

#5

Dr. Clark

6H

3/21/1964

Credentials

Mr. SPECTER. Yes; may I have the professional qualifications in summary form, if you will, please.

Dr. CLARK. I am board certified by the American Board of Neurological Surgery. I am a Fellow with the American College of Surgeons. I am a member of the Harvey Cushing Society.

Mr. SPECTER. What is the Harvey Cushing Society, by the way?

Dr. CLARK. It is the largest society of neurological surgeons in the world.

Mr. SPECTER. And what do your duties consist of with respect to the Southwestern Medical School of the University of Texas?

Dr. CLARK. I am in charge of the division of neurological surgery and carry the responsibility of administering this department or this division, to arrange the instruction of medical students in neurological surgery and to conduct research in this field.

Mr. SPECTER. What were your duties back on November 22, 1963?

Dr. CLARK. Essentially these. I also, as chairman of the division, have the responsibility as director of neurological surgery at Parkland Memorial Hospital which is the major teaching hospital of the medical school.

Mr. SPECTER. Did you receive notification on November 22, 1963, that the President had been wounded and was en route to this hospital?

Dr. CLARK. Yes, sir; I did.

Mr. SPECTER. Do you know at approximately what time you got that notification?

Dr. CLARK. Approximately 12:20 or 12:30.

Mr. SPECTER. And what action, if any, did you take as a result of receiving that notification ?

Dr. CLARK. I went immediately to the emergency room at Parkland Hospital. I was in the laboratory at Southwestern Medical School when this word reached me by phone from the hospital.

Mr. SPECTER. And at approximately what time did you then arrive at the emergency room ?

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Dr. CLARK. I would estimate it took a minute and a half to two minutes, so I would guess that I arrived approximately 12:30.

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Dr. CLARK. I would estimate it took a minute and a half to two minutes, so I would guess that I arrived approximately 12:30.

Mr. SPECTER. And who was present, if anyone, upon your arrival, attending to the President?

Dr. CLARK. Dr. Jenkins, that is M. T. Jenkins, I suppose I ought to say, Dr. Ronald Jones, Dr. Malcolm Perry, Dr. James Carrico; arriving either with me or immediately thereafter were Dr. Robert McClelland, Dr. Paul Peters, and Dr. Charles Baxter.

Mr. SPECTER. What did you observe the President's condition to be on your arrival there?

Dr. CLARK. The President was lying on his back on the emergency cart. Dr. Perry was performing a tracheotomy. There were chest tubes being inserted. Dr. Jenkins was assisting the President's respirations through a tube in his trachea. Dr. Jones and Dr. Carrico were administering fluids and blood intravenously. The President was making a few spasmodic respiratory efforts. I assisted in withdrawing the endotracheal tube from the throat as Dr. Perry was then ready to insert the tracheotomy tube. I then examined the President briefly.

My findings showed his pupils were widely dilated, did not react to light, and his eyes were deviated outward with a slight skew deviation.

I then examined the wound in the back of the President's head. This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed. There was considerable blood loss evident on the carriage, the floor, and the clothing of some of the people present. I would estimate 1,500 cc. of blood being present.

As I was examining the President's wound, I felt for a carotid pulse and felt none. Therefore, I began external cardiac massage and asked that a cardiotoscope be connected. Because of my position it was difficult to administer cardiac massage. However, Dr. Jones stated that he felt a femoral pulse.

Mr. SPECTER. What is a femoral pulse?

Dr. CLARK. A femoral artery is the main artery going to the legs, and at the junction of the leg and the trunk you can feel the arterial pulsation in this artery. Because of my position, cardiac massage was taken over by Dr. Malcolm Perry, who was more advantageously situated.

Mr. SPECTER. What did the cardiotoscope show at that time?

Dr. CLARK. By this time the cardiotoscope, we just call it a cardiac monitor for a better word----

Mr. SPECTER. That's a good word.

Dr. CLARK. The cardiotoscope had been attached and Dr. Found Bashour had arrived. There was transient electrical activity of the President's heart of an undefined type. Approximately, at this time the external cardiac massage became ineffectual and no pulsations could be felt. At this time it was decided to pronounce the President dead.

