

Dr. Charles Rufus BAXTER
6 H 3/24/1964 - By Specter

Credentials: A general Surgeon

Baxter's P. 43
Baxter's
Credentials
of
gunshot
wounds
] Thanks to all
the
lucky
few of
Drs
of
Portland

Baxter works at Parkland Emergency Hosp. treats over 500 gunshot wounds
every year. — For the past 6 years

Baxter - and LK Head wound (p. 42)

Baxter on Neck wound — Either exit or entrance. (p. 42)

Specter: Goes w/ Hypotheticals. — A Bullet
Wound on Back — location "above the
Upper Border of the Scapula" — (An short
an entrance at the lower neck)

Baxter - Agrees with these conditions that
neck wound would be one of
exit — But unusual —

Specter: asks Why unusual or "unlikely"

Baxter: "because the damage from the bullet
would create unusually — ~~fast~~ fast if it speed
unusually creates a shock wave ~~which~~ which
would damage a large number of tissues
as in its path, it would strike... tissues
of greater density than this particular
missile did and would then begin

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to tumble and would create larger jagged —
more jagged would be the damage than it
created; so not ordinarily there would have
been a rather large wound of exit ^{p. 42}

Baxter is saying if this CC#379 entered
JFK's posterior neck it would have made
a ragged and larger exit wound.

p. 43 - Baxter speaks to Tissue Damage. Misdirected
or reentry does not show up until several
days later

p. 43 - Speeier's hypothetical to establish the
neck wound as a wound of exit —
includes the case or circumstances
how the missile did "not violate
the pleura space and exited as a point
in the midline of the neck." (p. 44)

Note - Check on Exact conditions of
Speeier's hypothetical to get
this to Bend to proportionate
neck wound could be one of exit

that went
Check on p.
it's
Bentle
Virtually