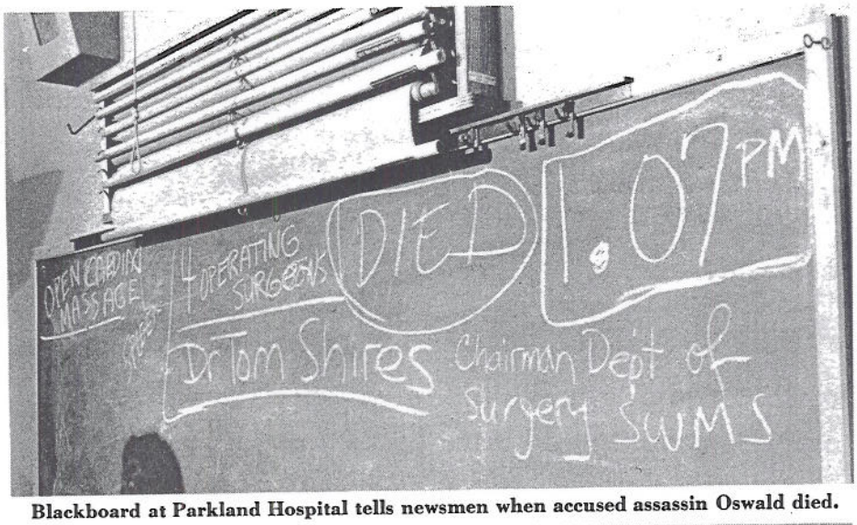
Med 9 DEC. 1963

Medical Tribune and Medical News (pub. by Medical Tribune, Inc., 642 Madison Ave., New York, N.Y.)
Dec. 9, 1963

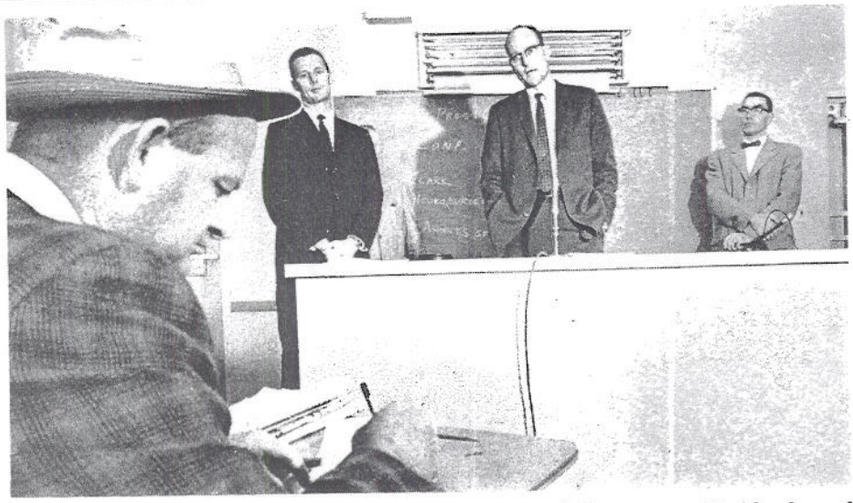
Parkland Hospital: The Medical Story

Doctors Describe Their Grim 50 Hours



Blackboard at Parkland Hospital tells newsmen when accused assassin Oswald died.

Dr. G. Thomas Shires, engulfed by reporters, gives details of attempt to save Oswald.



Details on emergency operations are given in nurses' classroom at Parkland, used as newsroom after President Kennedy's assassination. Reporters hear treatment details from Dr. Kemp Clark while Dr. Malcolm Perry (left) and Dr. F. Carter Pannill, assistant dean of University of Texas Southwestern Medical School, wait for questions.

Medical Tribune Staff Report

DALLAS — The black limousine carrying the wounded President Kennedy and Gov. John Connally pulled up to the emergency entrance of Parkland Memorial Hospital at 12:38 P.M. (C.S.T.).

Mrs. Kennedy, Secret Service men, and hospital personnel moved the President to a stretcher. He was taken into Trauma Room 1, an 11- by 16-foot operating room in the emergency suite. Mrs. Kennedy remained in the room.