Mr. SPECTER. At what time was this fixed?

Dr. CLARK. Death was fixed at 1 p.m.

Mr. SPECTER. Was that a precise time or an approximate time, or in what way did you fix the time of death at 1 o'clock?

Dr. CLARK. This was an approximation as it is, first, extremely difficult to stage precisely when death occurs. Secondly, no one was monitoring the clock, so an approximation of 1 o'clock was chosen.

Mr. SPECTER. Who was it who actually fixed the time of death?

Dr. CLARK. I did.

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*Clark on the
head
wound*

Mr. SPECTER. What, if anything, did you say then in the course of that press conference?

Dr. CLARK. I described the President's wound in his head in very much the same way as I have described it here. I was asked if this wound was an entrance wound, an exit wound, or what, and I said it could be an exit wound, but I felt it was a tangential wound.

Mr. SPECTER. Which wound did you refer to at this time?

Dr. CLARK. The wound in the head.

Mr. SPECTER. Did you describe at that time what you meant by "tangential"?

Dr. CLARK. Yes, sir; I did.

Mr. SPECTER. What definition of "tangential" did you make at that time?

Dr. CLARK. As I remember, I defined the word "tangential" as being---striking an object obliquely, not squarely or head on.

Mr. SPECTER. Will you describe at this time in somewhat greater detail the consequences of a tangential wound as contrasted with another type of a striking?

Dr. CLARK. Let me begin by saying that the damage suffered by an organ when struck by a bullet or other missile---

Mr. SPECTER. May the record show that I interrupted the deposition for about 2 minutes to ascertain what our afternoon schedule would be here because the regular administration office ordinarily closes at 12 o'clock, which was just about 15 minutes ago, and then we resumed the deposition of Dr. Clark as he was discussing the concept of tangential and other types of striking. Go ahead, Doctor.

Dr. CLARK. The effects of any missile striking an organ or a function of the energy which is shed by the missile in passing through this organ when a bullet strikes the head, if it is able to pass through rapidly without shedding any energy into the brain, little damage results, other than that part of the brain which is directly penetrated by the missile. However, if it strikes the skull at an angle, it must then penetrate much more bone than normal, therefore, is likely to shed more energy, striking the brain a more powerful blow.

Secondly, in striking the bone in this manner, it may cause pieces of the bone to be blown into the brain and thus act as secondary missiles. Finally, the bullet itself may be deformed and deflected so that it would go through or penetrate parts of the brain, not in the usual direct line it was proceeding.

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Mr. SPECTER. Now, referring back to the press conference, did you define a tangential wound at that time?

Dr. CLARK. Yes.

Mr. SPECTER. And what else did you state at the press conference at 2:30 on November 22?

Dr. CLARK. I stated that the President had lost considerable blood, that one of the contributing causes of death was this massive blood loss, that I was unable to state how many wounds the President had sustained or from what angle they could have come. I finally remember stating that the President's wound was obviously a massive one and was insurvivable.

Mr. SPECTER. What did Dr. Perry say at that time, during the course of that press conference, when the cameras were operating?

Dr. CLARK. As I recall, Dr. Perry stated that there was a small wound in the President's throat, that he made the incision for the tracheotomy through this wound. He discovered that the trachea was deviated so he felt that the missile had entered the President's chest. He asked for chest tubes then to be placed in the pleural cavities. He was asked if this wound in the throat was an entrance wound or an exit wound. He said it was small and clean so it could have been an entrance wound.

Mr. SPECTER. Did he say anything else that you can recollect now in response to the question of whether it was a wound of entrance or exit?

Dr. CLARK. No, sir; I cannot recall.

Mr. SPECTER. Were you a part of a second press conference, Dr. Clark?

Dr. CLARK. Yes, sir.

Mr. SPECTER. And when did that second press conference occur?

Dr. CLARK. On Saturday, the 23d.

Mr. SPECTER. At about what time?

Dr. CLARK. Sometime in the morning, as I recall.

Mr. SPECTER. Going back to the first press conference for just a minute, which television networks were involved on that ?

Dr. CLARK. Without sounding facetious, everyone, including some I had never heard of.

