Personal History:

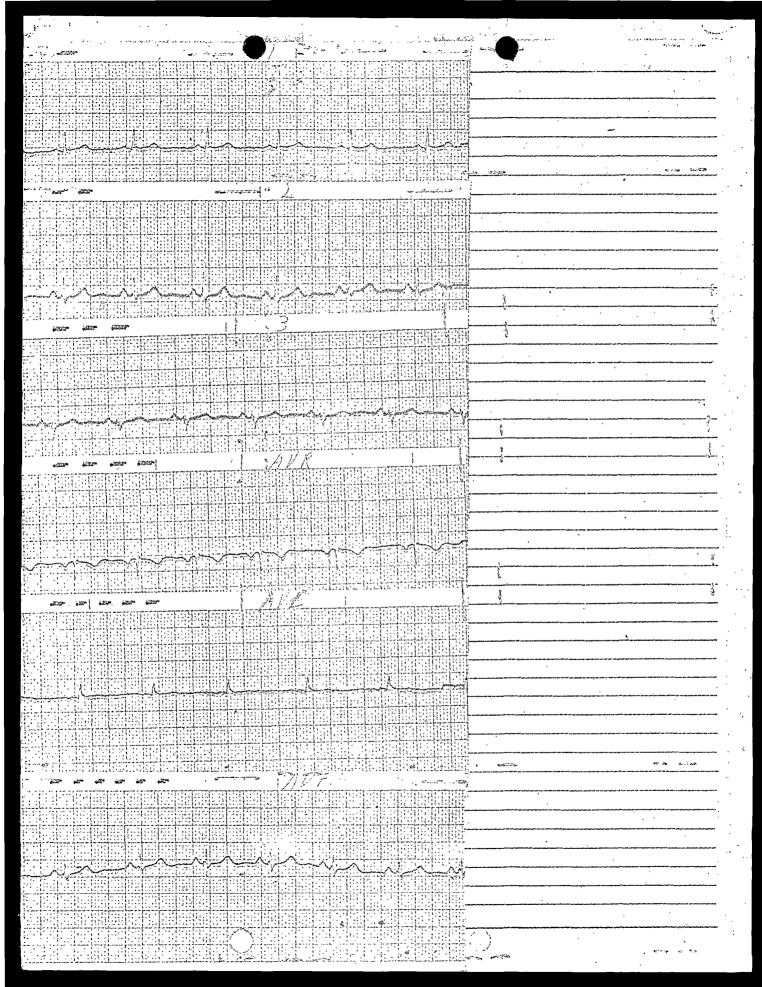
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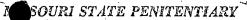
Past History:

P.S. Na. 1182 Departy Rubbs

J. S. Sanders, M.D.







Medical Record X-Ray Department

Name	Ray

Register No. W-00416

Date April 21, 1965

P. A. View of the Chest:

Negative for active cardio vascular or pulmonary pathology.

Dr. Doyle

M. D.

Roentgenologist

MISSOURI STATE PENITENTIARY HOSPITAL PATHOLOGICAL REPORT

PATIENT	Jackson			ISTER N				. 1 -
ATTENDING	PHYSICIAN	Hugh	W. Maxoy	, 5. D.	DATE	5/8/61	LAB. NO	61/45
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Pathologist



WM. BOEGER

CITY OF SAINT LOUIS

Department of Welfare

DIVISION OF ADULT SERVICES

MUNICIPAL JAIL

. 124 S.-14th Street St. Louis 3, Missouri

Feb. 24, 1961

Mr. Robert Keeran Medical Record Supervisor Missouri State Penitentiary Hosp. Jefferson City, Missouri

Dear Mr. Keeran:

Re: James E. Ray- #00416-J

Replying to your letter of Feb. 10th. regarding the above inmate my record on this inmate is as follows:

Oct. 20, 1959 - Exam. Neg.

Nov. 5, 1959 - cc-disch. & none now. To get smear in or before voiding.

Nov. 9, 1959 - Brought smear down. Sent to lab. No. discharge seem now

Nov. 16, 1959 - Exam. only sl.disch, report of 11/10/59. neg.G.C. another spec.sent to lab. sulpha tab T XX da.

