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Dr Robert McClelland in Trauma Room One

by Brad
Parker

After Charles Crenshaw, M.D., perhaps no Parkland physician-witness to John F. Kennedy's wounds has drawn more criticism than Robert McClelland, M.D. In order to help me sort fact from fiction, I contacted Dr. McClelland in 1992, and he was gracious enough to answer my questions. Based on my interview, and other evidence, I believe Dr. McClelland's credibility holds up extremely well, and his information, which has remained remarkably consistent for over thirty years, cannot be ignored.

Detractors

Criticisms of Dr. McClelland have centered around his having claimed that President Kennedy had a large rearward skull and scalp defect, presumably representing the fatal bullet's point of exit. This description, if accurate, is incompatible with Oswald's guilt, for inasmuch as he was alleged to have been firing from behind, Kennedy's exit wound could not be in the rear. While his detractors have argued that Dr. McClelland was in no position to observe the wound in detail, a close examination of the activities in Trauma Room One suggests otherwise. The record also supports Dr. McClelland over his detractors

on other matters.

Dr. Ron Jones' handwritten statement of November 22, 1963 described how the Parkland Trauma Team went into action: "After receiving a stat call from the hospital operator that the President had been shot and was en route to the emergency room I immediately notified Dr. M.T. Jenkins and Miss Audry Bell who were nearby. Myself and Dr. M. O. Perry rushed to the emergency room and found the President to be dying" (Dr. R. C. Jones Exhibit 1:20WCH 333).

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Rather than accompany Drs. Perry and Jones to Trauma Room One, Dr. Jenkins left to retrieve an anesthesia machine to use in the care of the President (Posner 286). The only physician attending the President at this time was Dr. James Carrico (6WCH 8), and the arriving Dr. Perry immediately called for help from Drs. McClelland, Charles Baxter, and

Kemp Clark (Breslin 30). In his handwritten report of November 22, Dr. McClelland wrote, "[w]hen I arrived President Kennedy was being attended by Drs. Malcolm Perry, Charles Baxter, James Carrico, and Ron Jones" (CE 392:17WCH 11). Similarly, Dr. Paul Peters testified that "[w]hen I arrived, the following people I noted were present in the room: Drs. Perry, Baxter, Ron Jones, and McClelland" (6WCH 69). Notably absent from these statements is the late Dr. Jenkins, the then 46 year old Chief of Anesthesiology, who was delayed due to his retrieval of the anesthesia machine (6WCH 46).

Upon arrival in Trauma Room One, Dr. McClelland went to the head of the gurney to assist Drs. Perry and Baxter in the tracheostomy, which was already in progress. "...[A]s I took my post to help with the tracheotomy (sic), I was standing at the end of the stretcher on which the President was lying, immediately at his head..." he told the Warren Commission's Arlen Specter (6WCH 32). Dr. Jenkins, arriving, as the record reflects, shortly after Dr. McClelland, with an anesthesia machine, worked with Drs. Adolf Giesecke and Jackie Hunt to replace the Bird machine, which was already in use (6WCH 32, 76). During this time, Dr. McClelland had several minutes during which he occupied the position customarily reserved for the anesthesiologist. Simultaneously, anesthesiologist Jenkins was occupied completing the changeover between anesthesia machines (McClelland 09-10-92).

Tracheostomy

During the tracheostomy, Dr. McClelland's role was to hold the retractor while Drs. Baxter and Perry worked to insert the trach tube. Dr. Perry, who was decidedly busy during this time, later wrote that "Dr. McClelland arrived after I called for

help, and he assisted me in the tracheostomy. He was rather busy during this time" (Perry 05-02-94). However, Dr. McClelland commented to the author, "[a]ll I was doing was holding a retractor, which doesn't take much attention to do that." Therefore, he says, he had ample time to examine the massive head injury sustained by the President (McClelland 09-10-92). When asked if he would agree with Dr. Carrico's estimated size of the wound at five to seven centimeters (6WCH 6), he replied, "[w]ell, it was probably really larger than that. I would say that it was more like ten centimeters: the whole right posterior part of the head" (McClelland 09-10-92).