Mr. SPECTER. Can you recollect any besides the three major networks--ABC, CBS, and NBC?

Dr. CLARK. This is all I remember. I remember seeing in the room two reporters from Dallas newspapers whom I know and the radio and television stations were also present.

Mr. SPECTER. Now, going back to the second conference which I had started asking you about, had you had an opportunity to tell me what time of day that was?

Dr. CLARK. It was in the morning, as I recall.

Mr. SPECTER. And what television stations or networks were involved in the conference ?

Dr. CLARK. Again, all three major networks, and I believe through our local affiliates. It does not seem as though this one was as jammed and as full as the first one.

Mr. SPECTER. And who arranged that press conference?

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(Perry)

Mr. SPECTER. Did he say anything about whether the neck wound was a point of entry or exit?

Dr. CLARK. I do not remember---I specifically discussed this---may I add something to what I said in the first press conference?

Mr. SPECTER. Yes; please do, if you find something that comes to mind, please feel free to add that.

Dr. CLARK. All right. Let me check what I remember Dr. Perry said at the first press conference. He was asked if the neck wound could be a wound of entrance or appeared to be a wound of exit, and Dr. Perry said something like "possibly or conceivably," or something of this sort.

Mr. SPECTER. And, did he elaborate as to how that projectory would have been possible in that press conference?

Dr. CLARK. He did not elaborate on this. One of the reporters with gestures indicated the direction that such a bullet would have to take, and Dr. Perry quite obviously had to agree that this is the way it had to go to get from there to the top of his head.

Mr. SPECTER. But that was a possible trajectory under the circumstances?

Dr. CLARK. Yes.

Mr. SPECTER. How would that have been postulated in terms of striking specific parts of the body?

Dr. CLARK. Well, on a speculation, this would mean that the missile would have had to have been fired from below-- upward or that the President was hanging upside down.

Mr. SPECTER. Did Dr. Perry discuss anything with you prior to that second conference about a telephone call from Washington, D.C.?

Dr. CLARK. Yes; he did.

Mr. SPECTER. Would you relate briefly what Dr. Perry told you about that subject?

Dr. CLARK. Yes; Dr. Perry stated that he had talked to the Bethesda Naval Hospital on two occasions that morning and that he knew what the autopsy findings had shown and that he did not wish to be questioned by the press, as he had been asked by Bethesda to confine his remarks to that which he knew from having examined the President, and suggested that the major part of this press conference be conducted by me.

Mr. SPECTER. Was anyone else present when he expressed those thoughts to you?

Dr. CLARK. I believe that Mr. Price and Dr. Shires were present. I could be wrong on that.

Mr. SPECTER. Now, were you a part of a third press conference?

Dr. CLARK. Yes, sir.

Mr. SPECTER. And when did that occur?

Dr. CLARK. During the following week--I have forgotten exactly the day.

Mr. SPECTER. And what networks were involved at that time?

Dr. CLARK. It was CBS.

Mr. SPECTER. Was that a television conference?

Dr. CLARK. Yes; this was filmed.

Mr. SPECTER. And who arranged that conference?

Dr. CLARK. Again, Mr. Landregan.

Mr. SPECTER. And who spoke at that conference?

Dr. CLARK. Dr. Shaw, Dr. Shires, Dr. Baxter, Dr. McClelland, Dr. Jenkins, Dr. Gieseke, and myself.

Mr. SPECTER. Was Dr. Perry there at that time?

Dr. CLARK. Yes; Dr. Perry was there.

Mr. SPECTER. Would you outline briefly what you said at that time, if it differed in any way from what you said before?

Dr. CLARK. No, sir; it did not.

Mr. SPECTER. What did Dr. Perry say at that time?

Dr. CLARK. Essentially the same thing that he had said before, describing the wound in the

Perry
facts Associate
from 9001.

throat, describing the condition of the President, how he was called and so forth.

Mr. SPECTER. Did he comment at that time as to whether it was an entrance wound or an exit wound or what?

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Dr. CLARK. I don't remember.

