



Kimon Bekelis, MD

Inside Trauma Room One

Robert G. Grossman, MD, is a professor of neurosurgery at Houston Methodist Neurological Institute. Dr. Grossman was one of the two neurosurgeons to examine President John F. Kennedy's head wound in the emergency room of Parkland Hospital on November 22, 1963.

Congress Quarterly Thank you so much for agreeing to talk to us today about your experiences on the day President Kennedy was assassinated. What was your position in Parkland hospital at the time?

Dr. Robert Grossman: Neurosurgery was a division of surgery at the University of Texas Southwestern Medical School in Dallas. I had just finished my residency at the Neurological Institute of New York, Columbia–Presbyterian Medical Center, and had been at the medical school and at Parkland Hospital for four months when the assassination occurred.

CNSQ How were you notified the President had been shot?

RG: Kemp Clark, who was the chair of neurosurgery, and I were the entire neurosurgery faculty. We were sitting in my laboratory in the medical school building,



Portrait photo of President John F. Kennedy at his desk in the Oval Office, White House, Washington, D.C. This is the first White House photograph made of the President at his desk.

> WE WERE SITTING IN MY LABORATORY IN THE MEDICAL SCHOOL BUILDING, TALKING ABOUT THE PRESIDENT’S VISIT, WHEN I RECEIVED A PHONE CALL FROM A WOMAN WHO DID NOT IDENTIFY HERSELF, SAYING THE PRESIDENT HAD BEEN SHOT AND DR. CLARK AND I SHOULD COME TO THE EMERGENCY ROOM. WE WALKED, THEN RAN FROM THE MEDICAL SCHOOL BUILDING ACROSS THE PARKING LOT TO THE ER ENTRANCE AND INTO TRAUMA ROOM ONE. <

talking about the President’s visit, when I received a phone call from a woman who did not identify herself, saying the President had been shot and Dr. Clark and I should come to the emergency room. Our initial thought was that the message was a prank—but then we thought we had better go to the ER. We walked, then ran from the medical school building across the parking lot to the ER entrance and into Trauma Room One.

CNSQ **What was the atmosphere when you first walked in the trauma bay?**

RG: There were a number of physicians, nurses, and Mrs. Kennedy in the room. James Carrico [resident in general surgery] and Malcolm Perry [attending vascular/thoracic surgeon] had noted a wound in the President’s neck and had intubated the President. Many trauma patients were cared for at Parkland, and the atmosphere was tense but professional. There was, at least in my part, a sense of awe seeing the President lying comatose on the stretcher.

CNSQ **You were one of the few physicians to examine the President’s head wound. Can you describe it to us?**

RG: We were the only people to examine the head wounds closely, as the other physicians were attending to urgent potentially life-sustaining interventions. We went to the head of the bed, across from the door of the trauma bay. Kemp stood to the left side of his head and I stood to the right. We lifted his head and we could see, in the right parietal area, a large plate of bone that had been hinged upward. The dura was lacerated and lacerated cerebral cortex was exposed. Upon flexing the President’s head forward I saw a laceration approximately one inch in diameter above the external occipital protuberance with brain matter in it. It was obvious that he had received a bullet wound going from the occipital area through the right parietal area causing massive blast damage to the cortex, dura, skull, and scalp on exiting.

CNSQ **Was there a plan for operative intervention by the neurosurgical team if the President’s condition could be stabilized?**

RG: No, it was clear that this was a fatal wound. The destruction of the right hemisphere was tremendous. His pupils were fixed, and he had no reaction to painful stimuli such as performing venous cut-downs and inserting chest tubes.

CNSQ **Was the management for penetrating TBI different in 1963 than in 2015?**

RG: I would say not. We operated on many bullet wounds from handguns at Parkland. However, none of the physicians who were there had seen a gunshot wound of the head and the brain from a high-velocity rifle bullet.

CNSQ **Can you describe to us the last moments of the President and the efforts to resuscitate him?**

RG: He was being ventilated through the tracheotomy. He was receiving closed chest cardiac massage. Resuscitation was performed for about 15 minutes. Dr. Clark was the senior surgeon in the room at the time. When he realized the efforts were futile, he went to Mrs. Kennedy, and tried to comfort her as best as he could. He pronounced the President dead around 1:00 pm. Mrs. Kennedy was very pale and visibly upset, but was able to walk unaided from Trauma Room One.



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John F. Kennedy's motorcade passes the Texas School Book Depository prior to the assassination in Dallas, Texas. (Copyright Corbis/AP Images)

CNSQ What were the emotions in the room?

RG: Everybody was concerned about what the President's death would mean for the country. The confrontation with the Soviet Union and the Cuban missile crisis had occurred a year before, and everyone was thinking, "Was this the first step in an attack on our country? Was this the work of a lone individual, or were there external forces behind the assassination? Russia, Cuba, China? Domestic political opponents from the extreme right or the left? Organized crime?" We were deeply concerned that the country might be in danger and on the brink of war.

CNSQ How did this experience shape you as person, a surgeon, and eventually a leader in neurosurgery?

RG: When people have traumatic experiences, they often don't want to talk about them. I didn't want to talk about it for years. I didn't read the Warren report or any of the books on the assassination until I was asked by Dan Sullivan, who was working closely with Mike Apuzzo in publishing *Neurosurgery*[®] [the journal of the Congress of Neurological Surgeons], to contribute to two articles on which he was the lead author, "A Neuroforensic Analysis of the Wounds of President John F. Kennedy" (Part 1: *Neurosurgery*[®] 53:1019-1027, 2003; Part 2: *Neurosurgery*[®] 54:1298-1312, 2004). This is when I began to investigate what had been written about the events and got to know many of the people who were publishing books and articles about the President's assassination.

CNSQ What can neurosurgeons today learn from your experience?

RG: If in 1963 we had mobile phones with cameras and had photographed the wound, or if I had made a drawing, much of the controversy over the President's wounds would not have taken place. However, we were so shocked that none of us wrote a description or made drawings of what we saw. It just emphasizes the need to document things carefully. **■**