

Plastic Surgeons and the Management of Trauma: From the JFK Assassination to the Boston Marathon Bombing

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Summary: The fiftieth anniversary of the death by assassination of President John Kennedy is an opportunity to pay homage to his memory and also reflect on the important role plastic surgeons have played in the management of trauma. That reflection included a hypothetical scenario, a discussion of the surgical treatment of Kennedy (if he survived) and Governor Connally. The scenario describes the management of cranioplasty in the presence of scalp soft-tissue contracture, reconstruction of the proximal trachea, reconstitution of the abdominal wall, and restoration of a combined radius and soft-tissue defect. The development of diagnostic and therapeutic advances over the past 50 years in the care of maxillofacial trauma is described, including the evolution of imaging, timing of surgery, and operative techniques. Finally, contemporary measures of triage in situations involving mass casualties, as in the Boston Marathon bombings, complete the dedication to President Kennedy. (*Plast. Reconstr. Surg.* 132: 1330, 2013.)

Attending college, without the right to vote, I had little or no interest in national politics (or state or local, for that matter). In the fall of 1960, John Kennedy arrived in Dayton to give a morning campaign speech from the courthouse steps. Cutting classes, I zigzagged through the crowd to watch and hear Kennedy speak to everyone, regardless of age, race, religion, or gender. That speech crystallized his appeal and the potential that went, for the most part, unrealized and terminated by the tragic events on November 22, 1963, just 3 short years after his election. His accomplishments, though, were considerable: the launch of the Peace Corps; a stand-down of the Soviet Union with the Cuban missile crisis; and insistence on the passage of civil rights legislation, to name several. To this day, his favorable public opinion ratings remain high.

The following three pieces are dedicated to his memory: a scenario centered on the injuries, illustrating the progress in the plastic surgeon's management of trauma; a similar discussion focusing on maxillofacial trauma; and

a description of the evolution of trauma triage, employing as an example the recent bombing at the Boston Marathon.

—Edward A. Luce, M.D.

ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

—Edward A. Luce, M.D.

The injuries sustained by President Kennedy and Governor Connally can serve as a conceptual launching point for discussion of the contemporary role of the plastic surgeon in the management of trauma. To do so comprehensively would necessitate an assumption that in addition to Governor Connally, President Kennedy also survived. That discussion framework should not and does not imply disrespect to the memories of JFK, and therefore the two, Kennedy and Connally, will be referenced as victim 1 and victim 2.

Acute Phase

Victim 1

An emergent tracheostomy was placed in the distal cervical trachea, the proximal three to four

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