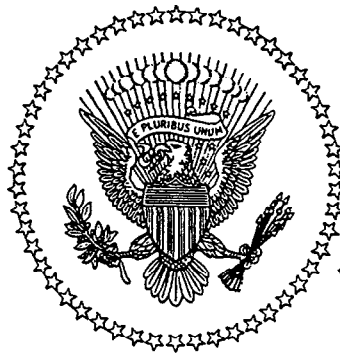


REPORT OF
THE PRESIDENT'S COMMISSION ON THE
ASSASSINATION OF
President John F. Kennedy



UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON, D.C.



MD 39

000407

PARKLAND MEMORIAL HOSPITAL

ADMISSION NOTE

J. F. Kennedy

DATE AND HOUR: 11/22/63 1620

DOCTOR: T. J. Kennedy

When patient entered emergency room in ambulance, airway had slow agonal respiratory efforts and seen cardiac beats in resuscitation. Two external wounds were noted. One small penetrating wound of left neck in lower 1/3. The other wound had ruptured the calvarium and shouldered brain tissue present = profuse oozing. No pulse or blood pressure were present. Pupils dilated fixed.

A. cuffed endotracheal tube was inserted and through the laryngeal scope a deep wound of the trachea was seen immediately below the larynx. The tube was passed past the laceration & the cuff inflated.

Respiration using the respiration assistor on ventilator were instituted. On currently in IV infusion of lactated Ringers solution was begun via catheter placed in @ leg & blood drawn for type and cross match. Type O Rh negative blood was obtained as well as hydrocortisone.

In view of tracheal injury & ↓ BS on O tracheotomy was performed by Dr. Perry and Bilal chest tubes inserted.

1033

(OVER)

1767

COMMISSION EXHIBIT No. 392—Continued

ADMISSION NOTE I

A second 10% infusion was begun in 10 min.
In addition Dr. Johnson began using a mechanical
machine, cardiac monitor + stimulator attached
to the right IV line (500mg), attempt to control
shock using this method + cardiac disease was
probable. Despite these measures no real
or external cardiac message BP never returned
and EKG evidence of cardiac activity was never
obtained.

Charles J. Lewis M.D.

DATE

10

COMMISSION EXHIBIT No. 392—Continued

INVESTIGATION OF
THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

HEARINGS

Before the President's Commission
on the Assassination
of President Kennedy

PURSUANT TO EXECUTIVE ORDER 11130, an Executive order creating a Commission to ascertain, evaluate, and report upon the facts relating to the assassination of the late President John F. Kennedy and the subsequent violent death of the man charged with the assassination and S.J. RES. 137, 88TH CONGRESS, a concurrent resolution conferring upon the Commission the power to administer oaths and affirmations, examine witnesses, receive evidence, and issue subpoenas

Volume

VI

UNITED STATES GOVERNMENT PRINTING OFFICE

WASHINGTON, D.C.

000494

Hearings Before the President's Commission on the Assassination of President Kennedy

TESTIMONY OF DR. CHARLES J. CARRICO

The testimony of Dr. Charles J. Carrico was taken at 9:30 a.m., on March 25, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. May ^{the} record show that Dr. Charles J. Carrico is present in response to a letter request for him to appear so that his deposition may be taken in connection with the proceedings of the President's Commission on the Investigation of the Assassination of President Kennedy in connection with the inquiry into all phases of that assassination, including medical care rendered at Parkland Memorial Hospital. *Dallas, Texas*

Dr. Carrico has been asked to testify relating to the treatment which he rendered the President at Parkland Hospital. With that preliminary statement of purpose, Dr. Carrico, would you please stand up and raise your right hand.

Do you solemnly swear the testimony you will give before the President's Commission in this deposition proceeding will be the truth, the whole truth and nothing but the truth, so help you God?

Dr. CARRICO. I do.

Mr. SPECTER. Would you state your full name for the record, please?

Dr. CARRICO. Charles James Carrico.

Mr. SPECTER. What is your profession, sir?

Dr. CARRICO. Physician.

Mr. SPECTER. Are you duly licensed by the State of Texas to practice medicine?

Dr. CARRICO. Yes.

Mr. SPECTER. And would you outline briefly your educational background, please?

Dr. CARRICO. I attended grade school and high school in Denton, Tex.; received a Bachelor of Science in Chemistry from North Texas State College in 1957, and an M.D. from Southwestern Medical School in 1961, and served an internship at Parkland Memorial Hospital from 1961 to 1962, and a year of Fellowship in Surgery at Southwestern, followed by my residency here.

Mr. SPECTER. Are you working toward any specialty training, Doctor?

Dr. CARRICO. I am engaged in a general surgery residency which will qualify me for my boards in general surgery.

Mr. SPECTER. And what were your duties on November 22, 1963, at Parkland Hospital?

Dr. CARRICO. At that time I was assigned to the elective surgery service and was in the emergency room seeing some patients for evaluation for admission to the hospital.

Mr. SPECTER. And what were you doing specifically around 12 o'clock noon?

Dr. CARRICO. Approximately 12 noon or shortly thereafter I was in the clinic and was called to come into the emergency room to see these people and evaluate them for admission and treatment.

Mr. SPECTER. Were you notified that there was an emergency case on the way to the hospital at approximately 12:30?

Dr. CARRICO. Yes.

Mr. SPECTER. In which President Kennedy was involved?

Dr. CARRICO. At that time I was in the emergency room seeing these patients and the call was received that the President had been shot and was on his way to the hospital.

Mr. SPECTER. What is your best recollection as to what time it was when you received that call?

Dr. CARRICO. This was probably shortly after 12:30.

Mr. SPECTER. And how long after that call was received did the President's party actually arrive at Parkland?

Dr. CARRICO. An estimation would be 2 minutes or less.

Mr. SPECTER. Describe what occurred upon the arrival of the President's party at Parkland, please.

Dr. CARRICO. We were in the emergency room preparing equipment in response to the call we had received when the nurse said over the intercom that they were here. Governor Connally was rolled in first and was taken to one of the trauma rooms.

Mr. SPECTER. And what identification was given to the trauma room to which Governor Connally was taken?

Dr. CARRICO. Trauma room 2.

Mr. SPECTER. Who was present at the time that Governor Connally came into the emergency area?

Dr. CARRICO. As I recall, Dr. Richard Dulany, myself, several of the nurses, Miss Bowron is the only one I can definitely remember. Don Curtis, oral surgery resident, and I believe Martin White, the intern, was there. These are the only people I remember being present at that time. We had already sent out a call for Dr. Baxter and Dr. Perry and the rest of the staff.

Mr. SPECTER. Did Dr. Dulany take any part in the treatment of President Kennedy?

Dr. CARRICO. No, no, sir; he didn't.

Mr. SPECTER. Did Dr. Martin White take any part in the treatment of President Kennedy?

Dr. CARRICO. I believe he was in there and did the—he helped Dr. Curtis with the cutdown, the initial cutdown.

Mr. SPECTER. What did Dr. Dulany do?

Dr. CARRICO. Dr. Dulany and I initially went to see the Governor, as I said, and he stayed with the Governor while I went to attend to the President, care for the President.

Mr. SPECTER. Who was the first doctor to reach President Kennedy on his arrival at Parkland Hospital?

Dr. CARRICO. I was.

Mr. SPECTER. And who else was with President Kennedy on his arrival, as best you can recollect it?

Dr. CARRICO. Mrs. Kennedy was there, and there were some men in the room, who I assumed were Secret Service men; I don't know.

Mr. SPECTER. Can you identify any nurses who were present, in addition to Miss Bowron?

Dr. CARRICO. No, I don't recall any of them.

Mr. SPECTER. What did you observe as to the President's condition upon his arrival?

Dr. CARRICO. He was lying on a carriage, his respirations were slow, spasmodic, described as agonal.

Mr. SPECTER. What do you mean by "agonal" if I may interrupt you for just a moment there, Doctor?

Dr. CARRICO. These are respirations seen in one who has lost the normal coordinated central control of respiration. These are spasmodic and usually reflect a terminal patient.

Mr. SPECTER. Would you continue to describe your observations of the President?

Dr. CARRICO. His—the President's color—I don't believe I said—he was an

ashen, bluish, grey, cyanotic, he was making no spontaneous movements, I mean, no voluntary movements at all. We opened his shirt and coat and tie and observed a small wound in the anterior lower third of the neck, listened very briefly, heard a few cardiac beats, felt the President's back, and detected no large or sucking chest wounds, and then proceeded to the examination of his head. The large skull and scalp wound had been previously observed and was inspected a little more closely. There seemed to be a 4-5 cm. area of avulsion of the scalp and the skull was fragmented and bleeding cerebral and cerebellar tissue. The pupils were inspected and seemed to be bilaterally dilated and fixed. No pulse was present, and at that time, because of the inadequate respirations and the apparent airway injury, a cuffed endotracheal tube was introduced, employing a laryngo scope. Through the laryngo scope there seemed to be some hematoma around the larynx and immediately below the larynx was seen the ragged tracheal injury. The endotracheal tube was inserted past this injury, the cuff inflated, and the tube was connected to a respirator to assist the inadequate respiration. At about this point the nurse reported that no blood pressure was obtained.