No. 24, 1959 - See above-salicylate tab. tX1d.

Jan.6, 1960 - Reg. aspirin so ordered.

Jan. 27, 1960 - Reg. aspirin so ordered.

Feb. 6, 1960 - CC- Headache cold & sore throat T & R normal- chest clear- throat clear- spray nose and PAC tab.

Feb. 9, 1960 - CC-Cold T & R Normal, nose clear- pac tablets.

March 2, 60 - Did Not come down.

March 7, 60 - Reg. Aspirin for headache so ordered.

Very truly yours,

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MEDICAL HISTORY

Missouri State Penitentiary

Name James Farl Ray N	Tumber001,16	·	Race	White	Height	<u> 5171</u> "
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Diphtheria O	Pneumonia	O.		Gonorrhea	0	
Whooping Cough O	Pleurisy Influenza	0		Syphilis Chancroid	0	
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Year	Recurrence
SYPHILIS	
Date of infectionDenied	First blood test
Chancroid Chancre	Anti-SyphiliticRashTreatment
Treatment given	
BLOOD TEST UPON ADMITTANCE	Quantitative Kolmer
Date taken <u>3/31/60</u>	
Blood test reportNon-reactive	Kolmer
Blood type	HintonOther
GENERAL	
Development Mental State	Nutrition Height 5'11" Weight 1652
Blood pressure 104/60 Pulse: 92 Resp	to exer: 108 After 2 min rest: 92
SKIN	
Dry X Moist Pigmentation	Fair Hair Brown Jaundice Eruption
EARS	
Hearing Good Discharge	Canal Rt Lt
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Thyroid Stiffness	Lymph Gland
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RAY, Jimmie

REGISTER NO. DATE TREATMENT Cocl BS 1. 3 m 61 61 W Center for med, etaluation, : Inmate has been unlaccounted for for the past two days and it was believed he had escaped. It appears that he has been hiding in the penitentiary . There is an injury to right closw w/ swelling and exadate (serous drainage and old blood) Temp is normal. Inmate appears quite week. Trambles but makes every effort to cooporato w/ exray examination. CBC being done. Afebrile. Lesion on elbow cleansed , w/phisohex and treated w/ Furacin gauze and ENVENTAGE DS B. There is no fx but it appears there is a dislocation (?) N 29 HUS

PSYCHOLOGICAL INTERVIEW

DATE SHIET

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1	AGE: 37			
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Associate Warden of Custody cc: Control Center, Dress Out, Classification, Parole Office, Treasurer, Classification & Assignment, Receiving Unit, Inmate, Our File. Joined Barl Roy (600)23 By order of the Circuit Court of Col Conty this immate has been taken to the State Hospital No. 1, Fulton, Missouri on 4-10 nodo "Awilling enday lith 2:00 AM P110 R34 176/90

Whi farly, Jacky

September 8, 1985

T-COUNT, effective September 8, 1965.

H. F. Louf

Identification & Records

Department of Corrections

INTER-OFFICE COMMUNICATION

To:

Leo M. Baker, D.O.

Date: October 21, 1966

Chief Medical Officer

From:

Lerby H. Rook, M.S.

Clinical Psychologist II

Subject:

Ray, James - W/00416

A day or two ago the Institutional Parole Officer asked me something concerning James Earl Ray's psychiatric file. I reviewed it and noticed that the man was sent to State Hospital No. 1 on September 8, 1966 by order of the Circuit Court, Cole County. The basis of this transfer is, of course, unknown to me. I have a letter from Ray dated March 22, 1966 which he wrote from C-Unit of Maximum Security. On March 23rd my notes indicate that I referred it to Dr. Enlos and on March 29th Dr. Enlos called me in the afternoon to state that Ray had written the Warden concerning his alleged illness. On November 1, 1965 Mr. Bergin had referred the man to me from Sick Call in connection with an alleged weight loss which I was unable to document satisfactorily by searching the records.

In November of '65 the man was tested and interviewed extensively from Monday through Thursday, November 1st rhough hith inclusive, for periods of thirty minutes to an hour and a half. My notes indicate that I considered him "escape-prone."

