

THE UNIVERSITY OF TEXAS
SOUTHWESTERN
MEDICAL SCHOOL AT DALLAS

John K. Lattimer
February 9, 1979

Department of Anesthesiology

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Department of Anesthesiology
Parkland Memorial Hospital
Dallas, Texas 75235
February 9, 1979

Dr. John K. Lattimer
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Dear Doctor Lattimer,

Though I am inexcusably late in writing to thank you for your letter of November 30 with the enclosed articles on your investigation of the assassination of President Kennedy and your engrossing and very provocative articles concerning President Lincoln, I am extremely grateful to you for having written and very appreciative of your comments. I was quite familiar with your article from *Resident and Staff Physician*, May, 1972, having referred to it on every occasion the Kennedy assassination and the Connally injuries have been discussed with me in recent years. Yours is the most definitive study that has been carried out, and your articles deserved close scrutiny but obviously did not receive it from the recent House Assassinations Committee. Apparently that committee was too intent on ignoring solid studies while looking for any tangential item on which they could hang the expletive "conspiracy."

Your letter and the articles arrived in December while I was away attending the Winter meeting of the AMA House of Delegates. On my return to Dallas and after reading your letter and reviewing your articles I was so grateful for them that I wanted to telephone you rather than write immediately. I did place a call to your office on two occasions, but evidently the one answering your phone did not receive a clear call-back request. That still doesn't excuse my dilatory response, however.

I do thank you for your kind comments on the article in *American Medical News*. The article appeared in much better form than I had expected. I

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must admit that I was not overly receptive to the call from the reporter late on Monday afternoon demanding an interview right at that moment because her deadline was due. I was reluctant in granting the interview because my mind was certainly on many other pressing matters at that time, fortunately none relating to the anesthesiology service for the urologists. I acceded on the condition that the reporter would call others who participated in the resuscitation attempts for President Kennedy, Oswald, and the care of Governor Connally. I can't say the reporter promised she would call, but it certainly was my distinct impression that she would honor that request, especially since I gave her the names and telephone numbers for Drs. Mac Perry, Charlie Baxter, Jim Duke, Jim Carrico, Dick Dulaney, Bob McClelland, Kemp Clark, Tom Shires, and Bob Shaw. Perhaps I was so lengthy in this part of the interview that she felt she had no time to follow my requests. Consequently I was embarrassed that my first sight of the article was when it was already published in the AM News without reference to others.

Had I seen the article before its publication I think I would have caught my quoted error in saying that part of the cerebellum was hanging out through the large skull defect. In the notes I made in 1963 I did say I thought it was a portion of the cerebellum, but I learned from your article that I was mistaken. Obviously I should not have identified anything but brain tissue hanging from the wound, for neither I nor any of the others in the room made a detailed study of the head wound once we had pronounced the President dead. Because of his shock of hair and where I was standing against Mr. Kennedy's head, the head injury was not apparent to others participating until I moved aside and called attention to it as a reason he could not be resuscitated. I am sure Dr. Clark, the neurosurgeon, recognized the extent of the damage without further examination. But, in truth, those of us participating in the attempted resuscitation discussed it very little among ourselves in the immediate days following the event. Remembrances grew increasingly painful in the immediate months following the assassination because of the great numbers of communications directed to each of us, some of which were unpleasant and distasteful.

There was no doubt in my mind that the anterior wound in the neck was an exit wound, and I feel I concurred in this with Mac Perry who enlarged it to accept a tracheostomy tube as I withdrew the endotracheal tube. Also, I think Jim Carrico and Kemp Clark were of the opinion that this was an exit wound. As you know, the Parkland doctors were rather roundly criticized by many in the news reports for not tracing out the pathways of the bullets. As reflected in my notes made in 1963, I knew that the President had been struck by two bullets. While using my right hand on the breathing bag to

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respire for the patient, I used my left hand rather instinctively as anesthesiologists do to feel for a temporal pulse, to feel for a carotid pulse, and to position the head and stabilize it better while the tracheostomy was being done. With an exploring finger I also found the wound of entrance on the back. I exercised no thought at all about entrance and exit for the head wound. In retrospect I think I automatically accepted the fact that if a bullet came from the back to traverse his neck, another bullet came from the back to go through the skull.

There is a sidelight to this exploring finger reference which you may find of interest. You will recall the big commotion stirred by Mr. Garrison, the District Attorney of New Orleans, who was trying to bring to trial conspirators whom he named. One of his statements which was repeatedly quoted was that bullets entering the President's body came from more than one direction. After much publicity was given to this thesis, I learned from a member of his staff that for indirect reasons he was expecting me to be the primary witness for the fact that the shots came from at least two directions. Apparently Mr. Garrison or members of his staff, in going over the many reports made to the Warren Commission or elsewhere, found that Dr. Robert N. McClelland, a member of the surgical staff who arrived in the trauma room after resuscitation efforts were well under way, asked me what were the President's injuries. Evidently, just as I answered, ". . . and a gunshot wound to his head," I moved my left hand so as to place my left middle finger on the President's temporal artery in feeling for a pulse. Dr. McClelland tells me he thought I moved my hand there and with a finger indicated the site of a bullet entrance, and I believe he offered this in testimony at some point. After I recounted this to the representative from Mr. Garrison's office I was asked for no further testimony. My memory may be faulty for this next statement, for I have not reviewed it, but somehow I think Mr. Garrison's approach to the conspiracy took a different turn at that point, or shortly thereafter.

Perhaps -- a doubtful perhaps -- we would have examined the President's body more thoroughly, despite the pervading and intimidating presence of the large numbers of Secret Service, except for Mrs. Kennedy. She came into the room again and leaned over to embrace the President's body immediately after he was declared dead. At this point the resuscitation team all left the room (except I felt unable to leave until I had removed some of our equipment). There is no way any member of our group would have infringed upon the personal tragedy of that moment by carrying out any morbid examination. I doubt that we would have even debated the medical and legislative prerogative of doing so when Dr. Earl Rose, the

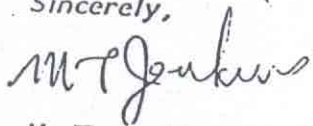
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County Medical Examiner, was by this time both visibly and audibly present in the hallway, and by inference would conduct the post-mortem examination.

Dr. Lattimer, I realize I can't compensate for tardiness with verbosity, though it seems I have tried. I should have explained further that I was delayed in writing by preparing for a post-graduate course out of the country in December and again in January, which really didn't take all of my time, admittedly, but which with my other daily work made me think I should put off writing you until I could compose an adequate letter. However, it has turned out to be a spur-of-a-late-moment letter which should be a better one. I do hope to meet you sometime in the future and, if you're interested in more of the personal tales of my association with that tragic weekend, I will be happy to discuss them with you, realizing they are little more than anecdotal when compared with the truly scientific studies which you have done on the assassination.

Sincerely,



M. T. Jenkins, M.D.

J/db