Mr. SPECTER. Dr. Carrico, with respect to this small wound in the anterior third of the neck which you have just described, could you be any more specific in defining the characteristics of that wound?

Dr. CARRICO. This was probably a 4-7 mm. wound, almost in the midline, maybe a little to the right of the midline, and below the thyroid cartilage. It was, as I recall, rather round and there were no jagged edges or stellate lacerations.

Mr. SPECTER. You said you felt the President's back?

Dr. CARRICO. Yes.

Mr. SPECTER. Would you describe in more detail just what the feeling of the back involved at that time?

Dr. CARRICO. Without taking the time to roll him over and look or to wash off the blood and debris, and while his coat and shirt were still on his arms—I just placed my hands at about his beltline or a little above and by slowly moving my hands upward detected that there was no large violation of the pleural cavity.

Mr. SPECTER. Why did you not take the time to turn him over?

Dr. CARRICO. This man was in obvious extreme distress and any more thorough inspection would have involved several minutes—well, several—considerable time which at this juncture was not available. A thorough inspection would have involved washing and cleansing the back, and this is not practical in treating an acutely injured patient. You have to determine which things, which are immediately life threatening and cope with them, before attempting to evaluate the full extent of the injuries.

Mr. SPECTER. Did you ever have occasion to look at the President's back?

Dr. CARRICO. No, sir. Before—well, in trying to treat an acutely injured patient, you have to establish an airway, adequate ventilation and you have to establish adequate circulation. Before this was accomplished the President's cardiac activity had ceased and closed cardiac massage was instituted, which made it impossible to inspect his back.

Mr. SPECTER. Was any effort made to inspect the President's back after he had expired?

Dr. CARRICO. No, sir.

Mr. SPECTER. And why was no effort made at that time to inspect his back?

Dr. CARRICO. I suppose nobody really had the heart to do it.

Mr. SPECTER. You had begun to describe some of the action taken in order to endeavor to revive the President. Will you continue with that description, please?

Dr. CARRICO. I believe we were to where the endotracheal tube had been inserted. After this, the President—his respirations were assisted by the Bennett machine. We again listened to his chest to attempt to evaluate the respirations. Breath sounds were diminished, especially on the right, despite the fact that the endotracheal tube was in place and the cuff inflated, there continued to be some leakage around the tracheal wound. For this reason Dr. Perry elected to perform a tracheotomy, and instructed some of the other physicians in the room to

insert chest tubes, thoracotomy tubes. At the beginning of the resuscitation attempt intravenous infusions had been started using polyethylene catheters by venesection, lactated renger solution, and uncross-matched type O Rh negative bloods were administered and 300 mg. of hydrocortisone were administered. Shortly after the completion of the tracheotomy, Dr. Bashour arrived and had connected the cardiac monitor. Although I never saw evidence of cardiac activity, electrical cardiac activity, Dr. Clark stated that there was a perceptible electrical beat which shortly thereafter disappeared, and closed cardiac massage was instituted. The cardiac massage was successful in maintaining carotid and radial pulses, but the patient's state rapidly deteriorated and at approximately 1 o'clock he was pronounced dead.

Mr. SPECTER. What, in your opinion, was the cause of death?

Dr. CARRICO. A head injury.

Mr. SPECTER. Have you now described all the treatment which was given to the President as best you recollect it?

Dr. CARRICO. As I recall; yes, sir; that's all—I'm sorry.

Mr. SPECTER. Did you have any occasion or opportunity to examine the President's clothing?

Dr. CARRICO. We did not do that.

Mr. SPECTER. And was no examination of clothing made, Dr. Carrico?

Dr. CARRICO. Again, this was a matter of time. The clothes were removed by the nurses, as is the usual practice, and the full attention was devoted to trying to resuscitate the President.

Mr. SPECTER. On the examination of the President's back which you described that you performed, did you note any bleeding from the back?

Dr. CARRICO. There was considerable blood on the cart and on his back. I could not tell if this came from his back or had fallen down from the head injury. There was also some cerebral tissue there.

Mr. SPECTER. What did your examination by feeling disclose with respect to whether he had any back wound?

Dr. CARRICO. I did not feel any. Now, this certainly wouldn't detect a small bullet entrance. All this examination is designed to do is to establish the fact that there is no gross injury to the chest posteriorly.

Mr. SPECTER. Is that a routine type of examination, to ascertain whether there is a gross injury to the chest posteriorly?

Dr. CARRICO. Yes, sir.

Mr. SPECTER. What did you observe as to the President's clothing with respect to the presence of a back brace, if any?

Dr. CARRICO. There was, on removing the President's shirt and coat, we noted he was wearing a standard back support.

Mr. SPECTER. Would you describe that back support, please?

Dr. CARRICO. As I recall, it was white cotton or some fibrous support, with staves, bones and if I remember buckled in the front.

Mr. SPECTER. How wide was it?

Dr. CARRICO. How wide?

Mr. SPECTER. Yes, sir.

Dr. CARRICO. I don't know; I didn't examine below—you see—as I recall, it came about to his umbilicus—navel area.

Mr. SPECTER. Was there any Ace bandage applied to the President's hips that you observed?

Dr. CARRICO. No; I didn't remove his pants.

Mr. SPECTER. Did you have any opportunity to observe that area of his body when his pants were removed?

Dr. CARRICO. I had the opportunity, but I didn't look.

Mr. SPECTER. What doctors were involved in the treatment of President Kennedy?

Dr. CARRICO. Well, of course, Dr. Perry, Dr. Clark, Dr. Baxter, Dr. McClelland, Dr. Peters was in the room, Dr. Bashour, Dr. Ronald Jones, Dr. Curtis, I believe, Dr. White was there—initially, at least, I don't recall right offhand anyone else. There were other doctors in there, I just can't specifically remember—there were 10 or 15 people in the room before it was over.

Mr. SPECTER. Do you have an opinion, Dr. Carrico, as to the cause of the punctate wound in the President's throat?

Dr. CARRICO. No; I really don't—just on the basis of what I know. We didn't make an attempt, as you know, to ascertain the track of the bullets.

Mr. SPECTER. I can't hear you.

Dr. CARRICO. As you know, we didn't try to ascertain the track of the bullets.

Mr. SPECTER. And why did you not make an effort to determine the track of the bullets?

Dr. CARRICO. Again, in trying to resuscitate the President, the time to do this was not available. The examination conducted was one to try to establish what life threatening situations were present and to correct these.

Mr. SPECTER. Was there any discussion among the doctors who attended President Kennedy as to the cause of the neck wound?

Dr. CARRICO. Yes; after that afternoon.

Mr. SPECTER. And what conversations were there?

Dr. CARRICO. As I recall, Dr. Perry, and I talked and tried after—later in the afternoon to determine what exactly had happened, and we were not aware of the missile wound to the back, and postulated that this was either a tangential wound from a fragment, possibly another entrance wound. It could have been an exit wound, but we knew of no other entrance wound.

Mr. SPECTER. Was the wound in the neck consistent with being either an entry or exit wound, in your opinion?

Dr. CARRICO. Yes.

Mr. SPECTER. Or, did it look to be more one than the other?

Dr. CARRICO. No; it could have been either, depending on the size of the missile, the velocity of the missile, the tissues that it struck.

Mr. SPECTER. Dr. Carrico, assume these facts, if you will—first, that President Kennedy was struck by a 6.5-mm. missile which entered the upper-right posterior thorax, just above the scapula, being 14 cm. from the tip of the right acromion, a-c-r-o-m-i-o-n (spelling) process, and 14 cm. below the tip of the right mastoid process, and that the missile traveled between two strap muscles, proceeded through the fascia channel without violating the pleural cavity, striking the side of the trachea and exiting in the lower third of the anterior throat. Under the circumstances which I have just described to you, would the wound which you observed on the President's throat be consistent with the damage which a 6.5-mm. missile, traveling at the rate of approximately 2,000 feet per second, that being muzzle velocity, with the President being 160 to 250 feet away from the rifle, would that wound be consistent with that type of a weapon at that distance, with the missile taking the path I have just described to you?

Dr. CARRICO. I certainly think it could.

Mr. SPECTER. And what would your thinking be as to why it could produce that result?

Dr. CARRICO. I think a missile of this size, traveling in such a direction that it had very little deformity, struck nothing which would cause it to begin tumbling, and was slowed very little by passing through this relatively easy traversed planes, would not expend a great deal of energy on exit and would very likely not tumble, thus producing a small, round, even wound.

Mr. SPECTER. What has been your experience, if any, with gunshot wounds?