I have in my file a typewritten copy of a piece of literature which is sent out by Roche in their packages of Librium. It is two full pages of single-spaced typewritten material quoting in detail the material of the sort one finds in the PDR. He had pulled this piece of paper out of his pocket while seated in my of-fice about 9:00 on November 1st. I sequestered same.

According to all the test results I have on the man he is nothing more nor less than a severe neurotic apparently seeking to repress out of awareness, or to keep concealed, something he seems to be afraid someone else is going to find out.

The import of this IOC at this time is to urge you to communicate with the Warden that this man might well be considered "escape-prone" -- a runner (psychologically, anyway) -- and suggest that the Warden, in accordance with a "gentlemen's agreement" we have with the Maspital authorities, notify the Hospital authorities that this man should be considered as an escape-prone neurotic type individual, according to our information on him.

It is to be considered in this, however, that the escape-proneness may have been merely his intense wish to get out of the prison setting and it may be that he now finds himself in a more confortable situation such that he is no longer an escape-prone person; or, in other language, a security risk.

Page

You will note that a copy of this is being sont to AWC Kern.

LeAby H. Rook, M.S. Clinical Psychologist II

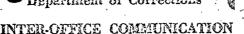
P.S.: My work with Ray would indicate that diagnostically I would be inclined to consider him as a Psychoneurotic disorder, anxiety reaction. This is a situation in which the anxiety is diffuse and it is not cathected to any object. Nor is it controlled by any specific psychologic defense mechanism. These reactions are characterized by anxious expectation and frequently associated with somatic symptomatology. Which is exactly what we find in Ray. In April of '65 he was on H-2 for chest and cardiac evaluation. EKG's were normal. Pressures were 1h0/80, pulse 76 on the lith; 122/92, pulse 80, on the 16th. In early May CBC's and blood sugars were done; results: negative. On May the 24th-5th-6th he was again examined for an alloged "swelling under both arms." It was noted that his pulse went down markedly immediately after he had been admitted to patient status. On May the 29th at 2:00 a.m. he had a pulse of 1h0, respiration 32, EP 120/98; At 4:25 a.m. pulse was 130, 9h/70, "showing shortness of breath," was given exygen. By 4:55 a.m., pulse 8h, pressure 118/80. He was diagnosed at that time as having paroxymal tachycardia. Thus, we see the somatization of anxiety.

LeRoy II. Rook, M.S. Clinical Psychologist II

co: Hr. Kom, AWC P&PBd ** Vextra file

LHR/1a





Date: October 21, 1966

To:

Leo M. Baker, D.O.

Chief Medical Officer

From:

LeRoy H. Rook, M.S.

Clinical Psychologist II

Subject:

Ray. James - W/00416

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You will note that a copy of this is being sent to AWC Kern.

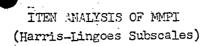
Leavy H. Rook, M.S. Clinical Psychologist II

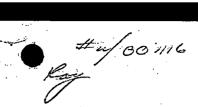
P.S.: My work with Ray would indicate that diagnostically I would be inclined to consider him as a Psychoneurotic disorder, anxiety reaction. This is a situation in which the anxiety is diffuse and it is not cathected to any object. Nor is it controlled by any specific psychologic defense mechanism. These reactions are characterized by anxious expectation and frequently associated with somatic symptomatology. Which is exactly what we find in Ray. In April of 165 he was on H-2 for chest and cardiac evaluation. EXG's were normal. Pressures were 140/80, pulse 76 on the 14th; 122/92, pulse 80, on the 16th. In early May CBC's and blood sugars were done; results: negative. On May the 24th-5th-6th he was again examined for an alleged "swelling under both arms." It was noted that his pulse went down markedly immediately after he had been admitted to patient status. On May the 29th at 2:00 a.m. he had a pulse of 140, respiration 32, BP 120/98. At 4:25 a.m. pulse was 130, 94/70, "showing shortness of breath," was given oxygen. By 4:55 a.m., pulse 84, pressure 118/80. He was diagnosed at that time as having paroxymal tachycardia. Thus, we see the somatization of anxiety.