Testimony

In his Warren Commission testimony, Dr. McClelland described his observations in detail:

"As I took the position at the head of the table...to help out with the tracheotomy, I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured almost along its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral and some of the cerebellar tissue had been blasted out. There was a large amount of bleeding which was occurring mainly from the large venous channels in the skull which had been blasted open" (6WCH 33).

Furthermore, he later added, "...there was definitely a piece a cerebellum

that extruded from the wound as I stood there holding the retractor while the tracheostomy was being performed" (McClelland 09-10-92). Upon completion of the tracheostomy, Dr. McClelland stepped aside and Dr. Jenkins assumed the position at the head of the table.

In spite of the fact that the record indicates the tracheostomy had been completed prior to his arrival at the head of the gurney, Dr. Jenkins claimed otherwise. "Everyone claims to be there first, but the only doctor there when I arrived was Carrico, and Drs. Baxter and Perry arrived shortly after me," he told Gerald Posner (Posner 288). "When Bob McClelland came into the room, he asked me, 'Where are his wounds?' And at that time, I was operating a breathing bag with my right hand, and was trying to take the President's temporal pulse, and I had my finger on his left temple. Bob thought I pointed to the left temple as the wound" (Posner 313). Consequently, Dr. McClelland's report reflects a "...a gunshot wound of the left temple" (CE 392:17WCH 12), a mistake which would follow him for years. Dr. McClelland, however, explains the mistake in quite different terms: "I wrote that down (in my report) because Jenkins has said that there was (a wound there in the left temple), and I knew that he knew that there was a bullet hole there, and that fit with that larger (posterior) wound" (emphasis added) (McClelland 09-10-92).

Dr. Jenkins' attempt to locate a temporal pulse was not the only occasion on which he asserted his belief that there was a left temporal wound, as his Warren Commission

testimony proves:

Jenkins: "I don't know if this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process" (emphasis added). Specter: "The autopsy report discloses no such development, Dr. Jenkins." Jenkins: "Well, I was feeling for—I was palpating here for a pulse to see whether the closed chest cardiac massage was effective or not

"I was operating a breathing bag with my right hand"

and this probably was some blood that had come from the other point and so I thought there was a wound there also" (6WCH 48).

Later during his questioning, Dr. Jenkins returned to the issue of a wound in the left temple:

Jenkins: "I asked you a little bit ago if there was a wound in the left temporal area, right above the zygomatic bone in the hairline, because there was blood there and I thought there might have been a wound there (indicating)." Specter: "Indicating the left temporal area?" Jenkins: "Yes; the left temporal, which could have been a point of entrance and exit here (indicating) (sic-presumably pointing to where he had identified the wound in prior testimony—the right rear of the skull near the cerebellum), but you have answered that for me (that 'the autopsy report discloses no such development')" (6WCH 51).

Cerebellum

Dr. Jenkins was also quick to criticize Dr. McClelland's statements regarding the damaged cerebellum, a portion at the very rear and bottom of

the brain. "Bob is an excellent surgeon. He knows anatomy. I hate to say Bob is mistaken, but he is clearly not right (about the cerebellum)," he told Posner (Posner 313). Ironically, Dr. Jenkins failed to mention, nor Posner make note of, the fact it was Jenkins himself who had, over a 15-year time span, described damage to Kennedy's cerebellum on at least four occasions:

1) In his report to Parkland Administrator J.C. Price on the day of the assassination, Dr. Jenkins described "...a great laceration on the right side of the head (temporal and occipital) (sic), causing a great defect in the skull plate so that there was herniation and laceration of great areas of the brain, even to the extent that the cerebellum had protruded from the wound" (emphasis added) (CE 392:17WCH 15).