Dr. CARRICO. In working in the emergency room at Parkland, we have seen a fairly good number of gunshot wounds, and with .22 and .25 caliber weapons of somewhat, possibly somewhat lower velocity but at closer range, we have seen entrance and exit wounds of almost the same size, especially the same size, when passing through superficial structures.

Mr. SPECTER. And what superficial structures did those missiles pass through to which you have just referred?

Dr. CARRICO. The ones I was referring to in particular were through the muscles of the leg superficially.

Mr. SPECTER. Approximately how many missile wounds, bullet wounds, have you had an opportunity to observe in your practice, Doctor?

Dr. CARRICO. I would guess 150 or 200.

Mr. SPECTER. Would you describe as precisely for me as possible the nature of the head wound which you observed on the President?

Dr. CARRICO. The wound that I saw was a large gaping wound, located in the right occipitoparietal area. I would estimate to be about 5 to 7 cm. 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 both in the wounds and on the fragments of the skull attached to the dura.

Mr. SPECTER. Did you notice any other opening in the head besides the one you have just described?

Dr. CARRICO. No, sir; I did not.

Mr. SPECTER. Specifically, did you notice a bullet wound below the large gaping hole which you described?

Dr. CARRICO. No, sir.

Mr. SPECTER. What is your opinion, Doctor, if you have one, as to how many bullets were involved in the injuries inflicted on the President?

Dr. CARRICO. As far as I could tell, I would guess that there were two.

Mr. SPECTER. Prior to today, have you ever been interviewed by any representative of the Federal Government?

Dr. CARRICO. Yes, sir; the Secret Service talked to us shortly after the President's death.

Mr. SPECTER. Do you recall who talked to you on that occasion?

Dr. CARRICO. No; I don't recall his name.

Mr. SPECTER. What was the content of that interview?

Dr. CARRICO. We spoke to him in Dr. Shires' office in the medical school concerning the President's death, mostly my part was just a statement that the written statement that I had submitted was true.

Mr. SPECTER. I now call your attention, Doctor, to a document heretofore identified as Commission Exhibit No. 392, to a 2-page summary which purports to bear your signature, and dated November 22, 1963, 1620 hours, and ask you first of all if that is a photostatic copy of a report which you submitted?

Dr. CARRICO. Yes; it is.

Mr. SPECTER. And, is that your signature at the end?

Dr. CARRICO. Yes.

Mr. SPECTER. And are the facts set forth in there true and correct?

Dr. CARRICO. They are.

Mr. SPECTER. With respect to this notation of a ragged wound of the trachea, which is contained in your report, could you describe that in more specific detail?

Dr. CARRICO. In inserting the endotracheal tube, a larynx scope was inserted and it was noted that there was some discoloration at the lateral edge of the larynx and there appeared to be some swelling and hematoma and in looking through the chords which were partially open, a ragged tissue and some blood was seen within the trachea itself. This was the extent of what I saw.

Mr. SPECTER. Would that specific portion of the wound give any indication as to direction of the bullet?

Dr. CARRICO. No; it wouldn't.

Mr. SPECTER. Was there any characteristic within the neck area to give any indication of the direction of the bullet?

Dr. CARRICO. No, sir.

Mr. SPECTER. Did the Secret Service man whom you just described ask you any questions beyond whether the contents of your report were true?

Dr. CARRICO. I can't recall any specific questions. He did ask some others and they did concern the wounds, and what we felt the wounds were from, the direction, and so forth.

Mr. SPECTER. And what response did you make to those inquiries?

Dr. CARRICO. Essentially the same as I have here. I said I don't remember specifically.

Mr. SPECTER. Have you talked to any other representative of the Federal Government prior to today?

Dr. CARRICO. Not in connection with this.

Mr. SPECTER. Well, have you talked to someone in connection with something else?

Dr. CARRICO. Just some Government employment—Civil Service.

Mr. DULLES. You spoke of a letter to your children. I don't want to invade your privacy in this respect in any way, but is there anything in that letter that you think would bear on our considerations here by this Commission?

Dr. CARRICO. No; I don't believe so. This thing doesn't mention the treatment other than to say probably by the time they read the letter it will be archaic.

Mr. DULLES. You spoke about the causes of it all, I don't know whether—

Dr. CARRICO. Just a little homespun philosophy. I just said that there was a lot of extremism both in Dallas and in the Nation as a whole, and in an attitude of extremism a warped mind can flourish much better than in a more stable atmosphere.

Mr. DULLES. Thank you.

Mr. SPECTER. Dr. Carrico, was the nature of the treatment affected, in your opinion, in any way by the fact that you were working on the President of the United States?

Dr. CARRICO. I don't believe so, sir. We have seen a large number of acutely injured people, and acutely ill people, and the treatment has been carried out enough that this is almost reflex, if you will. Certainly everyone was emotionally affected. I think, if anything, the emotional aspect made us think faster, work faster and better.

Mr. SPECTER. Do you have anything to add which you think would be helpful to the Commission in its inquiry on the assassination of President Kennedy?

Dr. CARRICO. No, sir.

Mr. SPECTER. Those conclude my questions, Mr. Chief Justice.

The CHAIRMAN. Mr. Dulles, have you any questions to ask of the Doctor?

Mr. DULLES. Looking back on it, do you think it was probable that death followed almost immediately after this shot in the head?

Dr. CARRICO. Yes, sir; as I said—

Mr. DULLES. I was absent, I am sorry, at that time.

Dr. CARRICO. Yes, sir. Medically, I suppose you would have to say he was alive when he came to Parkland. From a practical standpoint, I think he was dead then.

The CHAIRMAN. Congressman Ford?

Representative FORD. When did you say that he arrived, when you first started working on the President?

Dr. CARRICO. It would only be a guess. Probably about 12:35. It was about 12:30 when I got in the emergency room, and I was there 2 or 3 minutes when we were called, and he was there within 2 or 3 minutes.

Representative FORD. So approximately from 12:35 until 1 the President was examined and treatment was given by you and others?

Dr. CARRICO. Yes.

Representative FORD. Have you read and analyzed the autopsy performed by the authorities at Bethesda?

Dr. CARRICO. I have not read it carefully. I have seen it. Mr. Specter showed me parts of it, and I had seen a copy of it earlier, briefly.

Representative FORD. Is there anything in it that you have read that would be in conflict with your observation?

Dr. CARRICO. Nothing at all in conflict. It certainly adds to the observations that we made.

Representative FORD. Have you been interviewed by the press and, if so, when?

Dr. CARRICO. I think I have talked to the press twice.

Mr. Burrus, a reporter for the Dallas Times Herald, talked to me about 5 minutes, probably 3 or 4 days after the President's death, and then a reporter from Time called about 3 or 4 weeks after the President's death, and I talked to him for a very few minutes.

Representative FORD. Did you make any statements in either of these interviews that are different from the observations you have made here this morning?

Dr. CARRICO. Not that I recall.

Representative FORD. That is all.

Mr. DULLES. Mr. Chief Justice, could I—off the record.

(Discussion off the record.)

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Mr. SPECTER. But the only time you talked to anyone about your treatment of President Kennedy and your observations relating to that treatment was on this one occasion with the Secret Service?

Dr. CARRICO. Yes; except I just recalled since that time, another Secret Service Agent—I did speak to him briefly. He asked me if I had any other information and I said "no".

Mr. SPECTER. Is that the total contents of that conversation?

Dr. CARRICO. Yes.

Mr. SPECTER. Prior to the time we went on the record here before you were sworn in, did you and I have a brief conversation about the purpose of this disposition, and the general nature of the questions which I would ask you?

Dr. CARRICO. Yes, sir.

Mr. SPECTER. And was the information which you gave me at that time the same as that to which you have testified here on the record?

Dr. CARRICO. Yes; it was.

Mr. SPECTER. Have you ever changed any of your opinions regarding your treatment and observations of President Kennedy?

Dr. CARRICO. Not as I recall.

Mr. SPECTER. By the way, Dr. Carrico, how old are you at the present time?

Dr. CARRICO. Twenty-eight.

Mr. SPECTER. Was any bullet found in the President's body.

Dr. CARRICO. Not by us.

Mr. SPECTER. Do you have any other notes or written record of any sort concerning your treatment of President Kennedy?

Dr. CARRICO. Not concerning the treatment. I have a note I wrote to my children for them to read some day, but it doesn't concern the treatment.

Mr. SPECTER. What does that concern?

Dr. CARRICO. It just concerns the day and how I felt about it and why it happened—maybe.

Mr. SPECTER. Personal observations on your part?

Dr. CARRICO. Yes.

Mr. SPECTER. Did you participate in any of the press conferences?

Dr. CARRICO. No.

Mr. SPECTER. Do you have anything to add which you think might be of assistance in any way to the President's Commission?

Dr. CARRICO. No, sir; I don't believe I do.

Mr. SPECTER. Dr. Carrico, have I made available to you a letter requesting your appearance on Monday, March 30, before the Commission, and do you acknowledge receipt of that?

Dr. CARRICO. I do.

Mr. SPECTER. And would it be possible for you to attend and testify at that time?