LeRoy H. Rook, M.S. Clinical Psychologist II

cc: Mr. Kem, AWC P & P Bd extra

LHR/Id





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			Number	•		
	,		of	RAW SCORE	T-SCORE	
			Items :			
			Trems .	•	•	
I.	DEPRESS		(00)		Q i	
	D1	Subjective Depression	(32)	16	<u>-8/</u>	
	D2	Psychomotor Retardation	(15)		64	
•	D3	Complaints about Physical Malfunctions	(11)		78	
•	D4+	Mental Dullness	(15)		824	
		Brooding	(10)		41	٠.٠
	D5	Eroodfug	(,	<u></u>		
II	HYSTERI		1 63	٠	5.8	
	Hy1	Denial of Social Anxiety	(6)			1
	Hy2	Need for Affection and Reinforcement	(12)		-7/2/	
	нуЗ	Lassitude-Malaise	(15)			
		Somatic Complaints	(17)	2_	<u>-175</u>	/.
•		Inhibition of Aggression	(7)	5	<u>63</u> V	: '
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III		ATHIC DEVIATE	(11)		36	· /
	Pd1	Familial Discord	• •		621	
	Pd2	Authority Conflict	(11)		41	
	Pd3	Social Imperturbability	(12)		73	•
		Social Alienation	(18)		7 _3	
	Pd4B	· · · · · · · · · · · · · · · · · · ·	(15)	.4	43	
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IV		ITY-FEMINITY (MALE)	(15)		5-1	٠,
	Mf1	Personal and Emotional Sensitivity	(6)		4/2	
	MF2	Sexual Identification			45	
	M£3	Altruism	(9)			
	Mf4	Feminine Occupational Identification	(17)			
·.	Mf5	Denial of Masculine Occupations	(10)	8	1/4	
	1,-3					
	D : D ANOT A		•		:	
ν	-,	Toffyone	. (17)	1	43	/
	Pa1	Ideas of External Influence	(9)		6/	
	Pa2	Poignancy	(9)	4	49	•
	Pa3	Affirmation of Moral Virtue	())			
		•				
VI	SCHIZOPE	IRENIA	4 3	,	. مرسور	1.
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	2017	Lack of Ego Mastery-Cognitive	(10)	3	681	
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		Lack of Ego Mastery-Conative	(,			٠
	Sc2C	Lack of Ego Mastery-Defect of	(11)		<- >	
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	sc3	Sensorimotor Dissociation	(20)			
		•				
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		Psychomotor Acceleration	(11)	<u></u>	- Lostv	
. ,	Ma2		(8)	2	39	
	маЗ	Imperturbability	(9)		46	:
-	Ma4	Ego Inflation	())			
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RFV/fh 10/15/62