Shift to
P24 Specter is interested in the number of
press conferences Clark was involved
with

Also a
press conference
with the
BBC
(p. 24)
a week
after 11/22 (p. 24) →
3rd press conference the week after the
assassination (p. 23) with CBS News
Perry & spoke at this one also
2 weeks after 11/22 Clark spoke at NISC
press conference (p. 24)

Series of Press Conferences
3 weeks after 9/11 — Had to
draw attention

Mr. SPECTER. Dr. Clark, would your observations be consistent with some other alleged facts in this matter, such as the presence of a lateral wound measuring 15 by 6 mm. on the posterior scalp approximately 2.5 cm. laterally to the right and slightly above the external occipital protuberant--that is to say, could such a hole have been present without your observing it?

Dr. CLARK. Yes, in the presence of this much destruction of skull and scalp above such a wound and lateral to it and the brief period of time available for examination--yes, such a wound could be present.

Mr. SPECTER. The physicians, surgeons who examined the President at the autopsy specifically, Commander James J. Humes, H-u-m-e-s (spelling); Commander J. Thornton Boswell, B-o-s-w-e-l-l (spelling), and Lt. Col. Pierre A. Finck, F-i-n-c-k (spelling), expressed the Joint opinion that the wound which

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I have just described as being 15 by 6 mm. and 2.5 cm. to the right and slightly above the external occipital protuberant was a point of entrance of a bullet in the President's head at a time when the President's head was moved slightly forward with his chin dropping into his chest, when he was riding in an open car at a slightly downhill position. With those facts being supplied to them in a hypothetical fashion, they concluded that the bullet would have taken a more or less straight course, exiting from the center of the President's skull at a point indicated by an opening from three portions of the skull reconstructed, which had been brought to them---would those findings and those conclusions be consistent with your observations if you assumed the additional facts which I have brought to your attention, in addition to those which you have personally observed?

Dr. CLARK. Yes, sir.

Mr. SPECTER. Dr. Clark, in the line of your specialty, could you comment as to the status of the President with respect to competency, had he been able to survive the head injuries which you have described and the total wound which he had?

Dr. CLARK. This, of course, is a question of tremendous importance. Just let me state that the loss of cerebellar tissue would probably have been of minimal consequence in the performance of his duties. The loss of the right occipital and probably part of the right parietal lobes would have been of specific importance. This would have led to a visual field deficit, which would have interfered in a major way with his ability to read, not the interpretation of reading matter per se, but the acquisition of information from the printed page. He would have had specific difficulty with finding the next line in a book or paper. This would have proven to be a specific handicap in getting information on which, as the President of the United States, he would have to act.

How much damage he would have had to his motor system, that is, the ability to control or coordinate his left extremities, I would not know. This conceivably could have been a problem in enabling him to move about, to appear in public, et cetera. Finally, and probably most important, since the brain, far as at its higher levels, largely as a unit, the loss of this much brain tissue likely would have impaired his ability in abstract reasoning, imagination; whereas, the part of the President's brain struck is not that part specifically concerned with these matters. The effect of loss of considerable brain tissue does affect the total performance of the organ in these matters. There would be grave doubts in my mind as to our ability as physicians to give a clear answer regarding his ability to function as President of the United States.

Our ability to judge this is sometimes sorely tried when dealing with people with considerably less intellectual and moral demands made upon them.

Mr. SPECTER. Doctor, did you prepare certain written reports based on your participation in the treatment of President Kennedy?

Dr. CLARK. Yes, sir; I did.

Mr. SPECTER. And I now show you a document which has been supplied to the President's Commission, which we have marked as Commission Exhibit No. 392, and I now show you the second and third sheets, which purport to be the summary made by you and ask if that was prepared by you?

Dr. CLARK. Yes, sir; it was.

Mr. SPECTER. And, are the facts set forth in those two sheets true and correct?

Dr. CLARK. Yes, sir.

Mr. SPECTER. And I now show you a 2 3/4-page summary which purports to bear your signature, being dated November 22, 1963, and I ask you if that, in fact, is your signature?

Dr. CLARK. Yes; it is.

Mr. SPECTER. And, was, in fact, this report made in your own hand concerning the treatment which you rendered to the President?

Dr. CLARK. Yes, sir.

Mr. SPECTER. And are the facts set forth therein true and correct?

Dr. CLARK. Yes, sir.