2) To the Warren Commission's Arlen Specter, Dr. Jenkins said, "[p]art of the brain was herniated; I really think part of the cerebellum, as I recognized it, was herniated from the wound..." (emphasis added) (6WCH 48). Dr. Jenkins also told Specter that the temporal and occipital defect was a wound of exit: "...the wound with the exploded area of the scalp, as I interpreted it being exploded, I would interpret it being a wound of exit..." (6WCH 51).

3) In an interview with the House Select Committee on Assassinations' Andy Purdy on November 10, 1977, Dr. Jenkins was said to have expressed that, as an anesthesiologist, he "...was positioned at the head of the table so he had one of the closest views of the head wound...(and)...(believes he was '...the only one who knew the extent of the head wound.') (sic)...(and) [r]egarding the head wound, Dr. Jenkins said that only one segment of bone was blown out—it was a segment of occipital or temporal

bone. He noted that a portion of the cerebellum (lower rear brain) (sic) was hanging out from a hole in the right—rear of the head" (emphasis added) (7HSCA 286-287).

4) In an interview with the *American Medical News*, published on November 24, 1978, Dr. Jenkins said that Kennedy "...had part of his head blown away and part of his cerebellum was hanging out" (emphasis added) (*American Medical News* 14).

1992 Interview

In an August 18, 1992 interview with the author, Dr. Jenkins' recollection was "clearly not right," as he said, "I did talk about the cerebellum extruding from the wound, and that was wrong. It was the cerebrum...and I knew it at the time, because the cerebellum is far posterior to that, and well hidden within the skull" (Jenkins 08-18-92). Earlier that year, he had told Posner that "[t]he description of the cerebellum was my fault," he claimed. "When I read my report over I realized there could not be any cerebellum. The autopsy photo, with the rear of the head intact and a protrusion in the parietal region, is the way I remember it. I never did say occipital" (Posner 311-312). More specifically, he told this author, "I didn't say 'temporal and occipital'...in the letter to (J.C.) Price...the massive wound was temporal parietal...(and) that's a big stretch from the temporal area to the occipital" (Jenkins 08-18-92). However, the report to which he is referring can be found as part of Commission Exhibit 392, thus proving Dr. Jenkins to be in error (CE 392:17WCH 14-15).

Perhaps following the Jenkins lead, Dr. Perry also expressed his apparent dismay at Dr. McClelland's comments regarding the cerebellum. "I am astonished that Bob would say that. It shows such poor judgement, and he usually has such good judgement" he told Posner (Posner 312-313).

Evidently, Dr. Perry had forgotten that he too had described similar damage on several occasions. In his handwritten report of November 22, 1963, he described "...a large wound of the right posterior cranium...exposing severely lacerated brain. Brain tissue was noted in the blood at the head of the carriage." (CE 392:17WCH 6). In his subsequent Warren Commission testimony, he described "...a large avulsive injury of the right occipitoparietal area, but I did not do a minute examination of it" (6WCH 11), and indicated in a 1963 article by Jimmy Breslin that he observed damage to the cerebellum (Breslin 30). During questioning by the HSCA's Andy Purdy, he again stated that "...I looked at the head wound briefly by leaning over the table and noticed that the parietal occipital head wound was largely avulsive and there was visible brain tissue in the macard and some cerebellum was seen, and I didn't inspect it further" (emphasis added) (7HSCA 302). However, by early 1992, he was attempting to bury his previous statements with an interview published in the May 27, 1992 issue of *The Journal of the American Medical Association*, and he even told Posner in 1992 that "I don't think any of us got a good look at the head wound. I didn't examine it or really look at it carefully" (Posner 309). Again trying to throw attention away from his own previous descriptions, Dr. Perry stated in 1994 that "[n]o one, except Dr. Kemp Clark, carefully examined the head wound" (Perry 05-02-94). So perhaps Dr. Perry is implying that Dr. Clark's statements hold the key to who is the more credible witness to the injuries.

