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NEWS CONFERENCE

~~1-25-63~~ #1

AT THE WHITE HOUSE

WITH WAYNE HAWKS

NOVEMBER 22, 1963

3:16 P.M. CST

Friday

Dallas, Texas

MR. HAWKS: Let me have your attention, please.

You wanted to talk to some of the attending physicians. I have two of them here, Dr. Malcolm Perry, an attending surgeon here at the Parkland Memorial Hospital. He will talk to you first, and then Dr. Kemp Clark, the chief neurosurgeon here at the hospital. He will tell you what he knows about it. Dr. Perry.

Q. Were you in attendance when the President died?

Q. Let him tell his story.

DR. MALCOLM PERRY: I was summoned to the Emergency Room shortly after the President was brought in, on an emergency basis, immediately after the President's arrival. Upon reaching his side, I noted that he was in critical condition from a wound of the neck and of the head. Immediate resuscitative measures --

Q. Would you go slower?

DR. PERRY: I noted he was in a critical condition from the wound in the neck and the head.

Q. Could that be done by one shot?

DR. PERRY: I cannot conjecture. I don't know.

Q. A wound of the neck and of the --

DR. PERRY: -- of the head. Immediate resuscitative measures were undertaken, and Dr. Kemp Clark, Professor of Neurosurgery, was summoned, along with several other members of the surgical and medical staff. They arrived immediately, but at this point the President's condition did not allow complete resuscitation.

Q. What do you mean by "complete resuscitation"?

DR. PERRY: He was critically ill and moribund at the time these measures were begun.

Q. Completely ill and what?

DR. PERRY: Moribund.

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Q. What does that mean?

DR. PERRY: Near death.

Q. What was the word you used?

DR. PERRY: Moribund. Dr. Clark arrived thereafter, immediately.

Q. Could you tell us what resuscitative measures were attempted?

DR. PERRY: Assisted respiration.

Q. What is that?

Q. With what?

DR. PERRY: Assisted respiration with oxygen and an anesthesia machine, passage of an endotracheal tube.

Q. Does that mean you stick it in?

DR. PERRY: Yes, place it in his trachea.

Q. Spell it for us, please.

DR. PERRY: E-n-d-o-t-r-a-c-h-e-a-l. A tracheostomy.

Q. They did perform a tracheostomy?

DR. PERRY: Yes.

Q. Would you spell it?

DR. PERRY: T-r-a-c-h-e-o-s-t-o-m-y.

Q. Was there a priest in the room at this time, Doctor?

MR. HAWKS: The doctor is just telling you about the operation.

DR. PERRY: Blood and fluids were also given, and an electrocardiograph monitor was attached to record any heart beat that might be present. At this point, Dr. Clark was also in attendance.

Q. What is his name?

DR. PERRY: Dr. Kemp Clark. And Dr. Charles Baxter.

DR. KEMP CLARK: I was called by Dr. Perry because the President --

Q. You are Dr. Clark?

-- because the President had sustained a brain wound. On my arrival, the resuscitative efforts, the tracheostomy, the administration of chest tubes to relieve any possible --

Q. Could you slow down a little bit, Doctor, please?

DR. CLARK: -- to relieve any possibility of air being in the pleural space, the electrocardiogram had been hooked up, blood and fluids were being administered by Dr. Perry and Dr. Baxter. It was apparent that the President had sustained a lethal wound.

A missile had gone in or out of the back of his head, causing extensive lacerations and loss of brain tissue. Shortly after I arrived, the patient, the President, lost his heart action by the electrocardiogram, his heart then had stopped.

We attempted resuscitative measures of his heart, including closed chest cardiac massage, but to no avail.

Q. That was closed chest?

DR. CLARK: Yes.

Q. Does that mean external, Doctor, closed?

DR. CLARK: Yes. We were able to obtain palpable pulses by this method, but, again, to no avail.