Dr. CARRICO. I certainly can.

Mr. SPECTER. Washington, D.C.

Dr. CARRICO. Yes.

Mr. SPECTER. Thank you very much, Dr. Carrico.

Dr. CARRICO. Yes, sir.

TESTIMONY OF DR. MALCOLM OLIVER PERRY

The testimony of Dr. Malcolm Oliver Perry was taken at 3:25 p.m., on March 25, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. May the record show that Dr. Malcolm O. Perry is present in response to a letter request that he appear here to have his deposition taken in connection with the proceedings of the President's Commission on the Assassination of President Kennedy, which is now inquiring into all facets of the

INVESTIGATION OF
THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

HEARINGS
Before the President's Commission
on the Assassination
of President Kennedy

PURSUANT TO EXECUTIVE ORDER 11130, an Executive order creating a Commission to ascertain, evaluate, and report upon the facts relating to the assassination of the late President John F. Kennedy and the subsequent violent death of the man charged with the assassination and S.J. RES. 137, 88TH CONGRESS, a concurrent resolution conferring upon the Commission the power to administer oaths and affirmations, examine witnesses, receive evidence, and issue subpoenas

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III

UNITED STATES GOVERNMENT PRINTING OFFICE
WASHINGTON, D.C.

000502

Mr. DULLES. Had you had previous military service?

Mr. CALLAWAY. Yes, sir; I was in the Marine Corps 6 years, World War II, and during Korea.

Mr. DULLES. Did you ever tangle with the law in any way?

Mr. CALLAWAY. No, sir.

Mr. DULLES. What years were you in the Marine Corps?

Mr. CALLAWAY. 1942 through '45, and then '51 through '54.

Mr. DULLES. Were you in Korea?

Mr. CALLAWAY. No, sir; I didn't go to Korea. I was at Camp Pendleton as a troop trainer.

Mr. DULLES. Off the record.

(Discussion off the record.)

Mr. DULLES. Back on the record.

Mr. BALL. I would like to offer to Exhibit 539, inclusive.

Mr. DULLES. Can you tell me what the numbers are?

Mr. BALL. 537, 538, and 539.

Mr. DULLES. Exhibits 537, 538, and 539 previously identified will now be admitted in evidence.

(The documents heretofore marked for identification as Commission Exhibits Nos. 537 through 539 were received in evidence.)

Mr. DULLES. Thank you very much. We appreciate your coming.

(Whereupon, at 12:40 p.m., the President's Commission recessed.)

Charles Carrico
Monday, March 30, 1964

Dallas, Texas

3-25-1964

**TESTIMONY OF DR. CHARLES JAMES CARRICO AND
DR. MALCOLM OLIVER PERRY**

The President's Commission met at 9:10 a.m. on March 30, 1964, at 200 Maryland Avenue NE., Washington, D.C.

Present were Chief Justice Earl Warren, Chairman; Representative Hale Boggs, Representative Gerald R. Ford, John J. McCloy, and Allen W. Dulles, members.

Also present were Arlen Specter, assistant counsel; Charles Murray, observer; and Dean Robert G. Storey, special counsel to the attorney general of Texas.

TESTIMONY OF DR. CHARLES JAMES CARRICO

The CHAIRMAN. All right, Dr. Carrico, you know the reason why we are here, what we are investigating.

If you will raise your right hand, please, and be sworn, sir.

You solemnly swear the testimony you give before this Commission shall be the truth, the whole truth and nothing but the truth, so help you God?

Dr. CARRICO. I do.

The CHAIRMAN. Mr. Specter will conduct the examination.

Mr. SPECTER. Dr. Carrico, will you state your full name for the record please?

Dr. CARRICO. Charles James Carrico.

Mr. SPECTER. And what is your address, Dr. Carrico?

Dr. CARRICO. Home address?

Mr. SPECTER. Please.

Dr. CARRICO. It is 2605 Ridgwood in Irving, *Texas*

Mr. SPECTER. What is your professional address?

Dr. CARRICO. Parkland Memorial Hospital in Dallas, Tex.

Mr. SPECTER. How old are you, sir?

Dr. CARRICO. 28.

Mr. SPECTER. Will you outline briefly your educational background?

Dr. CARRICO. I attended grade school and high school in Denton, Tex.; received a Bachelor of Science in Chemistry from North Texas State University in 1947; received my M.D. from the University of Texas Southwestern Medical School in 1961; served an internship at Parkland Memorial Hospital from 1961 to 1962; and then did a year of fellowship at the surgery department at Southwestern Medical School, followed by my surgery residency at Parkland Hospital.

Mr. SPECTER. Are you duly licensed to practice medicine in the State of Texas, Dr. Carrico?

Dr. CARRICO. Yes; I am.

Mr. SPECTER. Are you board certified at the present time or are you working toward the board certification in surgery?

Dr. CARRICO. I am engaged in surgery residency which will qualify me for board certification.

Mr. SPECTER. What experience have you had, if any, with gunshot wounds?

Dr. CARRICO. In the emergency room at Parkland, during my residence school and internship and residency, we have seen a fair number of gunshot wounds.

Mr. SPECTER. Could you approximate the number of gunshot wounds you have treated in the course of those duties?

Dr. CARRICO. In all probably 150, 200, something in that range.

Mr. SPECTER. What were your duties at Parkland Memorial Hospital on November 22, 1963?

Dr. CARRICO. At that time I was assigned to the elective surgery service, which is the general surgery service treating the usual surgical cases. I was in the emergency room evaluating some patient for admission.

Mr. SPECTER. What were you doing specifically in the neighborhood of 12:30 p.m. on that day?

Dr. CARRICO. At that time I had been called to the emergency room to evaluate a patient for admission to the hospital.

Mr. SPECTER. Were you notified that an emergency case involving President Kennedy was en route to the hospital?

Dr. CARRICO. Yes, sir.

Mr. SPECTER. What is your best estimate as to the time that you were notified that President Kennedy was en route to the hospital?

Dr. CARRICO. Shortly after 12:30 is the best I can do.

Mr. SPECTER. How long thereafter was it that he actually did arrive at Parkland, to the best of your recollection?

Dr. CARRICO. Within 2 minutes approximately.

Mr. SPECTER. And precisely where were you at Parkland when you first observed him?

Dr. CARRICO. When I first observed him I was in the emergency room, seeing—actually Governor Connally had been brought in first, as you know, Dr. Dulany and I had gone to care for Governor Connally and when the President was brought in I left Governor Connally and went to care for the President.

Mr. SPECTER. Will you describe briefly the physical layout of Parkland with respect to the point where emergency cases are brought up to the building and the general layout of the building into the emergency room.

Dr. CARRICO. The emergency entrance is at the back of the building. There is an ambulance ramp. Then immediately adjacent to the ambulance ramp are, of course, double doors, swinging doors and a corridor which is approximately 30 feet long and empties directly into the emergency room.

Then inside the emergency room are several areas, the surgical area consists of about eight booths for treating, examination and treatment of patients, and four large emergency operating rooms.

Two of these are specifically set aside for acutely ill, severely ill, patients and these are referred to as trauma rooms.

Mr. SPECTER. And were these trauma rooms used in connection with the treatment of President Kennedy and Governor Connally?

Dr. CARRICO. Yes, sir.

Mr. SPECTER. What precisely was the point where you met at his arrival?

Dr. CARRICO. The President was being wheeled into trauma room one when I saw him.

Mr. SPECTER. Who else, if anyone, was present at that time?

Dr. CARRICO. At that time, Dr. Don Curtis, Martin White.

The CHAIRMAN. Was he a doctor, too?

Dr. CARRICO. Yes, sir; Miss Bowron.

Mr. SPECTER. Who is Miss Bowron?

Dr. CARRICO. She is one of the nurses on duty at the emergency room.

Mr. SPECTER. Who was the first doctor to actually see the President?

Dr. CARRICO. I was.

Mr. SPECTER. Now, what did you observe as to the condition of President Kennedy when you first saw him?

Dr. CARRICO. He was on an ambulance cart, emergency cart, rather. His color was blue white, ashen. He had slow agonal respiration, spasmodic respirations without any coordination. He was making no voluntary movements. His eyes were open, pupils were seen to be dilated and later were seen not to react to light. This was the initial impression.

Mr. SPECTER. What was the status of his pulse at the time of arrival?

Dr. CARRICO. He had no palpable pulse.

Mr. SPECTER. And was he making any movements at the time of arrival?

Dr. CARRICO. No voluntary movements, only the spasmodic respirations.

Mr. SPECTER. Was any heartbeat noted at his arrival?

Dr. CARRICO. After these initial observations we opened his shirt, coat, listened very briefly to his chest, heard a few sounds which we felt to be heartbeats and then proceeded with the remainder of the examination.

Mr. SPECTER. In your opinion was President Kennedy alive or dead on his arrival at Parkland.

Dr. CARRICO. From a medical standpoint I suppose he was still alive in that he did still have a heartbeat?