Profile and Case Sumn	nary 1 710/00 416 (c)
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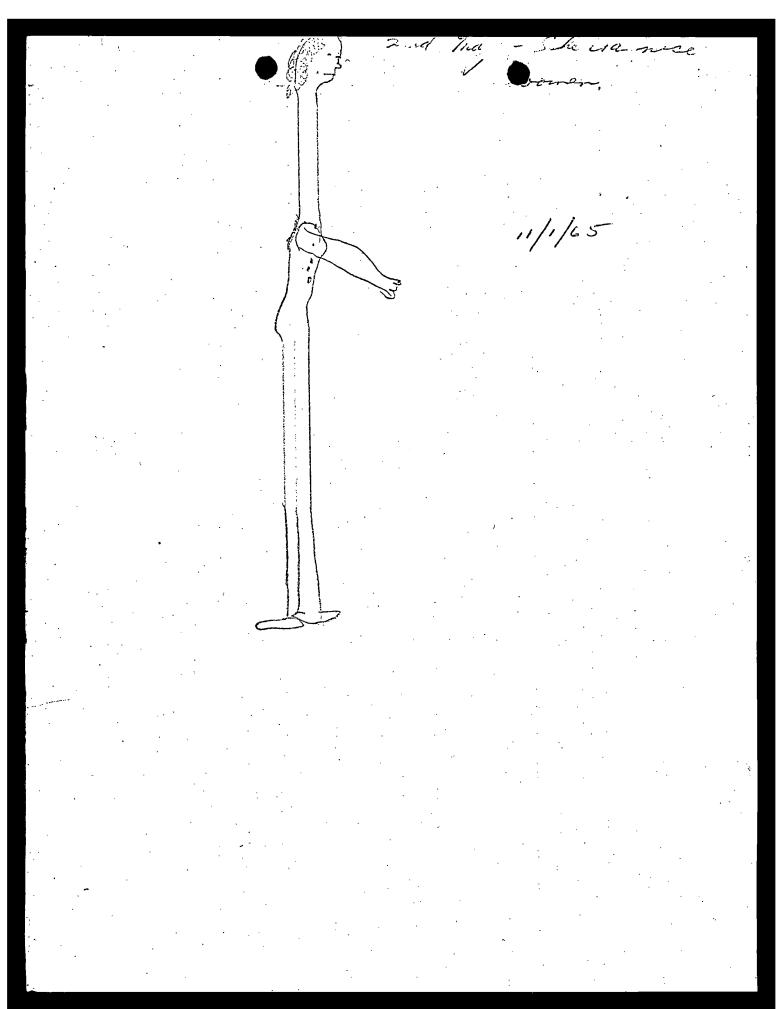
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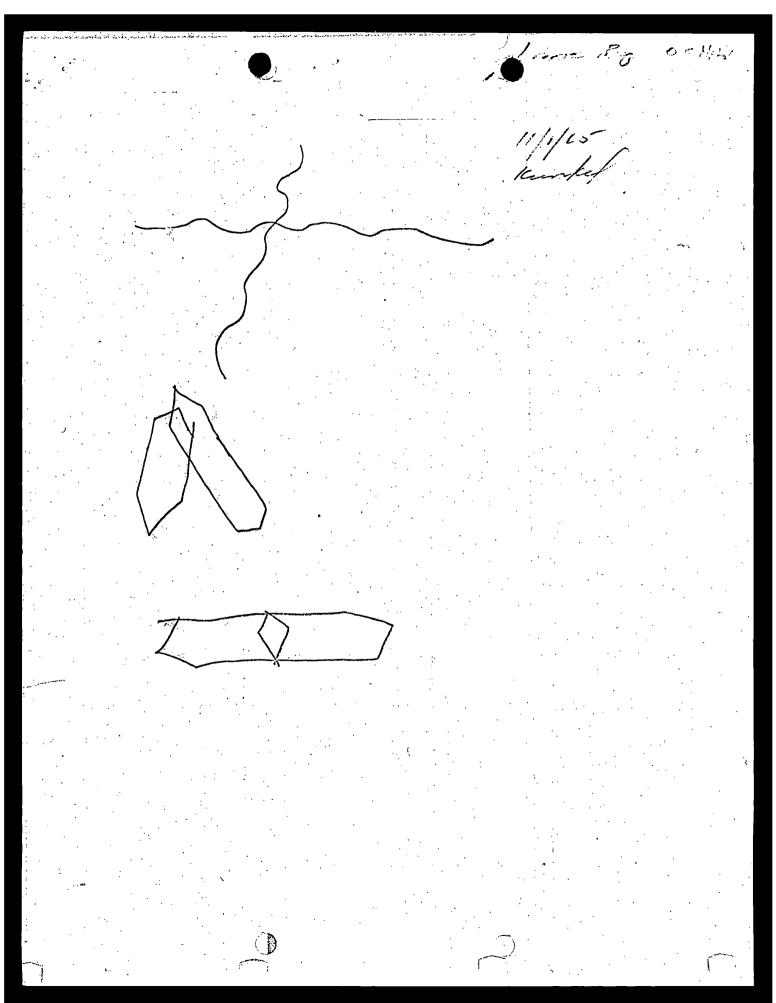
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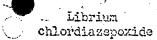
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Compostion; Librium is a unique and versatile new therapeutic agent which is virtually specific for the relief of anexisty and tension. While Librium has a prompt and profound action over a wide range of emotional disorders, it is safeest of the effective psychopharmacologic compounds avaible to date. It is completely unrelated chemically or pharmacologically to any other tranquilizer or antidepressant agent. Librium is not an MAO inhibitor. Chemically, Lirrium Hydrochloride is 7-chloro 2-menthylamino 5-phenyl 3H-1,4-benzodiazepine 4-oxide hydrochloride.

