

# THE LIE IN CONNALLY'S THIGH

by Milicent Cranor

## The Great Thigh Lies

The Smithsonian Institute should display jars containing the pickled tongues of those people who have told the biggest whoppers about the Kennedy assassination. The following are a few of the most interesting whoppers I have encountered concerning the wound to Governor John Connally's left thigh.

**1. The wound.** It was 10mm, round and punctate. Ballistics tests: *Too big* to have been created by a 6.5mm bullet travelling at a low velocity, indicated by shallow internal damage. Despite the fascinating statistics displayed below, I cannot label as a "lie" the claim that the damage was done by CE 399 (the "magic bullet"), which I believe to be a patsy. Technically speaking, however, this is a whopper.

**2. The metal fragment.** It was not in the femur (upper thigh bone). It was beneath the skin, well away from the bone, as shown by a suppressed x-ray taken from a more revealing angle and also by a Parkland radiologist's amended report. Connally's orthopaedic surgeon, Tom Shires, and others, have consciously perpetuated the lie that the fragment is buried in bone instead of under the skin, where it would have been quite accessible to NAA (neutron activation analysis).

**3. NAA.** Dr John Lattimer implied that NAA was performed on the thigh fragment, proving that it came from CE 399. Connally, however, was

buried with the fragment still inside him.

## The Wound

Please compare the wounds sustained by Kennedy and Connally with those created by steel spherical bullets. Spherical bullets are said to create the same size entrance and exit wounds as normal elongated bullets striking straight on, it being the "presented area" of the bullet that matters, as well as its velocity. [F W Light, Jr., MD: *Gunshot Wounds of Entrance and Exit in Experimental Animals*; published in *Journal of Trauma*, March 1963; pp 120-128]

6.4mm steel sphere. Target: live goat  
Impact velocity: 1600 fps  
Size of wound: 5mm diameter

9.5mm steel sphere. Target: live goat  
Impact velocity: 1750 fps  
Size of wound: 9mm diameter

6.5mm Carcano bullet. Target: JFK's back  
Impact velocity: 1900+ fps  
Size of wound: 7mm x 4mm

6.5mm Carcano bullet. Target: JBC's thigh  
Impact velocity: 400 fps (per Martin Fackler, MD in *Case Closed*, p 338)  
Size of wound: 10mm diameter (round)

NOTE: The 9mm bullet, travelling at a supersonic speed, created a wound

that was smaller than the one in Connally's thigh.

Despite the elementary facts stated above, as far as I know, no one has challenged claims made about the thigh wound based on its *size*; and what is known about proven correlations among (a) size of bullet, (b) orientation of bullet, (c) velocity, and (d) size of wound.

Although the bullet's path was not perpendicular to the thigh, the wound was large and *round*, its roundness suggesting the wound was *not* enlarged by a bullet travelling sideways. So why was the wound so large? I believe that Connally's thigh was probably struck by a bullet that was larger than a 6.5mm Carcano bullet.

Dr Tom Shires may have been unfamiliar with ballistics tests but no doubt he knew what basic buckshot can do. Yet he did not dismiss the notion that the wound, too large for a complete 6.5mm bullet, could have been caused by the bullet *fragment*.

As we learn from 7 HSCA 158-159: *When asked if the thigh wound could have been caused by a secondary fragment, Dr. Shires said you 'can't tell anything from the size or shape of the wounds as to whether or not it is an entrance or exit wound.'* He said that when dealing with fragments, there are too many unknown variables and that it is hard to differentiate fact from fiction. [He also said] the wound was small and that the thigh had very little damage and did contain a metal fragment. Dr. Shires was asked about his Warren Commission testimony that noted a peculiarity in the nature of the wound; namely, that the tissue damage seemed more significant than the size of the fragment present. He said that it is difficult to determine how the fragment entered. He said, '...all you can say is that a tangential wound occurred.' He said that there was a large range of possibilities for what happened.

Actually, a lot was and is known about ballistics. Most, if not all of it, suggests that the Government-

approved explanation of the assassination is bogus.

### The Fragment

Tom Shires told Arlen Specter that the fragment had "gone into bone." [6H 111] Shires' operative report states that "x-rays [plural] ... revealed a bullet fragment which was embedded in the body of the femur."

The bullet entered the side of the leg and left a fragment. One x-ray suggested the fragment *might* be in bone. This was an x-ray taken from an angle showing the fragment superimposed *over* the bone. You see that the fragment floats somewhere *between* you, the viewer, and the bone. Is it on the skin? Under the skin? *On* the bone? *In* the bone? What is needed is an x-ray with a view that shows how much space, if any, is *between* the skin and the fragment, and the fragment and the bone.

There *was* such an x-ray: an x-ray from the front, which showed the fragment in the side of the thigh, about 8mm to the right of the outline of the skin. Further to the right, you can see the bone, well away from the fragment, as described by the amended report.

Dr Tom Shires was surely aware of the suppressed x-ray from his own institution on his famous patient. Nevertheless, he tried to continue suppressing what it revealed.

7 HSCA 158-159: *Significantly, Dr. Shires said the main issue he was seeking to resolve by the examination of the thigh was whether the missile could have hit a major vessel. He said it did not, and that he did not physically pursue the fragment that was there because it was " \* \* \* not medically significant." Dr. Shires said he was able to determine that the fragment was in the thigh bone from his examination of the original Connally x-rays.*

(408) *After reviewing the three original thigh X-Rays and the enhancement (LogEtronics\*) of these x-rays, Dr. Shires indicated: [I]t doesn't make any difference whether the metal fragment is in the femur\* or*

*just under the skin with regard to the issue of whether there was a full bullet striking the thigh or a fragment of a bullet. He said the wounds were probably caused by a tangential hit. He said a tangential wound could have sent the fragment anywhere into the thigh. Dr. Shires noted that on the enhancement of the thigh (LogEtronics\*) the item in the bone looks more like an artefact than when he examined the original. He was open-minded about the possibility that the fragment could have been just under the skin, but preferred to reiterate his initial impression that the fragment was in the thigh bone.*

Artefact? Maybe, but it did appear in the exact same place, vertically speaking. Why did he prefer to reiterate" this "impression" that it was in bone? Only one conspicuously inconclusive x-ray suggested the fragment *could* have been in bone. Based on its size, I do not know what it should have weighed or if this weight, combined with fragments in and out of the wrist, amounts to more than was lost from CE399, but there is another reason why the fragment would be characterized as in the bone

and not very accessible.

We should thank the late John Nichols, MD, PhD, pathologist-critic, for pursuing the elusive A-P x-ray and its report. [Md State M.Ed. J 1977; October; pages 58-78]

### John Lattimer: Thigh Fragment had NAA

He said: *We believe the remainder of the extruded lead [from CE 399] was scraped off the Governor's radius and femur [thigh], since the bullet was now traveling almost backward at that point. Neutron activation tests bore this out. [Wound Ballistics Review; 1995; Vol. 2, No. 2; page 15]*

Isn't it amazing what American technology can do. Imagine neutron activation analysis on material buried under the ground. But why bother? They already had the answer.

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