Mr. SPECTER. What action, if any, was taken with respect to the removal of President Kennedy's clothing?

Dr. CARRICO. As I said after I had opened his shirt and coat, I proceeded with the examination and the nurses removed his clothing as is the usual procedure.

Mr. SPECTER. Was President Kennedy wearing a back brace?

Dr. CARRICO. Yes; he was.

Mr. SPECTER. Would you describe as precisely as you can that back brace?

Dr. CARRICO. As I recall, this was a white cotton or some sort of fiber standard brace with stays and corset, in a corset-type arrangement and buckles.

Mr. SPECTER. How far up on his body did it come?

Dr. CARRICO. Just below his umbilicus, as I recall.

Mr. SPECTER. How far down on his body did it go?

Dr. CARRICO. I did not examine below his belt at that time.

Mr. SPECTER. Did you at any time examine below his belt?

Dr. CARRICO. I did not; no, sir.

Mr. SPECTER. Do you know if anyone else did?

Dr. CARRICO. Not in a formal manner.

Mr. SPECTER. What action did you take by way of treating President Kennedy on his arrival?

Dr. CARRICO. After what we have described we completed an initial emergency examination, which consisted of, as we have already said, his color, his pulse, we felt his back, determined there were no large wounds which would be an immediate threat to life there. Looked very briefly at the head wound and then because of his inadequate respirations inserted an endotracheal tube to attempt to support these respirations.

Mr. SPECTER. Specifically what did you do with respect to the back, Dr. Carrico?

Dr. CARRICO. This is a routine examination of critically ill patients where you haven't got time to examine him fully. I just placed my hands just above the belt, but in this case just above the brace, and ran my hands up his back.

Mr. SPETER. To what point on his body?

Dr. CARRICO. All the way up to his neck very briefly.

Mr. SPECTER. What did you feel by that?

Dr. CARRICO. I felt nothing other than the blood and debris. There was no large wound there.

Mr. SPECTER. What source did you attribute the blood to at that time?

Dr. CARRICO. As it could have come from the head wound, and it certainly could have been a back wound, but there was no way to tell whether this blood would have come from a back wound and not from his head.

Mr. SPECTER. What action did you next take then?

Dr. CARRICO. At that time the endotracheal tube was inserted, using a curved laryngoscopic blade, inserting an endotracheal tube, it was seen there were some contusions, hematoma to the right of the larynx, with a minimal deviation of the larynx to the left, and ragged tissue below indicating tracheal injury.

The tube was inserted past this injury, and the cuff inflater was connected to a Bennett machine which is a respiratory assistor using positive pressure.

Mr. SPECTER. Will you describe briefly what you mean in lay terms by a cuffed endotracheal tube?

Dr. CARRICO. This is a plastic tube which is inserted into the trachea, into the windpipe, to allow an adequate airway, adequate breathing. The cuff is a small latex cuff which should prevent leakage of air around the tube, thus insuring an adequate airway.

Mr. SPECTER. Will you continue, then, to describe what efforts you made to revive the President.

Dr. CARRICO. After the endotracheal tube was inserted and connected, I listened briefly to his chest, respirations were better but still inadequate.

Dr. Perry arrived, and because of the inadequate respirations the presence of a tracheal injury, advised that the chest tube was to be inserted, this was done by some of the other physicians in the room.

At the same time we had been getting the airway inserted Dr. Curtis and Dr. White were doing a cutdown, venous section using polyethylene catheters through which fluid, medicine and blood could be administered.

Mr. SPECTER. Will you describe in lay language what you mean by a cut-down in relationship to what they did in this case?

Dr. CARRICO. This was a small incision over his ankle and a tube was inserted into one of his veins through which blood could be given, fluid.

Mr. SPECTER. Is the general purpose of that to maintain a circulatory system?

Dr. CARRICO. Right.

Mr. SPECTER. In wounded parties?

Dr. CARRICO. Yes.

(At this point, Representative Ford entered the hearing room.)

Mr. SPECTER. Would you now proceed again to describe what else was done for the President in an effort to save his life?

Dr. CARRICO. Sure. Dr. Perry then took over supervision and treatment, and the chest tubes were inserted, another cutdown was done by Dr. Jones on the President's arm.

Fluid, as I said, was given, blood was given, hydrocortisone was given. Dr. Clark, the chief neurosurgeon, Dr. Bashour, cardiologist, was there or arrived, and a cardiac monitor was attached and although I never saw any electro-activity, Dr. Clark said there was some electrical activity of the heart which means he was still trying to—

Mr. SPECTER. What is Dr. Clark's position in the hospital?

Dr. CARRICO. He is chief of the neurosurgery department and professor of the neurosurgery.

Mr. SPECTER. Dr. Carrico, will you continue to tell us then what treatment you rendered the President?

Dr. CARRICO. When this electrocardiac activity ceased, close cardiac massage was begun. Using this, and fluids and airway we were able to maintain fairly good color, apparently fairly good peripheral circulation as monitored by carotid and radial pulses for a period of time. These efforts were abandoned when it was determined by Dr. Clark that there was no continued cardiac response. There was no cerebral response, that is the pupils remained dilated and fixed; there was evidence of anoxia.

Mr. SPECTER. Will you describe in lay language what anoxia means?

Dr. CARRICO. No oxygen.

Mr. SPECTER. Was cardiac massage applied in this situation?

Dr. CARRICO. Yes, sir; it was, excellent cardiac massage.

Mr. SPECTER. Were bloods administered to the President?

Dr. CARRICO. Yes, sir.

(At this point, Mr. Dulles entered the hearing room.)

Mr. SPECTER. Dr. Carrico, was any action taken with respect to the adrenalin insufficiency of President Kennedy?

Dr. CARRICO. Yes, sir; he was given 300 milligrams of hydrocortisone which is an adrenal hormone.

Mr. SPECTER. And what was the reason for the administration of that drug?

Dr. CARRICO. It was recalled that the President had been said to have adrenal insufficiency.

Mr. SPECTER. Now, at what time was the death of the President pronounced, Doctor?

Dr. CARRICO. At 1 o'clock.

Mr. SPECTER. Who pronounced the death of the President?

Dr. CARRICO. Dr. Clark, I believe.

Mr. SPECTER. Was that a precise time fixed or a general time fixed for the point of death?

Dr. CARRICO. This was a general time, sir.

Mr. SPECTER. What, in your opinion, was the cause of death?

Dr. CARRICO. The head wound, the head injury.

Mr. SPECTER. Will you describe as specifically as you can the head wound which you have already mentioned briefly?

Dr. CARRICO. Sure.

This was a 5- by 71-cm defect in the posterior skull, the occipital region. There was an absence of the calvarium or skull in this area, with shredded tissue, brain tissue present and initially considerable slow oozing. Then after we established some circulation there was more profuse bleeding from this wound.

Mr. SPECTER. Was any other wound observed on the head in addition to this large opening where the skull was absent?

Dr. CARRICO. No other wound on the head.

Mr. SPECTER. Did you have any opportunity specifically to look for a small wound which was below the large opening of the skull on the right side of the head?

Dr. CARRICO. No, sir; at least initially there was no time to examine the patient completely for all small wounds. As we said before, this was an acutely ill patient and all we had time to do was to determine what things were life-threatening right then and attempt to resuscitate him and after which a more complete examination would be carried out and we didn't have time to examine for other wounds.

Mr. SPECTER. Was such a more complete examination ever carried out by the doctors in Parkland?

Dr. CARRICO. No, sir; not in my presence.

Mr. SPECTER. Why not?

Dr. CARRICO. As we said initially this was an acute emergency situation and there was not time initially and when the cardiac massage was done this prevented any further examination during this time this was being done. After the President was pronounced dead his wife was there, he was the President, and we felt certainly that complete examination would be carried out and no one had the heart, I believe, to examine him then.

Mr. SPECTER. Will you describe, as specifically as you can then, the neck wounds which you heretofore mentioned briefly?

Dr. CARRICO. There was a small wound, 5- to 8-mm. in size, located in the lower third of the neck, below the thyroid cartilage, the Adams apple.

Mr. DULLES. Will you show us about where it was?

Dr. CARRICO. Just about where your tie would be.

Mr. DULLES. Where did it enter?

Dr. CARRICO. It entered?

Mr. DULLES. Yes.

Dr. CARRICO. At the time we did not know—

Mr. DULLES. I see.

Dr. CARRICO. The entrance. All we knew this was a small wound here.

Mr. DULLES. I see. And you put your hand right above where your tie is?

Dr. CARRICO. Yes, sir; just where the tie—

Mr. DULLES. A little bit to the left.

Dr. CARRICO. To the right.

Mr. DULLES. Yes; to the right.

Dr. CARRICO. Yes. And this wound was fairly round, had no jagged edges, no evidence of powder burns, and so forth.

Representative FORD. No evidence of powder burns?

Dr. CARRICO. So far as I know.

Representative FORD. In the front?