ACTION AND USES: Pharmacologically, Librium exhibits an unprecedented "taming" action in wild, vicious animals . While it has been shown to have tranquilizing properties comparable with those of chlorpromazine and reserpine, it lacks the autonomic blocking effects of these compounds and does not produce extrepyramidal side effects. Librium is indicated whenever fear anexity and tension are significant components of the climical profile. In low oral doses, librium is effective in mild to moderate anexity and tension, tension headache, pre-and postop erative apprehension, pre-menstrual tension and menstrual stress, chornic alcoholsim, behavior disorders in childrens, and when ever anexity and tension are concomitants of gastrointesting al, cardiovascular, gynecologic or dermatologic disorders. Skeltal muscle spasticty (resulting from spinal cord injury, congenital or acquired brain damage) and other debilitating neuromuscular disorders such as dystonia and athetosis frequently responde to Librium. Painful muscle spams, associated with myositis, fibrositis, bursitis, tenosynovitis, arthrits, fractures, intervertebral disc syndrome, whiplash injury, low back pain or postural strains, is often relieved.

Response is more likely when emotional factors are presents than when symptoms are entirely secondary to the musculoskeletal disorder. In higher oral doses, Librium is of value in the more sever aniexity and tension states, agitated depression and ambulatory phychoneuroses (e.g. acute and chornic anexity states, phobias, obsessive — compulsive reactions and schizoid behavior disorders). In addittion, Librium may be useful in certain types of acute agitation due to chornic alcoholism or alcoholic withdrawal (including delirium tremens), hystercial or panic states, paranoid states and acute stages of schizophrenia. Librium injectable indicated for the relief of acuteagitation and hypersetivity (e.g. alcoholism, anxiety, hystericial and panic states, psychoses, drug withdrawal motoms) when rapid action is required or oral administration is not feasible.

AIWINISTRATION AND DOSAGE: Because of the wide range of clinical indications for Librium, the optimum dose varies with the diagnosis and respones of the indivdual patient. The dosage, therefore, schould be individualized to achieve maximum benefits.

ORAL DOSAGE *** ADULTS:MILD TO MODERATE ANXIETY AND TENSION:Tension headche, pre-and postoper ative apprehension, premen strual tension, musculoskeletal spasms, neuromuscular spasticity, chronic alcoholism, and when ever anixety and tension are concomitants of gastrointestinal, cardiovascular, gynecologic or dermatologic disorders. Usual daily dose; 5 mg or 10 mg, 3 or 4 times daily.

SEVERE ANIXETY AND TENSION: Agitated depression, and ambulatory psychoneuroses (e.g. acute and chronic anixety states, phobias, obsessive—compulsive reactions and schizoid behavior disorders) Usual daily dose; 20 m.g. or 25 m.g., 3 or 4 times daily.

GERIATRIC PATIENTS: or in the presence of debilitating disease. Usual daily dose; 5 m.g. 2 to4

times daily.

CHILDREN : Behavior disorders with associated anixety and tension. Usual daily dose; 5 m.g. 2 to 4 times daily (may be increased in some children to 10 m.g. 2 or 3 times daily). In acute agitation due to cheonic alcoholism or alcoholic with drawal (including delirium tremens), hysterical or panic states, 22 paranoid states or acute stages of schiz ophrenia, the suggested intials dose is 50 to 100 m.g. per day. Dosage may then be decreased to maintenance levels.PARENTERAL DOSAGE --- ADULTS : ALCOHOLISM: rapid symptomatic relief of alcoholic agitation, tremor, impending oractive delirium tremens and haallucinois -- 50 to 100 m.g. I.M. or I.V. initially ;repeat in #3 2 to 4 hours, if necessary. ACUTE ANIXETY—rapid relief of anixety ,agitation and reatlessness --- 50 to 100 m.g. 3 or 4 times daily ,ifnecessary. ACUTE PHOBIA OR PANIC REACTION: rapid control of hysteria, hyperactivity, agitation, confusion and disorientation -- 50 to 100 m.g. I.M. or I.V. initially; repeat in 4 to 6 hours, if necessary.ACUTE PSYCHOTIC AGITIATION: symptomatic relief of schizophrenic motor exicitement, agitated depression ,paranoid reactions, hallucinosis -- 50 to 100 m.g. I.M. or I.V. initially; repeat in 4 to 6 hours, if necessary. ACUTE DRUG WITHDRAWAL: rapid symptomatic relief of cramps, sweating, nausea, vomiting, and excietment -- 100 m.g. I.M. or I.V. initially, then 50 to 100 m.g. in 4 to 6 hours, if necessary.

