

The Kennedy Wound

Fatal Shot Struck Base of His Skull Causing Immediate Unconsciousness

By HOWARD A. RUSK, M.D.

Special to The New York Times.

11/25/63

NEW YORK.

The world is still numbed, stunned, and in a state of continuing shock as it grieves over the tragic death of President Kennedy.

We who mourn can be grateful for the fact that he felt no pain, the unconsciousness was instantaneous and death was swift and certain.

A high-velocity bullet that ripped through the base of the skull tore away the bone and brain tissue, striking the vital areas of the brain, the pons and medulla that control and regulate the vital functions of respiration and circulation.

After such a devastating wound from a high-powered rifle, what chance is there for life and what does life hold if one is saved?

Such wounds are common in war. In World War I, even though a bullet missed the vital areas of the brain controlling the basic functions of the heart and respiration and if the great blood vessels of the brain were spared, recovery was very rare because of secondary infection producing meningitis, abscesses and even infection in the blood stream itself.

In World War II, if one survived the initial assault, the chances for recovery were much greater, for neurosurgical teams operated directly behind the front lines, where immediate emergency surgery was done.

The patient was then evacuated to a base hospital and then by air to specialized centers in the United States.

This emergency surgery plus antibiotics to control infection, and a better knowledge of the use of plasma and blood, saved many lives.

Effects of Injury Varied

The status and future of the survivor then were dependent upon the areas of the brain that had been damaged or destroyed.

If a bullet went through the silent area of the frontal lobe and damage was minimal sometimes there was little change in the individual.

Some wounds in the frontal lobe, however, could produce the same symptoms as a therapeutic lobotomy.

This is a surgical procedure, sometimes performed in cases of severe and uncontrollable psychoses, in which a portion of the frontal lobe is deliberately removed. After such a procedure, the individual usually

changes from a dynamic, driving, manic type to a passive, quiet, lethargic personality.

If too much of the frontal lobe is destroyed, these patients may revert to a negative existence.

If the main damage is in the temporal lobe of the brain the patient is left paralyzed on the opposite side, possibly with loss of sensation, and aphasia.

Fracture and Disability

Aphasia is that tragic condition commonly suffered by victims of a stroke. The ability to think is intact but although one recognizes an object he is unable to put the word and object together.

Multiply this frustration by infinity and that is the way the patient, long-term training. But the process is tedious, frustrating, and sometimes heartbreaking.

If the injury is in the posterior portion of the brain, the area where the bullet that killed the President made its exit, the cerebellum is damaged.

Then the individual is left with ataxia, evidenced by severe intention type of tremors that occur when one tries to perform a basic act or grasp an object. Damage to the cerebellum is also usually accompanied by a loss of equilibrium.

If the base of the brain is damaged, as was the case of the President, the pons and medulla are injured. Then unconsciousness is instantaneous and death occurs usually in a matter of minutes because these centers control the vital

body functions of circulation and respiration.

This was substantiated in a medical report issued by Dr. Tom Shires, chief surgeon at Parkland Hospital and professor of surgery at the University of Texas Southwest Medical School. He stated:

"Medically, it was apparent the President was not alive when he was brought on. There was no spontaneous respiration. He had dilated, fixed pupils. It was obvious he had a lethal head wound.

"Technically however, by using vigorous resuscitation, intravenous tubes and all the usual supportive measures, we were able to raise a semblance of heartbeat.

"I am absolutely sure he never knew what hit him." If a patient recovers from

severe brain damage, he may have any one of these specific disabilities of a combination of all of them.

However, there is often another devastating condition that comes after severe brain damage. These are epileptiform convulsions due not only to the damage itself but also to adhesions that are part of the healing process.

These convulsive seizures can usually be more or less controlled with modern drugs. However, even if the convulsions are rare, the sword of Damocles hangs over the injured head of the individual, for he knows not when a convulsion will strike and therefore lives in a world of continuing fear and anxiety.