SUMMARY

CE 392

The President arrived at the Emergency Room at 12:43 P.M., the 22nd of November, 1963. He was in the back seat of his linguise. Governor Connally of Texas was also in this car. The first physician to see the President was Dr. James Carrico, a Resident in General Surgery,

Dr. Carrico noted the President to have slow, agonal respiratory efforts. He could hear a heartbeat but found no pulse or blood pressure to be present. Two external wounds, one in the lower third of the anterior neck, the other in the occipital region of the skull, were noted. Through the head wound, blood and brain were extruding. Dr. Carrico inserted a cuffed endotracheal tube. While doing so, he noted a ragged wound of the trachea immediately below the larynx.

At this time, Dr. Malcolm Perry, Attending Surgeon, Dr. Charles Baxter, Attending Surgeon, and Dr. Ronald Jones, another Resident in General Surgery, arrived. Immediately thereafter, Dr. M. T. Jenkins, Director of the Department of Anesthesia, and Doctors Giesecke and Hunt, two other Staff Anesthesiologists, arrived. The endotracheal tube had been connected to a Bennett respirator to assist the President's breathing. An Anesthesia machine was substituted for this by Dr. Jenkins. Only 100% oxygen was administered.

A cutdown was performed in the right ankle, and a polyethylene catheter inserted in the vein. An infusion of lactated Ringer's solution was begun. Blood was drawn for type and crossmatch, but unmatched type "O" RH negative blood was immediately obtained and begun. Hydrocortisone 300 mgms was added to the intravenous fluids.

Dr. Robert McClelland, Attending Surgeon, arrived to help in the President's care. Doctors Perry, Baxter, and McClelland began a tracheostomy, as considerable quantities of blood were present from the President's oral pharynx. At this time, Dr. Paul Peters, Attending Urological Surgeon, and Dr. Kemp Clark, Director of Neurological Surgery, arrived. Because of the lacerated

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SUMMARY Page 2

trachea, anterior chest tubes were placed in both pleural spaces. These were connected to sealed underwater drain-age.

Neurological examination revealed the President's pupils to be widely dilated and fixed to light. His eyes were divergent, being deviated outward; a skew deviation from the horizontal was present. No deep tendon reflexes or spontaneous movements were found.

There was a large wound in the right occipitoparietal region, from which profuse bleeding was occurring. 1500 cc. of blood were estimated on the drapes and floor of the Emergency Operating Room. There was considerable loss of scalp and bone tissue. Both cerebral and cerebellar tissue were extruding from the wound.

Further examination was not possible as cardiac arrest occurred at this point. Closed chest cardiac massage was begun by Dr. Clark. A pulse palpable in both the carotid and femoral arteries was obtained. Dr. Perry relieved on the cardiac massage while a cardiotachioscope was connected. Dr. Fouad Bashour, Attending Physician, arrived as this was being connected. There was electrical silence of the President's heart.

President Kennedy was pronounced dead at 1300 hours by Dr. Clark.

lack Kemp Clark, M.D.

Kemp Clark, M.D. Directór Service of Neurological Surgery

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cc to Dean's Office, Southwestern Medical School cc to Medical Records, Parkland Memorial Hospital

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Mrs. John Fitzgerald Kennedy, The White House, Washington, D.C.

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John Fitzgerald Kennedy

31. DISPOSITION OF REMAINS

DATE SIGNED

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To the White House, Washington, D.C.

November 23, 1963

APPROVED: COURT OF INCUIRY. OR BOARD OF INVESTIGATION

SUMMARY OF FACIS FILATING TO GLADIE

President John Fitzgerald Kennedy, while riding in the motorcade in Dallas, Texas on November 22, 1963, and at approximately 12:30 p.m., was struck in the head by an assassin's bullet and a second wound occurred in the posterior back at about the level of the third thoracic vertebra. The wound was shattering in type causing a fragmentation of the skull and evulsion of three particles of the skull at time of the impact, with resulting maceration of the right hemisphere of the brain. The President was rushed to Parkland Memorial Hospital, and was immediately under the care of a team of physicians at the hospital under the direction of a neurosurgec Kemp Clark. I arrived at the hospital approximately five minutes after the President and immediately went to the emergency room. It was evident that the wound was of such severity that it was bound to be fatal. Breathing was noted-at the time of arrival at the hospital by several members of the Secret Service. Emergency measures were employed immediately including intravenous fluid and blood. The President was pronounced dead at 1:00 p.m. by Dr. Clark and was verified by me.

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SIGNATURE

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Physician to the

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30. SUBDASY OF FACTS FELATION TO DEATH

31. DISPOSITION OF REMAINS

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ARKLAND MEMORIAL HOSPITAL 5201 HARRY BINES BOULEVARD

WODDLAWR HDSPITAL 3819 MAPLE AVENUE

November 23, 1963

George G. Burkley, M.D. White House Washington, D.C.

Dear Dr. Burkley,

As you requested, I enclose an abstract of the admission of the late President John F. Kennedy to Parkland Memorial Hospital, Dallas, Texas.

This summary is prepared from the statements of several physicians who were present and administered to the President. Their statements were written the afternoon of the tragedy.

We have kept three copies of this report locally. One has been sent to the Dean's Office, The University of Texas Southwestern Medical School, as all the physicians in attendance hold positions there. One copy has been attached to the medical record in Parkland Memorial Hospital. I have retained one copy for my files.

Please accept this report with my deepest sympathy. Should you see Mrs. Kennedy, would you convey the deep feelings of grief and sorrow of the entire Staff of Parkland Memorial Hospital. My own personal feelings of loss and tragedy go with this letter.

Yours sincerely Kemp Clark, M.D.

Director Service of Neurological Surgery

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ce to Dean's Office, Southwestern Medical School ce to Medical Records, Parkland Memorial Hospital