Not more than 300 m.g. gould bá given during a 6 hour y d.Lower parentreal doses (usually 25 to 50 m.g.). Mould be used for elderly or del ated patients, and for childrens. In most cases, acute symptoms may be rapidly controlled by Librium Injectable so that subsequent treatment, if necessary, may be given orally by Librium##capsales. SIDE EFFECTS: The necessity of discentinging therapy because of undescrable effects from Librium has been very rare. Drowsiness and ataxia have been reported in some patientsparticulary the eledery and debilitated. While these effects can be avoided in allmost all instances by proper dosage adjustment, they have occasionally been observed at the lower dosage range. In a few instances syncope has been reported when high dosage were used. Withdrawal symptoms following discontinuation of Librium have not been reported when reco mmeded dosages have been employed; however abrupt cessaation after prolonged over dosage (300 m.g. to 600 m.gadaily for more than five months) has produced withdrawal symptoms similar to those seen with barnituratew or meprobamate (including convulsion). Caution there fore be exercised in administering Librium to individuals known to be addiction prone, or whose history suggests they may increase the dosage on thier own initiative. Paradoxical reactions, i.e. excitement, stimulation, elevation of affect and acute rage, have been reported in psychiatric patients; these recations may be secondary to relief of anixety and schould be watched for in the sarly stages of therapy. Other side effects occurring during Librium therapy include isolated instancees of minor skin rashes, minor menstrual irregularties, nauses and constipation, as well as increased and decreased libido. Such side effects have been infrequent and are generally controlled with reduction of dosage. While agranulocytosis and hepatic dyfsunction have been reported during Librium therapy, evidenence is inconclusive that eigtherwas related to the administration of Librium. When Librium treatment is protracted, periodic blood counts and liver function tests may be advisable. Before using Librium Injectionable the physican schould familiarizehimself with the side effects which have been noted with oral Librium therapy. In clinial use, Librium Injectable has occasionally produced mild, transitory fluctuation in blood pressure of shortduration. These reactions have not presented a clinical problems and have not required supportive therapy. Following the injection of Librium, some patients may become droswy or unsteady. For these reason ambulatory patients schould be kept under oberservation, preferabl in bed, after treatment. PRECAUTION: In elderly, debilitated patients, it is important to limit the dosage to the smallest effective emount to preclude the development of ataxiour over sedation (Not more than 10 m.g. per day initially, to be increased gradully as tolerated). As is true of all CNS-acting drugs, until the correct maintenance desage is established , patients receiving Librium schould advised against possibly hazardous procedures requiring complete mental alerthess or physical coordation. In general the concomitant administration of Librium and other psychotropic agents is not recommended. If such combination therapy seems indicated, careful consideration schould be given to the pharmacology of the agents to be eemployed with Librium --patticulary when the known potentiating compound such as the MAO inhibitors and phenothiazines are to be used. Althought Librium is a valuable aid in the treatment of acute and chronic alcoholism, patients schould be cautioned as in the case of other CNS acting drugs about possible combined effects of Librium and alcohol. The usual precautions in treating patients with impaired renal or hepatic function schould be observed. Librium Injectable (Intramuscular or intravenous) is indicated primarily in ##### acute states, and patients receiving this form of therapy schould be kept under observation, preferably in bed, for a period of up to three hours. Ambulatory patients schould not be permittedato operate a vehicle following an injection of Librium.

The usual precaution s of reduced dosage schould be oberserved: when treating patients with impaired renal or hepatic function. Injecticable Librium schould not be given to patients in shock or comatoes States. Reduced dosage (usually 25 to 50 m.g.) schoulh be used for elderly or debilitated patients, and for children. When the parenteral use of Librium is followed by oral therapy after acute symptoms are controlled, the usual precautions of Librium eral therapy must be observed.