Dr. Kemp Clark

Dr. Kemp Clark, the then 38-year-old Chairman of Neurosurgery, stated in a typed report of November 22 that "[t]here was a large wound in the right

occipitoparietal region...(and) [t]here was considerable loss of scalp and bone tissue. Both cerebral and cerebellar tissue were extruding from the wound" (CE 392:17WCH 3). Additionally, a handwritten report filed that same afternoon stated, "[t]here was a large wound beginning in the right occiput extending into the parietal region...(and) [m]uch of the posterior skull appeared gone at brief examination..." (CE392:17WCH 10). At a 1:30 p.m. press conference on that day, he told reporters that "[t]he head wound could have been either an exit wound from the neck or it could have been a tangential wound, as it was simply a large, gaping loss of tissue" (1327-C 5). During his Warren Commission testimony four months later, he added that he "...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" (6WCH 20). In a series of interviews with researcher David Naro in January of 1994, Dr. Clark reaffirmed his original statements on several occasions and thus backed up the account of Dr. McClelland. "[T]he lower right occipital region of the occipital region was blown out and I saw cerebellum," he said. Furthermore, he added, "[i]n my opinion the wound was an exit wound" (Naro).

Dr James Carrico

Another of Posner's favorite sources for refuting the wounds consistently described by Dr. McClelland is Dr. James Carrico. "We never had the opportunity to review his wounds in order to describe them accurately. We were trying to save his life," he told Posner (Posner 309). However, Dr. Carrico apparently observed the wounds well enough to describe them in great detail during a sworn statement to Arlen Specter on March

24, 1964:

Specter: "Would you describe as precisely for me as possible the nature of the wound which you observed on the President?"

Carrico: "The wound that I saw was a large gaping wound, located in the right occipitoparietal area. I would estimate to be 5 to 7 cm. (sic) in size, more or less circular with avulsions of the calvarium and scalp tissue. As I stated before, I believe there was shredded macerated cerebral and cerebellar tissues in both the wounds and on the fragments of skull attached to the dura" (emphasis added throughout) (6WCH 5-6).

During questioning by the HSCA's Andy Purdy in 1978, Dr. Carrico again described "...a fairly large wound in the right side of the head, in the parietal, occipital area. One could see blood and brains, both cerebellum and cerebrum fragments in that wound" (emphasis added) (7HSCA 268). On Purdy's urging, Dr. Carrico became more detailed in his descriptions:

Carrico: "The head wound was a much larger wound than the neck wound. It was five by seven centimeters, something like that, two and a half by three (sic) inches, ragged, had blood and hair all around it, located in part of the parietal occipital region" (emphasis added).

Purdy: "Could you just state in layman's terms the approximate place that would be?"

Carrico: "That would be above and posterior to the ear, almost from the crown of the head, there was brain tissue showing through" (emphasis added) (7HSCA 278).

By 1992, however, he had mysteriously changed his opinion:

"We did say we saw shattered brain, cerebellum, in the cortex area, and I think we were mistaken. The reason I say that is that the President was

lying on his back and shoulders, and you could see the hole, with the scalp and brain tissue hanging down his head, and it covered most of the occipital portion of his head. We saw a large hole in the right side of his head. I don't believe we saw any occipital bone. It was not there. It was parietal bone. And if we said otherwise, we were mistaken" (Posner 311).

When asked by the author if he observed any defect to the back of the head, he replied only that, "[h]e was lying on his back." He added that, "I think—see, I've reported to you the facts as I know them...(and) you can read what I said in the medical—in our emergency room reports, which were in *Texas Medicine*" (Carrico 07-07-92). Ironically, when one consults the article to which he is referring, it states that he reported "...an avulsion of the occipitoparietal calvarium and shredded brain tissue was present with profuse oozing" (emphasis added) (*Texas Medicine* 61). In a subsequent handwritten note to the author, Dr. Carrico wrote, "[a] fact—with the President lying on his back, the wound was visible without moving his head...(and) I can provide you with little other factual (sic) information" (Carrico 03-94). As with Dr. Perry, Dr. Carrico appears to have followed the Jenkins lead.