Dr. CARRICO. Yes.

Mr. SPECTER. Have you now described that wound as specifically as you can based upon your observations at the time?

Dr. CARRICO. I believe so.

Mr. SPECTER. And your recollection at the time of those observations?

Dr. CARRICO. Yes; an even round wound.

Mr. DULLES. You felt this wound in the neck was not a fatal wound?

Dr. CARRICO. That is right.

Mr. SPECTER. That is, absent the head wound, would the President have survived the wound which was present on his neck?

Dr. CARRICO. I think very likely he would have.

Mr. SPECTER. Based on your observations on the neck wound alone did you have a sufficient basis to form an opinion as to whether it was an entrance or an exit wound?

Dr. CARRICO. No, sir; we did not. Not having completely evaluated all the wounds, traced out the course of the bullets, this wound would have been compatible with either entrance or exit wound depending upon the size, the velocity, the tissue structure and so forth.

Mr. SPECTER. Permit me to add some facts which I shall ask you to assume as being true for purposes of having you express an opinion.

First of all, assume that the President was struck by a 6.5 mm. copper-jacketed bullet from a rifle having a muzzle velocity of approximately 2,000 feet per second at a time when the President was approximately 160 to 250 feet from the weapon, with the President being struck from the rear at a downward angle of approximately 45 degrees, being struck on the upper right posterior thorax just above the upper border of the scapula 14 centimeters from the tip of the right acromion process and 14 centimeters below the tip of the right mastoid process.

Assume further that the missile passed through the body of the President striking no bones, traversing the neck and sliding between the large muscles in the posterior aspect of the President's body through a fascia channel without violating the pleural cavity, but bruising only the apex of the right pleural cavity and bruising the most apical portion of the right lung, then causing a hematoma to the right of the larynx which you have described, and creating a jagged wound in the trachea, then exiting precisely at the point where you observe the puncture wound to exist.

Now based on those facts was the appearance of the wound in your opinion consistent with being an exit wound?

Dr. CARRICO. It certainly was. It could have been under the circumstances.

Mr. SPECTER. And assuming that all the facts which I have given you to be true, do you have an opinion with a reasonable degree of medical certainty as to whether, in fact, the wound was an entrance wound or an exit wound?

Dr. CARRICO. With those facts and the fact as I understand it no other bullet was found this would be, this was, I believe, was an exit wound.

Mr. SPECTER. Were any bullets found in the President's body by the doctors at Parkland?

Dr. CARRICO. No, sir.

Mr. SPECTER. Was the President's clothing ever examined by you, Dr. Carrico?

Dr. CARRICO. No, sir; it was not.

Mr. SPECTER. What was the reason for no examination of the clothing?

s?
Dr. CARRICO. Again in the emergency situation the nurses removed the clothing after we had initially unbuttoned enough to get a look at him, at his chest, and as the routine is set up, the nurses remove the clothing and we just don't take time to look at it.

Mr. SPECTER. Was the President's body then ever turned over at any point by you or any of the other doctors at Parkland?

Dr. CARRICO. No, sir.

Mr. SPECTER. Was President Kennedy lying on the emergency stretcher from the time he was brought into trauma room one until the treatment at Parkland Hospital was concluded?

Dr. CARRICO. Yes; he was.

Mr. SPECTER. At what time was that treatment concluded, to the best of your recollection?

Dr. CARRICO. At about 1 o'clock.

Mr. SPECTER. At approximately what time did you leave the trauma room where the President was brought?

Dr. CARRICO. I left right at one when we decided that he was dead.

Mr. SPECTER. And did the other doctors leave at the same time or did any remain in the trauma room?

Dr. CARRICO. I left before some of the other doctors, I do not remember specifically who was there. I believe Dr. Baxter was, Dr. Jenkins was still there, I believe. And I think Dr. Perry was.

Mr. SPECTER. You have described a number of doctors in the course of your testimony up to this point. Would you state what other doctors were present during the time the President was treated, to the best of your recollection?

Dr. CARRICO. Well, I have already mentioned Dr. Don Curtis, the surgery resident; Martin White, an interne; Dr. Perry was there, Dr. Baxter, Dr. McClelland, a member of the surgery staff; Dr. Ronald Jones, chief surgery resident; Dr. Jenkins, chief of anesthesia; several other physicians whose names I can't remember at the present. Admiral Burkley, I believe was his name, the President's physician, was there as soon as he got to the hospital.

Mr. SPECTER. What is your view, Dr. Carrico, as to how many bullets struck the President?

Dr. CARRICO. At the time of the initial examination I really had no view. In view of what we have been told by you, and the Commission, two bullets would be my opinion.

Mr. SPECTER. Based on the additional facts which I have asked you to assume—

Dr. CARRICO. Yes, sir.

Mr. SPECTER. And also based on the autopsy report from Bethesda—

Dr. CARRICO. Right.

Mr. SPECTER. Which was made available to you by me.

Dr. CARRICO. Right.

Mr. SPECTER. Now, who, if any one, has talked to you representing the Federal Government in connection with the treatment which you assisted in rendering President Kennedy at Parkland on November 22?

Dr. CARRICO. We have talked to some representatives of the Secret Service, whose names I do not remember.

Mr. SPECTER. On how many occasions, if there was more than one?

Dr. CARRICO. Two occasions, a fairly long interview shortly after the President's death, and then approximately a month or so afterwards a very short interview.

Representative FORD. When you say shortly after the President's death, you mean that day?

Dr. CARRICO. No, sir. Within a week maybe.

Mr. SPECTER. And what was the substance of the first interview with the Secret Service which you have described as occurring within 1 week?

Dr. CARRICO. This was a meeting in Dr. Shires' office, Dr. Shires, Dr. Perry, Dr. McClelland and myself, and two representatives of the Secret Service in which we went over the treatment.

They discussed the autopsy findings as I recall it, with Dr. Shires, and reviewed the treatment with him, essentially.

Mr. SPECTER. And what questions were you asked specifically at that time, if any?

Dr. CARRICO. I don't recall any specific questions I was asked. In general, I was asked some questions pertaining to his treatment, to the wounds, what I thought they were, and et cetera.

Mr. SPECTER. What opinions did you express at that time?

Dr. CARRICO. Again, I said that on the basis of our initial examination, this wound in his neck could have been either an entrance or exit wound, which was what they were most concerned about, and assuming there was a wound in the back, somewhere similar to what you have described that this certainly would be compatible with an exit wound.

Mr. SPECTER. Were your statements at that time different in any respect with the testimony which you have given here this morning?

Dr. CARRICO. Not that I recall.

Mr. SPECTER. Were your views at that time consistent with the findings in the autopsy report, or did they vary in any way from the findings in that report?

Dr. CARRICO. As I recall, the autopsy report is exactly as I remember it.

Mr. SPECTER. Were your opinions at that time consistent with the findings of the autopsy report?

Dr. CARRICO. Yes.

Mr. SPECTER. Will you identify Dr. Shires for the record, please?

Dr. CARRICO. Dr. Shires is chief of the surgery service at Parkland, and chairman of the Department of Surgery at Southwestern Medical School.

Mr. SPECTER. Now, approximately when, to the best of your recollection, did the second interview occur with the Secret Service?

Dr. CARRICO. This was some time in February, probably about the middle of February, and the interview consisted of the agent asking me if I had any further information.

I said I did not.

Mr. SPECTER. Was that the total context of the interview?

Dr. CARRICO. Yes, sir.

Mr. SPECTER. Now, did I interview you and take your deposition in Dallas, Tex., last Wednesday?

Dr. CARRICO. Yes, sir.

Mr. SPECTER. And has that deposition transcript been made available to you this morning?

Dr. CARRICO. It has.

Mr. SPECTER. And were the views you expressed to me in our conversation before the deposition and on the record during the course of the deposition different in any way with the testimony which you have provided here this morning?

Dr. CARRICO. No, sir; they were not.

Mr. SPECTER. Dr. Carrico, have you changed your opinion in any way concerning your observations or conclusions about the situation with respect to President Kennedy at any time since November 22, 1963?

Dr. CARRICO. No.

Mr. SPECTER. Do you have any notes or writings of any sort in your possession concerning your participation in the treatment of President Kennedy?

Dr. CARRICO. None other than the letter to my children I mentioned to you.

Mr. SPECTER. Will you state briefly the general nature of that for the Commission here today, please.

Dr. CARRICO. This is just a letter written to my children to be read by them later, saying what happened, how I felt about it. And maybe why it happened, and maybe it would do them some good later.

Mr. SPECTER. Did you also make a written report which was made a part of the records of Parkland Hospital which you have identified for the record during the deposition proceeding?

Dr. CARRICO. Yes; I did.

Mr. SPECTER. Do those constitute the total of the writings which you made concerning your participation in the treatment of the President?

Dr. CARRICO. Right.

The CHAIRMAN. Well, Doctor, thank you very much. We appreciate your help.

Dr. CARRICO. Certainly. Glad to be here.

