To:  
Dr. A. J. Gill, Dean
The University of Texas Southwestern Medical School

From:  
M. T. Jenkins, M.D., Professor and Chairman
Department of Anesthesiology

Subject: Statement concerning resuscitative efforts for
President John F. Kennedy

Upon receiving a stat alarm that this distinguished patient was being brought
to the emergency room at Parkland Memorial Hospital, I dispatched Doctors
A. H. Giesecke and Jackie R. Hunt with an anesthesia machine and resuscitative
equipment to the major surgical emergency room area, and I ran down the stairs.
On my arrival in the emergency operating room at approximately 1230 I found
that Doctors Carrico and/or Dolancy had begun resuscitative efforts by introduc-
ing an ororhinal tube, connecting it for controlled ventilation to a
Benett intermittent positive pressure breathing apparatus. Doctors Charles
Baxter, Malcolm Perry, and Robert Mc Clelland arrived at the same time and
began a tracheostomy and started the insertion of a right chest tube, since
there was also obvious tracheal and chest damage. Doctors Paul Vatose and
Kemp Clark arrived simultaneously and immediately thereafter assisted respec-
tively with the insertion of the right chest tube and with manual closed chest
cardiac compression to assure circulation. (As evidence of the clear thinking of
the resuscitative team, the patient received 300 mg. hydrocortisone intrave-
nously in the first few minutes.)

For better control of artificial ventilation, I exchanged the intermittent
positive pressure breathing apparatus for an anesthesia machine and continued
artificial ventilation. Doctors Gene Akin and A. H. Giesecke assisted with
the respiratory problems incident to changing from the ororhinal tube to a
tracheostomy tube, and Doctors Hunt and Giesecke connected a cardioscope to
determine cardiac activity.

During the progress of these activities, the emergency room cart was elevated
at the feet in order to provide a Trendelenburg position, a venous cutdown was
performed on the right saphenous vein, and additional fluids were begun in a
vein in the left forearm while blood was ordered from the blood bank. All of
these activities were completed by approximately 1245, at which time external
cardiac massage was still being carried out effectively by Doctor Clark as

Jenkins (Dr. Marion T.) Exhibit No. 36
Dr. A. J. Gill, Dean

U.S. Navy
November 22, 1963

Page 2 - Statement concerning resuscitative efforts for President John F. Kennedy

judged by a palpable peripheral pulse. Despite these measures there was no electrocardiographic evidence of cardiac activity.

These described resuscitative activities were indicated as of first importance, and after they were carried out attention was turned to all other evidences of injury. There was a great laceration on the right side of the head (temporal and occipital), causing a great defect in the skull plate so that there was herniation and laceration of great areas of the brain, even to the extent that the cerebellum had protruded from the wound. There were also fragmented sections of brain on the drapes of the emergency room cart. With the institution of adequate cardiac compression, there was a great flow of blood from the cranial cavity, indicating that there was much vascular damage as well as brain tissue damage.

It is my personal feeling that all methods of resuscitation were instituted expeditiously and efficiently. However, this cranial and intracranial damage was of such magnitude as to cause the irreversable damage. President Kennedy was pronounced dead at 1300.

Sincerely,

M. T. Jenkins, M.D.

Jenkins (Dr. Marion T.) Exhibit No. 36—Continued