Not Visible

In spite of these and other physicians' detailed descriptions of the wound, Dr. Jenkins asserted that his position at the head of the gurney made it impossible for any of the other doctors in attendance to observe the injury. He told Dennis Breo that "[m]y presence there (at the head of the table) and the President's great shock of hair and the location of the head wound were such that it (the wound) was not visible to those standing down each side of the gurney where they were carrying out

resuscitative measures" (Breo 2805). In a subsequent interview, Dr. Jenkins claimed that not even Drs. Perry, Baxter, or Carrico, all of whom were in attendance prior to his arrival, could have observed the injury (Jenkins 08-18-92).

Undoubtedly, Dr. Jenkins' and others' motivation for attacking Dr. McClelland has stemmed from his publicly stated beliefs on the nature of the head wound. In a 1992 article, JAMA quoted Dr. McClelland as saying that his observations in Trauma Room One are "...secondary to my viewing of the Zapruder film, which convinced me that the shots were fired from the front" (Breo 2807). When asked in a subsequent interview to offer an opinion based on both the film and his personal observations of the head wound, he speculated that "...the bullet hit from the front, and hit him tangentially in the side of the head, and probably the bullet—it entered somewhere near the front part of the wound that I saw, and blew out part of the skull, and then continued out the back of head at the posterior edge of that wound" (McClelland 09-10-92). This statement, made by Dr. McClelland thirty-two years after his first viewing of the Zapruder film, is strikingly similar to neurosurgeon Clark's speculation that the head injury "...could have been a tangential wound..." as he stated in the infamous Perry-Clark press conference of November 22, 1963 (1327-C 5). Obviously, at the time of this 1963 statement, Dr. Clark had neither watched nor even heard of the Zapruder film.

From the front

When asked if he could agree with Dr. Carrico's statement that "[n]othing we observed contradicts the autopsy finding that the bullets were fired from above and behind by a high velocity rifle" (Breo 2805), Dr. McClelland's response was quite

simply, "[n]o, I can't" (McClelland 09-10-92). This statement is echoed in JAMA, in which he was quoted as saying, "...the wound I observed did appear consistent with a shot from the front" Consequently, he added, "...I still have a strong opinion that the head shot come from the front" (Breo 2807).

Criticisms undermined

Dr. McClelland is unique in that not only did he have ample opportunity to examine President Kennedy's wounds, but his recollections, confirmed by his and others' early evidence, have remained consistent for over thirty years. This is in stark contrast to several Parkland physicians, most notably the incredible Dr. Jenkins, cited by Gerald Posner as critical of Dr. McClelland. More than once, Dr. Jenkins' and others' criticisms are undermined by their previous sworn testimony. It is ironic that in a book which claimed to have closed the case on the Kennedy assassination, Posner unquestionably relied so heavily upon such inconsistent sources. What is even more ironic is that Posner, a highly educated professional, was apparently ignorant of such contradictions. The same can be said for *The Journal of the American Medical Association*, whose claim of "Closing the Case in JAMA on the John F. Kennedy Autopsy" (Lundberg 1736- 738) is contradicted by the earlier statements of some of their key witnesses, as put forth in the Breo series of 1992 (Breo, "JFK's Death - Part I," 2794-2803; Breo, "JFK's Death - Part II," 2804-2807; Breo, "JFK's Death - Part III," 1748-1754).

When one visits with Dr. McClelland, it is apparent that he, above all else, believes what he says, and the record would seem to support his statements. It is indeed unfortunate that the record does not necessarily confirm the recollections of his detractors.

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