TESTIMONY OF DR. MALCOLM PERRY

The CHAIRMAN. Dr. Perry, will you be sworn now, please?

Would you raise your right hand and be sworn, please?

Do you solemnly swear the testimony you are about to give before the Commission will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. PERRY. I do.

The CHAIRMAN. Will you be seated, please?

Mr. SPECTER will conduct the examination.

Mr. SPECTER. Will you state your full name for the record, please?

Dr. PERRY. Malcolm Oliver Perry.

Mr. SPECTER. What is your residence address?

Dr. PERRY. 4115 Parkland, Dallas, Tex.

Mr. SPECTER. Your professional address?

Dr. PERRY. 5323 Harley Hines Boulevard.

Mr. SPECTER. Is that the address of Parkland Memorial Hospital?

Dr. PERRY. That is the address of the University of Texas Southwestern Medical School.

Mr. SPECTER. Is that situated immediately adjacent to Parkland Memorial Hospital?

Dr. PERRY. That is correct.

Mr. SPECTER. Would you state your age, sir?

Dr. PERRY. 34.

Mr. SPECTER. What is your profession?

Dr. PERRY. I am a physician and surgeon.

Mr. SPECTER. Were you duly licensed to practice medicine by the State of Texas?

Dr. PERRY. Yes.

Mr. SPECTER. Would you outline briefly your educational background, please?

Dr. PERRY. After graduation from Plano High School in 1947, I attended the University of Texas and was duly graduated there in January of 1951 with a degree of Bachelor of Arts.

I subsequently graduated from the University of Texas Southwestern Medical School in 1955 with a degree of Doctor of Medicine. I served an internship of 12 months at Letterman Hospital in San Francisco, and after 2 more years in the Air Force I returned to Parkland for a 4-year residency in general surgery.

I completed that in—

Mr. DULLES. Where did you serve in the Air Force, by the way?

Dr. PERRY. I was in Spokane, Wash., Geiger Field.

At the completion of my surgery residency in June of 1962, I was appointed an instructor in surgery at the Southwestern Medical School.

But in September 1962, I returned to the University of California at San Francisco to spend a year in vascular surgery. During that time, I took and passed my boards for the certification for the American Board of Surgery.

I returned to Parkland Hospital and Southwestern in September of 1963, was appointed an assistant professor of surgery, attending surgeon and vascular consultant for Parkland Hospital and John Smith Hospital in Fort Worth.

Mr. SPECTER. What experience have you had, Dr. Perry, if any, in gunshot wounds?

Dr. PERRY. During my period in medical school and my residency, I have seen a large number, from 150 to 200.

Mr. SPECTER. What were your duties at Parkland Memorial Hospital, if any, on November 22d, 1963?

Dr. PERRY. On that day I had come over from the medical school for the usual 1 o'clock rounds with the residents, and Dr. Ronald Jones and I, he being

INVESTIGATION OF THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

APPENDIX TO HEARINGS

U.S. Congress. House. BEFORE THE
" V SELECT COMMITTEE ON ASSASSINATIONS.

OF THE
U.S. HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

SECOND SESSION

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Kennedy

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INVESTIGATION INTERVIEW SCHEDULE1. Identifying Information:

Name Dr. C. James Carrico Date Jan 11, 1978
Address Harbor View Medical Center Place Harbor View Medical Center
City/State Seattle, Wash Telephone _____
Date of Birth _____ M or S _____
Social Security _____ Spouse _____
Children _____

2. Physical Description:

Height _____ Color Eyes _____ Hair _____
Weight _____ Special Characteristics _____
Ethnic Group _____

3. Personal History:

- a. Present Employment: _____
Address _____
Telephone _____
- b. Criminal Record
1. Arrests _____
2. Convictions _____

4. Additional Personal Information:

- a. Relative(s): Name _____
Address _____

b. Area frequented: _____

c. Remarks: _____

Investigator Andy Purdy and Mark Flanagan

Date January 23, 1978

Form #4-B

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DATE: January 11, 1978

TIME: 2:55 p.m.

PLACE: Seattle, Washington
Harbor View Medical Center

STAFF PRESENT: Andy Purdy, Staff Counsel
Mark Flanagan, Staff Researcher

INTERVIEWEE: Dr. James Carrico

KEY: C - Dr. Carrico

P - Purdy/Flanagan

- P: Dr. Carrico, we have just been discussing the events of November 22, 1963, and your treatment of President Kennedy and in some detail, the nature of the wounds for approximately the last hour. Is that correct?
- C: That's correct.
- P: For the record, could you please state what your present position is.
- C: I'm Professor of Surgery at the University of Washington and Surgeon Chief at Harbor View Medical Center which is one of the University of Washington teaching hospitals.
- P: How much experience in treating gunshot have you had since 1963?
- C: One of my interests has remained the management of trauma and I would estimate I've seen roughly 60 to 75 gunshot wounds a year since that time.
- P: Could you please describe the condition of President Kennedy when you first saw him in the Trauma Room at Parkland Hospital and begin in some detail, a description of those wounds and the work you performed.

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C: When I first saw him, he could best be described as agonal, his color was ashen blue-gray, respiration, he did have spontaneous respirations, they were irregular, spasmodic and not very effective. The nurse reported that he didn't have a blood pressure. I listened to his chest very briefly. He had some irregular sounds which I interpreted as heart sounds. There was some urgency to establish that he had two obvious wounds, one in the anterior neck, just to the right of the trachea just below the larynx. From that wound was issuing foamy blood, mostly air, some blood with each attempt at respiration. The other wound was a fairly large wound in the right side of the head, in the parietal, occipital area. One could see blood and brains, both cerebell^{um} and cerebrum fragments in that wound. The area was the most urgent item and I successfully passed an oral, endotracheal tube by mouth. I noticed at that time probably some deviation of the trachea to the left, very slight, some modest amount of hematoma in the recesses to the right of the trachea. The^{endo}/trachealtube was passed, the balloon was inflated, and we were able to then maintain adequate ventilation, although there was still some leak around the hole in the anterior neck. By that time, several other physicians had arrived, and I directed my attention to establishing more^{and} intravenous fluids, administration of fluids and medications while they continued to work on the

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- P: Upon your first examination of the anterior neck wound, was there any material going in or out of that wound?
- C: Air. You could tell there was air going in and out because the foamy material was issuing back and forth and you/hear^{could} the air going in and out.
- P: Could you describe this movement of material as a bubbling effect -- what did that material consist of?
- C: Mostly air bubbles of foamy blood.
- P: In describing the foam that you saw when you placed the endotracheal tube, where was that foam coming from? Was it coming from between the vocal cords?
- C: Yes it/^{was}coming up - there was some foam between his cords and a little bit of air coming out.
- P: Could you describe as best you can how the wound in the anterior neck looked?
- C: My total recollection of that wound was of a small, fairly circular wound, with material issuing from it. And that's really my total recollection.
- P: Based on your examination of that wound, are you able to tell us anything about the direction in which whatever object caused the wound had been passing? Were you able to determine what the nature of the object had been which had caused the wound?
- C: Not for sure.

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- P: What was your belief?
- C: It looked like a bullet.
- P: Was it your sense that it was a full bullet or a bullet fragment?
- C: I would have no idea.
- P: Was it your impression that the bullet that you felt had caused the wound had been traveling straight, was there a slight tumble, or was there a significant tumble to that bullet?
- C: It's unlikely that there was any significant tumbling action because that would usually result in a larger wound, if that were in fact an exit. If it were an entrance wound / ^{anyone} could make no conclusions.
- P: Based on your view of the wound, are you able to tell us anything about the angle through which the object passed through the President?
- C: Not from my view, alone.
- P: From what evidence are you able to make what determination about the angle?
- C: Only that
- C: /There was some injury to the trachea behind it, so the thing must have been going front to back, rather than right to left. That's about all you could say.
- P: And you said you weren't able to make a determination about the angle, so presumably that means you were not able to say that it was from lower to higher or from higher to lower?
- C: That's correct. I couldn't make any guesses about that.

P: Before the Warren Commission, you were asked a question which detailed a number of characteristics of damage through the President's body of a missile. I'd like to explore that hypothetical to see which of this evidence, if any, you know from personal knowledge and what you may know other sources. You were told to assume that the missile passed through the body of the President, striking no bones, traversing the neck and sliding between the large muscles in the posterior aspect of the President's body through a fascia channel without violating the pleural cavity. Based on the evidence as you knew it, did you have independent knowledge of this fact ?

C: No.

P: I'll continue. But bruising only the apex of the right plural cavity. Did you have independent evidence that the apex of the right plural cavity was damaged?

C: No... at this point, we're beginning to get into an area where I could at least have some knowledge that was compatible with that.

P: What knowledge would that be?

C: That we saw the bruising, the hematoma beside the trachea. But I still didn't know whether the pleural was bruised or not.

P: Could the pleural have been bruised?

C: Yes, certainly.