Governor Connally, still conscious, assisted himself onto a stretcher and was taken into Trauma Room 2, across the hall from the President.

The first physician to see Mr. Kennedy was Dr. Charles J. Carrico, surgical resident. "When he entered," Dr. Carrico told MEDICAL TRIBUNE, "he had slow, agonal respiratory efforts and occasional cardiac beats by auscultation. No pulse or blood pressure was present. His pupils were dilated and fixed.

"A cuffed endotracheal tube was inserted," Dr. Carrico said, "and through the laryngoscope a ragged wound of the trachea was seen immediately. The tube was passed beyond the laceration and the cuff inflated.

"Externally, I could see two wounds. One was in the lower third of the anterior neck and the other in the occipital region in the skull. The head wound had avulsed the calvarium, and there was shredded brain tissue with oozing."

(An unofficial White House report later said that President Kennedy had been hit by two bullets. There was no immediate confirmation from the Naval Medical Center at Bethesda, Md., where an autopsy was performed.)

Meanwhile, Dr. Malcolm Perry, Assistant Professor of Surgery at the adjacent University of Texas Southwestern Medical School for which Parkland Memorial is the main teaching facility, was upstairs

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in the hospital cafeteria when he heard an emergency call for Dr. G. Thomas Shires, Professor of Surgery and chairman of the department.

Dr. Perry, knowing that Dr. Shires was in Galveston to deliver a paper before the Western Surgical Association, took the call. The operator told him President Kennedy had been shot and was being brought into the emergency operating room.

When Dr. Perry entered the room he found the patient's endotracheal tube had been connected to a Bennett respirator. A cutdown had been ordered by Dr. Carrico on Mr. Kennedy's right ankle and infusion of lactated Ringer's solution was under way. Blood had been drawn for type and crossmatch. But, pending that determination, unmatched Type O (Rh negative) was obtained from the bank outside the emergency room and transfusion begun. Hydrocortisone was added to the intravenous fluids.

Followed by Other Physicians

Dr. Perry was followed into the room by Drs. Charles Baxter, surgeon, M. T. Jenkins, anesthesiologist, Robert McClelland, surgeon, A. H. Giesecke and Jackie H. Hunt, anesthesiologists, Paul Peters, urologist, Kemp Clark, Professor of Neurosurgery, Fouad Bashour, internist, Ronald Jones, surgical resident, Gene Akin, resident, and Donald Seldin, Professor of Medicine and chairman of the department.

Dr. Jenkins switched the endotracheal tube from the respirator to an anesthesia machine delivering 100 per cent oxygen.

"Respiration was ineffective," Dr. Perry said, "and, while additional venesections were done to administer fluids, we effected a tracheostomy." With Drs. Baxter and McClelland helping, an incision was made at the lower point of the tracheal wound. A considerable amount of blood was seen in the patient's oral pharynx.

Because of the lacerated trachea, anterior chest tubes were placed in both pleural spaces and connected to sealed underwater drainage.

About this time, Dr. Clark moved to a neurologic examination of Mr. Kennedy. "The President's pupils were widely dilated and fixed to light," the neurosurgeon said. "His eyes were divergent, deviated outward. There was a skew deviation from the horizontal. No deep tendon reflexes or spontaneous movements were found."

Dr. Clark began closed chest cardiac massage and soon got "a pulse palpable in both the carotid and femoral arteries." Dr. Perry took over the massage while Dr. Clark switched his attention to the President's head injury.

Bleeding Was Profuse

"There was a large wound in the right occipitoparietal region, from which profuse bleeding was occurring," according to Dr. Clark. "We estimated 1,500 cc. of blood on the drapes and floor of the emergency operating room. And there was considerable loss of scalp and bone. Both cerebral and cerebellar tissue were extruding from the wound."

"A cardiotachoscope was connected," Dr. Clark said. The physicians watched it for some indication that the cardiac massage being continued by Dr. Perry was eliciting a spontaneous beat.