Mr. SPECTER. Have you made any other written report or other writings of any sort concerning this matter?

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Dr. CLARK. No; I have not.

Mr. SPECTER. Have you been interviewed or discussed this matter with any Federal representative prior to today?

Dr. CLARK. Yes, sir; I have.

Mr. SPECTER. And whom did you talk to?

Dr. CLARK. I talked to an FBI agent a few days after the assassination, in Mr. Jack Price's office.

Mr. SPECTER. And who is Mr. Price, for the record at this point?

Dr. CLARK. He is the administrator of Parkland Memorial Hospital. This agent asked me if I had recovered any missiles or fragments of missiles from the President's body. I said I did not, and he asked me if I knew of anyone in Parkland Hospital who had recovered such evidence and I assured him I did not.

Mr. SPECTER. Did he ask you anything further?

Dr. CLARK. No, sir.

Mr. SPECTER. And let me read for the record and for you this excerpt.

"On his part according to the New York Times of November 27, 'Dr. Kemp Clark, who signed the Kennedy death certificate, declared that a bullet hit him right where the knot of his necktie was.' He added," apparently referring to you, " 'this bullet penetrated into his chest and did not come out'. The surgeon went on to say that the second wound of the President was 'tangential' and that it had been caused by a bullet which hit 'the right side of his head' "

Dr. Clark, my first question is--what, if anything, did you say to a New York Times representative or anyone, for that matter, with respect to whether a bullet hit the President where the knot of his necktie was.

Dr. CLARK. I remember using the phrase to describe the location of a wound in the President's throat as being at the point of his knot of his necktie. I do not recall ever specifically stating that this was an entrance wound, as has been said before. I was not present when the President arrived and did not see this wound. If any statement regarding its entrance or exit was made by me, it was indicating that there was a small wound described there by the physicians who first saw the President.

A specific quotation regarding entrance or exit, I feel, is a partial quotation or incompletely quoted from me. The part pertaining to the bullet entering the President's chest rests on the reasons for the placing of the chest tubes which were being inserted when I arrived. It was the assumption, based on the previously described deviation of the trachea and the presence of blood in the strap muscles of the neck that a wound or missile wound might have entered the President's chest.

Mr. SPECTER. Well, what was there, Dr. Clark, in the deviation of the trachea and the presence of blood in the strap muscles of the neck which so indicated?

Dr. CLARK. Assuming that a missile had entered the pleural space, if there had been bleeding into the pleural space, the trachea would have been deviated or had there been leakage of air into the pleural space, the trachea would have been deviated, as it is the main conduit of air to the two lungs. Collapse of a lung would have produced, or will produce deviation of the trachea. There being a wound in the throat, there being blood in the strap muscles and there being deviation of the trachea in the presence of a grievously wounded patient without opportunity for X-ray or other diagnostic measures, Dr. Perry assumed that the findings in the neck were due to penetration of the missile into the chest. For this reason, he requested chest tubes to be placed.

Mr. SPECTER. Well, is the deviation of the trachea and the presence of bleeding on the strap muscles of the neck and the other factors which you have recited equally consistent with a wound of exit on the neck?

Dr. CLARK. Yes, sir. Furthermore, let me say that the presence of the deviation of the trachea, with blood in the strap muscles, are by no means diagnostic of penetration of the chest, and the placing of the chest tubes was prophylactic had such an eventuality occurred.

Mr. SPECTER. Was there any external indication that there was a missile in the chest?

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Dr. CLARK. No, sir.

Mr. SPECTER. Was it the preliminary thought that the missile might have been in the chest by virtue of the fact that this wound was noted on the neck?

Dr. CLARK. Yes; with the other factors I have enumerated.

Mr. SPECTER. And at that time, not knowing what the angle might have been or any of the surrounding circumstances, then you proceeded to take precautionary measures as if there might have been a missile in the chest at some point?

Dr. CLARK.. That is correct. Measures were taken, assuming the worst had happened.

Mr. SPECTER. As the quotation appears in the issue of "L' Express," "This bullet penetrated into his chest and did not come out," would that then be an accurate quotation of something that

that you said, Dr. Clark?

Clark No, sir.

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