P: I'll continue: But bruising only the apex of the right plural cavity and bruising the most aevical portion of the right lung. Did you have independent knowledge that the most aevical portion of the right lung was bruised?

C: No

P: Did you have any other evidence which would indicate that it might be or that it was likely that it was?

C: Again, that hematoma was in the area would be compatible with that, but certainly wouldn't indicate any lung injury.

P: And continuing: then causing a hematoma to the right of the larynx, which you described. As you said before the Warren Commission, I'll ask you now, was the appearance of the wound in the anterior neck consistent with those facts?

C: Yes, certainly it's consistent.

P: Could you please continue with ^adescription of the treatment of the President after the insertion of the endotracheal tube.

C: After the endotracheal tube was inserted, as I said, the next step is to try to restore breathing -- an airway, then you try to restore the circulation. And we had adequate but not perfect ventilation. The next thing we tried to do was get the circulation going. There were already a couple of IV lines started by incisions in the ankle. Another one was being done in the arm. The President was getting fluids through those to try to get his blood pressure up. I don't know if blood had been started at that point or not. He was given some ^{carto} steroids, and Dr. Perry^{and Dr.}/Jones took over the primary management and I started

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making sure that the IVs, etc. were running properly.

P: They were dealing with the primary management of what portion?

C: They were calling the shots. They were ^{overall}quarterbacking of his care, which basically consisted of trying to get vital signs, vital functions going, breathing going, circulation going, and assess how bad his head injury was.

P: What was your primary emphasis at that time. Would it be fair to say that you moved on from consideration of the airway problem to one of the circulation?

C: Yes.

P: What happened then in regard to the airway problem? What did Dr Jones and Dr Perry do?

C: The ventilation appeared to be adequate, we could not get adequate circulation. Their concern was that conceivably there was either, because there was still leakage around the trachea, that either the tube was not functioning entirely properly, or that there was some pneumothorax, some pleural injury. So they performed a tracheostomy to assure an adequate airway and instructed some other physicians to insert chest tubes to try to rule out the possibility of any tension in the thorax which could impair his circulation also.

P: What evidence did you obtain from the chest tubes?

C: Again, this is second-hand, I didn't do this. But, when the chest tubes were inserted, there was a small amount of blood,

and small amount of air, which could have resulted from the actual surgical manipulations or could conceivably have been commensurate or compatible with some very small pneumothorax or hemothorax. But / ^{basically} the chest tubes did not show any signs of massive injury and did not in their insertion didn't improve the situation.

P: Did you have sufficient facts from which you could conclude that the pleural cavity was violated?

C: No, we did not.

P: Did you believe it was likely that the pleural cavity was violated?

C: We felt there was a high risk that it had been. After the chest tubes were inserted, we were sure that it was no longer potentially harmful to his life. But we still didn't know for sure whether it had been violated or not.

P: Do you have an opinion as to why there was leakage from the wound?

C: After the tube was inserted? I really don't. There are two fairly good possibilities. One is that the balloon was not completely through his trachea, either because it was not down quite far enough, or it was not blown up quite enough. Those are the two possibilities that would be most likely.

P: Why was ^{Kennedy} President/given steroids?

C: Because we had, there had been an argument in the local papers a few weeks previously that raised the question of whether or

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not he had adrenal insufficiency. If one does have adrenal insufficiency and is injured, then you need extra steroids.

P: If there any risk to giving the person extra steroids if they don't need it?

C: Very little. Virtually none. Matter of fact, the amount he was given is the amount that your or my adrenals would excrete in time of maximum stress.

P: How harmful would it be for a person with an adrenal insufficiency not to get steroids at a time like this?

C: Nobody really knows. The current medical opinion is that you need that adrenal support to respond to the stress. And without that kind of support, one could go into shock. If one really wants to get esoteric, you can argue about whether that's really true or not. But in general, the current medical practice would be to give them. And if one were going to do an operation on someone with adrenal insufficiency, you would give steroids prior to enduring the operation.

P: Did Dr. Berkeley give you any advice as to whether or not steroids should be given?

C: Sometime during the course of resuscitation, and I've honestly forgotten how far along, he came in, asked if the President had steroids or not, I answered something like ~ I've forgotten what. He handed me some vials and said, "give him these."

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P: Did you give him those?

C: I handed those to the nurse, and said "go ahead and give them."

P: Did Dr. Berkeley say that President Kennedy was an Addisonian?

C: I don't recall him saying that. He just asked if he'd ^{them or not} had / and I answered in the affirmative.

P: Do you remember any discussion about whether he was an Addisonian?

C: I really did not hear any other discussion.

P: Did you witness the tracheostomy incision?

C: No, not directly.

P: Do you know why the tracheostomy incision was made?

C: Basically because there was concern that the ventilation through the endotracheal tube was conceivably not adequate. It was leaking and he wasn't doing well.

P: Did the procedure giving the tracheostomy incision give you a further look at the nature of the anterior neck wound of the President.

C: It did not give me any further look. I was not involved.

P: Did you see the anterior neck area subsequent to the tracheostomy incision?

C: No, I did not.

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- P: After the tube would be put into the tracheostomy incision, to what extent, if any, would a wound, or could a wound in that area be obscured?
- C: Because of the nature of most tracheostomy tubes, the incision would almost totally be obscured. There is a flange over, near the mouth of the treacheostomy tube that covers most treacheostomy incisions.
- P: Is it your recollection that this tube in question had such a feature?
- C: I would almost be sure it did. That's from memory of tubes more than that specific technique used.
- P: Did you have any evidence which would indicate that one of the President's transverse processes was fractured?
- C: No, I didn't.
- P: Did you have any evidence which would indicate that it was unlikely that this was the case?
- C: No.
- P: Would a fracture of the transverse process be inconsistent with a bullet exiting through the front of the neck as you've described the nature of the wound?
- C: I don't think so. It's unlikely that a missile would have gone through the body of a transverse process and not have lost more energy than this thing apparently lost. But it certainly could have chipped one or nicked it or something like that, and not have made much difference.

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- P: Could you briefly describe for us the nature of the wound in the President's head?
- C: The head wound was a much larger wound than the neck wound. It was five by seven centimeters, something like that, 2½ by 3 inches, ragged, had blood and hair all around it, located in the part of the parietal occipital region,
- P: Could you just state in layman's terms the approximate place that would be.
- C: That would be above and posterior to the ear, almost from the crown of the head, there was brain tissue showing through.
- P: Would the neck wound, by itself, have been fatal?
- C: No, I do not think so. I think that was a recoverable wound.
- P: You think it was unlikely that it would have been fatal. Would the neck wound have permanently impaired the President's speech?
- C: I don't believe so.
- P: Would it have impaired the President's speech so that he could not have spoken in the Presidential limousine just after he was injured?
- C: It would have made it difficult. There would have been an air leak from the trachea and it would have been difficult for him to speak in a natural fashion, with great effort he might have formed some words.

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P: As one of the attending physicians, were you, was it inconsistent with normal procedure that you were not contacted by the autopsy surgeons?

C: Not really, because I was fairly far down/^{the}ladder, in being a resident. Dr Perry was above me, Dr Jones was above me. Had the autopsy been done by the forensic pathologist in Dallas, he would almost have certainly have consulted one of the attending physicians. When autopsies were done else-^{like you say}where, we ordinarily had requests for that, / what was routine.

P: Did you or any of the other doctors consider initiating a contact with the autopsy surgeons about what you had seen and done?

C: I did not. I don't know if any of the other doctors did or not. We did write our handwritten notes which we assumed would be transmitted with the President, either to the forensic pathologist there or wherever. And, as I think of it, I'm not sure we were aware until some time later that they had not been.

P: Were you surprised that none of the attending physicians were in communication with the autopsy surgeons prior to the completion of the autopsy?

C: I don't guess surprised is the word. As I think back, trying to remember, I guess we assumed

(tape running while interview interrupted)

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- C: You asked me, was I surprised that the autopsy were not in communication with any of the attending physicians. As I say, I guess, I remember we assumed those written documents had gone to whoever was doing the autopsy, and had it been done by Dr. Rose. I think he would have contacted somebody. So I guess the best thing to say is that there was certainly limited information available to the guy who did the autopsy, and^I/think in general there would have been some contact, had the geography been a little closer.
- P: Do you have any additional comments or points that you feel have been misstated in the record or you feel that should be cleared up, that you'd like to comment on at this time?
- C: I don't believe so.
- P: Do you have anything else you'd like to add to your descriptions of the wounds as you described them for this tape?
- C: Only the fact that the thing we talked about earlier is that there's a big difference in what you look for for patient care and for forensics, and that we were looking for patient care. And you basically see what you look for, and we ~~were~~ not looking to try to determine whether this was an entrance or exit wound, anymore than we needed to know to try to determine what the life threatening complications or results of that injury might have been. So we didn't look to see where the missile came from, what it's direction was, whether it was an exit wound or not.
- P: This taping session is now over. Time is 3:20.

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