"There was electrical silence of the President's heart," said Dr. Clark. After brief consultation, Dr. Clark pronounced Mr. Kennedy dead at 1 P.M., November 22, 1963 — 22 minutes after arrival at the hospital.

Connally

Across the hall, in Trauma Room 2, Texas Governor Connally was alive but in critical condition. Since he had reached an emergency operating room ahead of the President, Dr. Carrico had gone first to Trauma Room 2. He briefly assisted the resident on duty, Dr. Wayne Delaney, then moved to the President.

Dr. Delaney and others stayed with Governor Connally, who had a gunshot wound that penetrated his chest. There was a comminuted fracture of the fifth rib, laceration of the right middle lobe, and hematoma of the lower lobe of the lung.

Apparently the same bullet had also caused a comminuted fracture of the right radius and gone on to gouge a small flesh wound in the left thigh.

A sucking wound of the right chest was partially controlled by an occlusive dressing, backed up with manual pressure. Governor Connally was moved to a second-floor surgery suite, where Dr. Robert R. Shaw, Professor of Thoracic Surgery and division chairman of Southwestern, was waiting.

Thoracotomy and repair of Governor Connally's chest injuries were begun at 1:35 P.M. under general anesthesia.

In the meantime, Dr. Shires was contacted in Galveston. An Air Force jet took him to Houston, then another jet of the National Aeronautics and Space Administration brought him to Dallas. He arrived at Parkland Hospital before the 3:20 P.M. completion of chest surgery on the Governor.

At 4 P.M. Dr. Shires began débridement and exploration of the thigh wound while Dr. Charles F. Gregory, Professor of Orthopedic Surgery and division chairman, took care of the wrist wound. The Governor emerged from the anesthesia with no complications and showed steady improvement in the hours that followed.

Oswald

Late Sunday morning, two days later, an ambulance pulled up to Parkland's emergency entrance with another gunshot victim, Lee Harvey Oswald.

Dr. Shires, on hand when Oswald arrived at Parkland, recapitulated the treatment for MEDICAL TRIBUNE:

"We first saw him about 11:30 A.M. in Trauma Room 2. At that time he was unconscious, had no blood pressure, but made respiratory efforts. An endotracheal tube was put in place by Dr. Jenkins. Intravenous fluids and blood were started.

"There was a gunshot wound entrance over the left lower lateral chest wall, and the bullet could be felt in the subcutaneous tissue on the opposite side of the body, over the right lower lateral chest cage.

"It was probable from his condition that the bullet had injured the major blood vessels, the aorta and vena cava, below the diaphragm. Consequently, he was taken immediately to the operating room.

Abdomen Explored

"The abdomen was exposed through a midline incision," Dr. Shires said. "Several liters of blood were immediately encountered. Exploration revealed that the bullet had gone from left to right, injuring the spleen, pancreas, aorta, vena cava, right kidney, and right lobe of the liver. The bullet came to rest in the right chest wall.

"The major bleeding points were identified and controlled. There was a low but measurable blood pressure. Massive transfusions (17 pints in all) were being given in multiple sites. At this time cardiac arrest occurred.

"The left chest was opened and the heart found in standstill. Massage was started and a pulse obtained. But cardiac fibrillation ensued, and, in spite of intracardiac drugs and defibrillation, no effective heartbeat was established.

"He was pronounced dead at 1:07 P.M.," Dr. Shires said.

In actual numbers, only three wounded persons had been brought into Parkland Hospital in connection with this disaster. But the 607-bed institution, accustomed to dealing with emergencies every day, had gone through its biggest emergency since it was opened in 1955.

In the aftermath, no one could remember anything but calm efficiency during the nearly 50 hours of unprecedented emergency action.

C. J. Price, administrator, and Steven T. Landregan, an assistant administrator, took stock of the situation as the weekend closed.

"What is it that enables an institution to take in stride such a series of events?" Mr. Price asked. And then answered:

"The underlying factor is people. People whose education and training are sound. People whose judgment is calm and perceptive. People whose actions are deliberate and definitive."

"We were not found wanting," he concluded.