Q. What is palpable?

MR. HAWKS: What did you ask?

Q. Palpable?

DR. CLARK: Palpable.

Q. Palpable what?

DR. CLARK: Pulses.

Q. Doctor, how many doctors were in attendance at the time of the President's death?

Q. Doctor, can you tell us how long after he arrived on the Emergency table before he expired? In other words, how long was he living while in the hospital?

DR. CLARK: 40 minutes, perhaps.

DR. PERRY: I was far too busy to tell. I didn't even look at the watch.

DR. CLARK: I would guess about 40 minutes.

Q. Doctor, can you describe the course of the wound through the head?

MORE

DR. CLARK: We were too busy to be absolutely sure of the track, but the back of his head.

Q. And through the neck?

DR. CLARK: Principally on his right side, towards the right side.

Q. What was the exact time of death, doctor?

DR. CLARK: That is very difficult to say. We were very busy, and in answer to someone else's question, we had a lot of people in attendance. We elected to make this at 1300.

Q. You elected?

Q. What, sir?

DR. CLARK: We pronounced him at 1300 hours.

Q. Thirteen of?

MR. HAWKS: 1:00 o'clock.

→ Q. Can you describe his neck wound?

DR. CLARK: I was busy with his head wound. I would like to ask the people who took care of that part to describe that to you.

Q. What was the question?

→ DR. PERRY: The neck wound, as visible on the patient, revealed a bullet hole almost in the mid line.

Q. What was that?

DR. PERRY: A bullet hole almost in the mid line.

→ Q. Would you demonstrate?

→ DR. PERRY: In the lower portion of the neck, in front.

Q. Can you demonstrate, Doctor, on your own neck?

DR. PERRY: Approximately here (indicating).

→ Q. Below the Adam's apple?

→ DR. PERRY: Below the Adam's apple. →

Q. Doctor, is it the assumption that it went through the head?

DR. PERRY: That would be on conjecture on my part. There are two wounds, as Dr. Clark noted, one of the neck and one of the head. Whether they are directly related or related to two bullets, I cannot say.

→ Q. Where was the entrance wound?

→ DR. PERRY: There was an entrance wound in the neck. As regards the one on the head, I cannot say.

→ Q. Which way was the bullet coming on the neck wound? At him?

→ DR. PERRY: It appeared to be coming at him. →

Q. And the one behind?

DR. PERRY: The nature of the wound defies the ability to describe whether it went through it from either side. I cannot tell you that. Can you, Dr. Clark?

DR. CLARK: The head wound could have been either the exit wound from the neck or it could have been a tangential wound, as it was simply a large, gaping loss of tissue.

Q. That was the immediate cause of death -- the head wound?

DR. CLARK: I assume so; yes.

Q. There is a rumor that Lyndon Johnson had a heart attack, and I would like to check that out.

DR. CLARK: I have no information.

MR. HAWKS: I don't believe these gentlemen were in attendance with the Vice President.

Q. Where was he when this was going on?

MR. HAWKS: That is not the question you should put to this doctor.

Q. Can you tell us where he is?

MR. HAWKS: I can't now, but Mr. Kilduff will be available later and we will take those details then.

Q. We can't hear you.

MR. HAWKS: They are asking where the Vice President was, but I don't know at the moment. That is not the proper question to put to these gentlemen. They were busy with the President at the time.

Q. Where was Mrs. Kennedy?

MR. HAWKS: I don't know that detail either. As you might suspect, we were all busy around here.

Q. Can't we clear this up just a little more? In your estimation, was there one or two wounds? Just give us something.

DR. PERRY: I don't know. From the injury, it is

conceivable that it could have been caused by one wound, but there could have been two just as well if the second bullet struck the head in addition to striking the neck, and I cannot tell you that due to the nature of the wound. There is no way for me to tell.

→ Q. Doctor, describe the entrance wound. You think from the front in the throat?

→ DR. PERRY: The wound appeared to be an entrance wound in the front of the throat; yes, that is correct. The exit wound, I don't know. It could have been the head or there could have been a second wound of the head. There was not time to determine this at the particular instant.

Q. Would the bullet have had to travel up from the neck wound to exit through the back?

DR. PERRY: Unless it was deviated from its course by striking bone or some other object.

Q. Doctor, can you give us your ages, please?

DR. PERRY: I am 34.

Q. You are Doctor who?

DR. PERRY: Perry.

MR. HAWKS: This is Dr. Malcolm Perry, attending surgeon, and this is Dr. Kemp Clark, chief of neurosurgery at this hospital.

Q. How old are you, sir?

DR. CLARK: 38.

Q. Is that C-l-a-r-k?

DR. CLARK: Yes.

Q. Can you tell us whether the autopsy will be performed here or elsewhere?

DR. PERRY: I do not have that information.

MR. HAWKS: I don't know either.

Q. Will there be one?

MR. HAWKS: I don't know that.

Q. Where is the President's body?

MR. HAWKS: I couldn't tell you.

Q. Was the President ever conscious after the bullet struck him?

DR. PERRY: No, not while I was in attendance.

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Q. How much blood was used?

DR. PERRY: I don't know. There was considerable bleeding.

Q. How soon did you see him after he got in?

Q. Did you have to send for blood?

DR. PERRY: Blood was sent for and obtained; yes.

Q. Where?

DR. PERRY: From our Blood Bank.

Q. Here in the hospital?

DR. PERRY: Here in the hospital.

Q. How much was used?

DR. PERRY: I can't tell you that.

Q. How much blood?

DR. PERRY: I don't know.

Q. Doctor, were the last rites performed in the Emergency Room?

DR. PERRY: Yes.

Q. Yes, they were?

MR. HAWKS: Yes, they said they were. Kilduff told you, too.

Q. Which room was this? What is the room like?

DR. PERRY: Emergency Operating Room No. 1.

Q. How far from the door is that, and which way?

DR. KEMP: Straight in from the Emergency Room entrance, at the back of the hospital, approximately 40 feet.

Q. Approximately what?

MR. HAWKS: Forty feet from the emergency entrance,

Q. The first floor?

DR. KEMP: The ground floor.

Q. How many doctors and nurses were in attendance at the time of death?

DR. PERRY: There were at least eight or ten physicians at that time.

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Q. At least eight or ten physicians?

DR. PERRY: Yes.

Q. Did you think him mortally wounded at the time you first examined him, or did you think there was no possibility of saving his life at that point?

DR. PERRY: No, I did not.

DR. CLARK: No, sir.

Q. Did you say there were eight or ten doctors or doctors and nurses?

DR. CLARK: Eight or ten doctors.

Q. Can we get that straight, Doctor? Did you say you did not think there was any possibility of saving his life when you first looked at him?

DR. CLARK: That is what I said; yes.

Q. How long had he been in before you saw him, sir?

DR. CLARK: This I don't know because I was not looking at my watch.

Q. Who was the first doctor who saw him, and how long before he got there?

DR. CLARK: Just a matter of a few seconds.

DR. PERRY: I arrived there shortly after his admission. I can't tell you the exact time because I went immediately and he had just been admitted and I walked in the room. I don't know the exact time. I was in quite a hurry.

Q. Were any members of the family or others in the room besides the doctors, in the Emergency Room?

DR. PERRY: I am afraid I was not aware of that. I was quite too busy to notice.

MR. HAWKS: We will have to get those details from Mac.

Q. Do you have any new details about our plans, what you are going to do?

MR. HAWKS: I can't until I get a reading from you fellows. For instance, you have a new President.

Q. Do we? Was he sworn in?

MR. HAWKS: Well, he went somewhere to get sworn in. I assume he is sworn in at this time, but I wasn't in attendance. Obviously, you are going to have a new President. Let's put it that way.

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